



Uganda Muslim Medical Bureau

ANNUAL REPORT

2018

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MESSAGE FROM THE CHAIRMAN

Assalam Alaykum,

It is my sincere pleasure to welcome the reader to our Annual Report 2018. This is one of the expected output of our secretariat. The year 2018 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 IntraHealth International 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 Umma's 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 2018 Annual Report. A lot of activities have been implemented during the year. This report highlights the activities that were implemented from January to December 2018. 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 (Enabel) –MoH PNFP project continued in West Nile and Ruwenzori Regions. Katadooba Health Centre performed well to access funding from this project, and had utilized the surplus funds to improve service delivery by constructing a maternity ward. 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 carried out.

We have continued to develop good working relationships with the health development partners to support our health facilities. Mildmay Uganda continued to support Human Resources for Health for recruitment of 23 health workers in 8 health facilities through UMMB and the Inter Bureau Coalition. USAID/IntraHealth project supported the recruitment and management of payroll of 29 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 main operation theatre was completed and now functional. 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
Ms. Mariam Namata	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. Zaidi Kiire	-Quality Assurance 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

REGIONAL CO-ORDINATORS

Candia Umar	-West Nile Region	≠	Saidi Okura	-Elgon Region
Masereka Umar	-Mbarara region	≠	Isaac Mwendha	-Eastern 2 Region
Bwambale Arafat	-Ruwenzori Region	≠	Muweta Juma	-Eastern 1 Region
Lukabwe Twayibu	-Central 1 Region	≠	Ngobi Samir	-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 on 21st July 2018 at Tal Cottages, Kampala. 27 member health facilities attended the AGM represented by 82 participants. We are grateful to BTC for the support in sponsoring the 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.

Leadership and Governance challenges still exist in some health facilities. A manual to guide the activities of Health Unit Management Committees and Hospital Boards was developed by the UMMB to guide the leaders in their work.



THEMATIC AREA: OPERATIONAL MANAGEMENT & SERVICE DELIVERY

In 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.

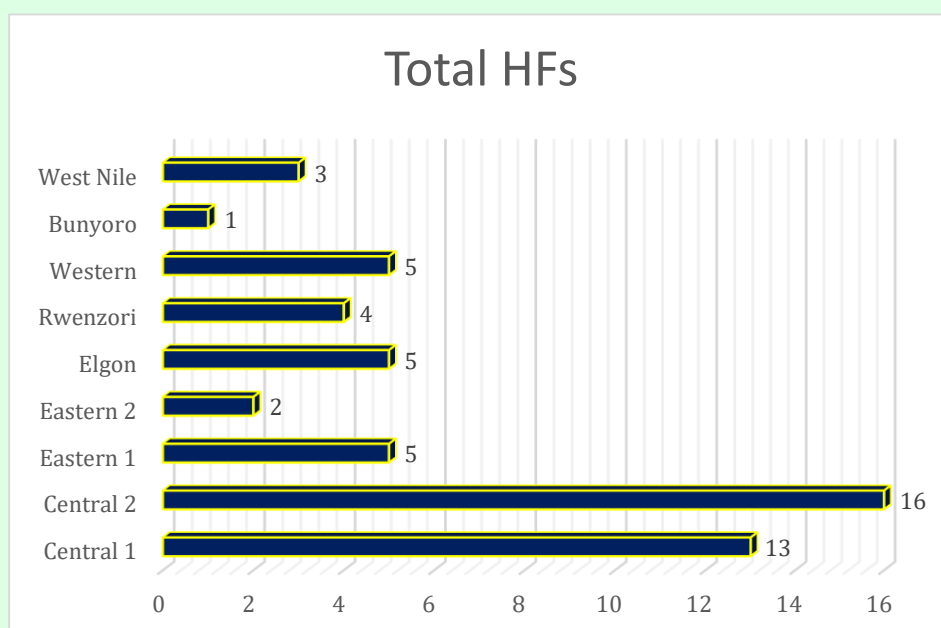
The UMMB Secretariat strengthened its decentralized service monitoring through its structures of regional coordinators. Regional coordinators supported health facilities through support supervision and medicines monitoring in the eight bureau regions.

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

UMMB HEALTH FACILITIES COVERAGE -2018

By December 2018, the UMMB had 52 active HFs. These included 5 hospitals, 2 HCIVs, 24 HCIIIs and 20HCIIIs. The UMMB has facilities spread all over Uganda within the UMMB eight regions, which include East one and two, central one and two, Elgon, Rwenzori, Western and West Nile. Other regions that are not yet covered include Acholi, Lango, Karamoja and Kigezi.

Graph one: Shows the distribution of UMMB HFs per region



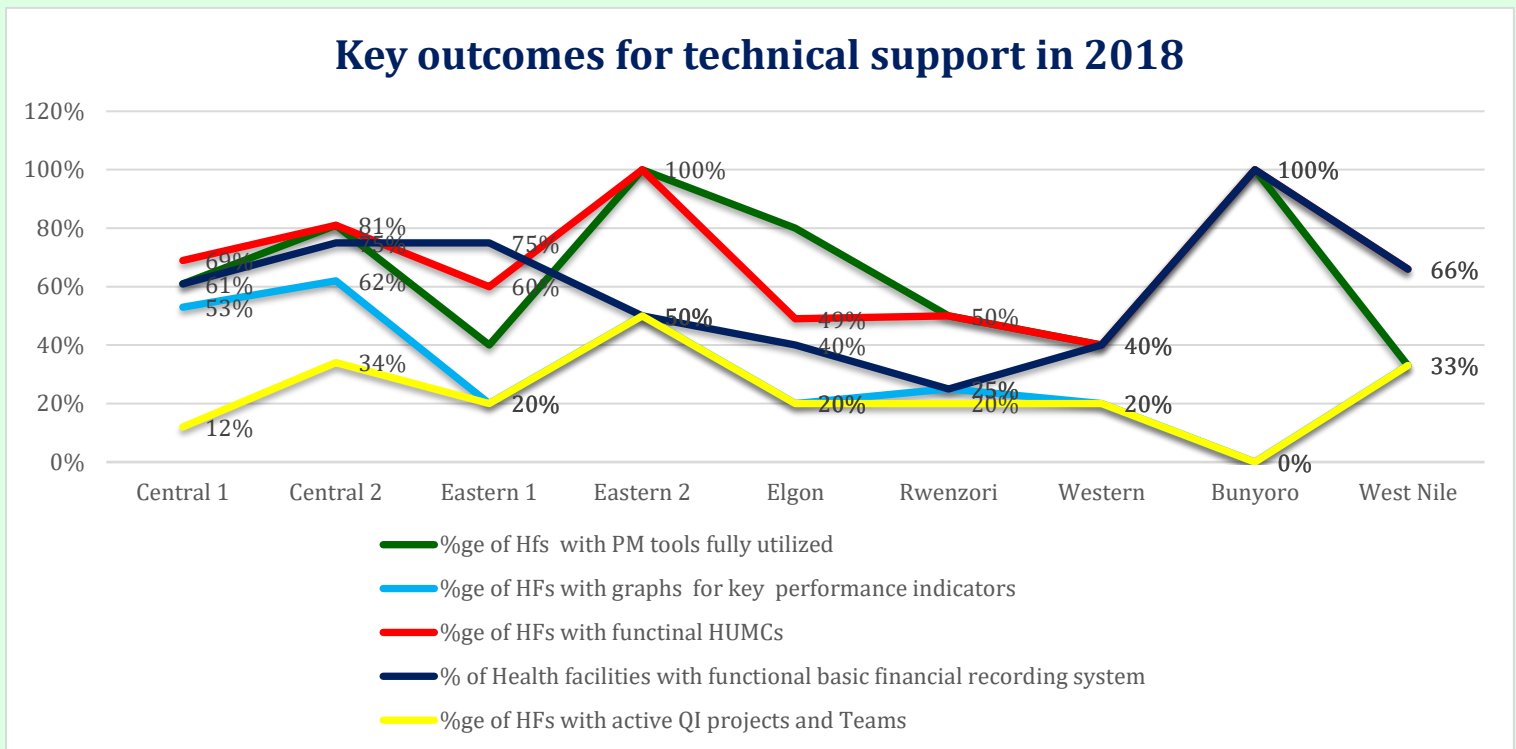
Source UMMB HFs inventory list 2018.

As seen from the graph, UMMB facilities are still concentrated in central regions one and two contributing 55% of the total UMMB health facilities in the country. Western, Elgon, and Eastern regions also have some reasonable number of HFs. West Nile, Bunyoro and Rwenzori still have low coverage in terms of health facilities under the network of UMMB. As a strategy, UMMB hopes to cover all other regions with at least a health center three by December 2020. UMMB contributes 0.87% of the Uganda health facilities inventory (MFI 2018)

TECHNICAL SUPPORT YIELDS BY UMMB IN 2018

UMMB continued to provide technical support to its network facilities during the year 2018. The technical support included support supervision to HFs, onsite orientations and mentorships to HF staff on Financial Management (FM), Human resource performance management (HPR). 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 usage, quality improvement and health workers' adoption of HR performance management tools is improving steadily. This is illustrated below:

Graph 2: UMMB Technical Support outcomes by region and type in 2018



Source: UMMB Technical activity reports

As seen above. Facilities are performing better in terms of utilization and adoption of HR 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.

