

2020 ANNUAL REPORT

Strengthening Health Systems Serving the Poor

Patients
Treated
83,163
all programs

Surgery
Patients
2,604
all programs

Health Center
Excellence
(HCE) Program
79
partner health
centers



1 day after surgery



When her local health center had no sutures in stock, Bulamu's Clinical Support Team stepped in to ensure Grace received the emergency C-section she needed.

Letter to Our Stakeholders:

In February 2020, we provided **21** different medical services to a record **17,206 patients** at a Bulamu medical camp in Budaka District — and then the world changed. Uganda imposed a total lockdown between March and June, with people confined to their homes and all inter-city travel suspended. Most healthcare services ground to a halt.

In June, when our Core Team of licensed Ugandan clinicians could reach health facilities again, we launched a new initiative focused on strengthening the existing public health system by combining three linked elements: **Clinical Support Teams, Surgery Programs,** and the **Bulamu Health Center Excellence (HCE) Program**. This new strategy, which has been enthusiastically received by government officials, is now improving the health system faster, with greater long-term results, than our pre-pandemic medical camps. We finished 2020 with **39** public health facilities using Bulamu’s clinical procedures and management reporting system in 4 districts, and by this summer it will be extended to **149** facilities through partnerships with 6 different local district governments. This pandemic response strategy has left us in a stronger position than ever to accomplish our mission of treating the sick and strengthening health systems serving the poor.

Bulamu’s Mission
To treat the sick and strengthen health systems serving Africans most in need.

▣ Bulamu Health Systems Strengthening Initiative

CLINICAL SUPPORT TEAMS

SURGERY PROGRAMS

HEALTH CENTER EXCELLENCE (HCE) PROGRAM

Bulamu’s 3-Phase Health Systems Strengthening Strategy:

In these pages, we will describe in more depth these three related programs.

- **Clinical Support Teams (CST):** Between June and December, through our new **CST Program**, we sent **10** different teams of **7** Ugandan clinicians trained in COVID-19 prevention and treatment to work for 8 weeks side-by-side with the staffs at two Ministry of Health (MOH) facilities. At these **20** public health centers, we supplied vital signs equipment, PPE, meds, supplies, and patient treatment forms, while providing free treatment to **64,793** patients for a cost of **\$4** each.
- **Surgery Programs:** Following each CST engagement, we held **6 Surgery Intensives (“SIs”)** in 2020, bringing in 30-person teams of surgeons, clinicians, and support staff, plus the necessary supplies, to perform an average of 181 surgeries for a cost of **\$104** per patient. Our **Angel Program** escalated treatment for the 77 most serious cases to our partner acute care hospitals and covered the patient’s transportation and surgery expenses.
- **Health Center Excellence (HCE) Program:** At each of the 20 CST partner health centers, we introduced key elements of the HCE program, such as vital signs and patient treatment forms. At year-end, 39 MOH facilities were using this hospital/clinic management system with more joining early in 2021. Based on the successful Sheema District pilot program, we have now introduced the HCE-IT 2.0 version and are extending it to five new districts, with the possibility of adding three more later this year, depending on funding.

The CST, SI, and Angel programs build partnerships with each new district while modeling Bulamu’s caring and productive culture. The HCE Program shifts to a “train-the-trainer” approach where we provide MOH health centers with computers and printers and train their staffs in new management disciplines that track data like unfilled prescriptions, staff attendance, clinician productivity, and patient outcomes. With the HCE Program in place in 2020, Sheema’s ranking in The MOH District League Table moved up from **44th** to **10th** place out of 136 districts. A recent survey of 400 Sheema patient exit interviews showed that patient satisfaction on 5 key questions went from an average approval level of **59%** in 2018 (before HCE implementation) to **94%** (post-HCE). Patients clearly love the HCE Program.

We are pleased to report two important organizational developments:

- Bulamu President Richard Siegler became CEO effective March 2021, while Dick Chandler, after 4 years as CEO, will stay involved in his new role as Executive Board Chair.
- We added 9 outstanding members to the Bulamu Advisory Council, which now includes 17 doctors and 24 total professionals, 8 of them Ugandan.

We are excited about the positive impact our new Health Systems Strengthening programs are having for so many low-income Ugandans who depend on the public health system for their care. As always, we thank our Ugandan partners and staff members, who do so much with limited resources, and our US donors who make it all possible.

