

# Uganda Muslim Medical Bureau



## ANNUAL REPORT 2019



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## MESSAGE FROM THE CHAIRMAN

Assalam Alaykum,

It is my sincere pleasure to welcome the reader to our Annual Report 2019.

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

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

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

The bureau has developed many resource documents like those on finance and human resource management and also provide manuals from the Ministry of Health to your health facilities. There are drafts being processed like ICT and Fraud policies. These manuals or tools are very important and should be used frequently to improve services delivery.

The board working with partners and Government has developed capacity in a number of areas of health services management (like leadership) and technical capacities in various topics.

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

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

The bureau will continue to support member units to enable them provide effective and efficient services to the people of Uganda.

The board appeals to member units to put emphasis on Data management to bring out a clear picture of our contribution in service delivery in addition to facilitates informed decisions, and policies/programming and as a tool to advocate and lobby resources for health facilities.

May Allah bless the Bureau, her supporters and stakeholders.

Dr. Issa Makumbi

Chairman





## MESSAGE FROM THE EXECUTIVE SECRETARY

This is a UMMB 2019 Annual Report. We have implemented a lot of activities during the year. The report highlights what has been achieved, the challenges encountered and the activities that were implemented from January to December 2019.



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

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

Mildmay Uganda continued to support our Human Resources for Health by continuing to provide salaries for 7 health workers in 2 health facilities. USAID/Intrahealth 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.

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

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

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

Pleasant reading!

**Dr. Karama Said Ali**  
Executive Secretary



## INTRODUCTION

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

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

The membership of the bureau consists of 54 health facilities, which, depending on their levels, provide the following services: Out-patient, In-patient, Maternity, Ante-Natal care including eMTCT, laboratory, HIV counselling and testing, ART services in accredited facilities, 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 still being constructed in Yumbe.

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

### Vision

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

### Mission:

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

## Core Values

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

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

### The UMMB Board

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

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

### The UMMB Secretariat

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

Dr. Karama Said Ali	-Executive secretary
Ms. Rukia Nansamba	-Financial Manager
Mr. Muzamil Kivumbi	-M&E Manager
Ms. Nooriat Nakabugo	-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

### REGIONAL CO-ORDINATORS

Candia Umar	-West Nile Region	≠	Saidi Okura	-Elgon Region
Masereka Umar	-Mbarara region	≠	Isaac Mwondha	-Eastern 2 Region
Halimu Kitaramire	-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



**Pic 1: Meeting with Health Unit Management Committee members of IUIU Health Centre**



**Pic 2: Annual General Meeting at Kalya Courts, Fort Portal**

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 8<sup>th</sup> to 9<sup>th</sup> June 2019 at Kalya Courts Hotel in Fort Portal. 38

member health facilities attended the AGM represented by 110 participants including one District Kadhi and one Regional Kadhi. The function was attended by the District Health Officer, Kabarole and closed by the Deputy Mufti Sheikh Waiswa Muhammad Ali. We are grateful to Enable for the support in sponsoring this AGM.

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 2019.



## THEMATIC AREA: OPERATIONAL MANAGEMENT & SERVICE DELIVERY

UMMB continued to strengthen 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 health facilities and Improved access, utilization and sharing of information among the network.

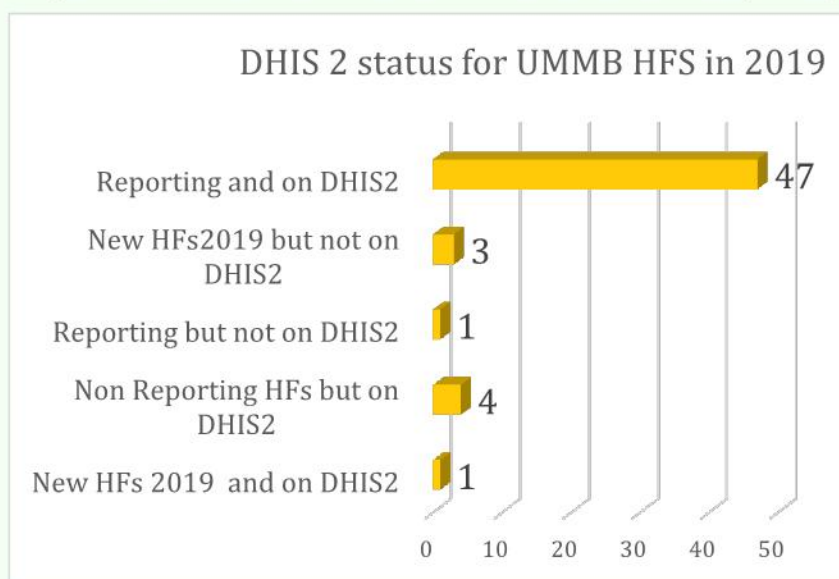
The UMMB Secretariat strengthened its decentralized service monitoring through leveraging on the UMSC structures of regional and district Khadhi across the country, and Regional coordinators. Regional coordinators supported health facilities through support supervision and medicines monitoring in the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

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

### UMMB HEALTH FACILITIES STATUS-2019

Four new health facilities were accredited to UMMB in 2019 and these include Mariam Alkaabi HCIII, Lambu HCIII in Masaka district, Zukuli Nursing HCIII, in Kawempe, and Kirigime HCIII in Kabale district bringing the total of Health facilities to 56 in in the UMMB network. These are spread all over Uganda within the UMMB eight regions which include East one and two, central one and two, Elgon, Rwenzori, Western, Bunyoro and West Nile. Other regions that are not yet covered include Acholi, Lango, and Karamoja

**Graph one: Shows the status of UMMB on DHIS2 and reporting in 2019**



*Source UMMB HFs inventory list 2019 and DHIS2-organizations.*

As seen from the graph, most UMMB facilities are submitting reports to the districts on a monthly basis throughout the year and their data is well captured on the national system representing 84% reporting on DHIS2. Arahmah HCIV in Masaka reports but not yet

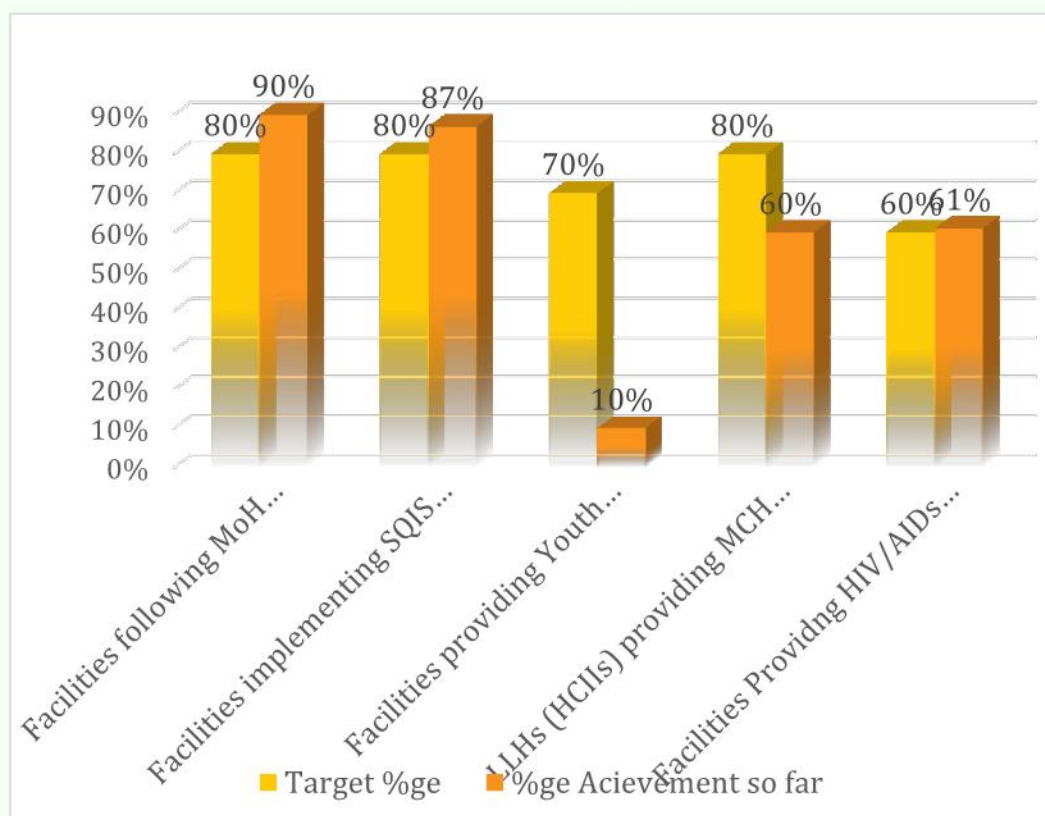
on DHIS2 and this is due to classification problems with the district. Lambu is newly accredited to UMMB but already on DHIS2 and has been reporting. A total of three new HFs are not on DHIS2 but have started reporting with the district and four facilities are not reporting to the district yet they are on the national DHIS2 platform, these include Sumayya HCII in Kapchorwa, Al-Rahmah HCII in Luwero, Umar Bin Khatab HC in Wakiso and Alshifa HCII in Bunyangabu. The Health Information department at UMMB is strengthening efforts and capacities of these units to gain access to DHIS2 especially for entering the data into DHIS2