REPORTING BY FACILITIES

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

By December 2018, 90% of the UMMB HF's are on the DHIS2 and are reporting with the districts. UMMB has rights to the DHIS2 to review and analyze the data. The bureau reporting rate was 87% by December 2018. The Following facilities by December 2018 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) Shifah HCII in Bunyangabo district

Some health facilities have become perpetual non-reporters at the districts, other partners and UMMB. These include:

- 1) Lutengo Muslim HCII in Kalungu
- 2) Shifah- Kadindimo HCII in Bunyangabu
- 3) Umar Bin Khatab HCIII in Wakiso
- 4) Arahma HCII in Luwero
- 5) Nakasoga HCII in Kyotera

These will be supported to file these monthly and quarterly reports to all partners including districts and UMMB.

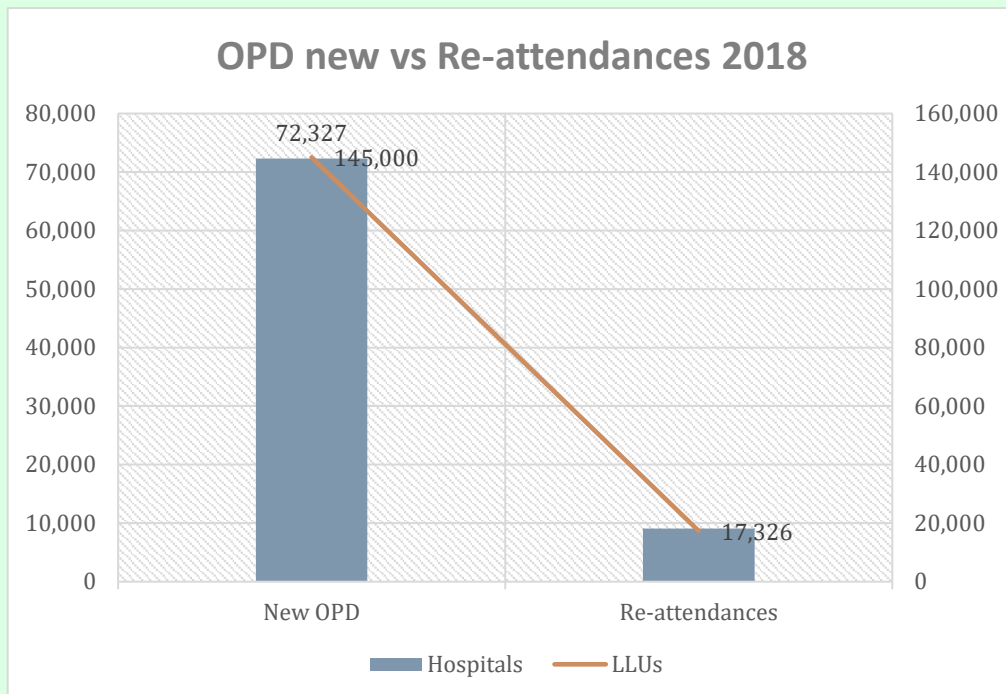
Performance on key indicators

New OPD vs Re-attendances at OPD (OPD Utilization)

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

Graph three: New OPD VS Re-attendances for 2018

DHIS2 Jan- Dec 2018



Progress has been 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.

There is a big gap between new OPD attendance and Re-attendances, 89% of total OPD were new while 11% were re-attendances. This means that follow up of patients at OPD is either undocumented or not adequately followed up. More

will be put to address the relationship between OPD new and re-attendance. 12% of total OPD were Malaria confirmed cases (both through RDT and microscopy testing) throughout the year. The total number of OPD reduced by 2% in 2018, this could be attributed to mentorship given to facilities on what to exclude from OPD numbers. Previously facilities could include all services as OPD utilization.

Table one: Best performing Health Facilities for OPD utilization for 2018

Source: DHIS2

Kibuli Muslim Hospital has continued to perform best in terms of OPD utilization contributing 26% of the total OPD numbers across the network, IUIU, Lugazi Muslim HCIII, Iganga Islamic, SAIH, Njovu MCIII, have remained consistently performing better in terms of OPD. Katadooba UMSC HCIII has joined as one of the best performers in OPD utilization for 2018,

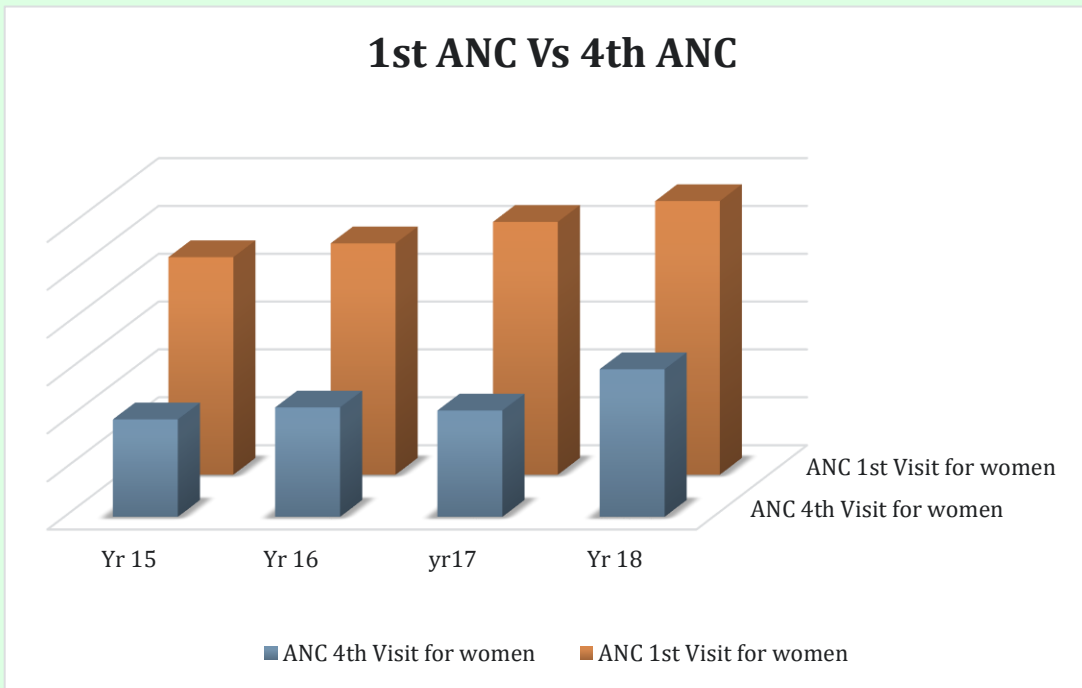
HF Name	Total OPD
Kibuli Muslim Hospital	63,100
IUIU HCIII	11,460
Lugazi Muslim HC III	10,196
Saidina Abubakar Islamic Hospital	9,075
Taqwa HC III	8,982
Iganga Islamic MC III	8,114
Katadooba (UMSC) HC III	7,178
Njovu Medical Centre HC II	7,161

Reproductive Maternal Child Health (RMCH) services ANC 1st Visit Vs 4th Visit

The quality of Antenatal services has continuously been given maximum attention and over emphasized by the secretariat. Facilities have continued to provide a comprehensive Antenatal service to the communities which include among others, testing for Syphilis and Malaria, HB,

HIV/AIDs, obstetric care, clinical management like eMTCT services and treatment of other illnesses. Mothers are cared for up to 4th visit and more. This has improved the health of mothers and babies at delivery.

Graph four: Shows 4th Visit ANC vs 1st Visit ANC mothers since 2015



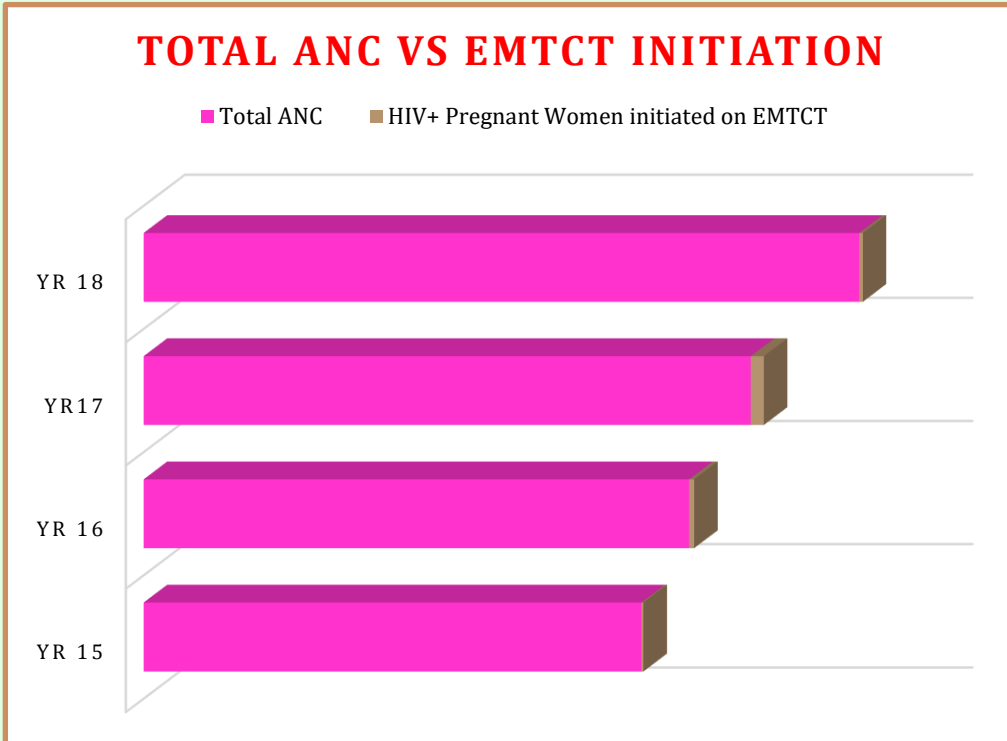
Source: DHIS2 (2018)

Generally, both 1st and 4th ANC visits have been improving since 2015. There is an improvement in 4th visits across facilities more proportionate to ANC 1st visits in 2018. In 2018, ANC 4th visits increased by 39% compared to ANC 1st visits that increased by 8% across all facilities. Also the ratio of 1st ANC to 4th ANC improved to

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

Total ANC and initiation of mothers in eMTCT clinic

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



Source DHIS2 2018

UMMB has continued to support and implement uniform service delivery policies and regulations from Ministry of Health regarding Option B+ (eMTCT). This has helped the network HFs to provide quality Maternal child health services throughout the year.