Richard W. Siegler
Richard Siegler
 President and CEO

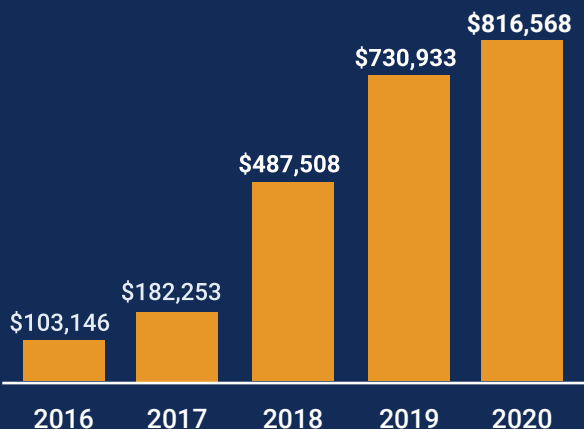
Dick Chandler
Dick Chandler
 Executive Board Chair

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

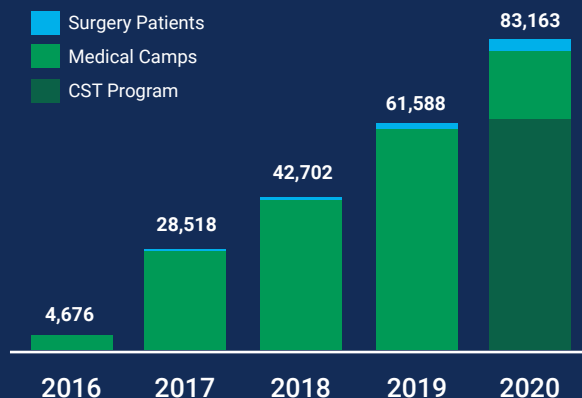


Josephine lived with a mass on her shoulder for many years, until Bulamu’s surgeons treated her free of charge in Wakiso. Even months later, she could hardly believe the results!

Total Donations/Revenues



Total Patients Treated



Clinical Support Team (CST) Program

Bulamu's **Health Systems Strengthening Initiative**, launched in June 2020 in response to the pandemic, begins by sending 7-person teams of licensed clinicians to work side-by-side with the existing staffs at two government health centers per team. The CST Program started in Wakiso District, Uganda's largest with a population of 2.9 million people, and then moved to Budaka and Bunyangabu. In 2020, **10** Clinical Support Teams, each costing **\$26,869**, provided free medical care to **64,793** patients at a cost of **\$4** per patient, while modeling a highly productive culture that improved patient care in multiple ways.

Clinical Support Teams provide these essential medical services:

- General medicine
- COVID-19 training & PPE
- Patient treatment forms
- Vital signs equipment & training
- Needed medicines & supplies
- Surgeries & Angel referrals
- Maternity & natural deliveries
- Emergency transportation



Christine, 4, was brought in with headache, convulsions, vomiting, abdominal pain and dehydration. She tested positive for malaria and received treatment at once. Her mother thanked Bulamu's CST for the immediate care she received. "Usually there isn't any health worker at the station by 2 pm," she said. "I almost thought my daughter was lost until we found Bulamu here."

Agaba knew from her previous history that she would require a C-section. Luckily, Bulamu's Clinical Support Team was there to provide both the surgery and supplies needed. Outside with her baby a few days afterwards, Agaba's smile was the best possible reward for our team.



In 2020...



10
Clinical Support Teams spent **8 weeks** each at **20 public health centers**



304
Emergency patient transports to referral facilities



6,479
Average number of patients treated per 8-week CST



66.8%
of patients having their vital signs taken (Adult Blood Pressure)



4,903
Babies delivered (2020 total)
472 or **9.6%** of babies delivered via C-section

42% increase

in mothers giving birth at Budaka's 4 CST health centers during 3 months after CST (Dec. 2020-Feb. 2021) vs. 3 months before (June 2020-Aug. 2020).

Surgery Programs

Of the different medical services Bulamu provides, our surgery programs have the greatest impact on patients' lives. While primary care is generally free within Uganda's MOH system, patients are often expected to pay for surgeries that most families cannot afford. In 2020, Bulamu was an answered prayer for **2,604** surgery patients: **664** at our February medical camp; **776** performed by our 10 CST teams; and **1,164** at the two programs described below for more involved cases.

