

Doctors are fully trained but lack vital signs equipment, limiting their ability to diagnose patients.

Patient has a severe but manageable condition that has not been prioritized.

Emergency medicines are in stock but locked away, and the night nurse doesn't have a key.

Patient should be put on oxygen but the O₂ cylinder ran out and the refill order was placed late.

Small changes can drive significant improvements in care for the severely ill.

LETTER FROM THE EXECUTIVE DIRECTOR

Dear supporters,

I am happy to say that Walimu has come a long way in the past year. We concluded our exploratory project at Mulago National Referral Hospital and launched our pilot of Severe Illness Management Support (SIMS), a continuous quality improvement program, at four rural hospitals. We are preparing to launch, in collaboration with the World Health Organization (WHO) and the IMAI-IMCI Alliance, a training course on emergency management of severe illness that will reach sixty hospitals over the next two years. We will be incorporating several components of our SIMS program into the training program, to ensure that knowledge gains are translated into real improvements for patients. In addition, we have assisted the efforts of our partners to respond to the Ebola outbreak, running a training-of-trainers in clinical management and infection prevention and control on behalf of WHO and supporting deployment of clinicians to West Africa. In October, we organized and ran an emergency training in response to a suspected outbreak of Marburg, a virus closely related to Ebola.

Through all of this, we are beginning to demonstrate that our philosophy can work in resource-constrained settings: small changes can have a big impact. All four SIMS hospitals have achieved statistically significant improvements in patient monitoring, with three experiencing gains of more than 20 percentage points. We have also seen qualitative improvements. Emergency medicines are more available where they're needed. Staff in the casualty department are trained in emergency medicine. More oxygen is available.

It has been a great honor to work for Walimu over the past several years, but the time has come for me to step down as Executive Director. I look forward to continuing to support Walimu in the years to come, and I am honored to introduce our new Executive Director, Dr. Nathan Kenya-Mugisha. Dr. Kenya has decades of experience working in the Ugandan health system, most recently as Acting Director General of the Ministry of Health. He has been instrumental in developing and testing the World Health Organization's IMAI District Clinician Manual, the medical cornerstone of our approach. We are excited to see what Walimu can do for the patients of Uganda under his direction in the coming years.

Sincerely,



Elijah Goldberg

INCOMING EXECUTIVE DIRECTOR

Walimu announces our new executive director, Dr. Nathan Kenya-Mugisha.

Dr. Kenya has a long and storied career in the Uganda healthcare system. A pediatrician by training, Dr. Kenya received a degree in medicine (MBChB) and masters in medicine (M.Med) from Makerere University, as well as a Masters Degree in Public Health (MPH) from University of North Carolina, Chapel Hill.

Dr. Kenya has held numerous positions in the Ministry of Health, Uganda, most recently as Acting Director General Health Services. He acted as Permanent Secretary from February 2010 to July 2010.

Dr. Kenya initiated several child health and community programs in Uganda and supported implementation in other African countries, including the Control of Diarrhoeal Diseases (CDD), Acute Respiratory Tract Infections (ARI), Integrated Management of Childhood Illness (IMCI), Integrated Management of Adolescent and Adult Illness (IMAI), Community Health services such as Home Based Management of Fever (HBMF), and implementation of the Village Health Team Strategy. He has authored numerous publications on child health and health care in Uganda.

We are pleased and honored to welcome Dr. Kenya as our incoming Executive Director.



OUR STORY

Walimu grew from a simple observation:
In low-income countries, most patients die of curable conditions because they are not identified and treated early enough.

Often, hospitals have the staff, medicines and equipment to treat these patients. However, many don't have the processes to ensure severely ill patients are triaged and treated quickly.

Resources are important, but not enough. We set out to create a model for systematically finding and investigating the root causes of these breakdowns in care, and for designing and implementing solutions to eliminate them.

Severe Illness Management Support (SIMS) is the result: an intensive hospital quality-improvement program that gives doctors, nurses and managers the knowledge, tools and motivation to improve processes for timely identification and treatment of the most at-risk patients.



1 out of **12**

Patients experience a medical mistake.

1 out of **4**

Die as a result.

4 out of **5**

Mistakes are **preventable.**¹

THE CHALLENGE

Current global health efforts to decrease mortality neglect improving the management of severely ill hospitalized patients.

60,000

Ugandans died of HIV in 2012.²

>80%

Patients with sepsis at Mulago Hospital are HIV-infected.

46%

Of patients with sepsis die without early monitored fluid resuscitation.

28%

Fewer patients with sepsis die with early monitored fluid resuscitation, as demonstrated by our team.

