



ANNUAL REPORT 2021



Child Health Care



Global Health
Security



Health Systems
Strengthening



Improving Tuberculosis
Diagnostics



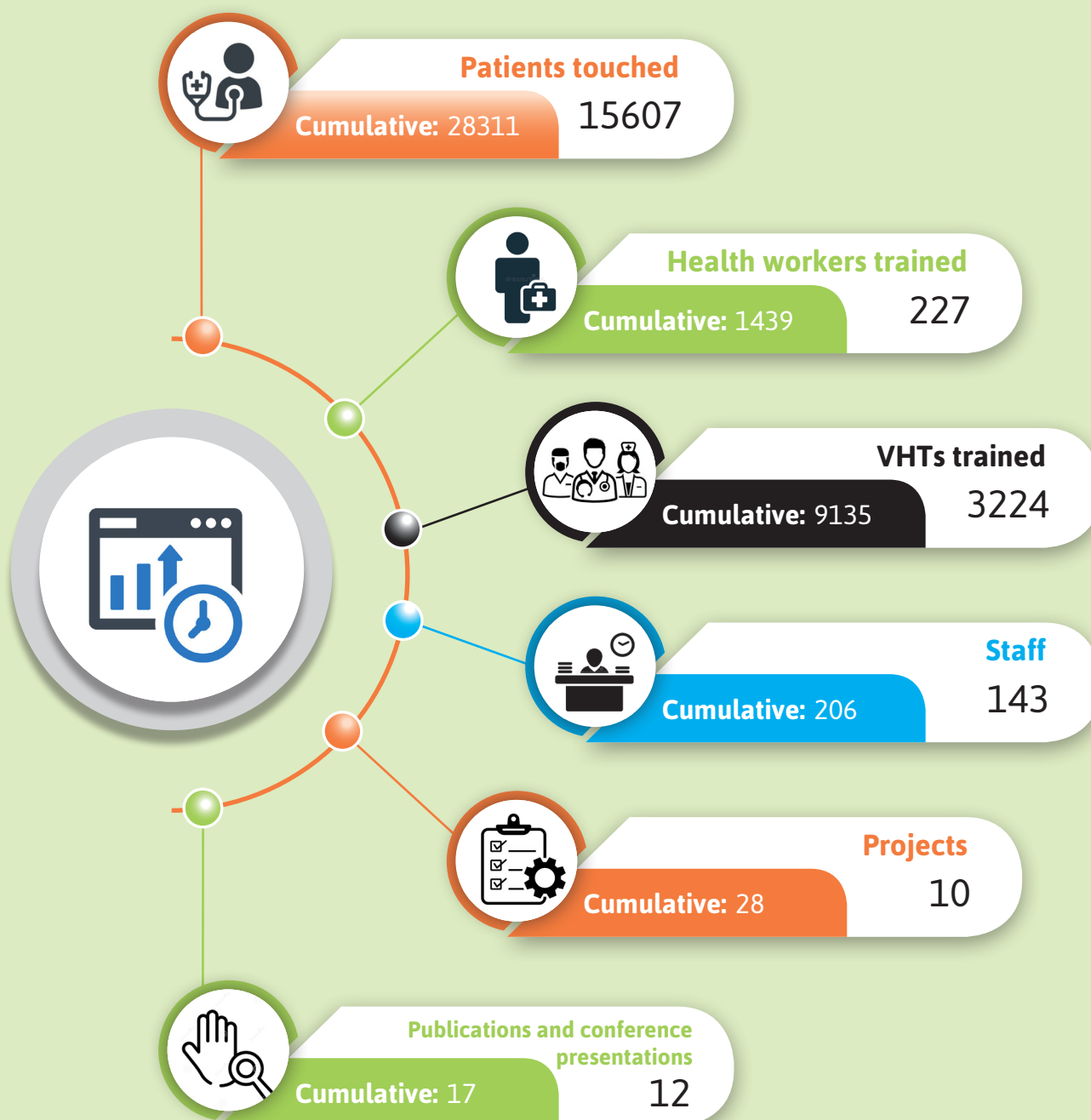
A dialogue with Village Health Team at Kafunjo HCII, Rukungiri District

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1.0 Walimu 2021 in numbers

Walimu 2021 Performance Areas in numbers



2.0 Where we are





Hon. Anifa Kawooya and Walimu EPI Officer Getrude Tumuhairwe
at the Launch of COVID Mass Vaccination in Fortportal



Dr. Byanyima, ED Mulago Hospital receiving a
consignment of materials from Walimu

Vision

To reduce mortality amongst
severely ill patients in Ugandan
health facilities.

