



Florence and family (page 2)



Bulamu's Core Team (page 6)



Khadijah, before and after finding the surgical care she had sought for 20 years.

56,028

Clinical Support Team  
Patients Treated

5,085

Total Surgery Patients  
Treated & Supported

209

Health Center Excellence  
Program Partner Facilities

Novel Solutions

for Universal

Health Coverage

## Letter to Our Stakeholders:

In 2021, we continued to provide free medical care to the poor in Uganda with unprecedented cost-effectiveness. Our 10 Clinical Support Teams treated **56,028** patients in partnership with **5** district governments at an average cost of **\$5.77** per patient. Included among those patients were **3,491** natural deliveries and **443** C-sections. Our **8** week-long Surgery Intensives performed **1,920** surgeries at a cost of **\$163** each, with the help of our partner organization, the Association of Surgeons of Uganda (ASOU). Combining all surgery programs, we treated or supported **5,085** surgery patients, a **95%** increase over 2020. Donor enthusiasm for the progress we have made led to record revenues in 2021 of **\$1,214,190**, an increase of **49%** over prior year, coming mostly from individual donors and family foundations.



Bulamu's team delivered and resuscitated Florence's baby after they were referred from a nearby district where they could not receive care. Afterward, Florence said, "Our experience was like a dream."

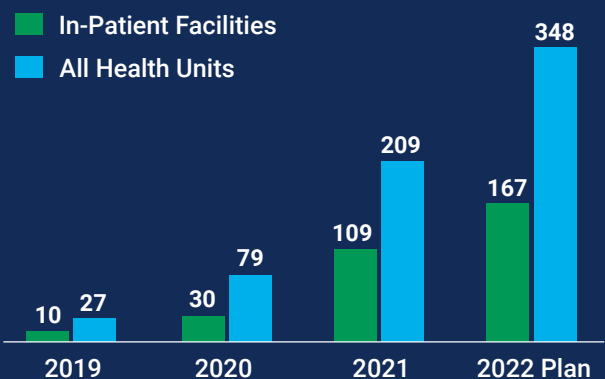
The theme of this year's annual report, **Novel Solutions for Universal Health Coverage**, reflects our expanded role as a catalyst for strengthening Uganda's Ministry of Health (MOH) system on multiple fronts. Our patient treatment programs build credibility and trust with our district government partners and lay the foundation for installing the **Bulamu Health Center Excellence (HCE) Program**. We now have data showing how our novel, cost-effective HCE solutions can improve healthcare delivery nationally across all MOH facilities.

The toughest healthcare challenge for governments everywhere is: **How do you provide today's standard of medical care for those who have neither the money nor insurance to pay for it?** In Uganda, **80%** of the population falls into this category, living in poverty as rural subsistence farmers or self-employed workers. Their only healthcare option is to rely on whatever the public health system can provide. This is where we serve. Unlike other non-governmental organizations (NGOs), we focus exclusively on strengthening the public health system with improved clinical processes and our innovative management system, which gives district officials and facility managers new tools for improving patient care.

Bulamu Revenues, 2016-2021



HCE Health Units, 2019-2022





## **Bulamu's mission** is to treat the sick and strengthen health systems serving Africans most in need.

After treating **154,690** patients at medical camps from 2016 through February 2020, when the pandemic hit we pivoted, adding new programs and accelerating scaleup of the HCE management system. In 2021 this program was endorsed by Dr. Diana Atwine, MOH Permanent Secretary, in a letter addressed to the senior officials at all **140** districts stating: **“After two years, the HCE program has proven to be a great success.... I am therefore recommending Bulamu Healthcare to you, so you can explore partnership opportunities and collaboration.... [and with the MOH] evaluate the programs and decide if they should be incorporated into our standard operating model.”**

The HCE Program was developed by applying business disciplines and common-sense solutions to problems we observed on the ground in visiting MOH health units across numerous districts. Our pilot program addressed the lack of vital signs equipment and training, the shortage of outpatient treatment forms for recording patient data, and the need for management reports to highlight Key Performance Indicators, absenteeism issues, and low clinician productivity. Since then, we have added PPE and COVID training, **Emergency Transportation** where ambulances are unavailable, and **Essential Surgical Supplies** to keep operating rooms from shutting down **50%** or more of the time. In 2022, we are expanding our **Maternal & Child Health (MCH) Initiative** by adding surgery equipment and proven clinical training including Helping Babies Breathe.

Today we are closing gaps that prevent patients from receiving care in ways that can be adopted at public facilities at surprisingly modest costs, in Uganda and beyond. We will share program economics data like the cost of providing a unit of service (e.g., patients treated, surgeries performed), which can open the door to shifting our programs from private donors to more permanent institutional sources. Our goal is for the MOH to incorporate **some or all** these programs in its standard health unit operating model. Today HCE is installed in **8** districts and **209** health units. By early 2023, it will be in **12** districts with **348** MOH public health facilities, accounting for **11%** of all the public health units in Uganda and **17%** of the population. This will provide the MOH with a significant demonstration project for extrapolating the cost and benefits of nationwide HCE adoption.

The path to Universal Healthcare Coverage (UHC) for developing countries like Uganda will not be easy. Yet this report shows how we are offering novel ways to move toward that goal by continuously strengthening MOH facilities with proven, scalable systems at modest cost. The under-served patients we treat every day, whose stories are presented in this report, demonstrate how great is the need and heartfelt their thanks for our providing them with the quality of healthcare everyone deserves. Thank you for helping us in that mission!

