

# Uganda Muslim Medical Bureau

**Annual  
Report**

**2017**

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## MESSAGE FROM THE CHAIRMAN

Assalam Alaykum,

It is my sincere pleasure to welcome the reader to our Annual Report 2017. This is one of the expected output of our secretariat. The year 2017 was full of extremely good work. A lot has been done in improving service delivery in our member health facilities like recruiting qualified health workers. A number of training workshops were carried out to build capacity of the bureau secretariat to deliver better services and technical support to our health facilities. Regular technical support supervision were carried out to follow up what was learnt and ensure standards are adhered to. This included sharing of Government policies and procedures.

On human resources for health, we have been able to recruit and deploy and manage payroll of 38 health workers in 9 member health facilities. We are grateful to USAID through SUSTAIN and CDC through Mildmay Uganda for this support. We are working with other partners like Enable, UHMG, IntraHealth, and UHSC project to ensure that resources are available to improve services at the health facilities. We are grateful to USAID/Uganda Private Health Support program for the support in implementing the Health System Strengthening project. The Bureau regional coordinators continued to support the health facilities in their regions to provide quality health services. These coordinators have done a commendable job in improving service delivery at the health facilities.

I wish to thank the members of UMMB Board members for dedicating their service for the Ummahs' health. The persistence and hard work, transparency, honesty, following procedures by staff of our secretariat and the UMMB volunteers continue to earn us credit and more partners. May Allah reward them abundantly.

Finally, I urge all UMMB members to pay membership fees and submit HMIS reports 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

We present to you the UMMB 2017 Annual Report. A lot of activities have been implemented during the year. This report highlights the activities that were implemented from January to December 2017. The report highlights what has been achieved, the challenges encountered. We thank all our member health facilities who have actively participated in these activities.

The BTC (Enable) –MoH PNFP project continued in West Nile and Ruwenzori Regions. Katadooba health Centre performed well to access funding from his project. The UMMB regional Coordinators were trained in Pharmaceutical Financial Management and continued to give support to the health facilities in their regions. A number of support supervision of the member health facilities were done.

With support from USAID/UPHS program, we have developed the UMMB Financial, Human Resource and Governance manuals. Other manuals for the health facilities were also developed. 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 in Human Resources for Health for recruitment of 23 health workers in 8 health facilities through UMMB and the Inter Bureau Coalition. . USAID/SUSTAIN project supported the recruitment and management of payroll of 31 health workers for another 7 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. Our member health facilities made strides to improve health service delivery. To mention a few: Lugazi Muslim Health Centre's construction of a new building continues, and the theatre is almost complete. Bushenyi UMSC health Centre constructed a new building and Mbarara Muslim HC is constructing more structures to increase services.

PHC grant recipient health facilities are now receiving essential medicines and supplies from JMS on a quarterly basis. We continue to lobby for support for our health facilities.

Pleasant reading!

*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 52 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 Muslim Hospital Health Training School. A new health training institution, Aisha Institute of Health Sciences, is 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	-Training coordinator
Ms. Sarah Nakimbugwe	-Medicines Logistics officer
Mr. Isifu Ibanda	-Human Resource Manager
Ms. Zam Namayanja	-Accounts Officer
Mr. Juma Bulu	-Logistics assistant
Mr. Muzamiru Kyangwe	- Driver
Ms. Milly Wandawa	-Internal auditor

### VOLUNTEERS

### REGIONAL CO-ORDINATORS

Candia Umar	-West Nile Region	≠	Saidi Okura	-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

## THEMATIC AREA: LEADERSHIP AND GOVERNANCE

Good leadership is critical to the success of any organization. The UMMB has an established leadership and governance structure that is well provided for in the constitution. The 13 member UMMB board, which is appointed by the Secretary General of the UMSC, provides oversight to the running of the bureau, effective implementation of critical actions, and management of internal and external relations. The board held its quarterly meetings. The UMMB held its Annual General Meeting from 27<sup>th</sup> – 28<sup>th</sup> April 2017 at Silver Springs Hotel, Kampala. 33 member health facilities attended the AGM represented by 78 participants including two District Kadhis. Members had a learning visit to Lugazi Muslim Health Centre to view best practices in service delivery and infrastructure development. We are grateful to BTC for the support in sponsoring this AGM.

With support from USAID/UPHS program, UMMB developed Governance manuals for the UMMB Board and the Health Facilities. These manuals will go a long way to streamline the functioning of the UMMB Board, Hospital Boards and Health Unit Management Committees.

UMMB held meetings with the facility Health Unit Management Committees and staff members during support supervision visits. These meetings were meant to streamline the provision of quality health services. The table below shows the frequency of such meetings in 2017.

S/No	Facility Name	District	Number of Participants
1	Oriajin Hospital	Arua	14
2	Masjid Noor HCIII	Arua	20
3	Alnoor HCII	Yumbe	24
4	Doha HC	Kyenjojo	7
5	Warr Muslim HCII	Zombo	27
6	Katadooba UMSC HCIII	Kasese	14
7	Mpondwe Muslim HCII	Kasese	9
8	ALshifah Kadindima HCII	Kabarole	14
9	Iganga Islamic HCIII	Iganga	15
10	Sumayya HCII	Kapchorwa	12
11	Saidina Umar HCII	Mbale	10

Leadership and Governance challenges still exist in some health facilities. A Leadership and Governance training workshop for the leaders was held in Nebbi. These workshops will be rolled out to cover all the UMMB network health facilities.

#### **THEMATIC AREA: OPERATIONAL MANAGEMENT & SERVICE DELIVERY**

In service delivery, the UMMB strengthened the capacity of member health facilities to deliver quality and accessible health services, enhanced the provision of services that directly contributed to national health sector priorities, strengthened redistribution systems among the network of health facilities and Improved access, utilization and sharing of information among the network.

The UMMB Secretariat disseminated service guidelines from the Ministry of Health. These included: The updated Uganda Clinical Guidelines, the PPPH PNFP Policy guideline, Self-Regulatory Quality Improvement System, and Information on current trends in managing patients were sent to the health workers through the UMMB KnowledgeNetwork email platform.

Monitoring quality of services was mainly done through support supervision. Support supervision was carried by the UMMB Secretariat staff and the Regional Coordinators. Onsite field visits, mentorship and orientation on different health components were done.

By December 2017, the UMMB had 53 functional Health facilities. These included 5 hospitals, 2 HCIVs, 25 HCIIIs and 21 HCIIIs. The table below shows the distribution of the health facilities.

REGION	Hospitals	HCIVs	HCIIIs	HCIIIs	Total
Central 1	0	1	8	4	13
Central 2	3	0	8	5	16
Eastern 1	1	0	4	0	5
Eastern 2	0	0	1	1	2
Elgon	0	1	1	3	5
Rwenzori	0	0	1	2	3
Western	0	0	2	3	5
Mid-west	0	0	0	1	1
West Nile	1	0	0	2	3
<b>Total</b>	<b>5</b>	<b>2</b>	<b>25</b>	<b>21</b>	<b>53</b>

Source UMMB HF's inventory list 2017.

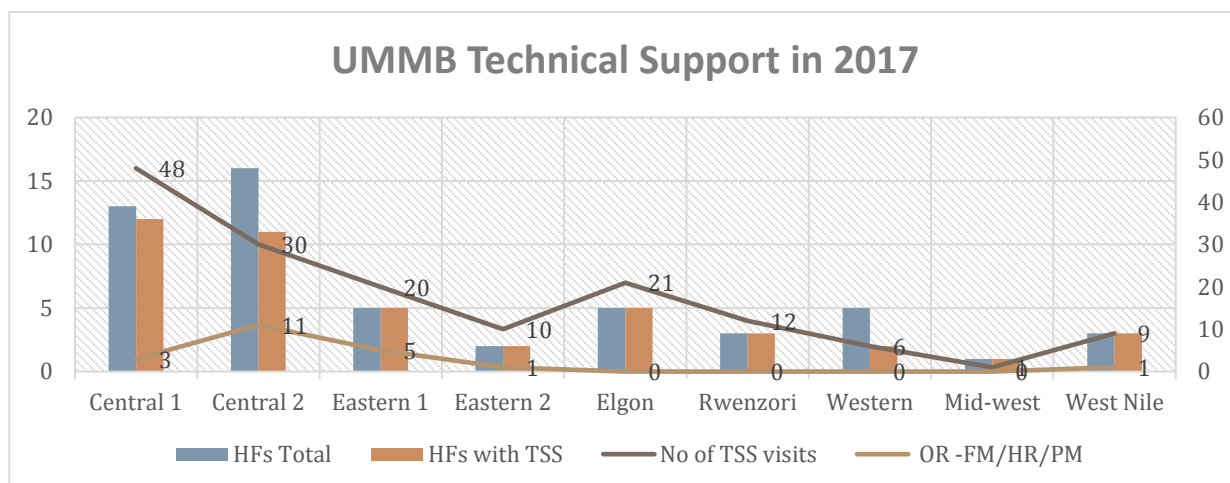


## UMMB Technical SUPPORT SUPERVISION

UMMB continued to provide technical support to its network facilities during the year 2017. The technical support included Technical support supervision to the facilities, onsite orientations and mentorships to HF staff on Financial Management (FM), Human resource management (HR) and performance management (PM). These were carried out throughout all regions. Onsite mentorships have solved technical related issues at facilities and helped improve the way services are managed at these facilities. There has been an increase and improvement in UMMB network coverage compared to previous year for support supervision and onsite orientation.

The figure below shows the level of reach of UMMB technical support by region and number of Health facilities reached by UMMB in the year 2017.

Figure 2: UMMB Technical Support supervision by region and type in 2017



Source: UMMB Technical activity reports

As seen above. Central region has the most number of HF translating into the most number of Support supervision visits comprising of 50% of total Supervision visits. The same applies to Onsite orientations where the central region comprised of 66% of the total network Onsite orientation. This technical support by UMMB was funded by UPHS-HSS project (Between May 2017 to December 2017), Mildmay HRH project, SUSTAIN HRH project and BTC – RBF Project.

### Network reporting on DHIS2

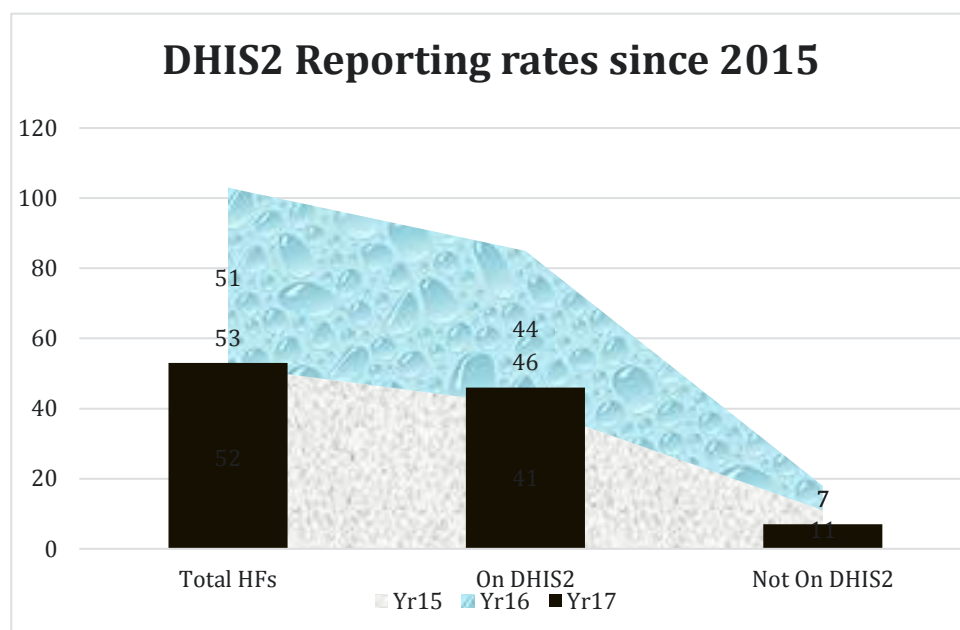
The network health facilities have been increasing their reporting and presence on the District Health Information system (software) across all districts over the past three years



Figure 1 shows facility reporting and presence on DHIS2

Source: UMMB HF's Inventory and DHIS2

By December 2017, 90% of the UMMB HF's are on the DHIS2 and are reporting with the districts and UMMB has rights to the DHIS2 to review and analyze the data. The general reporting rates on DHIS2 have been moving upwards since 2015. By December 2017, the bureau reporting rate was 87%. The Following facilities by December 2017 had not yet



been put on DHIS2 list in their respective districts.