Mission

To empower health workers
to address local health problems
in innovative ways in order to
transform patient care and
improve outcomes.

Core Values

1. Evidence drives our work
2. Excellency in all we do
3. Innovation in addressing local health problems
4. Integrity in our dealings
5. Partnership for greater reach and impact

3.0 Walimu in Brief

Who we are

World Alliance for Lung and Intensive Care Medicine in Uganda (Walimu) is a Non-Government Organization (NGO) founded and led by physicians from Uganda and the United States that works to improve clinical care for severely ill patients in hospitals across Uganda. It was incorporated in Uganda as an NGO in August 2013, with offices in Kampala. Walimu's programming model is built around behavior change interventions that target the essential conditions for improving the quality of health care

What we do

Walimu uses implementation science to transform patient care through "A Health Workers First model". We believe in enhancing and not replacing or duplicating capacity. Walimu empowers the health worker with the relevant knowledge, modern tools, and uplifting work environments. We use Continuous Quality Improvement (CQI) to achieve and sustain behavior change. Walimu's philosophy is that the end point for research is not a publication but rather a change in policy and practice that improves a patient outcome.

Walimu currently works in four thematic areas;

1

Child Health Care

Reducing mortality of children presenting with Severe Infection through testing and implementing interventions to improve triage and post-discharge care

2

Global Health Security

Improving facility and community level capacity in quickly detecting and effectively responding to Sepsis and diseases of epidemic potential

3

Health Systems Strengthening

Through capacity building initiatives

4

Improving Tuberculosis Diagnostics

Using Implementation science to improve detection, diagnosis and management

4.0 Message from Executive Director



Dr. Nathan Kenya-Mugisha
Executive Director

We thank God for yet another year of great achievement. The challenges of the COVID 19 pandemic spilled over to 2021 with two fatal waves of the pandemic. This meant working from home and more online than physical in order to achieve organization goals as part of the new normal.

Walimu's project portfolio continued to expand and registered a 76% growth in its grant profile. This growth followed a similar pattern in the preceding years and came with a further need to strengthen the internal systems in the areas of Human Resource Management, Procurement, Finance and Governance. There was a major investment made in capacity building initiatives to ensure that robust systems including adequate human capital, processes and procedures were in place to match our growth and emerging needs. An application was made to enroll for the Good Financial Grant Practice certification. Our policy manuals and

management structure were revised to align with the GFGP. Am happy to report that Walimu has been certified as compliant with the Good Financial Grant Practice standard.

Am grateful to all staff for the resilience amidst the various rapid structural changes during the year to match the growth and compliance to best practice. Am thankful to the Board of Directors for the leadership in aligning the governance structure to match the emerging needs and expectation of service based Non-Governmental Organizations. Last but not least, the Ministry of Health for the guidance for all that we do is for and on behalf of the Ministry of Health.

Dr. Nathan Kenya-Mugisha
Executive Director

5.0 Child Health Care



Children being triaged at the Nalufenya Children's ward, Jinja Hospital

Score card

Publications

2

New Collaborations

1

Health workers trained

1270

Policy engagements

5

Patients touched

9509

Conference Presentations

4

Walimu has leveraged its experience in a health systems strengthening to ensure survival of children who present with Sepsis/Severe Illness by building and sustaining integrated healthcare systems.

5.1 **Smart Triage:** Reducing time to treatment for Severely Ill children

In collaboration with the University of British Columbia, The Pediatric Rapid Sepsis Trigger (PRST) was developed and tested to guide the triage process by classifying risk as emergency, priority or low risk. This was linked to a Smart Spot, a system that uses BLE and Wi-Fi technology to identify patient location and waiting times. This is then linked to a dashboard where the queue can be monitored and priority is given to the sickest patients.

In 2021, there was a transition from the baseline phase at Jinja Regional Referral Hospital to the implementation phase where the intervention was enhanced to develop the “Smart Triage plus Quality improvement”, an intervention aimed at reducing time to treatment where 187 health workers have been trained. In 2021.