## TECHNICAL SUPPORT YIELDS BY UMMB IN 2019

UMMB continued to provide technical support to its network facilities during the year 2019. The technical support included Technical support supervision to HFS, Orientations and mentorships onsite 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. This has caused a positive shift in terms of systems and good practices by most facilities that are supported by the bureau: governance, financial management systems, Data use, quality improvement and health workers' adoption of performance management tools is improving steadily. This is illustrated below:

**Figure 2: UMMB Technical Support outcomes - Service scope in 2019**



Source:  
UMMB  
Technical  
activity  
reports

- Consistently UMMB has conducted Technical support visits throughout the entire network. 90% of all health facilities have been visited throughout the year
- IUIU, Lugazi Muslim and Njovu Muslim have secured MoH level II status by 2019. Bushenyi HCII, Kakungube HCII, Kiddawalime NH HCII, Alnoor HCII, Mukono Muslim HCII, SOS Herman Gmeiner HCII, Saidina Umar HCII, Kiwanyi HCII, and Lillah HCII are providing comprehensive MCH services.
- UMMB has already surpassed its target of 60% HFs providing ART services.
- SQIS tool is implemented in 86% of HFs and 90% of all HFs are following the guidelines of MoH. Some HCs are having gaps.
- UMMB has been conducting annual accreditation for health facilities 60% have been consistently given results.
- However, youth friendly services are not adequately documented at facility level. Only 10% of total HFs are having youth corners far below the target of 70%

As seen above facilities are performing better in terms of utilization and adoption of performance management tools, functional HUMCs while Data use/utilization and Quality improvement teams and projects are still performing poorly. Strategies for improving these two areas include conducting regular quarterly data reviews and having Quality improvements exhibitions in facilities.

## **Performance on key indicators**

### **Outpatient Department (OPD Utilization)**

This has been the most utilized and accessed service in the UMMB network HFs. OPD Services contribute

Progress has been made in monitoring OPD utilization over years and a significant improvement seen this year. This indicates that there is an improvement in HF's capacity to provide both preventive and curative treatment at OPD across the facilities. A total of 265,639 OPD cases were registered in 2019 representing 9% increase from 2018.

23% of total OPD were Malaria suspect cases while 80% of total malaria suspect cases were confirmed cases both RDT and microscope throughout the year.

**Table One: Best Performing Hospitals for OPD attendance DHIS2 Jan- Dec 2019**

Facility Name	Total OPD
Kibuli HOSPITAL	61,535
Saidina Abubakar Islamic Hospital	13,854

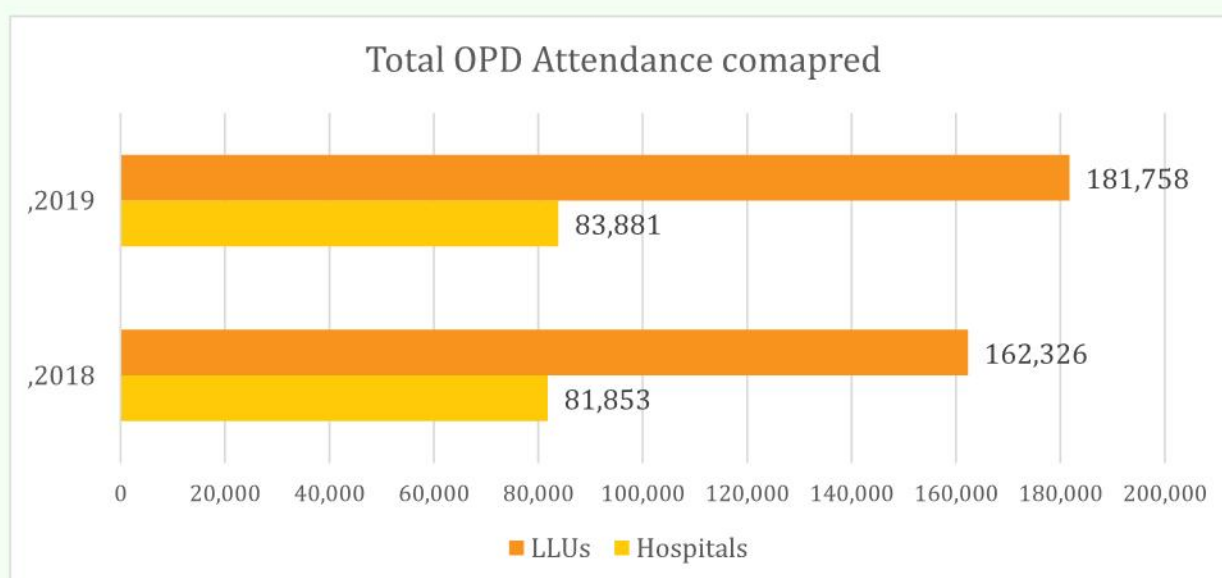
Kibuli contributed 73% of the total hospital client load at OPD followed by SIAH with 16%. The rest of the hospitals received clients below 5000 at the OPD

**Table Two: Best Performing LLUs for OPD attendance**

SNo	HF Name	Total OPD
1.	Kiwanyi HC III	14,371
2.	IUIU HC III	13,419
3.	Taqwa HC III	10,287
4.	Kibibi Nursing Home HC III	9,293
5.	Katodoba (Umsc) HC III	9,009
6.	Lugazi Muslim HC IIV	8,766
7.	Mukono Muslim HC II	8,087
8.	Njovu Medical Centre HC III	8,016
9.	Iganga Islamic HCIII	7,818
10	SANH HCIII	6,951

Kiwanyi Health Center, IUIU Health Centre and Taqwa HC have surpassed the 10,000-client load mark at OPD during the year 2019. Kibibi Nursing Home has continued to climb up in terms of best performers for OPD services. Mukono Town Muslim Health Centre is also a new entrant among the LLUs that are improving their OPD capacities





**Figure three: OPD Attendances for two years compared**

**Table four: Poor performers in OPD utilization 2019**

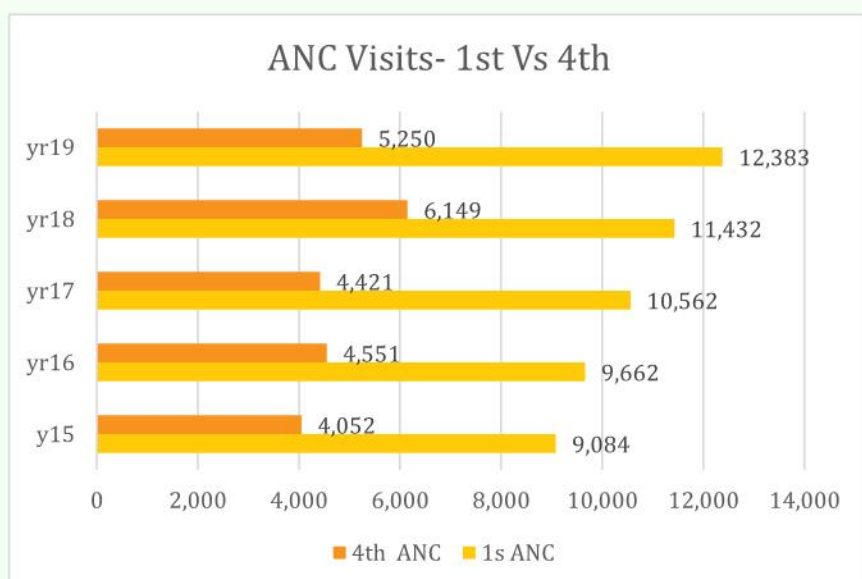
SNo	HF Name	Total OPD
1.	Munathammat HC II	931
2.	Saidina Umar HC II	924
3.	Sami HCIII	543
4.	Nakasoga Muslim HC II	341

Four facilities failed to reach the 1,000 clients mark, from bottom is Nakasoga HCII, Sami HCIII, Saidina Umar HCII and Munathammat HCIII. These will need more support to improve their performance at OPD and management of patients.

### **Reproductive Maternal Child Health (RMCH) services**

#### **ANC 1<sup>st</sup> Visit Vs 4<sup>th</sup> Visit**

40% of the UMMB HCII are providing maternal services and this has contributed to the increase in Antenatal services. Facilities have continued to provide a comprehensive Antenatal service to mothers which include among others, testing for Syphilis, HB, HIV/AIDs, especially eMTCT services and treatment of other illnesses.

