



# walimu

Quality Health Care For Everyone

# Annual Report 2023



***Scaling Science That Saves Lives***

## **MANAGEMENT BOARD**

1. J. Lucian Davis - American
2. Adithya Cattamanchi - American
3. Shevin T. Jacob - American
4. Sarah Margaret Crawford - American
5. Achilles Katamba - Ugandan
6. Matthew Wiens - Canadian
7. William Worodria - Ugandan
8. Elijah Goldberg - American

## **SENIOR MANAGEMENT TEAM**

1. Dr Nathan Kenya-Mugisha - Executive Director
2. Dr Opar Bernard Toliva - Director of Programs/Deputy Executive Director
3. Hassan Wamaani - Operations Director
4. Catherine Kiggundu - Finance & Grants Manager
5. Alfred Latim - Procurement & Logistics Manager
6. Umar Bukenya - HR & Administration Manager
7. Olive kabajasi - Program Manager
8. Talemwa Nalugwa - Program Manager
9. Savio Mwaka - Program Manager

## **REGISTERED OFFICE**

Unit 4, Plot 5-7, Coral Crescent  
Kololo, Kampala, Uganda  
P.O. Box 9924  
Kampala, Uganda

## **INDEPENDENT AUDITOR**

PKF Uganda  
Certified Public Accountants  
P.O Box 24544  
Kampala

## **PRINCIPAL BANKERS**

Standard Chartered Bank (U) Ltd  
Plot 5 Speke Road  
P.O. Box 7111, Speke Road  
Kampala, Uganda

## **LAWYERS**

TASLAF advocates  
9th Floor - Trust Towers,  
Plot 4 Kyadondo Road, Nakasero  
P.O. Box 75577, Kampala, Uganda

# Message From THE EXECUTIVE DIRECTOR

## 10 Years of Scaling Science That Saves Lives



In 2023, WALIMU continued to register significant growth in its grant portfolio, number of projects, staff, and partners/funders. WALIMU continued to excel with its pioneering efforts in translating research evidence into practical solutions that will transform patient care, improve outcomes and eventually make a difference in saving lives daily.

During 2023, WALIMU implemented 38 projects cutting across six programme domains; TB Diagnosis and Care, Maternal and Child Health, Health Systems Strengthening, Sepsis, Global Health Security/Epidemic Preparedness and Response, and Translating Evidence to Policy and Practice. By December 31 st 2023, twenty-six projects were still ongoing while twelve had closed during the course of the year.

WALIMU has continued to focus on strengthening its internal capabilities to attract and manage big grants as well as transforming itself into a health research platform dedicated to Scaling Science That Saves Lives. In this regard, WALIMU is on track to attain the Good Financial Grant Practice (GFGP) Gold Standard Tier level certification by mid-2025. In brief, WALIMU registered the following achievements:

- The grant portfolio grew by 24% from USD3,649,120 in 2022 to USD4,536,060 in 2023
- The number of projects increased from 21 in the year 2022 to 38 in the year 2023.
- The number of staff increased from 114 in 2022 to 169 at the close of the year
- Sub-granted to other organizations with a total of 10 sub-grantees onboarded; 6 on STAIRS, 2 on R2HC and 2 on Clubfoot)
- Expanded its geographical scope to eight Sub-Saharan African countries; Mozambique, DRC, Nigeria, Ghana, Ethiopia, Sierra Leone, Tanzania and Rwanda.
- Over fifteen (15) research papers were published and several others were submitted for review
- New funders – USAID, Enhancing Learning and Research for Humanitarian Assistance (ELRHA), German Government, Meridian Institute.

I thank the Ministry of Health, and all the partners for the support provided to WALIMU during 2023. Together, we are scaling life-saving support to populations that are in greatest need. I look forward to your continued trust, support, and collaboration.

**Dr. Nathan Kenya-Mugisha**  
**Executive Director**

# Table of Contents

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Message from the Executive Director	<b>i</b>
About Us	<b>01</b>
2023 Key Highlights	<b>02</b>
2023 Program Performance	<b>03</b>
TB Diagnostics and Care	<b>08</b>
Maternal and Child Health	<b>11</b>
Sepsis	<b>16</b>
Global Health Security	<b>17</b>
Publications	<b>20</b>
Internal Systems and Capabilities	<b>22</b>
2023 Finances	<b>24</b>
2024 Outlook	<b>25</b>
Partners and Funders	<b>26</b>

# About Us

The World Alliance for Lung and Intensive Care Medicine in Uganda (WALIMU) is a Non-Government Organization (NGO) founded by a group of medical researchers working at Mulago National Referral Hospital on observing that many patients die of curable conditions because they are not identified and treated early enough. WALIMU has evolved into an organization at the fore front of empowering health workers to address local health problems in innovative ways in order to transform patient care and improve treatment outcomes through training, research and innovation.