**Richard Sieglar**  
President & CEO

**Dick Chandler**  
Executive Board Chair

*We thank the patients featured in this report for giving us the consent to share their stories.*

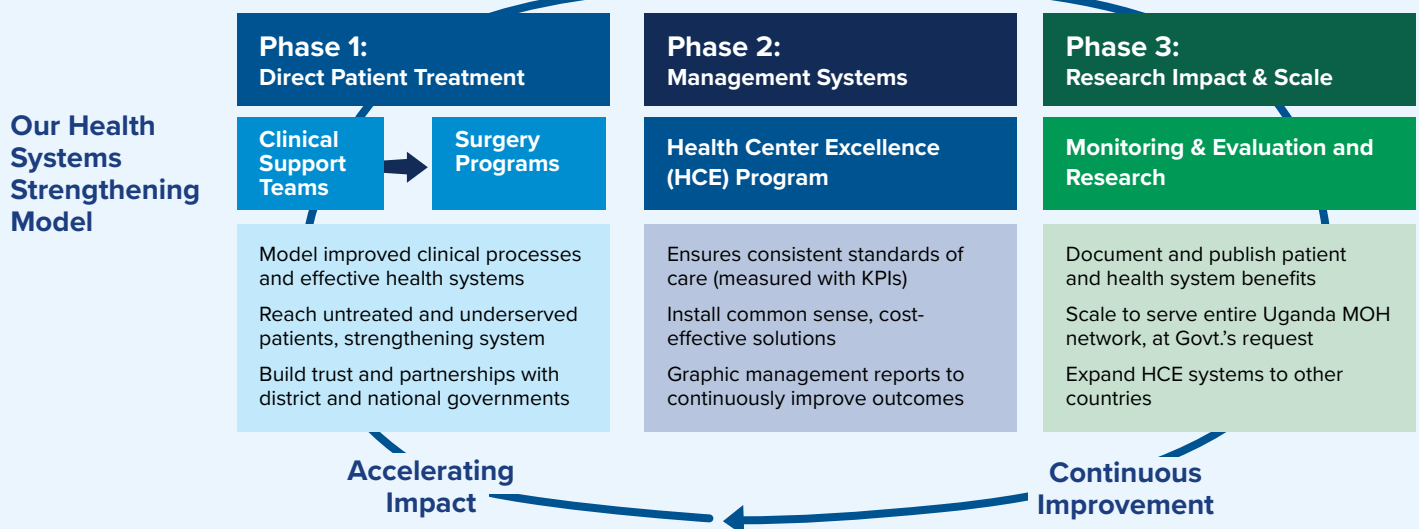
# Five Solutions to Chronic Public Health Challenges in Uganda

The Uganda MOH looks at Bulamu as a demonstration project to develop novel solutions for endemic problems in the public health system. As we consider the different elements in our program, we can make a compelling case for the MOH adopting the five cost-effective solutions below, which are in line with its objectives. We now have accurate cost data over a large sample size that allows us to extrapolate the cost of extending these programs from 7% today to 100% of MOH facilities in the future. Within the next 12 months, we will be proposing the MOH and other public health funding sources help us scale this work nationally using Bulamu as an Implementing Partner.

Here are the solutions that we would propose under the umbrella of the Bulamu Health Center Excellence Program:

- 1 Vital Signs Equipment and Patient Treatment Forms.** Bulamu provides a kit of **8** vital signs devices (stethoscope, BP monitor, glucometer, pulse oximeter, etc.) and clinical training to all health units in the district, along with treatment and maternity forms to be filled out by the clinician, providing patients with their complete health records.
- 2 HCE-IT System of Management Reports.** District officials and health unit In-charges receive weekly/monthly reports with **57** Key Performance Indicators, including novel clinician attendance (“Payroll Yield”) and productivity (“Patient Equivalents Treated”) data not previously available.
- 3 Surgery Intensive (SI) to Clear Backlog of Untreated Cases.** Since both MOH and private hospitals charge fees for surgeries that the poor cannot afford, our week-long SIs perform **200-380** free surgeries that attract patients from the surrounding region and create substantial good will.
- 4 Emergency Transport (ET) Service.** For districts without adequate ambulance coverage, we hire local transport companies as needed for emergency cases, such as pregnancies with obstructed labor, at a remarkably low cost of **\$27** per trip.
- 5 Essential Surgical Supplies (ESS).** With the MOH only delivering medicines and supplies once every two months (or sometimes longer), hospitals have chronic shortages of surgical supplies. We are filling these needs on demand at modest cost to keep operating rooms open.

## Bulamu’s Theory of Change



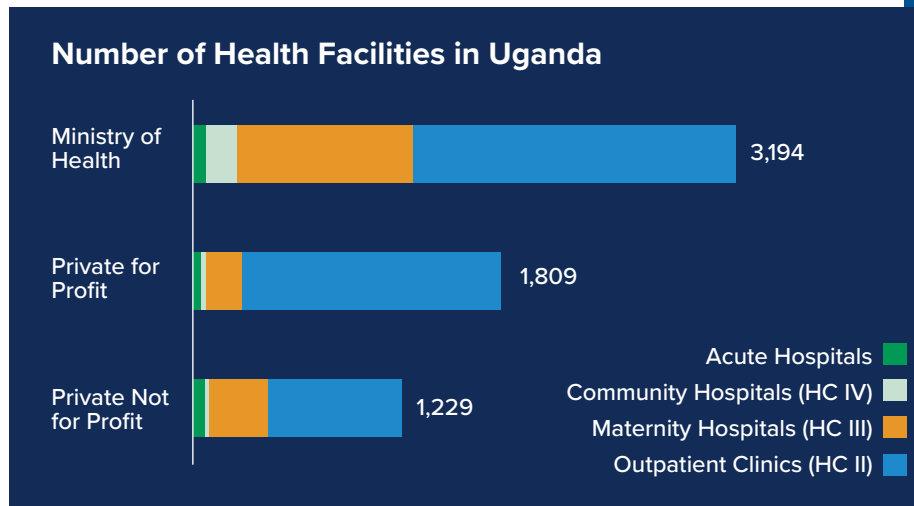
# Program Economics for Universal Health Coverage Solutions

