



# ANNUAL REPORT 2021

Uganda Muslim Medical Bureau

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**MITYANA HEALTH CENTRE III  
(UMSC)**  
Mityana Healthcentre 3@yahoo.

**SERVICES OFFERED**

- Medical Examination
- General Medicine.
- Laboratory Services.
- Antenatal & Maternal
- Immunisation.
- HIV Testing & Counselling
- Clinic.
- Scanning.
- Decision.
- Planning.

**BLESS YOU**

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## MESSAGE FROM THE CHAIRMAN

**Assalam Alaykum,**

On behalf of the UMMB board, allow me to express our sincere gratitude to the UMSC Secretary General for appointing the board and giving us the opportunity to serve Ummah. In the same breath, I convey our appreciation to our partners for supporting the bureau and the member units.



The board has been conducting her responsibilities using the Board governance manual the spells out the individual and collective responsibilities and obliges the board to self- access her performance regularly.

As you are, aware NGOs are providing almost 50% of health services to the Ugandan population. Our services are recognized and we are appearing in government reports as far as the services we offer to the community is concerned. The bureau secretariat supports health facilities to follow the government health policy and standards in their operations.

The bureau has developed many resource documents like those on finance and human resource management and also provide manuals from the Ministry of Health to your health facilities. There are drafts being processed like ICT and Fraud policies. These manuals or tools are very important and should be used frequently to improve services delivery. The board working with partners and Government has developed capacity in a number of areas of health services management (like leadership) and technical capacities in various topics.

The Board had maintained a skeleton staff at the bureau secretariat to ensure services of the bureau continue and to link with government structures and developmental partners. Relationship between the sister bureaus is growing and this in the future will increase our profile. We have accredited a number of health facilities and this will be done every year so that you maintain the standards achieved.

The main challenges are that the bureau is not represented in some regions in the country like Lango, Karamoja, Acholi and others. The health training schools are too few to populate our health facilities. Apart from inadequate funding, most of the bureau operations are donor funded, which causes serious concern.

The bureau will continue to support member units to enable them provide effective and efficient services to the people of Uganda. The board appeals to member units to put emphasis on Data management to bring out a clear picture of our contribution in service delivery in addition to facilitates informed decisions, and policies/programming and as a tool to advocate and lobby resources for health facilities.

May Allah bless the Bureau, her supporters and stakeholders?

Dr. Issa Makumbi

Chairperson

## MESSAGE FROM THE EXECUTIVE SECRETARY

We present to you the UMMB 2021 Annual Report. We have implemented quite a number of activities during this year. The report highlights what has been achieved, the challenges encountered and the activities that were implemented from January to December 2021.



The Enable –MoH PNFP project continued in West Nile and Ruwenzori Regions. Katadooba health Centre continued to perform well to access funding from this project. Funds accessed were efficiently used to improve services. Construction of a new building to cater for the maternity ward was started. The UMMB regional Coordinators continued to give support to the health facilities in their regions. A number of support supervision of the member health facilities were done.

The UMMB Financial, Human Resource and Governance manuals were disseminated to the health facilities. This report highlights the achievements reached following the strategic thematic areas. We have continued to develop good working relationships with the health development partners in support to our health facilities.

Mildmay Uganda continued to support our Human Resources for Health by continuing to provide salaries for seven health workers in two health facilities. USAID/Intra-health project supported the recruitment and management of payroll of 31 health workers for another seven health facilities. These health workers were able to make a great contribution towards the provision of quality health services, especially in HIV/AIDS care and treatment.

Collaborating with the other Medical Bureaus we managed to provide additional resources to health facilities in Kampala, Wakiso, Masaka region, and Ruwenzori region.

Our member health facilities made strides to improve health service delivery. The following health facilities made strides to improve on the infrastructure of their facilities: Lugazi Muslim Health Centre, Iganga Islamic Medical Centre, Katadooba Health Centre, Mityana UMSC Health Centre, Alhijra Health Centre.

We have continued to lobby for support for our health facilities.

Pleasant reading!

A handwritten signature in blue ink, which appears to read 'Karama Said Ali'.

**Dr. Karama Said Ali**

## EXECUTIVE SECRETARY

### Introduction

Uganda Muslim Medical Bureau (UMMB) is a national organization established by the Uganda Muslim Supreme Council (UMSC) in 1999 to coordinate activities of Muslim non-profit health facilities. The Bureau is the main link between these facilities, the government and other stakeholders. UMMB also provides the following services:

- Advocates for support to member facilities from government and health development partners.
- Channels donor funds to member health facilities of UMMB
- Communicates health regulations and standards from the Ministry of Health
- Trains the member facilities' staff on issues related to management and other medical topics to ensure that standards are followed
- Recruits and manages payroll of qualified health workers for some of the health facilities
- Regularly does support supervision to monitor activities, assess needs and provide resources where possible

The membership of the bureau consists of 54 health facilities, which, depending on their levels, provide the following services: Out-patient, In-patient, Maternity, Ante-Natal care including eMTCT, laboratory, HIV counselling and testing, ART services in accredited facilities, immunization, Integrated reproductive health services, out-reaches, x-ray, ultrasound and specialized services in some of the facilities. Two health-training institutions are also members of the bureau, namely Kibuli Muslim Hospital Health Training School. A new health training institution, Aisha Institute of Health Sciences, is still being constructed in Yumbe.

The leadership and governance of the Bureau comprises of a 13-member board. The day-to-day management of the bureau is done by the Executive Secretary, who heads the secretariat and is accountable to the board. A number of sub-committees assist the board to fulfil its roles and responsibilities. These include the Policy and Planning Committee, the Advocacy Committee, the Finance Committee, and the Secretariat Committee.

### Vision

“We envision a Uganda with an efficient health care system that promotes the quality of life of all people.”

### Mission:

“Uganda Muslim Medical Bureau is dedicated to ensure an improved health care delivery system in all the member health facilities through advocacy, quality assurance, coordination and capacity building based on Islamic principles.”

### Core Values

In performing its mission, the following core values guide the decisions and actions of UMMB:

- We dedicate ourselves to observe Islamic ethics in all that we do
- We have an obligation to ensure quality service in everything we do
- We strive to ensure a high sense of accountability and transparency in our dealing with our clients and partners
- We believe in team work
- We acknowledge and leverage diversity
- We believe in sustainable development interventions

### **The UMMB Board**

The UMMB Board consists of 12 members who serve a two-year term:

Dr. Issa Makumbi	Chairman
Dr. Juma Nabembezi	Vice Chairman
Hajat Mariam Bunnya	Treasurer
Hajat Mariam Walusimbi	Member
Hajat Safina Musene	Member
Hajat Zaituni Ziraba	Member
Dr. Mahmood El-Gazzar	Member
Dr. Mahmood Kasauli	Member
Dr. Abdallah Nkoyoyo	Member
Haji Rugasa Wahab	Member
Mr. Ali M. Aluma	Member
Mr. Yasin Mukiibi	Member
Mr. Aziz Maija	Member

### **The UMMB Secretariat**

The UMMB Secretariat does the day-to-day activities of the bureau:

Dr. Karama Said Ali	-Executive Secretary
Ms. Rukia Nansamba	-Financial Manager
Mr. Muzamil Kivumbi	-M&E Manager
Ms. Nooriat Nakabugo	-HRH/Training coordinator
Ms. Joweria Namakula	- MCH Prog. Officer
Ms. Zam Namayanja	-Accounts Officer
Mr. Juma Bulu	-Logistics assistant
Mr. Muzamiru Kyangwe	- Driver
Mr. Twaha Ssewanyana	- Driver

### **REGIONAL CO-ORDINATORS**

Candia Umar	-West Nile Region	≠	Saidi Okura	-Elgon Region
Masereka Umar	-Mbarara region	≠	Isaac Mwendha	-Eastern 2 Region
Halimu Kitaramire	-Ruwenzori Region	≠	Muweta Juma	-Eastern 1 Region
Lukabwe Twayibu	-Central 1 Region	≠	Wasajja Rashid	-Central 2 Region

## **OPERATIONS AND SERVICE DELIVERY**

UMMB network continued to deliver quality and accessible health services, increased the scope of services that directly contributed to national health sector priorities, strengthened redistribution systems among the network health facilities and Improved access, utilization and sharing of information among the network.

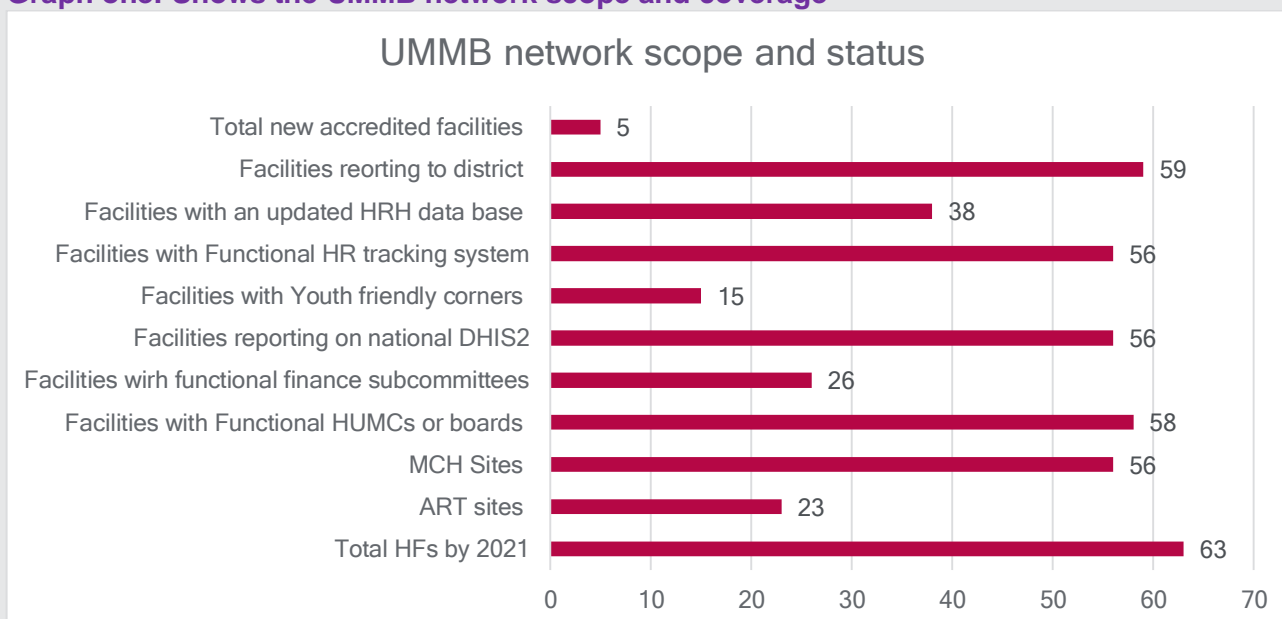
The UMMB Secretariat continued to monitoring services through leveraging on the UMSC structures of regional and district Khadhi across the country, and Regional coordinators. Regional coordinators supported health facilities through support supervision and medicines monitoring and supervision in the eight bureau regions.