## Our Vision

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

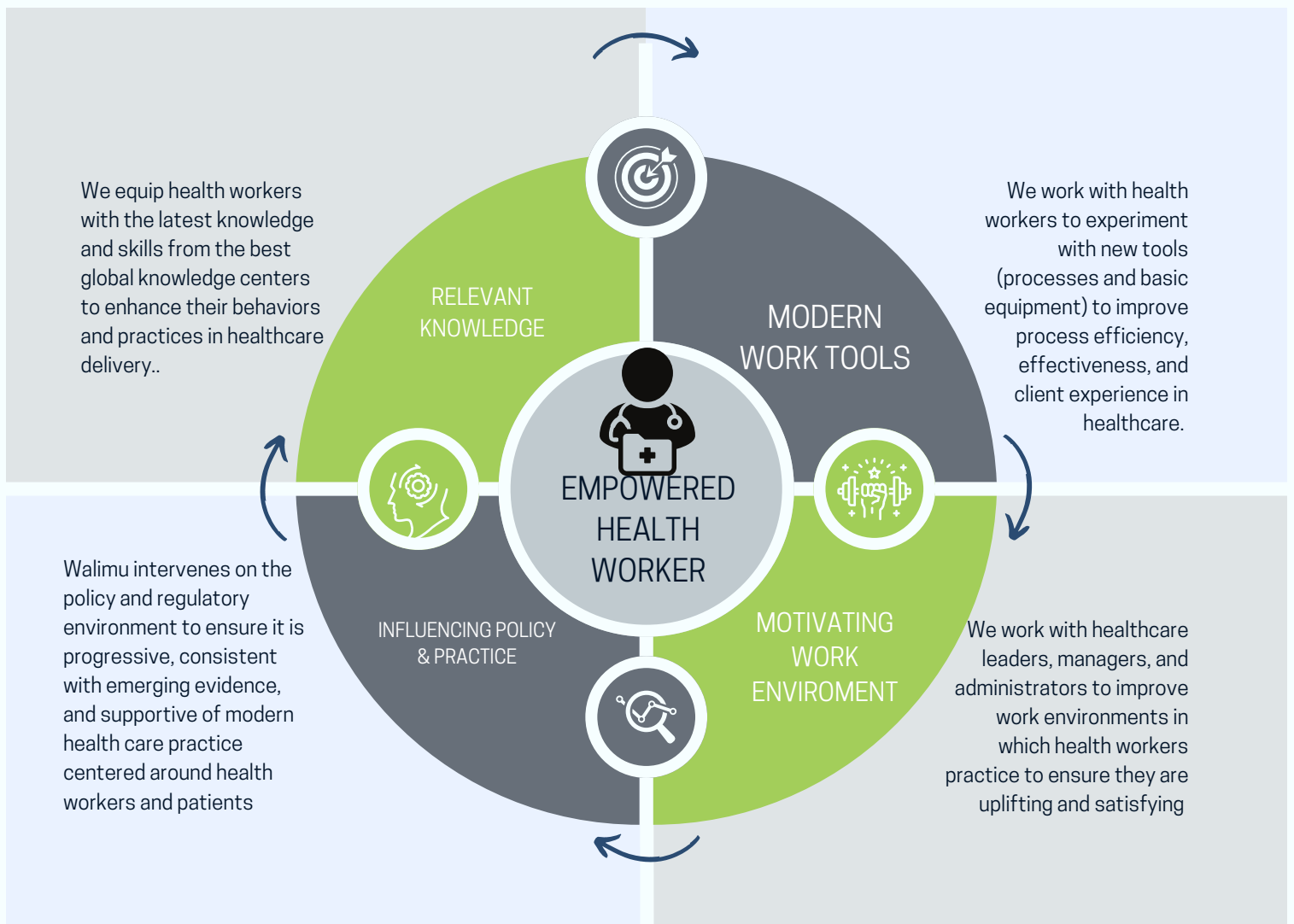
## Our Mission

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

## Our Values

- Evidence drives our work
- Excellency in all we do
- Innovation in addressing local health problems
- Integrity in our dealings
- Partnership for greater reach and impact

# Our Approach



# KEY HIGHLIGHTS

## 38+

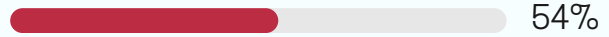
Research Projects

WALIMU implemented over 38 projects in 2023 covering TB Diagnostics and Care, Maternal and Child Health, Sepsis, Health Systems Strengthening, and Global Health Security.

## HOW THE PROJECTS WERE DISTRIBUTED

TB Diagnostics and Care maintained the largest share of ongoing research.

### TB Diagnostics & Care



### Maternal & Child Health



### Global Health Security



### Health Systems Strengthening



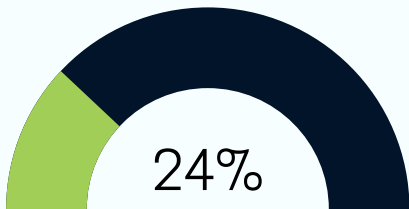
### Sepsis



## Operational Growth

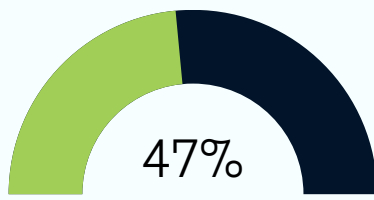
## \$4.5M

Income



## 165

Total Headcount



## 06 Countries of Operation

Following the launch of STAIRS, WALIMU's operations now cover six sub-saharan African countries including Mozambique, DRC, Nigeria, Ghana, Ethiopia, and Sierra Leone, Tanzania, and Rwanda..



## 54,000

Direct Beneficiaries



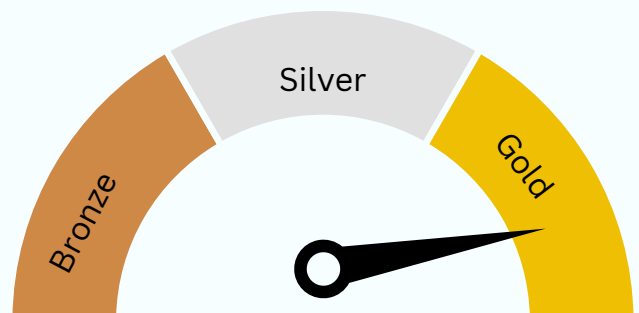
## 5600

Health Workers Engaged



## 1,249

Participating Health Facilities



Gold Standard Rating in Good Financial Grant Practice (GFGP)

# E

2023 was a year of unprecedented impact and expansion for WALIMU, as we extended our reach and deepened our commitment to translating Science to Saving Lives across Sub-Saharan Africa. Our 38 research projects spanned four critical program areas: TB Diagnostics and Care, Child Health, Global Security, and Sepsis alongside our dedicated efforts to Health Systems Strengthening, and Influencing Policy & Practice. These programs collectively reached over 160,000 individuals through community outreach, with over 54,000 individuals directly benefiting from our health research projects. We engaged over 5,600 health workers and partnered with 1,429 health facilities across Uganda. Furthermore WALIMU's program presence expanded to six countries across Africa including: Mozambique, DRC, Nigeria, Ghana, Ethiopia, Sierra Leone, Tanzania, and Rwanda. This remarkable achievement underscores our unwavering dedication to improving healthcare outcomes and fostering sustainable health solutions

## Our Programs in 2023

### Health Systems Strengthening

#### TB Diagnostics & Care

Innovations aimed at accelerating progress towards a TB free Uganda.

#### Child & Maternal Health

Research and investigations aimed at enhancing child survival.

#### Global Health Security

Research & investigations to predict, prevent, & combat global epidemics.

