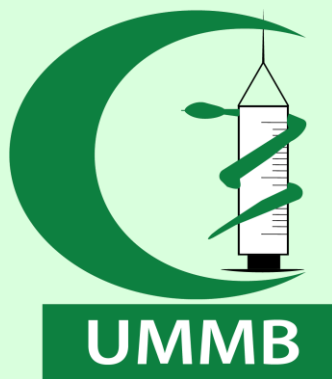


Annual Report

2015

“...if anyone saved a life, it shall be as though he has saved all the mankind..”

Qur'an Surat Al-Maida 5:32



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Message from the Chairman

It is my sincere pleasure to welcome to our Annual Report 2015. This is one of the expected output of our secretariat. The year 2015 was full of excitement and extremely good work done. The Bureau's office was renovated and partitioned courtesy of Belgian Development Agency (BTC). Great strides have been taken in improving service delivery at our member health facilities like recruiting qualified health workers in our member health facilities. A number of training workshops were carried out to build capacity for service delivery by the Bureau with support from our partners. Regular technical support supervision were carried out to follow up what was learnt and ensure standards are adhered to.

On human resources for health, we have been able to recruit and deploy and manage payroll of 52 health workers in 17 member health facilities. We are grateful to USAID through SDS and CDC through Mildmay for this support. We are working with other partners, BTC, Intra-health, and UHSC project to ensure that resources are available to improve services at the health facilities. USAID provided a vehicle to the UMMB to improve on its functions. The Bureau secretariat has also established eight regional coordinators. These coordinators were trained as medicines monitoring supervisors and will be doing commendable job in improving service delivery at the health facilities. Munazzamat Al-Daaawa Al-Islamiyya has again supported the Bureau to establish three new health facilities and sponsor a regional eye conference.

Let me take this opportunity to thank UMSC Kasese and Arua for providing space for UMMB Regional Offices.

I wish to thank the members of UMMB Board for dedicating their service for the Ummahs' health. The persistence and hard work of our secretariat and the UMMB volunteers is greatly appreciated. May Allah reward them abundantly.

My appeal goes to members of the Bureau is to deliver quality health services to all Ugandans irrespective of their faith. The service delivery should be of good quality and should be anchored on policy, strategies and standards set by Government. The HUMCs should endeavour to make a good link with the community and the health facility and make plans to improve on the infrastructures and also upgrade their facilities. A special request to you is to ask you to deliver according to set guidelines and produce concrete tangible outcomes so that our partners are encouraged to support us more comprehensively. We want to see vibrant and better Muslim health facilities.

Finally, I urge all members to pay membership fees to the Bureau in order for it to serve you better.

May Allah bless the Bureau and her supporters.

Dr. Issa Makumbi

Chairman

Message from the Executive Secretary

The year 2015 has been a wonderful one for the bureau. A lot of activities have been implemented during the year. This report highlights the activities that were implemented from January to December 2015. We thank all our member health facilities who have actively participated in these activities.

The BTC –MoH PNFP project took off in West Nile and Ruwenzori Regions. The UMMB regional Coordinators were appointed and two regional offices were offered by the District Kadhis of Arua and Kasese. Curtesy of the USAID/UHSC project, a Pharmacy Intern was posted to the bureau secretariat who oversees Medicines Logistics. We also received a vehicle from USAID which has made the work of the bureau more efficient. We have done quite a number of support supervision of the member health facilities. The year also welcomed new members of the bureau namely, Arahmah Medical Centre IV in Masaka, Kavule Health Centre II in Mayuge.

We have developed good working relationships with the health development partners in support to our health facilities. Mildmay Uganda continued to support in Human Resources for Health for recruitment of 21 health workers in 9 health facilities. Strengthening Decentralization for Sustainability, a USAID project, supported the recruitment of 31 health workers for 8 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, in the health facilities. Our member health facilities made strides to improve health service delivery. To mention a few: Nakatonya HC, Lugazi Muslim Health Centre, Crescent Medical Centre, Iganga Islamic Health centre had improved on the health facilities' infrastructures. We hope that the coming year will see more improvements in the health service delivery of health facilities and more involvement of the bureau in providing services to them.

This report highlights the activities carried out by the bureau secretariat and the member health facilities.

Dr. Karama Said Ali
Executive Secretary

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.”

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 58 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, immunisation, 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 School of Nursing and Midwifery and Kibuli Medical Laboratory training School.

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.

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. Ramadhan Mugalul | Member |
| Mr. Yasin Mukibi | Member |

The UMMB Secretariat

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

| | |
|----------------------|------------------------------|
| Dr. Karama Said | -Executive secretary |
| Ms. Rukia Nansamba | -Accounts assistant |
| Mr. Muzamil Kivumbi | -M&E Officer |
| Ms. Nooriat Nakabugo | -HRD/Training coordinator |
| Ms. Sarah Nakimbugwe | -Medicines Logistics officer |
| Mr. Isifu Ibanda | -Human Resource assistant |
| Mr. Juma Bulu | -Logistics assistant |
| Mr. Hamza Tibamwenda | -Driver |
| Ms. Milly Wandawa | -Internal auditor |

VOLUNTEERS

| | |
|-------------------|-----------------|
| Mr. Buyinza Nasur | -QI coordinator |
|-------------------|-----------------|

REGIONAL CO-ORDINATORS

| | | | | |
|-----------------|-------------------|---|----------------|-------------------|
| Candia Umar | -West Nile Region | ≠ | Twalla Yusuf | -Elgon Region |
| Masereka Umar | -Mbarara region | ≠ | Isaac Mwondha | -Eastern 2 Region |
| Bwambale Arafat | -Ruwenzori Region | ≠ | Muweta Juma | -Eastern 1 Region |
| Lukabwe Twayibu | -Central 1 Region | ≠ | Wasajja Rashid | -Central 2 Region |

a) Strategic issue 1: Leadership and Governance

The leadership and governance of the Bureau comprise of a 12 member board which is appointed by the Secretary General of UMSC subject to approval by the Bureau General Assembly at the Annual General Meeting. The board was able to deliver its mandate of supervising the activities of the bureau in 2015. The day-to-day management of the bureau is done by the Executive Secretary, who is accountable to the board and heads the secretariat. The secretariat also recruited new staff namely the Medicines Logistics officer and the HRD/Training Coordinator.

The UMMB held its Annual general Meeting from 30-31st May 2015 at Tal Cottages Kampala. 24 member health facilities attended the AGM represented by 79 participants. A new board of the UMMB was approved by the General Assembly. Among the resolutions passed included:

1. The bureau should organise exchange visits to learn from best practices
2. UMMB to engage management and founders of health facilities to improve facilities and therefore provision of quality health services
3. Members to write periodic reports about activities of the health facilities, including photos and send to the UMMB for advocacy purposes
4. Ensure land is registered with the founder bodies so that investments are guarded. Encourage to have 'trustees'
5. Facilities should not remain at the level they are in but should upgrade to higher levels
6. A computer project is launched: each facility to work on getting a computer, internet, and printer by the end of the year. (Fundraise through individuals, Mosque gatherings, EID ceremonies -)
7. Each facility should have a landline telephone

The bureau conducted a training in leadership and management for Health unit management committee members and in-charges in October 2015. This was to make the leaders appreciate their roles and responsibilities in the management of health services delivery. Eight health facilities were represented in this training by HUMC members, founders and In-charges.

UMMB held meetings with the facility Health Unit Management Committees and staff members during support supervision visits. These meetings were meant to streamline

the quality of health services. The table below shows the frequency of such meetings in 2015.

Table 1: Meetings at health facilities by region in 2015



| Facility Name | Region | Date of meeting | Number of people attended |
|----------------------|-----------|-----------------|---------------------------|
| Masjid Noor HCIII | West Nile | 16/08/2015 | 15 |
| Al Noor HCII, | West Nile | 15/08/2015 | 17 |
| Oriajin Hospital, | West Nile | 14/08/2016 | 18 |
| Warr HCII | West Nile | 17/08/2015 | 13 |
| Kiddawalime NH | Central | 15/09/2015 | 8 |
| Bushenyi UMSC HCII | Western | 17/03/2015 | 8 |
| Katadooba HCIII | Rwenzori | 15/03/2015 | 12 |
| Shifa Kadindimo HCII | Rwenzori | 15/03/2015 | 11 |
| Doha Muslim HCIII | Rwenzori | 14/03/2015 | 10 |
| Iganga Islamic HCIII | East 2 | 26/03/2015 | 22 |
| Budhana HCII | East 2 | 26/03/2015 | 22 |
| Kiwanyi HCII | East 2 | 26/03/2015 | 22 |
| Mityana UMSC HCIII | Central | 13/03/2015 | 14 |
| Saidina Umar HCII | Elgon | 27/03/2015 | 11 |

Source: UMMB support supervision reports

b) Strategic issue: Human Resources

The UMMB Secretariat saw the addition of more staff to improve the work done at the secretariat. A pharmacist Ms. Sarah Nakimbugwe, joined the bureau staff as the Medicines Logistics officer. She was seconded by the Uganda Health Supply Chain project. A Human

Resource Development Coordinator, Ms. Nooriat Nakabugo, was hired to head the human resources as well as the training department of the bureau. In order to improve coordination and close supervision of the health facilities, eight Regional Coordinators were appointed.