Uganda has done an admirable job of building **3,194** public hospitals and clinics to serve its population of **48** million in a geographic area the size of Oregon. The MOH operates **51%** of the country's **6,232** health facilities, with the rest split between private not-for-profit (**20%**), many of which are faith-based, and private for-profit (**29%**), which rely on patient fees to earn a profit. While all hospitals in Uganda attempt to charge fees for surgeries, only the MOH is committed to providing free general medicine services for the poor and sees Universal Health Coverage as part of its mission.

Among healthcare NGOs in Uganda, Bulamu is unusual in that we **only** partner with the MOH and the local government districts

that oversee the public facilities in their territory. The MOH operates **65%** of the country's in-patient facilities, caring for a high percentage of the most acute patients where the need is greatest.

Our HCE Memorandum of Understanding (MOU) with each local government district calls for a **free exchange of services** between the two parties, a true partnership. In 2021 we extended the HCE program to **8** districts and **209** MOH health units. Using our audited 2021 financial statements, the table below shows the cost of each unit of service provided under the **5** HCE program elements that could easily be incorporated into the MOH's standard operating model if they employed us to do so.



\*Source: National Health Facility Master List 2018, Ministry of Health, Uganda

Bulamu HCE Program Unit Cost Analysis, 2021					
HCE Program Elements	Program Cost in 2021	Districts Covered	Cost per District	Patients Impacted	Cost per Patient
1. Vital Signs & Patient Forms	\$188,646*	8	\$23,581*	1,232,911	\$0.15*
2. HCE-IT Management Reports	\$227,786*	8	\$28,473*	1,232,911	\$0.18*
3. Surgery Intensives (SI)	\$312,814	8	\$39,102	1,920	\$163
4. Emergency Transport (ET)	\$19,702	4	\$4,925	747	\$27
5. Essential Surgical Supplies (ESS)	\$26,352	5	\$5,270	2,636	\$10

\*Year 1 cost only, when equipment is provided. Year 2 costs drop by about 50%.

We estimate that the cost of extending these programs across the MOH network of **3,194** health facilities over a 2-year period, with Bulamu as **Implementing Partner**, would amount to less than **1%** of Uganda's annual healthcare budget. By early 2023, we will be extending the sample size to **12** districts and **348** health units while also conducting field research to demonstrate the patient care benefits of each program element.

# Bulamu's Direct Treatment Programs



Bulamu surgeons operate on one of **57,948** patients Bulamu's Core Team treated in 2021. Right: Josephine relaxes with her newborn after receiving emergency transport and a C-section at Rugaaga HC IV in Isingiro District. Bulamu had recently re-opened the facility's operating room after 11 years by providing \$5,100 in needed equipment.

Since Bulamu started in 2016, our programs have been treating patients directly in partnership with local district governments using our **Core Team** of licensed Ugandan clinicians, who travel to distant locations, treat patients, train local staffs, and demonstrate a high-productivity culture of caring. At the end of each week, the teams are paid at prevailing Ugandan rates. Team members develop a strong loyalty to Bulamu and our commitment to serving the poor with high quality medical care.

### Clinical Support Teams (CSTs):

Each CST sends 7-8 Core Team clinicians to 2 of the largest health units in a partner district—either a Health Center IV community hospital or Health Center III maternity center. We provide vital signs equipment and training, PPE, medicines and supplies, while introducing patient treatment forms that are part of the HCE system. In 2021, **5** new partner districts were served by **10** Clinical Support Teams placed at **20** higher level health centers.

### Bulamu's Clinical Core Team

Surgeons	6
Primary Care Doctors	18
Anesthetists	8
Operating Room Nurses	6
Staff Nurses	22
Midwives	16
Laboratory Technicians	4
Radiologist	1
Pharmacist	1
<b>Total</b>	<b>82</b>