#### Sepsis

Research and investigations to effectively respond to severe disease management.

### Evidence to Policy and Practice

# 2023 Programs and Projects

## 1. TB Diagnostics and Care

Project Name	Description
The Protect	PROgression of Tuberculosis infECTion in young children living with and without HIV: the PROTECT study
ALSA	Automated lung sound analysis to improve the clinical diagnosis of pulmonary tuberculosis in children
The 3HP Options Trial	Options for Delivery of Short-Course Tuberculosis Preventive Therapy: The 3HP Options Trial
Predict TB Study	Validating a clinical risk score for early management of tuberculosis in Ugandan primary health clinics
Turn TB Study	Understanding the trajectories of individuals in Uganda with Trace M. tuberculosis nucleic acid in sputum
HCD-CoP Study	Human-centered Design and Communities of Practice to Improve Delivery of Home-based TB Contact
R2D2 Study	Rapid Research for Diagnostics Development in TB Network
Chase TB Study	Hotspot versus clinic-based active case finding for TB in Uganda: A pragmatic randomized trial
GHL PA-19	Evaluation of rapid non-sputum based biomarker-based tests for tuberculosis diagnosis
BMGF GeneXpert	GenXpert Trace-Positive Analysis
EXaCT TB Study	Evaluating the Impact of Cash Transfers Plus on Tuberculosis outcomes in Uganda
EXPAND TPT	Expanding provision of TB preventive therapy through home-based services in Uganda
SMART4TB	Supporting, Mobilizing, and Accelerating Research for Tuberculosis Elimination
TSWAY	TB Diagnostic Clinical Network Support
PART Programme	TB & Pulmonary Complications of AIDS Research Training
RTC - Unops	Re-Imagining TB Care: Enhancing existing case based management systems across the TB care model”
TBDM	Harnessing Existing Infrastructures to Address TB-DM Comorbidity in Uganda
TBSAP	The baseline assessment of social protection for people affected by tuberculosis in Uganda
Xpel TB Study	Gene-Xpert Omni Performance Evaluation in Uganda
RTC - PCD	Re-Imagining TB Care: Enhancing existing case based management systems across the TB care model”

## 2. Sepsis

Project Name	Short Description
STAIRS	Sub-Saharan Africa consortium for the Advancement of Innovative Research and Care in Sepsis – STAIRS.
ESCHID	Evaluation of Supportive Care of High-consequence Infectious Diseases



### 3. Maternal and Child Health

Project Name	Short Description
FI-Care	A Family Integrated Care Model to Improve the Quality of Newborn Hospital Care in Uganda
Sane Uganda Study	Finding solutions to thrive after birth asphyxia in Africa: An open-label dose finding clinical trial (Phase Ib study)
Lacuna-Smart Discharges	Lacuna-Smart Discharges for Mom & Baby: Building capacity for data-driven quality improvement in maternal-newborn care-Grantee 69 (19397.52)
Smart Discharges-Mom & Baby	Smart Discharges for Mom+Baby: Saving mother-newborn dyads by developing a predictive risk model to identify vulnerable dyads and guide delivery of evidence-based, locally-informed interventions for targeted post discharge care
ASPIRE Malongo	Evaluates the implementation of a full-scale cervical cancer screening and treatment program integrated into existing health outreach clinics in the South Busoga forest reserve area of Malongo subcounty
ST BCCHF SUSTAINABILITY	Sustainability Support for Smart QI
R2HC	Smart Discharges for vulnerable refugee children: Improving the transition from hospital to community care
Club Foot Program	clubfoot program and treatment in Uganda
Smart Discharges in Older Children	Smart Discharges in children over 5: Expanding a personalized public health approach to improving discharge care in resource-limited settings
SD BCCHF SUSTAINABILITY	Sustainability Support for Smart Discharges
Smart Discharges- Thrasher	Smart Discharges to improve post-discharge survival following admission for infection in young infants
Smart Discharges-BCCHF	Smart discharges to improve post-discharge survival following admission for infection in newborns and young infants

### 4. Global Health Security/Epidemic Preparedness and Response

Project Name	Description
STIGMA Scale	Development of a Stigma Scale for Infectious Disease Outbreaks
EVD-EPI	surge capacity for Epidemiological Surveillance in the national response to the Ebola Virus disease epidemic in Uganda
WHO 02CoV2/Uganda Study	Oxygen requirements and approaches to respiratory support in patients with COVID-19 in low- and middle-income countries: a WHO study
Polio Surge Phase 4	Human Resource surge capacity for polio outbreak preparedness and response

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## ■ TB Diagnostics & Care

Uganda remains one of the TB high-burden countries in the world. As part of dedication to generating evidence to advance the NTLP's vision of a TB Free Uganda, WALIMU implemented research projects, spanning 20 distinct initiatives, focussed on addressing crucial aspects of TB prevention, diagnosis, and care. These projects are clustered into five key areas: Diagnostics, Treatment, Prevention, Care and Support, and Implementation Science. This comprehensive approach ensures that our research tackles challenges across the entire TB continuum, from innovative diagnostic tools to community-based care models and strategies to optimize treatment and prevention strategies.

WALIMU's TB program is implemented under the Uganda Tuberculosis Implementation Research Consortium (U-TIRC), a dynamic collaboration of scientists from leading academic institutions, including Makerere University School of Public Health, the University of California San Francisco, Yale University, Johns Hopkins University, and the London School of Hygiene and Tropical Medicine. Below is the list of initiatives