The challenge is clear

There is a significant need to improve management of severe illness in Uganda.

OUR PHILOSOPHY

We believe that giving health workers the training, tools and support to resuscitate and save the lives of the most severely ill patients can lead to large improvements in patient care in low-income countries.

Most global health funding is concentrated on vertical programs to address specific diseases and populations. We focus on improving resuscitation and severe illness management, which benefits patients of all types, including those with HIV or trauma, as well as children and mothers with obstetrical emergencies.



Low Cost, High Impact

We strive to maximize the impact per dollar. With existing funding, expanding our program to a hospital costs only \$9,383 per year. Our program improves care on average for 1,798 patients per hospital per year at a visit cost of \$5.22.



Building capacity not replacing it

We deeply believe in a health system run for and by Ugandans. Today, our paid staff is composed entirely of Ugandan Nationals. Our programs are designed jointly by a team of technical experts from Uganda and the United States.



Wherever the evidence leads

Our program is built around the collection and analysis of data. We base our work on the best available evidence of what works, both in medicine and health worker behavior change. We are continually refining our program based on data.

IMPACT IN 2014

SIMS Kasese Pilot Project

Bwera Hospital

Kagando Hospital

Kilembe Hospital

St. Paul HC IV

Patients with vital signs monitored

Before

After

Before

After

Before

After

Before

After

5%

26%

43%

74%

5%

13%

58%

82%

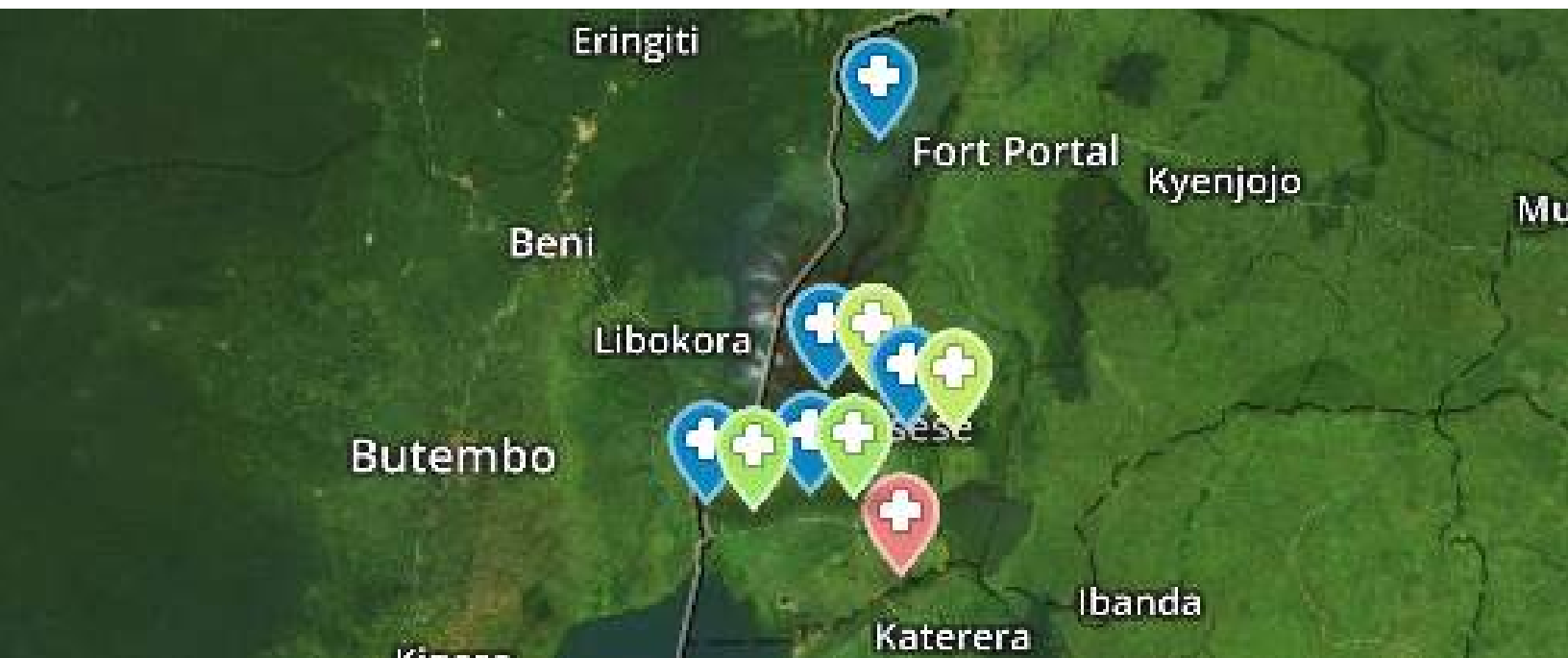
Green marks statistically significant improvement at the 1% level.