Surgery Intensive (SI) Program

During the two months our CST clinicians are at a district, we screen patients and take appointments for the 5-day Surgery Intensive that follows shortly afterward. Once word-of-mouth spreads that the Bulamu surgical team will be performing operations at no cost, bringing all the necessary equipment and supplies, patients come from increasing numbers from longer distances. The results convinced us that this program will be here to stay:

6

Surgery Intensives (Wakiso, Budaka, Bunyangabu Districts)

1,087

Surgeries performed

\$104

Average cost per patient

Angel Program

Under this program, we regularly transfer the most serious patients to three hospitals in Uganda that offer outstanding specialist care: CURE Hospital in Mbale (pediatric neurosurgery), CoRSU Hospital in Entebbe (orthopedics, burns, plastic reconstruction), and Mulago Hospital in Kampala (cancer and other acute illnesses). Our partnership relationships allow patients to be pre-admitted, and we help families with arrangements and cover the patient's hospital bill.



Before



After

At five months old, **Archivan** had a growth requiring surgery that his family could not afford. Bulamu's Surgery Intensive provided his care and the subsequent lab tests to confirm that the mass was not malignant.

77

Angel Patients treated

\$360

Average cost per Angel patient

Leading Surgery Patient Procedures in 2020

Procedure	# of Patients	Percent
Hernia repairs	787	30.2
C-sections	472	18.1
Tumor excisions, Cystectomies	455	17.5
Cataract surgeries	166	6.4
Thyroidectomies	91	3.5
Hemorrhoidectomies	70	2.7
Laparotomy	54	2.1
Perineal repairs	37	1.4
Orthopedics	32	1.2
All Other	440	16.9
Total	2,604	100.0%

Health Center Excellence (HCE) Program

Bulamu’s HCE Program is a comprehensive hospital/clinic management system designed to improve patient care at public health facilities, while also raising staff productivity through closer performance monitoring. Since the pilot HCE Program was launched in Sheema District in June 2019, patient care has improved steadily on many fronts. A patient satisfaction survey in early 2021, based on **400** exit interviews, showed that **97%** of patients would recommend the health facility to family and friends. When we compare survey results to a similar survey conducted in 2018, before the implementation of HCE, patient responses improved dramatically.

% of Patients with Positive Answers

Interview Question	Pre-HCE	Post-HCE
Did the care and service you received meet your expectations?	68%	89%
Did you understand your diagnosis and treatment?	66%	89%
Did you find the HC “acceptable” or better on organization & cleanliness?	62%	94%
Was the equipment available at the HC “acceptable” or better?	30%	98%
Were you happy with the overall customer service level?	70%	98%
Mean Rating:	59%	94%

Building on this successful pilot, we are now extending the HCE program. By mid-summer 2021, HCE will be installed in **6** districts and **149** MOH health centers, with more districts planned for later this year if funding allows. Here are some important HCE features:

Vital Signs Equipment & Training. We provide medical devices and training that allow our partner districts to make vital signs part of their standard of care, in many cases permitting disease diagnosis (e.g., hypertension) that would not have been possible otherwise. PPE has been added during the pandemic.

HCE Medical Equipment Provided	Stethoscope	Pulse Oximeter	Weighing scale
	Thermometer (std.)	Glucometer	PPE
	Blood pressure monitor	Glucose diagnostic strips	Infrared thermometer

Patient Treatment Forms. HCE includes 7 clinical forms for recording important patient information. Every outpatient leaves with a copy of their treatment form completed by the clinician telling them their history, symptoms, lab results, diagnosis, treatment, and medications prescribed. Of the 400 patients interviewed in our recent survey, **9%** found the treatment forms “good”, **40%** “very good”, and **51%** “outstanding.” Maternity forms are being added to this program.

Data Driven Management. The HCE system improves patient care and staff productivity by tracking **56** weekly **Key Performance Indicators (KPIs)** at every health unit. At each district, we provide between 5 and 20 computers and printers to the health units that have been selected as Data Reporting Centers (DRC’s). There we train Records Assistants to upload data from surrounding health centers to our cloud-based data warehouse. Management can then access **23** weekly and monthly reports, celebrating successes and taking corrective action where necessary.