# 2023 TB Research Projects

<b>CARE &amp; SUPPORT</b>	<p><b>Projects that focus on improving the overall care and support of TB patients, including community-based care models, social protection interventions, and strategies to address stigma and discrimination.</b></p> <ul style="list-style-type: none"> <li>• EXACT TB - Evaluating the Impact of Cash Transfers Plus on Tuberculosis outcomes in Uganda</li> <li>• Human-Centered Design and Communities of Practice to Improve Delivery of TB Contact Investigation in Uganda (HCD-CoP)</li> </ul>
<b>TREATMENT</b>	<p><b>Projects that center on improving treatment strategies, including new drug regimens, adherence interventions, and treatment monitoring.</b></p> <ul style="list-style-type: none"> <li>• CHASE TB - Hotspot versus clinic-based active case finding for TB in Uganda: A pragmatic randomized trial</li> <li>• Predicting and Preventing Tuberculosis Treatment Failure in an Emerging Co-Epidemic of HIV, Diabetes, and Tuberculosis (TB-DM Study)</li> <li>• Turn TB</li> <li>• Tuli Wamu Nawe - TB</li> </ul>
<b>DIAGNOSTICS</b>	<p><b>Projects that focus on developing or evaluating new diagnostic tools and technologies for TB:</b></p> <ul style="list-style-type: none"> <li>• Evaluation of Novel Diagnostics and Biomarkers for Childhood TB</li> <li>• Predicting and Preventing Tuberculosis Treatment Failure in an Emerging Co-Epidemic of HIV, Diabetes, and Tuberculosis (TB-DM Study)</li> <li>• R2D2 Study</li> <li>• TONGUE SWAB TUBERCULOSIS DIAGNOSTIC YIELD STUDY</li> <li>• TSwaY Study (evaluating tongue swabs as a diagnostic sample)</li> </ul>
<b>PREVENTION</b>	<p><b>Projects that concentrate on preventing TB infection and disease, including the development and evaluation of new vaccines, preventive therapies, and infection control measures.</b></p> <ul style="list-style-type: none"> <li>• CHASE TB - Hotspot versus clinic-based active case finding for TB in Uganda: A pragmatic randomized trial</li> <li>• Expand TPT</li> <li>• TB REACH Project (Wave 10)</li> </ul>

## INNOVATIONS TO NOTE

# Human-Centered Design and Communities of Practice (HCD-CoP)

### *Improving TB Contact Investigation in Uganda*

The HCD-CoP project aims to enhance tuberculosis (TB) contact investigation in Uganda by comparing a user-centered strategy with routine care. Routine care involves community health workers (CHWs) identifying contacts, screening for symptoms, transporting sputum samples, and referring contacts for evaluation. The user-centered approach includes all routine care elements plus four additional components based on human-centered design. The project emphasizes simplicity, trust, and togetherness in the contact tracing experience for patients, contacts, and providers.

#### **01. A unified, branded experience**

The Tuli Wamu Nawe brand inspires trust, confidence, and safety. The brand manifests on materials, in places, and in people to create cohesion and help patients navigate across touchpoints.

#### **02. Simple, Visual Materials**

Learning about TB can feel scary and hard. Our materials share the facts simply, discreetly, and clearly to dispel any misinformation and help facilitate tough conversations.

#### **03. Efficient Transport for Patients-Providers**

Going to the clinic or to patient homes is often where contacts are lost most. The Community Health Rider program makes it easy for patients to present at a facility, and helps relieve CHWs of added burden of navigating and transportation.

### **Health Systems Strengthening (HSS) Benefits of the HCD-Cop Trial Include:**

#### **01. Increased Fidelity in Contact Investigation**

The HCD-CoP led to better recruitment of contacts, screening and identification of eligible contacts (98%), and TB Evaluation completion (74%).

#### **02. Improved Patient Engagement**

Introduced a Human Centred experience to an otherwise technical process thereby Improving patient engagement and satisfaction with TB contact investigation services.

#### **03. Strengthened Health Worker Capacity**

Increased the knowledge and skills of both facility and community health workers at the 12 trial sites in TB contact investigation.

#### **04. Improved TB Case Detection**

Although analysis was still ongoing at the time of writing this report, early results show TB case detection rates at 2.4% using the HCD HoP approach.



## ■ Maternal & Child Health

The Child Health Program implemented 3 projects aimed at enhancing the quality of care for critically ill children by focusing on three key areas: reducing post-discharge mortality, improving the pediatric discharge process, and implementing digital triaging platforms all aimed at finding better approaches to improve outcomes for critically ill children in Uganda and Kenya.

### Direct Beneficiaries

# 22,211

Number of children and mothers supported by the research interventions of the Smart Discharge & Smart Triage.

#### Smart Discharges for Mom & Baby

Innovations to inform the development of an integrated maternal and newborn risk-based post-discharge care program

#### Smart Discharges for Vulnerable Refugee Children

Develop and validate the Smart Discharges approach to improve outcomes among all pediatric populations, and ultimately to build a scalable solution for improving post-discharge outcomes

#### Smart Triage

Develop, test, and deploy digital health tools that enable healthcare workers to rapidly identify children that need the most urgent care and allocate existing resources more efficiently.

# SMART DISCHARGES

## Improving Child Health Outcomes through Enhanced Discharge Practices

The Smart Discharges Program is in its fifth year with the number of projects increasing to five in 2023 targeting different age-groups and settings. Focused on testing and validating innovations to improve outcomes among critically ill children admitted in hospitals, the program aims to:

