

2018 ANNUAL REPORT



SHEEMA CAMP // Feb 2018 // 7,740 patients treated



KUMI CAMP // April 2018 // 11,787 patients treated



MASAKA CAMP // June 2018 // 6,353 patients treated



LIRA CAMP // Aug 2018 // 9,446 patients treated



RUKIGA CAMP // Oct 2018 // 7,376 patients treated



KAMULI CAMP // Jan 2019 // 8,593 patients treated



KIRUHURA CAMP // April 2019 // 11,570 patients treated

A LETTER FROM DICK CHANDLER, BULAMU CEO

Bulamu Healthcare is having an incredible impact on the lives of rural Ugandans through our medical Supercamps and our new Health Center Excellence (HCE) Program. In many cases, Bulamu is **saving lives**. In this report, we rely on facts, figures, and the faces of our patients to tell this story.

Imagine arriving at a Bulamu weeklong medical camp on Monday morning and seeing more than 2,000 people standing patiently in line, most of whom walked miles to get there and spent the weekend sleeping on the grounds. They came because they knew they would see a doctor, get the treatment they need, and leave with their prescriptions filled.

We are using the term “Bulamu Supercamp” to convey the breadth of patient treatment and public health services we offer, which goes way beyond any other medical camp in Africa. Our camps are a community-based, cooperative enterprise. We are the catalyst that enlists the cooperation of the Ugandan local district government and Ministry of Health (MOH), that hires 250 Ugandan medical professionals and support staff for the week, that mobilizes 15-20 other NGOs and government agencies to participate, and that attracts 8-12,000 poor Ugandans in need of medical care or other health services.

Think of Bulamu as the “Great Organizer.” Since April 2016, we have served 96,059 patients at 13 camps at an average cost of \$6 per patient treated. This incredible cost-effectiveness is possible because we bring together resources that are already present in Uganda. At the last camp I attended, I was thanked profusely by the government officials and MPs, for I was the only foreign national there and they assumed I was responsible. In fact, the credit is owed to our Ugandan full-time staff of super-organizers, our “Core Team” of 40 part-time department supervisors serving multiple camps, and the 200 or more medical professionals well-trained in Western medicine, to whom we pay a modest per diem stipend at each camp. For them it is an act of service, taking time off from their jobs and using their skills to help their fellow Ugandans.



Our donors should take great pride in knowing that even small gifts have such a direct and powerful impact—no bureaucracy, no strings, just a person-to-person gesture that stretches thousands of miles to East Africa and empowers dedicated Ugandans to help each other. Let me summarize some of the year’s highlights that are detailed in later sections of this report:

- **The Bulamu Supercamp Service Delivery Model:** We treated 42,702 patients at five medical camps in 2018, an increase of 50% over the four camps held in 2017. We oversaw 1,152 surgeries, 2,060 cervical cancer screens, 5,274 HIV tests, 31 natural births, 747 immunizations, 7,680 diagnostic tests, 5,639 eye exams, and 3,479 dental patients.
- **The Bulamu Angel Program:** Our total camp cost increased to \$6.36 per patient treated because we expanded camp services, including the Angel Program. This program allows us to help more seriously ill patients by arranging for their referral and treatment at acute care facilities after the camp.

- **The Bulamu Follow-up Program:** We inaugurated this pilot program in partnership with the Sheema District to provide continuity of care. We designed a follow-up interview form, shared our patients' records, and trained the local staff. The District assigned 112 of their Village Health Team members (VHTs) to interview the patients in their homes and find out if our treatment was effective or additional follow-up care was needed. Interviews were conducted with 3,038 patients, representing 45% of the Sheema residents treated at the camp, and 96% reported their condition had improved, with 62% feeling "much better" and 14% having their "symptoms eliminated." The VHTs referred 28% of the patients to their local MOH clinic for additional treatment.
- **The Bulamu Health Center Excellence (HCE) Program:** Thanks to one generous donor, we developed this clinic management system to improve medical care, clinician productivity, and patient satisfaction. This March, we began rolling it out to Sheema District's 26 facilities, which treated a total of 224,000 patients in 2018. The HCE Program introduces patient treatment forms, provides needed medical devices and computers, and trains the clinical staffs in modern management techniques.
- **Our Financial Reports:** Bulamu posted excellent financial results in 2018, with revenues increasing by 167% to \$487,000 from \$182,000 in 2017. We benefited from the **Jim Balassone Memorial Challenge Fund**, which raised a total of \$250,000 in honor of our Bulamu co-founder, who sadly passed away in May 2017.