### 2021 Clinical Support Team Highlights

**56,028** Patients treated

**\$5.77** Cost per patient

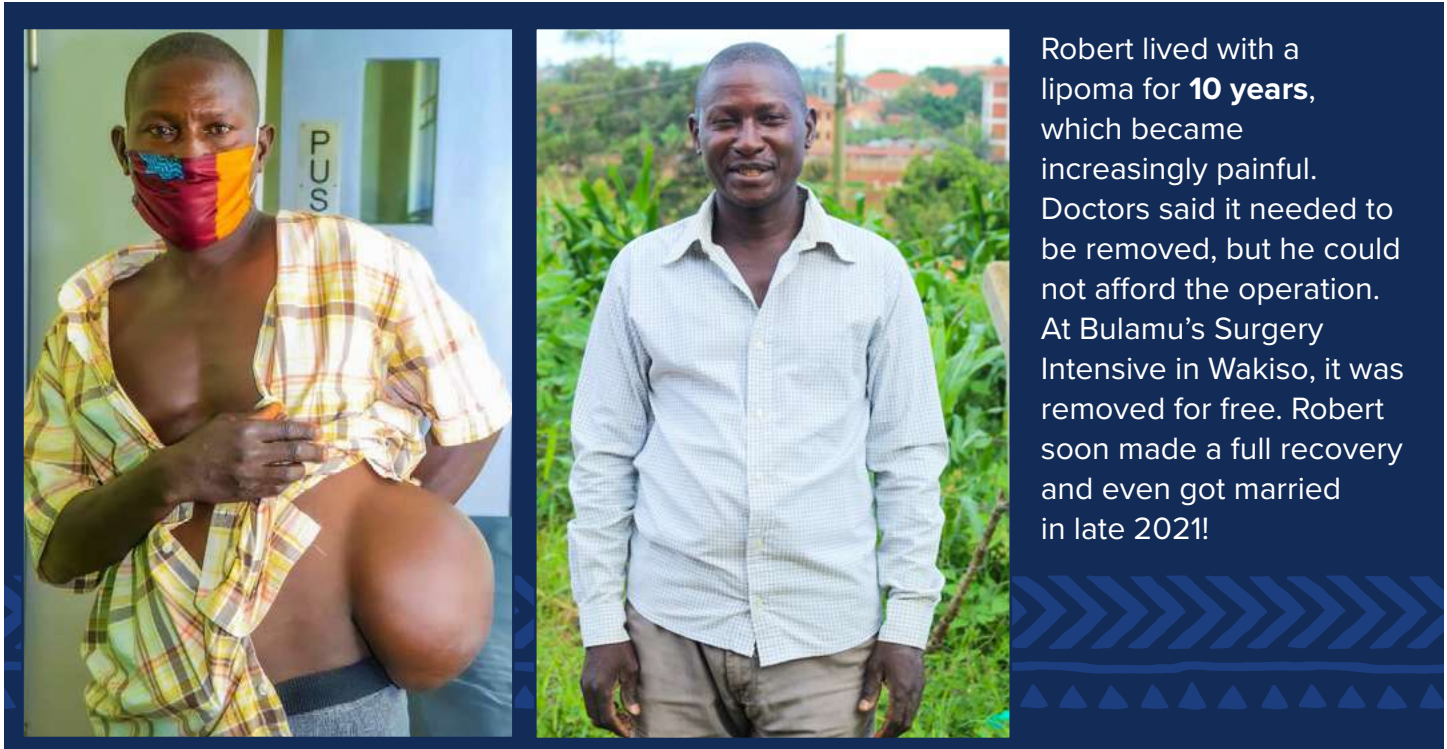
**502** Surgeries performed

**81%** of Patients with Vital Signs Taken

**28,329** Maternal and Child Health Services  
(antenatal, postnatal, family planning)

## Surgery Intensive Program (SI):

CST doctors screen surgery candidates and book appointments for a week-long Surgery Intensive that follows at a district Health Center IV several weeks later. Our 50-person surgical team arrives with surgeons, support staff, equipment, medicines, and supplies and performs **200-380** free surgeries. They treat a backlog of patients who have often been waiting years because they could not afford the fees charged by facilities, which ranged between \$100 and \$1000 according to a survey of our patients.\*



Robert lived with a lipoma for **10 years**, which became increasingly painful. Doctors said it needed to be removed, but he could not afford the operation. At Bulamu's Surgery Intensive in Wakiso, it was removed for free. Robert soon made a full recovery and even got married in late 2021!

### 2021 SI Highlights

- 8** Surgery Intensives
- 1,920** SI Patients
- \$163** Average Cost per Patient
- 99%** Patient Satisfaction Rate\*
- >75%** of Patients Needed Care for 3+ Years\*

2021 Top 5 Patient Procedures	Patients Treated
Hernia Repairs	<b>868</b>
Tumor Excisions, Cystectomy	<b>548</b>
C-Sections	<b>500</b>
Orchidectomy & Related	<b>119</b>
Thyroidectomy	<b>114</b>

## Angel Program:

When we encounter CST or SI patients with serious conditions that need referral to specialty acute care hospitals (e.g., neurological, orthopedic, burns, plastic reconstruction), we transfer them to partner hospitals with whom we have pre-arranged agreements (MOUs). We make the arrangements, pay the patient's share of the hospital bill, and cover family travel expenses.

### 2021 Angel Patient Highlights

**65**  
Angel Patients  
Completed Care

**27**  
Surgery Patients  
Supported

**\$221**  
Average Cost  
per Patient

\*Source: Follow-up survey of 362 Surgery Intensive patients, 2021.

## Innovative Systems to Improve Maternal and Child Health (MCH)



“We only had 80,000 shillings (23 USD), which could not support both my transportation and C-section,” Evaline said. “My husband and I were confident I would push the baby at home until my condition worsened. I almost died. On arrival at the health center, everything went so fast! Bulamu’s team gave me a C-section because of obstructed labour. Every nurse on the ground was in my room finding out what needed to be done. It took a few minutes, and then the baby finally let out her first little cry. My heart just melted,” she said. Now 6 months old, both baby and mother are healthy!

While historically Bulamu’s programs have addressed the full range of general medicine and surgery needs, in 2022 we are launching our first “vertical” focus on Maternal & Child Health (MCH). According to WHO data, Uganda (along with other sub-Saharan countries) ranks worse than the global average on neonatal mortality, maternal mortality, and under-5 mortality metrics. Since we have HCE partnerships with 12 districts, we are well positioned to evaluate where the need is greatest. We also can see where each district falls in the MOH district rankings on 10 different MCH-related factors. Our new MCH program will initially focus on 6 low ranking partner districts with the objective of turning each into a **Model MCH District** that achieves significant improvement in patient care metrics. The program will eventually be extended to all partner districts, funding permitting.