Training



Eye Conference: A two day regional eye conference was held in Masaka. The training was supported by Islamic Educational, Scientific and Cultural Organisation (ISESCO) through Munathammat Al-Daawa Al-Islamiyya. 103 participants attended this conference. The participants included health workers from 50 facilities.



Management and Leadership: a Two day workshop on Leadership and Management was held in Kampala. Supported by SDS, the training included health facility in-Charges, HUMC members and founder members.

Customer care: A one training on customer care was held in Kampala. ...participants including In-Charges of 48 health facilities attended the workshop. The training was supported by Joint Medical Store.

iHRIS training: Intrahealth trained in-charges and records officers on the use of human resources information system. Data from health facilities on HR is stored on a UMMB server which is currently situated at

the Ministry of Health.

In partnership with the Strengthening Decentralization for Sustainability, a project of USAID, and Mildmay Uganda with support from CDC, we continued to manage recruitment and payroll for health workers in 17 health facilities.

Table 2: shows the health facilities that were supported:

| District | Health Facility | Level | Medical Officer | Clinical Officers | Nursing Officers | Enrolled Nurse | Enrolled Midwife | Laboratory technician | TOTAL |
|--------------|----------------------------|--------|-----------------|-------------------|------------------|----------------|------------------|-----------------------|-------|
| Mbale | Ahmadiyya Muslim MC | HC III | | | | 4 | 2 | | 6 |
| Mbale | Islamic University HC | HC III | | 1 | | 2 | 2 | | 5 |
| Iganga | Iganga Islamic MC | HC III | 1 | | | 1 | 2 | 1 | 5 |
| Iganga | Kiwanyi Health Centre | HCII | | 1 | | 2 | 2 | | 5 |
| Luuka | Budhana HC | HCII | | | | | 1 | | 1 |
| Bushenyi | Bushenyi Muslim HC | HCII | | | | 1 | 1 | | 2 |
| Mbale | Saidina Umar Health Centre | HCII | | 1 | | 2 | 1 | | 4 |
| Kapchorwa | Sumayya Health Centre | HCII | | 1 | | 1 | 1 | | 3 |
| Lyantonde | Lyantonde Muslim HC | HC III | | 2 | 1 | | 1 | 1 | 5 |
| Lwengo | Munathammat Health centre | HC III | | 1 | | | 1 | | 2 |
| Bukomansimbi | Kawoko Muslim HC | HC III | | 1 | | 1 | | | 2 |
| Bukomansimbi | Kabigi Muslim HC | HC III | | | | | 1 | | 1 |

HRH status at 23 reporting health facilities

| | |
|--------------------------|-----------|
| Specialists | 9 |
| Medical Officers | 20 |
| Anaesthetic O | 4 |
| Clinical Officers | 35 |
| Reg. Nurses | 36 |
| Reg. Midwives | 20 |
| Enr. Nurses | 60 |
| En. Midwives | 25 |
| En Comp Nurses | 16 |
| Lab Assistants | 18 |
| Lab Technicians | 12 |
| Lab Technologist | 2 |
| Pharmacists | 1 |
| Dispensary Technicians | 1 |
| Orthopaedic O | 2 |
| Radiographers | 6 |
| Recruited in 2015 | 91 |
| Left in 2015 | 51 |

| | | | | | | | | |
|----------------------------|--------|----------|-----------|----------|-----------|-----------|----------|-----------|
| Kiddawalime NH | HC II | | | | | 1 | | 1 |
| Kibuli Nursing Home | HC III | | 1 | 1 | 1 | | | 3 |
| Budhuna Health centre | HC III | | | 1 | | | | 1 |
| Budhuna UMSC Health Centre | HC III | 1 | | 1 | 1 | 1 | | 4 |
| Kiddawalime Health Centre | HC III | 1 | | | 1 | | | 2 |
| TOTAL | | 1 | 10 | 2 | 17 | 19 | 3 | 52 |

Achievements on HRH:

- Staff at health facilities improved service delivery
- Patient waiting time reduced due to presence of staff
- Patient attendance at health facilities increased
- Management in selected health facilities utilized excess funds to renovate facilities
- Administration at health facilities improved
- Continuous support supervision and on site mentorship of the staff motivated them
- Staff received training in Leadership & Management and Customer care

Challenges during the year 2015

1. High staff attrition: this is due to staff joining government services or opting for further studies. A total of 17 project health workers left and needed replacements.
2. Some of the HUMCs lacked management skills and had no vision on health facility improvement
3. Staff were not well utilized in facilities such as Budhuna HC, and Kiddawalime Nursing Home.

Health Training Institutions

The Muslim Community has two health training institutions namely Kibuli School of Nursing and Midwifery, and Kibuli Medical Laboratory Training School. The establishment of more training institutions are underway in Yumbe and Buikwe district. Aisha Institute of Health Sciences is in the



process of being established in conjunction with the Yumbe District Council, Yumbe Muslim District Council and UMMB. Another prospective site is in Buikwe district near Al-Hijra Health Centre where infrastructures are available and need only renovations.

UMMB is represented at the professional councils examination boards as follows:

Table 3: UMMB representation at councils

| Outgoing rep. | Institution /body | Incoming rep. | Term of office |
|---------------|-------------------|------------------|----------------|
| Safina Musene | UNMEB | Mariam Walusimbi | 3 years |
| Yasin Mukiibi | UAHEB | Nooriat Nakabugo | 3 Years |

The Bursary Scheme Fund:

Two UMMB affiliated health training institutions benefited from this fund. The objective of the fund was to improve the staffing levels in government and PNFP-health facilities in hard to reach and in underserved areas of Uganda.

The Strategy of the fund was to fund the training of school leavers from underserved areas by bonding them to work in underserved areas for a period equal to a period funded by the bursary. The MOH-HDP bursary scheme targeted programs from 2012-2014 as follows;

- Certificate in midwifery
- Certificate in medical laboratory techniques
- Diploma in medical laboratory technology,
- Clinical mentors,
- Tutors (midwifery and medical laboratory)

Table 4: Enrolment in the UMMB affiliated HTI

| | 2009 | 2010 | 2011 | Total | 2012 | 2013 | 2014 | Total |
|----------------------------------|------|------|------|-------|------|------|------|-------|
| NUMBER OF HTI^s | 1 | 1 | 1 | | 2 | 2 | 2 | |
| Cert. Com. nursing | 18 | 18 | 18 | 54 | | | | |
| Cert. Midwifery | | | | | 0 | 25 | 20 | 45 |

| | | | | | | | | |
|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| Cert. Med. Lab. T | | | | | 23 | 34 | | 57 |
| Dipl. Med. Lab. T | | | | | 20 | 27 | 14 | 61 |
| TOTAL | 18 | 18 | 18 | 54 | 43 | 86 | 34 | 163 |

c) Strategic issue 3: Operational Management



The UMMB has during the year carried interventions to improve service delivery. The UMMB PNFP sector is still young and a lot needs to be done to increase the number of new health facilities and the improvement of the existing facilities. Human resources are also very important in delivery of quality health services. UMMB has only two health training institutions. Two more HTIs are in the process of being established. The UMMB website still has not had a portal for knowledge management. The resource center has not been established due to limited space. However, a mailing list of UMMB Knowledge Network was established. A mailing list was initiated

whereby members receive regular updates by mail on issues of developments in current medical research as well as new guidelines and policies from the Ministry of Health.

Monitoring & Evaluation

The monitoring and evaluation department is still understaffed with only one M&E officer. Nevertheless the department was able to monitor progress of the project activities of the bureau and the entire network. This has been achieved due to the cooperation and coordination among all the bureau departments. The department presents the following performance report for the bureau and the network for 2015.

By 31st December 2015, the Bureau network had a total of 58 health facilities, an increase of 7 from the previous year.