Significant progress

Across facilities, we have observed significant progress in improved processes for the care of severely ill patients. Hospitals have invested in emergency rooms to care for critical patients, and streamlined patient records and introduced new forms for tracking the severely ill. As demonstrated by the response recent Marburg scare in the district, staff are better prepared to respond to especially dangerous diseases, such as Marburg and Ebola.

Read the full project report: walimu.org/sims/kasese

Activities map



We're meeting the challenge.

Ebola and Marburg

Walimu has supported our partners, the IMAI-IMCI Alliance, World Health Organization, and Uganda Ministry of Health, as they have responded to both the West Africa Ebola outbreak and to a suspected outbreak of Marburg, a virus closely related to Ebola, in Western Uganda.

30 Ebola clinical trainers trained in Kampala from **seven** countries.

5 Trainees deployed by WHO to Liberia to run clinical trainings for responders.

34 Hospital staff trained in Marburg management from **three** hospitals.

7 Day response time to organize a full clinical and infection control training.

Growing impact

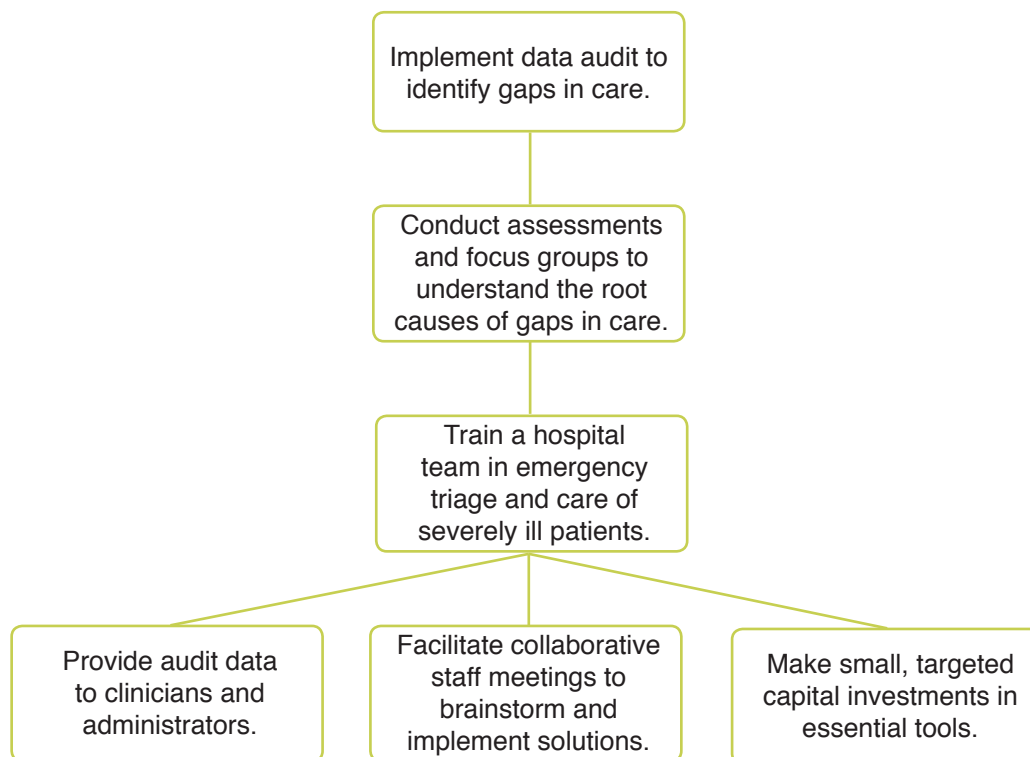
- In collaboration with TB CARE I, the American Thoracic Society and AgileMD, Walimu launched a mobile app with the International Standards of Tuberculosis Care, which provides step-by-step algorithms and valuable information for TB health workers.
- On behalf of the IMAI-IMCI Alliance and World Health Organization, Walimu conducted the IMAI Quick Check+ training course for five hospitals.
- Walimu concluded a proof-of-concept project at Mulago National Referral Hospital to demonstrate the feasibility of the SIMS approach to hospital quality improvement.