The new program addresses **5** challenges that are negatively impacting MCH care. The first three solutions were added to our standard HCE package in 2021, and the last two will be added for the target districts in 2022 as funding is raised for this expanded program. The five solutions are:

- 1 Patient Forms:** We have introduced **5** MCH forms so women have hard-copy records of their antenatal, postnatal, and family planning visits, and the facility has permanent records of natural and C-section births. With no digital patient records, hard copies become essential. **Average cost per MCH form: \$0.08**
- 2 Emergency Transport (ET):** For districts without ambulances available, we hire local transport companies so expectant mothers with obstructed labor can get to the nearest operating room. **Average cost per trip: \$27**
- 3 Essential Surgical Supplies (ESS):** After observing that Health Center IV operating rooms are dark about 50% of the time, we added this feature to make sure that our HCE partner districts never turn away patients needing C-sections or other serious surgeries for lack of inexpensive surgical supplies (sutures, needles, gloves, cotton, etc.) Many MOH health centers only receive deliveries of supplies once every 2 months or longer. **Average ESS cost per surgery supported: \$10**





Olive, mother to a premature baby, was referred with her baby to our partner health center in Mayuge District. Her baby arrived in a precarious state, premature, vulnerable to complications and needing immediate transport to a neonatal ICU. Bulamu provided oxygen and antibiotics with an accompanying midwife and covered ambulance expenses to Jinja’s Nalufenya Children’s Hospital, saving the baby’s life!

- 4 MCH Equipment:** We identified 10 pieces of medical equipment that are essential to perform C- sections and deliver babies safely and then conducted a needs assessment at each partner district. Purchases will have to be rationed, based on the acuity of the need and available funding.
- 5 MCH Clinical Training:** Our clinicians will train all local MCH staffs in safe deliveries (APGAR, Helping Babies Breathe) and perinatal care (Helping Babies Survive), helping facilities meet the MOH monthly requirement of 2 training hours per staff member.

While other government and NGO programs provide clinical training (UNICEF, etc.), none is also addressing the systemic bottlenecks, equipment and supply shortages, and the mother’s desire to leave with a copy of her clinical record. By increasing patient confidence in the public health system, our MCH program should increase the number of mothers receiving antenatal care and ultimately reduce maternal and neonatal mortality. The **6** highest priority MCH districts have a total of **60** inpatient facilities providing maternity care, which deliver more than 65,000 babies annually. We estimate the first year cost of adding MCH equipment and clinical training will require \$150,000 in new funding.



Bulamu’s Emergency Transport program supports districts that lack ambulances when patients need immediate transfer to higher level facilities for surgeries such as C-sections.

## 2021 MCH Highlights

**5** New maternity forms provided

**747** Emergency Patients Transported

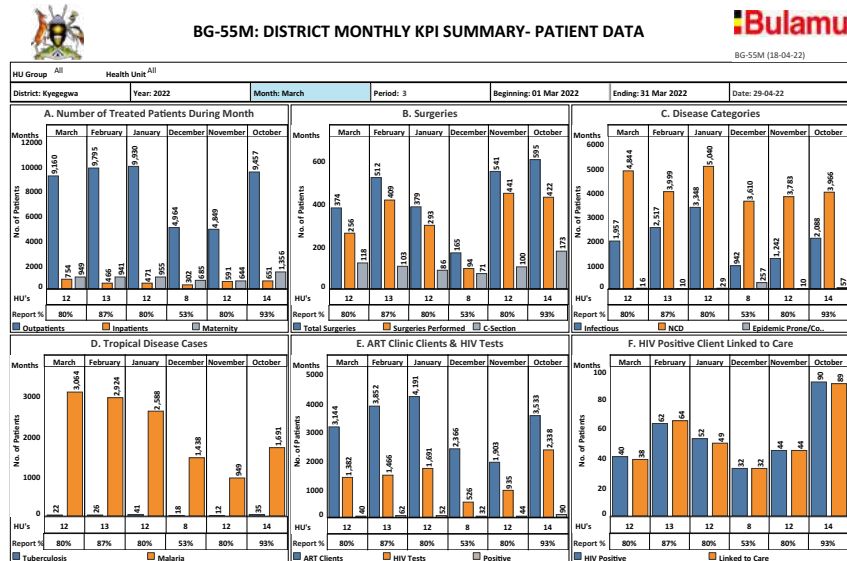
**2,636** Essential Surgical Supplies Patients Supported

**3,491** Natural Deliveries Performed

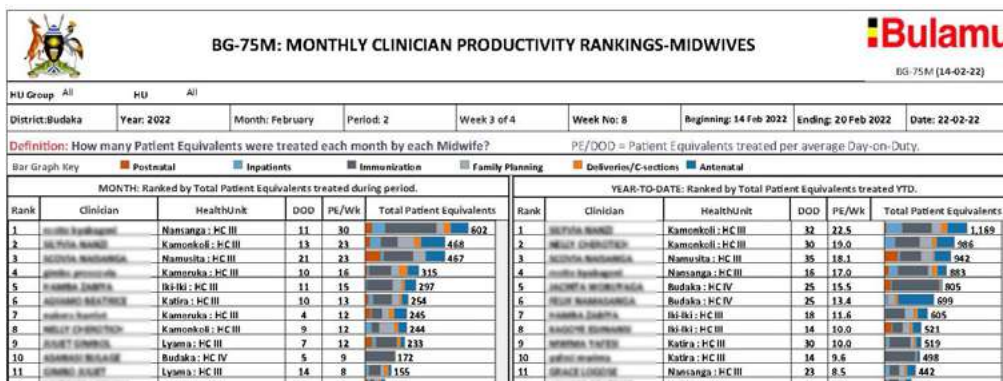
**500** C-sections Performed

# HCE Program Highlight: Management Reports

In Ministry of Health systems across Africa, one of the most important missing links is timely data that is shared back to local leaders and teams. What happened at health facilities last week, or in recent months? Too often, if this kind of data is shared with local leaders at all, it comes long after it can be acted upon to create change.