Table 5: Shows total number of facilities per region.

| Region | Hospitals | Health Centre IVs | Health Centre IIIs | Health centre IIs | Total |
|-----------|-----------|-------------------|--------------------|-------------------|-------|
| Central 1 | 0 | 1 | 7 | 4 | 12 |
| Central 2 | 3 | 0 | 7 | 4 | 14 |
| Eastern 1 | 1 | 0 | 4 | 1 | 6 |
| Eastern 2 | 0 | 0 | 1 | 4 | 5 |
| Elgon | 0 | 1 | 1 | 3 | 5 |
| Rwenzori | 0 | 0 | 2 | 2 | 4 |

| | | | | | |
|------------------|---|---|----|----|----|
| Western | 0 | 0 | 2 | 3 | 5 |
| Kigezi | 0 | 0 | 0 | 1 | 1 |
| Mid-western | 0 | 0 | 0 | 1 | 1 |
| West Nile | 1 | 0 | 1 | 2 | 4 |
| Lango sub region | 0 | 0 | 1 | 0 | 1 |
| Totals | 5 | 2 | 26 | 25 | 58 |

Source: UMMB facility inventory list

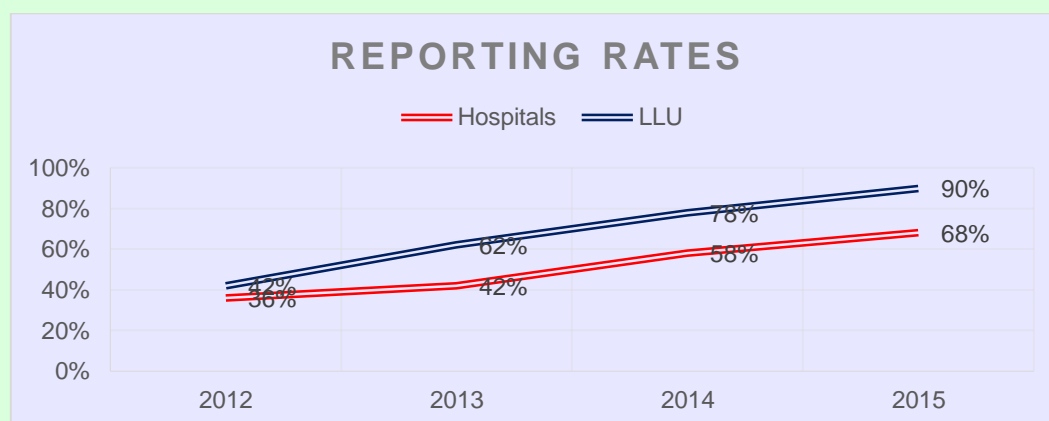
The new facilities for 2015 included the following

1. Njovu Islamic Medical Center III, Luwero
2. Arahmah Medical Center IV, Nyendo, Masaka
3. Rwabiganguri Muslim HCII, Rukungiri
4. Doha Muslim HCIII, Kyenjojo
5. Al-Shifa Kadindimo HCII, Kabarole
6. Kavule Muslim HCII, Bugiri
7. Lira Muslim Health Centre, Lira

Reporting

The reporting rates have been improving since 2012.

Graph 1: Reporting rates since 2012



Source: UMMB Network HMIS Reports

Lower lever units (HC IIIs and IIs) are reporting better than hospitals. In 2015, LLUs reported 90% and hospitals 68%. There are still delays in report submission. This is being handled through the introduction of electronic and SMS reporting for key indicators. Facilities that had 100% reporting in 2015 are mainly those that have access to internet and Information technology services. Lower level facilities mainly submit

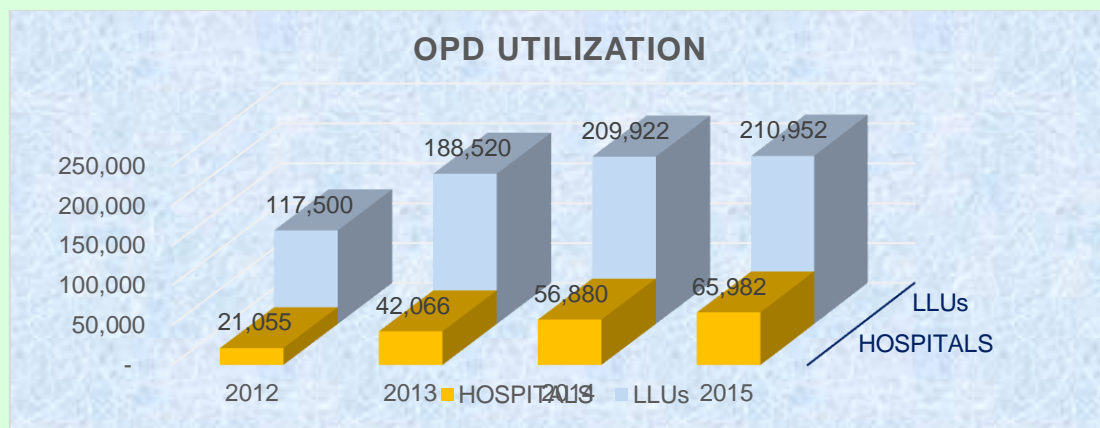
manual reports directly to the secretariat, some deliver such reports during our support supervision visits. The best reporting facility is Kibibi Nursing Home while the facility that does not report is Kakungube Health centre.

PERFORMANCE ON KEY INDICATORS

I. Outpatient utilization.

All facilities continued providing outpatient services to the community. A total of 88,926 under five years (compared to 80,353, for 2014) and 188,008 above five years (compared to 169,882 for 2014) accessed OPD services in the year 2015. There was an increase in outpatient utilization as a service in both hospitals and LLUs.

Graph 2: OPD utilization since 2012



Source: HMIS Reports (2015)

In 2013, 2014, and 2015 OPD utilization in hospitals increased by 99.7%, 35.2% and 16% respectively. This is attributed to the improvement in reporting, data management and the training of records officers in HMIS for the hospitals in 2013 and 2014. Kibuli Muslim Hospital had the highest number of OPD cases among all hospitals in 2015 as shown below

Table 6. Performance of hospitals in OPD

| FACILITY NAME | TOTAL OPD |
|------------------------|-----------|
| Kibuli Muslim Hospital | 43,594 |



| | |
|-----------------------------------|-------|
| Saidina Abubakar Islamic Hospital | 8,830 |
| Old Kampala Hospital | 7,154 |
| Buwenge Hospital & Medical Centre | 3,468 |
| Oriajin Hospital | 2,936 |

Source: HMIS 2015

In LLUs, OPD has had a tremendous increase i.e. 60.4%, 16.6% and 0.49% in 2013, 2014 and 2015 respectively. The increase has been attributed to the improved accuracy in reports produced. This is attributed to the training of records assistants in HMIS.

The top five (5) performing facilities in terms of OPD are shown below

Table 7: Top 5 performing facilities in 2015 for OPD utilization

| Facility Name | OPD cases in 2015 |
|-------------------------------|-------------------|
| Ahamadiyya Medical Center IV | 17,712 |
| Saidina Abubakar Nursing Home | 14,647 |
| Taqwa Health Centre | 14,143 |
| Islamic University HC | 13,687 |
| Crescent Medical Centre | 9,721 |

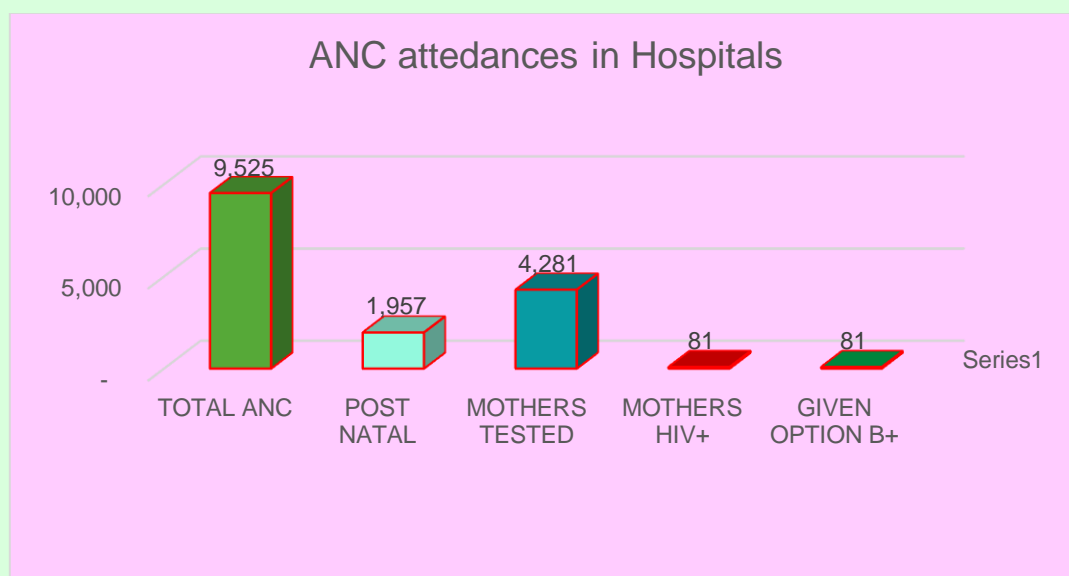
Source: HMIS 2015

II. Mother Neonatal and Child Health services

HOSPITALS

Hospitals continued to provide maternity, antenatal care, Post-natal services and family planning services. Immunization has continued to be an integral service as a child health activity in all the five hospitals. The performance is shown below