ORGANIZATION CHANGES IN 2018

We strengthened our Uganda organization by establishing a headquarters office in Kampala that employs five full-time staff members, supported by our "Core Team" of 40 part-time supervisors who help run Supercamps and train health workers in HCE disciplines. This team reports to Mackay Masereka, Vice President and Uganda Program Director, who replaced Gerald Atwine in 2018 as Director of Uganda Operations. As President and Co-Founder, Gerald built Bulamu to its current pre-eminent status among medical camp operators. We greatly appreciate his many important contributions and the leadership and resourcefulness he provided.

This management change is a natural evolution as we grow and broaden our strategy beyond medical camps. Gerald lives and works in the U.S. and commuted to Uganda for each camp, whereas Mackay lives in Uganda and can focus all his energies on Bulamu. With the new program initiatives, we need full-time leadership on the ground. Under Mackay's management, Bulamu has continued to flourish, and he has earned the respect of Ugandan partners and stakeholders. In our first two Supercamps of 2019, we treated 20,163 patients, an average of 10,081 per camp compared to 8,540 in 2018.

Finally, I want to sincerely thank our donors, who have bet on a young organization with big aspirations. Your financial support is re-making the landscape of medical services available to the poorest of Uganda's 44 million people. We believe that no other non-profit organization can match Bulamu in the direct patient impact and cost-effectiveness of each dollar spent. Fundraising continues to be the limiting factor in our growth, as the demand for the services we are providing is enormous. We greatly appreciate your continuing support!

Dick Chandler

Richard H. Chandler, Board Chair and CEO

THE BULAMU SUPERCAMP SERVICE DELIVERY MODEL

Our Supercamp model is uniquely cost-effective in providing health care to impoverished families of rural Uganda. By bringing together organizations and resources already present in Uganda, we have created a public/private partnership formula that allows everyone to win—especially the patients!

Our Ugandan team first meets with local government officials and community stakeholders at the district level to explain the concept and invite them to be our partners. They agree to provide a major public health facility for 10 days, without charge. Typically, this “Health Center IV” is on a multi-acre campus with examination rooms, operating theaters, maternity department, patient wards, laboratory, pharmacy, and offices. To handle the thousands of patients, we rent truckloads of tents, tables, and chairs, and we bring in our Core Team of 40 experienced Bulamu department supervisors. This team explains how the camp will operate to a temporary staff of 200+ Ugandan healthcare professionals and support personnel. The local District Government assists with publicity, staff recruiting, security, ambulances, and crowd control.

After staff orientation on Saturday and Sunday, we are ready to treat more than 2,000 Ugandans per day starting Monday morning. While most primary care in sub-Saharan Africa is provided by nurses, at a Bulamu Supercamp every patient will be assessed, triaged, and seen by a doctor if appropriate. We use a custom-designed tent with 20 treatment spaces staffed by doctors, who examine and diagnose the patients and prescribe medications. We keep several operating rooms busy the entire week, performing between 150 and 400 surgeries [--sometimes spilling over into the following weeks]. For most patients, the last step in the process is a visit to the pharmacy, which we stock with enough medicine to treat 12,000 patients. If the patient requires off-premises imaging or referral to an acute care hospital, we arrange that under the Bulamu Angel Program.

Besides providing primary care, our camps also offer public health workshops on hygiene, dental care, women’s anatomy, HIV prevention, and pre- and post-natal care. One popular daily workshop is RUMPs training for teenage girls, who are provided with materials and learn how to sew their own **Re-Usable Menstrual Pads** so that they can avoid missing school [for several days] each month.

What makes this model a “Supercamp” is the broad range of medical treatments and wellness services we provide, attracting with minimal advertising large numbers of patients.