Monitoring quality of services is done through bureau quarterly support supervision where onsite field visits, mentorship and orientation on different service components is always done.

### **UMMB HEALTH FACILITIES STATUS 2021**

The UMMB network continued to Expand across the country with new facilities added in Kigezi, Central one, and Rwenzori. One facility was readmitted to the network after deregistration in 2016

**Graph one: Shows the UMMB network scope and coverage**



Source UMMB HF's inventory list 2021, DHIS2 and Program reports

- The newly accredited health facilities include , Gubarar HCIII in Bwerenga, Wakiso district, Kinyanshohera Muslim HCIII, in Kinkizi, Kanungu district, IUIU FC HCIII in kabojja Wakiso district, Doha HCIII in Kyenjojo and Kabukunge Muslim HCIII in Kalungu was re-admitted as a member
- Total sites include 5 hospitals, 2 HCIVs, 37 HCIIIs and 19 HCIIIs across the country
- Non reporting to DHIS2 facilities include Arahma HCII in Luwero, Shifa HCII in Bunyangabo, and the five new sites
- There is generaly in improvemet in services scope especially MCH ( ANC, deliveries, postnatal, and child health services like immunization), HIV/AIDs-TB services, and theatre service

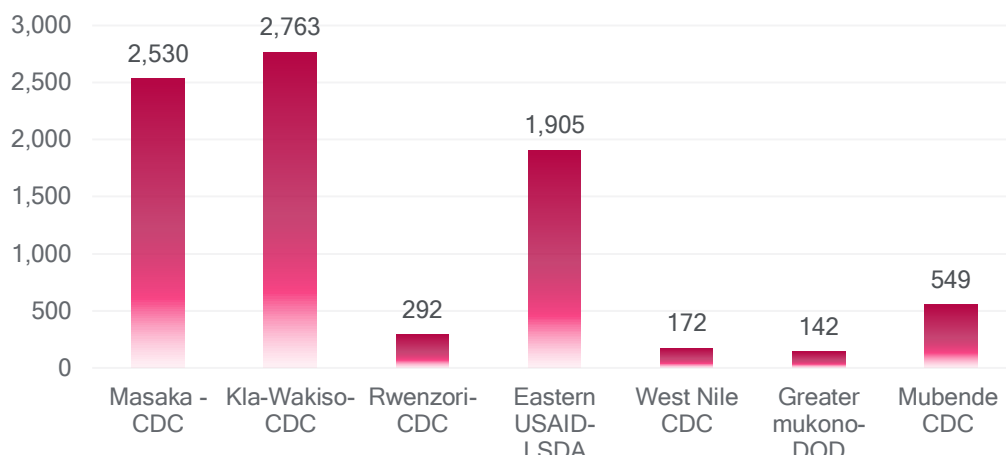
## SERVICE DELIVERY PROGRAMS

UMMB has over the past years been engaged with different implementig partners to foster priority service programs in the country. These incude mainly HIV/AIDs services, Fath and community initiative project, and Human resources for health projects.

Under HIV/AIDs services, UMMB has been able to reach out to the regionalized mechanisms in supporting the efforts of accerating HIV/AIDs epidemic control in Masaka region, Fortportal region, kampala-Wakiso region, Western region, West Nile region, Eastern region and Mubende region through the different IPs icnlduing IDI, UCMB, UPMB, RHSP, Baylor, and Mildmay.

**Graph Two: shows how UMMB health facilitie have faired under the rgeionalized mechanisms across the country**

### TOTAL HIV ACTIVE CLIENTS BY REGIONAL MECHANISM



#### Notes

- A total of 8,061 clients are managed by network ART sites
- CDC supports more sites for HIV/AIDs-TB services
- Kampala-Wakiso, Masaka And Eastern regions have the highest client load
- Western region is still poor

among muslim sites

- More efforts needed in West Nile, Rwenzori, and Mukono regions

#### FCI project

UMMB implemented a project called Faith and community Initiative for Prevention and control of the spread of HIV/AIDS in the community, this was implemented in five Muslim Districts of Butambala, Wakiso, Kampala, Lyantonde and Masaka. 108 religious were selected from 36 Community mosques to participate in the implementation of this project including Village health teams at five health facilities. This helped the bureau to engage UMSC structures in health services mobilization and demand creation. The regional Khadhis, district Khadhis and county sheikhs were part of these activities

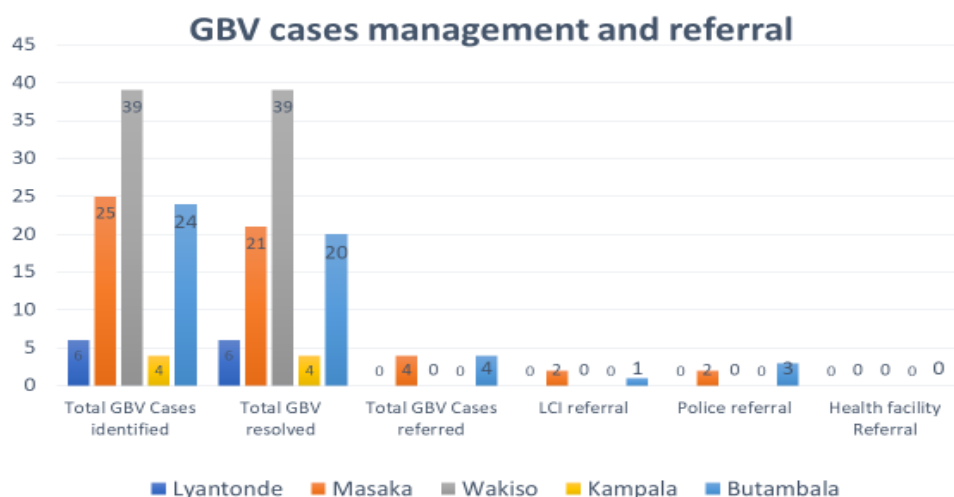


**PIC One. Regional, District Khadis, county sheiks, Health facility managers and administrators being oriented on FCI project at Maria Flo Hotel – Masaka. April 2021**

**Graph Three: GBV Cases managed by Mosque leaders under the FCI project**

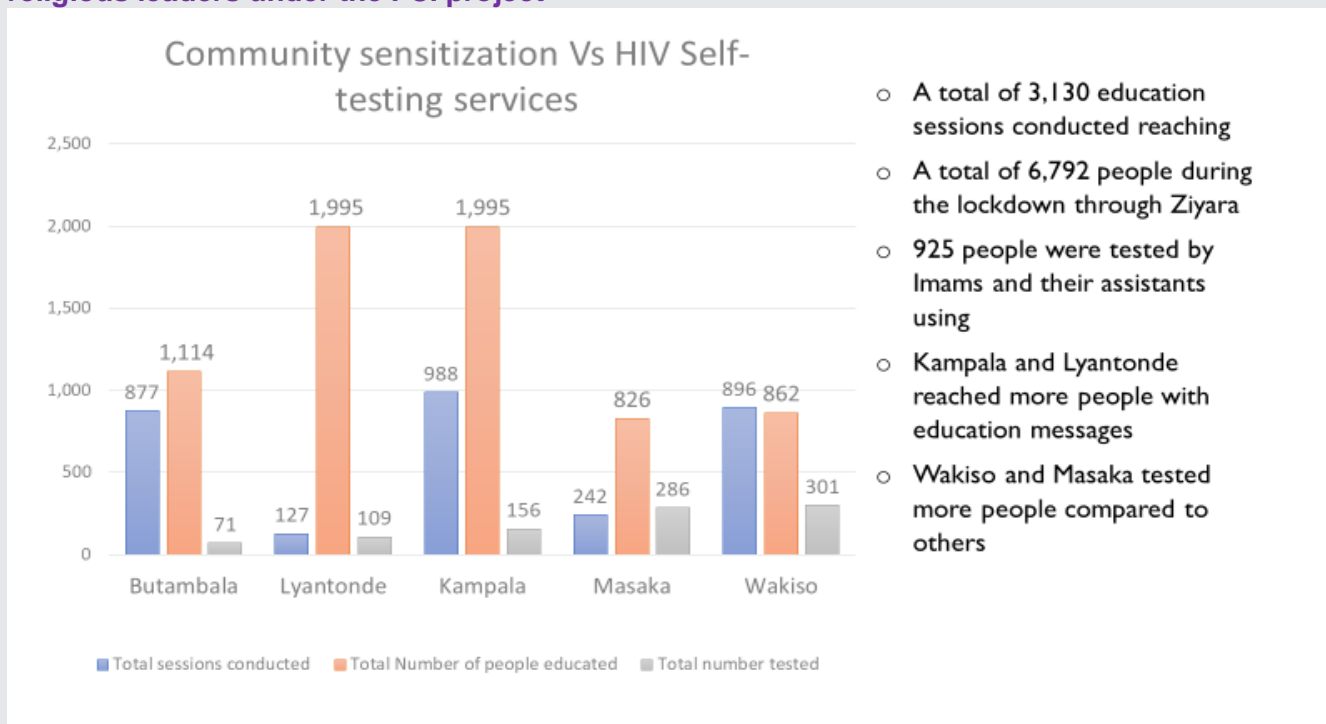


## GBV case management by Imams and their assistants



- A total of 98 GBV cases identified throughout
- 91% of the total cases were resolved by the imams and their teams while 9% (8) cases were referred for further management
- 62% of the referred cases were to police while 38% of the referred cases were handled at LC1
- No case required litigation in the courts of law
- There is need to build partnership with police and LC1

**Graph Four: Community mobilization, sensitization and HIV testing Using STKs by Muslim religious leaders under the FCI project**



- A total of 3,130 education sessions conducted reaching
- A total of 6,792 people during the lockdown through Ziyara
- 925 people were tested by Imams and their assistants using
- Kampala and Lyantonde reached more people with education messages
- Wakiso and Masaka tested more people compared to others