In contrast, Bulamu's HCE Program collects **57** Key Performance Indicators (KPIs) at each partner health center and uploads them to the cloud using computers we supply. Then weekly and monthly graphic reports can be downloaded almost immediately, showing stakeholders the most recent trends. District leaders can understand the state of their health system and take immediate corrective action when necessary. Bulamu trains Records Assistants at the data reporting centers, maintains the HCE-IT system, and helps district leaders interpret the reports and become better managers as a result.



HCE's management reports monitor absenteeism and doctor productivity in novel ways that provide managers with new information, allowing them to drive continuous improvement.

Uganda MOH officials appreciate the value of the new data we are providing. In 2021, they asked us to plan on extending HCE reports to all public health facilities and integrating them with their own DHIS2 system, a health IT platform that is used in 73 low- and middle-income countries. We are still in the proof-of-concept stage and must document the productivity improvement and patient care benefits that result, but we are encouraged by the early enthusiasm for our management system as we steadily extend its reach to new districts.

## Patients We Served



Kansirinda was born in the Congo with a congenital hernia, which kept her in the hospital for her first 6 months. “I would visit the hospital, sit there the whole day with my sick baby, and no one was there to attend to us,” Kansirinda’s mother said. “They finally told me to come back when she was 5 years old. As she grew, I feared that I may lose my precious daughter. Other kids made fun of her, saying that she was pregnant since she had a big swelling. Some beat her up and she always returned crying, which broke my heart.”

When war broke out in the Congo, they made it to a refugee settlement in Uganda and eventually to a Bulamu Surgery Intensive, where Kansirinda received her surgery for free. “Bulamu transported us, fed us, and the nurses were so kind to us,” her mother said. “Now my daughter is back in school like any other child. How could I have managed without Bulamu? Where would I have got the money? You have been such a blessing!”

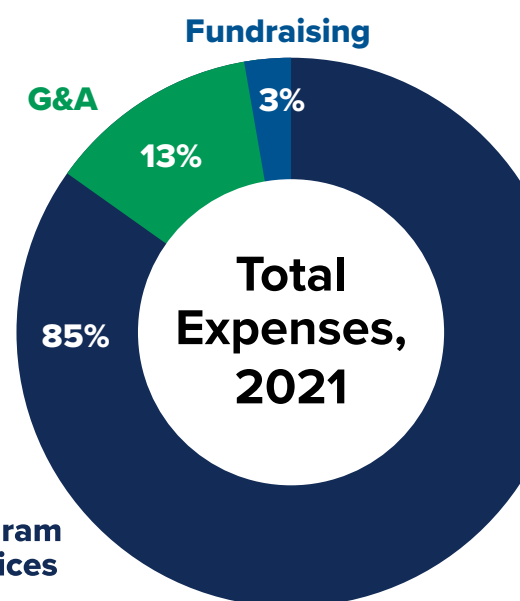


When Nuru came to our Surgery Intensive program, her goiter made it so difficult to speak that she had to use sign language to communicate. She had learned about Bulamu during a health education talk held at her local MOH facility by our CST team. Afraid she would miss her chance, she returned each week to check in and make sure we wouldn’t forget about her. At the Mayuge SI, our team provided her with the free surgery she had waited more than 15 years to receive due to lack of funds.

# Management's Discussion and Analysis, 2021

In 2021, Bulamu's financial statements were again audited according to **US Generally Accepted Auditing Principles** by PKF International, a global firm with affiliate offices in more than 100 countries. With their strong presence in Uganda, where all of our program activities and 84% of our expenses occur, PKF auditors were able to observe our accounting procedures firsthand while providing helpful recommendations. 2021 highlights include:

- Revenues increased **49%** from **\$816,568** in 2020 to **\$1,214,190** in 2021, after a gain of 11% in 2020. While major individual donors drove this growth, we continue to focus on shifting our funding sources toward foundations interested in supporting health systems strengthening within Ministry of Health facilities, whose role is to provide medical services for the poor.
- As a direct provider of healthcare services in Uganda, Bulamu's expenditures on program services rose **83%** in 2021 to **\$1,130,102**. Our activities cover three program areas: **Primary Care, Acute Care**, and the **Health Center Excellence (HCE) Program**. Bulamu's full-time staff of nine personnel in Kampala oversees and implements all programs, with the help of our Core Team of 82 part-time clinicians. Program management expenses are assigned to the individual programs based on direct costs incurred.
- **Primary Care:** The Clinician Support Team (CST) Program launched in mid-2020 constitutes our general medicine, pandemic-response program. In 2021, ten teams partnered with MOH facilities for 8 weeks at a time to provide free healthcare to **56,028** patients at **20** public health centers throughout the country. At a total program cost of **\$323,008** in 2021 or **\$32,300** per team, most patients received multiple services for an average cost of **\$5.77** per patient.
- **Acute Care:** Program expenses more than doubled in 2021 to **\$331,306**, as the number of Surgery Intensives (SIs) increased from six to eight from the prior year and the average patients per SI jumped from **181** to **254**. Our average cost for the **1,920** surgeries at SIs was **\$163** per patient. We treated **65 Angel Patients**, our referral program for the most serious cases, at an average cost of **\$221** per patient. Counting all programs (CST, SI, Angel, and HCE), the number of surgery patients treated and supported doubled from **2,604** to **5,085** cases.
- **Health Center Excellence (HCE) Program:** The HCE program expanded significantly in 2021, with **5** new districts and **170** new public hospitals and clinics now using this IT-based management system. At year end, HCE was installed in **209** MOH facilities. Total program expenses increased from **\$113,185** in 2020 to **\$475,789** in 2021.
- **US Support Activities (Administration and Fundraising)** decreased from **17.1%** to **15.4%** of total expenses, due primarily to the **79%** jump in total program expenditures. We expect fundraising expenses to start increasing as we hire staff to support the continuing strong demand for our programs. Program services accounted for **84.4%** of all expenses in 2022, a slight increase from 2020.