Staff Attendance and Clinician Productivity. Two innovative HCE features address these long-standing challenges in African public healthcare systems where employees are usually salaried. We are tracking weekly staff attendance using a new metric called “Payroll Yield,” the days when each employee is on premises as a percent of days paid. To measure productivity when doctors and midwives perform multiple clinical activities each week, we have introduced the concept of “Patient Equivalents (PE)”, to weight patient contacts based on average minutes spent per activity. Here is an example for one doctor’s activities in a week, where **62** patient contacts equated to **87** PEs. When measured over time, this approach allows for clinician productivity to be compared and will motivate improvement.

Doctor Clinical Activities	Average Minutes	Total Patients	PE Multiplier	Patient Equivalents (PE)
Outpatient visits	15	15	1 x	15
Surgeries	60	10	4 x	40
Natural Deliveries	30	2	2 x	4
Inpatients (ward rds.)	7.5	28	0.5 x	14
Patient Discharges	30	7	2 x	14
Total		62		87



Emergency Transport (ET). Because most districts do not have ambulances, the HCE Program now includes emergency transportation, which is most commonly needed when a mother with obstructed labor is stuck at home. In 2020, we transported **304** emergency cases for an average cost of **\$25** each using local transport companies—a step down from fully equipped ambulances, but they got the patients to a surgery center in time!

Essential Surgical Supplies (ESS). Our research shows that operating rooms in Uganda are dark over 50% of the time, primarily due to a lack of inexpensive surgical supplies, like gloves, gauze, sutures, needles, and cotton. A package of a dozen sutures costs \$4 in Uganda, but the health centers do not have a petty cash fund to purchase them locally. Our new ESS program ensures that our partner facilities never shut down surgeries for lack of inexpensive supplies.

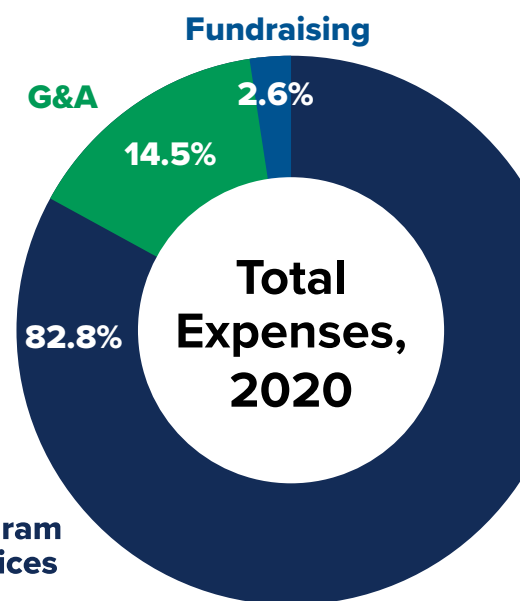
Unfilled Prescriptions. While all public facilities have pharmacies and are supposed to provide prescription medicines at no charge, our surveys of **69,983** drug prescriptions at four different districts showed that they went unfilled **42%** of the time. The problem: the MOH only delivers every two months, with no system for re-supplying in between. We are addressing this problem on the local level by organizing drug redistribution between facilities within the district. On the national level, we are leading an MOH-approved research project covering 20 districts to publicize for the first time how prevalent and serious this problem is, laying the groundwork for systemic change.

Conclusion: The HCE management system underpins our long-term strategy for health systems strengthening and sustainability. By proving its efficacy and cost-effectiveness across a growing number of districts, we are demonstrating to the Ugandan government that these simple, technology-based solutions can be adopted at modest cost across all 3,200 government health facilities with dramatic benefits in patient care.