SUPERCAMP SERVICES

MEDICAL TREATMENTS

- Primary care/general medicine
- Surgery
- Dental care (excluding dentures)
- Optical care services, including free reading glasses
- Diagnostic services (laboratory tests, X-ray and Ultra Sound)
- HIV medication provision through partner organizations and the government clinic
- Direct referral to CURE Children’s Hospital in Mbale for neural surgery
- Patient follow-up by VHTs with referrals for further treatment when needed
- Direct referral to CoRSU Hospital, Entebbe, for physical rehabilitation & burn cases

WELLNESS SERVICES

- Health education
- Immunization
- Maternity services, including free mama kits
- HIV testing
- Workshops on Reusable Menstrual Pads (RUMPs)
- Family Planning and nutritional assessment
- Cervical cancer screening
- Ophthalmology examinations
- Screening for diabetes
- Prostate Cancer screening
- Spiritual counseling



THE BULAMU ECOSYSTEM OF PARTNER ORGANIZATIONS

Many of the Supercamp services are only possible because of the relationships we have developed with public and private partner organizations. They come to our camps voluntarily for a simple reason: When we attract two thousand patients a day, it provides a **very efficient platform for them to accomplish their own missions**. They can offer their services free-of-charge to us and our patients, one of the reasons we offer such a wide range of services for so low a low cost.

Our most important partner relationship is with the local District Government, which supervises the MOH facilities located in its territory. We have now held camps and earned the trust of twelve of Uganda's 129 districts. After seeing the benefits of a Supercamp for their constituents, the district officials are anxious to host additional camps, assist us with the Follow-up Program, and install the Bulamu HCE Program. There is a natural synergy between our two strategic directions: providing high-quality healthcare to impoverished Ugandans while improving the performance of their local government facilities already in place. Longer term, we believe that medical camps will not be necessary in districts that have installed the Bulamu HCE system.

SOME OF THE PARTNER ORGANIZATIONS THAT HAVE PARTICIPATED IN MULTIPLE CAMPS:

- Uganda MOH (use of Health Center IV facilities, ambulance services, immunizations, anti-malarial and HIV drugs, VHTs, etc.)
- Uganda Cancer Institute
- USAID/RHITES
- U.S. Peace Corps Uganda
- The AIDS Support Organization (TASO)
- Inner Wheel of Kampala
- Uganda Blood Bank
- Reproductive Health Uganda
- Medical & Dental Missioners
- Rotary International (Uganda Clubs)
- EKM Foundation
- International Red Cross
- Mbarara University of Science & Technology (MUST)
- CURE Children's Hospital, Mbale
- CoRSU Rehabilitation Hospital, Entebbe



"I appreciate so much the contribution Bulamu made to Kumi District. Thousands of people were treated in the district for free. We have so many people in Kumi who cannot afford the healthcare they need. Bulamu did a very

great job in that one week to actually save the lives of people who were going to die because they could not meet their medical bills. Bulamu has made history in the Kumi District. We have never seen that kind of partner and received that kind of wonderful blessing that rescued so many people. We are very, very grateful for what Bulamu has done."

CHRISTINE APOLOT

Chairperson LC-V, Kumi District



"My experience with Bulamu has been enriching and impressive. It has addressed the real need in my district. Handling 1,300 people per day, every day, is not something simple. Bulamu has done

it extremely well. I am very grateful on behalf of the government of Uganda for the services that Bulamu is bringing. Bulamu has restored hope for the hopeless. Bulamu has taught us something new: that we need to be passionate. The Ministry of Health is very excited. Everybody is very excited. Thank you, Bulamu!"

DAVID KABIGUMIRA

Chairman LC-V, Sheema District

THE BULAMU ANGEL PROGRAM

At each Bulamu medical camp, about 5% of the primary care patients cannot be diagnosed or treated by our doctors due to the seriousness of their conditions. Rather than turn these patients away, the Bulamu Angel Program was launched as a permanent feature of our camps. In 2018, we managed the cases of 398 patients at an average cost of \$50 per case. About half of these Angel Patients were transported offsite for X-rays, with the films returned to the camp doctors for a proper diagnosis and treatment.