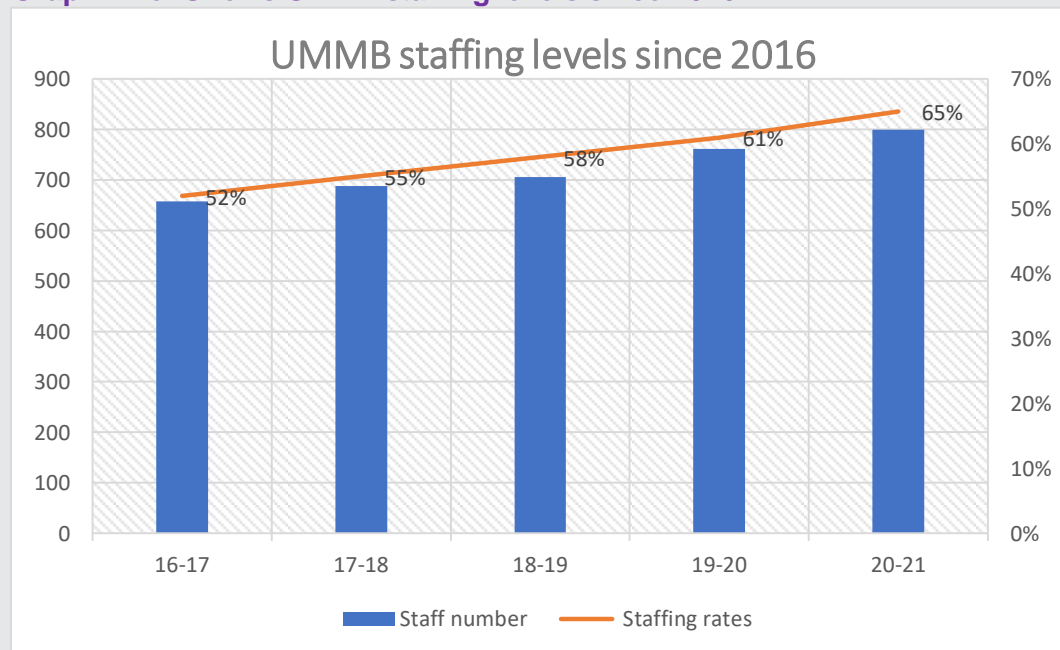
### HRH support projects

UMMB has continued to support HRH initiatives and technical support to all its facilities. We have supported the updating of iHRIS system at facility level through training 30 In-charges in iHRIS in August 2020.

We also provided 8 health facilities with Eight computers, printers and modems to support the updating of the system through USAID/UHSS activity. UMMB has continued to support facilities with health workers through implementing partners like USAID/UHSSA, Mildmay Uganda and Masaka IBC-Rakai health sciences Project (RHSP-IBC-UCMB) contributing 11% (74 staff) of the total work force in 2021.

UMMB has continued to work with local governments and MoH to support HRH performance management systems and established strong HRH systems including Appraisals, attendance management to duty, the linking of HRH work to payroll systems across the network. With this initiative 1% (8 health workers) were seconded to health facilities by districts.

**Graph Five: Shows UMMB staffing levels since 2016**



**Source: UMMB HF staff files and HRIS**

UMMB has been improving their staffing levels since 2016. In this year, UMMB increased their staffing levels from 761 to 788 representing a 4% increase down from 8% of last year. COVID19 has restricted health worker movements and thus affecting HRH numbers in

the network.

UMMB continued capacity building for its staff through CMEs, CPDs and Workshops throughout the year. UMMB has participated in the training of health workers in Infection prevention and control (IPC) especially during the pandemic period. Virtual trainings for medical and non-medical staff have been adopted as a new normal during this COVID19 pandemic.

Emphasis has been put on Occupation safety and ways of mitigating work-related hazards presented by COVID19 pandemic to our health staff. A total of 398 facility staff were oriented and trained virtually on IPC and Occupation safety for prevention of COVID19.

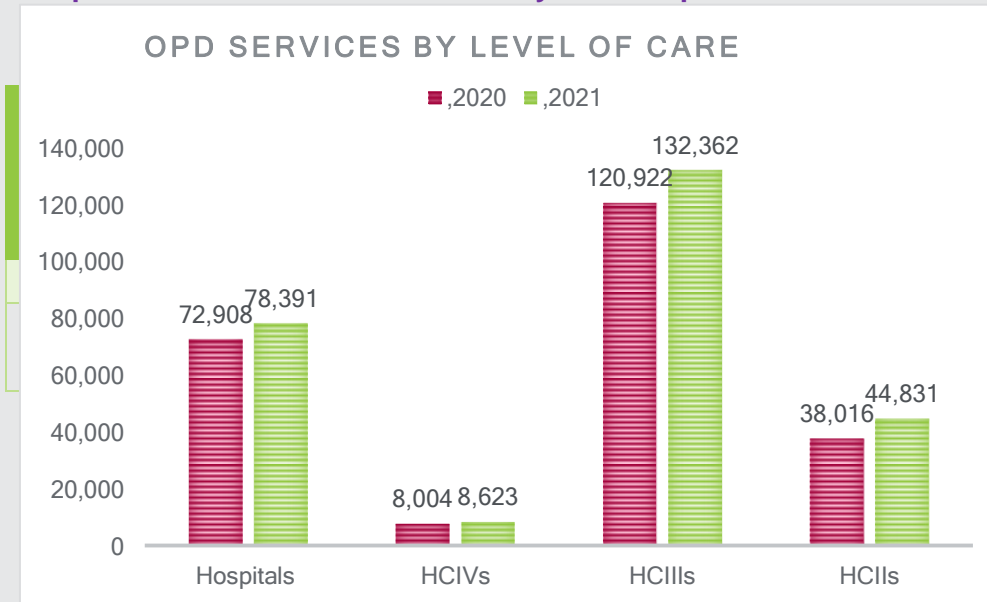
We continued to coordinate pre-service training of medical students through Kibuli Laboratory and Nurses & Midwifery schools. These have been greatly affected by the COVID19 pandemic with long spells of school time cut short due to two lockdowns instituted in March 2020 and May 2021 to prevent the spread of COVID19.

#### Outpatient Department services in the UMMB network

This has been the most utilized and accessed service in the UMMB network. UMMB facilities by scope, provide 60% of their services as OPD

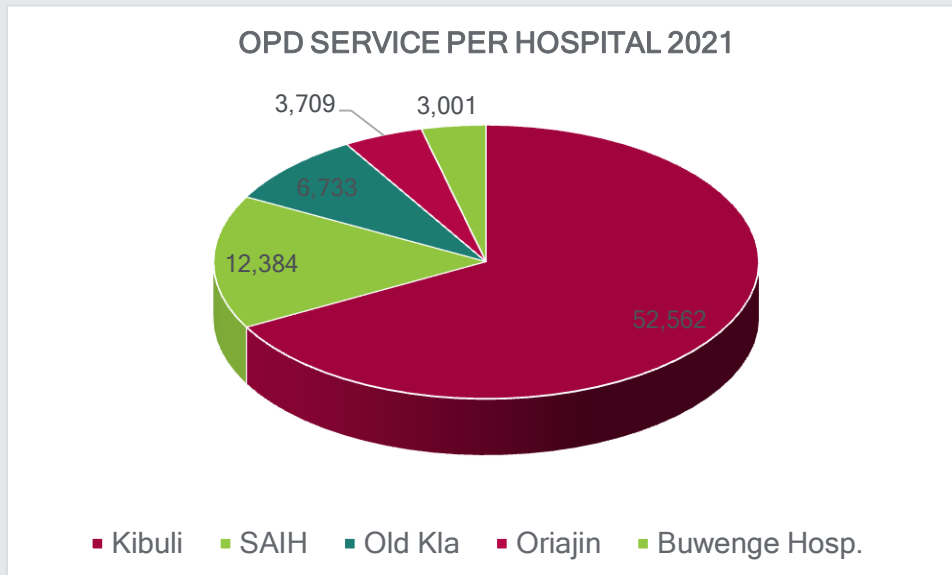
There has been progress made in monitoring OPD utilization over years and a significant improvement seen this year. This indicates that there is an improvement in HF's capacity to provide both preventive and curative treatment at OPD across the facilities. A total of 264,207 OPD clients were attended to in 2021 representing 10% increase from 2020. 22% of total OPD were Malaria suspect cases while % of total malaria suspect cases were confirmed cases both RDT and microscope throughout the year.

**Graph six: OPD Attendances for two years compared**



**DHIS2 and HMIS reports**

- HCIIIs contribute more outputs for OPD services across the network contributing 50% of the total OPD
- Followed by hospitals contributing 29% of the total OPD
- HCIs follow by with 16% of the total OPD
- While HCIVs contribute 5% of the total network OPD utilization



**Graph seven: Hospital performance for outpatient services**

- Kibuli contributed 67% of the total hospital OPD utilization
- Followed by SIAH with 16%. Of the total hospital OPD utilization
- Then followed by old Kampala hospital contributing 8% of the total hospital OPD clients
- The rest (Oriajin

and Buwenge) received clients below 5000 at the OPD contributing 5% and 4% respectively to the total Hospital OPD clients

**Lower Level best performers- OPD services utilization**

Due Covid19 lockdowns and restrictions, service delivery at lower level sites remained low. Iganga Islamic HCIII reached and surpassed the 10,000 clients load at OPD. The rest of the facilities received clients below 10,000 clients at OPD

Table one.  
Best OPD service provider by outputs numbers at LLUs in 2021

AS seen from the table above

- Iganga Islamic HCIII continued to perform better in 2021 with new entrants on the list being

SNO	HEALTH NAME	FACILITY	DISTRICT	TOTAL OPD CLIENTS SERVED
01	Iganga Islamic HCIII		Iganga	13,069
02	IUIU HCIII		Mbale	9,912
03	Taqwa HCIII		Wakiso	9,102
04	Kiwanyi HCIII		Iganga	8,964
05	Njovu Islamic HCIII		Wakiso	8,432
06	Bweyogerere Muslim HCIII		Wakiso	8,282
07	Mariam Alkaabi HCIII		Masaka	7,466
08	Katadooba UMSC HCIII		Kasese	7,208
09	Al-noor HCII		Yumbe	6,839
10	Mukono Muslim HCII		Mukono	6,471

Bweyogerere Muslim HCIII, Al-Noor HCII, Mariam Alkaabi HCIII and Mukono Muslim HCIII.