Graph 3: ANC in hospitals in 2015



Source: HMIS reports 2015

The HIV prevalence rate in ANC in hospitals was at 1.8%. Hospitals initiated 100%, i.e. 81/81 (as shown in the graph above) of their HIV+ mothers permanently into HIV/AIDS chronic management clinics for life. Post-natal cases increased to 1,957 in hospitals in 2015 compared to 1,533 post-natal mothers for hospitals in 2014.

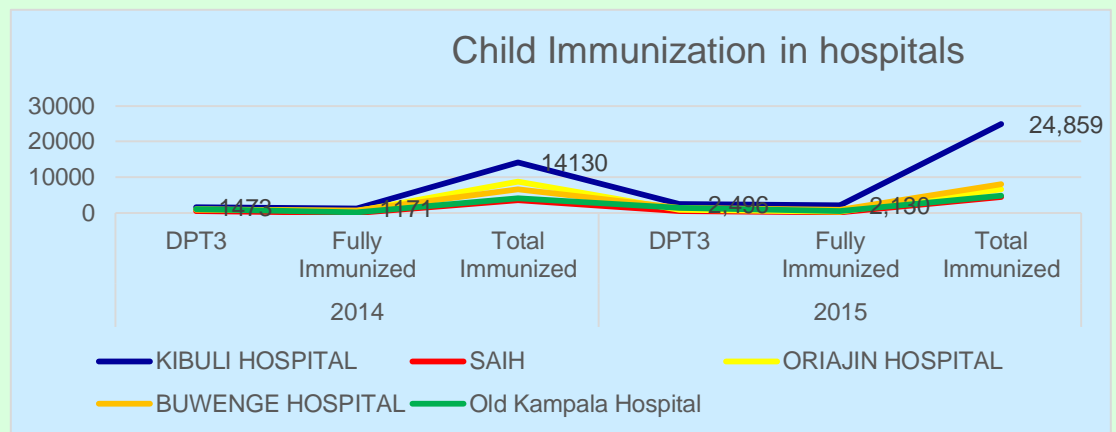
Hospitals also continued to provide maternity services to the communities. The total deliveries in hospitals has been progressively increasing as seen below in the table.

Table 8: Deliveries in Hospitals

| Facility Name | 2013 | | 2014 | | 2015 | |
|-----------------------------------|------------|----------|------------|----------|------------|----------|
| | Deliveries | HIV+ Del | Deliveries | HIV+ Del | Deliveries | HIV+ Del |
| Kibuli Muslim Hospital | 1,688 | 71 | 1,717 | 58 | 1,963 | 72 |
| Buwenge Hospital & Medical centre | 598 | 20 | 669 | 17 | 748 | 23 |
| Oriajin Hospital | 422 | 5 | 472 | 5 | 467 | 3 |
| Saidina Abubakar Islamic Hospital | 244 | 11 | 274 | 16 | 171 | 13 |
| Old Kampala Hospital | 44 | 2 | 22 | - | 77 | 7 |

Kibuli Muslim Hospital and Buwenge Hospital performed better than the rest. The performance of maternity departments has been generally increasing since 2013. The maternity HIV prevalence rate was at 3.4% generally. The exposed infant's rate was also at 3.4%. Generally there has been an increase in the number of deliveries by 7.9% compared to 2014.

Immunization services in hospitals



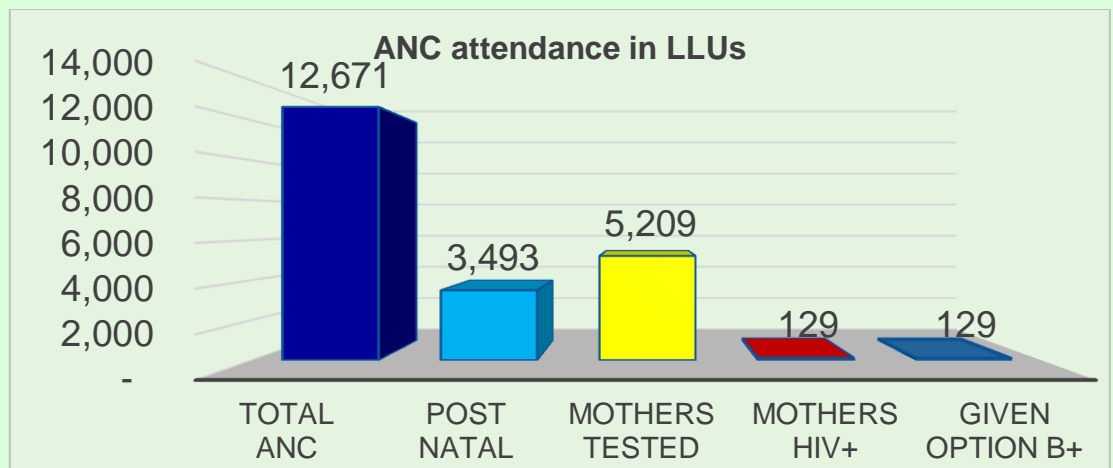
Graph 4: Immunization in hospitals in 2015

MNCH in Lower level units



LLUs (especially HCIIIs and some HCIs) also continued to provide maternity, antenatal care, Post-natal services and family planning services. Immunization has continued to be an integral service as child health activity in all the LLUs, both static and at outreaches.

Graph 5: ANC performance for LLUs in 2015



Source: HMIS reports 2015

The HIV prevalence rate in ANC in LLUs was at 2.4%. LLU initiated 100%, i.e. 129/129 (as shown in the graph above) of their HIV+ mothers permanently into HIV/AIDs chronic management clinics for life. Post-natal cases increased to 3,493 in LLUs in 2015 compared to 2,424 post-natal mothers for LLUs in 2014.

LLUs also continued to provide maternity services to the communities. The total deliveries in these lower level facilities since 2013 are shown below.

Table 9: Deliveries in LLUs in 2015

| Facility Level | 2013 | | 2014 | | 2015 | |
|----------------|------------|----------|------------|----------|------------|----------|
| | Deliveries | HIV+ Del | Deliveries | HIV+ Del | Deliveries | HIV+ Del |
| HCIIs | 1,289 | 62 | 1,622 | 98 | 2,165 | 100 |
| HCIs | 401 | 5 | 639 | 6 | 880 | 7 |

The performance of maternity departments has been increasing since 2013 in LLUs. The maternity HIV prevalence rate was at 3.5% in 2015 among LLUs. The exposed infant's rate was also at 3.5%. Generally there has been an increase in the number of deliveries by 34.6% in 2015 in LLUs compared to 2014.

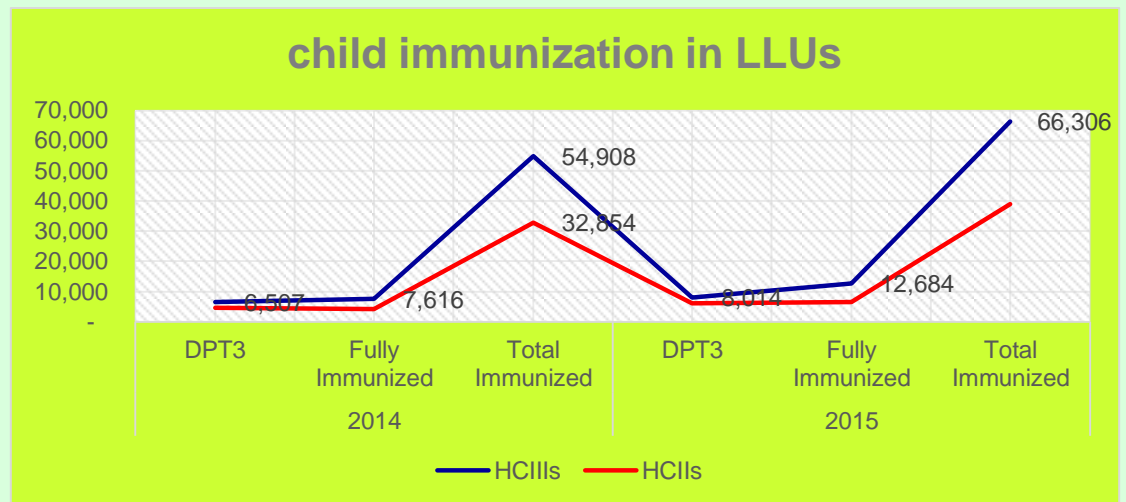


Immunization in LLUs

LLUs carry out immunization sessions as static units as well as at outreaches. The HCs are assisted by the VHTs of the villages in their catchment areas for mobilization of mothers to come for

immunization. The HCs use PHC funds provided by the Government and the GAVI-HSS project by UNICEF for payment of transport and allowances for the staff in carrying out the immunization activities.