For patients where additional interventions are required, Bulamu becomes their advocate and arranges for laboratory testing, transportation, hospital admission, treatment, and “upkeep” for accompanying family members. We share with the referral facility the costs that the patients cannot afford to pay. To streamline this process, Bulamu has developed partnership arrangements with CURE Children’s Hospital, CoRSU Rehabilitation Hospital, Mulago National Referral Hospital, and other acute care facilities. For many Angel Patients, these treatments are **life-changing**, such as operating to cure an adult’s cataract blindness or remove a large tumor, and sometimes **life-saving**, such as treating a child for hydrocephalus or a rampant infection.

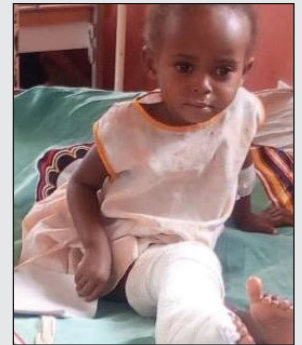


At the Kamuli camp, patients register at the Bulamu Angel Program desk for follow-up treatment of more serious conditions—often involving in-patient surgery. For many of these patients, we are their last hope.

ANGEL PATIENTS

SAVIER AMUTUHAIRE,

age 2, had a compound fracture with open wounds and exposed tibia, caused by a fall that went untreated for 3 months. She



is shown here on the way to recovery, lucky to still have her leg thanks to the Bulamu Angel Program.



**RHINA
KAINENMBAZI**, 18 months old and blind since birth due to severe cataracts, shown here before the surgeries that restored sight in each eye while

she is still young enough for her brain to reconnect and decode vision.

JUDITH AYO is shown here with her infant son, Daniel, who was born five days earlier with Spina-bifida at the Bulamu Supercamp in Lira and transported



immediately to CURE Children’s Hospital in Mbale. Daniel’s spinal surgery was successfully completed the next day, with Bulamu and CURE sharing the cost. Eight months later, Daniel is doing well.

THE BULAMU FOLLOW-UP PROGRAM

The Bulamu Follow-up program was launched to provide continuity of care to the patients treated at our medical camps. By arranging for a community health worker to visit the patients in the months after the camp, we can learn if their symptoms have been relieved or additional treatment is needed. This follow-up interview allows us to **document patient outcomes** from their Bulamu camp treatment, something no other medical camp operators have been able to do.

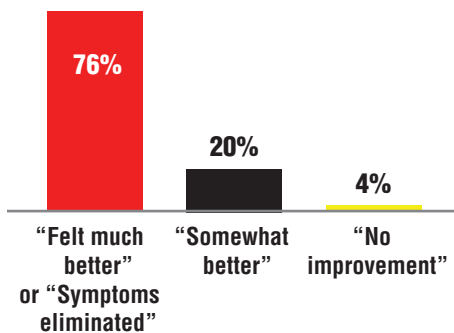
In February 2018, after our successful Supercamp in the Sheema District, we agreed with district officials to jointly design a follow-up program that would build on the strengths of each partner. At our camps, we create a digital record for every patient and store that data in the cloud-based Bulamu EMR system, a record that can be used for follow-up visits in the home. Sheema District is well equipped to conduct these interviews, as they manage 26 MOH health facilities and have a cadre of one thousand local Village Health Team workers (called “VHTs”) trained to provide health assistance within their communities. To launch the program, we trained 112 Sheema VHTs on interviewing techniques, provided them with a standard questionnaire, and gave them clinical referral forms for patients who needed additional care in one of Sheema’s clinics. Over a two-month period last year, the VHTs conducted 3,038 interviews representing 45% of the camp patients who lived in Sheema District.

DOCUMENTING PATIENT OUTCOMES:

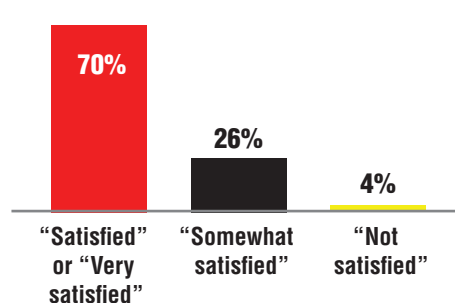
The follow-up study revealed that Bulamu Supercamps are delivering positive patient outcomes to a population that is otherwise being underserved. The key findings:

- **PATIENT HISTORY:** 46% of the camp attendees surveyed said they had previously been treated at a health facility for the same medical problem; 34% described the problem as “recurring” (i.e., chronic).