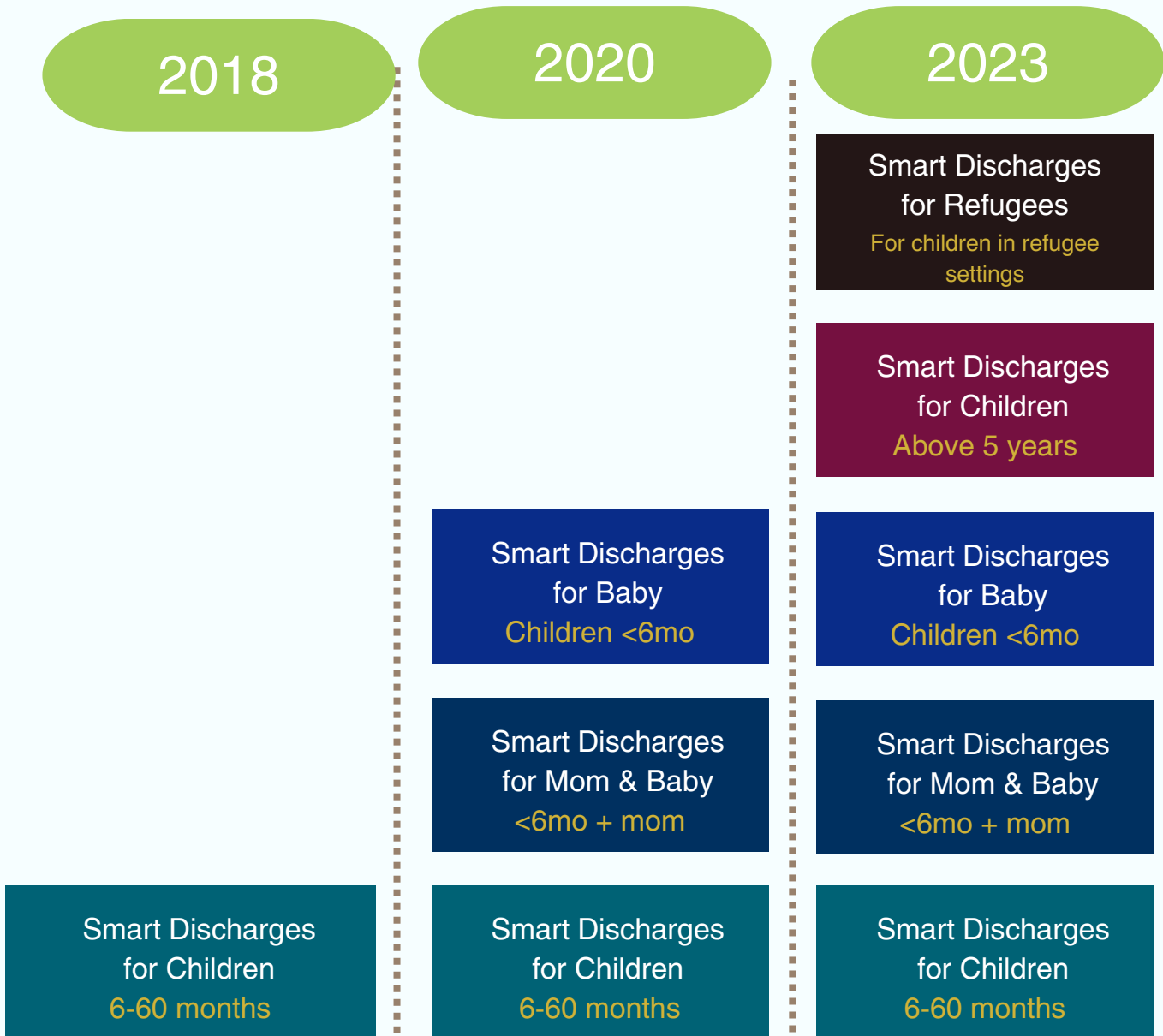
### 1. Reduce Post-Discharge Mortality:

Investigating the factors contributing to deaths after hospital discharge and developing strategies to mitigate these risks.

### 2. Improve Pediatric Discharge Processes:

Evaluating the discharge process, identifying gaps and bottlenecks, and implementing interventions to streamline care transitions and improve patient outcomes.

Smart Discharges conducted a prospective, multi-site observational cohort study to understand the epidemiology of and risk factors for post-discharge mortality among children under five years old admitted with suspected sepsis, and completed a mixed-methods study evaluating pediatric discharges in Uganda.







*Left: Participants at the Smart QI stakeholder engagement meeting at Speke Resort Munyonyo  
Right: Mrs. Jesca Nsungwa Sabiti, Commissioner Community Health during a field visit to Kiiizi Hospital*

**In terms of evidence to policy and practice, WALIMU, under the Smart Discharges program conducted two key stakeholder events to share learnings and influence policy and practice:**

- a) Conducted a stakeholder engagement meeting to discuss scale-up through adoption, the integration of Smart QI across the entire national healthcare system.
- b) WALIMU hosted the MOH team, led by the Commissioner Community Health, at Kisiizi Hospital, to learn about achievements of Smart Discharges and to explore, the possibilities for the integration of smart Discharges in the national Electronic Medical Records (EMR).

## Health Systems Strengthening (HSS) Benefits

### Improved Discharge Processes:

The program has led to the standardization and optimization of discharge processes, including the development and implementation of checklists, guidelines, and protocols.

### Enhanced Health Worker Capacity

Health workers from the five participating hospitals were trained and mentored to provide innovative, high-quality discharge care as championed by the Smart Discharges program.

# SMART TRIAGE

Improving Quality of Care for Critically Ill Children through Digital Triage



Smart Triage focuses on the development and implementation of digital health tools to improve the quality of care for critically ill children. The program's core initiative is the **Smart Triage digital platform**, designed to aid healthcare workers in quickly identifying and prioritizing the most urgent cases. In 2023, efforts were focused on three core activities: (1) Analyze and disseminate results from multi-site evaluation study. (2.) Improve the uptake, use, and sustainability of Smart Triage + QI. (3.) Pilot, test, and improve the automated follow-up system as a secondary aim of Smart Triage sustainability.

The Smart Triage project continued to showcase the power of digital innovations in revolutionising health care with important implications for health systems strengthening, and health care policy and practice. By enabling healthcare workers to rapidly identify and prioritize critically ill children, the program has contributed to improved outcomes, optimized resource allocation, and strengthened health systems.

**75%**

Child mortality

**17%**

Time to intravenous antibiotics

**34%**

Hospital admissions

**\$0.05**

Cost per child triaged

The Evaluation Study at Jinja Hospital was completed. Findings demonstrated reductions in mortality, time to treatment, and hospital admissions.

The cost-effectiveness analysis on their hand revealed that Smart Triage costs only \$0.05 USD per child triaged, resulting in \$15.32 USD saved per year of life loss averted.

This firmly establishes Smart Triage as an "extremely cost-effective intervention" according to World Health Organization standards.

## Health Systems Strengthening (HSS) Benefits

The Smart Triage research project has delivered immense HSS benefits to the participating hospitals integration of the Smart Triage platform into routine care, adoption of the automated follow-up system, and strengthening of CQI practices.

### Integration into Clinical Practice:

The Smart Triage platform has become an integral part of daily clinical practice at all five participating sites in Uganda, with over 47,789 children triaged since January 2023.

### Automated Follow-Up Systems

A pilot program for an automated SMS/WhatsApp follow-up system was successfully launched at Gulu Regional Referral Hospital and St. Joseph's Hospital Kitovu, further enhancing the program's impact.

### Quality Improvement

There is increased adoption of Continuous Quality Improvement practices at each site with hospital staff taking on greater responsibilities and autonomy in decision-making.