**Graph four: Shows 4<sup>th</sup> Visit ANC vs 1<sup>st</sup> Visit ANC mothers since 2015**

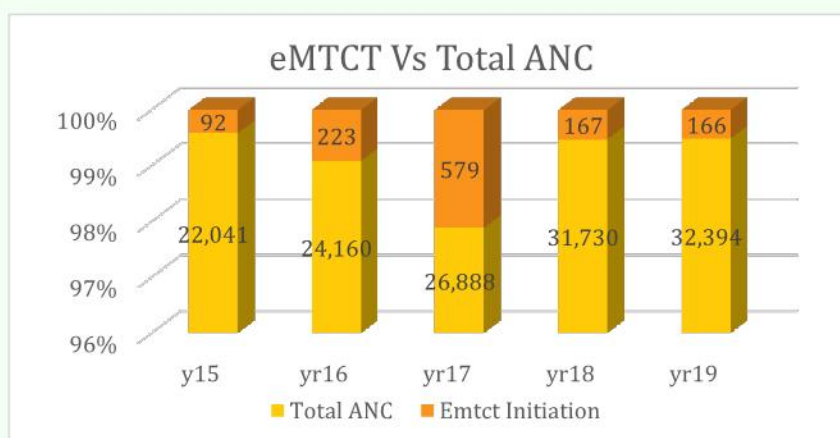
Source: DHIS2 (2019)

Generally, both 1<sup>st</sup> and 4<sup>th</sup> ANC visits have been improving since 2015. There is an improvement in 4<sup>th</sup> visits across facilities more proportionate to ANC 1<sup>st</sup> visits all through. In 2019, ANC 4<sup>th</sup> visits reduced by 17% compared to ANC 1<sup>st</sup> visits that increased by 8% across all facilities. The ratio of 1<sup>st</sup> ANC to 4<sup>th</sup> ANC stayed

at 2:1 in 2019. This is very significant to the strategy of making mothers come for all the ANC visits prevent pregnant related problems to mothers and babies.

#### **Total ANC and initiation of mothers on eMTCT**

UMMB has continue to support and implement uniform service delivery policies and regulations from Ministry of Health of Uganda regarding Option B+ (eMTCT), This has helped the network HF's to provide quality Maternal child health services throughout the year. Significantly though is the fact that in 2019, UMMB was able to initiate all HIV+ mothers across all facilities on ART in ANC.

**Graph Five: Showing Total ANC attendances and HIV+ mother initiated for eMTCT**

Source DHIS2 2019.

As seen from the graph, Total ANC has been increasing over the years with reducing trend of HIV+ This is attributed to the

presence of qualified Midwives, and continued technical clinical support to facility midwives by UMMB technical teams, and improved data management and interpretation of eMTCT data elements in the HMIS tools (registers and reporting templates). In 2019 0.5% of mothers attended to were positive and initiated on eMTCT services as was in 2018. An 2% increase in total ANC was registered in 2019 as compared to 2018. Consistent reduction in the number of HIV+ mothers has been seen over the years and this shows UMMB's contribution efforts towards the national goal of accelerating epidemic control among the community members and especially among pregnant mothers.



**Best performing HFs in ANC for 2019****Table two: Best performing Hospitals for ANC**

Organization unit	Total ANC
<b>Kibuli Muslim Hospital</b>	6,512
<b>Buwenge NGO Hospital</b>	2,813
<b>Oriajini Hospital</b>	1,300

In 2019, Kibuli Muslim Hospital continued to dominate the network in terms of output numbers on key performance indicators. Among hospitals, Kibuli contributed 56% of Hospital's total ANC mothers attended to, while Buwenge Hospital was second with 24% and Oriajin came third with 11%. The worst performer among hospitals for 2019

was Old Kampala Hospitals with 91 mothers attended to throughout the year.

**Table Three: Best performing HCIIIs in ANC**

As it was in 2018, Iganga Islamic MC, Mbirizi UMSC HC, Lugazi Muslim Health Antony, Katadooba HC and Ahmadiyya Muslim Medical Centre performed best in regards to total mother attended to in 2019. Taqwa CB HCIII joined the list of best performing HCIIIs in 2019. These together contributed 55% of the total LLUs mother attended to in 2019.

Organization unit	Total ANC
<b>Iganga Islamic MCIII</b>	3,393
<b>Mbirizi Muslim HC III</b>	2,866
<b>Lugazi Muslim HC II</b>	1,729
<b>Katodoba (UMSC) HC III</b>	1,412
<b>Ahamadiya HC III</b>	1,224
<b>Taqwa CB HCIII</b>	10,34

**Upcoming and best Performing HCIIIs for ANC**

Some HCIIIs have made significant improvement in providing maternal child health services especially ANC services. These have since been encouraged and advised to upgrade to HCIII level. Alnoor in Yumbe remained the best among these HCIIIs with a total of 667 mothers accessing ANC services for 2019. Others include Bombo UMSC HCII, Nyamirima HCII, Kakungube HCII and Bushenyi UMSC HCII. These need to be supported to improve their maternal wings and upgrade to HCIII level.

**Table four: Best HCIIIs in maternal services**

Organization unit	Total ANC
<b>Alnoor HCII</b>	667
<b>Bombo UMSC HCII</b>	415
<b>Nyamirima (Kashare) HCII</b>	326
<b>Kakungube Health Centre</b>	294
<b>Bushenyi UMSC HCII</b>	240

## Maternity (Delivery) services

UMMB network continued to provide maternity services in the year 2019. 80% of HCIIIs, HCIIVS and Hospitals are accredited to provide eMTCT services (option B+). Some HCIIIs (9 HFs) also provide maternity (delivery) services and are accredited for option B+. The presence of qualified Midwives and Enrolled Comprehensive Nurses have continued to improve maternity departments in terms of management quality of services provided.

**Graph Six; Maternity services since 2015**



Source: DHIS2

UMMB has continued to provide and consistently improve its deliveries services in terms of scope and quality. All HCIIIs are being supported to provide MCH services and as of 31<sup>st</sup> December 2019, 20% of HCIIIs were providing MCH services including deliveries with emphasis on quality management and care to mothers. Deliveries in the network have been with a generally positive trend since 2015. There has been continuous improvement in staffing levels for midwives to manage maternal services, equipment and training on data and records management. These have been key in moving the trends of maternal services upwards. In the year 2019, there was an increase in total number of deliveries which moved from 6,592 deliveries in 2018 to 9,121 deliveries conducted in 2019, representing 38% increase. This was attributed to improved reporting by some facilities to the districts. 1.6% exposed infant rate was recorded in 2019 and all exposed children (Infants) were enrolled into EID services across our ART sites. HCIIIs did not register any HIV+ mothers delivering.

**Table Five: Best performing Hospitals in maternity services**

HF Name	Deliveries in unit in 2019
Kibuli Muslim Hospital	2,428
Buwenge NGO Hospital	740



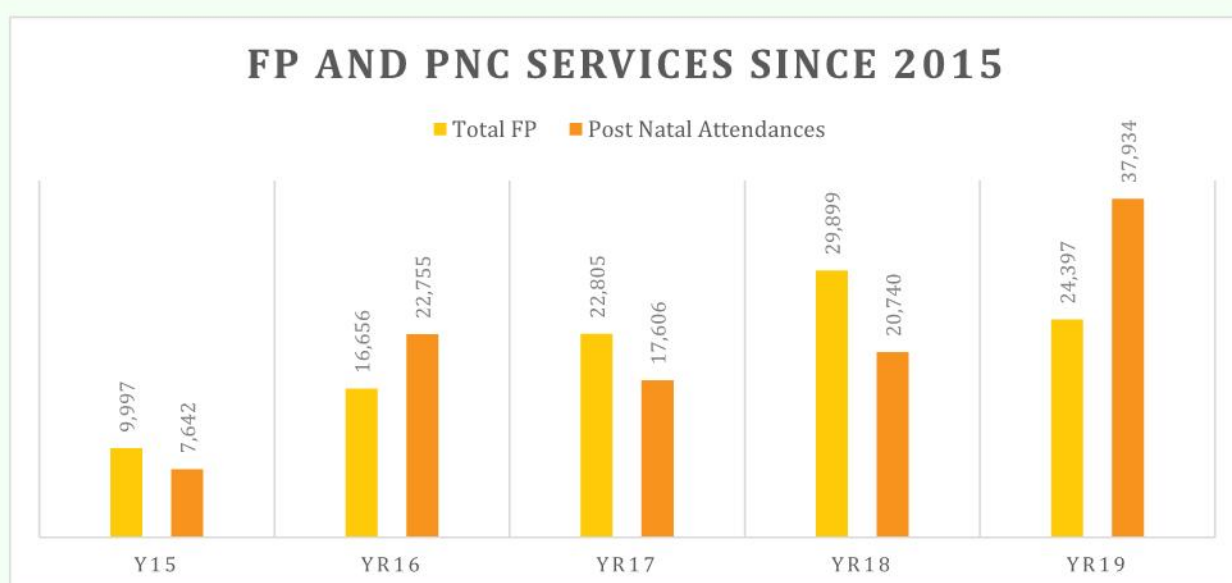
Kibuli Muslim Hospital emerged the best contributing 64% of total hospital deliveries, Buwenge Hospital & Medical Centre follows with 20% of total hospital deliveries. Old Kampala hospital had a total of 26 deliveries throughout the year and was the worst performer