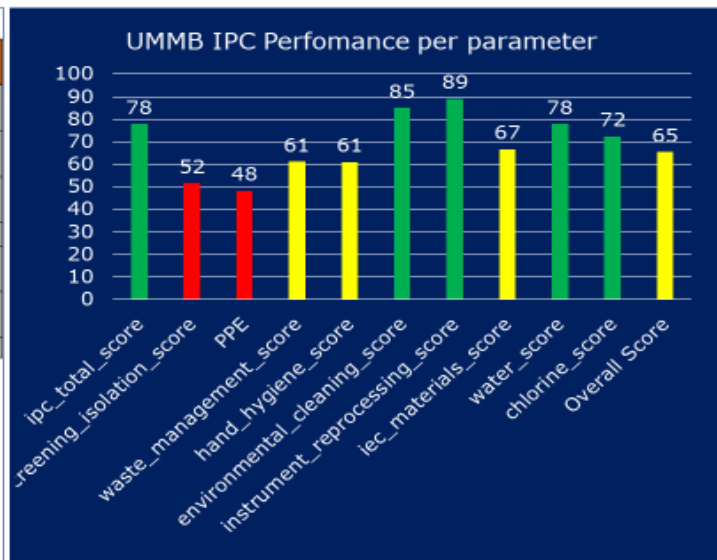
- Kiwanyi, Taqwa, Katadooba and IUIU HCIII also continued to perform better in terms of OPD as it has been in previous years.
- Facilities that need to improve on their OPD service outputs include
  - SAMI HCIII in Mpigi, and Kirigime HCIII in Kabale.
  - Oriajin Hospital in Terego and Buwenge Hospital in Jinja
  - Nakasoga HCII in Kyotera, Saidina Umar HCII in Mbale, Sumayya HCII in Kapchorwa, Shifa HCII in Bunyangabo, and Arahma HCII in Luwero,
- Key OPD activities done during the year included but not limited to the following
  - Infection prevention and control mentorship and training across the network for combating OPD
  - Triaging and isolation of the COVID19 suspects into isolation corners or rooms for all clients
  - Contact tracing for COVID19 confirmed cases across the facilities
  - Referral management services using the ambulances system
  - IPC monitoring and supervision for 12 piloted facilities

Graph eight: IPC monitoring snap shot by December 2021

## IPC Performance -UMMB

### Facilities Reached

region	district	facility	no_mentored	interviewer
western	Lyantonde	Lyantonde Muslim health centre III	8	Hasahya Ayubu
western	Lwengo	MUNATHAMAT HEALTH III	3	Luqman Sulaiman
Masaka	Butambala	Kiddawalime Nursing home	5	Muhumuza Elias
Masaka	Mpigi	Sami Health center	4	Ssendi Andrew
eastern	Kampala	Zukuuli Muslim health center III	5	Wasswa Muhammad
western	Bukomansimbi	Kawoko Muslim HC III	4	Nanyonjo sharifah
<b>District</b>			<b>Facility</b>	<b>no_mentored</b>
Lyantonde			Lyantonde Muslim health centre III	8
Lwengo			MUNATHAMAT HEALTH III	3
Butambala			Kiddawalime Nursing home	5
Mpigi			Sami Health center	4
Kampala			Zukuuli Muslim health center III	5
Bukomansimbi			Kawoko Muslim HC III	4
<b>Total</b>				<b>29</b>



As seen from the graphs, out of the 12 sites piloted, 50%- 6 sites reported IPC monitoring activities, over all these scored 78% on IPC activities, performed better instrument processing, environment cleaning, water availability, while performed very poorly in screening and isolation, and Personal protective equipment availability. the factors that are affecting IPC monitoring and implementation at sites included

1. Low reporting rates of IPC activities into the system
2. Poor use of PPE at site level
3. Lack of a system in place to monitor PPE use
4. Inactive screening of patients in the facilities
5. Non-functional IPC committees
- 6.

### Reproductive Maternal Child Health (RMCH) services

93% of the UMMB health facilities are providing reproductive maternal and child health services and this has continued to contribute to national priority indicators of reducing maternal mortality and child morbidity in the country. Facilities have continued to provide a comprehensive Antenatal service to mothers which include among others, testing for Syphilis, HB, HIV/AIDs, especially eMTCT services and treatment of other illnesses.

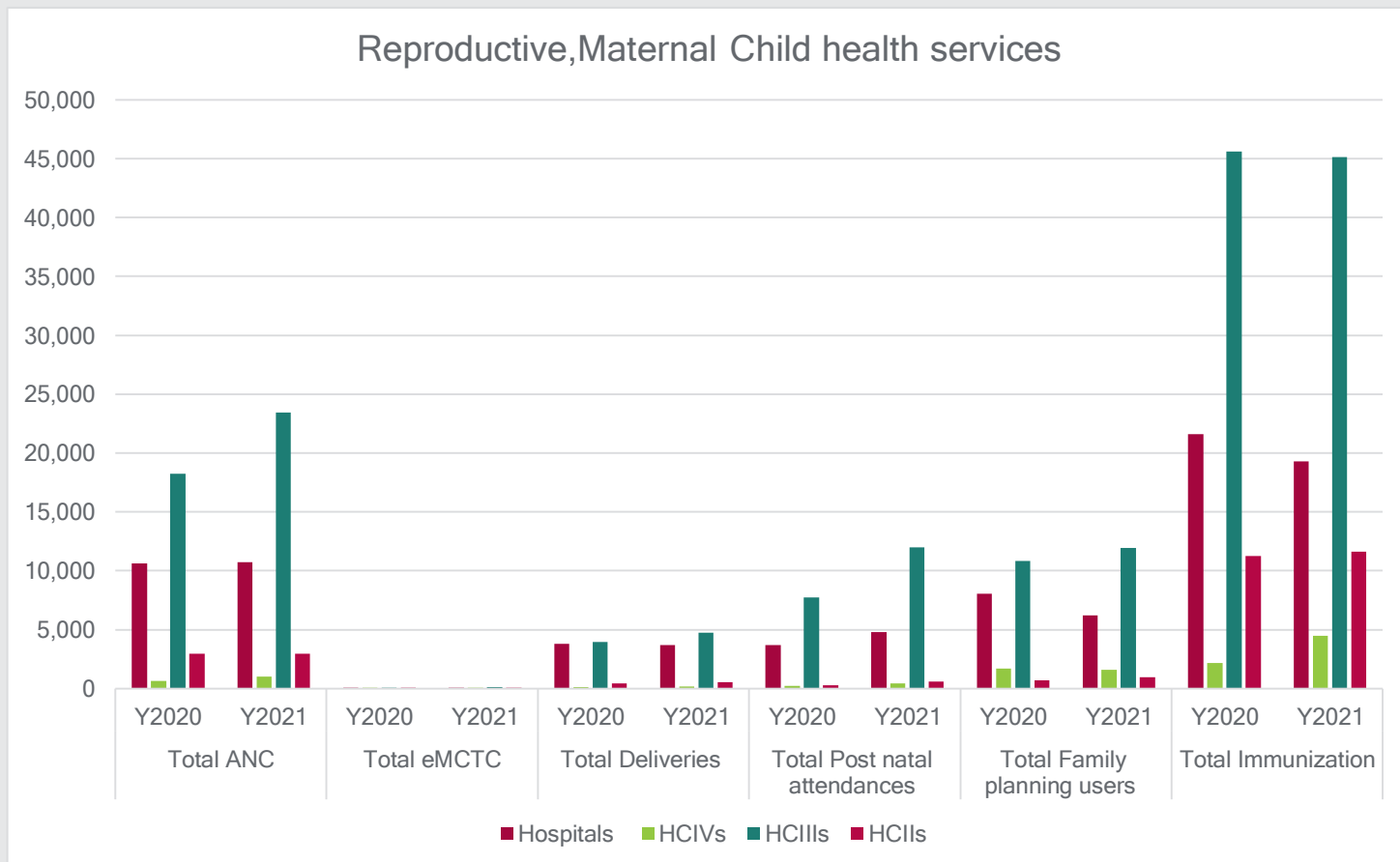
Family planning services have continued to be part of the reproductive services provided. UMMB sites are providing temporary and semi-permanent methods of family planning with exemption of permanent family planning methods i.e. female and male sterilization (Vasectomy and Tub ligation) UMMB continued to support the implementation of uniform service delivery policies and regulations from Ministry of health of Uganda regarding Option B+ (eMTCT), This has helped the network HF's to provide quality Maternal child health services throughout the year. Our sites from HCs to hospital have developed capacity in delivering Option B+ and other Maternal services with HIV+ mothers. Cervical cancer screening is conducted at most ART sites and some facilities have started organizing cervical cancer screening outreaches

Immunization services have continued to take place at all our sites. New health centers are working closely with local governments through the district and health sub-districts to immunize at their sites. Facilities have continued to conduct both site and outreach immunization. Integrated outreaches are also conducted and this is concluded with Child-days plus immunization drives. Some of RMCH intervention undertaken during the year included

1. Accreditation of facilities for eMTCT services especially HCIIIs
2. Capacity building in nutritional assessment, documentation and reporting

3. Continuous MCH technical assistance and support to all sites
4. Engaging FP partners for continuous commodities' support to our PNFP sites
5. Conducting integrated outreaches through health facility- community engagement
6. Upgrading health center IIs to IIIs
7. Constructing MCH blocks for some sites
8. Construction of new theatres at HCIIIs among others r
9. Cervical cancer screening outreaches

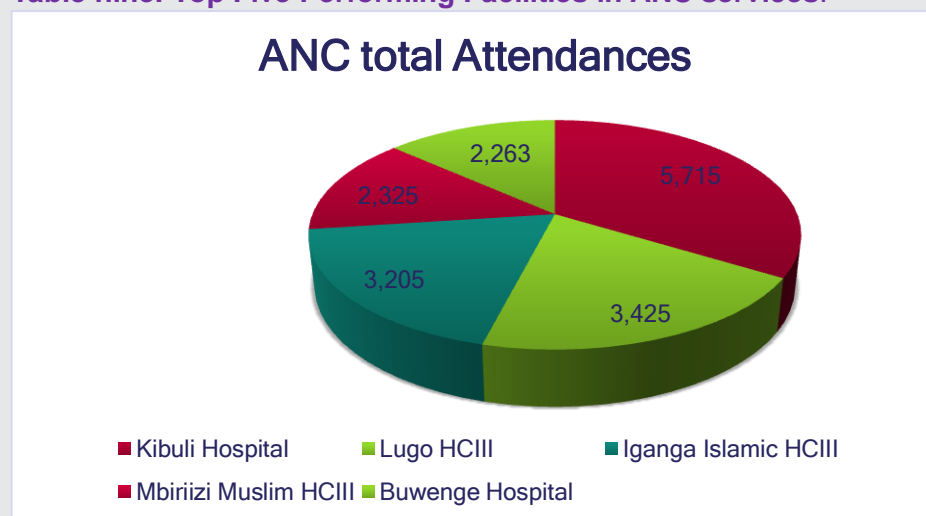
**Graph Eight: Shows network performance on reproductive maternal child health services 2020 and 2021**



#### DHIS2/ HMIS reports Deductions

- HCIIIs produce more results across all indicators compared to other levels due to their numerical advantage in the UMMB network. These are followed by hospital, HCIIIs and then HCIVs.
- In 2021, ANC attendance in the network increased by 17%, total deliveries increased by 9% and post-natal increased by 49% compared to 2020. While mothers initiated into care reduced by 15%, total family planning users also reduced by 2% and immunization also reduced by 1%. These reductions were mainly attributed to the restrictions over the years period due to COVID19
- HIV prevalence rate among pregnant women was established at 1% below the national average.