Graph 6: Immunization performance in LLUs in 2015



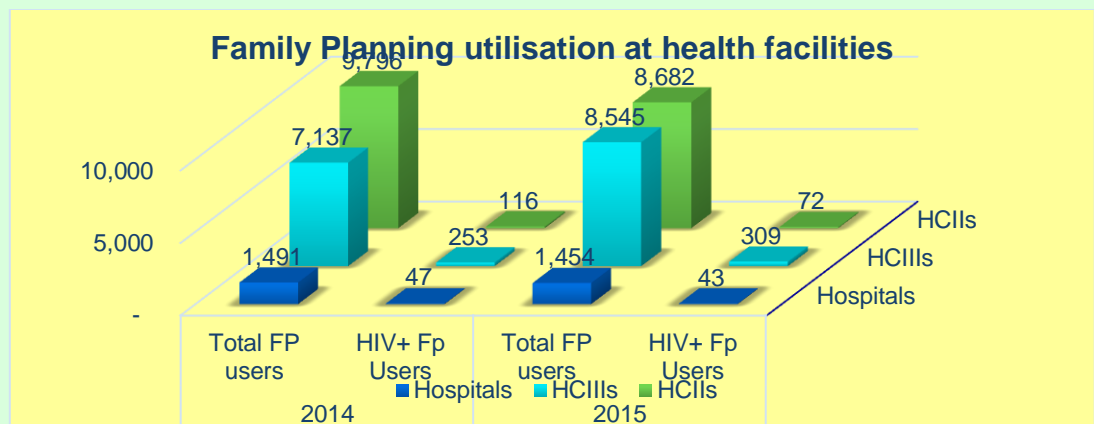
HCIIIs had the highest number of children reached for immunization contributing 43% of the total Immunization across the network.

Generally in all health facilities total immunization increased to 154,124 in 2015 compared to 124,679 in 2014 representing 2.5% increase. 14.8% of 154,124 children were fully immunized by December 2015. Kibuli Muslim Hospital was the best performing facility in child immunization with 24,859 children reached representing 16% of the total network reached.

III. Reproductive Health/ Family planning

The UMMB network facilities continued providing reproductive health services to all age categories in terms of family planning. The most consumed FP commodities are Injectables, Pills and condoms. The permanent methods are not yet consumed by the network.

Graph 7: Reproductive health and family planning in 2015

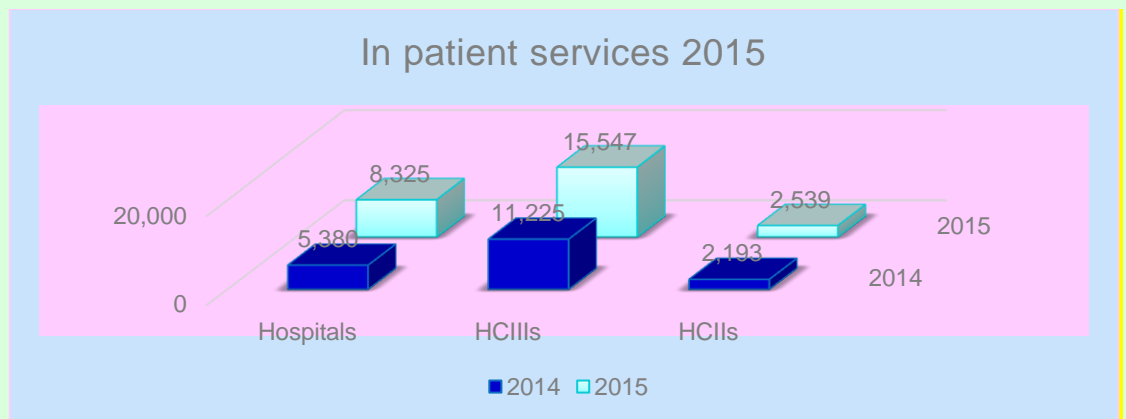


LLUs are doing more in this activity than hospitals. HCIIIs contributed 46% of the 18,681 family planning users. While Hospitals contributed only 7% of the 18,681 FP users. HCIIIs had a significant increase in 2015 of up to 16% in 2015. There was a general increase of 1.3% across the network. A total of 422 FP users were HIV+ representing 2.3% prevalence rate in Family planning.

IV. Inpatients

Both Hospitals and LLUs continued to provide inpatient services to the communities.

Graph 8: Total Inpatients by level in 2015



HCIIIs still contributed more than hospitals and HCIIIs as far as admissions are concerned. HCIIIs contributed 59% and 58% for 2014 and 2015 respectively towards the total admission. There was an increase in general inpatient services of 40.5% in 2015 across all facilities.

V. HIV/AIDs services

12 Health facilities provide ART services to its patients. Mityana health Centre was accredited as a full ART site in 2015. The facilities that provide ART services are as follows:

1. Kibuli Muslim Hospital
2. Saidina Abubakar Islamic Hospital
3. Lyantonde Muslim HCIII
4. Iganga Islamic MCIII
5. Taqwa HCIII
6. Jinja Islamic HCIII
7. Saidina Abubakar Nursing Home
8. Buwenge Hospital & Medical Centre
9. Kibibi Nursing Home
10. Katadooba UMSC HCIII
11. Mityana UMSC HCIII
- i) Old Kampala Hospital

Table 10: Pre ART clients for the past two years

| Facility Name | BY 2014 | | | BY 2015 | | |
|----------------------------|----------------------|------------------------|----------------------|----------------------|------------------------|----------------------|
| | Children under 15yrs | Male (15 yrs. & above) | Female (above 15yrs) | Children under 15yrs | Male (15 yrs. & above) | Female (above 15yrs) |
| Saidina Abubakar Islamic H | 20 | 179 | 347 | 36 | 324 | 630 |
| Iganga Islamic MCIII | 0 | 425 | 685 | 2 | 362 | 586 |
| Kibuli Muslim Hospital | 0 | 271 | 397 | 6 | 154 | 228 |
| Taqwa HCIII | 15 | 32 | 58 | 4 | 71 | 98 |
| Lyantonde MHCIII | 0 | 41 | 92 | 3 | 55 | 99 |
| Buwenge Hospital & M C | 5 | 29 | 77 | 7 | 33 | 81 |
| Jinja Islamic HCIII | 2 | 12 | 68 | 3 | 17 | 75 |
| Saidina Abubakar N Home | 2 | 32 | 38 | 4 | 31 | 41 |
| Kibibi Nursing Home | 0 | 2 | 4 | 0 | 6 | 41 |
| Katadooba UMSC HCIII | 0 | 8 | 19 | 0 | 12 | 22 |
| Old Kampala Hospital | 0 | 6 | 15 | 0 | 8 | 17 |
| Mityana UMSC HCIII | 0 | 0 | 0 | 0 | 4 | 7 |

Source HMIS106a 2015

As seen above there was an increase in the number of clients reached in Pre-ART from 2,881 clients in 2014 to 3,067 clients in 2015 across all network ART sites representing 6.5% increase. SAIH has the highest number of Pre-ART clients, contributing 990 clients representing 32.3% of the number of clients in 2015. A total of 65 children below 15yrs were active in care by December 2015 across the ART sites.