Significantly though is the fact that in 2018, UMMB was able to initiate all HIV+ mothers across all facilities on ART in ANC. As seen from the graph,

Total ANC has been increasing over the years but with reducing trend of HIV+ This is attributed to the presence of qualified Midwives, training in eMTCT conducted by UMMB in 2016, improved quality of health infrastructure for mothers' care, improved data management and interpretation of eMTCT data elements in the HMIS tools (registers and reporting templates). In 2018, 0.5% of all mothers were positive and initiated on eMTCT services. An 18% increase in total ANC was registered in 2018 compared to 2017.

A reduction of 71% of total HIV+ mothers was recorded in the year, hence contributing to UMMB efforts of accelerating epidemic control among the community members and especially among pregnant mothers.

Best performing HF's in the network for 2018

Kibuli hospital has continued to dominate the network in terms of output numbers on key performance indicators. It was the best overall and among the UMMB hospitals. Iganga Islamic MC and Lugazi Muslim HC have consistently performed well across different components of health. Mbirizi UMSC HC, Ahmadiyya MMC and AL Hijra HC have joined as better performers in terms of ANC services.

Table two: Best performing HCIII's for ANC

Organization unit	Total ANC
Iganga Islamic MCIII	3,304
Mbirizi Muslim HC III	2,291
Lugazi Muslim HC II	1,947
Ahamadiya HC III	1,889
Katodoba (UMSC) HC III	1,236
Al-hijira HC III	1,002

Table Three: Best performing Hospitals in ANC

Organization unit	Total ANC
Kibuli Muslim Hospital	6,495
Buwenge NGO Hospital	2,384
Oriajini Hospital	1,411

Upcoming and best Performing HCII's for ANC

There are some HCII's that have made strides in providing maternal child health services especially ANC services. These have since been encouraged and advised to upgrade to HCIII level. Alnoor in Yumbe leads these upcoming HCII's with a total of 587 mothers accessing ANC services for 2018.

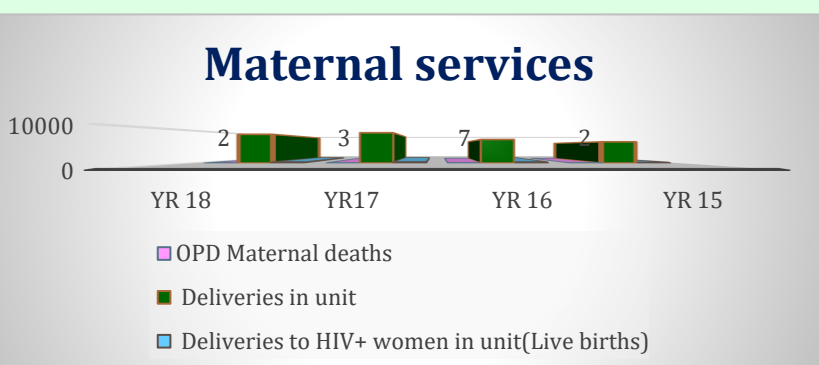
Table four: Best HCII's in maternal services

Organization unit	Total ANC	Organization unit	Total ANC
Alnoor HCII	587	Kakungube UMSC HCII	331
Kiwanyi HCII	408	Nyamirima HCII	209
Munathmat HCII	350		

Maternity services

UMMB network continued to provide maternity services in the year 2018. 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 continued to improve maternity departments in terms of management and provision of quality services.

Graph Six; Maternity services since 2015



Source: DHIS2

UMMB has continued to provide and consistently improve its maternal services with emphasis on quality management and care to mothers. Deliveries in the network has generally been a positive trend since 2015. There has been progress made towards improving staffing levels in terms of Nurses and midwives to provide maternal services,

infrastructure outlook, equipment and training on data and records management. These have been key in moving the trends of maternal services upwards. However, in the year 2018, there was a reduction in total number of deliveries which moved from 9,385 deliveries in 2017 to 8,901 deliveries conducted in 2018. This was attributed to non-reporting by some facilities to the districts. The 5% reduction in deliveries also led to a reduction in total HIV+ deliveries to 3% of total deliveries in 2018 from 3.5% of total deliveries in 2017. All exposed children (Infants) were enrolled into EID services across our ART sites. HCIIIs did not register any HIV+ mothers delivering in such units.

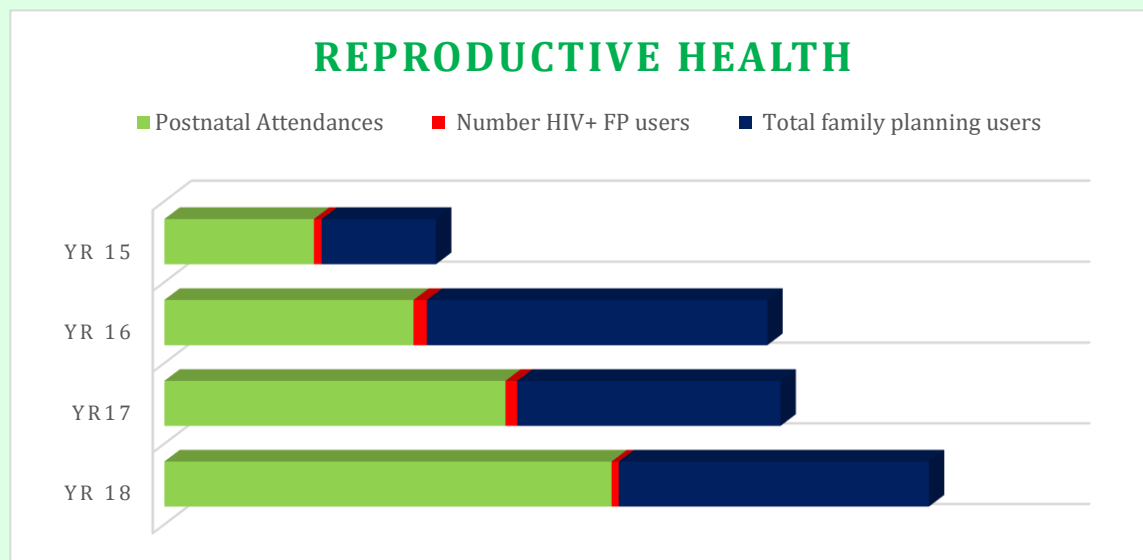
Table Five: Best performing HFs on maternity services

HF Name	Deliveries in unit
Kibuli Muslim Hospital	2,605
Buwenge NGO Hospital	711
Katodoba (UMSC) HC III	589
Iganga Islamic MHC III	575
Mbirizi UMSC HC III	517
Ahamadiya MMC IV	452
Oriajini Hospital	362
Lugazi Muslim HC III	298
Al-hijira HC III	267



Kibuli Muslim Hospital emerged the best contributing 29% of total deliveries in the network. Buwenge Hospital, Iganga Islamic and Lugazi Muslim HCS have been consistent in improving their Maternal services. New entrants include AL Hijra HCIII, Mbirizi UMSC HC, Oriajini Hospital, and Katadooba UMSC HCIII as better performers as far as Maternity services are concerned.

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 2018, the number of clients accessing FP services increased from 17,606 clients in

2017 to 20,740 clients in 2018 representing a 17% increment. A total of 472 HIV+ clients accessed FP products in the network. UMMB has had challenges in accessing products from vendors since the UHMG abruptly stopped providing support during the year 2018. Some HFs relied on other Government or PNFP facilities to get a few FP commodities to provide services.

There has been a consistent and significant improvement in postnatal services across the network. Since 2015, PNC services have had an upward shift with the year 2018 having an increase of 31%. Community outreaches and improved HF service delivery partly explains the improvement in both FP and Post Natal Care services improvement across the network.