5115 children have been triaged in this interface at Gulu and Jinja Regional Referral Hospitals with very promising findings

In line with Walimu’s strategy, research should not have publications as the end in itself. The collaboration with the Uganda Catholic Medical Bureau has been positioned to further the gains and evidence. Four Hospitals in western Uganda had facility scans completed, a prior intervention before enlisting for Smart Triage. Of these, two hospitals, that is Holy Innocent Children’s Hospital and St Luke Ibanda. Our overall aim is to reach all 33 UCMB Hospitals and lower health facilities.

5.2 **Smart Discharges:** Enhancing patient outcomes through facility – Community linkage by Village Health Teams using a District Model

Walimu’s effort is that once a child interacts with the health system, they should not be lost



Patients with lineyards being triaged at Jinja RRH

until they fully recover. From previous research work, while in hospital mortality is 5% for Severe Illness, another 5% of the discharged die in the community. Walimu has previously supported the inclusion of discharge practices in the mother baby passport and the family practices. This was in addition to developing the Smart Discharges Learning Program which was duly approved by the Ministry of Health.

In line with policy, Walimu continued to leverage on the Village Health Teams(VHTs) network to follow up all discharged children at risk of mortality. In Gulu District and Rubabo Health Sub-District in Rukungiri, All Children presenting with Severe Illness at all Health Centre IIIs, IVs and the hospitals were followed up by VHTs who then reported post discharge outcomes.

- **169 facility health workers and 914 VHTs trained** using the Smart Discharges Health Worker Training Program
- **4344 children** under 5 years assessed for post-discharge vulnerability upon hospital admission
- **2,128 (49%)** children deemed moderate to very high risk received post-discharge referral to either their local health center or a VHT.



Atleast **4344**

Children touched



Clare Komugisha leading a Smart Discharges Clinical Session

Publications and Conference Presentation

Krepiakovich A, Khowaja AR, **Kabajaasi O**, et al. Out of pocket costs and time/productivity losses for pediatric sepsis in Uganda: a mixed-methods study. *BMC Health Serv Res*. 2021;21(1):1252. Published 2021 Nov 19. doi:10.1186/s12913-021-07272-9

Li ECK, Grays S, Tagoola A, **Komugisha C**, **Nabweteme AM**, Ansermino JM, Mitton C, Kissoon N, Khowaja AR. Cost-effectiveness analysis protocol of the Smart Triage program: A point-of-care digital triage platform for pediatric sepsis in Eastern Uganda. *PLoS One*. 2021 Nov 17;16(11):e0260044. doi: 10.1371/journal.pone.0260044.

Conferences

Toliva O.B., **Komugisha C**, **Mwaka S**, Trawin J, Nsungwa J, Wiens M, **Kenya-Mugisha N**. Implementation of a Quality Improvement Intervention to Improve Pediatric Discharge Practices in Gulu and Rukungiri Districts. Poster. Uganda Ministry of Health 8th National Quality Improvement Conference. 24th – 26th November 2021

Kabajaasi Olive, Exploring healthcare workers' and mothers' perspectives of enhanced maternal participation in their newborn's hospital care in Uganda. Presentation of preliminary findings at the Grand Rounds meeting at McGill University: October 20, 2021

6.0 Global Health Security



Active case search for Polio at a UPDF Facility in Masaka

Improving facility and community level capacity in quickly detecting and effectively responding to Sepsis and diseases of epidemic potential.

Score card

Health workers trained

56

Conference Presentations

4

Patients touched

1982

6.1 Surge Capacity for Rapid Response to Diseases of Epidemic Potential and Security Concern

In emergency response, Walimu has built adequate capacity in availing surge capacity to provide rapid response to diseases of Epidemic potential and Security concern. We identify the best talent, sharpen the skills set and deploy and monitor through the government structures. In averting deaths in the second COVID 19 wave that claimed many lives between June and

November 2021, a case management team was deployed to support the Mulago Hospital High Dependency Unit and Intensive Care Unit teams.

The deployment came at a time when Mulago and Kiruddu National Referral Hospital were having staffing challenges. At the Mulago CTU, there was an average of two to four admissions per day. With the UPDF medical team withdrawing, there was thin workforce with people drawn from various wards.

As such the 20 Nursing Officers, five Medical Officers, two Anesthesiologists and one Physician were able to manage at least 456 cases in the Hospital with the Intensive care unit having an average of seven cases on a daily in the three-month period.