Anti Retroviral Therapy

The 12 ART sites continued enrolling new clients on ART. A comprehensive and holistic package is given including psycho-social support, treatment, adherence counseling, family planning and support, CD4 monitoring, TB assessment and co-infection management, Home Based Care and follow up of bedridden clients, cohort analysis, STI screening and treatment, opportunistic infection management and nutrition supplements. The table below shows the number of clients in ART clinics for 2014 and 2015.

| Facility Name | BY 2014 | | | BY 2015 | | |
|----------------------------|----------------------|------------------------|----------------------|----------------------|----------------------|----------------------|
| | Children under 15yrs | Male - 15 yrs. & above | Female (above 15yrs) | Children under 15yrs | Male 15 yrs. & above | Female (above 15yrs) |
| Lyantonde MHCIII | 29 | 224 | 450 | 33 | 251 | 492 |
| Iganga Islamic HCIII | 26 | 114 | 294 | 45 | 154 | 433 |
| Saidina Abubakar Islamic H | 7 | 82 | 175 | 15 | 166 | 370 |
| Kibuli Muslim Hospital | 0 | 203 | 316 | 6 | 141 | 219 |
| Jinja Islamic HCIII | 12 | 68 | 129 | 13 | 72 | 144 |
| Taqwa HCIII | 12 | 88 | 258 | 4 | 79 | 85 |
| Buwenge Hospital | 5 | 30 | 72 | 6 | 36 | 88 |
| Katadooba UMSC HCIII | 4 | 14 | 76 | 6 | 22 | 88 |
| Saidina Abubakar N Home | 1 | 33 | 48 | 2 | 36 | 59 |
| Kibibi Nursing Home | 0 | 2 | 12 | 0 | 15 | 51 |
| Old Kampala Hospital | 0 | 6 | 15 | 0 | 7 | 20 |
| Mityana UMSC HCIII | 0 | 0 | 0 | 0 | 4 | 17 |

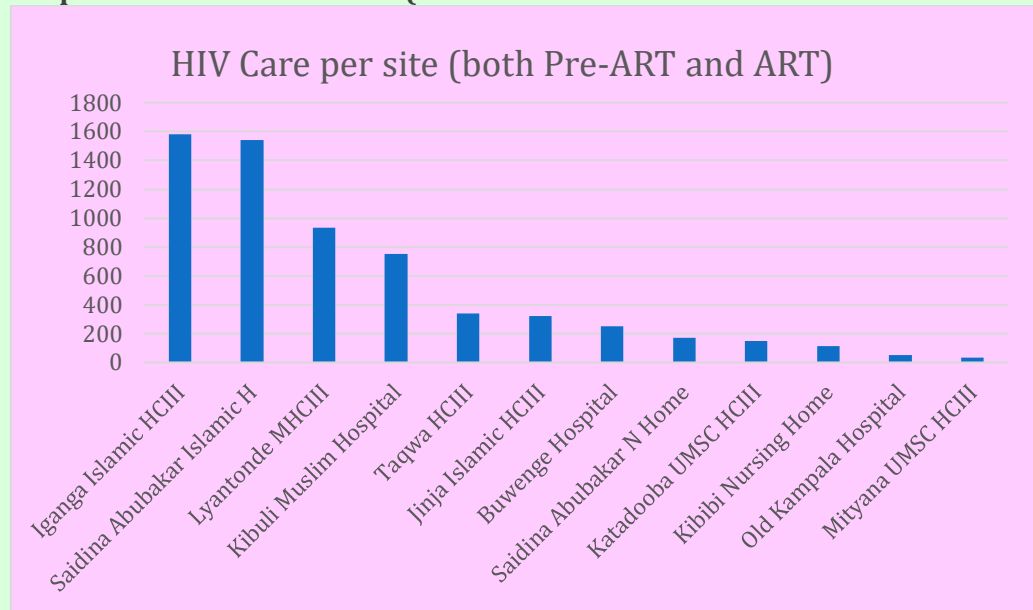
Table 11: Clients on ART for two years

Source HMIS106a 2015.

As seen above there was an increase in the number of clients reached in ART from 2,805 clients in 2014 to 3,179 clients in 2015 across all network ART sites representing 13.3% increase. Lyantonde Muslim HCIII has the highest number of ART clients, contributing 776 clients representing 24.4% of the number of clients in 2015. A total of 130 children below 15yrs were active on ART treatment by December 2015 (compared to 96 in 2014 representing 35% increase) across the ART sites.

Iganga Islamic MC has the highest number of clients in care (both Art and Pre-ART) with a total of 1,582 clients. SAIH came second with 1,541 clients while the new entrants Mityana UMSC HCIII has 32 HIV/AIDs clients. This is illustrated in the graph below

Graph 9: Total clients in care (both Art and Pre-ART as at December 2015)

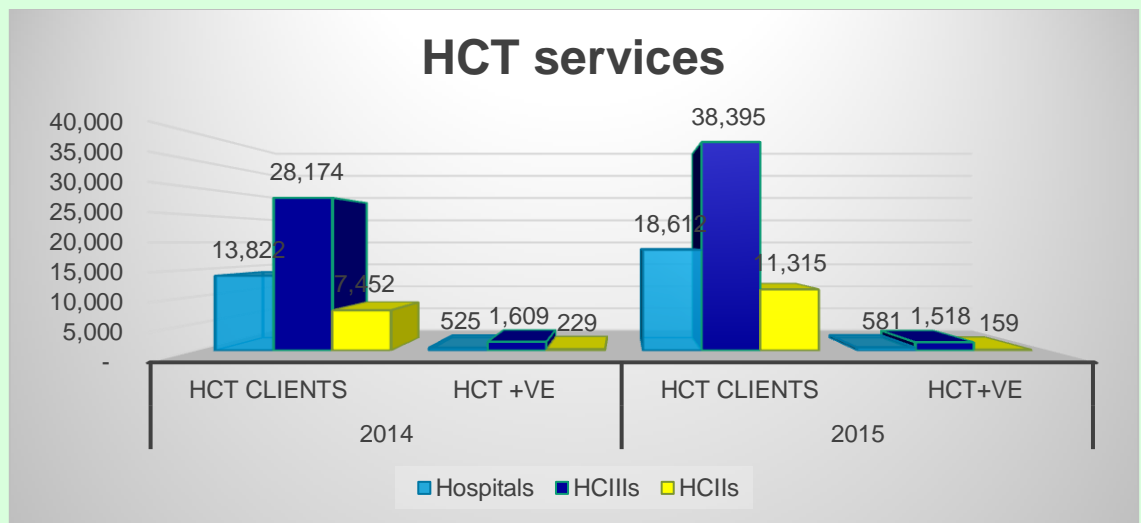


VI. HIV counseling and Testing (HCT)

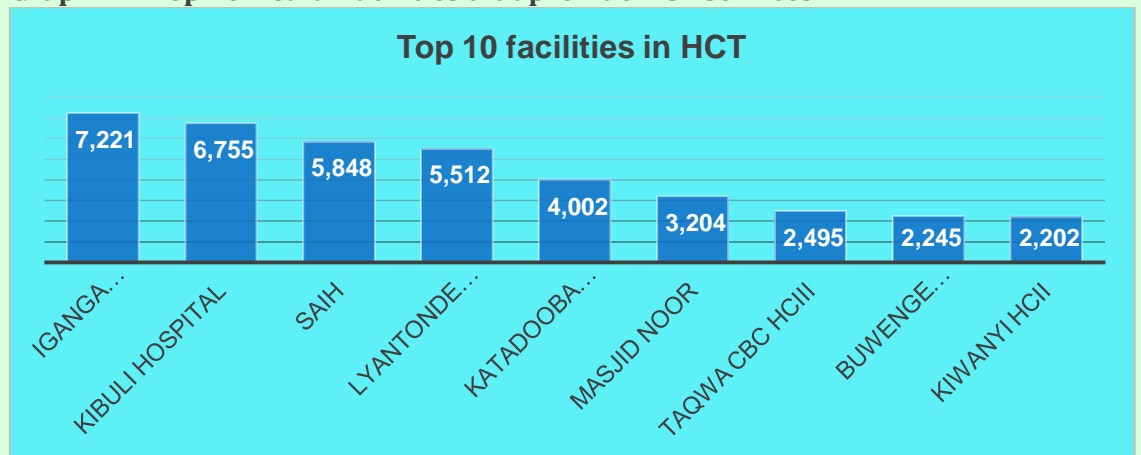
Generally HCIIIs are doing better in HCT than any other levels. There was an upward shift of HCT at all levels. There was an increase of 38% in 2015 compared to 2014. The HIV prevalence rate dropped from 4.7% to 3.3% for 2014 and 2015 respectively.

HCT is done at static (RTC), at outreach sites and home based HCT. The best performing facilities in HCT for 2015 are shown below.

Graph 10: HIV Counseling and Testing services



Graph 11: Top 10 Health facilities that provide HCT services



As seen above Iganga Islamic HCIII performed the best in HCT followed by Kibuli Muslim Hospital. It is observed that facilities that provide ART services are performing better in HCT. Efforts should be taken to accredit all HCIIIs as ART sites to increase uptake of HCT and HIV/AIDS services in the network.