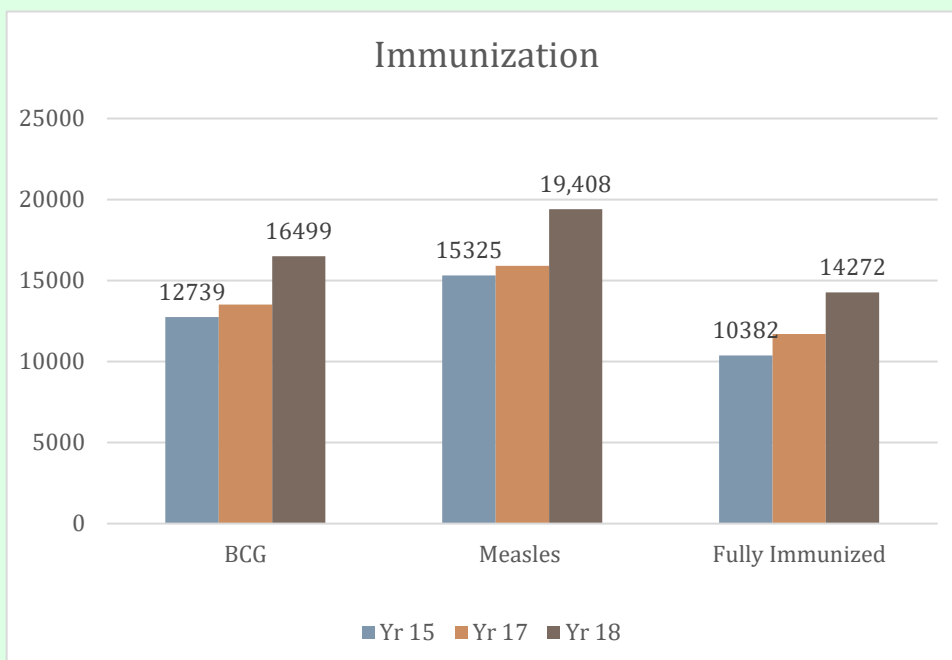
Child Health (Immunization services for 2018)

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 sensitizations on complete immunization of all children before they attain the age of one year.



Graph eight: Network Immunization for selected doses in 2018



Completion rate was established at 87% for 2018 as compared to 86% of 2017. Generally, there has been an upward movement or increase in the number of children reached for immunization since 2015. In 2018, a 22% increase was registered for measles vaccination compared to 2017. However, there is a gap between measles vaccination and fully immunized of 5,136 children. This is a shortfall in recording the fully immunized children at measles vaccination

Source: DHIS2

HIV/AIDS services

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

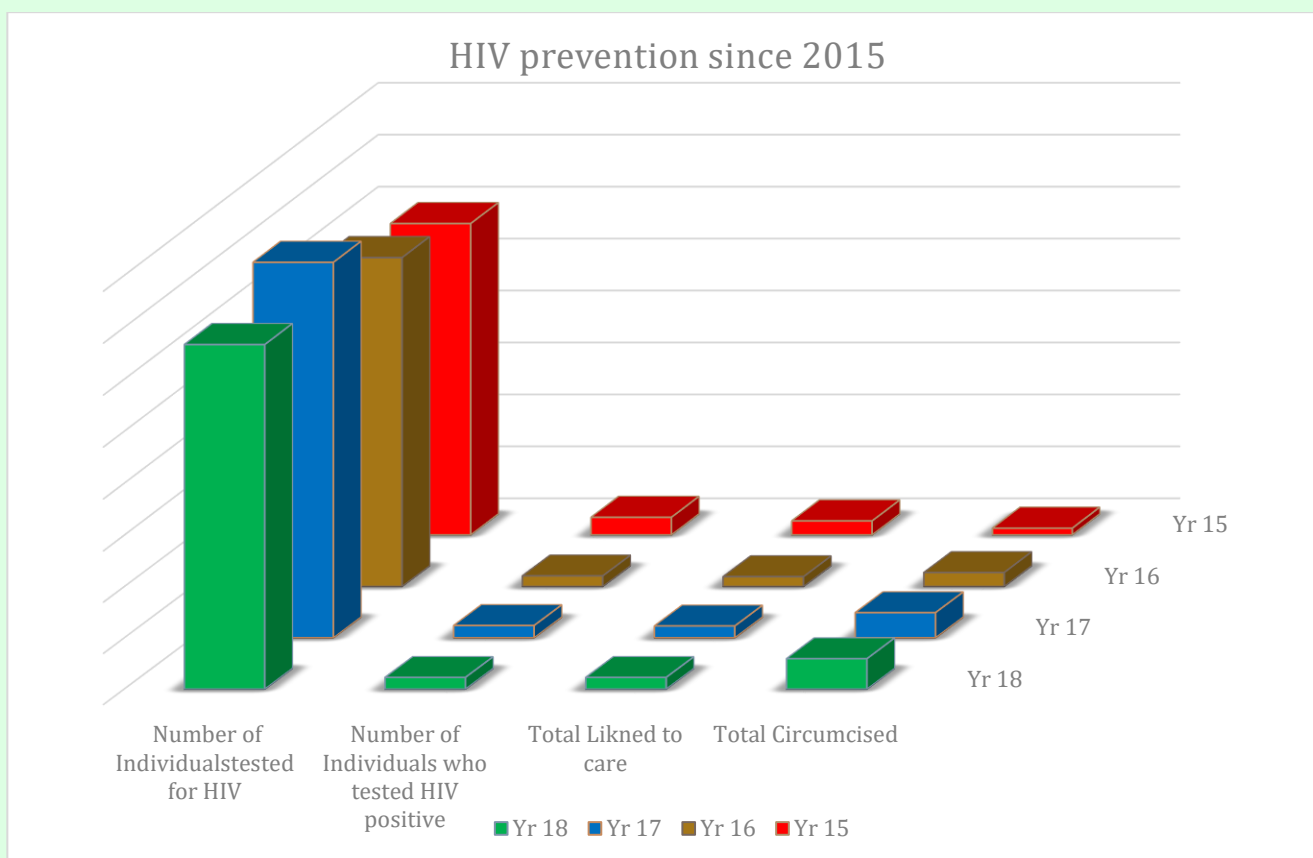
curative, more HIV/AIDS treatment centers were accredited for ART services UMMB is implementing the 95%, 95%, 95% of accelerating HIV/AIDS epidemic control and Test and Treat strategy for HIV/AIDS management. By December 2018, the following sites provided HIV/AIDS services:

Kibuli Muslim Hospital in Kampala district, Saidina Abubakar Islamic Hospital in Wakiso, Oriajini Hospital in Arua district, Buwenge NGO Hospital and Jinja Islamic HC in Jinja district, Iganga Islamic MC in Iganga district, Lugazi Muslim HC in Buikwe, Nakatonya HC in Luwero, Bweyogerere Hassan Tourabi HC and Taqwa CBC HC in Wakiso, Mityana UMSC HC in Mityana, Kibibi NH in Butambala, Mbirizi Muslim HC in Lwengo, Lyantonde Muslim HC in Lyantonde, Katadooba UMSC HC in Kasese, Saidina Abubakar NH in Kampala, Kawoko Muslim HCIII, Munathammat HCIII,

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 arm of religious leaders that help as community educators to mobilize and sensitize communities about the best mechanism to combat HIV/AIDS by taking on the preventive arm seriously. Outreaches for HCT, and treatment are conducted and static services are also provided. In the year 2018, UMMB was able to provide HIV/AIDS Counseling and Testing and circumcision as key prevention activities.

Graph Nine: 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. However, in 2018 there was a reduction of 8% in the number of clients tested for HIV/AIDS. This could be attributable to many facilities having logistical access challenges since most of them are not accredited for ART. The HIV prevalence rate was established at 3.5% far below the national

rate of 7.6% in 2018. 100% of all identified positives were linked to HIV/AIDS ART sites for both government and other PNFP health facilities.

Circumcision has also been monitored as a preventive measure. A total of 5,925 people were circumcised in the year 2018 compared to 4896 in 2017 representing an increase of 21% in 2018. 100% clients circumcised were followed up within 7 days after circumcision.

Best performing facilities in Prevention services

Table Six: Best Circumcision sites for 2018

HF Name	Total circumcised in 2018
Saidina Abubakar Islamic Hospital	4,482
Old Kampala Hospital HC IV	601
Iganga Islamic MC III	286
Mukono Muslim HC II	285
Lyantonde Muslim HC III	108
Jinja Islamic HC III	70

As seen from table six and seven above, Iganga performed best in terms of HCT services with 21% of the total network HCT services. Katadooba, Lugazi, Taqwa, Oriajini and old Kampala Hospital, Mityana UMSC and Kibibi Nursing home have registered tremendous improvements in HCT services for 2018.

SAIH has performed the best for circumcision services contributing 75% of the total number circumcised. Jinja Islamic and Mukono Town HCs have improved on their circumcision numbers in 2018.