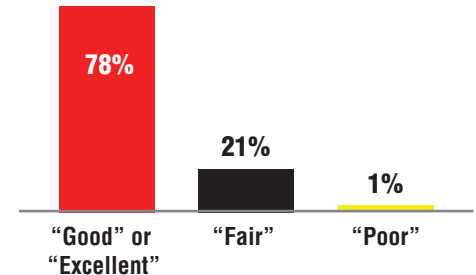
PATIENT OUTCOMES



OVERALL PATIENT SATISFACTION



CUSTOMER SERVICE EVALUATION



- **ADDITIONAL TREATMENT:** The VHTs recommended additional treatment to 28% of the patients and gave them a written Clinical Referral Form to present to their closest MOH clinic.

As a result of this landmark study, we can draw two powerful conclusions:

- **POSITIVE CLINICAL OUTCOMES:** The medical treatment at Bulamu Supercamps is effective in relieving suffering and highly appreciated by most patients.
- **FOLLOW-UP REFERRALS:** By partnering with local government in this pilot program, we have extended the reach and impact of our camps and arranged for follow-up care at nearby MOH facilities to patients in need. We are now making this a permanent feature of our medical camps.

THE BULAMU HEALTH CENTER EXCELLENCE (HCE) PROGRAM

The HCE Program is a comprehensive clinic management system designed to improve patient outcomes, customer service, and clinician productivity at the Ugandan Ministry of Health's (MOH) network of 3,200 health facilities. The David Weekley Family Foundation challenged us to build on our close relationships with local government officials to launch a program aimed at **systemic change**, which over time could eliminate the need for pop-up medical camps in Uganda. This strategic objective is consistent with our mission of improving the well-being of the people of rural Uganda, while approaching it from a different angle.

Launching a new clinic management system has the potential for greater long-term impact without the cost of duplicating infrastructure. There are already public health facilities within reach of most of Uganda's 44 million people. The country does not need more brick-and-mortar facilities, it needs the ones already in place to improve their service levels. With the Weekley Foundation's agreement to fund a pilot program, we accepted this challenge.

To design this program, we first investigated successful private medical center operators in Uganda and Rwanda and then visited MOH facilities in different districts, interviewing the medical teams about the challenges and frustrations of operating within the MOH environment. We discovered that the Incharges (facility managers) of the MOH health units in Uganda agreed on seven areas where improvements were needed:

- Lack of individual patient records
- Failure to take patient's vital signs
- Shortage of medical devices, equipment, and computers
- Frequently out-of-stock drugs and supplies
- Staff absenteeism and resulting low clinician productivity
- Poor customer service attitudes and practices, leading to long waiting times
- Need for better training of clinical and office staffs

Officials in Sheema District expressed interest in helping us develop the Bulamu Health Center Excellence (HCE) Program and agreed to install it at their 26 public facilities, **which treated 224,000 patients** in 2018. We also received strong encouragement from MOH officials in Kampala, in private meetings with Dr. Diana Atwine, Permanent Secretary, and Dr. Charles Oloro, Director of Clinical Services. In fact, the senior government officials we met with all recognized these same problems and hoped we could come up with effective solutions in our pilot program.

To provide a baseline measurement of customer satisfaction before introduction of the HCE program, in September 2018 Bulamu interviewed 355 patients as they exited from 15 Sheema



Dick Chandler shown here with: Dr. Diana Atwine, Permanent Secretary of the MOH (in red); David Kabigumira, Chairman LC IV, Sheema District (far left); David's wife, Jolly (in blue); and Mackay Masereka (far right), Bulamu's Uganda Program Director.

facilities. The survey results cited the same weaknesses we had observed: lack of equipment, drug stock-outs, slow service. They felt that clinician communications should be clearer and their attitudes more patient-oriented. They came away with confidence, however, that the clinical staffs were competent in the medical treatment they were providing, and the patients would recommend the facility to family and friends.