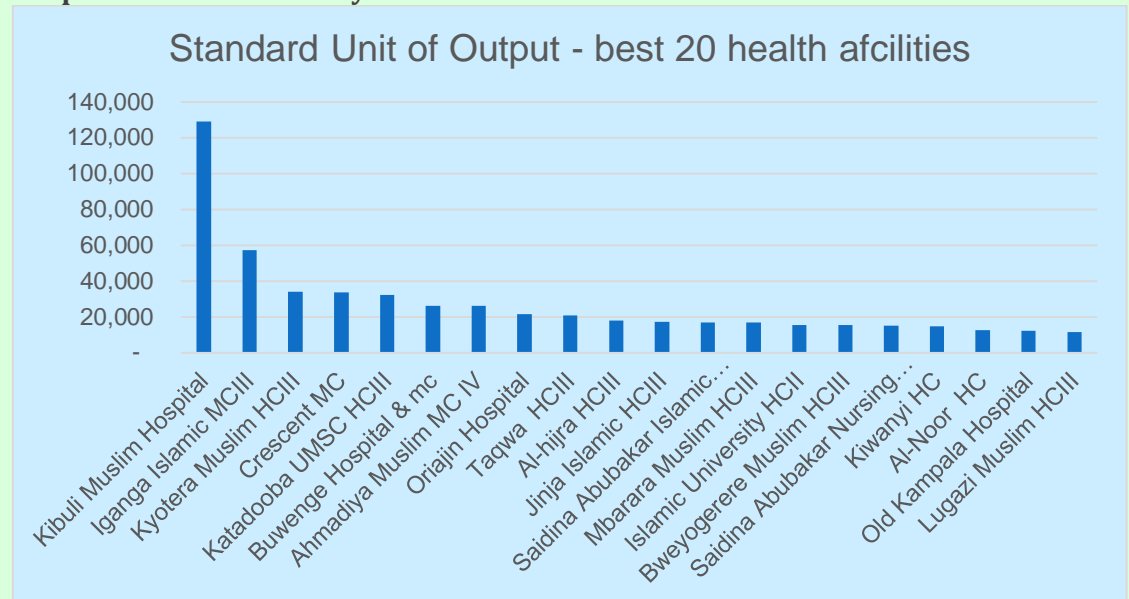
A more standardised indicator is used to summarise the outputs in unitary indicator referred to as the **Standard Unit of Output (SUO)**.

The SUO is a comprehensive output indicator of health facility workload and performance.

The SUO is calculated using 5 basic parameters: IP admissions, OPD attendances, deliveries, ANC attendances, immunisation doses. Each parameter is assigned a different relative “weight”, on the basis of the resources (cost) needed to produce the output.

Normally the parameter “OPD attendance” is considered the reference unit and is given the weight 1. The other parameters are given proportionate weights accordingly. The following graph shows the SUO calculations per facility:

Graph 12: Performance by SUO

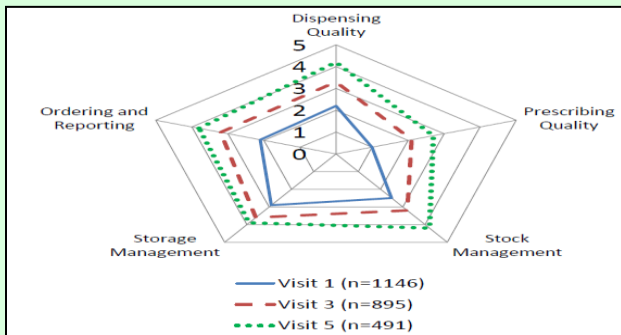


Medicines Monitoring



The UMMB medicines monitoring unit has been implementing the Supervision Performance Assessment and Recognition Strategy (SPARS) programme in the health facilities. The programme supported by the USAID/Uganda Health Supply Chain project started in 2015 and will be rolled over in all the UMMB health facilities. The project provided a pharmacy Intern to work as the Medicines Logistics Officer at the UMMB Secretariat. Eight UMMB Regional Coordinators were trained as Medicines Monitoring Supervisors. They carry out supervision and on job training of pharmaceutical staff. The MMSs assess the 25 qualitative and quantitative indicators. Best performers are provided with recognition awards.

Sample Spider Graph



The MMSs use the SPARS spider graph to track the performance of the health facilities. Monthly visits are carried out at each



| Facility Name | Dispensing | Prescription | Stock | Storage | Ordering | % performance |
|--------------------|------------|--------------|-------|---------|----------|---------------|
| Mbirizi HC | 3.6 | 3.4 | 5 | 4.6 | 5 | 80% |
| Iganga Islamic MC | 3.8 | 1.8 | 4.9 | 4.9 | 4.7 | 80% |
| Mbarara Muslim | 4.3 | 2.4 | 4.2 | 4.8 | 3.8 | 78% |
| Jinja Islamic HC | 4.1 | 3.5 | 2.9 | 3.7 | 4.5 | 75% |
| Lyantonde MHC | 4.5 | 2.2 | 3.8 | 4.2 | 3.3 | 72% |
| Ahmadiyya MC | 2.4 | 2.1 | 4.8 | 4.6 | 4.3 | 72% |
| Kibibi Nursing H | 3.0 | 4.6 | 1.9 | 3.9 | 4.7 | 72% |
| Lugazi Muslim HC | 3.5 | 2.7 | 4.3 | 4.3 | 2.9 | 71% |
| Kawoko Muslim | 2.1 | 1.9 | 3.4 | 4.6 | 4.1 | 64% |
| Munatham HC | 2.8 | 1.9 | 3 | 3.6 | 2.4 | 55% |
| Katadooba HC | 2.3 | 2.1 | 2.1 | 4.6 | 2.6 | 55% |
| Kabigi Muslim HC | 3.1 | 3.4 | 2.4 | 4.3 | 2.8 | 55% |
| Kiddawalime NH | 2.9 | 3.1 | 2 | 3.1 | 2.9 | 56% |
| Islamic University | 2 | 3.4 | 1.1 | 3.8 | 3.3 | 54% |
| Warr Islamic HC | 2 | 0.8 | 3.5 | 3.2 | 3.3 | 51% |

health facility.

So far this year 50% of the health facilities are implementing the SPARS programme. The UMMB received 7 internet connected laptops for the regional coordinators to be used in data reporting. In order to improve pharmaceutical services the project provided Storage

shelves to the health facilities. These were distributed to most of the health facilities. A pharmaceutical inventory software Rx Solution and computers will be installed in all the hospitals,



while health centres that have computers may access the software.

d) Strategic issue 4: External Relations/ Advocacy.



UMMB has developed good working relationships with health development partners as well as the other faith based religious bureaus. UMMB participated in many activities held by the partners. UMMB was able to get support from partners in implementing its activities. These activities included training workshops, meetings, support supervision and quarterly review meetings. The UMMB is grateful to the following partners for their support:

USAID/SDS project, Uganda Health Supply Chain project, Mildmay Uganda, Intrahealth, TASO, BTC, Ministry of Health to name but a few.

e) Infrastructure:

The UMMB Secretariat office had a facelift – partitioning was done with support from BTC-MoH PNFP project.

Some health facilities had done great work by improving on the state of their facilities.



Lugazi Muslim Health Centre continued to construct its two storied structure as they had reached the first floor level. Plan are underway to start construction of the slab. They also managed to receive a new structure constructed by Munazzamat Al-Daawa Al-Islamiyya. This structure is used as an MCH centre, minor theatre and the main store.

Other facilities that received new structures are

Centre,
Health
Muslim
Shifa
curtesy



Sumayya Health
Doha Muslim
Centre, Lira
Health Centre, Al-
Health centre all
of Munazzamat.
Nakatonya, Kibibi
Nursing Home,
Ahmadiyya

Muslim Health Centre, Jinja Islamic Health Centre, Saidina Abubakar Islamic Hospital and Saidina Umar Health Centre had renovated their buildings. Old Kampala Hospital had a complete facelift.