This team was able to closely work with the Emergency Medical Services team at the Ministry of Health to coordinate transfer of patients such that a patient being transferred to Mulago CTU would already be expected and prepared for. The era of patients queuing up with some dying in ambulances at the CTU parking was no more. In initiating takeover of the staff by government at the end of the contract, the Head of Clinical Services, Dr. Byanyima indicated that in the absence of these highly skilled and committed staff, the only option was to close the CTU since there would be no human capital to run the Centre. Out of the 184 nurses and 22 doctors initially at the CTU, by October, 90% of the staffing in the CTU was by project staff.

At Kiruddu National Referral Hospital, 22 Assistant Nursing Officers, five Medical Officer and one physician were deployed. In the wisdom of the hospital, five Assistant Nursing Officers, two Medical Officers and one Physician were deployed to the Namboole CTU. These managed 356 cases with Moderate COVID 19. All Severe cases presenting at the CTU were transferred to Mulago CTU. The rest were retained at Kiruddu National Referral Hospital on grounds that many cases were manifesting at the hospital with other conditions but COVID 19 would only be identified late leading to poor outcomes because of the thin staffing there. At Kiruddu

NRH, the staff were deployed to the Intensive Care Unit and the Emergency unit where four Medical Officers were added to the existing 11 Medical Officers. These were able to manage at least **1,170 patients** and teach three groups of medical interns in that period. Dr. Sseremba, the Head of Clinical Services indicated that the staffing was way below the staffing norm and came at a time when COVID had overstretched the human resources. At Kiruddu, these were able to detect and manage COVID patients on site for those presenting with other conditions but end up positive for COVID

56-member Surge team of Critical Care Nurses, Doctors including Physicians and Anesthesiologists that managed at least 1,982 moderate, severe and intensive COVID 19 cases

6.2 Generating data on the epidemiology, detection and of Sepsis, stakeholder engagement and testing novel diagnostics

Walimu has continued to strengthen its research partnerships under the Africa Research Collaboration on Sepsis (**ARCS**). Through ARCS, Walimu strengthened its research partnerships with Hoima Regional Referral Hospital and Kiruddu National Referral Hospital on research work in Sepsis.

→ Enrollment for the ARCS Cohort Study was completed with 600 patients in Uganda with other sites being in Malawi and Gabon. Long-term mortality data are being collected for 1, 3, 6 and 12-month endpoints. It is expected that the first of these country cohorts to complete the 12-month follow-up time will be February 2022. This multinational data will add significantly to this important knowledge gap, and may generate follow-on research targeting secondary interventions to reduce long-term mortality.

- ➔ For the ARCS Stakeholder Engagement study, data collection through in-depth interviews with key policy stakeholders was completed. These qualitative data will enable a description of the relatively different approaches to addressing sepsis by policy makers in three different countries (i.e., Malawi, Uganda and Gabon). Preliminarily, we have concluded from this work that future work in policy engagement needs to be refined not only according to the relative priorities of Ministries of Health but also their preference for mode and timing of communication.
- ➔ The ARCS patient experience study, which qualitatively explores experiences of patients, caregivers and healthcare workers with respect to sepsis hospitalisation in Malawi and Uganda, has been completed. This study is the first of its kind to take a comparative international approach to defining the competing priorities and environmental limitations of high quality care for severe illnesses like sepsis in Africa.



Active Community Case search for Polio in Masaka Region

Publications and Conference Presentation

Shevin Jacob, *Fluid Resuscitation in Adults: Different Settings, Different Strategies?* World Sepsis Congress 2021, 22-Apr-21.

Shevin Jacob, *Evidence gaps and opportunities for sepsis research along the health system continuum in sub Saharan Africa*, Pacific Northwest Sepsis Conference, 3-May-21.

Olive Kabajaasi, *The sepsis patient experience from a social science perspective*, Sepsis 2021, 28-Oct-21.

Shevin Jacob, *African Research Collaboration on Sepsis (ARCS): Addressing knowledge gaps in and increasing capacity for sepsis research in Africa*, Sepsis 2021, 28-Oct-21.

Matthew Wiens, *Smart Discharges – improving post-discharge outcomes from sepsis in children in Uganda*, Sepsis 2021, 29-Oct-21.