■ Quick Check+ Trained Hospital ■ SIMS Hospital ■ Ebola/Marburg training

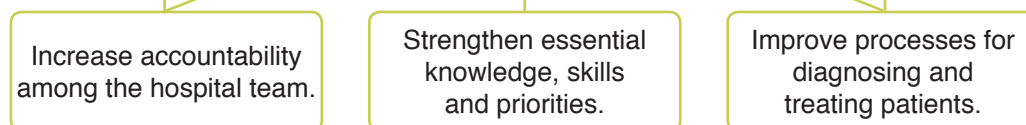


THEORY OF CHANGE

Activities



Outcomes



Impact



PROGRAM

At hospitals where we work, we implement a four-phase program designed to improve management of severe illness and patient outcomes.

Phase 1: Identification of gaps in care

The first step is to understand the problem. Walimu works with hospital staff to conduct a thorough assessment of the current quality of emergency and severe illness care. In addition, Walimu begins an ongoing data audit program, which provides a running snapshot of the quality of care for each patient.

Phase 2: Training

On behalf of the World Health Organization (WHO) and IMAI-IMCI Alliance, Walimu conducts the WHO's IMAI Quick Check+ training course for facility teams from each hospital. The training prepares teams to triage and manage patients with emergency signs and identify and manage viral hemorrhagic fevers (including Ebola and Marburg).

Phase 3: Intensive quality improvement

Following the training, Walimu launches an intensive quality improvement program at each hospital. The program is built around an improvement plan developed by hospital staff. The program includes six tools: audit reports, collaborative improvement meetings, a process improvement fund, support-supervision, mentoring and mobile guidelines.

Phase 4: Embed gains

Our goal is to build, not replace, capacity. After our program concludes, we work to see it carried on by the hospital staff. This is largely up to the hospital: we cannot force change. However, where the team is willing, we provide ongoing support to empower hospitals to embed the gains in monitoring and treatment.

2015 ACTIVITIES

In 2015, Walimu will continue to demonstrate that high quality of care can be achieved for every patient in resource-limited hospitals.

Reaching more hospitals with Quick Check+ and SIMS

On behalf of the World Health Organization and the IMAI-IMCI Alliance, Walimu will expand the IMAI Quick Check+ project to **thirty hospitals**, primarily in the Western and Northern regions of Uganda where the risk of viral hemorrhagic fever, including Ebola, is the greatest.

Walimu will execute several components of the SIMS program following training, including running collaborative improvement meetings, making mentoring and support supervision visits, and investing in crucial hospital improvements to ensure severely ill patients receive timely and appropriate care.

In addition, Walimu will work with the IMAI-IMCI Alliance and other stakeholders to design and execute research initiatives to demonstrate the impact of the Quick Check+ and SIMS programs on clinical management.

Expanding and strengthening SIMS quality improvement

As the SIMS pilot concludes, Walimu will work to build on the initial success by expanding and embedding gains at existing hospitals in the program. Walimu will collaborate with the Ministry of Health and others to explore new options for expanding the SIMS program, both within and outside of the Quick Check+ project.

SIMS represents a powerful platform to improve management in hospitals and increase transparency and accountability of hospitals to national policy makers and consumers. We will continue to work to bring this platform to as many of Uganda's hospitals as possible.

Continuing to respond to Ebola and Marburg

Walimu will continue to support our partners efforts to respond to existing and emerging threats, and collaborate with the Ugandan Ministry of Health to create more flexible and responsive systems for clinical response to outbreaks.

FINANCIALS

As of December 31st, 2014

Revenue

Individuals and family foundations	\$68,327
Grants and contracts	\$2,400
Program service revenue	\$5,000
Gifts in kind	\$140,885
Other revenue	\$352
Total revenue	\$216,964

Expenses

Program services	\$132,450
Fundraising	\$157
Management	\$6,453
Total expenses	\$139,059

Change in net assets	\$77,905
Net assets at beginning of year	\$3,085
Net assets at end of year	\$80,991

PARTNERS

Hospitals

Bwera Hospital

Kagando Hospital

Kilembe Mines Hospital

St. Paul Health Centre IV

Mulago National Referral Hospital

Primary partner



We collaborate closely with the Alliance, serving as their Uganda implementing organization for the IMAI Quick Check+ training and mentoring program and a global partner collaborating on post-training quality improvement, evaluation and research, and technology-driven solutions.

Uganda institutions

We execute activities, including trainings and quality improvement activities, on behalf of the Uganda Ministry of Health and the World Health Organization, Uganda Country Office.

Additional partners



In addition, our activities are supported by an anonymous private foundation and private donors.

ABOUT US

Walimu was founded in 2010 with the mission of improving management of severely ill patients in hospitals across Uganda. We are a registered United States 501(c)3 (EIN: 27-3291501) and Uganda Non-Governmental Organisation (Registration number: 10090). Donations are tax deductible to the full extent of the law.

Donations

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