HIV/AIDS services

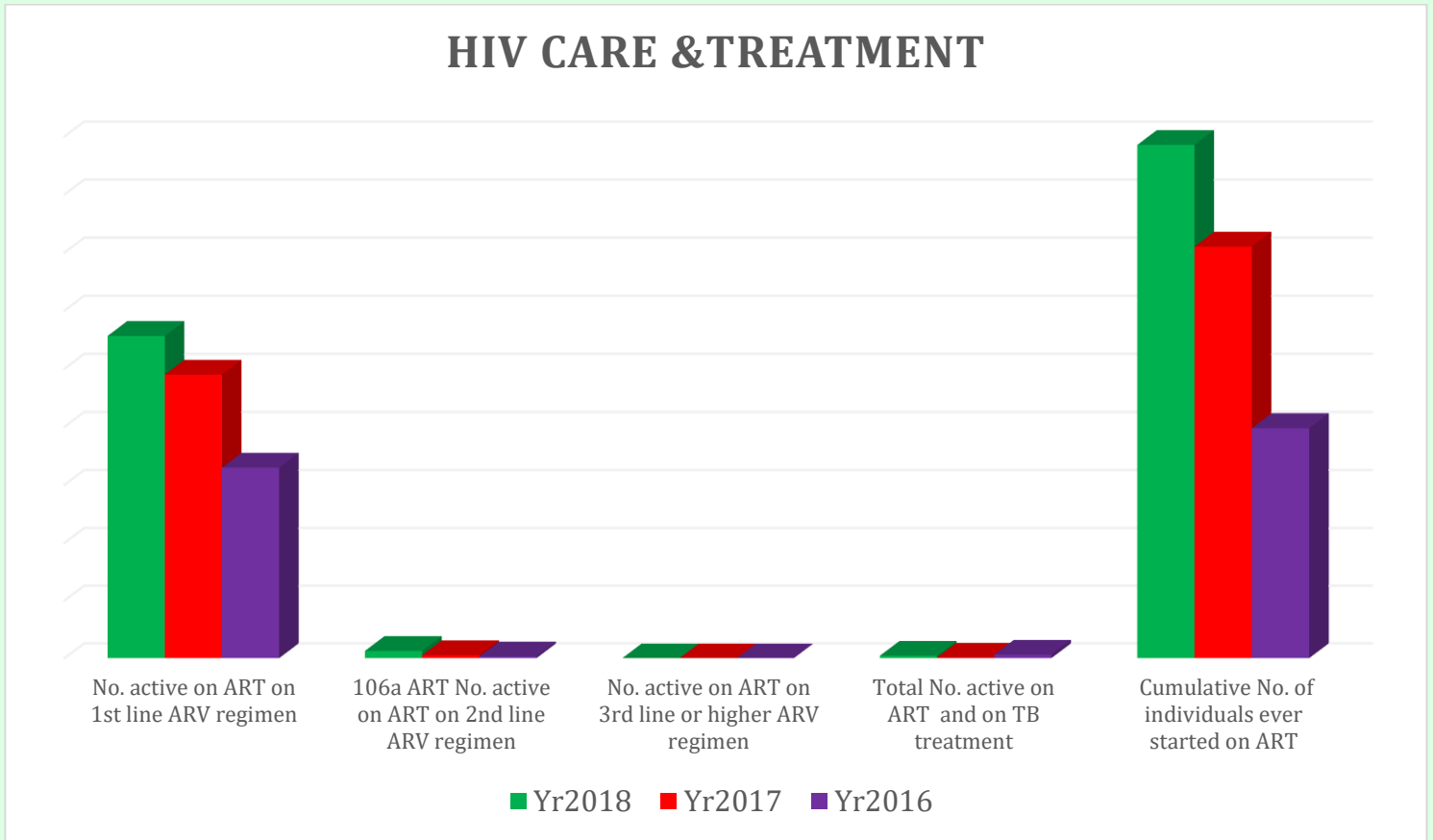
Through its accredited ART sites, UMMB has continued to provide both preventive and curative HIV/AIDS services.

In terms of curative, HIV/AIDS more treatment 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.

Table Seven: Best Facilities for HCT services in 2018

HF Name	Total Tested for HIV in 2018
Iganga Islamic MCIII	14,148
Lyantonde Muslim HC III	7,464
Saidina Abubakar Islamic Hospital	5,259
Mityana UMSC HC III	3,620
Katodoba (UMSC) HC III	3,601
Kibibi Nursing Home III	2,584
Old Kampala Hospital	2,357
Buwenge NGO Hospital	2,333
Taqwa HC III	2,222
Kibuli Muslim Hospital	1,988
Oriajini HOSPITAL	1,905
Lugazi Muslim HC II	1,582

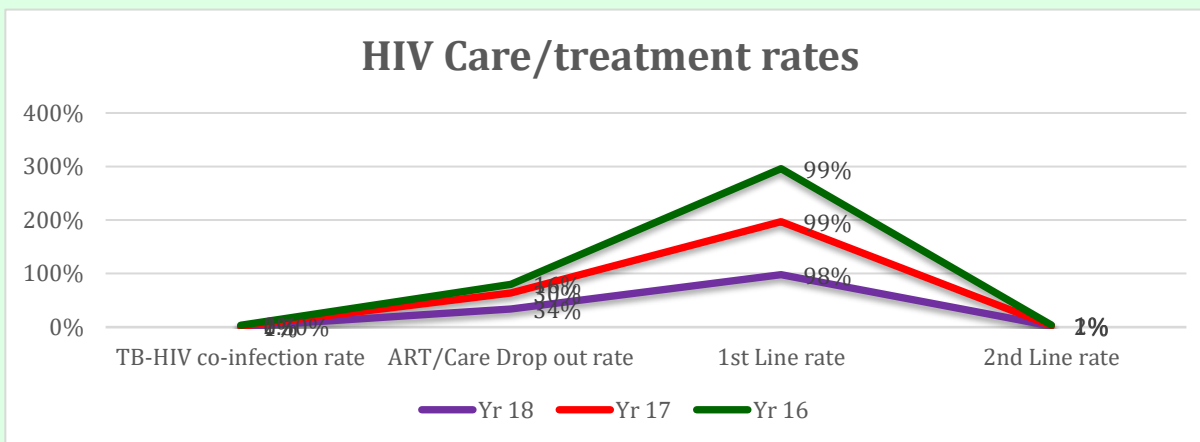
Graph 10: Shows HIV Care and treatment services



Source DHIS2

By December 2018 a total of 5,739 clients were active on treatment (ART) across all UMMB network. 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 and follow up HIV/AIDS clients. 98% of clients were on 1st line ARVs while only 2% were on 2nd line drugs. (0%) There were no clients on 3rd line drugs in the network as of December 2018.

Graph 11. HIV/AIDS care and treatment rates



Source: DHIS2

The HIV/AIDS care or treatment drop out rate is still high over the year, fluctuating from 16% and 34% between

2016 and 2018. In 2018, 34% of the number supposed to be in care was lost to follow up through defaulting and death. There is need to strategize on how to best manage our clients especially those that are not able to come to HFs for clinical follow up. Using the differentiated service delivery model (DSDM) would help in managing and keeping track of all patients better. However, this model had not been rolled out in many of the facilities. 98% of our clients are on 1st line while 2% on second line and none on third

line drugs in 2018. TB/HIV+ co-infection was established at 1% in 2018, 0.5% in 2017 and 2% in 2016. More work needs to be done especially in managing TB clients across the network.

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

HF Name	1 st Line Active	2 nd Line Active	Total Active (by Dec 2018)
Iganga Islamic MHCI	1,269	10	1,279
Saidina Abubakar Islamic Hospital	1,204	45	1,249
Lyantonde Muslim HC III	1,152	25	1,177
Kibuli Muslim Hospital	408	18	426
Katadooba UMSC HCIII	301	9	310
Taqwa HC III	247	1	248

Source: DHIS2

Iganga Islamic HCIII performed the best in HIV/AIDS care and treatment with the highest number of clients. This is followed closely with SAIH contributing 21% of total clients on treatment while Lyantonde Muslim HC contributed 20% of clients. Taqwa HC, Kibuli Muslim Hospital, and Katadooba HC have also improved their ART services with clients above 230 clients.

QUALITY ASSURANCE

Result Based Financing project

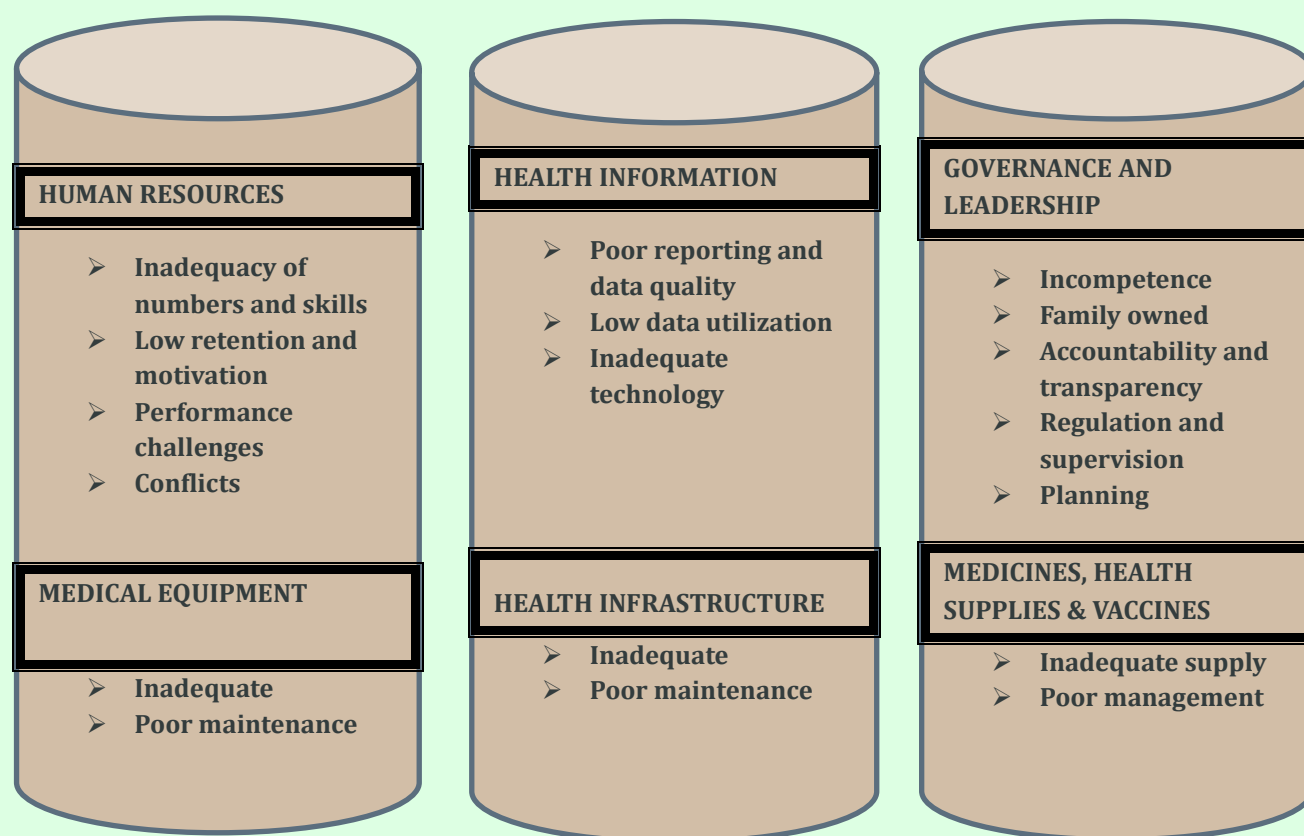
Twelve UMMB network health facilities had qualified as beneficiaries of the Results Based Financing (RBF) Project which is an intervention by MoH with support from the World Bank, the Global Financing Facility and the Swedish International Development Agency, in support of *Every Woman Every Child* towards addressing Uganda Reproductive Maternal and Child Health Services Improvement Project (URMCHIP).