**Table six: Best performing LLUs in Deliveries services for 2019**

HF Name	Total Deliveries in 2019
Katadooba UMSC HCIII	680
Iganga Islamic MHC III	547
Mbirizi Muslim HC III	477
Ahamadiyya HC III	362
Oriajini HOSPITAL	312
Kiwanyo HCIII	287
Lugazi Muslim HCIII	286
Al-Hijira HCIII	264
Kibibi Nursing H. HCIII	253

Katadooba HC, Iganga Islamic Medical Centre, Mbirizi UMSC Health Centre, Ahamadiyya Muslim Medical Centre and Lugazi Muslim HC have been consistent in better performance in Maternity services. new entrants for 2019 n include AL Hijra HCIII, and Kibibi NH HCIIIs as better performers for 2019

**Graph Seven Shows Other reproductive services (Postnatal, Family planning)**



Family planning services have become part of the general MCH in the network HFs. FP services utilization has improved over the years as illustrated by the graph. In 2019, the number of clients accessing FP services reduced from 29,899 clients in 2018 to 24,397 clients in 2019 representing

18% reduction. A total of 308 HIV+ clients accessed FP products in the network. The reduction in FP service utilization is attributable to the challenges in accessing products from vendors since the Memorandum of Understanding signed with UHMG to scale up FP services in the network was abruptly ended during the year 2018. Some HFs rely on other Government or PNFP facilities for a few FP commodities to provide the services.

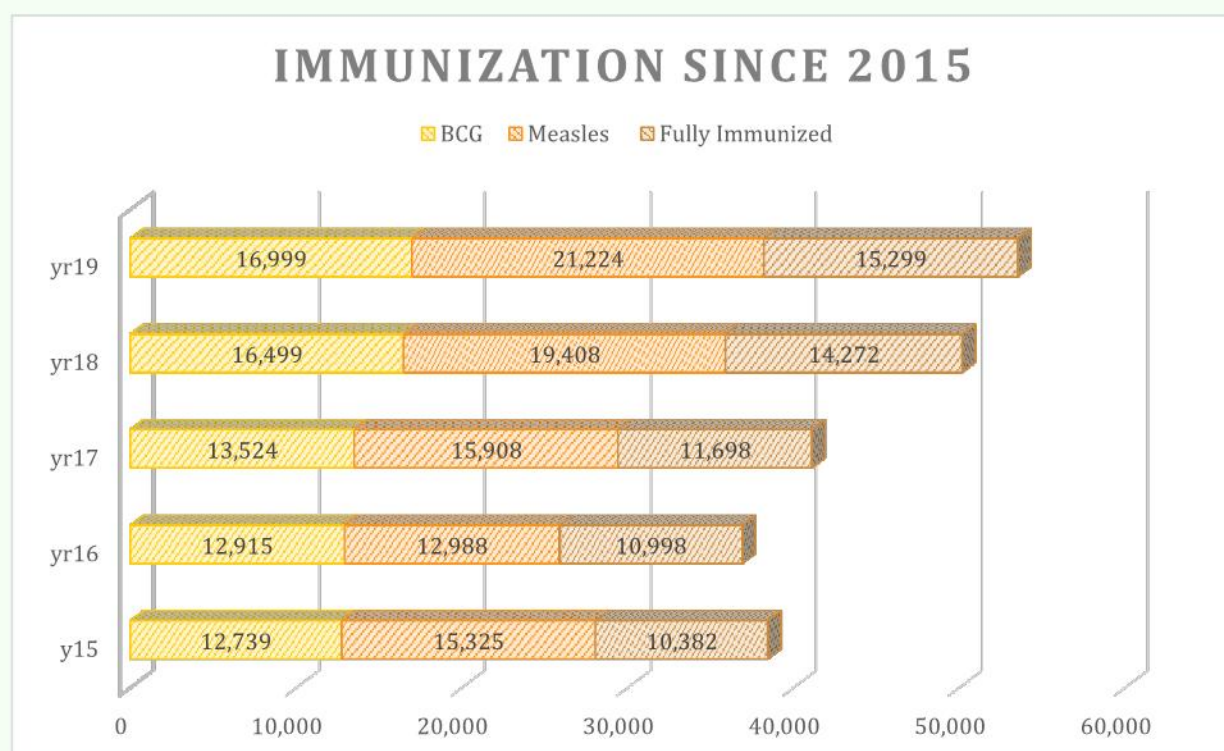
There has been a consistent and significant improvement in postnatal services across the network. Since 2015, PNC services have had an upward shift. In 2019, an increase of 82% was registered in comparison with 2018. Community outreaches and improved HF service partly explains the improvement in both FP and PNC services improvement across the network.

### Child Health (Immunization services for 2019)

UMMB has continued to immunize children across its network using the three approaches as advocated for by the ministry of health i.e. Massive immunization through child days plus immunization campaigns, integrated immunization outreaches and Health facility static immunization.

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

**Graph eight: Network Immunization for selected doses in 2019**



Source: DHIS2 Jan -Dec 2019

Completion rate was established at 89% for 2019 as compared to 87% of 2018. Generally, there has been an upward movement or increase in the number of children reached for immunization since 2015. In 2019, a 9% increase was registered for measles vaccination compared to 2018. However, there is a gap between measles vaccination and fully immunized of 5,925 children. This is a shortfall in recording the fully immunized children at measles vaccination



## **HIV/AIDs services**

UMMB network is working towards contributing to the national goal of accelerating HIV/AIDs epidemic control by 2030 through the 95%,95%,95% Test and Treat strategy for HIV/AIDs management. By December 2019, the following sites provided HIV/AIDs services:

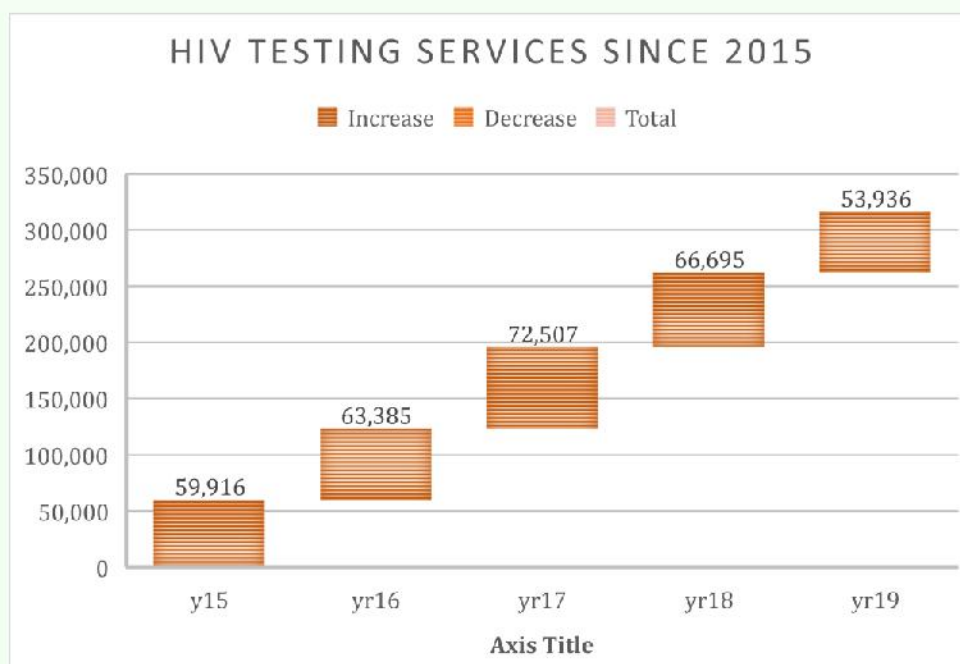
- Kibuli Muslim Hospital in Kampala district, Saidina Abubakar Islamic hospital in Wakiso, Oriajin Hospital in Arua district, Buwenge Hospital & Medical Centre in Jinja district, Iganga Islamic Medical Centre in Iganga district, Jinja Islamic MC, Lugazi Muslim HC in Buikwe, Nakatonya HC in Luwero, Bweyogerere Hassan Tourabi HC in Wakiso, Taqwa CBC HC in Wakiso, Mityana UMSC HC in Mityana, Kibibi NH HC in Butambala, Mbirizi UMSC HC in Lwengo, Lyantonde Muslim HC in Lyantonde, Katadooba UMSC HC in Kasese, Saidina Abubakar NH HC in Kampala, Nakatonya HCIII, in Luwero, Kawoko Muslim HCIII, Munathamat HCIII.