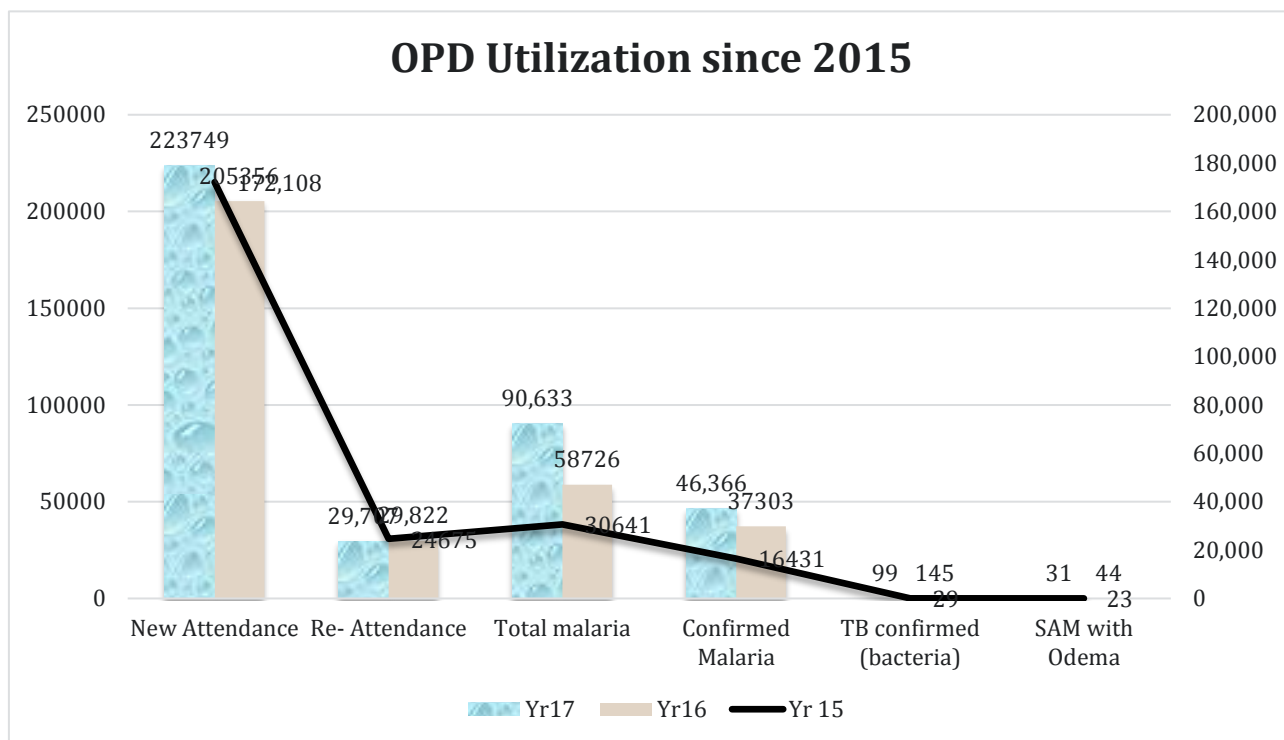
- i) Arahmah HCIV in Masaka District
- ii) Sheema Community HCIII in Sheema District
- iii) SAMI HCIII in Mpigi District
- iv) Ihsan HCII in Mukono District
- v) Lutengo Muslim Community HCII In Kalungu District
- vi) Alshifah HCII in Bunyangabo district

UMMB has engaged the different districts to make sure that all accredited facilities are registered on DHIS2 with the help of Regional coordinators. A process to develop a qualitative quarterly performance report tool (template customized to UMMB) by all UMMB HF's and regional Coordinators is underway to make sure that all the non- quantitative aspects of all UMMB network health facilities are reported and documented.

### **Performance on key indicators**

#### **Outpatient utilization.**

This has been the most utilized and *accessed* service in the UMMB network HF's. OPD Services contribute 40% of the total service utilization in the UMMB.



Source DHIS2 Jan- Dec 2017

There has been progress made in monitoring OPD utilization over years and a significant improvement and increase of quality and quantity has been realized generally in the past years.

Malaria (confirmed cases at OPD) has continued to dominate a case managed contributing 8%, 16% and 18% of the total OPD cases for 2015, 2016 and 2017 respectively. TB diagnosis (bacterially diagnosed) at OPD was at 0.04% of the total OPD cases. There has been a reduction of 0.02% in Bacterial TB cases registered at OPD compared to last year and this points to the quality of services which reduces of inter- transmission of TB at OPD. Cases of Severe Acute Malnutrition at OPD dropped from 44 in 2016 to 31 in 2017 which is a positive sign in the treatment of pediatrics in the UMMB network facilities.

#### UMMB contribution to National outputs at OPD Utilization

UMMB has continue to support and implement uniform service delivery policies and regulations from Ministry of health of Uganda. This has helped the network HFs to provide all services at OPD using the Ministry of health systems and policies and as such, UMMB HFs' outputs are compatible and comparable to MoH outputs. OPD utilization as compared to National outputs for selected key indicators is shown in the table below:

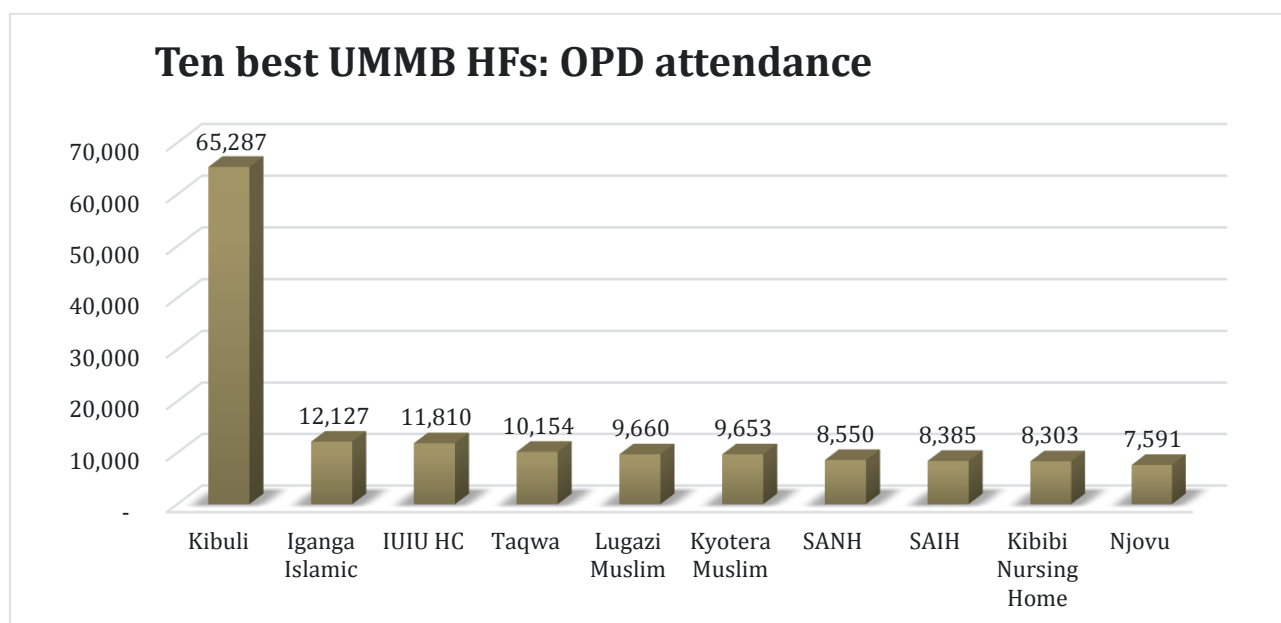
Table 1) UMMB OPD services Utilization contribution to national Outputs since 2015

Year	Institution	New OPD	Re- Attend. OPD	Total Malaria Confirmed	TB confirmed BACTERIAL	Severe acute malnutrition with Odema
2017( Jan-Dec)	MoH	42,226,398	3,842,922	10,250,993	31,351	57,813
Contribution	UMMB	223,749	29,707	46,366	99	31
		<b>0.50%</b>	<b>0.80%</b>	<b>0.50%</b>	<b>0.30%</b>	<b>0.10%</b>
2016(jan-Dec)	MoH	40,650,239	3,984,248	16,733,016	32,937	44,058
Contribution	UMMB	205,356	29,822	37,303	145	44
		<b>0.51%</b>	<b>0.75%</b>	<b>0.22%</b>	<b>0.30%</b>	<b>0.10%</b>
2015( Jan-Dec)	MoH	39,475,794	4,435,340	9,308,460	16,919	16,028
Cptribution	UMMB	172,108	24,675	16,431	29	23
		<b>0.44%</b>	<b>0.56%</b>	<b>0.18%</b>	<b>0.17%</b>	<b>0.14%</b>

Source: DHIS2

As seen in the table above, the UMMB contribution to national outputs has been increasing since 2015 for all indicators except for Severe Acute Malnutrition where it has been reducing from 0.14% to 0.1%. The increase is still small in terms of magnitude and this could be attributed to the robust accreditation systems which has reduced the number of health facilities accredited under UMMB within the average of 51 HFs for the past three years.