# ■ Sepsis

In 2023, WALIMU's work on Sepsis comprised two projects; Evaluation of Supportive Care of High-consequence Infectious Diseases, and the Sub-Saharan Africa consortium for the Advancement of Innovative Research and Care in Sepsis – STAIRS.

## SUB-SAHARAN AFRICA CONSORTIUM FOR THE ADVANCEMENT OF INNOVATIVE RESEARCH AND CARE IN SEPSIS (STAIRS)

Walimu is proud to have been entrusted with the mandate to lead a consortium of nine partners, seven African and two German, to advance Sepsis Research in Sub Saharan Africa. The Sub-Saharan Africa Consortium for the Advancement of Innovative Research and Care in Sepsis (STAIRS), funded by GIZ on behalf of the German Government, aims to save lives through innovative sepsis research. This is done by addressing vital knowledge gaps in sepsis epidemiology, diagnosis and care quality, Strengthening research capacity and translating emerging evidence to policy, Saving lives by stepping up Africa's response to sepsis.



*Members of the STAIRS Consortium at the first annual meeting in Addis Ababa, December 2023*

During 2023, STAIRS mainly focussed on stakeholder engagement and mobilisation, program setup, and onboarding program partners. The first annual meeting of the STAIRS consortium was conducted in December 2023, in Addis Ababa , graciously hosted by the Deputy Scientific Officer and STAIRS Principal Investigator (PI) in Ethiopia Dr. Tafese Beyene Tufa, from Arsi University in Asella.

# ■ Global Health Security

This program is dedicated to strengthening health systems' capacity to prevent, detect, and respond to infectious disease outbreaks and community health.

Our 2023 projects focused on filovirus diseases (FVD) and COVID-19, stigma in epidemics, and polio outbreak preparedness and response.



## ■ 2023 Projects

01

### **Stigma Scale Study**

Developing and validating a stigma scale to assess infectious disease outbreak-related stigma for communities affected by the 2022 Ebola outbreak in Uganda.

02

### **Human Resource Surge Capacity for Polio Outbreak Preparedness and Response**

Improving healthcare providers' and districts' abilities to deliver quality immunization services and conduct Acute Flaccid Paralysis (AFP) surveillance effectively.

03

### **Evaluation of Supportive Care Guidelines for Epidemics in Uganda**

Understand implementation practices, challenges, and experiences of applying Clinical Management Guidelines (CMGs) for patients with filovirus diseases (FVDs) and/or COVID-19 in Uganda.

# HUMAN RESOURCE SURGE CAPACITY FOR POLIO OUTBREAK PREPAREDNESS AND RESPONSE

**14**

EPI Surveillance Officers deployed across the country to enhance the capacity of districts.

**5,084**

Health workers trained on cold chain maintenance, VVM interpretation, and other EPI-related skills

**3000**

VHTs oriented on community engagement and active search for AFP

Following the 2021 polio outbreak, WHO contracted WALIMU to strengthen routine immunization and surveillance systems across Uganda with a focus on enhancing the capacity of healthcare providers and districts to deliver quality immunization services and effectively conduct Acute Flaccid Paralysis (AFP) surveillance. The project strengthened routine immunization, active surveillance, and workforce capacity to prevent, detect, and respond to polio outbreaks.



# Key Highlights of the Project

## → Strengthening Routine Immunization

Districts were supported to enhance the registration, tracking, and defaulter tracking of immunization services

## → Improving Workforce Planning and Management

Districts mentored in monitoring performance and providing support through Communities of Practice (CoP) meetings and field support supervision.

## → Enhancing Surveillance

Supported the districts to improve data-driven quality improvements and community engagement in surveillance activities.

## → Direct Support for Routine Immunization

Health facilities received support in developing micro plans, and health workers were trained on various aspects of immunization.

## Health Systems Strengthening (HSS) Benefits

The Human Resource Surge Capacity project made significant contributions to strengthening routine immunization and AFP surveillance systems in Uganda resulting into ensuring health systems benefits. The project's efforts to enhance workforce capacity, engage communities, and promote data utilisation led to improved surveillance indicators and increased access to immunization services:

### Workforce Development

5,084 health workers were trained on cold chain maintenance, VVM interpretation, and other EPI-related skills, strengthening the capacity of the health workforce to deliver quality immunization services.

### Community Engagement

Over 3,000 Village Health Teams (VHTs) were oriented on active case search for AFP, increasing community involvement in surveillance activities and strengthening community-level health systems.

### Data Utilisation

The project emphasized data-driven quality improvements, with support provided for data generation, understanding, and utilization at various levels of the health system.



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# B

# B

Based on the achievements of the previous four years, WALIMU has continued to focus on strengthening its internal capabilities to attract and manage big grants as well as transforming itself into a health research platform dedicated to Scaling Science That Saves Lives.