Through its accredited ART sites, UMMB has continued to provide both preventive and curative HIV/AIDs services. In terms of HIV prevention, all facilities are providing HIV counseling and testing services while HCIIIs, IVs and general hospitals are providing circumcision services for prevention purposes. In terms of curative, HIV/AIDs treatment, more centers were accredited for ART services.

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

UMMB has been providing preventive HIV/AIDs services across the facilities and communities. Key in this implementation is the component of outreaches both community and home based to mobilize and sensitize communities about HIV Prevention (HTS, circumcision and other services for HIV/AIDs). Outreaches for HCT, and treatment are conducted and static services are also provided.

In the year 2019, UMMB was able to provide HIV/AIDs Testing services and circumcision as key prevention activities.

**Graph Nine: Shows HIV Testing services (HTS) since 2015**

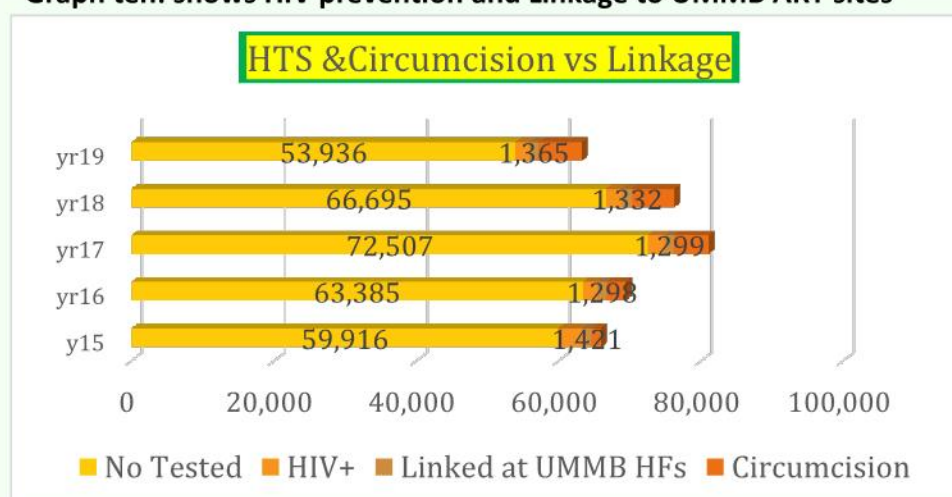
Source: DHIS2  
HMIS105 Jan-Dec  
2019

As seen above, there has been a consistent increase over the years as regards HCT. However, in 2019 there was a reduction in the number of clients tested for HIV/AIDs of 19%. This is attributable to

facilities having logistical access challenges since most of them are not accredited for ART.

The HIV prevalence rate was established at 3.6% in 2019 representing an increase of 0.1% as compared to 2018 a total of 1,365 HIV+ clients out of 1,985 HIV+ clients were enrolled into the different ART sites. Representing 72% enrolment into UMMB HIV care and treatment centers.

Circumcision has also been monitored as a preventive measure a total of 6,069 individuals were circumcised for HIV prevention in the year 2019 compared to 5,925 individuals in 2018 representing 2.4% increase in 20189. These are shown in the graph below:

**Graph ten: shows HIV prevention and Linkage to UMMB ART sites**

Source DHIS2  
HMIS105 Jan-Dec  
2019

As seen from table

six and seven above, Iganga performed best in terms of HCT services with 13% of the total network HCT services. Saidina Abubakar Islamic Hospital, Lyantonde Muslim HCIII, Mityana UMSC HC, Old Kampala Hospital, Taqwa HC, Kibibi NH HCIII and Kibuli Muslim Hospital continued with their tremendous performance in HCT services for 2019 as seen in the table below



**Table seven : Best HF's in HIV/AIDs testing services (HTS) for 2019**

HF Name	Total Tested for HIV in 2019
Iganga Islamic MCIII	7,035
Saidina Abubakar Islamic Hospital	6,636
Lyantonde Muslim HC III	4,833
UMSC Mityana HC III	3,359
Old Kampala Hospital	3,173
Taqwa CB HCIII	2,343
Kibibi Nursing Home HC III	2,138
Kibuli Muslim Hospital	2,004

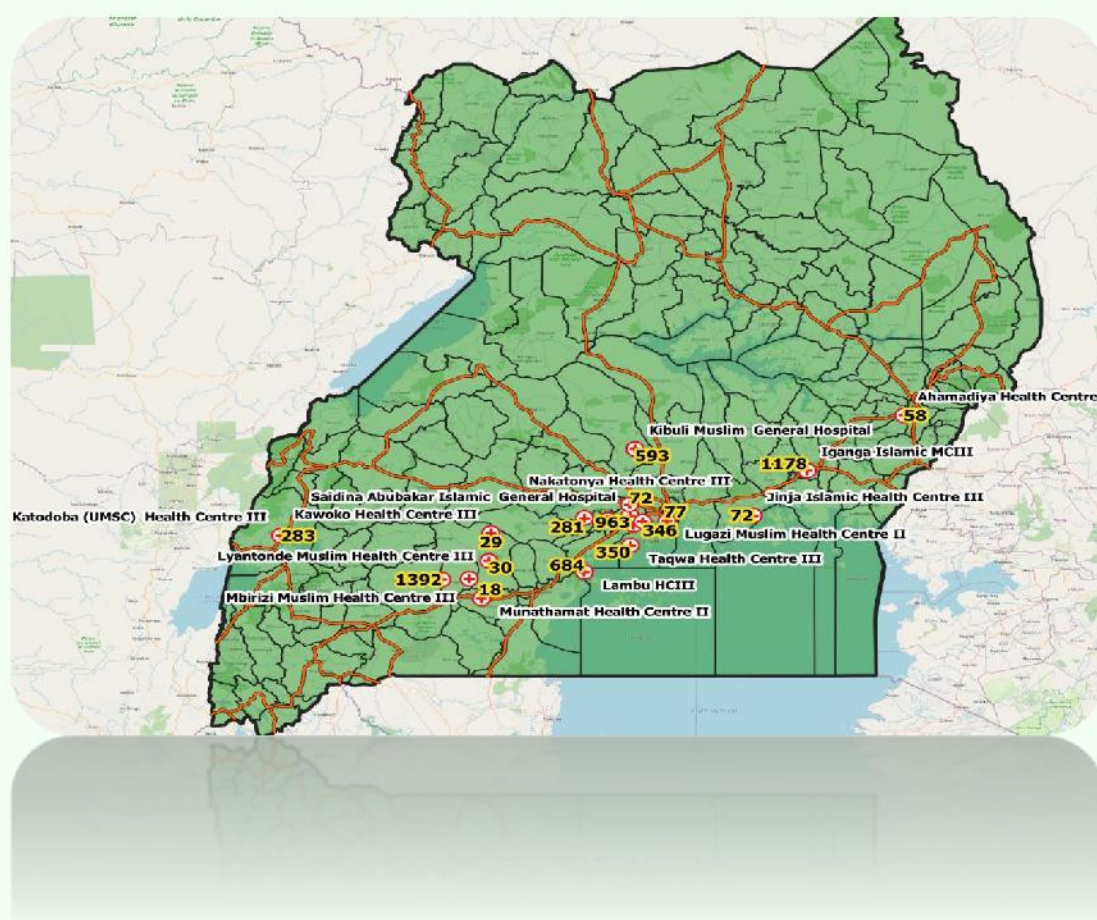
### **HIV/AIDS Care and Treatment services**

Through its accredited ART sites, UMMB has continued to provide both preventive and curative HIV/AIDs services.

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

By December 2019 a total of 7.119 clients were active in care and treatment compared to 5,563 clients that were active in care across all UMMB network ART in 2019 while 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. 96% of clients were on 1<sup>st</sup> line ARVs while only 3.9% were on 2<sup>nd</sup> line drugs. (0.1%) 1 client on 3<sup>rd</sup> line drugs in the network as of December 2019.

Map one : Shows UMMB ART Sites concentration with their Active patients in care across the country



Source DHIS2 HMIS105 and 106a – Jan -Dec 2019

Table: eight: Best performing UMMB HF's in HIV/AIDs care and management.