**Best performing HFs for the last year**



Source: DHIS2

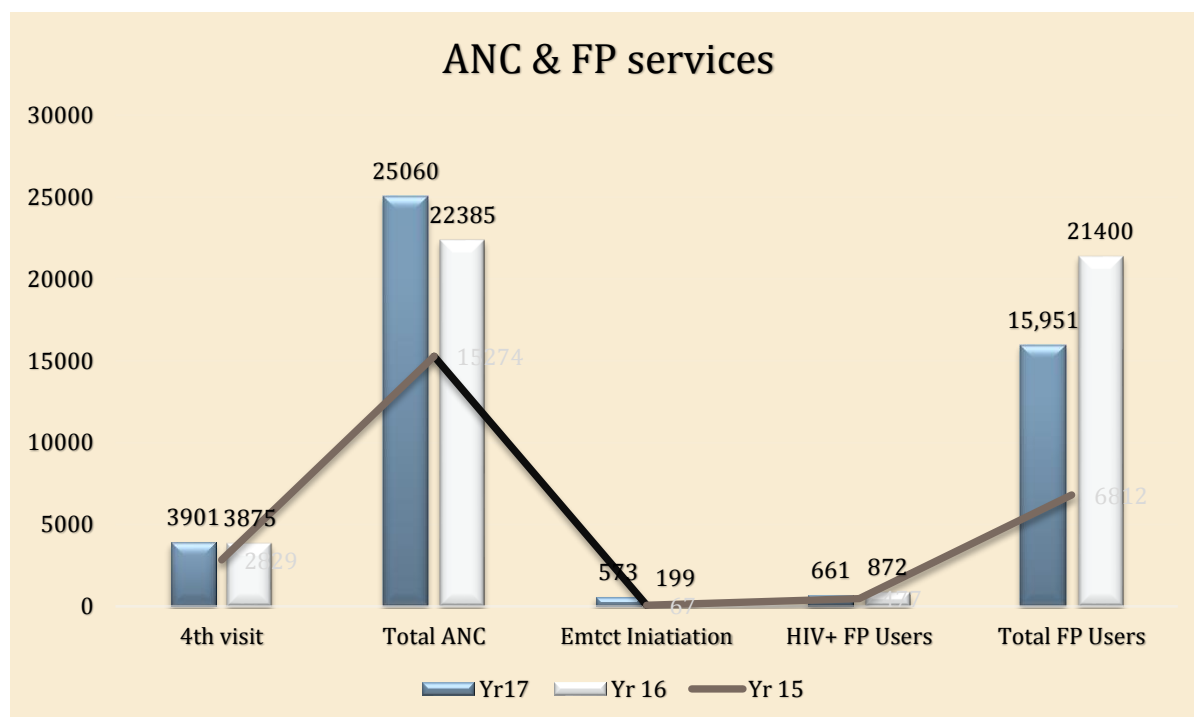
Kabuli Muslim Hospital has continued to perform better in terms of OPD utilization contributing 25% of the total UMMB network HFs OPD utilization. Iganga Islamic, IUIU, Lugazi, SANH, and SAIH have remained consistently improving. Kyotera Muslim, Njovu MC and Kibibi Nursing Home

improved their OPD utilization for 2017, becoming among the best ten performing HFs. The ten facilities contributed 60% of the total network OPD Utilization services.

## Maternal Child Health (MCH) services ANC AND Family planning services.

Facilities have continued to improve antenatal and family planning services. All facilities including some Health Center IIs also provide these services.

Graph: Shows ANC and Family Planning services provided since 2015



Source: DHIS2

Generally, ANC improvements have been realized since 2015 across all facilities. There was a significant increase in HIV+ mothers identified and enrolled in care for eMTCT throughout the three years period. In 2017 an increase of 188% of mothers initiated in care compared to 2016 and this could be attributed to the availability of qualified staff (both Midwives and Nurses) and the intensified community engagement by the network facilities through outreaches on immunization & malaria treatment using the ICCM mechanism. The ANC prevalence rate moved up to 2.3 in 2017 from 0.9% in 2016. This could be attributable to increasing number of mothers attending ANC services with increased community mobilization for ANC testing by health workers and VHTs in the communities. Family planning services has been integrated in MCH services by network HFs. UMMB provides all family planning methods except for permanent methods like Tuba ligation and vasectomy. When compared to 2015, FP services utilization increased by 134% and this could be attributed to Memorandum of Understanding signed with UHMG to scale up FP services in the network which improved access to FP services through community outreaches.

### ANC /FP services- UMMB Contribution to national outputs

UMMB has continued to support and implement uniform service delivery policies and regulations from Ministry of health of Uganda. This has helped the network HFs to provide all services at OPD

using the Ministry of health systems and policies and as such, UMMB HF's' outputs are compatible and comparable to MoH outputs. OPD utilization compared:

**Table 3: National outputs on ANC & FP compared with UMMB (UMMB contribution)**

Year	Institution	ANC 4th visits	Total ANC visits	Total HIV+ initiation for eMTCT	HIV+ FP users	Total FP users
2017( Jan-Dec)	MoH	686,526	4,584,484	28,368	178,329	2,907,125
		3,901	25,060	573	661	15,951
Contribution	UMMB	<b>0.57%</b>	<b>0.55%</b>	<b>2.02%</b>	<b>0.37%</b>	<b>0.55%</b>
2016(Jan-Dec)	MoH	669,660	12,660,491	32,379	202,835	4,497,663
		3,875	22,385	199	872	21,400
Contribution	UMMB	<b>0.58%</b>	<b>0.18%</b>	<b>0.61%</b>	<b>0.43%</b>	<b>0.48%</b>
2015( Jan-Dec)	MoH	663,090	4,381,742	17,268	172,097	1,180,273
		2,829	15,274	67	477	6,812
contribution	UMMB	<b>0.43%</b>	<b>0.35%</b>	<b>0.39%</b>	<b>0.28%</b>	<b>0.58%</b>

Source: DHIS2

The UMMB contribution to national outputs on ANC+FP has been increasing since 2015 but with a small magnitude. Significantly though is the fact that in 2017, UMMB contributed 2.02% of the total HIV+ mothers initiated on ART for eMTCT to the national output. This is attributed to the presence of qualified Midwives, training in eMTCT conducted by UMMB in 2016 and improved quality of health infrastructure for mothers' care.

#### Best performing HF's in the UMMB network on ANC

Facility Name	Total ANC	Total initiated on eMTCT
Kibuli Muslim Hospital	6,334	436
Iganga Islamic HCIII	2,961	33
Buwenge Hospital	2,402	6
Lugazi Muslim HCIII	1,823	17
Oriajin Hospital	1,403	4
Katadooba UMSC HCIII	1,338	9
Mbirizi Muslim HC HCIII	1,124	12

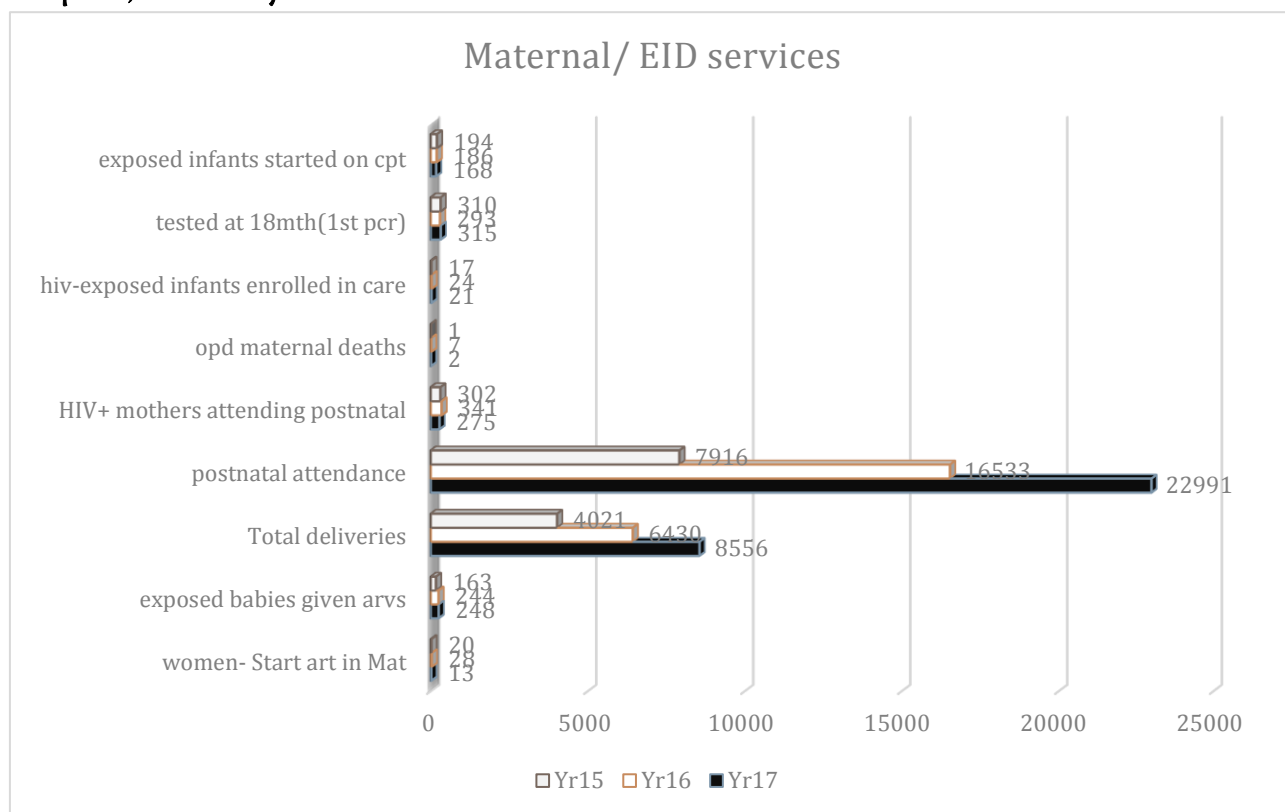
Source: DHIS2

Kabuli Muslim Hospital performed the best in terms of ANC utilization contributing 25.3% of the total UMMB network HF's ANC mothers. Iganga Islamic, Buwenge Hospital, Oriajini, Katadooba and Lugazi have remained consistently improving in ANC services. Mbirizi Muslim, improved their ANC utilization for 2017, becoming among the best seven performing HF's. The seven facilities contributed 69% of the total network Mothers attending ANC services.

#### Maternal services

UMMB network continued to provide maternity services in the year 2016. All HCIII's and above are accredited to provider eMTCT services (option B+). Some HCII's (8 HF's) also provide maternity services and are accredited for option B+. The presence of qualified Midwives and Enrolled Comprehensive Nurses have been instrumental in improving maternity departments in terms of management and equipment. This has contributed significantly to improved maternal health.

**Graph 4; Maternity & EID services since 2015**



Source: DHIS2

	Institution	women- Start ART in Maternity	exposed babies given ARVs	Total deliveries	postnatal attendance	opd maternal deaths	Exposed infants enrolled in care	tested at 18 <sup>th</sup> (1st pcr)	exposed infants started on cpt
2017	MOH outputs	3,071	49,879	1,063,314	2,413,286	1,403	3,094	67,383	53,961
	UMMB Outputs	13	248	8,556	22,991	2	21	315	168
	UMMB % contribution	0.42%	0.50%	0.80%	0.95%	0.14%	0.68%	0.47%	0.31%
2016	MOH outputs	3,097	49,879	998,044	1,893,835	1,802	4,119	63,540	53,961
	UMMB Outputs	28	244	6,430	16,533	7	24	293	186
	UMMB % contribution	0.90%	0.49%	0.64%	0.87%	0.39%	0.58%	0.46%	0.34%
2015	MOH outputs	4,971	45,898	1,122,838	1,117,983	1,543	6,989	60,231	48,752
	UMMB Outputs	20	163	4,021	7,916	1	17	310	194
	UMMB % contribution	0.40%	0.36%	0.36%	0.71%	0.06%	0.24%	0.51%	0.40%

There has been a consistent improvement/increase in the maternal services utilization and deliveries since 2015. This could be attributed to presence of qualified midwives at the health facilities, improved infrastructure for maternal services and increases community mobilization by health facilities through outreaches. There was a 25% increase in total deliveries in 2017 compared to 2016

across the network. There has been a significant improvement in postnatal services in the network attributable to voucher projects run across the network facilities. There was an increase of 108% and 39% in 2016 and 2017 respectively for mothers attending postnatal services in the network and accreditation of all HCIIIs and some HCIIIs for eMTCT. The HIV+ exposed infant rate was at 2.9% in 2017 compared to 3.8% of 2016, 100% (i.e. 2.9% of total deliveries) of HIV+ exposed infants were initiated in the exposed Infant diagnosis care for monitoring of all babies for HIV/AIDs. 8% of infants monitored were initiated on ART treatment (turned positive).