**Table nine: Top Five Performing Facilities in ANC services.**



- In 2021 Kibuli hospital perform better in RMCHs.
- Lugo HCIII in Luwero improved ANC with 3,425 mothers attending ANC services,
- Followed by Iganga, Mbirizi, and Buwenge NGO hospital.
- These all together contributed 44% of the total ANC services of the entire network output

**Table Two: Top five Best performing Health facilities in Maternity services for 2021**

SNO	HEALTH FACILITY NAME	DISTRICT	TOTAL DELIVERIES
01	Kibuli Muslim Hospital	Kampala	2,070
02	Buwenge Hospital	Jinja	908
03	Iganga Islamic HCIII	Wakiso	552
04	Katadooba UMSC HCIII	Iganga	486
05	Oriajin Hospital	Wakiso	421

Kibuli hospital, Iganga Islamic HCIII, continued to outperform other sites in delivery. These were followed closely by Buwenge NGO hospital, Katadooba UMSC HCIII and Oriajin hospital as the highest maternity centers. Together these contributed 48% of the total deliveries conducted across the network in 2021

#### Best 10 Immunization sites in 2021

UMMB had 87% immunization completion rate implying that the network in doing well in terms of mobilizing and sensitizing on complete immunization of all children before they one year

**Table three: best performers for immunization services**

SNO	Health facility name	District	Total children immunized
01	Kibuli Muslim Hospital	Kampala	6,389
02	Iganga Islamic HCIII	Iganga	4,857
03	Oriajin Hospital	Terego	4,810
04	Taqwa HCIII	Wakiso	4,668
05	SAIH	Wakiso	3,935
06	Buwenge Hospital	Jinja	3,735
07	Lugazi Muslim HCIII	Buikwe	3,717
08	Bombo UMSC HCII	Hoima	3,436
09	Bweyogerere Muslim HCIII	Wakiso	3,400
10	Mityana UMSC HCIII	Mityana	2,716

Source – DHIS2/HMIS reports  
Deductions

- Kibuli hospital and Iganga Islamic still performed better in immunization services. Other sites that have emerged this year include Bombo UMSC, Mityana UMSC, Bweyogerere Muslim HC, Oriajin hospital and Taqwa
- These facilities contributed all together 51% of the total children immunized in the year 2021 in the UMMB network.

None immunization sites that need support to provide this service include

1. Gubara HCIII (new site)
2. Doha HCIII
3. Lillah HCIII
4. Mpondwe Muslim HCII
5. Arahma HCII
6. Umar Bin Khatab HCII
7. Zukuuli Muslim HCIII
8. Nakasoga Muslim HCII
9. Kinyanshohera Muslim HCIII- New site

### HIV/AIDS services

- UMMB HIV/AIDS program implementation is scaling upwards with new ART sites accredited in 2021. In total UMMB has 23 ART sites and these include, Kibuli Muslim Hospital in Kampala district, SAIH in Wakiso, Oriajin Hospital in Arua district, Buwenge hospital in Jinja district, Iganga Islamic in Iganga district, Jinja Islamic Hospital, Lugazi Muslim HC in Buikwe, Nakatonya HC in Luwero, Bweyogerere Muslim HC in Wakiso, Taqwa HC in Wakiso, Mityana UMSC HC in Mityana, Kibibi NH HC in Butambala, Mbirizi Muslim HC in Lwengo, Lyantonde Muslim HC in Lyantonde, Katadooba UMSC HC in Kasese, Kampala, , Kawoko Muslim HCIII, Munatham HCIII, Arahma MCIV in Masaka, Lambu HCIII in Masaka, Ahamadiya HCIV in Mbale, Njovu Islamic HCIII in Luwero and Old Kampala hospital
- UMMB network is working with regionalized IP mechanisms to support and contribute to national goal of accelerating and sustaining HIV/AIDS epidemic control by 2030 through the 95%,95%,95% Test and Treat strategy. These IPs include, Rakai Health sciences program and UCMB in Masaka region, Baylor and UPMB in Fortportal region, IDI and UCMB in Kampala - wakiso region, UPMB in Western and eastern region (LSDA)and Mildmay in Mubende region
- ART sites UMMB continued to provide preventive, curative and rehabilitative/ palliative HIV/AIDS services. In terms of HIV prevention, all facilities are providing HIV counseling and testing services while HCIIIs, IVs and general hospitals are providing circumcision services for prevention purposes. In terms of curative, HIV/AIDS treatment more centers were accredited for ART services

### HIV PREVENTION: HCT and Circumcision services.

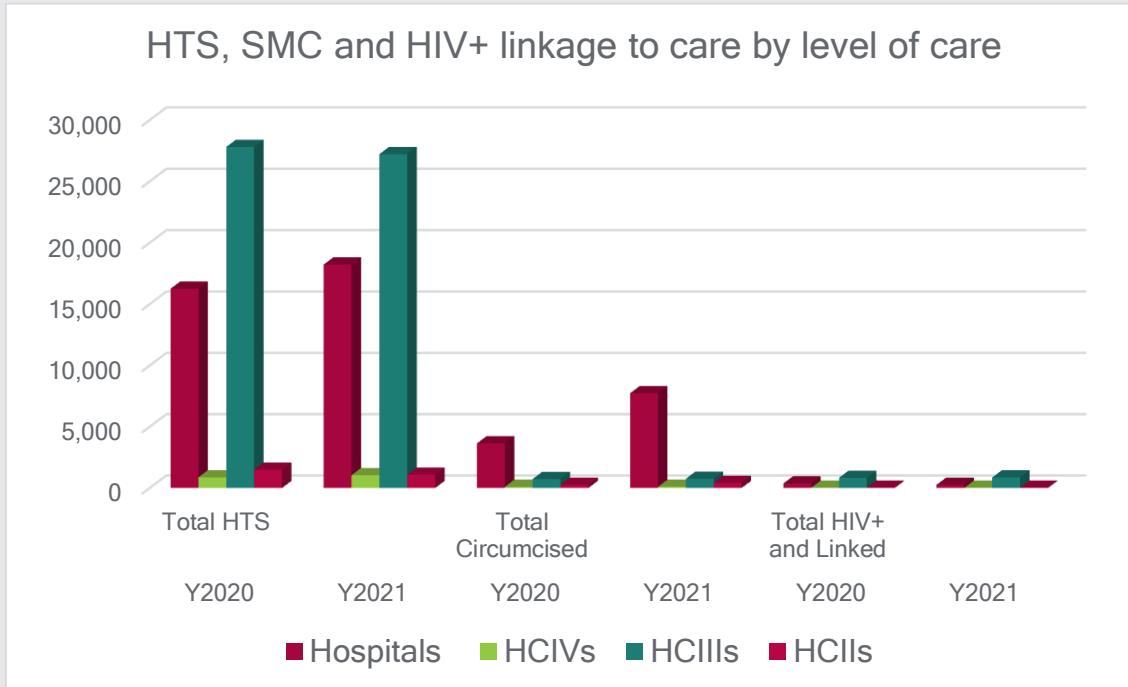
UMMB continued providing preventive HIV/AIDS services across the facilities and communities. Through outreaches both community and home-based HFs were able mobilize and sensitize communities about HIV Prevention (HTS, circumcision and other services for HIV/AIDS). Outreaches for HCT, and treatment are conducted and static services are also provided. Religious leaders were brought on board to sensitize and mobilize communities on HIV/AIDS and GBV prevention in Butambala, Masaka, Lyantonde, Kampala and Wakiso in FCI project

**Graph 10: Shows HTS, SMC and linkage to care by level of care**



Source:  
DHIS2  
HMIS105

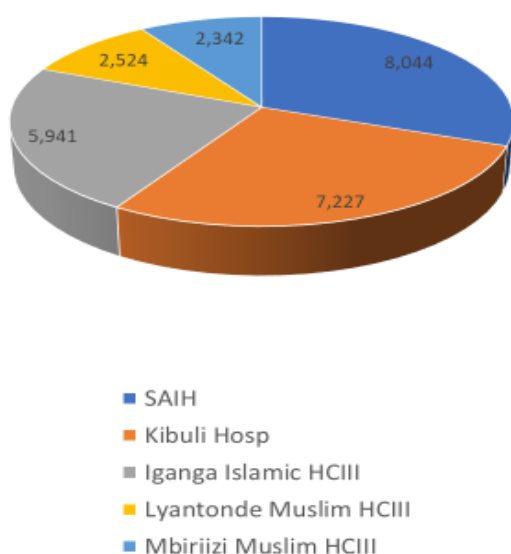
- The total number of people tested for HIV increased by 2.4% as compared to 2020 across all sites



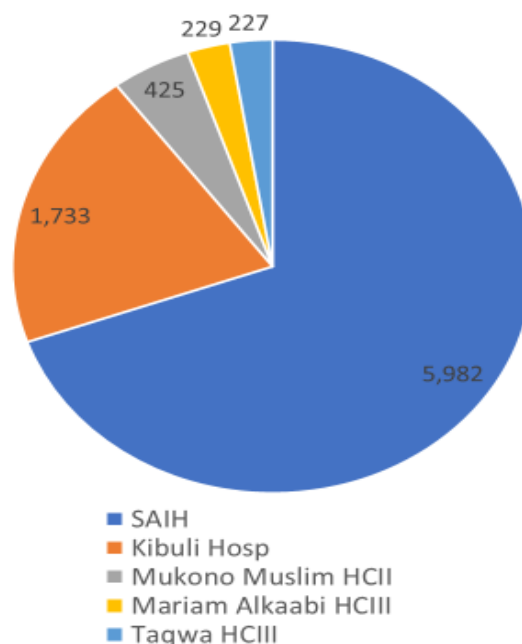
- HCIIIs contributed more HTS services contributing 57% of total number tested for HIV/AIDS in network
- The HIV+ yield reduced from 3% in 2020 to 2.6% in 2021. Eligibility screening especially at HCIVs and HCII is still very poor contributing to this low yield.
- HCIIIs had the highest HIV+ yield in 2021 of 3% followed by hospitals with 2.6% , followed by HCII at 2.3% while HCIVs had the lowest HIV+ yield of 1.5%.
- A total of 1,170 positive clients were identified and linked to care and treatment in 2021 compared to 1,245 in 2020 at all sites representing a drop of 6% in the number identified
- Circumcision rates increased by 90% in 2021 compared to 2020. This is attributed to the focused circumcision for HIV prevention at hospitals like SAIH and Kibuli hospital.

**Graph eleven: Top performin sites in hts and safe male circumcision in 2021**

Top HIV testing sites for 2021



Top SMC sites 2021



### Source- DHIS2/HMIS reports

- High volume ART sites are better performing in terms of HTS and circumsiion thus, SAIH, Kibuli, Iganga , Lyantinde muslim and Mbirizi muslim contributed 54% of total HTS with a yield of 3% all together.
- SAIH, and Kibuli Hospitals continued with their good performance in circumcision, while new entrants included Mukono Muslim HCII in Mukono, Mariam Alkaabi HCIII in Masaka and Taqwa HCIII in wakiso. These combined contributed 95% of the total number circumcised
- Circumcision rates are still very low in the UMMB network facilities as ony 20% of our facilities are focused on providing this service comprehensively.
- 100% of the circumcised males were followed up after 48hours and no adverse events or effects were identified in the year.