7.0 Health Systems Strengthening through capacity building initiatives

Score card

Health workers trained

4757

New Collaborations

1

Patients touched

926

Walimu believes in a collaborative effort in addressing Health Systems Strengthening with the Ministry of Health as the policy lead alongside key partners including the World Health Organization among others. In 2021, a partnership was commenced with the Uganda National Expanded Program on Immunization (UNEPI). Walimu works in resonance with the policy framework that Regional Referral Hospitals are the hubs for subject matter experts and regional mentoring and support. Walimu works through a network of subject matter experts in the areas of Triage, Clinical Case Management, Infection Prevention and Control(IPC) and Integrated Disease Surveillance. We work through the Regional Referral Hospital structures to develop clinical guidelines in collaboration with the Ministry of Health and World Health Organization, build capacity of catchment area districts and develop communities of practice.

7.1 Strengthening Surveillance in the Expanded Program on Immunization(EPI) for Vaccine Preventable Diseases

Following the confirmation of a positive cVDPV2 from an Environmental sample in July 2021, Walimu deployed 16 EPI Surveillance Officers to support the Community Health Departments in the Regional Referral Hospitals.

The officers have to date investigated, verified over and above 832 Acute Flaccid Paralysis

(AFP) cases reported including the sixty day AFP cases follow up, collected over 198 stool samples and sent to UVRI for suspected AFP cases, investigated over 72 out of the 94 Adverse Effects Following Immunization (AEFIs). Integrated supportive supervision has been carried out in over 1362 health facility visits with mentorships done among 2447 facility based health worker as well as building community structure respondents of over and above 2310 VHTs across the region through building their surveillance capacity on notifiable diseases (Neonatal Tetanus, measles) with a focus on AFPs. An establishment of district based Surveillance improvement plans have been replicated in over 32 districts thus, building bonds in districts and revitalizing the of the functionality of some Community Health Departments (CHDs).



Walimu Staff on a Radion Talkshow

8.0 Improving Tuberculosis Diagnostics



The R2D2 Lab at Mulago Hospital

Score card

Publications

1

New Collaborations

2

Health workers trained

227

Policy engagements

1

Patients touched

3190

Conference Presentations

1

Walimu's TB Programming is through The Uganda TB Implementation Research Consortium (**U-TIRC**), a collaboration of research scientists at Makerere University, the Uganda National TB and Leprosy Programme (**NTLP**) under the Ministry of Health and research

scientists from the University of California San Francisco, Yale University, and Johns Hopkins University in the USA and the London School of Hygiene and Tropical Medicine in the UK. U-TIRC focuses on improving tuberculosis

diagnosis and care by undertaking high-quality clinical, epidemiological and implementation science research that seeks to identify barriers to TB evaluation, to develop implementation strategies to address the barriers, and to evaluate the impact and effectiveness of these strategies at different health centers in Uganda. In 2021, three projects were conducted under the UTIRC collaboration;

8.1 From Directly-Observed Therapy (DOT) to Digital Adherence Technology (DAT) for Tuberculosis Treatment – Scale up evaluation:

Premising on the success of the DOT to DAT pilot program, in 2021 support was provided to the National TB and Leprosy program to support the transition to DAT. This included providing low cost phones to those that did not have them to enhance reporting adherence, improving capacity to provide adherence support by the health workers and Increasing local ownership of the intervention;

- 227 Health workers trained
- 2899 patients touched

8.2 Rapid Research in Diagnostics Development for TB Network (R2D2)

Tuberculosis (TB) is the leading cause of death from an infectious disease worldwide. As such,

there is an urgent need to identify and develop novel tools to facilitate rapid diagnosis of patients with TB. The R2D2 study seeks to identify and rigorously assess promising early-stage TB **triage** and **diagnostic** tests in clinical studies. This study aims at the sensitivity and specificity of the novel tests against some reference standards. 2021 was a pilot phase where **183** patients were enrolled for follow up.