**Table 4: UMMB contribution to national out outputs on maternity and EID services**

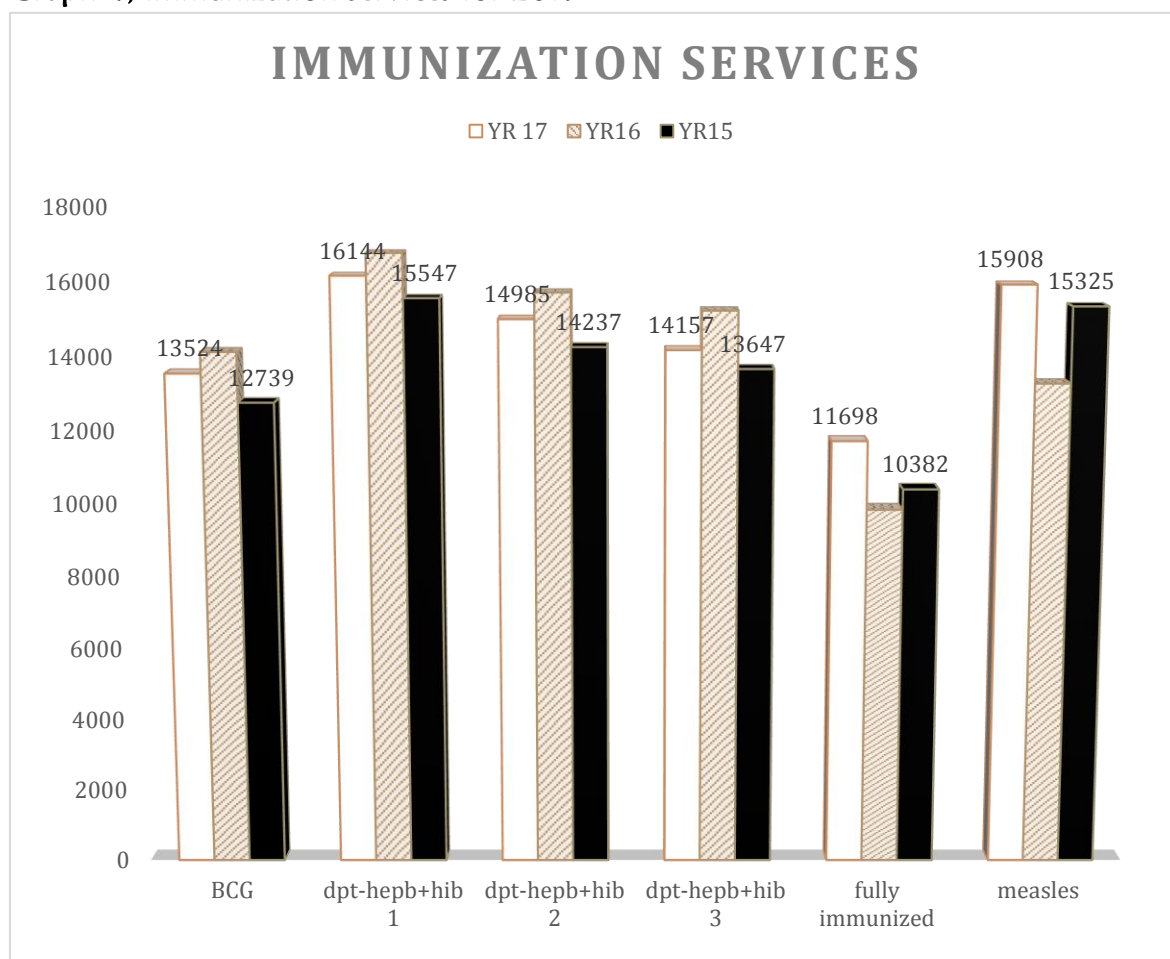
Source: DHIS2

The UMMB contribution to national outputs on maternal services has been increasing since 2015 but with a small magnitude. UMMB performs better in terms of Total deliveries and the performance was near to 1% of the national total deliveries by 2017, significant to note is the fact that UMMB has reduced maternal deaths with only two deaths happening in 2017. This is attributed to the presence of qualified service providers like gynecologists, Doctors Midwives, and improved quality of health infrastructure for mothers' care.

### IMMUNISATION SERVICES

Immunization has continued to be integral community activities for UMMB network HFs. It is carried out at both static and outreach level. The graph below shows the performance in terms of immunization since 2015

**Graph 4; Immunization services for 2017**



Source: DHIS2



Compared to 2015, there is an increase in immunization for all doses. DPT2 & DPT3 dropout rate was 5% and 6% for 2016 and 2017 respectively. Measles immunization increased in 2017 compared to 2015 with an increase of 4%. The immunization completion rate (fully immunized) for 2017 was established at 86% in 2017.

#### UMMB contribution to national outputs on immunization services.

The UMMB contribution to national outputs on immunization has been increasing since 2015 but with a small magnitude. UMMB contributed 1.09% and 1.13% for fully immunized and Measles in 2017, this is very significant performance for UMMB. The national immunization completion rate is 68% while UMMB had 86% immunization completion rate which means we are moving in the right direction

This is all illustrated in the table below

**Table 5; UMMB contribution to national immunization services**

institution	BCG	dpt-hepb+hib 1	dpt-hepb+hib 2	dpt-hepb+hib 3	fully immunized	measles
MOH outputs	1,578,086	1,661,449	1,559,033	1,542,309	1,075,665	1,412,170
UMMB Outputs	13,524	16,144	14,985	14,157	11,698	15,908
UMMB % contribution	0.86%	0.97%	0.96%	0.92%	1.09%	1.13%
MOH outputs	1,683,398	1,720,295	1,621,973	1,599,153	1,101,705	1,430,696
UMMB Outputs	14,107	16,749	15,698	15,214	9,825	13,255
UMMB % contribution	0.84%	0.97%	0.97%	0.95%	0.89%	0.93%
MOH outputs	1,669,914	1,707,916	1,111,110	1,561,500	1,105,388	1,612,498
UMMB Outputs	12,739	15,547	14,237	13,647	10,382	15,325
UMMB % contribution	0.76%	0.91%	1.28%	0.87%	0.94%	0.95%

Source: DHIS2 2017

Table 6: Ten best UMMB performing HFs in immunization

#### Best UMMB immunization HFs for 2017

HF Name	bcg	dpt-hepb+hib 1	dpt-hepb+hib 2	dpt-hepb+hib 3	fully immunized	measles	Total Immunization
Kibuli Muslim Hospital	3,178	2,028	1,807	1,675	2,420	3,357	<b>14,465</b>
Buwenge Hosp. & Med. Centrel	1,549	1,415	1,344	1,474	1,056	1,357	<b>8,195</b>
Bweyogerere HCII	536	1,046	897	601	983	983	<b>5,046</b>
Kakungube UMSC	750	713	736	760	884	924	<b>4,767</b>
SAIH	621	1,021	976	954		871	<b>4,443</b>
Lugazi Muslim	485	825	797	755	696	639	<b>4,197</b>
Iganga Islamic	736	850	647	717	468	486	<b>3,904</b>
Mbirizi Muslim HC	424	919	680	531	441	690	<b>3,685</b>
Oriajini Hospital	376	598	551	469	367	319	<b>2,680</b>
Jinja Islamic HC	333	426	391	419	551	552	<b>2,672</b>
Bombo UMSC HC	501	541	548	471	271	324	<b>2,656</b>

Source:  
DHIS2

Kabuli Muslim Hospital performed the best in immunization for all doses contributing 16.7% of the total immunization for the UMMB network HFs.

Iganga Islamic, Buwenge Hospital, SAIH, Oriajini Hospital, Kakungube UMSC HCII, Lugazi Muslim HCIII, and Jinja Islamic HCIII have remained consistently improving at immunization s services. Mbirizi Muslim, Bweyogerere Hassan Tourabi, and Bombo UMSC improved their immunization utilization for 2017, becoming among the best Ten performing HFs. The ten facilities contributed 65% of the total network babies immunized for all doses in the year 2017.

### HIV/AIDS services

UMMB has made a break through as most of its facilities are providing HIV/AIDS services both preventive and curative. In terms of HIV prevention, all facilities are providing HIV counseling and testing services while HCIII, IVs and general hospitals are providing circumcision services for prevention purposes. In terms of curative, HIV/AIDS treatment is improving as more centers are accredited for ART services. UMMB is implementing the 90, 90, 90 and Treat strategy of HIV/AIDS management and by December 2017, the following were accredited ART sites

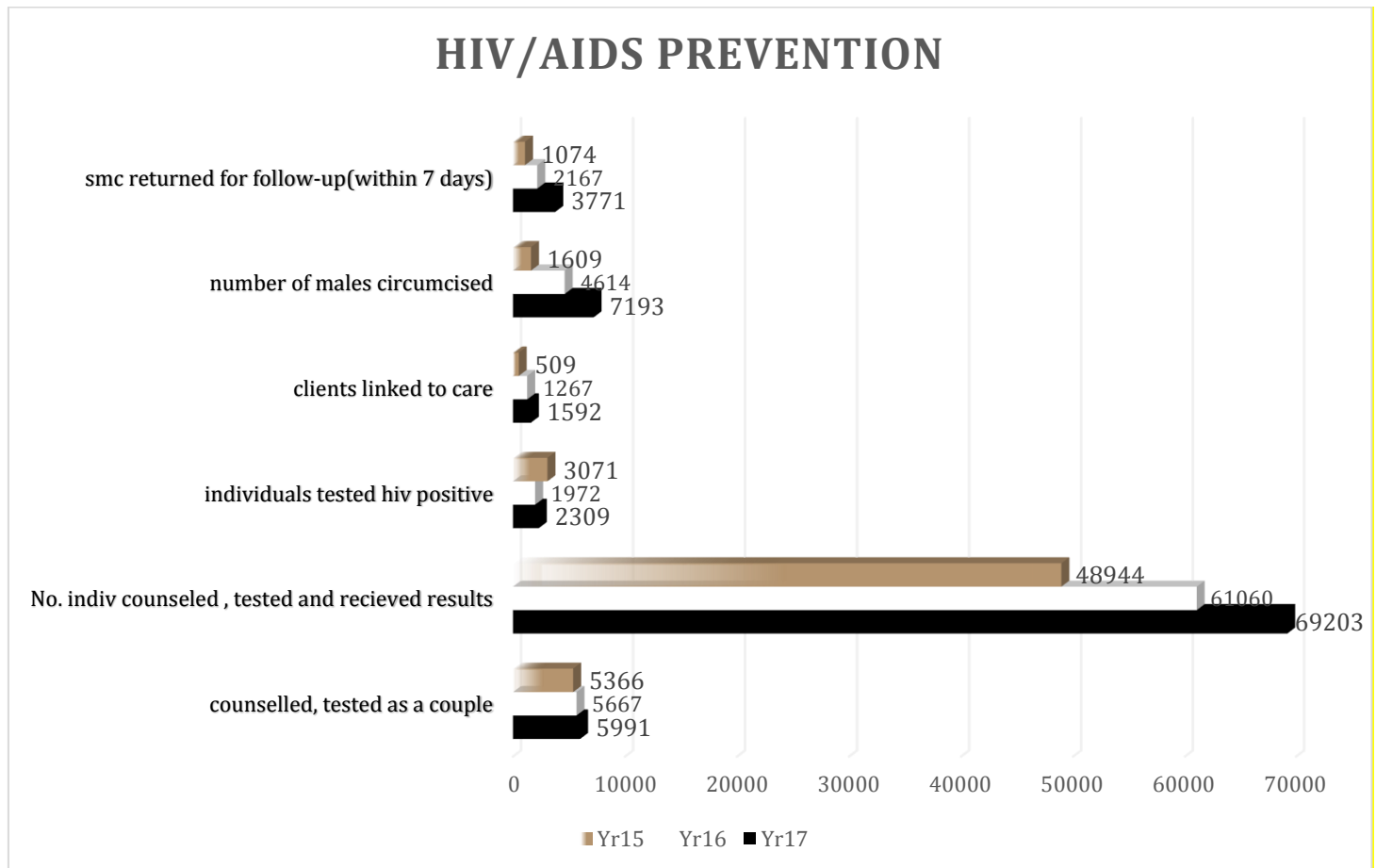
1. Kibuli Muslim Hospital in Kampala district
2. Saidina Abubakar Islamic hospital in Wakiso
3. Oriajini Hospital in Arua district
4. Buwenge hospital & Medical Centre in Jinja district
5. Iganga Islamic HC in Iganga district
6. Jinja Islamic HC
7. Lugazi Muslim HC in Buikwe
8. Nakatonya HC in Luwero
9. Bweyogerere Hassan Tourabi HC in Wakiso
10. Taqwa CBC HC in Wakiso
11. Mityana UMSC HC in Mityana
12. Kibibi NH HC in Butambala