## Governance

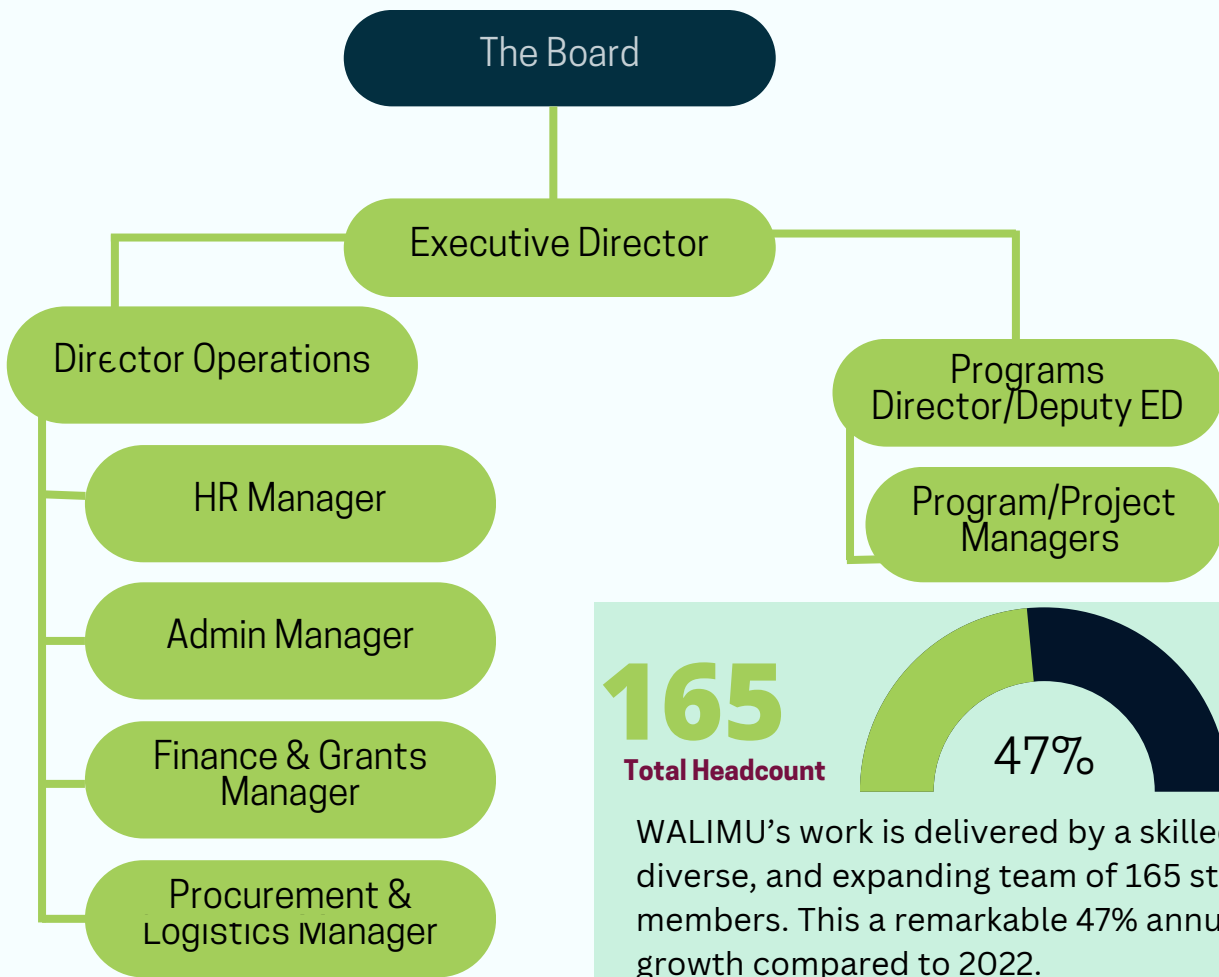
WALIMU is governed a competent, diversified, and well experienced board comprised of reknown researchers from Uganda, the US, and Canada. These board members bring a wealth of knowledge and varied perspectives to the organization, ensuring that WALIMU is guided by innovative and evidence-based strategies. Their collective expertise in health, and social research, education fosters a collaborative environment that is committed to improving public health outcomes in Uganda. Through their leadership, WALIMU is able to implement impactful programs and initiatives that address pressing health challenges, empowering local communities and making a meaningful difference in people's lives.



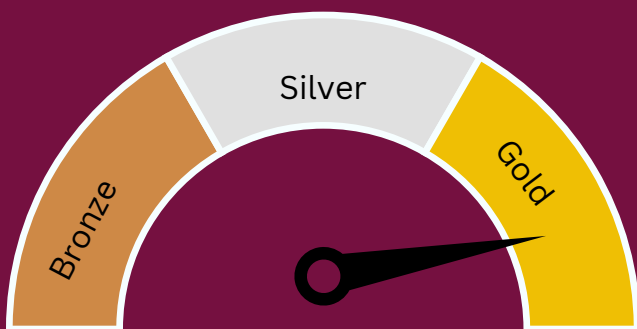
## WALIMU Board Members

1. J. Lucian Davis - American
2. Adithya Cattamanchi - American
3. Shevin T. Jacob - American
4. Sarah Margaret Crawford - American
5. Achilles Katamba - Ugandan
6. Matthew Wiens - Canadian
7. William Worodria - Ugandan
8. Elijah Goldberg - American

# Human Capital



# Grants Management



WALIMU is on track to attain the Good Financial Grant Practice (GFGP) Gold Standard Tier level certification by mid-2025. This will be a vote of confidence in our internal capability to attract and manage big grants.