8.3 Trace Ultra Result iNsight in TB screening

This study postulates that we need to find TB at earlier stages and to do that, we need to understand early TB better. “Trace” makes Ultra more sensitive for detecting MTB but more likely to be positive when cultures are negative. The questions that arise are that Are these false positives, or is culture missing some early/mild forms of TB? And for the trace? Should they be treated? How to balance under- versus over-treatment? Can they shed light on early stages of TB? By studying 250 individuals who had trace-positive Ultra results in community-based sputum testing, along with TB-positive and TB-negative controls, determine:

- Aim 1:** Prevalence of active TB and other abnormalities
- Aim 2:** Risk of future TB disease after a trace-positive Ultra
- Aim 3:** Consequences for TB diagnosis and screening

Publications and Conference Presentation

Cattamanchi, A., Crowder, R., **Kityamuwesi, A.**, Kiwanuka, N., **Lamunu, M.**, Namale, C., Tinka, L. K., Nakate, A. S., **Ggita, J.**, **Turimumahoro, P.**, **Babirye, D.**, Oyuku, D., Berger, C., Tucker, A., Patel, D., Sammann, A., Turyahabwe, S., Dowdy, D., & **Katamba, A.** (2021). Digital adherence technology for tuberculosis treatment supervision: A stepped-wedge cluster-randomized trial in Uganda. *PLoS medicine*, 18(5), e1003628. <https://doi.org/10.1371/journal.pmed.1003628>

99DOTS for tuberculosis treatment supervision in Uganda: Adherence rates and acceptability, Fourth National TB and Leprosy Conference. Entebbe, December 2021.

9.0 Internal Systems Strengthening



Staff Undergoing training on Performance Management

All efforts in the internal systems strengthening were invested in aligning all the internal processes with the Good Financial Grant Practice (GFGP) standard which specifies standards in Human Resource Management, Finance, Procurement and Governance.

Significant revisions were made to the internal policy framework. This included revision of the policy manuals and revision of the management and governance structure to adhere to the GFGP standard. This included conducting a functional analysis of the existing structure and human capital. The result was a fully-fledged Procurement and inventory management unit,

re-aligning of the human capital in the finance division and supporting the internal capacity there in through training and accreditation.

- Significant investment was made in implementing a Training Needs Assessment report arising from a functional analysis from which all staff in the Core Support have received practical training and hands on mentoring in the areas of Procurement, Finance and Grants Management. From this exercise, the right people with the right skills have been placed and train to support Walimu achieve its objectives while also achieving individual objectives.
- Walimu engaged KPMG Kenya, a Certifying Body for the GFGP in the East Africa Region which duly completed a compliance audit with recommendations. Walimu has since been certified to be compliant with the Good Financial Grant Practice.

10.0 Management Discussion and Analysis



Staff at a team building event

Capability to serve requires the right systems, that is the people, processes and procedures. Walimu has in 2021 reorganized our governance structures to provide for a Finance Committee of the Board, a Governance Committee and an Audit and Risk Committee. The Governance committee has proposed several changes to the governance structures to make Walimu more efficient. As noted in the Internal Systems Strengthening report above, strides have been made in investing in human capital and systems development

10.1 Governance

Table 1: **The Walimu Board of Directors**

Name	Field of Specialization	Institution of affiliation
Achilles Katamba, Board Chair	Clinical Epidemiologist	Makerere University, Kampala
John Davis Lucian	Pulmonologist	Yale University, USA
Shevin T. Jacob	Infectious Diseases Physician	Liverpool School of Tropical Medicine, UK
Elijah Goldberg	Economist	Impact Matters, USA
Matthew O. Wiens	Epidemiologist	University of British Columbia, Canada
Nathan Kenya-Mugisha	Pediatrician	Walimu
Adithya Cattamanchi	Pulmonologist	University of California, San Francisco

10.2 Human capital

In line with the strategic plan, Walimu is focused on implementing the health workers' First Model to foster behavior change among health workers in order to improve patient outcomes. This can only be achieved by first implementing it from within. Various staff have been supported to undertake short and long term studies. Two of our project coordinators who have completed their Masters in Public Health and one of the Program Managers graduated with a Master's Degree in Sociology. The headcount has expanded with 141 staff as at end of 2021. The table below summarizes the key teams at the forefront of Walimu's administration and project implementation.