- 13. Mbirizi UMSC HC in Lwengo
- 14. Lyantonde Muslim HC in Lyantonde
- 15. Katadooba UMSC HC in Kasese
- 16. Saidina Abubakar NH HC in Kampala

**HIV PREVENTION: HCT and Circumcision services.**

The graph below shows the preventive measures for UMMB network facilities in 2017.

**Graph 5: Shows circumcision and HCT services since 2015**

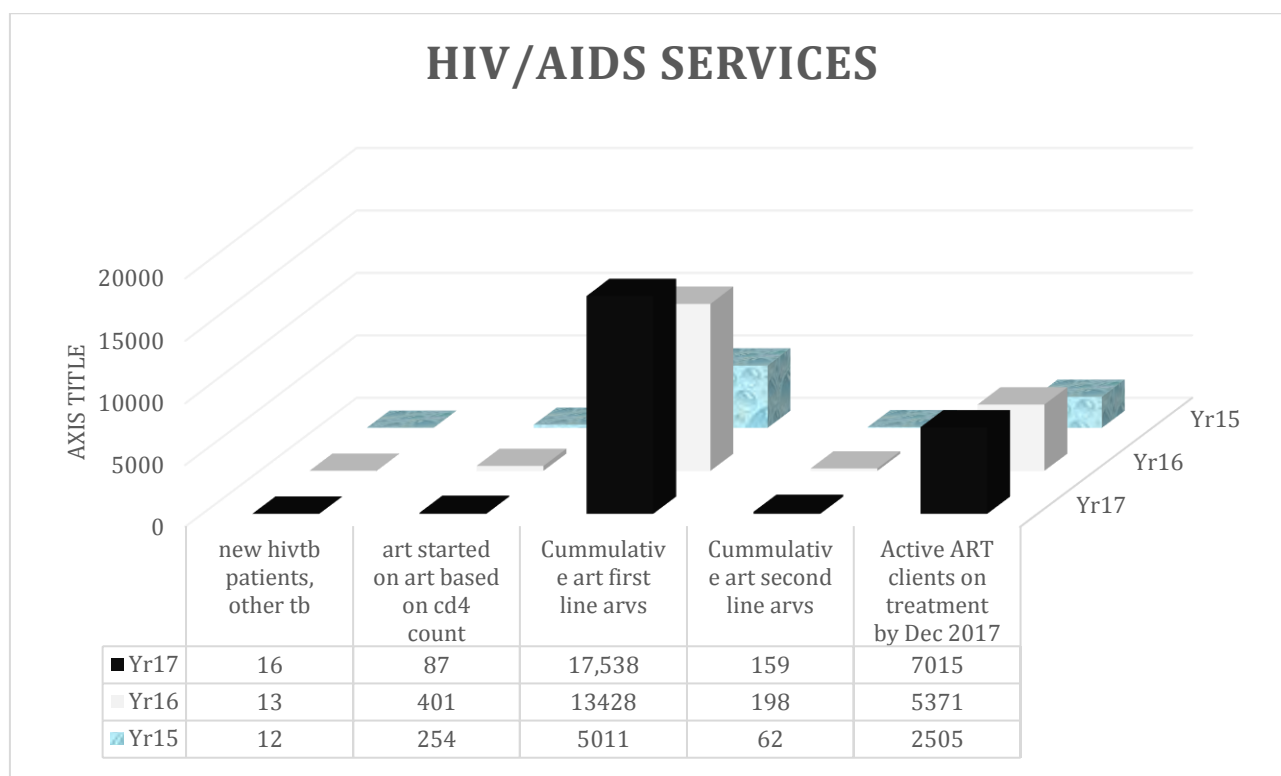


Source: DHIS2

As seen above, there has been a consistent increase over the three years as regards HCT services between 2015 and 2017. An increase of 13% was registered in 2017 while 24% increase was registered in 2016. A total of 7193 people were circumcised as a preventive measure in the year 2017 compared to 4614 in 2016, representing a 52% increase in 2017. The clients circumcised were followed up within 7 days after circumcision.

The HIV prevalence rate was established at 6%, 3% and 3% for 2015, 2016 and 2017 respectively. 69% and 64% of HIV+ clients were started on treatment ( linked to care) the balance represent a portion of non- accredited HCIIIs and HCIIIs for ART who refer these HIV+ clients elsewhere for further management.

## HIV/AIDS services



Source DHIS2

By December 2017 a total of 7,015 clients were active in care across all UMMB network ART sites. Cumulatively UMMB has had more clients dropped and lost to follow up due to the fact that previously most ART sites didn't have HIV/AIDS support to manage HIV/AIDS better as it is now and it is expected that the trend will soon change.

The number of clients started on ART basing on CD4 count had significantly reduced by 360% compared to 2016 because of the Test and Treat (TT) approach employed in a bid to accelerate epidemic control in Uganda following the 90,90,90 target.

Most clients are on 1<sup>st</sup> line ARVs (98%) while only 2% are on 2<sup>nd</sup> line drugs. No clients by December 2017 was on 3<sup>rd</sup> line drugs in the network.

TB/HIV+ co-infection is still very low in the UMMB network with only 41 clients reported in the past three years as having both Tuberculosis and HIV/AIDS ( New cases). More work is need to increase this particular indicator in the network.

## UMMB contribution to National outputs on HIV/AIDS services

	Institution	counselled, tested as a couple	No. individuals counseled tested and received results	number of males circumcised	Cumulative art first line ARVs	Cumulative art second line ARVs
2017	MOH outputs	510,611	8,709,375	855,359	3,933,054	162,163
	UMMB Outputs	5,991	69,203	7,193	17,538	159
	UMMB % contribution	1.17%	0.79%	0.84%	0.45%	0.10%
2016	MOH outputs	533,799	7,976,366	426,917	3,418,051	137,671
	UMMB Outputs	5,667	61,060	4,614	13,428	198
	UMMB % contribution	1.06%	0.77%	1.08%	0.39%	0.14%
2015	MOH outputs	509,906	8,129,466	259,668	1,525,300	61,222
	UMMB Outputs	5,366	48,944	1,609	5,011	62
	UMMB % contribution	1.05%	0.60%	0.62%	0.33%	0.10%

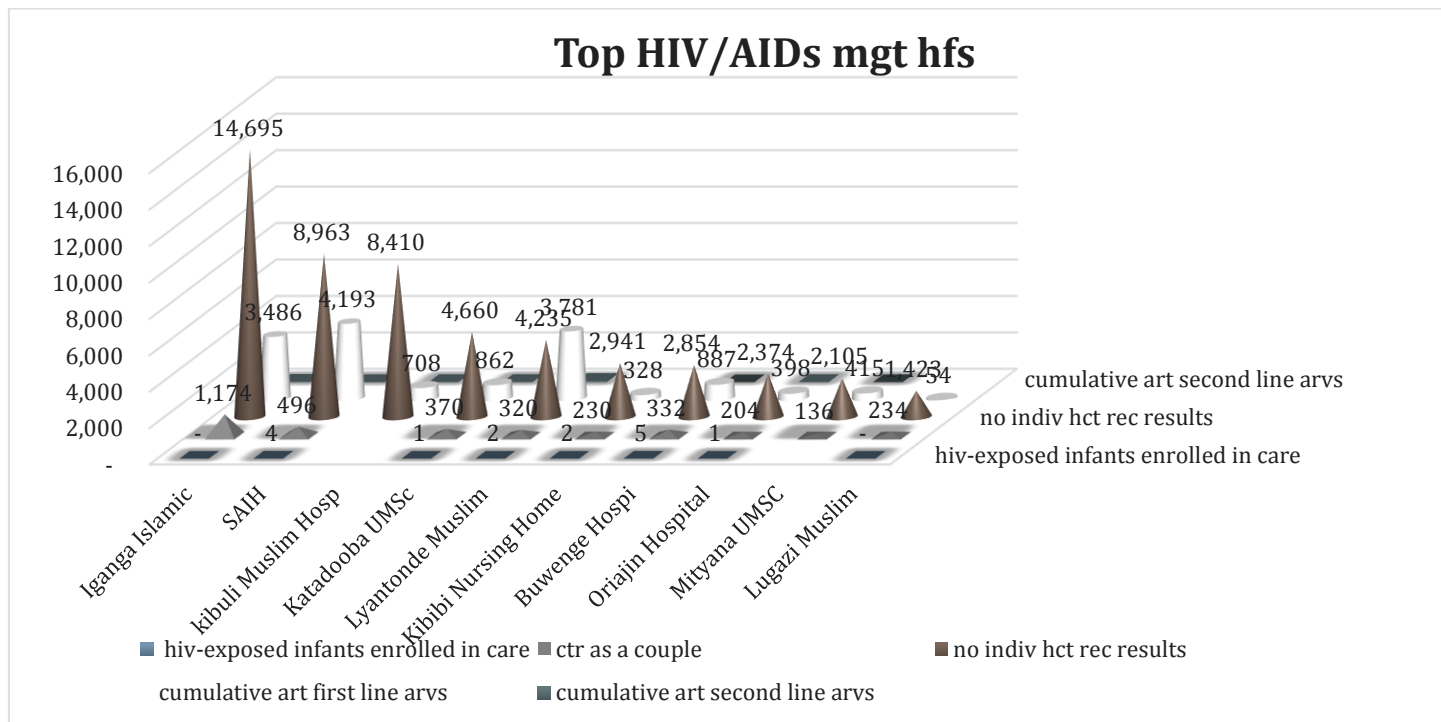
Source: DHIS2

The UMMB contribution to national outputs on HIV/AIDS has been increasing since 2015 but with a small magnitude. UMMB has significantly contributed in terms of couple counselling where it has been contributing 1.05%, 1.06% and 1.17% in 2015, 2016 and 2017 respectively. It is also performing better in circumcision where it hit 1.08% of the national circumcision rates. More efforts are needed in terms of HIV counselling and testing and ART or HIV/AIDS management services in the network since we are performing below 1% of the national outputs.

Best performing UMMB HFs in HIV/AIDS prevention and management.