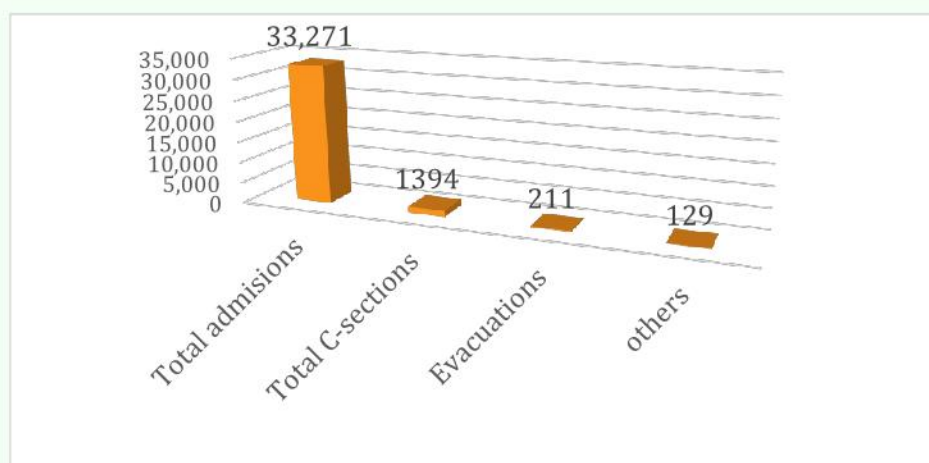
HF Name	Total Active (by Dec 2019)
Lyantonde Muslim HC III	1,392
Iganga Islamic MHCIII	1,178
Saidina Abubakar Islamic Hospital	963
Lambu HCIII	684
Kibuli HOSPITAL	593
Taqwa HC III	350
Buwenge	346

Source: DHIS2 HMIS106a



Lyantonde Muslim HCIII had the highest number of clients on ARVs in 2019 contributing 19% of the total client load in the network. Followed by of Iganga Islamic MCIII contributing 15% of the total Client load, Lambu HCIII is a new member of UMMB with a total client of 684 this represents 9% of the total client load.

### Other clinical services during 2019. Inpatients and surgeries



Source- DHIS2 108-  
Jan-Dec 2019:

A total of 33,271 inpatient admissions were registered by the network. Caesarian sections account most as surgeries for 2019 followed by Evacuations. Others

include laparotomy and herniorrhaphy.

The average length of stay (ALoS) was established at 2.5 meaning that patients spent averagely 2.5 days on ward across the facilities. This is within the standard requirement meaning that our facilities are following the treatment guidelines contributing to early recovery of patients.

### Key achievements in 2019.

- UMMB has been able to secure 82% HFs presence on DHIS2 and reporting to national information systems. Mtrac (weekly-HMIS033b) has significantly improved with only 3 health facilities not able to submit weekly reports in 2019.
- UMMB has secured accreditation for ART for more sites in 2019 including Lugazi Muslim HCIII, Kawoko Muslim Health Centre, Kabigi Muslim HC, Mbirizi Muslim HC, Munathmat HCIII and added Lambu as an already existing ART site.
- Technical support has continued to be given to the network records persons through the UMMB M&E department and this has resulted in improved reporting and availability of data whenever needed
- Improved communication of results from the network to the Secretariat and to the respective districts where our facilities operate
- There is a visible recognition by Ministry of Health in the Annual Health sector performance report where UMMB performance was highlighted on 5 pages of the national health sector Performance report 2018/2019 financial year

## Challenges

- There is still a gap in data use for decision making at facility level. Most health facilities have not recognized the role data plays in resource allocation, lobbying and mobilization.
- The network still lacks qualified records people and this affects the quality of data that is generated at facility level. In most cases, records and data management are a delegated function to midwives, nurses or nursing assistants with other activities to engage in.
- Most facilities do not have equipment in terms of computers to enter, analyze and generate reports to different stakeholders

## Recommendations

- There is need to generate interest by facility managers and workers for data use and demand. And more support needs to be provided by the technical team at UMMB to ensure appreciation and use of data at facility level
- Continuous mobilization for resources to be able to deploy qualified records persons and purchase data management equipment like computers

## PHARMACEUTICAL SERVICES

### Specific objectives.

- Enhancing essential medicine management by providing quality services throughout the UMMB network.
- Strengthening the capacity of health workers to deliver quality health services among UMMB network.
- Enhancing proper pharmaceutical financial management among UMMB network.
- Enhancing appropriate ART services among UMMB network.

### Medicine management supervisors

Name of the medicine management supervisor / Regional coordinator	UMMB Regional	Implementing Partner
Okura Saidi	Elgon	RHITES E
Mwondha Isaac	Eastern 2	RHITES EC
Muweta Juma	Eastern 1	RHITES EC
Ngobi Samir	Central 2	Mild May
Lukabwe Twaibu	Central 1	RHSP
Jumba Adinani	western	EGPAF
Kitalemire Halimu	Rwenzori	BAYLOR
Candia Umar	West Nile	IDI

### Supervision, Performance, Assessment and Recognition strategy (SPARS)

Supervision was carried out by trained MMS (regional coordinators), carrying out on-job mentorships and coaching of stores person, prescribers, dispensers and medicine ordering personnel.



## Performance Assessment

- Essential medicines SPARS
- ART SPARS
- Pharmaceutical Financial Management

All these above used both qualitative and quantitative indicators.

## Recognition

- Health Facilities
- Medicines Management Supervisors

## BACKGROUND FOR SPARS IMPLEMENTATION

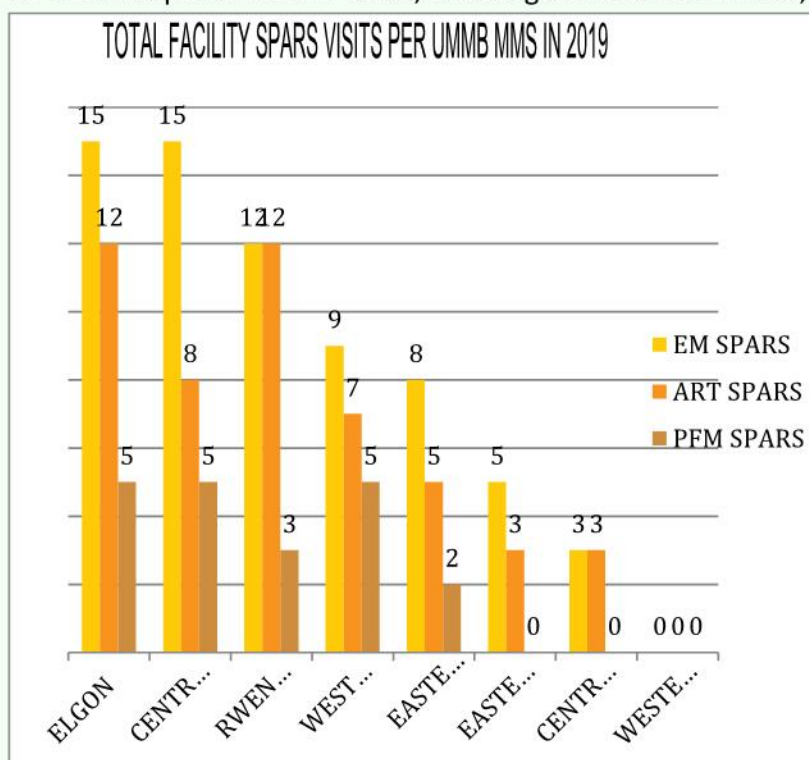
This started in 2015, when UMMB selected eight MMS in eight different regions to facilitate the SPARS visit in the different health facilities across the network.

The eight MMS attended a two weeks class room capacity building on SPARS at Makerere University where they were assessed with pretest and posttest at the end of the training.

Those who passed the test continued with a one week practical field orientation in their respective regions.

This was followed with training in computer skills, Pharmaceutical Financial Management and ART.

All MMS acquired skills in DSDS, ordering of ARVS with WAOS, PIP, Rx solution and many others.



The MMS have been doing bimonthly visits in all the UMMB health facilities and they were plotting their performance on the spindle curve.

UMMB SPARS coverage is at 100%

- Hospital 5
- Health Center IV 2
- Health Center III 27
- Health Center II 24

The MMS in Elgon region had the highest number of SPARS visits followed by central 2 and central 1 had the least SPARS visits. The western region did not receive any SPARS visit because the MMS had been transferred from the region to Hoima and called for a replacement.

### 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.**

**\*Annual report on HRH department 2019**

During the year 2019, the secretariat managed to maintain a total number of 8 qualified staff and 2 supporting staff:-such as Executive secretary, Human resource development manager, finance manager, Accounts officer, M&E SI lead, pharmaceutical manager, quality Assurance manager ,Records officer and driver.

The human resource officer- Ibanda Isifu (left the bureau after expiration of his contract).

Under the partnership of Intrahealth-SHRH, Mild May, Intrahealth and Rakai Health science Project (RHSP). Under the same arrangement we recruited 26 health workers under intrahealth-SHRH project and 5 health workers under mild May totaling to 31 health workers in the regions of central, eastern and western as indicated below.