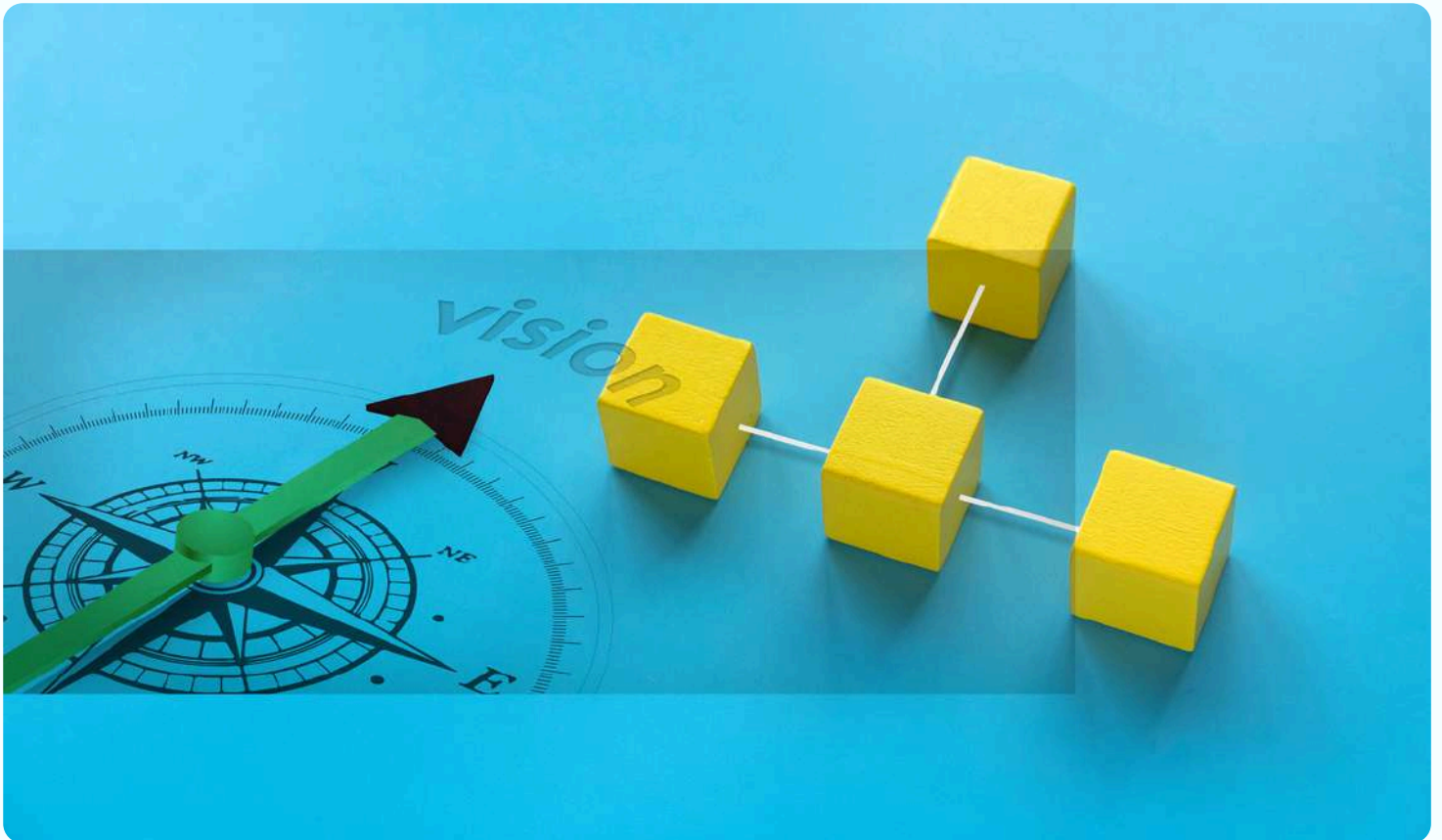
# 2

## a. Income Statement

	Actual 2023 US\$	Actual 2022 US\$
<b>Income</b>		
Grants and donations	4,536,060	3,649,120
<b>Expenditure</b>		
Operations expenses	(319,904)	(236,440)
Project expenses	(4,034,092)	(3,312,620)
<b>Total expenditure</b>	(4,353,996)	(3,549,060)
Surplus for the year	182,064	100,060
Other comprehensive income	-	-
<b>Total comprehensive income for the year</b>	<b>182,064</b>	<b>100,060</b>

## b. Statement of Financial Position

	2023 US\$	2022 US\$	01 January 2022 US\$
<b>ASSETS</b>			
<b>Non-Current Assets</b>			
Property and Equipment	412,585	441,132	61,400
<b>Current Assets</b>			
Other receivables	120,709	249,615	32,667
Grants receivable	267,764	284,715	154,270
Cash and cash equivalents	1,108,352	270,745	427,880
<b>Total Current Assets</b>	<b>1,496,825</b>	<b>805,075</b>	<b>614,817</b>
<b>TOTAL ASSETS</b>	<b>1,909,410</b>	<b>1,246,207</b>	<b>676,217</b>
<b>FUNDS &amp; LIABILITIES</b>			
<b>Funds</b>			
General funds	461,211	291,326	203,420
Capital reserve fund	41,787	29,608	17,454
<b>Total funds</b>	<b>502,998</b>	<b>320,934</b>	<b>220,874</b>
<b>Non-Current Liabilities</b>			
Deferred capital grants	370,798	411,524	43,946
<b>Current Liabilities</b>			
Deferred Revenue grants	909,578	353,623	376,225
Payables and accruals	126,036	160,126	35,172
<b>Total Current Liabilities</b>	<b>1,035,614</b>	<b>513,749</b>	<b>411,397</b>
<b>TOTAL ACCUMULATED FUND &amp; LIABILITIES</b>	<b>1,909,410</b>	<b>1,246,207</b>	<b>676,217</b>



## 2 2

Our strategic plan expired in 2023. Senior management in consultation with the board will lead the development of a new comprehensive strategy to guide our organization into the future.

The strategic plan development will take into account what WALIMU currently does and where we want to go.

## 2 2

With the onboarding of STAIRS, Walimu is now operational in more than seven African countries. While this expansion presents an opportunity for Walimu to maximise its potential for greater impact at regional level, we acknowledge that our systems must adapt to be able to meet the expectations of our partners.

During 2024, management has committed to investing in adapting our systems to maximise this opportunity. The success of this program will serve as a blueprint for further expansion, paving the way for even more transformative impact.



1. Thrasher Research Foundation through Centre for International Child Health, BC Children's Hospital
2. Wellcome Trust through Centre for International Child Health, BC Children's Hospital
3. McGill University Health Centre
4. National Institute of Health through The John Hopkins University
5. National Institute of Health through Yale University
6. National Institute of Health through University of California San Francisco
7. National Institute of Allergy and Infectious Diseases through The John Hopkins University
8. Canadian Institutes of Health Research through Research Services Children's Hospital Research Institute, University of British Columbia
9. National Heart, Lung, and Blood Institute through The John Hopkins University
10. Wellcome Trust through Liverpool School of Tropical Medicine
11. The United Nations Office for Project Services UNOPS
12. Global Control of HPV Related Diseases Research Team, University of British Columbia through Centre for International Child Health, BC Children's Hospital
13. Bill & Melinda Gates Foundation through The John Hopkins University
14. World Health Organisation
15. Wellcome Trust through Centre for International Child Health, BC Children's Hospital
16. BCCHF and Children's Global Care Microgrant Centre for International Child Health, BC Children's Hospital
17. National Institutes of Health Research Liverpool School of Tropical Medicine
18. Grand Challenges Canada
19. Grand Challenges Canada Research Services Children's Hospital Research Institute, University of British Columbia
20. Massachusetts General Hospital
21. Foundation For Innovative New Diagnostics
22. German Government
23. World Health Organisation
24. Global Health Labs Inc University Of California San Francisco
25. Thoracic Medic Systems
26. Global Control of HPV Related Diseases Research Team, University of British Columbia Centre for International Child Health, BC Children's Hospital

# WALIMU

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## ADDRESS

Yuri Gagarin Rd, Kampala

## TELEPHONE

+256 392 3100301

## WEBSITE

<https://walimu.org>



SCALING SCIENCE TO SAVE LIVES