- 1). RMNCAH conditions are a major public health problem, accounting for over 60% of the Years of Life Lost in Uganda.
- 2). The leading causes of maternal death are haemorrhage, obstructed labour and complications from abortion, all of which are preventable.

Challenges of the Health System

Overall gross under funding for the health sector, in the face of growing needs driven by increased population and new technologies, resulting into a failure to achieve sector objectives.

Challenges of the health sector



Major Challenges to RMNCAH Outcomes

- The relatively inadequately funded health sector making it unable to effectively respond to the high disease burden of RMNCAH;
- Capacity constraints, especially at the health facility level which has rendered the majority of districts unable to deliver mandated services;
- Poor compliance and accountability for the delivery of RMNCAH services
- High poverty levels at the household level,
- Dis-empowered women,
- Harmful traditional practices which hamper the utilization of RMNCAH health services.

It is against that background that RBF project was adapted as an intervention to address all the above stated challenges.

Table 9: shows the RBF pre-qualification assessment results for UMMB facilities

NO	FACILITY NAME	DISTRICT	SCORE	Status
1	Mbirizi Muslim HC III	Lyengo	93.1%	Qualified
2	Kibibi Nursing Home	Butambala	93%	Qualified
3	Nakatonya Muslim HCIII	Luwelo	84.6%	Qualified
4	Lyantonde Muslim HC III	Lyantonde	83.6%	Qualified
5	Kyotera Muslim HCIII	Kyotera	81%	Qualified
6	Njovu Muslim HC III	Luwelo	80.2%	Qualified
7	Bweyogerere Hasan Trab	Wakiso	76.%	Qualified
8	Kawoko Muslim HC III	Bukomansimbi	73%	Qualified
9	Taqwa CBO Muslim HC III	Luwelo	69%	Qualified

Seventy five percent (9 health facilities) out of the total number of twelve health facilities which were assessed for RBF project qualified and 25% (Saidina ANH, Lugo HC and Kabigi MHC) failed. The five health facilities which qualified were in first phase and they had already received start up fund to close most of the performance gaps. The other four health facilities which qualified were in phase two and they were awaiting training which will be followed up by startup funds.

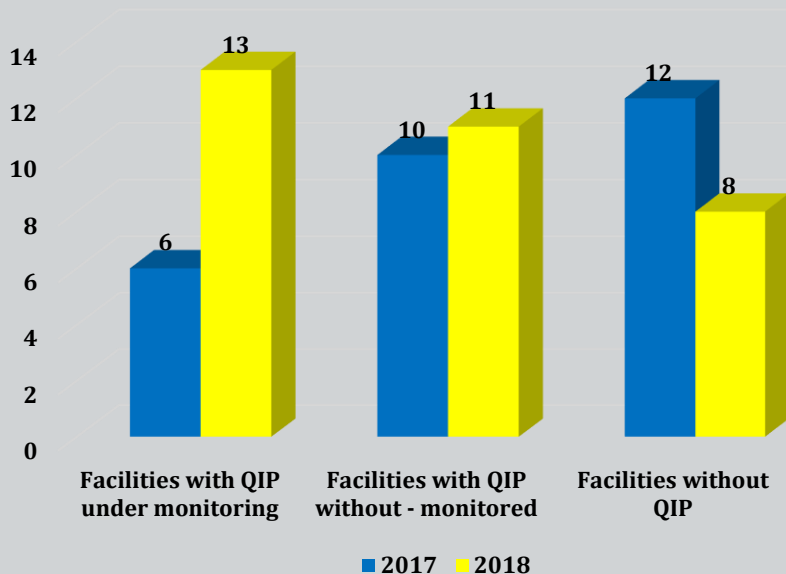
Accreditation of UMMB health facilities.

It is the Bureau's mandate to accredit all her facilities every year to ascertain compliance to the PNFP policies and guidelines. An accreditation tool consisting of seventeen standards was formulated and is ready to be applied in all UMMB network facilities. The tool majorly focuses on governance and leadership, PNFP client centeredness and health infrastructure. A copy will be supplied to all health facilities to enable them carry out self-assessment before the secretariat carries out the assessment.

QUALITY IMPROVEMENT PROJECTS

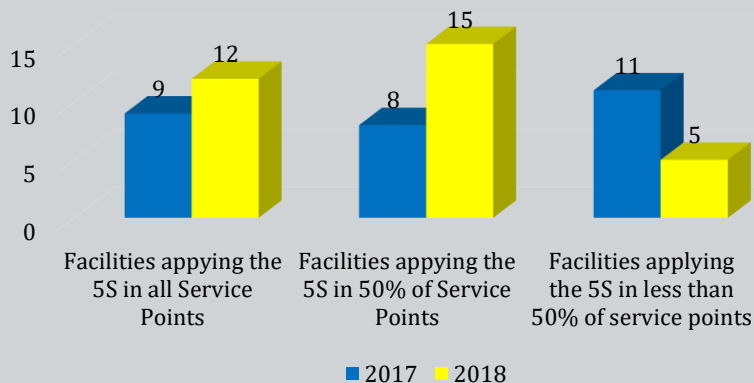
The ability of health facilities to identify performance gaps and design quality improvement projects (QIP) improved in 2018 as compared to 2017.

GRAPH: NUMBER OF FACILITIES WITH QIP IN 2017 AND 2018



A total of thirty two health facilities were monitored in 2018 compared to a total number of 28 facilities that were monitored in 2017. 13 facilities (41%) had QIP which were being monitored timely and this was an improvement from 6 facilities (21%) in 2017. 11 facilities (34%) had started QIP but were not being monitored and 8 facilities (25%) had no quality improvement projects which was an improvement from 12 facilities (43%) in 2017.

GRAPH: NUMBER OF FACILITIES APPLYING 5S IN 2017 AND 2018



Therefore the capacity to identify performance gaps needs to be adapted by all health facilities such that suitable interventions are designed, implemented and share lessons learnt.

Out of the thirty two health facilities which were supervised in 2018, 12 facilities (38%) were fully applying 5S in all the services points which was an improvement from 9 facilities (32%) in 2017, 15 facilities (47%) were applying the 5S in only 50% of the service points and 5 facilities (16%) were applying the 5S in less than 50% of the service points which was still an improvement from 11 facilities (39%) that applied the 5S in less than 50% of the service points in 2017.

MEDICINES MANAGEMENT: SPARS Performance Report for 2018

This report presents

1. The MMS and facility performance for the year.
2. Present progress of Essential Medicine SPARS (EM SPARS), Pharmaceutical Financial Management (PFM) and ART SPARS implementation in the different regions to date

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 the table below;

Name	Profession	District	EM SPARS	PFM	ART SPARS	Total
Okura Saidi	Clinical Officer	Mbale	29	4	6	39
Ngobi Samir	Clinical Officer	Kampala	9	3	5	17
Candia Umar	Clinical Officer	Arua	6	6	1	13
Lukabwe Twaibu	Nursing Officer	Butambala	7	5	0	12
Masereka Umar	Public Health Specialist	Mbarara	5	5	0	10
Kitalemire Halimu	Laboratory Assistant	Kasese	8	1	0	9
Mwonda Isaac	Nursing Officer	Iganga	2	4	2	8
Muweta Juma	Clinical Officer	Jinja	5	0	1	6