Iganga Islamic HCIII performed the best in HIV counseling and testing contributing 21.6% of the total HIV counseling and testing services for the UMMB network HFs in 2017.

Kibuli, Buwenge Hospital, SAIH, Oriajin Hospital, Lugazi Muslim HCIII, and Jinja Islamic HCIII have remained consistently improving at HCT services. Kibibi Nursing Home HC improved their HCT utilization for 2017, becoming among the best Ten performing HFs in HIV/AIDS management.

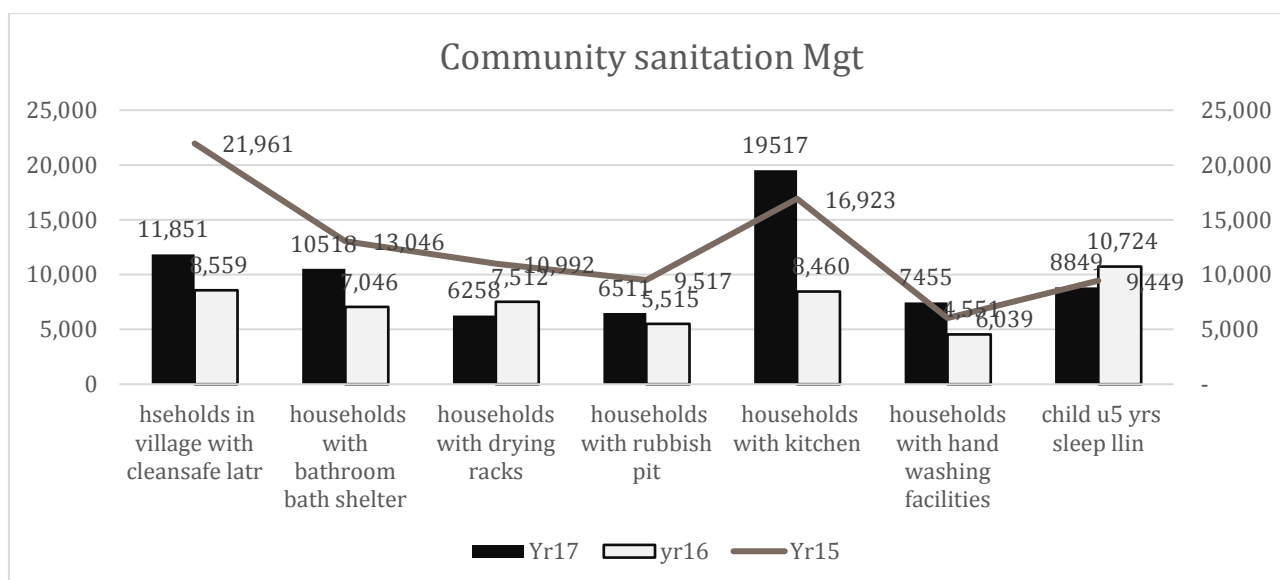


Source: DHIS2

### COMMUNITY SANITATION MANAGEMENT (CSM) IN 2017

This is a new component that UMMB has added on the monitored indicators to ensure that the living conditions of the community improve in the UMMB network. Sanitation management and monitoring ensures high levels of hygiene and community well-being to be effective at preventing the spread of diseases in the community and control the expenditure on the health. In UMMB network HF's. Only 10 facilities reported on Community sanitation through VHTs and community extension workers. This represents 19% of the total network reporting for CSM in 2017. The outputs are displayed in the graph.

Graph 6: UMMB community sanitation management for 2017.



Source DHIS 2

The year 2015 performed well in terms of household with clean source water amounting to 21,961 households reported. While in 2017 households with a kitchen reported better having 19,517 households. And 2016 total households with children sleeping under long lasting treated mosquito nets were 10,724 reported under the UMMB network. The least number of households reported are those with rubbish pit averaging at 7,181 households in the three year period. Households with kitchen are more reported in the network averaging at 14,966 households having kitchen in the past three years.

### UMMB contribution to National outputs on Community Sanitation management

The UMMB contribution to national outputs on community sanitation management through the ICCM approach has been with mixed variations. 2015 recorded the best contribution and this is attributed to poor reporting especially HMIS1097 at facility level. Significant though is that UMMB contributed 1.13% of the households that had good kitchen services in their homes in 2017. UMMB also contributed significantly in terms of households with clean safe water in 2015 contributing 1.43% of the national outputs. More efforts are needed in terms of VHT sensitization on reporting and documenting community work and activities carried by reporting in HMIS097 since we are performing below 1% of the national outputs on most of the indicators in HMIS097.

Table 7: UMMB contribution to national Community sanitation management services ( VHTs)

	Institution	households in village with clean safe latrines	households with bathroom bath shelter	households with drying racks	households with rubbish pit	households with kitchen	households with hand washing facilities	child under 5 yrs sleep llin
2017	MOH outputs	14,127,789	11,814,576	1,338,541	1,030,935	1,725,658	755,511	1,986,140
	UMMB Outputs	11,851	10,518	6,258	6,511	19,517	7,455	8,849
	UMMB % contribution	0.08%	0.09%	0.47%	0.63%	1.13%	0.99%	0.45%
2016	MOH outputs	1,413,016	1,239,910	1,208,387	915,027	2,505,941	717,765	1,816,738
	UMMB Outputs	8,559	7,046	7,512	5,515	8,460	4,551	10,724
	UMMB % contribution	0.61%	0.57%	0.62%	0.60%	0.34%	0.63%	0.59%
2015	MOH outputs	1,533,061	1,328,559	1,194,784	934,010	1,603,170	666,918	1,814,629
	UMMB Outputs	21,961	13,046	10,992	9,517	16,923	6,039	9,449
	UMMB % contribution	1.43%	0.98%	0.92%	1.02%	1.06%	0.91%	0.52%

Source DHIS2

### Best performing HFs in CSM

Kabigi Muslim HCIII performed the best in community sanitation management contributing 40% of the total households reported with clean source of water, 43% of the reported households with bath shelter, 43% of the reported households with drying wrack, 53% reported household with rubbish pit and 52% of reported households with kitchen, 43% of reported households with hand washing



facilities and 10% of reported households with children under 5 years sleeping under a LLN for the UMMB network HFs.

Nakatonya HC, Lugo HC, Njovu MC, Kawoko Muslim HC, Kibibi NH HC, and Lugazi Muslim HCIII, have remained consistently improving at community sanitation management and monitoring in the communities and reporting

The Seven facilities contributed 93% of the total network reported community sanitation management through the VHTs in the year 2017.

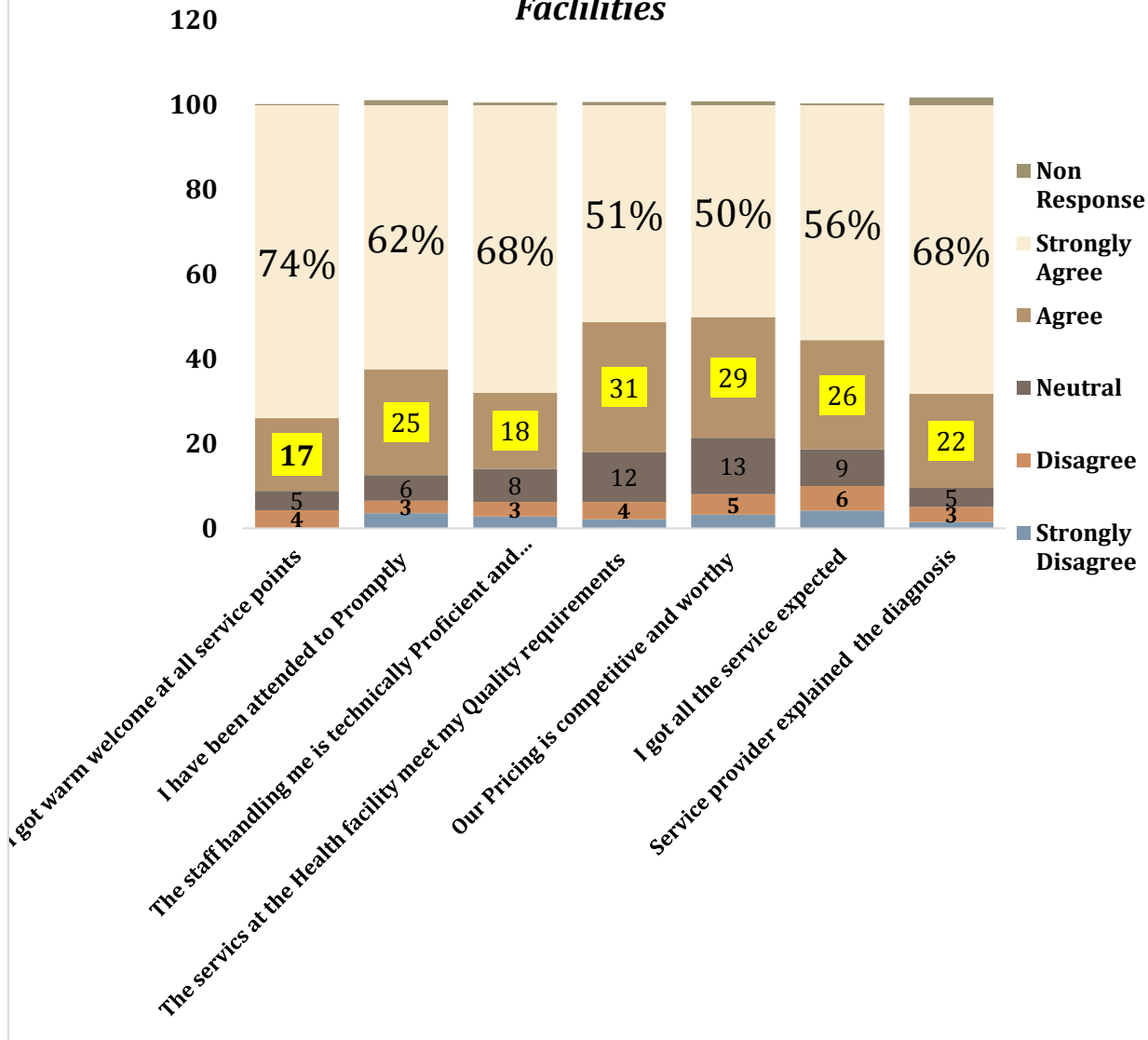
More efforts are needed in strengthening VHTs community work (activities), reporting on HMIS097, encourage urban community reporting (for Urban and semi-urban HFs) and VHTS monitoring in the UMMB network if we are to contribute fully to household sanitation improvement

## QUALITY ASSURANCE

**Customer satisfaction** is defined as "the number of **customers**, or percentage of total **customers**, whose reported experience with a firm, its products, or its services (ratings) exceeds specified **satisfaction** goals." An exit interview survey was carried out by the QA department of the UMMB.

Client satisfaction survey forms were supplied to twenty five UMMB health facilities, however, only eleven health facilities had submitted their feedback for analysis. A total of 788 respondents from the eleven health facilities participated in the survey by answering the questionnaire. The eleven health facilities included; Nakatonya HC III, Lugazi Muslim HC III, Oriajin hospital, SAMI HC III, Kibibi HC III, Iganga HC III, Kiwanyi HC II, Lugo HC III, Mpondwe HC II, Arahma HC IV and Alhijira HC III.