FINANCIAL MANAGEMENT: Financial Report 2015

| Source | 2013 | 2014 | 2015 |
|--|--------------------|--------------------|--------------------|
| Bank Balance b/f | 2,633,746 | 36,322,346 | 28,586,377 |
| Cash balance b/f | | 866,000 | 900,000 |
| Handling | 9,170,700 | 15,119,300 | 3,866,300 |
| Membership | 4,740,000 | 2,270,000 | 8,495,000 |
| AGM contributions | 750,000 | 5,650,000 | 4,960,000 |
| Support supervision & inspection fees | 725,000 | 400,000 | 150,000 |
| Refunds (other fees) | 1,310,500 | 220,000 | |
| HF mgt. & Training fees | - | 570,000 | 1,550,000 |
| Donations to UMMB | - | - | 13,498,000 |
| Mildmay Uganda | 99,742,774 | 151,728,910 | 153,580,364 |
| USAID/SDS project | - | 210,520,272 | 252,870,111 |
| Eye conference | - | - | 34,757,500 |
| TOTAL | 119,072,720 | 423,666,828 | 503,213,652 |

UMMB EXPENDITURE FROM 2013 TO 2015

| UMMB OFFICE EXPENSES | 2013 | 2014 | 2015 |
|--|-------------------|--------------------|--------------------|
| Administration | 15,618,600 | 16,384,670 | 13,609,800 |
| Institutional capacity | 1,619,000 | 7,251,000 | 20,283,813 |
| SUB TOTAL | 7,237,600 | 23,635,670 | 33,893,613 |
| MILDMAY HRH SUPPORT | | | |
| Salaries for H/W & PM STAFF | 22,355,032 | 85,275,198 | 86,365,007 |
| PAYE | 2,147,000 | 9,628,297 | 10,109,783 |
| NSSF | 3,868,742 | 15,808,484 | 14,979,763 |
| Health workers' Motivation | 14,248,000 | 14,186,000 | 13,342,000 |
| Support supervision | 2,519,000 | 12,592,330 | 16,436,000 |
| Training Workshops | 7,070,000 | 22,568,800 | - |
| Administration | 13,305,000 | 4,713,600 | 4,932,250 |
| SUB TOTAL | 65,512,774 | 164,772,709 | 146,164,803 |
| SDS HRH SUPPORT | | | |
| Salaries for PM staff & H/W | - | 116,670,256 | 158,824,731 |
| PAYE | - | 15,290,476 | 18,088,852 |
| NSSF | - | 22,692,827 | 29,585,123 |
| Health workers' Motivation | | 19,346,513 | 13,746,361 |

| | | | |
|---------------------|-------------------|--------------------|--------------------|
| Training workshops | | 7,576,000 | 8,630,200 |
| Administration | | 3,403,000 | 4,376,900 |
| Support supervision | | 20,793,000 | 17,799,000 |
| SUB TOTAL | - | 205,772,072 | 251,051,167 |
| MUNATHAMAT | | | |
| Eye conference | - | - | 34,757,500 |
| SUB TOTAL | - | - | 34,757,500 |
| GRAND TOTAL | 82,750,374 | 394,180,451 | 465,867,083 |

UMMB MEMBER HEALTH FACILITIES 2015

| S/N/O | UNIT NAME | DISTRICT | Town/Village |
|--------------------------|-------------------------------------|--------------|---------------|
| HOSPITALS | | | |
| 1 | Kibuli Muslim Hospital | Kampala | Kampala |
| 2 | Buwenge Hospital and Medical Centre | Jinja | Buwenge |
| 3 | Saidina Abubakar Islamic Hospital | Wakiso | Wattuba |
| 4 | Oriajini Hospital | Arua | Anori Village |
| 5 | Old Kampala Hospital | Kampala | Kampala |
| HEALTH CENTRE IV | | | |
| 1 | Ahamadiyya Muslim Medical Centre | Mbale | Mbale |
| 2 | Arahmah Medical Centre | Masaka | Masaka |
| HEALTH CENTRE III | | | |
| 1 | Al-Hijra Health Centre | Buikwe | Butema |
| 2 | Bweyogere Health Centre | Wakiso | Kazinga |
| 3 | Crescent Medical Centre | Jinja | Jinja |
| 4 | Doha Health Centre | Kyenjojo | Kyenjojo |
| 5 | Iganga Islamic Medical Centre | Iganga | Iganga |
| 6 | Jinja Islamic Health Centre | Jinja | Jinja |
| 7 | Kabigi Muslim Health Centre | Masaka | Kabigi |
| 8 | Katadooba UMSC Health Centre | Kasese | Kasese |
| 9 | Kawoko Islamic Health Centre | Bukomansimbi | Kawoko |
| 10 | Kibibi Nursing Home | Butambala | Kibibi TC |
| 11 | Kyotera Muslim Health Centre | Rakai | Kyotera |
| 12 | Lira Muslim Health Centre | Lira | Lira |
| 13 | Lugazi Muslim Health Centre | Buikwe | Lugazi |
| 14 | Lugo Muslim Health Centre | Luwero | Migadde |
| 15 | Lyantonde Muslim Health Centre | Lyantonde | Lyantonde |
| 16 | Masjid Noor Health Centre | Arua | Arua |
| 17 | Mbarara Muslim Health Centre | Mbarara | Mbarara |
| 18 | Mbiriizi UMSC Health Centre | Lwengo | Mbirizi |
| 19 | Mityana UMSC Health Centre | Mityana | Mityana |
| 20 | Munathammat Health Centre | Lwengo | Kyazanga |
| 21 | Nakatonya Health Centre | Luwero | Bombo |

| | | | |
|----|---------------------------------------|---------|-----------|
| 22 | Njovu Islamic Community Health centre | Luwero | Wobulenzi |
| 23 | Saidina Abubakar Nursing Home | Kampala | Kampala |
| 24 | Sheema Community Health Centre | Sheema | Itendero |
| 25 | Soroti Islamic Health Centre | Soroti | Soroti |
| 26 | Taqwa Health Centre | Wakiso | Wattuba |
| 27 | Umar Bin Khatab Health Centre | Wakiso | Kakiri |

HEALTH CENTRE IIs

| | | | |
|----|--------------------------------------|-----------|----------------|
| 1 | Al-Noor Health Centre | Yumbe | Gindia village |
| 2 | Al-Rahma Health Centre | Luwero | Kibisi |
| 3 | Bombo UMSC Health Centre | Hoima | Bombo village |
| 4 | Budhana Health Centre | Iganga | Bukanga |
| 5 | Bushenyi Muslim Health Centre | Bushenyi | Kijimu |
| 6 | Islamic University Health Centre | Mbale | Mbale |
| 7 | Kakungube Health Centre | Mubende | Kakungube |
| 8 | Kavule Health centre | Bugiri | Kavule |
| 9 | Kiddawalime Nursing Home | Butambala | Lwamasaka |
| 10 | Kisimba Muslim Health Centre | Buikwe | Najja town |
| 11 | Kiwaanyi Health Centre | Iganga | Kiwaanyi |
| 12 | Lutengo Muslim Health Centre | Kalungu | Lutengo |
| 13 | Mpondwe Muslim Health Centre | Kasese | Mpondwe cell |
| 14 | Mukono Town Muslim Health Centre | Mukono | Mukono |
| 15 | Nakasoga Health Centre | Rakai | Nakatogo |
| 16 | Nyamirima Muslim Health Centre | Mbarara | Nyamirima |
| 17 | Nyamitanga IMAU Health Centre | Mbarara | Mbarara |
| 18 | Prince Kamulali Memorial Med. Centre | Bugiri | Namalena |
| 19 | Rwabiganguri UMSC Health Centre | Rukungiri | Rukungiri |
| 20 | Saidina Umar Health Centre | Mbale | Mbale |
| 21 | Shifa Kadindimo Health Centre | Kabarole | Kadindimo |
| 22 | SOS Herman Gmeiner Health Centre | Wakiso | Kakiri |
| 23 | Sumayya Health Centre | Kapchorwa | Kapteret |
| 24 | Warr Islamic Health Centre | Zombo | 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

Strengthening Decentralization for Sustainability project

Joint Medical Store

Baylor Uganda

Uganda Health Supply Chain project

Intrahealth

The AIDS Support Organisation

Inter Religious Council of Uganda

Uganda Catholic Medical Bureau

Uganda Protestant Medical Bureau

Uganda Orthodox Medical Bureau

Christian Connections for International Health

District Health Officers

Belgian Development Agency

Munazzamat Al-Daawa Al-Islamiyya

Uganda Medical and Dental Practitioners Council

Uganda Allied Health Professionals Council

Uganda Nurses and Midwifery Council

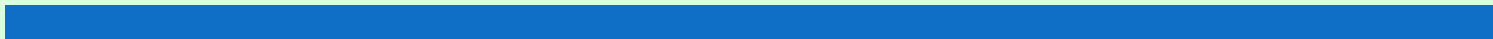
Uganda AIDS Commission

PREFA

PACE

UHMG

Profam





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