Table : shows the EM SPARS performance of health facilities by the end of 2018

Health Facility Name	Responsible MMS	Last Visit No	Dispensing Quality score (/5)	Prescribing Quality score (/5)	Stock Mgt score (/5)	Storage Mgt score (/5)	Ordering and Reporting Quality score (/5)	Total last score (/25)
Lyantonde Muslim HC	Masereka Umar	16	4.87	5	4.55	5	4.65	24.07
Buwenge NGO Hospital	Muweta Juma	13	5	4.66	4.66	4.72	5	24.04
Saidina Umar HC	Okura Saidi	13	4.84	4.66	4.82	4.68	5	24.01
IUIU Health Centre	Okura Saidi	18	5	4.25	4.67	5	4.92	23.84
Ahamadiya Muslim MC	Okura Saidi	19	5	4	4.79	4.94	5	23.73
Munathammat HC	Masereka Umar	11	5	4.75	4.33	4.88	4.72	23.68
Mbirizi UMSC HC	Masereka Umar	8	4.84	4.75	4.41	4.94	4.72	23.66
Nyamitanga IMAU HC	Masereka Umar	7	4.84	5	4.47	4.75	4.44	23.50
Nyamirima Health Centre	Masereka Umar	8	4.56	5	4.19	4.75	4.86	23.36
Kidawalime Nursing Home	Lukabwe Twaibu	15	5	4.33	4.46	4.69	4.72	23.21
Katodoba (UMSC) HC	Kitale mire Halimu	2	4.56	4.75	4.36	4.8	4.72	23.19
Mbarara Muslim HC	Masereka Umar	14	4.75	4.5	4.57	4.9	4.44	23.17
Kabigi Muslim HC	Lukabwe Twaibu	17	4.56	4.5	4.37	4.94	4.72	23.09
Kibibi Nursing Home	Lukabwe Twaibu	16	5	4	4.39	4.8	4.72	22.91
Kyotera UMSC HC	Lukabwe Twaibu	4	5	4	4.41	4.75	4.72	22.88
Bushenyi UMSC HC	Masereka Umar	8	4.75	4.25	4.38	4.67	4.72	22.77
Lugazi Muslim HC	Muweta Juma	12	4.84	2.88	4.79	4.72	5	22.24
Jinja Islamic HC	Muweta Juma	9	5	3.16	4.29	4.72	5	22.17
Njovu Islamic community HC	Ngobi Samir	4	4.68	3.25	3.52	5	4.72	21.18
Kawoko Muslim HC	Lukabwe Twaibu	20	4.06	3.5	4.16	4.83	4.58	21.13
Mukono Town Muslim HC	Ngobi Samir	4	4.43	3.25	3.87	4.55	4.72	20.83
Iganga Islamic M Centre	Mwonda Isaac	20	4.84	1.77	4.47	4.94	4.72	20.75
Oriajini Hospital	Candia Umar	14	4.37	4.5	3.43	4.76	3.68	20.75
Nakatonya HC	Ngobi Samir	4	4.56	2.58	3.83	4.72	4.72	20.42
Nakasoga HC	Lukabwe Twaibu	6	3.93	2.33	4.57	4.88	4.64	20.36
Al-Hijrah HC	Muweta Juma	8	4.87	1.55	3.55	5	5	19.98
Bweyogerere (Hassan Turabi)	Ngobi Samir	4	4.21	2.66	3.48	4.72	4.72	19.81
Mityana UMSC HC	Ngobi Samir	5	5	2	3.78	5	3.88	19.66
Kibuli Muslim Hospital	Ngobi Samir	1	5	1.75	2.72	5	4.58	19.05
Alnoor Health Centre	Candia Umar	14	4.56	3	2.08	4.53	4.55	18.73
Warr Islamic HC	Candia Umar	14	3.75	4.75	2.28	4.38	3.55	18.73
Crescent Medical Center	Muweta Juma	9	5	2.55	1.75	4.72	4.16	18.19
Kiwanyi HC	Mwonda Isaac	13	3.75	2.33	2.6	4.79	4.62	18.10
Saidina Abubakar Nursing H	Ngobi Samir	4	4.87	1.16	2.71	4.51	4.72	17.99
Taqua HC	Ngobi Samir	4	3.9	0.5	2.72	5	4.72	16.85
Saidina Abubakar Nursing H	Ngobi Samir	5	4.21	1.75	2.08	4.66	3.88	16.60
Old Kampala Hospital	Ngobi Samir	3	3.9	3.66	0	4.21	3.88	15.67
Soroti Islamic H. C.	Okura Saidi	14	2.37	3.5	2.81	3.05	3	14.74
Mpondwe Muslim HC	Kitale mire Halimu	4	2.84	3.66	0	3.75	4.44	14.70



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 2018, the UMMB Secretariat managed to maintain a total number of 12 staff (The Executive Secretary, M&E Officer, Accounts Officer and Accounts manager, Quality Assurance Officer, MCH officer, Human Resource Development Coordinator, and Human Resource Manager, Medicines Logistics Officer, Internal Auditor, Records 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, IntraHealth and Mildmay Uganda, the Bureau recruited and managed the payroll of 36 qualified health workers as indicated below.

District	Health Facility	Level	Medical Officer	Clinical Officers	Nursing Officers	Enrolled Nurse	Enrolled Midwife	Laboratory technician	TOTAL
Mbale	Ahmadiyya Muslim MC	HC III				4	1		5
Mbale	Islamic University HC	HC III		1		2	1		4
Iganga	Iganga Islamic MC	HC III	1			2	2	1	6
Iganga	Kiwanyi Health Centre	HCII		1		2	2		5
Bushenyi	Bushenyi Muslim HC	HCII		1		2	1		4
Mbale	Saidina Umar Health Centre	HCII		1		2	1		4
Kapchorwa	Sumayya Health Centre	HCII				1			1
Mityana	Mityana UMSC Health C	HC III		1		1	1	1	4
Luwero	Nakatonya Health Centre	HC III		1			2		3
	TOTAL		1	6		16	11	2	36

Under the Inter-Bureau Collaboration (IBC) through Masaka Rakai Health Science Program (RHSP) – HRH project, the Bureau recruited **14** qualified health workers as indicated below.

District	Health Facility	Level	Clinical Officers	Enrolled Nurse	Enrolled Midwife	Laboratory technician	TOTAL
Lyantonde	Lyantonde Muslim HC	HC III	1	1	1	2	5
Lwengo	Munathammat Health centre	HC III	1		1		2
Bukomansimbi	Kawoko Muslim HC	HC III	1		1		2
Bukomansimbi	Kabigi Muslim HC	HC III			1		1
Butambala	Kibibi Nursing Home	HC III	1	1	1	1	4
	TOTAL		4	2	5	3	14

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 – This is evidenced with improvement at Mityana UMSC HCIII, Nakatonya HCIII, Kowoko Muslim HCIII. Bushenyi UMSC HC constructed a new building and is set for upgrading to HC III level.

HEALTH TRAINING INSTITUTION ENROLLEMENT AND PERFORMANCE;

UMMB secretariat staff continued to mentor and monitor the performance of the health workers. Kibuli Muslim Hospital Health Training Schools continued to train new cadres in Nursing, Midwifery and Laboratory Techniques. The laboratory school enrolled 21 students on diploma program and 20 passed their UAHEB examinations, whereas the certificate program attracted 35 students and all passed.



The midwifery program attracted 37 female students on certificate and 11 students on diploma program. The nursing program had 5 male students.

School of Nursing and Midwifery Summary of UNMEB Examinations 2018.

Program/ Discipline	Year and Semester of Study	Number of Candidates		Performances					Comment
		E/N	F/N	D	C	P	F	% PASS	
	1st- 2nd Year			0	31	3	0	100%	0%
	Year 2 Sem. 2			0	27	3	0	100%	0%
	Year 3 Sem. 1(Final Semester)			0	22	4	4	86.70%	13.30%
	Year 2 Sem.2			0	4	7	0		
	Year 3 Sem. 1			0	9	2	0		
	Year 3 Sem.2.(Final Semester)			4	7	0	0		
	1st – 2nd Year			0	1	0	4	25%	75%
	Year 2 2 Sem. 2			0	3	1	1	75%	25%
	Year 3 Sem. 1 (Final semester)			0	2	1	1	75%	25%

KEY: E/N: Enrollment Number, D: Distinction, F/N: Finishing Number, C: Credit, F: Fail P: Pass.

TRAINING

A number of trainings took place in 2018, as indicated below

Occupational Safety and Hazard (OSH): Occupational Safety and Hazard is a discipline which aims at preventing health workers from getting diseases or injuries from the work they do.

A two day training took place at Mityana Hospital from 29th-31st August 2018. The training was sponsored by USAID-SHRH project implemented by IntraHealth International.

The workshop targeted the UMMB staff, Regional coordinators and facility in-charges as indicated below

Facility	Name	Title
Lugazi Muslim H/CIII	Mugoole Hamid	In-charge
Al-hijira Medical Centre III	Kyeswa Jamiru	In-charge
Nakatonya H/CIII	Doki Rehema	In-charge
Mityana UMSC H/CIII	Mutone Annet	In-charge
Kibibi Nursing Home H/CIII	Nkwanga Ibrahim	In-charge
Njovu Islamic Medical Centre III	Sekabila Moses	In-charge
Lyantonde Muslim H/C III	Tworore I Newton	Clinician
Munathamam Muslim H/C III	Nahabwe Samex	In-charge
Kawoko Muslim H/C III	Movia Nganda	In-charge
Jinja Islamic H/CIII	Denis Kakuru	Clinician
Iganga Islamic Medica Centre III	Kiwanuka Paul	In-charge

Mbirizi Muslim H/CIII	Namudu madina	In-charge
Nakasoga Muslim Health Centre	Anyango Risper	Enrolled Nurse
Kyetora UMSC H/C III	G. Faizal Sserwadda	Clinician
Kiwanyi H/CII	Magino George	In-charge
IUIU H/CII	Dr Nasir Rashid	In-charge
Bushenyi UMSC H/CII	Igaalo Richard	Clinician
Al-Rahma Medical C IV	Mumbele Alex	In-charge
Kibuli Hospital	Nabukalu Rashidah	Nursing officer
	Ibanda Isufu	HR manger
	Nakabugo Nooriat	Training Advisor
	Namayanja Zam	Accounts officer
	Okura said	Regional coordinator
	Ngobi Samir	Regional coordinator
	Bwambale Arafat	Regional Coordinator

LEADERSHIP AND MANAGEMENT TRAINING REPORT HELD AT SKY BLUE MOTEL LYANTONDDE.