### HIV/AIDS Care and Treatment services

Through its accredited ART sites, UMMB has continued to provide both curative and palliative HIV/AIDS treatment services.

In terms of curative, HIV/AIDS treatment more centers were accredited for ART services UMMB is implementing the 95%,95%,95% of accelerating HIV/AIDS epidemic control and Test and Treat strategy for HIV/AIDS

Other HIV/AIDS related interventions included

- Faith and community initiative project where religious leaders were brought on board to mobilize and sensitize communities for prevention of the spread of HIV/AIDS
- Self-testing initiative
- Accreditation of health facilities for both Option B+ and ART
- Technical Assistance and support to sites with HIV/AIDS regulations
- Role out of the new HIV/ART guidelines for 2020
- Training staff on self-testing and recency testing
- Mentorships to midwives on cervical cancer screening for all HIV+ women in care and treatment
- Implementing Differentiated service delivery model (DSDM)
- Quality improvement for HIV/AIDS related support systems like laboratory, eMTCT, retention among others

**Table: four: Active ART clients by ART site be December 2021**

HEALTH FACILITY NAME	DISTRICT	REGION	TOTAL ACTIVE CLIENTS
Kabigi Muslim HC III	Bukomansimbi	Masaka	58
Kawoko Muslim HC III	Bukomansimbi	Masaka	59

<b>Kibibi Nursing Home HC III</b>	Butambala	Masaka	274
<b>Munatham HC II</b>	Lwengo	Masaka	57
<b>Mbirizi Muslim HC III</b>	Lwengo	Masaka	235
<b>Lyantonde Muslim HC III</b>	Lyantonde	Masaka	1,280
<b>Arahmah HC IV</b>	Masaka	Masaka	26
<b>Lambu HC II</b>	Masaka	Masaka	541
<b>Kibuli Muslim Hospital</b>	Kampala	Kla-Wakiso	739
<b>SAIH</b>	Wakiso	Kla-Wakiso	1,186
<b>OLD Kampala</b>	Kampala	Kla-Wakiso	85
<b>Bweyogerere Muslim HCIII</b>	Wakiso	Kla-Wakiso	201
<b>Taqwa HCIII</b>	Wakiso	Kla-Wakiso	552
<b>Katadooba UMSC HCIII</b>	Kasese	Rwenzori	292
<b>Jinja Islamic HCIII</b>	Jinja	Eastern- LSDA	25
<b>Bwewenge Hospital</b>	Jinja	Eastern-LSDA	216
<b>Iganga Islamic HCIII</b>	Iganga	Eastern- LSDA	1,302
<b>Ahamadiyaa HCIV</b>	Mbale	Eastern-LSDA	70
<b>Oriajin hospital</b>	Terego	West Nile	172
<b>Lugazi Muslim HCIII</b>	Buikwe	Greater Mukono	142
<b>NakatonyaHCIII</b>	Luwero	Mubende	87
<b>Mityana</b>	Mityana	Mubende	447
<b>Njovu Islamic HCIII</b>	Luwero	Mubende	15

Source: DHIS2 HMIS106a

- By December 2021 a total of 8,061 clients were active in care and treatment compared to 7,118 clients that were active in care across all UMMB network ART in 2020 representing 13.2% increase in client load
- HIV/AIDs. 95% of clients were on 1st line ARVs while only 4.9% were on 2nd line drugs. (0.1%) 1 client on 3rd line drugs in the network as of December 2021
- Iganga Islamic has the highest number of active clients totaling to 1,302 representing 16.1% of the total HIV active clients in the network, followed by Lyantonde Muslim HCIII with 1,280 clients representing 15.8% of the total client load. SAIH followed closely with 1,186 clients representing 14.7% of the total network client log. The rest of the facilities are below 1000.
- Newly accredited sites in 2021 include Njovu Islamic HCIII and Arahma MCIV
- Retention in care for all sites was slightly above the national target at 95.1% while viral suppression was at 96.6% across all sites by December 2021.

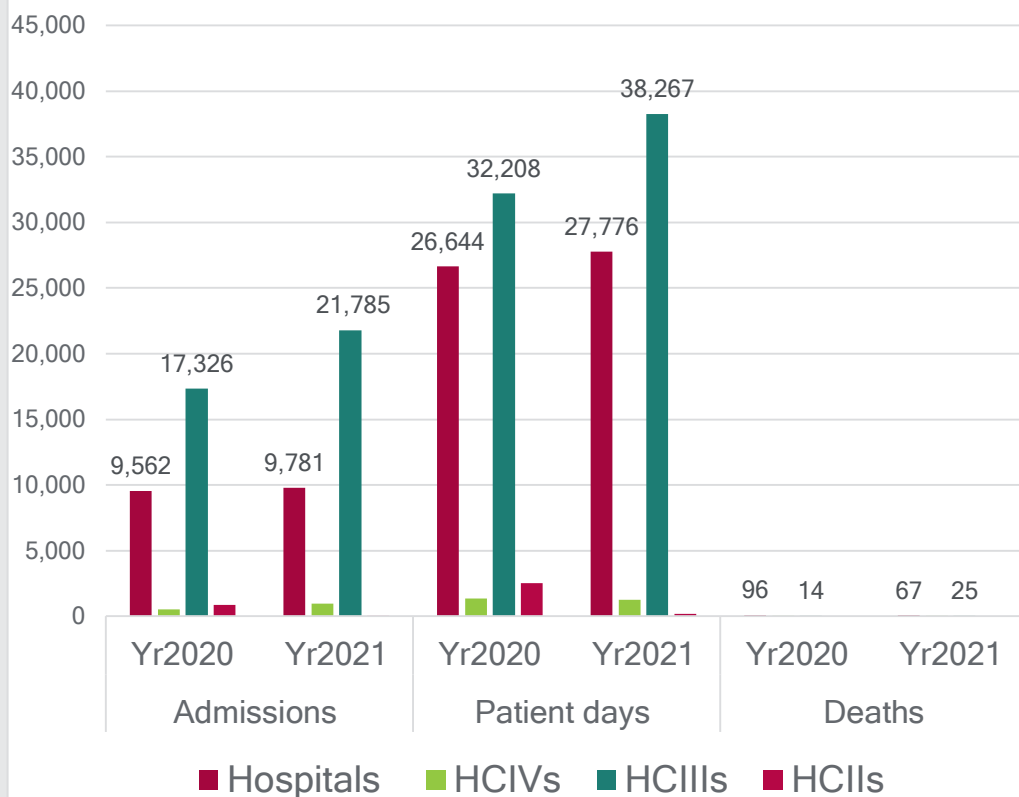
### Clinical services -Inpatients and surgeries

Facilities continued to provide both inpatients and surgical services to the community.

These services are seen below

### Graph Twelve. Clinical services management (inpatients services for 2020 and 2021)

### Inpatient services for 2020 and 2021



- The average length of stay (ALoS) was at 2.2 in 2020 and 2.07 in 2021 representing a reduction of 14% meaning are reducing the number of days spent on wards across the facilities. and this is within the national requirement

- A total of 32,572 patients were admitted across the network, representing 15% increase from 2020.

- HCIIIs Contributed most on admission, i.e.

66% of total admissions, followed by hospitals at 30%, HCIVs at 3% and HCIIIs 1%

- A total Of 102 deaths were registered during the year representing 0.3% mortality rate on wards during the year as was last year

### Major and minor operations

Caesarian sections continued to dominate as a major operation in 2021 comprising of 85% of all major operations in the network. The graph below shows a snapshot of surgeries for 2020 at hospital level.

### Graph Thirteen . Snapshot of Surgeries for hospitals in 2020 and 2021



Source. DHIS2 /HMIS108

- In 2021, 10% of the surgeries were minor and 90% were major surgeries.
- Kibuli contributed 85% of all total operations
- 85% of major surgeries were caesarian sections

#### Key performance highlights in 2021

- Health center threes have contributed tremendously to our network performance contributing over 60% of the network outputs across all service indicators.
- Kibuli hospital has remained a very good service delivery hospital among all UMMB hospitals
- Iganga Muslim HCIIIs has outperformed all other LLUs across all service indicators.
- UMMB has improved its reporting into the national systems has improved significantly over the years now standing at 90% HFs reporting in national DHIS2.
- Some new health facilities have started picking up in terms of outputs like Mariam Alkaabi, Zukuli and Kirigime HCs.
- UMMB has intensified its capacity in monitoring and supporting HIV/AIDs program across the country working with different implementing partners
- There is an upward increase in the number of people trained in records and data management at facility level
- UMMB HRH levels have remained below the norm requirement currently at 61% far below the target of 85%
- Some HCIIIs are providing MCHs services but struggling with equipment and staff.
- UMMB network health facilities are doing poorly in some IPC activities given the tough time of COVID19, these as piloted include screening and isolation, and Personal protective equipment availability
-

## Challenges

- There is still a gap in data use for decision making at facility level. Most health facilities have not recognized the role data plays in resource allocation, lobbying and mobilization.
- Most facilities do not have equipment in terms of computers to enter, analyze and generate reports to different stakeholders

## Recommendations

- There is need to generate interest by facility managers and workers for data use and demand. And more support needs to be provided by the technical team at UMMB to ensure appreciation and use of data at facility level
- Continuous resource mobilization for health facilities to purchase computers and printers for data management and support reporting

## Annual report for HRH department

During the year 2020, the secretariat managed to maintain a total number of eight qualified staff and two supporting staff. In August the bureau recruited MCH programs officer (midwife) to enrich the workforce at the secretariat. The staff positions filled include;

Executive secretary, Human resource development manager, finance manager, Accounts officer, M&E SI lead, pharmaceutical manager, quality Assurance manager, MCH programs officer, Records officer and driver.

### Uganda Muslim Medical Bureau Human Resource Status.

Currently UMMB network has the following number of health workers as per integrated Human Resource Information System (iHRIS).

CADRE	No.	CADRE	No.	CADRE	No.
Senior Consultants	2	Registered Nurses	32	Dental Officers	8
Consultants	4	Registered Midwives	23	Aesthetic Officers	6
Senior Medical Officers	4	Laboratory Technologists	3	Pharmacists	4
Medical Officers	15	Lab. Technicians	36	Dispensers	4
Medical Clinical Officers	60	Lab. Assistants	46	N/As	51
Radiographers	8	Enrolled Nurses/Midwives	199	Other support staff	256

Despite the challenges that are attributable to covid 19 pandemic, UMMB has continued to collaborate with the implementing partners such as Uganda Health Systems Strengthening- Human Resource for Health Project, Mild May and Rakai Health science Project (RHSP) to support health facilities in terms of HRH in order to provide quality health services.