#### IntraHealth-SHRH project

FACILITY NAME	MEDICAL OFFICER	CLINICIAN	LAB	ENROLLED MIDWIVES	ENROLLED NURSES	TOTAL
IUIU	0	1	0	1	2	4
Iganga	1	0	1	2	1	5
Kawanyi	0	1	0	2	2	5
Ahmadiyya	0	0	0	1	3	4
Sumayya	0	0	0	0	0	0
Bushenyi	0	1	0	1	2	4
Total	1	3	1	7	10	22

**NB:** Sumayya Health Centre had one supported medical clinical officer who was absorbed by government in 2019. Since then the health facility is operating on the mercy of volunteers.



**Mildmay HRH project**

Facility Name	Clinicians	Nursing officer	Lab	Enrolled nurses	Enrolled midwives	Total
Mityana	1	0	1	0	0	2
Nakatonya	1	0	0	1	1	3
Total	2		1	1	1	5

**Rakai Health science Project (RHSP)**

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

By the end of 2019 under the USAID policy of **no replacements**, we observed a gap in human resources for health especially in facilities that had high staff turnover. Since then replacements of these health workers have remained a challenge.

**General performance of the health facilities across the UMMB network**

Through support supervisions carried out by the secretariat, facilities such as Lugazi Muslim Hc, Mityana UMSC HC, Busheyi UMSC HC, Kawoko Muslim HC, Iganga Islamic Medical Centre III, and Kibibi Nursing Home were commended for their outstanding performance.

**TRAININGS CARRIED OUT IN 2019**

In 2019 the M&E manager attended a health management information system training of trainers from 1<sup>st</sup>-28<sup>th</sup> February 2019 supported by division of health information department MOH Uganda.

He also attended monthly health information initiative research technical working group at MOH Uganda.

The quality Assurance manager represented the bureau in the national quality improvement workshop which was supported by the MOH Uganda.

**HEALTH TRAINING INSTITUTIONS**

The number of the health training institutions still remain the same in the country

## THEMATIC AREA: INFRASTRUCTURE

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

**The UMMB strategic objectives of infrastructure are as follows:**

- **Ensure adequate, standard and accessible infrastructure at both the secretariat and the member health facilities.**
  - **Support upgrading of health facilities from one level to another**
  - **Expand the network of Muslim founded health facilities in different parts of the country**
- In this regard accreditation of UMMB health facilities were done. Supported the upgrading of



**Figure 1: Lugazi Muslim Health Centre maternity ward and theatre constructed**



**Figure 2: Mityana UMSC Health Centre Laboratory renovated**

some facilities. Mobilised funds from Zakat organisations for upgrading of Lugazi Muslim Health Centre. Mobilized donors to construct new health facilities in Nkonge, Mukono district and Kanungu In Kannungu district. A new health training institute is being constructed in Yumbe. Three classroom block, an administration block, a health centre and Mosque were constructed.



Using user fees and donations the HUMC of Bushenyi UMSC Health Centre have started construction of a new block.

Jinja Islamic Health Centre, Ahmadiyya Muslim Medical Centre, IUIU Health Centre, Kibibi Nursing Home, Old Kampala Hospital, Kabigi Muslim Health Centre and Buwenge Hospital and Medical Centre have renovated their health facilities.

### 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. 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 Enabel under the MoH/PNFP RBF project, CDC/Mildmay Uganda, USAID/UHSC project, IntraHealth International. UMMB negotiated with the following partners for support of the provision of quality health services: House of Zakat and Waqf Uganda, Salam Charity.



## THEMATIC AREA: MONITORING AND EVALUATION

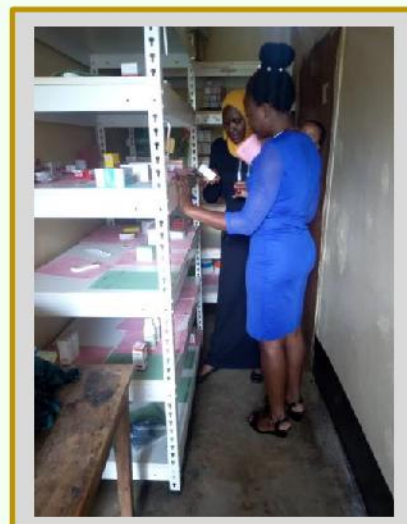
The UMMB has a fully functional M&E department. Monitoring and evaluation (M&E) is as important as planning. M&E helps to ensure that the organization is following its plans; shows the extent to which goals and objectives are being achieved; and provides critical information that guides timely decisions 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. The M&E Officer underwent a training in the new MoH HMIS tools.





## THEMATIC AREA: FINANCIAL REPORT

## FINANCIAL MANAGEMENT: Financial Report 2019

Source	2017	2018	2019
Bank Balance b/f	61,940,443	16,862,825	5,209,695
Cash balance b/f	70,000	-	385,000
Handling	1,101,450	862,800	260,000
Membership	5,455,000	3,780,000	6,490,000
AGM contributions	7,850,000	5,830,000	8,400,000
Support supervision & inspection fees	960,000	-	50,000
HRH Admin costs contribution	-	1,320,000	2,750,000
Donation	-	-	200,000
UPHS HSS PROJECT	199,344,041	36,584,000	-
ENABLE			35,200,000
Intra Health HRH Project	-	163,362,680	377,931,028
UHSSP (PALLADIUM)	-	-	21,780,032
Mildmay Uganda HRH project	140,567,265	75,074,807	79,472,226
USAID/SDS project	41,593,384	-	-
USAID/SUSTAIN PROJECT	216,555,120	194,839,335	-
COMMISSION ON BANK ACCOUNTS	800	600	40
<b>TOTAL</b>	<b>675,437,503</b>	<b>498,517,047</b>	<b>538,128,021</b>

## UMMB EXPENDITURE FROM 2017 TO 2019

	2017	2018	2019
<b>UMMB OFFICE EXPENSES</b>			
Administration	15,175,540	1,574,100	3,855,000
Institutional capacity	6,697,500	8,191,250	8,761,000
<b>SUB TOTAL</b>	<b>21,873,040</b>	<b>9,765,350</b>	<b>12,616,000</b>
<b>MILDMAY HRH SUPPORT</b>			
Net Salaries for H/W & PM STAFF	83,845,790	50,487,043	47,803,608
PAYE	14,595,244	8,975,849	8,818,092
NSSF	15,574,921	9,441,005	8,940,260
Health workers' Motivation	4,530,000	300,000	-
Local service Tax	200,000	330,000	-
Support supervision	4,954,000	948,000	980,000
Administration	10,553,460	4,150,960	6,622,540
Transfers to Mild may	9,491,140	1,762,200	3,815,002
<b>SUB TOTAL</b>	<b>143,744,555</b>	<b>76,395,057</b>	<b>76,979,502</b>
<b>ENABLE</b>			
Per diem for AGM	-	-	35,200,000
<b>SUB TOTAL</b>			<b>35,200,000</b>
<b>UHSS</b>			
Net Salaries for H/W & PM Staff	-	-	15,418,016
PAYE	-	-	3,392,009
NSSF	-	-	2,970,013
<b>SUB TOTAL</b>			<b>21,780,038</b>
<b>SDS HRH SUPPORT</b>			
Net Salaries for PM staff & H/W	27,921,730	-	-
PAYE	4,293,115	-	-
NSSF	5,086,543	-	-
Health workers' Motivation	2,160,000	-	-
Administration costs	1,204,404	-	-

Support Supervision	5,054,000	-	-
Transfers to Sustain	3,303,326	-	-
<b>SUB TOTAL</b>	<b>49,023,118</b>	<b>-</b>	<b>-</b>
<b>SUSTAIN HRH PROJECT</b>			
Net Salaries for H/W & PM Staff	154,326,820	138,034,423	-
PAYE	25,611,611	22,777,808	-
NSSF	25,410,797	28,360,246	-
Local service tax	800,000	-	-
Stationery	1,516,300	-	-
UMEME	750,000	-	-
Bank charges	1,067,616	1,363,200	297,080
Support supervision	4,580,000	4,860,000	-
Transfers to SUSTAIN	-	1,803,050	-
<b>SUB TOTAL</b>	<b>214,063,144</b>	<b>197,198,727</b>	<b>297,080</b>
<b>UMWA (HSS project)</b>			
Building materials	38,964,300	1,600,000	-
<b>SUB TOTAL</b>	<b>38,964,300</b>	<b>1,600,000</b>	<b>-</b>
<b>USAID/UPHS HSS PROJECT</b>			
Net salaries	48,365,500	19,540,500	-
PAYE	18,264,500	7,363,500	-
NSSF	10,620,000	4,248,000	-
Local Service Tax	630,000	-	-
Programme specific costs	113,026,521	13,869,520	-
<b>SUB TOTAL</b>	<b>190,906,521</b>	<b>45,021,520</b>	<b>-</b>
<b>INTRAHEALTH HRH PROJECT</b>			
Net salaries for H/W & PM Staff	-	100,301,505	240,561,675
PAYE	-	22,775,915	53,543,405
NSSF	-	19,671,710	46,437,672
Local Service Tax	-	1,510,000	-
Direct costs	-	5,982,568	13,685,068
Office equipment	-	6,500,000	500,000
Support supervision	-	6,200,000	23,630,000
Transfers to Intrahealth	-	-	103,240
<b>SUB TOTAL</b>	<b>-</b>	<b>162,941,698</b>	<b>378,461,060</b>
<b>GRAND TOTAL</b>	<b>658,574,678</b>	<b>492,922,352</b>	<b>525,333,680</b>
Balances c/d	<b>16,862,825</b>	<b>5,594,695</b>	<b>12,794,341</b>
Cash	-	385,000	-
Bank	<b>16,862,825</b>	<b>5,209,695</b>	<b>12,794,341</b>