Armed with these insights, we developed the HCE Program over a six-month period and began rolling it out at Sheema’s 26 health facilities in March 2019, with the installation scheduled for completion in by July. The program is embodied in a 125-page Standard Operating Procedure (SOP) Manual which introduces 5 new patient treatment forms and 10 management reports. As part of the program, we are providing the 26 facilities with equipment that ranges from stethoscopes, blood pressure monitors, pulse oximeters, and glucometers to file cabinets, hand-washing stations, computers, and printers. Jointly with the Sheema staff, we are providing training in the use of these devices, forms, and reports.

The HCE Program collects a weekly dashboard of key performance indicators and measures clinician productivity (i.e., patients treated) for the first time. Once the roll-out is complete and the new processes have been mastered, we will conduct a follow-up survey to gauge the program’s impact on improving the patient experience. With proof of efficacy, we plan on extending the HCE Program to other districts interested in raising the performance standards in the MOH facilities they manage. To do that, we will need to find other foundations and individual donors who believe in the objective of strengthening the Ugandan healthcare system from within.

BULAMU HEALTHCARE IN FACTS AND FIGURES

BULAMU SUPERCAMPS, 2016-2018			
Patients Treated and Cost per Patient			
Metric	2016	2017	2018
Number of Camps	2	4	5
Patients Treated	4,676	28,518	42,702
Patients per Camp	2,338	7,130	8,540
Cost per Camp	\$18,843	\$29,994	\$54,346
Cost per Patient	\$8.06	\$4.21	\$6.36

NEW PROGRAMS INTRODUCED, 2018-19

- Bulamu Supercamp (scope expansion)
- Angel Program
- Follow-up Program
- Health Center Excellence Program

BULAMU UGANDA STAFFING HEADCOUNT

Full-time Headquarters Staff: 5
 Core Team Part-time Staff: 40
 Supercamp Temporary Staff (5 camps): 1,189

MEDICAL IMPACT SCOREBOARD: PATIENTS IMPACTED		
Treatment Provided	2018	All-Time
Registration/General Care	42,702	96,059
Angel Program	398	655
Cervical Cancer Screens	2,060	4,631
HIV Tests	5,274	12,713
Surgeries	1,152	1,926
Natural Births	31	123
Immunizations	747	3,707
Dental Patients Treated	3,479	4,472
Eye Examinations	5,639	8,598
Eyeglasses Dispensed	3,074	6,042
Prostate Screens	376	936
Maternity Services	1,066	1,735
Maama Kits Dispensed	860	1,110
RUMP Students Trained	2,697	3,872
Gynecology Exams	745	1,301
Diagnostic Tests	7,680	13,551
Supercamp Total Staffs	1,389	2,550

FINANCIAL STATEMENTS

Year Ended December 31, 2018

HIGHLIGHTS:

- Total revenues increased 167% in 2018, from \$182,253 to \$487,451, boosted by gifts from several major donors and foundations. Revenues benefited from the successful conclusion of the Jim Balassone Memorial Fund, which raised a total of \$250,000 in 2017-18.
- Expenditures on program services—all in Uganda—increased 173%, as we sponsored five weeklong Supercamps vs. four in 2017. We treated 42,702 patients in 2018, a jump of 50%.
- We introduced three new programs in 2018: The Angel Program, the Follow-up Program, and the Health Center Excellence (HCE) Program, which was still in development at year-end.
- Our partnership program with Mbarara Regional Referral Hospital, funded by a restricted gift in 2016 to establish a cervical cancer screening center on their campus, ended this year. We decided to focus resources on our core programs. Fortunately, the women’s health center that we started is continuing to operate with hospital funding.
- Program management and office support expenses increased in Uganda as we built a staff of five full-time associates and leased a small headquarters office in Kampala. Our service delivery model continues to rely almost entirely on part-time and temporary staffing.
- Total U.S. expenses, covering general and administrative plus fundraising, rose 125% to \$47,449 or 10% of revenues. Expenses included \$21,000 in donated director travel.
- We ended the year with \$144,249 in cash or cash equivalents, of which \$75,000 was treated as a deferred contribution, to be used to fund equipment purchases and staff time dedicated to launching the HCE program in the first half of 2019 at Sheema District’s 26 facilities.