Table 2: **Human Capital at Walimu**

Management Team		
Nathan Kenya-Mugisha	Executive Director	MBChB, MMed, MPH
Bernard Opar	Director Programs	MBChB, MCEB
Micheal Kaggwa	Ag. Finance and Admin Manager	Masters Business Administration, ACCA
Savio Mwaka	Program Manager	Masters of Science in Quantitative Economics, PDME, BSQE
Olive Kabajaasi	Program Manager	Masters in Sociology, BACE, PGD, PPM
Talemwa Nalugwa	Project Coordinator	Master of Business Administration
Project and Study Coordinators Team		
Collins Agaba	Project Coordinator	Bachelor of Science in Nursing
Alex Kityamuwesi	Study Coordinator	MBChB, MCEB
Nantale Natalie Mariam	Study Coordinator	Master of Public Health
Sharon Nyesiga	Study Coordinator	MBChB, MMed
Musoke Muhammad	Study Coordinator	MBChB
Kitonsa Peter James	Study Coordinator	MBChB, Masters of Public Health
Senvewo Richard Jonathan	Administrator	Bachelor in Social Sciences
Priscilla Haguma	Study Coordinator	MMED, MSC
Claire Komugisha	Senior Research Officer	Masters Public Health/ Bachelors Public Health
Patricia Turimumahoro	Medical Officer	MBChB

Core Support Team		
Catherine Kiggundu	Senior Accountant	Bachelor's Degree in Commerce(Finance)
Amanya Lamec	Accountant	Bachelor's Degree in Commerce(Finance)
Alfred Latim	Procurement and Logistics Officer	BPLM, PGDFM, CIPS4
Hannah Banura	Grants Compliance Officer	B. Econ and Stat
Marion Kenkwanzi	HR and Administrative Assistant	BA. Econ

10.3 Risk and Financial outlook

Walimu's accounts for 2021 were audited by PKF Certified Public Accountants who presented a report to Walimu's General Assembly on April 29, 2022.

The primary role of the Auditors was to issue an appropriate opinion;

- ➔ Properly Plan and resource the Audit
- ➔ Obtain Sufficient and appropriate Evidence
- ➔ Assess the possible deficiencies in the Internal Control System
- ➔ Bring Value adding insights to the BOD and management

10.4 Financial Performance

The policy is to recognize income based on expenditure incurred. Whatever is not spent is deferred to the next period. Income and expenditure increased by 76 % from USD 1.4 m to USD 2.4 m.

Walimu's is in a favorable financial position to meet its financial obligations in the short and medium term as detailed in the financial position below.

Table 3: **Income and Expenditure Statement**

2021				2020 USD
	USD Restricted	USD Unrestricted	USD Total	
Income				
Grant Income	2,310,631	-	2,310,631	1,379,179
Other Income	-	120,049	120,049	169
	2,310,631	120,049	2,430,680	1,379,348
Expenditure				
Project Expenses	2,310,631	-	2,310,631	1,335,194
Administrative Expenses	-	120,049	120,049	44,154
Total Expenditure	2,310,631	120,049	2,430,680	1,379,348
Surplus/deficit	-	-	-	

The opinion from PKF was that "In our opinion the financial statements give a true and fair view of the financial position of Walimu as at 31 December 2021, and of its financial performance and cash flows for the year then ended in accordance with Walimu accounting policies". The audit report was approved by the General Assembly.

11.0 Partnerships and Government Relations

Walimu has the Ministry of Health as its main partner. The clinical interventions are conducted under the direction of the Director General Health Services and the Director Clinical Services at the Ministry of Health. He provides guidance on all policy engagements. All Walimu operations are in resonance with the World Health Organization. Walimu has built partnerships to achieve greater reach and impact including leveraging on the UCMB network.

12.1 Corporate Social Responsibility

As part of corporate social responsibility, Liverpool School of Tropical Medicine (LSTM) through its public fundraising for Bump IT Forward initiative, Walimu provided logistical support to Mulago and Kiruddu National Referral Hospitals. Walimu provided PPEs and other supplies for COVID 19 related response.



Funders and Partners

1. Liverpool School of Tropical Medicine
2. Grand Challenges Canada
3. World Health Organization
4. University of British Columbia
5. McGill University
6. University of California San Francisco
7. Ministry of Health
8. Africa Research Collaboration on Sepsis
9. Infectious Diseases Institute
10. Makerere University Kampala
11. Uganda Catholic Medical Bureau
12. Uganda Protestant Medical Bureau
13. I-streams Uganda
14. Uganda Tuberculosis Implementation Research Consortium
15. Centre for International Child Health- University of British Columbia
16. Malaria Consortium
17. Rwanda Pediatric Association
18. IMAI-IMCI Alliance



World Health Organization



Grand Challenges Canada
Grands Défis Canada



McGill
UNIVERSITY



Uganda Catholic Medical Bureau



ARCS
African Research Collaboration on Sepsis

UCSF

University of California San Francisco



U-TIRC
Uganda Tuberculosis Implementation Research Consortium





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