Twenty six health workers were retained under the UHSS-HRH Project, five health workers under MildMay and twenty five under RHSP totaling to fifty six health workers in the regions of eastern, central and western as indicated below;

#### UHSS HRH project

FACILITY NAME	MEDICAL OFFICER	CLINICIAN	LAB	ENROLLED MIDWIVES	ENROLLED NURSES	TOTAL
IUIU	0	1	0	1	2	4
Saidina Umar		1	0	1	1	3
Iganga	1	0	1	2	2	6
Kawanyi	0	1	0	2	2	5
Ahmadiyya	0	0	0	1	3	4
Sumayya	0	0	0	0	0	0
Bushenyi	0	1	0	1	2	4
<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>10</b>	<b>26</b>

#### Mild May HRH project

Facility Name	Clinicians	Nursing officer	Lab	Enrolled nurses	Enrolled midwives	Total
Mityana	1	0	1	0	0	2
Nakatonya	1	0	0	1	1	3

#### Rakai Health science Project (RHSP)

Facility Name	Medical officer	Clinician	Lab	Enrolled midwives	Enrolled nurses	others	Total
Kibibi		1	1				2
Kawoko		1		1			2
Kabigi				1			1
Manathamat		1		1			2
Lyantonde		3	3	2	1(SNO)	8	17
Mbirizi		1					1
<b>Total</b>		<b>7</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>25</b>

#### Performance management of the staff.

The staff adhered to the human resource guidelines such as correct use of the duty roster, staff daily attendance register, appraisals, performance plans and time sheets.

Time sheets usage-Most health facilities use time sheets, signed and validated by the Chairmen of Health Unit Management Committee before processing of their salaries.

Regular Performance appraisal-UMMB oriented and trained staff on staff appraisals and this was integrated into the general human resource performance practices across the facilities.

Staff performance plans and performance templates were done. The District Health Team is also involved in some of these performance appraisals especially for medical officers and medical clinical officers because chairmen of the HUMC have no technical knowledge and skills.

#### General performance of the health facilities across the UMMB network.

Through support supervisions carried out by the secretariat, facilities such as Lugazi, Mityana, Busheyi UMSC, Kawoko, Iganga Islamic medical centre III, and Kibibi were commended for the outstanding performance during the year 2020.

### **Trainings carried out during the 2020.**

Due to Covid 19 pandemic, most planned activities such as support supervisions, onsite mentorships and trainings were affected due to the fear of contracting the novel disease of corona virus. However, after the government allowing transportation means and necessary movements to commence, the secretariat managed to organize a few trainings and field activities with the support from UHSS-HRH project.

UHSS-HRH project in terms of improving staff capacity development, the following trainings were supported and all took place in September 2020.

**Health Management Information System:** This was a five day training which targeted M/E officers, data clerks and records assistants from health facilities and the main objective were, HMIS indicator generation and reporting. The training was held at Zebra hotel –Masaka.

**Leadership, management and governance:** The training was workshop based and was in two shifts. The first shift lasted for three days and the second one also had the same number of days totaling to six. The training focused on unit heads and Health Unit Management Committees (in-charges and HUMCs). The objectives were;

To strengthen the relationship between the health unit management committees and the in-charges.

To improve on the leadership and managerial skills of new HUMCS and in-charges.

To streamline the roles and responsibilities of HUMCS and in-charges in managing the units and improve on the performance of the HUMCS. The training was held at Colline hotel –Mukono.

### **Integrated Human Resource Information System:**

This was a three day training on update current staff numbers in our facilities for proper planning. The objectives were to promote usage of integrated Human resource information system in our facilities and also find out the seconded staff and those paid by the facilities. The training was held at Colline hotel –Mukono.

**Resource Mobilization:** This was a three day training targeting founding bodies, HUMC chairpersons and facility in-charges aiming at improving on the funding sources of the health facilities held at Nimrod hotel –Luweero.

### **HEALTH TRAINING INSTITUTIONS (HTIs)**

Due to the outbreak of the pandemic of covid 19, Ministry of Education and Sports issued out a directive in March 2020 to all schools:-primary, secondary, tertiary institutions (HTIs inclusive) and universities to close due to the fear of spread of the novel disease of corona.

Despite the several lockdowns that the country went through, schools were directed to follow the safety precautions in order to welcome both the nursing and allied students who were to sit for their final exams in the months of May and June respectively.

### **\*Annual report for MCH department**

During the year 2021, Almost 93% of the UMMB health facilities were providing reproductive maternal child health services which continued to contribute to the national indicators.

Currently UMMB health facilities have been able to offer the following services:



Antenatal care services including abdominal examination, screening mothers for syphilis, HIV/AIDS, hepatitis.

Offering EMTCT services to those mothers who are tested and found to be positive.

Offering family planning services both short and long term methods.

Immunisation services for both children and adult some of the vaccines given were covid 19 vaccination, tetanus vaccination and children against the killer diseases.

Nutritional assessment using MUAC tapes and providing advice to mothers according to the nutritional problem the person has.

Cancer screening in some few facilities is being done.

Conducting deliveries in most of our facilities.

Some operation are being conducted in some of our facilities both major and minor operations like caesarean sections, myomectomy, dilatation and curettage.

The following are some of the MCH activities which were done in 2021:

Construction of MCH blocks containing also a theatre for some facilities which include bushenyi UMSC, Iganga Islamic HCIII, Mbarara muslim HCIII.

Providing continues MCH technical support to all our facilities depending according to funds.

Onsite capacity building in nutritional assessment and proper documentation and reporting.

Cervical cancer screening in some of the health facilities like Mbarara Muslim, kibuli hospital, Buwenge NGO hospital.

Through the Inter Bureau Coalition (IBC), Kibibi nursing home was one of the PNFP health facilities which was chosen to host the mission director for USAID/ Uganda family planning activity and the mission was completed successfully since kibibi nursing home was among the facility performing well in family planning activities.

IPC activities were conducted in the following health facilities which included IUIU HCIII, Lugazi HCIII, Sami HCIII, Alhijrah HCIII, Bushenyi UMSC, Kiddawalime HCIII.

### **Thematic area: INFRASTRUCTURE**

#### **THEMATIC AREA: ADVOCACY AND EXTERNAL RELATIONS**

#### **THEMATIC AREA: MONITORING AND EVALUATION**

#### **THEMATIC AREA: FINANCIAL REPORT**

*UMMB has a fully functional finance and accounts department that oversees all incomes and expenditures for both UMMB secretariat and its member facilities carry out annual audits for member facilities, guide member facilities on financial management systems through technical support visits. The main objective of the finance department to ensure that the available resources are utilized effectively and efficiently both at secretariat and member health facilities.*

### **FINANCIAL MANAGEMENT: Financial Report 2021**

**UGANDA MUSLIM MEDICAL BUREAU STATEMENT OF COMPREHENSIVE  
INCOME YEAR ENDED 31 DECEMBER 2021**

<b>INCOME</b>		
<b>PARTICULARS</b>	<b>2021</b>	<b>2020</b>
	<b>Ugshs</b>	<b>Ugshs</b>
<b>Grants</b>		
USAID SUSTAIN PROJECT	-	359,556,868
Mildmay Uganda / CDC	56,573,463	56,481,855
UEC/UMMB/FCI PROJECT	172,478,225	-
USAID/ UHSS/HRH PROJECT	<u>480,348,117</u>	<u>515,770,564</u>
<b>Sub Total</b>	<b><u>709,399,805</u></b>	<b><u>931,809,287</u></b>
Other income	<u>11,560,000</u>	<u>12,740,666</u>
<b>Sub Total</b>	<b><u>11,560,000</u></b>	<b><u>12,740,666</u></b>
<b>EXPENDITURE</b>		
<b>STAFF COSTS MILD MAY</b>		
HRH Salaries	39,197,268	38,849,544
P.A.Y. E	7,903,056	7,640,913
15% NSSF	7,479,540	7,340,616
Local service Tax	270,000	-
Transfer to Mildmay	<u>98,521</u>	<u>2,714,063</u>
<b>Sub Total</b>	<b><u>54,948,385</u></b>	<b><u>56,545,136</u></b>
<b>ADMINISTRATIVE COSTS MILD MAY</b>		
Airtime and Internet	220,000	810,000
Bank charges	<u>834,125</u>	<u>1,013,160</u>
<b>Sub Total</b>	<b><u>1,054,125</u></b>	<b><u>1,823,160</u></b>
<b>INSTITUTIONAL CAPACITY MILD MAY</b>		
Support supervision to H/Fs	<u>661,200</u>	<u>904,400</u>
<b>Sub Total</b>	<b><u>661,200</u></b>	<b><u>904,400</u></b>
<b>UEC/UMMB/FCI ACTIVITY</b>		
Staff Salaries	19,517,175	-
P.A.Y. E	7,718,850	-
NSSF	<u>4,300,434</u>	-
<b>Sub Total</b>	<b><u>31,536,459</u></b>	<b><u>-</u></b>

<b>UEC/UMMB/FCI ACTIVITY</b>		
Religious leaders' Allowances	20,851,000	-
Stationary, Supplies and Printing	25,938,480	-
Vehicle fuel, repairs and maintenance	6,163,300	-

Radio and TV talk shows	10,500,000	-
Supervision and Trainings	61,552,250	-
Internet and Airtime	4,710,000	-
Bank charges	1,192,595	-
<b>Sub Total</b>	<b><u>130,907,625</u></b>	<b><u>-</u></b>
<b>USAID UHSS CBG ACTIVITIES</b>		
Salaries	-	22,265,652
PAYE	-	8,996,145
NSSF	-	4,936,077
Equipment	-	104,609,996
Supervision	-	12,700,000
Trainings	-	186,671,590
Bank charges	-	1,035,325
Refund of unspent to Palladium UHSS	-	18,342,083
<b>Sub Total</b>	<b><u>-</u></b>	<b><u>359,556,868</u></b>
<b>MEMBER FACILITY ANNUAL CONTRIBUTION COSTS</b>		
Penalty expense	-	160,000
Computer Services	200,000	664,000
Website/ mail subscription	1,253,000	135,000
Office expenses (Petty cash)	2,900,000	1,700,000
Transport costs for HRH activities	1,980,000	2,510,000
Board meetings	800,000	2,290,000
AGM costs	-	500,000
Financial Audit 2020	800,000	800,000
Vehicle expense	709,000	1,045,880
Eid package and workshop stationary	300,000	350,000
Ramadthan packages	540,000	-
Support supervision	391,000	286,000
Fuel re-imburement	1,200,000	230,000
Postal renewal	180,000	-
Annual filings	-	300,000
Paint and office renovation	550,000	-
CSSA Proposal writing and URA charges on vehicle registration	4,000,000	-
Quickbooks update	150,000	-
Banner and vehicle sticker	220,000	-
Garbage collection	42,000	-
Wages/Duty allowance	1,280,000.00	-
Staff retreat	813,480.00	-
<b>Sub Total</b>	<b><u>18,308,480</u></b>	<b><u>10,970,880</u></b>
<b>STAFF EXPENSE USAID/ UHSS/HRH PROJECT</b>		