BULAMU HEALTHCARE INTERNATIONAL - STATEMENT OF ACTIVITIES

	Year Ended December 31		
	2016	2017	2018
Support and Revenue			
Contributions (Individuals & Foundations)	\$103,146	\$181,554	\$487,508
Interest Earned	0	81	858
Other Income (Loss)	0	618	(915)
Total Support and Revenue	103,146	182,253	487,451
Expenses			
Program Services (Uganda) ¹	37,440	151,441	413,799
Supporting Activities (U.S.):			
-General and Administrative ²	901	19,013	34,264
-Fundraising	0	2,213	13,485
Subtotal, U.S. Supporting Activities	901	21,226	47,749
Total Expenses	38,341	172,667	461,548
Change in Net Assets	64,805	9,586	25,903
Net Assets, Beginning of Year	897	65,702	75,288
Net Assets, End of Year	\$65,702	\$75,288	\$101,191

Notes:

¹ Program services in 2018 include Bulamu Supercamps, Angel Program, Follow-up Program, and HCE Program.

² Includes \$21,000 in gifts-in-kind of donated director travel expense in 2018.

BULAMU HEALTHCARE INTERNATIONAL - STATEMENT OF FINANCIAL POSITION

	December 31	
	2017	2018
Assets		
Current Assets:		
-Cash and Cash Equivalents	\$69,458	\$144,249
-Donations Receivable	0	5,700
-Accounts Receivable	3,970	4,830
-Prepaid Rent	1,478	0
-Inventory	0	6,514
Total Current Assets	74,906	161,293
Equipment-at cost, net	2,325	14,984
Total Assets	\$77,231	\$176,277
Liabilities		
Deferred Contributions	0	75,000
Accounts Payable	1,943	86
Total Liabilities	\$1,943	\$75,086
Net Assets		
Unrestricted	75,288	101,191
Total Liabilities and Net Assets	\$77,231	\$176,277

THE BULAMU HEALTHCARE INTERNATIONAL LEADERSHIP TEAM

MANAGEMENT



RICHARD CHANDLER
Board Chair and Chief Executive Officer



JOHN SCHNIEDWIND
Director, Vice President and Chief Financial Officer



MACKAY MASEREKA
Vice President and Uganda Program Director



ESTHER KABUGHO
Director of Administration



JOSEPH BISASO
Field Operations Manager



VICTOR WALUGEMBE
IT Operations Manager



WILLIAM MASEREKA
Angel Program Manager

BOARD OF DIRECTORS

Dick Chandler, MBA
Board Chair & CEO
John Schniedwind, MBA, CFA
Chief Financial Officer
Dr. Ronald Ariagno, MD
Dr. Volker Kuebler, PhD
Christine Russell, MBA

ADVISORY COUNCIL

Shreya Agrawal, MPH, MBA
Genevieve Evenhouse, RN, NP
Dr. Gavin Hartman, MD
Marc Manashil, MSW, MPA
Leslie Nielsen, RN
Scott Sabin, MA
Stefanie Weiland, MSc, MPH

UGANDA HEADQUARTERS

Bulamu Healthcare International
Dembe Towers, Apt. 202 Mawanda Rd
PO Box 34066, Kampala, Uganda

US HEADQUARTERS

1933 Waverley Street
Palo Alto, CA 94301

BULAMU HEALTHCARE'S MISSION AND VALUES

OUR MISSION

To improve the health and well-being of rural Ugandans.

OUR CORE VALUES

- Healthcare Is a Human Right:** Operate with the underlying belief that access to professional healthcare services is a basic human right.
- Local Solutions:** Organize community, government, and human resources already in place to provide programs that can ultimately operate independently of foreign help.
- Operational Excellence:** Find the lowest-cost model for providing needed services and deliver them with continuously improving operational excellence.
- Culture of Caring:** Create an organizational culture that puts the patient first, is consistently caring, turns no one in need away, and attracts dedicated associates and volunteers committed to our mission.
- Information Driven:** Use information technology to collect needed patient data, track outcomes, facilitate follow-up care, and prove the efficacy of our activities.
- Evolve Toward Sustainability:** Leverage our Bulamu Supercamp model and Health Center Excellence Program, working with local government to move toward economic sustainability.
- Spiritual Health:** Provide faith-based counseling as a component in the process of acceptance, treatment, and recovery from disease.
- Do the Right Thing:** Operate according to our *Code of Ethics* that stresses always doing the right thing, without compromise.