**Client Satisfaction survey Feedback from eleven UMMB Facilities**



As shown from graph (A) above, the majority 74% (551) of the respondents strongly agreed that they got warm welcome from all the service points followed by 68% (533) who reported that the staff who handled them were technically proficient and they explained the diagnosis, 62% (487) were attended to promptly and the rest were slightly above average at 56% (436), 51% (401) and 50% (392) strongly agreed that all the expected services were got, services at the facility were of good quality and the pricing was competitive and worthy respectively. On the other hand some respondents were neutral and disagreed that the pricing was competitive and worthy with 21% (167), followed by 19% (146) disagreed with receiving the expected services and 18% (141) who disagreed with the quality of the facility services.

Respondents also disagreed with the service provider explaining the diagnosis, being attended to promptly, staff technically proficient and receiving a warm welcome with 10%, 13%, 14% and 9% respectively.

**Recommendation about customer satisfaction feedback**

The clients are the reasons why service providers exist and they play the biggest role of providing the health facility with a firm capital. Therefore, all service providers must lay strategies to ensure that the majority of the clients are satisfied at 100%.

THE SUMMARY OF SQIS and accreditation

No	Facility name	District	Level	SQIS (%)	Accreditation (%)
<b>Hospitals and health centre IVs</b>					
1	Buwenge Hospital	Jinja	Hospital	78	56
2	Saidina Hospital	Wakiso	Hospital	66	72
3	Al-rahma Medical Centre	Masaka	IV	61	58.8
4	Oriagin Hospital	Arua	Hospital	64.9	28
<b>Health centre IIIs</b>					
5	Lugazi Muslim HC	Buikwe	III	78	88
6	Iganga Islamic Medical C	Iganga	III	77	61.6
7	NJovu Islamic community Medical Centre	Luwero	III	66.6	61.6
8	Taqua CBO HC	Wakiso	III	63	60
9	Al-hijira Muslim H/C	Buikwe	III	61	61
10	Kyotera Muslim	Rakia	III	60	60
11	Crescent Medical Centre	Jinja	III	60	58
12	Lyantonde Muslim	Lyantonde	III	58.8	65.8
13	Bweyogerere Health Centre	Wakiso	III	58	56
14	Nakatonya Community HC	Luwero	III	47.7	66
15	Jinja Islamic HC	Jinja	III	48	50
16	Saidina Nursing Home	Kampala	III	62	22
17	Lugo H/C	Luwero	III	46	38
18	Kakungube H/C	Mubende	II	36.3	25

The Bureau also supported establishment, reactivation and sustainability of Quality working improvement teams in 28 health facilities.

### SPARS Performance Report for 2017

The purpose of this report is to;

1. Present the Bureau and regional, MMS and facility performance for the quarter.
2. Present progress of Essential Medicine SPARS (**EM SPARS**), Pharmaceutical Financial Management (**PFM**) and **ART SPARS** implementation in the different regions to date
3. Present facility **Good Pharmacy Practice (GPP) certification** status
4. Present the stock status for indicator items during the quarter.

**a) Table 1: UMMB facilities Regional performance dash board as at Jan -Dec 2017**

Parameter	EM SPARS
Bureau position on national league table ( out of 4 bureaus)	1
Best performing regions (out of 8 regions) -	5
Average Bureau score	20.9
Percent of facilities with achieving a score of 80%	48
Percent of facilities with score below 60%	8
Number of facilities never supervised	1
Percent of facilities Good Pharmacy Practice certified	0

*EM SPARS is scored out of 25,*

*Pharmaceutical Financial Management: Training of staff to implement this activity was carried out in November 2017*

**b) MMS performance**

The Bureau has 8 trained Medicines Management Supervisors (MMS) of which all of them are also regional Coordinators, who oversee all health-related activities in their regions.

The Performance of MMS is detailed in table 2 below;

**Table 2: Supervision visits conducted Jan - Dec 2017**

MMS Name	# of facilities for MMS	Target # visits for year	# of visits conducted In 2017	% facilities correctly using stock book ( $\geq$ 80%)	SPARS
Masereka Umar	7	28	28	70	100
Okura Saidi	4	24	24	60	100
Mwonda Isaac	2	12	12	100	100
Muweta Juma	5	20	17	60	85
Lukabwe Twaibu	6	24	19	50	50
Candia Umar	3	18	9	33	33
Ngobi Samir	1	78	0	57	0
Kitalemire Halimu	3	18	0	33	0

Health facilities are supervised every 2 months until visit 5 and thereafter every 4 months or 6 months depending on the performance. The targets in table 2 were discussed and arrived at with the MMS. 2 MMS' performance is way below target for the period because they were practically oriented in April 2018.

*The SPARS total score improved from an average total score of 11.1 at visit 1 to 20.9 at last visit out of a standardized maximum score of 25.*

Table 3: shows the performance on health facilities in 2017

No.	SPARS PERFORMING			SPARS		
	Health Facility	District	Responsible MMS	Last visit No.	Last Visit Date	Last SPARS Total Score
1	Mbarara Muslim HC3	Mbarara	Masereka Umar		16/11/17	24.3
2	Saidina Umar HC2	Mbale	Okura Saidi		12/12/17	24.1
3	Mbirizi UMSC HC	Lwengo	Masereka Umar		15/11/17	23.4
4	Munathammat HC2	Lwengo	Masereka Umar		14/12/17	23.3
5	Nyamirima HC2	Mbarara	Masereka Umar		20/11/17	23.3
6	Lyantonde Muslim HC	Lyantonde	Masereka Umar		15/12/17	22.3
7	Bushenyi UMSC HC2	Bushenyi	Masereka Umar		19/11/17	22.7

8	IUIU HC3	Mbale	Okura Saidi		17/11/17	22.8
9	Nyamitanga IMAU HC2	Mbarara	Masereka Umar		19/12/17	22.1
10	Kiwanyi HC3	Iganga	Mwonda Isaac		20/12/17	21.2
11	Iganga Islamic HC3	Iganga	Mwonda Isaac		22/12/17	21.1
12	Buwenge Hospital & MC	Jinja	Muweta Juma		22/12/17	21.8
13	Sumayya HC2	Kapchorwa	Okura Saidi		16/11/17	21.3
14	Ahamadiya HC4	Mbale	Okura Saidi		14/10/17	20.7
15	Alhijra HC2	Jinja	Muweta Juma		8/10/17	20.7
16	MUKONO MUSLIM	MUKONO	NGOBI SAMIR	2	15/09/17	12.3
17	TAQUA HC3	WAKISO	NGOBI SAMIR	3	10/09/17	16.8
18	SAIDINA ADUBAKAR	KAMPALA	NGOBI SAMIR	3	08/09/17	16.3
19	MPCONDWE HC2	KASESE	KITALIMIR E	2	08/06/17	16.8

## **THEMATIC AREA: HUMAN RESOURCES**

It is important to ensure an adequate number of well skilled and competent staff, strengthen mechanisms for retention, motivation and performance of the workforce for better service delivery and health outcomes. UMMB has registered a number of achievements in as far as strengthening the human resource base and skills is concerned, but there are still gaps that would need to be carefully addressed while at the same time ensuring that the positive aspects developed over the last planning period are harnessed.

**Strategic objective: Develop and strengthen the human resource base at the UMMB secretariat and at the health facilities.**

During the year 2017, the UMMB Secretariat managed to maintain a total number of 10 staff (The Executive Secretary, M&E Officer, Accounts Officer, Human Resource Development Coordinator, Human Resource manager, Medicines Logistics Officer, Internal Auditor, Logistics Assistant, Accounts assistant, Quality Assurance Officer and a Driver). These supported implementation of the activities at the Secretariat and 8 Regional Coordinators who doubled as Medicines Monitoring Supervisors. Under partnership with USAID/SUSTAIN project and Mildmay Uganda the Bureau recruited and managed the payroll of 51 qualified health workers as indicated below.

District	Health Facility	Medical Officer	Clinical Officers	Enrolled Nurse	Enrolled Midwife	Laboratory technician	TOTAL
Mbale	Ahmadiyya Muslim MC			4	1		5
Mbale	Islamic University HC		1	3	1		5
Iganga	Iganga Islamic MC	1		2	2	1	6
Iganga	Kiwanyi Health Centre		1	2	2		5
Bushenyi	Bushenyi Muslim HC		1	2	1		4
Mbale	Saidina Umar Health Centre		1	2	1		4
Kapchorwa	Sumayya Health Centre			1			1
Lyantonde	Lyantonde Muslim HC		1	1	1	2	5
Lwengo	Munathammat Health centre		1		1		2
Bukomansimbi	Kawoko Muslim HC		1	1			2
Bukomansimbi	Kabigi Muslim HC				1		1
Butambala	Kibibi Nursing Home		1	1	1	1	4
Mityana	Mityana UMSC Health C		1	1	1	1	4
Luwero	Nakatonya Health Centre		1		2		3
	<b>TOTAL</b>	<b>1</b>	<b>10</b>	<b>18</b>	<b>15</b>	<b>6</b>	<b>51</b>

The health workers improved services at the health facilities. Waiting time for patients was reduced, the presence of the midwives increased the number of women seeking ante natal services, HCT services increased, and deliveries increased. Some facilities utilized the savings from user fees to make improvements in the health facilities – Kibibi Nursing Home renovated the facility, Bushenyi UMSC HC constructed a new building..

## TRAINING

**Leadership and Governance:** This was a four day training aimed at strengthening the relationship between the health unit management committees and the in-charges, improving on the leadership and managerial skills of new HUMCS and in-charges ,streamlining the roles and responsibilities of HUMCS and in-charges in managing the units and Improving on the performance of the HUMCS. This training was held at Nebbi hospital and supported by USAID-SHRH project implemented by IntraHealth.

The training targeted-Health unit management committee members (chair persons, vice chair persons and treasurers), the head of the administration (in-charges) and UMMB secretariat staff. A total of 24 participants attended the training. Other training sessions will be held for the remaining UMMB Network health facilities.

**Integrated Human Resource Information System (iHRIS):** This was a one day training of trainers aimed at streamlining HRH records, improving planning and self-Auditing of health facilities. It was held at Esella hotel and supported by USAID-SHRH project implemented by IntraHealth. The training targeted bureau data managers, regional coordinators and other stakeholders

**Performance Management (PM):** There were four training workshops each lasting for three days and supported by USAID-SHRH project implemented by Intra-health held at venues such as Mbarara, Masaka, Mbale, Luweero. The training workshop aimed at Identifying performance management gaps, interventions to bridge the gaps in performance management, identify skills /gaps on the agreed interventions, address the identified performance management gaps in the Muslim health facilities and formulate the performance management task teams in the respective health facilities supervised by UMMB regional coordinators. The training targeted HUMCs, administrators, facility in-charges, regional coordinators and bureau staff. Each training had a total of thirty two participants.

**Health Management Information System:** This was a five day training which comprised of records assistants, Medicines Monitoring Supervisors, clinicians and bureau staff. The training was supported by USAID-HSS project implemented by UPHS and held at Zebra hotel-Masaka with a total of forty two participants.

The main objectives of the training were to introduce participants to the Newly Revised HMIS tools, orient participants on correct and complete filling of various primary HMIS Tools/registers and explain key Indicators used for monitoring HMIS data as well as interpretation of the EMTCT codes and orient participants on use DHIS2 to perform data entry, analysis and interpretation.

## **HEALTH TRAINING INSTITUTIONS**

### **Nursing and midwifery Training**

The main strategic objective of Ministry of Education and Sports (MOES) is to make health training institutions suitable, accessible, relevant and affordable. A restructuring of the nursing and midwifery training is being undertaken.

New Curricula have been reviewed for certificate midwifery and diploma midwifery, but these lack teachers manual.