**BANKS:**

*Tropical Bank balance as at 31<sup>st</sup> December 2019* 90,944/=

*Cairo International bank balance as at 31<sup>st</sup> December 2019* 12,703,397/=

*Cash at hand balance as at 31<sup>st</sup> December 2019* 0/=

*UMMB Member facility contributed 4% to UMMB annual Income and 96% was donor funded*

*SOURCE; Uganda Muslim Medical Bureau: Financial statements, Audit report 2019*

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

We have audited the financial statements of Uganda Muslim Medical Bureau on pages 6 to 19, which comprise the Statement of Financial Position as at 31 December 2019, the statement of comprehensive income, statement of changes in funds and statement of cash flows for the 12 months period then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of Uganda Muslim Medical Bureau as at 31 December 2019 and of its financial performance and statement of cash flows for the year then ended in accordance with International Financial Reporting Standards (GAAPs) and NGO Act.



## Basis for Opinion

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

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

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

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

Those charged with governance are responsible for overseeing the organization's financial reporting process.

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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the council's internal control
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the council to cease to continue as a going concern.

## Report on Other Legal Requirements

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

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

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

Okello Isaac & Associates Certified Public Accountants Date.....2019

The engagement partner on the audit resulting in this independent auditor's report is CPA Okello Isaac.



## PROFILE: MITYANA UMSC HEALTH CENTRE III

Mityana UMSC Health Centre III was founded the Uganda Muslim Supreme Council in 1980 as a health Centre II. In the year 2000 it attained a HC III level status due to its continuous improvement of quality health services to the community. The health centre offers the following services: Out and In-patient, maternity, antenatal services, immunization, Family planning, post-natal services, safe male circumcision, ultra sound scan, laboratory services, HIV care and treatment (ART services), TB screening and treatment.

The facility has made big strides in a number of areas within the past four years: - Today, the facility attends to a total number of over 650 patients per month, compared to 80 patients per month in 2015. An average of 2 patients are diagnosed for TB and treated per quarter, as opposed to zero patients in 2015.

By end of June 2019, the facility had a cumulative number of 290 ART clients, as compared to a total number of 14 ART clients in 2015. With the coming of the SURGE program, this number has since almost doubled, close to 400 clients as of December 2019.

Over 1000 patients receive laboratory services each month, as compared to 40 patients per month in 2015.

The facility receives over 16 mothers for safely delivery services per month, as compared to 0 to 1 per month in 2015.

The facility infrastructure has seen great improvements. Renovation of the entire health centre building has been done. The floor is now tiled, there are curtains and new equipment has been procured. A Paediatric ward was established to give better treatment and care to children.

The facility's management is relentlessly working towards achieving a health Centre IV status. Therefore, plans are underway to construct a theatre and create more room to increase on the services offered and residential houses for health workers. The project will go a long way to reduce infant and maternal mortality rates in the area, plus enabling poor families to access quality and affordable health services.

*The facility's management is relentlessly working towards achieving a health Centre IV*





## PROFILE: LUGAZI MUSLIM HEALTH CENTRE III

Lugazi Muslim Health Centre is a private not for profit health facility situated in Lugazi Municipality. It is owned by the Lugazi Muslim Development Community. The facility has a Health Unit Management Committee which does the oversight role of supervision, managing the development and construction of the health facility.

The health facility provides the following services: Out and in-Patient, Maternity, Antenatal care, Laboratory, immunization and child health care, theatre and ultrasound services, ART services, outreaches to the surrounding communities and youth friendly services. An ambulance, provided by the area MP, is on standby 24/7 to assist patient transportation.

The vision of the health facility is *"To be the best Muslim health centre that provides quality health services to the people of Uganda"* and a mission of ; *"Lugazi Muslim health centre fosters to deliver quality and affordable health services using a holistic Islamic approach"*

In the year 2015 construction of a two-level building started. This was to increase space to provide more quality health services. To date, the ground floor has been completed and is functional offering Major and Minor theatre services, maternity and antenatal services and in- patient private room services. The operation theatre conducts a number major surgical operations, mothers deliver in a conducive, clean, organized and secure maternity and the spacious admission rooms attract a number of patients for admission. Hopefully, during the coming year the health centre will be accredited to level IV HC.

The number of clients seeking services at the health facility is increasing. A poor patient fund was established to cater for treatment of the poor patients of the community at no cost.

In the discharge of its responsibilities, the health centre aspires to sustain the highest possible standards and levels of efficiency, effectiveness and quality in all its endeavors. It is also driven by the criteria of excellence, continuous improvement and innovation. Its services are made available equitably on the basis of need. Finally, the health facility is fully accountable to patients and other stakeholders with respect to performance over the entire range of its function.



Caesarian section operation underway



## UMMB REGISTERED PNFP HEALTH FACILITIES 2019

s/n o	UNIT NAME AS KNOWN BY BUREAU	DISTRICT	HSD	Sub-County	Parish	Town / Village
<b>HOSPITALS</b>						
1	Buwenge Hospital and Medical Centre	Jinja	Kagoma	Buwenge TC	Kasalina Ward	Buwenge
2	Kibuli Muslim Hospital	Kampala	Makindye	Makindye Div	Kibuli	Kampala
3	Old Kampala Hospital	Kampala	Central	Central Div.	Old Kampala	Kampala
4	Oriajini Hospital	Arua	Arua Mun.	Katrini	Okopi	Anori Village
5	Saidina Abubakar Islamic Hospital	Wakiso	Kyandodo East	Nangabo	Wattuba	Wattuba
<b>HEALTH CENTRE IV</b>						
1	Ahamadiya Muslim Medical Centre	Mbale	Mbale Municipality	Mbale Municipality		Mbale
2	Arahmah Medical Centre	Masaka	Masaka municipality	Nyendo senyanje	Nyendo	Masaka
<b>HEALTH CENTRE III</b>						
1	Al-Hijra Health C	Buikwe	Buikwe North	Njeru	Buziika	Butema
2	Bweyogere Health Centre	Wakiso	Kyadonodo East	Kira TC	Bweyogerere	Kazinga
3	Crescent Medical Centre	Jinja	Jinja municipality	Jinja Munis. West	Nalufenya	Jinja
4	Iganga Islamic Medical Centre	Iganga	Kigulu South	Central Div.	Kasokoso	Iganga
5	Jinja Islamic Health Centre	Jinja	Jinja Central West	Jinja West	Gabula	Jinja
6	Kabigi Muslim Health Centre	Masaka	Bukomansim bi	Butenga	Kabigi	Kabigi
7	Katadooba UMSC H C	Kasese	Busongora South	Kasese Munis.	Central Div.	Kasese
8	Kawoko Muslim H C	Bukomansi mbi	Bukomansim bi	Butenga		Kawoko
9	Kibibi Nursing Home	Butambala	Butambala	Kibibi	Bamulanze Zone	Kibibi TC
10	Kirigime HC	Kigezi				Kabale
11	Kyotera UMSC H C	Rakai	Kyotera	Kasaali		Kyotera
12	Lambu HC	Masaka				Lambu
13	Lugazi Muslim H C	Buikwe	Buikwe West	Lugazi TC	Kikaula	Lugazi
14	Lugo Muslim H C	Luwero	Katikamu north	Katikamu		Migadde
15	Lyantonde Muslim H	Lyantonde	Kabula	Lyantonde	Kooki	Lyantonde
16	Mariam Al-Kaabi HC	Masaka				Masaka
17	Mbarara Muslim H C	Mbarara	Mbarara Municipality	kakoba Div.	Kakoba Ward	Mbarara
18	Mbirizi Muslim H C	Lwengo	Bukoko Midwest	Lwengo	Mbirizi	Mbirizi



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

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

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Uganda Protestant Medical Bureau

Uganda Orthodox Medical Bureau

District Health Officers

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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.