Management's Discussion and Analysis, 2020

In 2020 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 85% of our expenses occur, PKF auditors were able to observe our accounting procedures firsthand while providing helpful recommendations. 2020 highlights include:

- Revenues increased 11% from **\$730,933** in 2019 to **\$816,568** in 2020, after a gain of 50% in 2019. While major individual donors drove this growth, our current focus is to shift our funding sources toward foundations interested in supporting systemic change within the existing structure of public health facilities whose role is to provide essential medical services for the poor.
- As a direct provider of healthcare services in Uganda, Bulamu's expenditures on program services rose 4% in 2020 to **\$617,207**. We now divide our activities into three program areas: **Clinical Support Teams, Surgery Programs**, and the **Health Center Excellence (HCE) Program**. Bulamu's management team in Kampala oversees and implements all programs, with its expenses allocated to our different programs based on estimated time and related costs.
- **General Medicine:** We held one medical camp in February 2020, treating **17,206** patients for a cost of **\$104,232**, before the pandemic curtailed that service delivery model. Launched in June, the new **Clinician Support Team (CST) Program** replaced medical camps as our primary care program. Ten CST teams operated for 8 weeks at 20 MOH health centers, providing free healthcare to **64,792** patients at a cost **\$252,210**. The average cost of **\$4** per patient, compared to **\$6** for medical camps, shows the efficiency of the CST model that works with existing MOH facilities and staffs.
- **Surgery Programs:** Surgery expenses more than doubled in 2020 to **\$147,580**, with two components. Six Surgery Intensives held in 3 districts cost **\$112,993** and treated **1,087** patients, for an average cost of **\$104** per patient. We are shifting resources toward acute care, where we can have more direct patient impact because so many public health facilities must curtail surgeries due to lack of basic supplies. We also sponsored **77** Angel Patients for treatment at partner hospitals at a cost of **\$27,743**, or **\$360** per patient.
- **Health Center Excellence Program:** HCE program expenses declined by 25% to **\$113,185** as the pandemic caused us to curtail HCE expansion for most of the year. Late in the year we introduced the first phase of the HCE Program at the three CST districts (Wakiso, Budaka, and Bunyangabu), with plans for a full roll-out during the first half of 2021.
- **US Support Activities (Administration and Fundraising)** increased slightly to **15.7%** of revenues (**17.2%** of expenses), due to our having a full-time president in place in the U.S. for the entire year. Program services accounted for **82.8%** of all expenses.



Financial Summary

Bulamu Healthcare International

Statement of Activities

Year ended December 31

	2018	2019 <i>Audited</i>	2020 <i>Audited</i>
Support and Revenue			
Contribution from Individuals ¹	\$348,008	\$430,437	\$603,951
Contributions from Foundations	\$139,500	\$300,005	\$211,047
Interest Earned	-	\$491	\$171
Other Income (Loss)	-	-	\$1,399
Total Support and Revenue	\$487,508	\$730,933	\$816,568
Expenses			
Program Expense (Uganda)			
Medical Camp and Clinical Support Teams	\$313,763	\$371,419	\$356,442
Surgery Intensives and Angel Program	\$29,917	\$68,528	\$147,580
Health Center Excellence Program	\$70,118	\$150,924	\$113,185
Total Program Services	\$413,799	\$590,871	\$617,207
Support Activities (U.S.)			
General and Administrative	\$34,264	\$87,708	\$108,252
Fundraising	\$13,542	\$12,520	\$19,627
Total Support Expenses	\$47,806	\$100,228	\$127,879
Total Expenses	\$461,605	\$691,099	\$745,086
Change in Net Assets	\$25,903	\$39,834	\$71,482
Net Assets, Beginning of Year	\$75,288	\$101,191	\$141,025
Net Assets, End of Year	\$101,191	\$141,025	\$212,507

¹ Gifts in-kind in 2018, 2019, and 2020 were \$46,111, \$33,629, and \$11,769, respectively.

Statement of Financial Position

Year ended December 31

	2018	2019 <i>Audited</i>	2020 <i>Audited</i>
Assets			
Current Assets:			
Cash and Cash Equivalents	\$144,249	\$126,058	\$177,927
Receivables	\$10,530	\$12,023	\$36,353
Inventory	\$6,514	\$3,254	\$1,562
	\$161,293	\$141,335	\$215,842
Non-current Assets:			
Equipment-at cost, net	\$14,984	\$16,601	\$16,147
Total Assets	\$176,277	\$157,936	\$231,989
Liabilities and Net Assets			
Current Liabilities:			
Deferred Contributions	\$75,000	-	-
Accounts Payable	\$86	\$16,911	\$19,482
	\$75,086	\$16,911	\$19,482
Net Assets:			
Unrestricted	\$101,191	\$141,025	\$212,507
Total Liabilities and Net Assets	\$176,277	\$157,936	\$231,989

Thank You to Our Team & Partners!