# Financial Summary

Bulamu Healthcare International

## Statement of Activities

Year ended December 31

	2019 <i>Audited</i>	2020 <i>Audited</i>	2021 <i>Audited</i>
<b>Support and Revenue</b>			
Contribution from Individuals <sup>1</sup>	\$430,437	\$603,951	\$1,050,624
Contributions from Foundations	\$300,005	\$211,047	\$145,000
Interest Earned	\$491	\$171	\$71
Other Income (Loss)	-	\$1,399	\$18,495
<b>Total Support and Revenue</b>	<b>\$730,933</b>	<b>\$816,568</b>	<b>\$1,214,190</b>
<b>Expenses</b>			
<b>Program Expense (Uganda)</b>			
Medical Camp and Clinical Support Teams	\$371,419	\$356,442	\$323,008
Surgery Intensives and Angel Program	\$68,528	\$147,580	\$331,306
Health Center Excellence Program	\$150,924	\$113,185	\$475,789
<b>Total Program Services</b>	<b>\$590,871</b>	<b>\$617,207</b>	<b>\$1,130,103</b>
<b>Support Activities (U.S.)</b>			
General and Administrative	\$87,708	\$108,252	\$168,455
Fundraising	\$12,520	\$19,627	\$37,825
<b>Total Support Expenses</b>	<b>\$100,228</b>	<b>\$127,879</b>	<b>\$206,280</b>
<b>Total Expenses</b>	<b>\$691,099</b>	<b>\$745,086</b>	<b>\$1,336,383</b>
<b>Change in Net Assets</b>	<b>\$39,834</b>	<b>\$71,482</b>	<b>(\$122,193)</b>
Net Assets, Beginning of Year	\$101,191	\$141,025	\$212,507
<b>Net Assets, End of Year</b>	<b>\$141,025</b>	<b>\$212,507</b>	<b>\$90,314</b>

<sup>1</sup> Gifts in-kind in 2019, 2020 and 2021 were \$33,629, \$11,769 and \$134,228, respectively.

Bulamu Healthcare International

## Statement of Financial Position

Year ended December 31

	2019 <i>Audited</i>	2020 <i>Audited</i>	2021 <i>Audited</i>
<b>Assets</b>			
<b>Current Assets:</b>			
Cash and Cash Equivalents	\$126,058	\$177,927	\$91,523
Receivables	\$12,023	\$36,353	\$18,500
Inventory	\$3,254	\$1,562	\$4,482
	<b>\$141,335</b>	<b>\$215,842</b>	<b>\$114,505</b>
<b>Non-current Assets:</b>			
Equipment-at cost, net	\$16,601	\$16,147	\$43,535
<b>Total Assets</b>	<b>\$157,936</b>	<b>\$231,989</b>	<b>\$158,040</b>
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities:</b>			
Loans <sup>2</sup>	-	-	\$11,135
Accounts Payable	\$16,911	\$19,482	\$9,530
	<b>\$16,911</b>	<b>\$19,482</b>	<b>\$20,665</b>
<b>Liabilities:</b>			
Loans <sup>2</sup>	-	-	\$47,051
<b>Net Assets:</b>			
Unrestricted	\$141,025	\$212,507	\$90,324
<b>Total Liabilities and Net Assets</b>	<b>\$157,936</b>	<b>\$231,989</b>	<b>\$158,040</b>

<sup>2</sup> In October 2021 a five-year fully amortizable loan was taken out from Lendonate at an annual interest rate of 4%.

## Recognizing Our Partners

### Rotary

Rotary Clubs in Uganda and California partnered to raise **\$91,500** to buy medical equipment to take vital signs for **125+** public health facilities. A second project to support Maternal and Child Health systems for dozens of inpatient health facilities is being planned.

“Rotary and Bulamu have launched an exciting partnership with the Vital Signs Global Grant now underway. Together we will train and equip more than **100** health facilities with devices to take patients’ vital signs. These public sector facilities treat more than **900,000** patients per year, so the project offers a model of service and the potential for even greater scale to come.”



Rotary District 9213 Governor  
**John Magezi Ndamira**

### Association of Surgeons of Uganda



In June 2021, the Association of Surgeons of Uganda (ASOU) and Bulamu began a partnership to provide free surgical care to low-income Ugandans. This partnership has already led to free surgeries for more than **2,000** low-income patients at **8** week-long Surgery Intensive (SI) programs. ASOU, whose members include the leading academic surgeons in the country, now sends the supervising surgeon to each SI program.



**Dr. Patrick Pithua Patho Onyai** is a member of the Association of Surgeons of Uganda. Since 2021, he has served as an ASOU supervising surgeon at **7** Surgery Intensives, resulting in care for more than **1,400** patients.

“My passion is to serve communities whose surgical needs are unmet. Bulamu’s model is a remarkable innovation for the needs of the poor in our country. Therefore, I thank Bulamu for giving me the opportunity to use my knowledge and skills to serve underserved communities and contribute towards their needs.”