Certificate nursing, diploma nursing and diploma nursing extension are also being reviewed.

### **Uganda Allied Health Professionals**

Both continuing and final candidates were examined under the Uganda Allied Health Examination Board. The statement on release of UAHEB final examination results for end of academic year 2016/2017 was made on 28<sup>th</sup> September.

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## **THEMATIC AREA: INFRASTRUCTURE**

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UMMB aims at ensuring that health facilities meet standards for secure and accessible infrastructure that fully meet the diverse needs of the clientele. In order to achieve this, ongoing assessment and accreditation is done. The health facility accreditation scheme also includes infrastructural requirements. UMMB ensures that all its member facilities meet the infrastructure requirements for full accreditation.

In this regard UMMB supported facilities to improve on their structures. The construction of the new building of Lugazi Muslim Health Centre is progressing well. Their theatre is almost complete.



Bushenyi UMSC Health Centre continues to carry out construction of their new building and it is hoped to be completed during the coming year.

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

Advocacy involves different strategies that aim to influence decisions, actions, and attitudes at different levels, systems and institutions in order to gain support for and/or put a particular issue of interest on the agenda. For UMMB, advocacy and external relations are both a service to its membership but also a means to achieving the bureau's goals and objectives.

**UMMB's Strategic objective for advocacy is:**

**Strengthen linkages and partnerships between UMMB and other stakeholders at various levels and locations**

UMMB secretariat staff attended various meetings with stakeholders during the year. These included the Ministry of Health, development partners and other stakeholders. Inter-bureau meetings were organized to discuss issues of mutual interest. The formation of the Inter Bureau Coalition (IBC) is in progress. We continue to lobby for support from government and other donors. 50% PHC funds now are remitted to the health facilities from the districts while the remaining 50% is channeled to Joint Medical Store to supply essential medicines and supplies to our network health facilities. Efforts are being made to ensure all the UMMB facilities receive PHC funds.

Meetings were held with community leaders to discuss ways of managing health facilities that they have established. UMMB has secured funding from various development partners to support service delivery in the health facilities and build capacity at the UMMB Secretariat. These partners include Belgium Development Agency under the MoH/PNFP RBF project, USAID/SDS project, USAID/SUSTAIN project, CDC/Mildmay Uganda, USAID/UHSC project, USAID/UPHS program, IntraHealth International, UHMG.

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

The UMMB has a fully functional M&E department. Monitoring and evaluation (M&E) is as important as planning. M&E helps to ensure that the organization is following its plans; shows the extent to which goals and objectives are being achieved; and provides critical information that guides timely decisions to address new issues that may arise during the implementation process. The UMMB has endeavored to monitor its plans and interventions specifically through the regional coordinators, and through collection and compilation of data during periodic supervisory visits to the health facilities.

M & E Strategic objectives are:

Develop mechanisms to monitor and evaluate the UMMB strategic plan

Strengthen capacity of regional coordination teams to mobilize, supervise and monitor member health facilities

The UMMB organized trainings of secretarial staff and regional coordinators, on use of specific tools to collect, analyze and document information that can enable timely and relevant programmatic decisions at the bureau and within the membership.

## THEMATIC AREA: **FINACIAL REPORT**

### FINANCIAL MANAGEMENT: Financial Report 2017

Source	2015	2016	2017
Bank Balance b/f	28,586,377	37,146,569	61,940,443
Cash balance b/f	900,000	200,000	70,000
<b>Handling</b>	3,866,300	11,477,900	1,101,450
<b>Membership/Subscription fees</b>	8,495,000	7,105,000	5,455,000
<b>AGM contributions</b>	4,960,000	3,000,000	7,850,000
<b>Support supervision &amp; inspection fees</b>	150,000	100,000	960,000
<b>Refunds (other fees)</b>	0	-	0
<b>HF mgt.&amp; Training fees</b>	1,550,000	-	0
<b>Donations to UMMB (UMWA)</b>	13,498,000	60,000,000	0
<b>Mildmay Uganda HRH project</b>	153,580,364	171,268,774	140,567,265
<b>USAID/SDS project</b>	252,870,111	249,246,663	41,593,384
<b>Eye Conference</b>	34,757,500	-	0
<b>USAID/SUSTAIN Project</b>	0	0	216,555,120
<b>USAID/UPHS program</b>	0	0	199,344,041
<b>Commission earned</b>	0	0	800
<b>TOTAL</b>	<b>503,213,652</b>	<b>539,694,906</b>	<b>675,437,503</b>

UMMB OFFICE EXPENSES	2015	2016	2017
Administration	13,609,800	9,614,960	15,175,540
Institutional capacity	20,283,813	6,621,500	6,697,500
<b>SUB TOTAL</b>	<b>33,893,613</b>	<b>16,236,460</b>	<b>21,873,040</b>
<b>MILDMAY HRH SUPPORT</b>			
Salaries for H/W & PM STAFF	86,365,007	122,017,081	83,845,790
PAYE	10,109,783	18,934,446	14,595,244
NSSF	14,979,763	23,428,499	15,574,921
Health workers' Motivation	13,342,000	11,520,000	4,530,000
Local service tax	0	0	200,000
Support supervision	16,436,000	10,699,000	4,954,000
Administration	4,932,250	8,693,400	10,553,460
Transfer of un spent funds	0	0	9,491,140
<b>SUB TOTAL</b>	<b>146,164,803</b>	<b>195,292,426</b>	<b>143,744,555</b>
<b>SDS HRH SUPPORT</b>			
Salaries for PM staff & H/W	158,824,731	159,967,724	27,921,730
PAYE	18,088,852	20,924,047	4,293,115
NSSF	29,585,123	29,336,280	5,086,543
Health workers' Motivation	13,746,361	12,135,238	2,160,000

Training workshops	8,630,200	-	0
Administration	4,376,900	6,307,560	1,204,404
Support supervision	17,799,000	18,742,000	5,054,000
Transfer of unspent funds	0	0	3,303,326
<b>SUB TOTAL</b>	<b>251,051,167</b>	<b>248,219,977</b>	<b>49,023,118</b>
<b>MUNATHAMAT</b>			
Eye conference	34,757,500	-	-
<b>SUB TOTAL</b>	<b>34,757,500</b>	<b>-</b>	<b>-</b>
<b>UMWA (HSS project)</b>			
Building materials		4,935,601	12,141,000
Anaesthesia machine		10,000,000	
Labour costs		3,000,000	
Fabrication of windows and door	0	0	18,100,000
Doors, Tiles and bank charges	0	0	8,723,300
<b>SUB TOTAL</b>		<b>17,935,601</b>	<b>38,964,300</b>
<b>USAID/SUSTAIN PROJECT</b>			
Net salaries for H/W & PM Staff	0	0	154,326,820
P A Y E	0	0	25,611,611
15% NSSF	0	0	25,410,797
Local Service Tax	0	0	800,000
Admin costs	0	0	3,333,916
Support Supervision	0	0	4,580,000
<b>SUB TOTAL</b>			<b>214,063,144</b>
<b>USAID/UPHS program</b>			
Net salaries for PM Staff	0	0	48,365,500
P A Y E	0	0	18,264,500
15%NSSF	0	0	10,620,000
Local service Tax	0	0	630,000
Travel	0	0	630,000
Admin costs	0	0	7,907,890
Over head Costs	0	0	7,578,100
Programme specific costs	0	0	96,910,531
<b>SUB TOTAL</b>			<b>190,906,521</b>
<b>GRAND TOTAL</b>	<b>465,867,083</b>	<b>477,684,464</b>	<b>658,574,678</b>

**UMMB REGISTERED PNFP HEALTH FACILITIES 2017**

s/no	UNIT NAME AS KNOWN TO 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	Araham Medical Centre	Masaka	Masaka municipality	Nyendo senyanje	Nyendo	Masaka
<b>HEALTH CENTRE III</b>						
1	Al-Hijra Health Centre	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	Bukomansimbi	Butenga	Kabigi	Kabigi
7	Katadooba UMSC Health Centre	Kasese	Busongora South	Kasese Munis.	Central Div.	Kasese
8	Kawoko Muslim Health Centre	Bukomansimbi	Bukomansimbi	Butenga		Kawoko
9	Kibibi Nursing Home	Butambala	Butambala	Kibibi	Bamulanze Zone	Kibibi TC
10	Kyotera UMSC Health Centre	Rakai	Kyotera	Kasaali		Kyotera
11	Lugazi Muslim Health Centre	Buikwe	Buikwe West	Lugazi TC	Kikaula	Lugazi
12	Lugo Muslim Health Centre	Luwero	Katikamu north	Katikamu		Migadde
13	Lyantonde Muslim Health Centre	Lyantonde	Kabula	Lyantonde	Kooki	Lyantonde
14	Mbarara Muslim Health Centre	Mbarara	Mbarara Municipality	kakoba Div.	Kakoba Ward	Mbarara
15	Mbirizi Muslim Health Centre	Lwengo	Bukoko Midwest	Lwengo	Mbirizi	Mbirizi
16	Mityana UMSC Health Centre	Mityana	Mityana south	Mityana TC		Mityana
17	Munatham Health Centre	Lwengo	Kyazanga HCIV	Kyazanga TC	Nakatete	Kyazanga
18	Nakatonya Health Centre	Luwero	Katikamu	Nyimbwa	Iomule	Bombo
19	Njovu Islamic Community Health centre	Luwero	Katokamu SOUTH			Wobulenzi
20	Saidina Abubakar Nursing Home	Kampala	Rubaga North	Rubaga Div.	Mulira	Kampala
21	Sheema Community Health Centre	Sheema	Kabwohe HC Iv	Itendero-Kabwohe	Itendero	Itendero
22	Taqwa Health Centre	Wakiso	Kyadondo East	Nangabo	Wattuba	Wattuba

23	Umar Bin Khatab Health Centre	Wakiso	Busiro north	Kakiri Town Council		Kakiri
<b>HEALTH CENTRE II</b>						
1	Al-Noor Muslim Health Centre	Yumbe	Aringa	Kochi	Limidia	Gindia village
2	Al-Rahma Health Centre	Luwero	Katikamu south	Katikamu		Kibisi
3	Bombo UMSC Health Centre	Hoima	Buganya	Kigorobya	Bwilwya	Bombo village
4	Bushenyi UMSC Health Centre	Bushenyi	Igara west	Kakanju	Kabaale	Kijimu
5	Islamic University Health Centre	Mbale	Mbale Municipal	Northern Div.	IUIU ward	Mbale
6	Kakungube Health Centre	Mubende	Kassanda South	Nalutuntu	Kyanamugera	Kakungube
7	Kiddawalime Nursing Home	Butambala	Ngando	Ngando	Ngando	Lwamasaka
8	Kisimba Mission Health Centre	Buikwe	Buikwe south	Najja		Najja town
9	Kiwaanyi Health Centre	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 Health Centre	Mukono		Atyak		Atyak
13	Nakasoga Health Centre	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 Health Centre	Mbale	Mbale Municipality	Industrial div.	Maluku	Mbale
17	Shifa Kadindimo HC II	Kaba role	kibito	Rwimi	Kaina	Kadindimo
18	SOS Herman Gmeiner Health Centre	Wakiso	Busiro North	Kakiri	Kakiri	Kakiri
19	Sumayya Health Centre	Kapchorwa		Kapteret	Kapteret	
20	Warr Islamic Health Centre	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

USAID/SUSTAIN project

Belgian Development Agency

Strengthening Decentralization for Sustainability project

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