HRH & Staff Net Salaries	276,228,390	291,176,958
PAYE	72,365,203	76,198,817
NSSF	55,255,945	58,006,819
Local service tax	1,360,000	-
<b>Sub Total</b>	<b><u>405,209,538</u></b>	<b><u>425,382,594</u></b>
<b>PROGRAMME SPECIFIC COSTS USAID/ UHSS PROJECT</b>		
Workmen's Compensation	2,106,542	2,106,542
Medical Insurance	23,368,225	-
Support supervision	16,140,000	19,730,000
Stationary	8,777,040	7,956,136
Utilities (UMEME)	1,350,000	150,000
Airtime and Internet	6,840,000	6,450,000
External devices and Anti-Virus	2,100,000	-
Office shelves	-	1,003,000
Laptop and printer	-	4,360,000
Vehicle Maintenance	1,327,500	19,883,000
Bank charges	1,688,250	2,044,656
Refund to UHSS-PALLADIUM	-	26,387,917
<b>Sub Total</b>	<b><u>63,697,557</u></b>	<b><u>90,071,251</u></b>

<b>SUMMARY OF INCOMES</b>	<b>2021</b>	<b>2020</b>
INCOMES	720,959,805	944,549,953
RESERVES (Bal b/d)	12,090,005	12,794,341
LESS EXPENSES	-706,323,436	-945,254,289
Balance b/f	26,726,441	12,090,005

**BANKS BALANCES AS AT 31<sup>ST</sup> DECEMBER 2021:**

**Tropical Bank** 11,261,752/=

**Cairo International bank** 14,261,752/=

**Cairo International Bank II** 80,338/=

**Cash at hand** 445,000/=

UMMB Member facility contributed percentage rate was 1.603% as UMMB annual Income and 98.397% was donor fund for the year 2021 and for the year 2020 UMMB HF contribution percentage rate was 1.34% and Donations at a rate of 98.66%.

**INDEPENDENT AUDITORS REPORT TO THE MEMBERS OF UGANDA MUSLIM MEDICAL BUREAU**

**Opinion**

We have audited the financial statements of Uganda Muslim Medical Bureau on pages 6 to 19, which comprise the Statement of Financial Position as at 31 December 2021, the statement of

comprehensive income, statement of changes in funds and statement of cash flows for the 19 months period then ended, and notes to the financial statements, including a summary of significant accounting policies.

*In our opinion, the accompanying financial statements give a true and fair view of the financial position of Uganda Muslim Medical Bureau as at 31 December 2021 and of its financial performance and statement of cash flows for the year then ended in accordance with International Financial Reporting Standards (GAAPs) and NGO Act.*

### **Basis for Opinion**

We conducted our audit in accordance with International Standards of Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the NGO in accordance with the ethical requirements that are relevant to our audit of the financial statements in [jurisdiction], and we have fulfilled our other responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation of the financial statements in accordance with International Financial Reporting Standards and the requirements of Uganda Muslim Medical Bureau constitution, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so. Those charged with governance are responsible for overseeing the organization's financial reporting process.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or taken together, they could reasonably be expected to influence the economic decisions of users taken based on these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of

not detecting a material misstatement resulting from fraud is higher than for one resulting from

Error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the council's internal control
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the council to cease to continue as a going concern.

### Report on Other Legal Requirements

The Ugandan Certified Public Accountants' Act requires that in carrying out our audit we consider and report to you on the following matters. We confirm that:

We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of our audit;

- In our opinion proper books of account have been kept by the bureau, so far as appears from our examination of those books and;
- The bureau's statement of financial position and statement of comprehensive income are in agreement with the books of account.

THOOKELL

Certified Public Accountants

### UMMB REGISTERED PNFP HEALTH FACILITIES 2019

s/n o	UNIT NAME AS KNOWN BY BUREAU	DISTRICT	HSD	Sub- County	Parish	Town / Village
<b>HOSPITALS</b>						
1	Buwenge Hospital and Medical Centre	Jinja	Kagoma	Buwenge TC	Kasalina Ward	Buwenge
2	Kibuli Muslim Hospital	Kampala	Makindye	Makindye Div	Kibuli	Kampala
3	Old Kampala Hospital	Kampala	Central	Central Div.	Old Kampala	Kampala
4	Oriajini Hospital	Arua	Arua Mun.	Katrini	Okopi	Anori Village
5	Saidina Abubakar Islamic Hospital	Wakiso	Kyandodo East	Nangabo	Wattuba	Wattuba
<b>HEALTH CENTRE IV</b>						

1	Ahamadiya Muslim Medical Centre	Mbale	Mbale Municipality	Mbale Municipality		Mbale
2	Arahmah Medical Centre	Masaka	Masaka municipality	Nyendo senyanje	Nyendo	Masaka
<b>HEALTH CENTRE III</b>						
1	Al-Hijra Health C	Buikwe	Buikwe North	Njeru	Buziika	Butema
2	Bweyogere Health Centre	Wakiso	Kyadonodo East	Kira TC	Bweyogerere	Kazinga
3	Crescent Medical Centre	Jinja	Jinja municipality	Jinja Munis. West	Nalufenya	Jinja
4	Iganga Islamic Medical Centre	Iganga	Kigulu South	Central Div.	Kasokoso	Iganga
5	Jinja Islamic Health Centre	Jinja	Jinja Central West	Jinja West	Gabula	Jinja
6	Kabigi Muslim Health Centre	Masaka	Bukomansim bi	Butenga	Kabigi	Kabigi
7	Katadooba UMSC H C	Kasese	Busongora South	Kasese Munis.	Central Div.	Kasese
8	Kawoko Muslim H C	Bukomansi mbi	Bukomansim bi	Butenga		Kawoko
9	Kibibi Nursing Home	Butambala	Butambala	Kibibi	Bamulanze Zone	Kibibi TC
10	Kirigime HC	Kigezi				Kabale
11	Kyotera UMSC H C	Rakai	Kyotera	Kasaali		Kyotera
12	Lambu HC	Masaka				Lambu
13	Lugazi Muslim H C	Buikwe	Buikwe West	Lugazi TC	Kikaula	Lugazi
14	Lugo Muslim H C	Luwero	Katikamu north	Katikamu		Migadde
15	Lyantonde Muslim H	Lyantonde	Kabula	Lyantonde	Kooki	Lyantonde
16	Mariam Al-Kaabi HC	Masaka				Masaka
17	Mbarara Muslim H C	Mbarara	Mbarara Municipality	kakoba Div.	Kakoba Ward	Mbarara
18	Mbiriizi Muslim H C	Lwengo	Bukoko Midwest	Lwengo	Mbirizi	Mbirizi
19	Mityana UMSC H C	Mityana	Mityana south	Mityana TC		Mityana
20	Munathammat H C	Lwengo	Kyazanga HCIV	Kyazanga TC	Nakatete	Kyazanga
21	Nakatonya H Centre	Luwero	Katikamu	Nyimbwa	Iomule	Bombo
22	Njovu Islamic Community HC	Luwero	Katokamu SOUTH			Wobulenzi
23	Saidina Abubakar Nursing Home	Kampala	Rubaga North	Rubaga Div.	Mulira	Kampala
24	Sheema Community Health Centre	Sheema	Kabwohe HC Iv	Itendero-Kabwohe	Itendero	Itendero
25	Taqwa Health Centre	Wakiso	Kyadondo E	Nangabo	Wattuba	Wattuba
26	Umar Bin Khatab Health	Wakiso	Busiro north	Kakiri Town		Kakiri

	Centre			Council		
27	Zukuuli Nursing HC	Kampala		Kawempe di	Keti Falao	Kawempe
<b>HEALTH CENTRE II</b>						
1	Al-Noor Muslim Health Centre	Yumbe	Aringa	Kochi	Limidia	Gindia village
2	Al-Rahma HC	Luwero	Katikamu S	Katikamu		Kibisi
3	Bombo UMSC H C	Hoima	Buganya	Kigorobya	Bwilwya	Bombo village
4	Bushenyi UMSC H C	Bushenyi	Igara west	Kakanju	Kabaale	Kijimu
5	Islamic University H C	Mbale	Mbale Mun	Northern Div	IUIU ward	Mbale
6	Kakungube H C	Mubende	Kassanda South	Nalutuntu	Kyanamugera	Kakungube
7	Kiddawalime Nursing Home	Butambala	Ngando	Ngando	Ngando	Lwamasaka
8	Kisimba Mission H C	Buikwe	Buikwe south	Najja		Najja town
9	Kiwaanyi H C	Iganga	Kigulu North	Nawadala	kiwanyi	Kiwanyi
10	Lutengo Muslim Health Centre	Kalungu		Bukulula	Lusango	Lutengo
11	Mpondwe Muslim Health Centre	Kasese	Bukonzo west	Mpondw TC	Mpondwe ward	Mpondwe cell
12	Mukono Town Muslim HC	Mukono		Atyak		Atyak
13	Nakasoga H C	Rakai	Kooki	Nabigasa		Nakatogo
14	Nyamirima Muslim Health Centre	Mbarara	Bwizibwera	Kashare	Mirongo	Nyamirima
15	Nyamitanga IMAU Health Centre	Mbarara	Kamukuzi	Nyamitanga Div.	Katete	Mbarara
16	Saidina Umar HC	Mbale	Mbale Municipality	Industrial div.	Maluku	Mbale
17	Shifa Kadindimo HC	Kaba role	kibito	Rwimi	Kaina	Kadindimo
18	SOS Herman Gmeiner Health Centre	Wakiso	Busiro North	Kakiri	Kakiri	Kakiri
19	Sumayya H C	Kapchorwa		Kapteret	Kapteret	Kapchorwa
20	Warr Islamic H C	Zombo	Okoro	Atyak		Atyak

We would like to thank the following organisations for their support in the year 2015. We greatly value your contributions towards the successful functioning of the UMMB in ensuring the provision of quality health services to the community. Thank you, thank you, thank you, thank you, very much.

Uganda Muslim Supreme Council

Ministry of Health

USAID

Center for Disease Prevention and Control (CDC)

Mildmay Uganda



Enabel

USAID/Uganda Private Health Support Programme

Joint Medical Store

Baylor Uganda

Uganda Health Supply Chain project

IntraHealth International

Uganda Health Marketing Group

The AIDS Support Organisation

Inter Religious Council of Uganda

Uganda Catholic Medical Bureau

Uganda Protestant Medical Bureau

Uganda Orthodox Medical Bureau

District Health Officers

Munazzamat Al-Daawa Al-Islamiyya

Uganda Medical and Dental Practitioners Council

Uganda Allied Health Professionals Council

Uganda Nurses and Midwifery Council

Uganda AIDS Commission

PREFA

PACE

Profam

UNFPA

UNICEF And the many individuals and organizations whom we have not mentioned here.