**Dr. Patrick Pithua Patho Onyai**

## Management Team



**Dick Chandler**  
Executive Board Chair



**Esther Kabugho**  
Director of  
Administration



**Pauline Nyangoma**  
Communications  
Manager



**Richard Siegler**  
President & CEO



**Johnson Kaijuka**  
Procurement Officer



**Dr. Emmanuel Opolot**  
Acute Care Program  
Manager



**Mackay Masereka**  
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Country Director



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Field Operations  
Manager



**Victor Walugembe**  
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Secretary & CFO



**Godwin Goluba**  
HCE Program Director



**Solomon Wasswa**  
HCE Operations  
Manager

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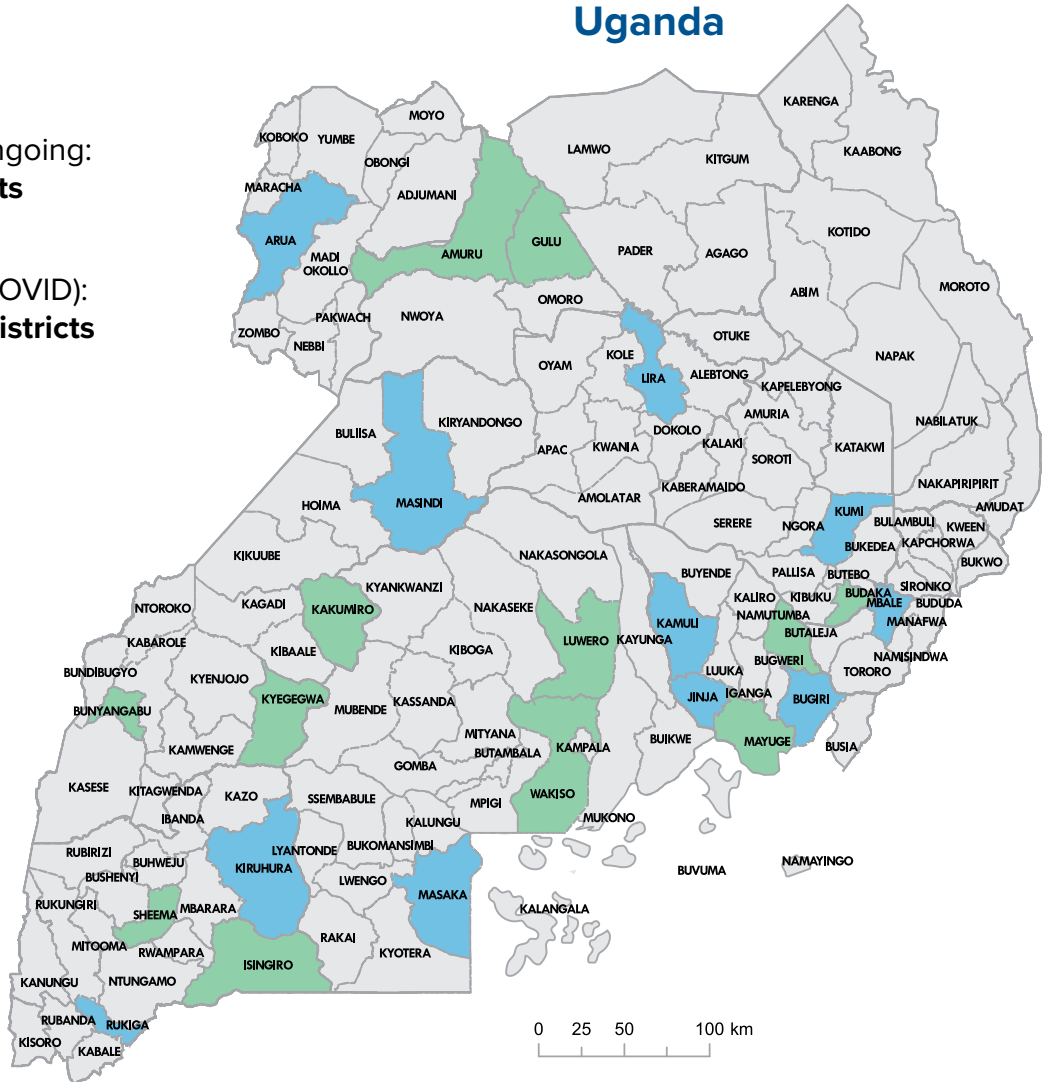
Stefanie Weiland, MSc, MPH

Dr. Peter Waiswa MBChB, MPH

# Help Bulamu transform lives & the health systems the poor rely on.

## Uganda

- Health Systems Strengthening, Ongoing: **12 Partner Districts**
- Medical Camps, 2016-2020 (pre-COVID): **10 Past Partner Districts**



Celebrating 6  
Years of Impact  
2016-2022:

**300,000+**  
Total Patients  
Treated Directly

**12,000+**  
Surgery Patients  
Treated & Supported

**2 Million+**  
Total Patients  
Served

### 2022 Impact Forecast:

**12** District Govt. Partners with **348** Public Health Units That Treat **3 Million** Patients Per Year



**11%** of Uganda's Ministry of Health Facilities as Ongoing Partners

## Contact Us

**Uganda:** Dembe Towers, Apt. 202, Mawanda Road. PO Box 34066, Kampala, Uganda  
**United States:** 1933 Waverley Street, Palo Alto, CA 94301  
**E-mail:** [contact@bulamuhealthcare.org](mailto:contact@bulamuhealthcare.org)

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