



Bulamu Healthcare International: An NGO Start-up Success Story

Who Are We? Bulamu Healthcare is a San Francisco-area based non-profit that was founded in 2015 to provide primary medical care to the rural poor in Uganda. Bulamu has developed a uniquely cost-effective service delivery model, operating week-long “pop-up” medical camps that bring modern medical diagnosis and treatment to Ugandans lacking access to the most basic healthcare services. The need for these camps is proven by the dramatic growth in patients served, from 1800 at Camp 1 (April 2016) to 7,996 at Camp 5 (September 2017). Meanwhile, the direct cost per patient served has dropped from \$10 to \$4. After the initial diagnosis, Ugandan healthcare professionals dispense antibiotics and other meds, screen for cancer and AIDS, perform outpatient surgery, provide dental care and eyecare, offer health education lectures and dispense free mosquito nets. Christian pastors provide counseling to help patients deal with new diagnoses and health challenges. The most serious cases receive direct admission to the nearest regional hospital. Bulamu has treated 25,000 patients in its first 18 months, with 62,000 patients planned for 2018.

The Bulamu Model: The Bulamu model is so efficient because we are hiring local doctors, nurses, pharmacists, dentists, optometrists, and technicians at wages of \$8-22 per day for each camp. The camps rotate through the rural regions of Uganda, where we take over a small government clinic as a base, rent tents, tables, and chairs, provide food service, and treat 1500 to 1800 patients each day. At the September camp, we assembled a staff of 165 Ugandan professionals, assisted by a small team of U.S. Peace Corps volunteers, to treat about 8,000 patients. We also operate a walk-in clinic, in a joint venture with the Mbarara Regional Referral Hospital, that provides free cancer screening and treatment. The Bulamu formula uses American organizational skills, resources, and equipment in combination with Ugandan clinicians trained in Western medicine to provide primary healthcare to people desperately in need. With our operations led by co-founder Gerald Atwine, a Ugandan-American nurse, Bulamu is perceived locally as a Ugandan organization. Our brand is growing virally as a symbol of high quality, affordable healthcare.

Bulamu Origins: Bulamu (which means “well-being” in the local language of Luganda) was launched due to a chance encounter between the two co-founders. Gerald Atwine, 39, was born and raised in Uganda, the youngest of ten children in a rural town. His father, a high school teacher turned businessman, was shot and killed during the brutal regime of the infamous Idi Amin when Gerald was only 8 months old. His mother, widowed and illiterate, somehow successfully raised her ten children. Gerald managed to secure a U.S. student visa, gain acceptance to the University of Michigan, earn his bachelor’s degree in nursing, and become a licensed R.N. in California. There, he found himself in a Santa Clara hospital treating Jim Balassone, 75, a retired technology firm executive who was recovering from surgery. The two bonded, and a few months later Jim traveled to Uganda with Gerald to explore the potential for starting an NGO to improve the health of poor Ugandans. They soon had formed Bulamu Healthcare International, a 501(c)(3) tax exempt organization, with Jim as chief fundraiser and Gerald in charge of program activities, personally overseeing on-site each medical camp while continuing his nursing work in the U.S. between camps.

Uganda: The Republic of Uganda is a landlocked country in East Africa, situated on the northern shore of Lake Victoria, with a varied equatorial climate. Beginning in 1894, the British ruled the area as a Protectorate, establishing its administrative laws and practices, until Uganda gained its independence in 1962. The country’s official languages are English and Swahili, although Luganda, the central native language, is still widely spoken. Uganda has a significant overpopulation problem, with 36 million people straining the country’s resources. The poverty rate is 25% with nearly two-thirds of the population unable

to access quality medical care. Of the population, 85% are Christian and 15% Muslim, co-existing in a peaceful, integrated society. The Ugandan government is committed to providing basic medical care for all Ugandans free-of-charge, but it grossly lacks the resources to do so. Hospitals and clinics often simply run out of medicine and medical supplies, and they frequently lack the funds to pay medical staff.

Organization: Bulamu has demonstrated its proof of concept over its first 18 months. Our growth is now limited only by our ability to spread this story to more donors with a heart for Africa. Operating out of a small administrative office in Palo Alto, CA, Bulamu has now established an appropriate infrastructure and governance for delivering on our ambitious growth plan (see below). President Gerald Atwine, with dual American and Ugandan citizenship, heads up program activities and intends to relocate to Uganda in 2019. Sadly, co-founder Jim Balassone passed away suddenly in May 2017. Dick Chandler, a Bulamu donor, has become Board Chair and is committed to fulfilling Jim's dream. Director John Schniedwind handles financial issues, while a manager of development has recently been hired. Expert advice is provided by the Bulamu Advisory Council, whose eight members include doctors, nurses, and NGO executives, all of whom have had first-hand experience in providing needed healthcare and other essential services in third-world settings.

Growth Plan: Bulamu has developed an ambitious five-year Growth Plan: by 2022, we will treat 267,600 patients at an average cost of about \$5 each. When we add in U.S. administrative and fundraising costs, which we will need to fund this growth, the total cost will rise to \$8 per patient. The program team in Uganda, led by Gerald Atwine, will be managing 24 medical camps and 4 walk-in clinics that all benefit from the low wage levels for medical professionals. The result is a health care delivery model with exceptional cost-effectiveness, allowing us to improve the lives of hundreds of thousands of Ugandans living in poverty.

Bulamu Healthcare Growth Plan Highlights, 2017-2022

Service Delivery Units	2017 Budget	2018 Plan	2019 Plan	2020 Plan	2021 Plan	2022 Plan
Medical Camps	4	6	10	14	19	24
Camp Patients Treated	26,776	51,000	90,000	133,000	190,000	240,000
Walk-in Cancer Clinics	1	2	2	3	3	4
Cancer Patients Screened/Treated	5,100	10,800	12,000	18,900	19,800	27,600
Total Patients Treated	31,876	61,800	102,000	151,900	209,800	267,600
Medical Camp Staffing						
Paid Ugandan Staff Plus Volunteers	536	1,020	2,660	2,660	3,800	4,800
Bulamu Permanent Headcount (FTE)						
Uganda Program Office	0	2.5	5	7	9	11
U.S. Administration & Fundraising	0.4	2.5	4.5	6.5	7	9
Total Bulamu Permanent Headcount	0.4	5	9.5	13.5	16	20
Service Delivery Program Costs						
Uganda Program Costs	154,332	343,325	585,250	831,475	1,109,700	1,384,650
Uganda Program Cost/Patient	\$4.84	\$5.56	\$5.74	\$5.47	\$5.29	\$5.17
U.S. Administrative Expense	34,560	216,000	403,200	576,000	619,200	763,200
Total Cost Per Patient	\$5.93	\$8.24	\$9.69	\$9.27	\$8.24	\$8.03
Financial Projections						
Total Revenues--All Sources	230,000	560,200	1,047,000	1,493,200	1,845,000	2,224,000
Less Operating Expenses	188,892	508,925	988,450	1,407,475	1,728,900	2,147,850
Contribution to Working Capital	41,108	51,275	58,550	85,725	116,100	76,150