The leadership and management training took place on 12th to 14th September 2018 at Sky Blue Motel Lyantonde. The training was organized by UMMB in collaboration with Strengthening Human Resources for Health (SHRH) INTRAHEALTH

The training was for capacity enhancement in Leadership and management for UMMB Staff, HF managers and HUMC members from south-west Uganda. The workshop targeted five facilities, UMMB staff, Regional coordinators, and district Kadhis as indicated below

Facility Name	Participants	Number
	Kabigumira Ahmed	
	Namigadde Safina	
	Igaalo Richard	
	Nabukenya Halima	
	Nagawa Hasipher	
	Kazibwe Nasser	
	Isa Ssemanda	
	Kimuli Mark	
	Zaitun Atuhaire	
	Apuuli Abasi	
	Mugerwa Siifa	
	Kakaire Faki	
	Kabuye Jafar Matungo	
	Lubega Muzamil	
	Misaki Rogers	
	Samula Bashir	
	Mugisha	
	Silagi Ntutumo	
	Dr Sadiq Kagwa	
	Kakayi Debora	
	Kiire Zaidi	
	Namayanja zam	
	Ibanda Isifu	
	Ngobi Samir	
	Masereka Umar	



Meeting with the Health Unit Management Committee members of the IUIU Health Centre



UMSC	Sarah Nalujja	2
	Namata Mariam	
District Khadi Mbarara	Abdallah Mukwaya	3
District Khadi Sheema	Sheikh Abdu Majidu	
Lwengo Secretary Social S	Jamiru Muwonge	3
TOTAL NUMBER OF PARTICIPANTS		30

THEMATIC AREA: INFRASTRUCTURE

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 major operating theatre is complete and equipped to start operations. A Medical Officer and a Nursing Officer were recruited. Construction of the new building of Bushenyi UMSC Health Centre has been completed and they have moved in. Progress is being made to construct a maternity ward. Iganga Islamic Medical Centre is in the process of constructing a two-storeyed building to elevate it to HC IV level.



Commissioning the new theatre at Lugazi Muslim Health Centre



Sheema UMSC HC under construction



Mbarara UMSC is constructing a hospital to upgrade Mbarara Muslim Health Centre

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. The health facilities continued to receive the 50% PHC funds from the districts. Joint Medical Store efficiently supplied essential medicines and supplies to our network health facilities using the remaining 50% of the PHC. This has enabled the

health facilities to receive quality medicines regularly. Efforts are continuing to ensure that 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 Enabel under the MoH/PNFP RBF project, USAID/IntraHealth project, USAID/SUSTAIN project, CDC/Mildmay Uganda, USAID/UHSC project, USAID/UPHS program, and UHMG.

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: FINANCIAL REPORT

FINANCIAL MANAGEMENT: Financial Report 2018

Source	2016	2017	2018
Bank Balance b/f	37,146,569	61,940,443	16,862,825
Cash balance b/f	200,000	70,000	0
Handling	11,477,900	1,101,450	862,800
Membership	7,105,000	5,455,000	3,780,000
AGM contributions	3,000,000	7,850,000	5,830,000
Support supervision & inspection fees	100,000	960,000	
HRH Admin costs contribution fees	0	0	1,320,000
USAID/UPHS HSS PROJECT	0	199,344,041	36,584,000
USAID/Intra Health HRH Project	0	0	163,362,680
Donations to UMMB (UMWA)	60,000,000	0	0
CDC/Mildmay Uganda HRH project	171,268,774	140,567,265	75,074,807
USAID/SDS project	249,246,663	41,593,384	0
USAID/SUSTAIN PROJECT	0	216,555,120	194,839,335-
COMMISSION ON BANK ACCOUNTS		800	600
TOTAL	539,694,906	675,437,503	498,517,047

UMMB EXPENDITURE FROM 2016 TO 2018			
UMMB OFFICE EXPENSES	2016	2017	2018
Administration	9,614,960	15,175,540	1,574,100
Institutional capacity	6,621,500	6,697,500	8,191,250
SUB TOTAL	16,236,460	21,873,040	9,765,350
MILDMAY HRH SUPPORT			
Net Salaries for H/W & PM STAFF	122,017,081	83,845,790	50,487,043
PAYE	18,934,446	14,595,244	8,975,849
NSSF	23,428,499	15,574,921	9,441,005
Health workers' Motivation	11,520,000	4,530,000	300,000
Local service Tax	-	200,000	330,000
Support supervision	10,699,000	4,954,000	948,000
Administration	8,693,400	10,553,460	4,150,960
Transfers to Mild may	-	9,491,140	1,762,200
SUB TOTAL	195,292,426	143,744,555	76,395,057
USAID/SDS HRH SUPPORT			
Net Salaries for PM staff & H/W	159,967,724	27,921,730	-
PAYE	20,924,047	4,293,115	-
NSSF	29,336,280	5,086,543	-
Health workers' Motivation	12,135,238	2,160,000	-
Administration costs	6,307,560	1,204,404	-
Support Supervision	18,742,000	5,054,000	-
Transfers to Sustain	-	3,303,326	-
SUB TOTAL	248,219,977	49,023,118	-
USAID/SUSTAIN HRH PROJECT			
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	-
Electricity	-	750,000	-
Bank charges	-	1,067,616	1,363,200
Support supervision	-	4,580,000	4,860,000
Transfers to SUSTAIN	-	-	1,803,050
SUB TOTAL	-	214,063,144	197,198,727
UMWA (HSS project)			
Building materials	4,935,600	38,964,300	1,600,000
Anaesthesia machine	10,000,000	-	-
Labour costs	3,000,000	-	-
SUB TOTAL	17,935,600	38,964,300	1,600,000
USAID/UPHS HSS PROJECT			
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
SUB TOTAL	-	190,906,521	45,021,520
USAID/IntraHealth HRH PROJECT			
Net salaries for H/W & PM Staff	-	-	100,301,505
PAYE	-	-	22,775,915
NSSF	-	-	19,671,710
Local Service Tax	-	-	1,510,000
Direct costs	-	-	5,982,568
Office equipment	-	-	6,500,000
Support supervision	-	-	6,200,000
SUB TOTAL	-	-	162,941,698
GRAND TOTAL	477,684,463	658,574,678	492,922,352
Balances c/d	62,010,443	16,862,825	5,594,695
Cash	70,000	0	385,000
Bank	61,940,443	16,862,825	5,209,695

SOURCE: Uganda Muslim Medical Bureau Financial statements, Finance department

INDEPENDENT AUDITOR'S 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 18, which comprise the Statement of Financial Position as at 31 December 2018, 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 2018 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.

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 8th April 2019

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

UMMB REGISTERED PNFP HEALTH FACILITIES 2018

s/no	UNIT NAME	DISTRICT	HSD	Sub-County	Parish	Town / Village
HOSPITALS						
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
HEALTH CENTRE IV						
1	Ahamadiya Muslim Medical Centre	Mbale	Mbale Municipality	Mbale Municipality		Mbale
2	Arahmah Medical Centre	Masaka	Masaka municipality	Nyendo senyanje	Nyendo	Masaka
HEALTH CENTRE III						
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	Munathammat 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
23	Taqwa Health Centre	Wakiso	Kyadondo East	Nangabo	Wattuba	Wattuba
24	Umar Bin Khatab Health Centre	Wakiso	Busiro north	Kakiri Town Council		Kakiri

HEALTH CENTRE II						
1	Al-Noor Muslim Health C	Yumbe	Aringa	Kochi	Limidia	Gindia village
2	Al-Rahma Health Centre	Luwero	Katikamu south	Katikamu		Kibisi
3	Bombo UMSC Health C	Hoima	Buganya	Kigorobyia	Bwilwya	Bombo village
4	Bushenyi UMSC Health C	Bushenyi	Igara west	Kakanju	Kabaale	Kijimu
5	Islamic University Health C	Mbale	Mbale Municipal	Northern Div.	IUIU ward	Mbale
6	Kakungube Health Centre	Mubende	Kassanda South	Nalutuntu	Kyanamugera	Kakungube
7	Kiddawalime Nursing H	Butambala	Ngando	Ngando	Ngando	Lwamasaka
8	Kisimba Mission Health C	Buikwe	Buikwe south	Najja		Najja town
9	Kiwaanyi Health Centre	Iganga	Kigulu North	Nawadala	kiwanyi	Kiwanyi
10	Lutengo Muslim Health C	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 C	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 2018. 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

IntraHealth International

Belgian Development Agency (Enabel)

USAID/Uganda Private Health Support Programme

Joint Medical Store

Baylor Uganda

Uganda Health Supply Chain project

Uganda Health Marketing Group

The AIDS Support Organisation

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

Inter Religious Council of Uganda

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

UMMB FUTURE PLANS

As we look into the future the UMMB has the following plans:

- 1. Construction of a five level UMMB House**
- 2. Construction of specialized 250 bed teaching hospital**
- 3. Construction of a health training institute**
- 4. Establishment of a Medical Store**

Ongoing projects

- 1. Upgrading of Lugazi Muslim Health Centre to level IV HC**
- 2. Upgrading of Iganga Islamic Medical Centre to level IV HC**
- 3. Upgrading of Mbarara Muslim Health Centre to Hospital level**
- 4. Construction of a new health facility at Sheema**
- 5. Construction of Maternity Ward at Katadooba HC**
- 6. Continued construction of Aisha Institute of Health Sciences at Yumbe**
- 7. Construction of a new building for Mpondwe HC**

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2018