Dr. Denis Bitamazire has served as Bulamu's Surgery Department Supervisor since November 2019. "Serving as a surgeon with Bulamu is an experience to cherish. It is deeper than just using one's professional knowledge to rectify a health condition. With Bulamu, I derive fulfillment from knowing that even the less privileged can get treated equally, without enduring the frustration of being turned away due to lack of funds. That is what inspires me to keep serving, because Bulamu understands the gaps that exist in our health sector." Dr. Denis has performed surgeries at 2 Bulamu medical camps and 6 Surgery Intensives, operating on more than 1,000 patients.

Bulamu's Core Values

Healthcare Is a Human Right: We operate with the underlying belief that access to professional healthcare is a basic human right.

Culture of Caring: Create an organizational culture that puts the patient first, is consistently caring, and turns away no one in need.

Teamwork: Foster a spirit of dedication, enthusiasm, and cooperation within each program that motivates our staff to help each other and give their best for the well-being of patients.

Clinical Excellence: Operate efficient health programs that provide today's standard of care while using staff education and management tools to deliver continuous improvement.

Local Solutions: Build in-country organizational strength that can ultimately operate independently of foreign help.

Data-Driven: Use information technology to collect needed healthcare data, track outcomes, facilitate follow-up care, and prove the efficacy of our activities.

Evolve Toward Sustainability: Leverage our innovative programs to move toward economic sustainability that works effectively with local government institutions.

Prevention and Wellness: Serve the broader community with outreach programs that support disease prevention and healthy lifestyles.



Dr. Doreen Iyango joined Bulamu to lead multiple Clinical Support Teams last year. Originally from eastern Uganda, in the last year Dr. Doreen’s work with Bulamu has touched thousands of patients’ lives, primarily through maternal and child healthcare. Summarizing a typical day for a CST at Kyegegwa Health Center IV, she said, “We have done 3 C-sections today and have received 24 C-section patients so far this month as the district referral facility.” Dr. Doreen’s work also includes making ward rounds, sharing preventive health lessons with mothers, and pre-screening patients for surgery.

Bulamu Healthcare’s Leadership Team

MANAGEMENT



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Executive Board
Chair



Richard Siegler
President
& CEO



John Schniedwind
Secretary
& CFO



Mackay Masereka
Vice President
& Program
Director



Esther Kabugho
Director of
Administration



Joseph Bisaso
Field
Operations
Manager



Dr. Emmanuel Opolot
Acute Care
Program
Manager



Victor Walugembe
IT Operations
Manager



Solomon Wasswa
HCE
Operations
Manager

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John Schniedwind, MBA, CFA, *Secretary & CFO*
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Dr. Andrew Griffin, MD, FACC, FAAP

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Bonnie Ng, CA
Christine Russell, MBA

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Dr. Peter Waiswa MBChB, MPH, PhD

Partner with Bulamu to change patients' lives



At 8 weeks old, Norine's parents brought her to Bulamu's Clinical Support Team for help treating her cleft palate. Bulamu's Angel Program referred Norine to CoRSU, Uganda's leading hospital for such surgeries, and covered the family's costs for transportation, surgery, and nutritional rehabilitation.

Patient Care Summary

(2016-2020)



215,000+

primary care patients treated



5,200+

surgery patients treated



39

public health facilities using the HCE management system

How can Bulamu be so cost-effective in providing free healthcare for the poor?

All patient care takes place in existing public healthcare facilities. All patient care is provided by licensed Ugandan clinicians, who are well-trained at Ugandan medical schools and employed by Bulamu part-time at local rates.

How does Bulamu use donor funds?

\$2,000:

50+ **emergency transport** trips for patients in dire need

\$5,000

Surgical equipment required in under-funded operating rooms (e.g., autoclaves)

\$10,000

Bulamu's **Essential Surgical Supplies** program in 4 health centers for 1 year

\$20,000

1 Surgery Intensive operating on approximately 200 patients in 5 days

\$25,000

1 Clinical Support Team of 7 clinicians treating 5,000 patients in 8 weeks

\$50,000

Launch of the **Health Center Excellence (HCE) Program** in a new district

All funds support program expenses. Bulamu's board of directors donate 100% of our administrative expenses.

Contact Us

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