

ACTS 1:7-8
"Health in Totality"

UGANDA PROTESTANT MEDICAL BUREAU

ANNUAL REPORT

FY
2022-2023

"Preferred Christian Health
Care Partner for
Sustainable services."



“

He said to them: “It is not for you to know the times or dates the Father has set by his own authority. But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth.”

Acts 1:7-8



“Preferred Christian Health
Care Partner for Sustainable
services.”

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LIST OF Acronyms

Acronym	Full name
AGYW	Adolescent Girls and Young Women
ARVs	Antiretroviral drugs
BAI	Book Aid International
BTVET	Business, Technical, Vocational Education and Training
CHI	Community Health Insurance
COU	Church of the Province of Uganda
CSS	Client Satisfaction Survey
DQA	Data Quality Assessment
eMTCT	Elimination of Mother To Child Transmission
EQA	External Quality Assurance
EU	European Union
FAM	Fertility Awareness method
FPA	Family Planning Activity
GBV	Gender Based Violence
GOU	Government of Uganda
HIVST	HIV SelfTest
HMIS	Health Management Information System
HR	Human Resource
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTI	Health Training Institutions
HTS	HIV Testing Services
HUMC	Health Unit Management Committees
IBC	Inter Bureau Coalition
ICD	Institute for Capacity Development
ICT	Information Communication and Technology
ID	Identification
IDI	Infectious Diseases Institute
IEC	Information, Education and Communication
IPC	Infection Prevention and Control
IPD	In-Patient Department
JMS	Joint Medical Stores
JOCS	Oversees Christian Medical Services
JOCS	Christian Medical Services
KP	Key Population
LSDA	Local Service Delivery for HIV/AIDS Activity

Acronym	Full name
MARPI	Most at Risk Populations Initiatives
MCH	Maternal Child Health
MHF	Member Health Facilities
MoES	Ministry of Education and Sports
MOH	Ministry of Health
NACS	Nutritional Assessment Counselling and Support
NCDs	Non-Communicable Diseases
NGO	Non-Government Organization
OPD	Out-Patient Department
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private Not For Profit
POC	Point of care
PPEs	Personal Protection Equipment
QI	Quality Improvement
RH	Reproductive Health
RHITES	Regional Health Integration to Enhance Services
SUMS	Strengthening UPMB Member Health Facility Systems for Sustainability
TA	Technical Assistance
TASO	The AIDS Support Organization
TB	Tuberculosis
TNA	Training Needs Assessment
UCMB	Uganda Catholic Medical Bureau
UHSS	Uganda Health Systems Strengthening Activity
UMMB	Uganda Muslim Medical Bureau
UOMB	Uganda orthodox Medical Bureau
UPMB	Uganda Protestant Medical Bureau
USAID	United States Agency for International Development
VHT	Village Health Team
VL	Viral load
VMMC	Voluntary Medical Male Circumcision
WASH	Water Sanitation and Hygiene
WONETHA	Women's Organization Network for Human Rights Advocacy



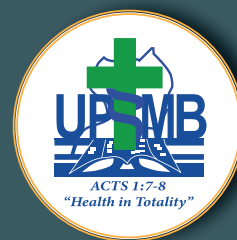
About **UPMB**



About UPMB

Established in 1957 by Nine Protestant Hospitals, Uganda Protestant Medical Bureau (UPMB) is a not-for-profit non-governmental faith-based umbrella organization for a network of 320 not for profit health facilities including 21 Hospitals, 10 HC IVs, 159 HC IIIs, 130 HC IIs and 16 Health Training Institutions (with a strong rural presence). Current membership includes health facilities affiliated with Protestant, Seventh Day Adventist, Pentecostal, and other PNFPs that wish to associate with the core values of the UPMB Network.

UPMB has evolved over the past six decades from its humble beginnings as a Charitable Organization to become a National Highly Technical Organization providing technical and program (including but not limited to Health Services Delivery-Comprehensive HIV/TB services, Capacity Development on Health Financing, Grants Management, Governance and leadership, Human Resources for Health, Laboratory Services, Non Communicable Diseases, Sexual Reproductive Maternal Neonatal Child and Adolescent Health including Family Planning, Infection Prevention and Control, Safety and Quality Improvement, Eye Care and Mental Health support within and beyond its accredited health facilities.



UPMB

Established in 1957 by Nine
Protestant Hospitals

320



PNFP Health Facilities

UPMB is an Umbrella
organization for a number of
Health Facilities.



UPMB has experience spanning over two decades as a key player in Uganda's response to the Eradication of HIV/AIDS by 2030 and is a Prime recipient of grants for comprehensive HIV/AIDS services from the United States Government through PEPFAR (USAID, CDC and DOD) currently serving over 160,000 Clients with Anti-Retroviral Therapy among other services.

UPMB has access to key skilled and influential leaders in Communities with access to reach families and individuals, marginalized and vulnerable populations including KP/PP who promote healthy behaviours, thinking, foster dialogue and advocate for equal opportunities among communities.

UPMB is a key Health Partner with International, Regional and National reach that is enshrined within the Ministry of Health Governance structures and is a member of the MOH Health Policy Advisory Committee and MOH Technical Working Groups.

UPMB is dedicated to ensuring sustainability of its programs and is a leader in health financing innovations. UPMB has been key in pioneering community-based Health Insurance in Uganda and continues to scale the same across the country. Currently, UPMB has some of the largest community groups that are serving vulnerable communities reaching up to over 100,000 people.

To ensure a steady supply of quality and affordable medical supplies and equipment, UPMB established the Joint Medical Store (JMS) in partnership with the Uganda Catholic Medical Bureau (UCMB).

In conducting its business and implementing its programs, UPMB affirms with the Uganda Patients Charter (2009) guidance in which the UPMB accredited health facilities, programs coordinated and implemented will continue to provide quality health care services to all without discrimination and proselytizing.

UPMB practices good corporate governance as evidenced by the Grant Thornton Institute of Corporate Governance of Uganda (ICGU) Award for Non-Governmental Organizations (NGO) in Uganda as winner and runners up for 2018 and 2022 respectively.



2

(Decades)

As a key player in Uganda's response to the Eradication of HIV/AIDS by 2030

160,0000

(Clients)

With Anti-Retroviral Therapy among other services served by UPMB



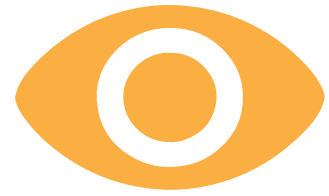
100,000⁺

(People)

Being reached by UPMB's largest Community Health Insurance groups that are serving vulnerable communities.



UPMB practices good corporate governance as evidenced by the Grant Thornton Institute of Corporate Governance of Uganda (ICGU) Award for Non-Governmental Organizations (NGO) in Uganda as winner and runners up for 2018 and 2022 respectively.



VISION

To be the “Preferred Christian Health Care Partner For Sustainable Services.”



MISSION

“Supporting Church Member Health Facilities to Provide Sustainable Quality Services for The Glory of God.”

OUR VALUES: CHRIST4P



**Christ
Centeredness**



Respect



Integrity



**Service
Quality**



Team Work



**Four
Strategic
Plan Pillars**



People

Foreword by the **Board Chairman**



We commend UPMB for demonstrating good stewardship of the resources entrusted to them. No doubt that UPMB is steadily working towards becoming the preferred Christian health care partner for sustainable services.

On behalf of the Board of Directors, I am delighted to share the 2022/23 Annual Report for Uganda Protestant Medical Bureau (UPMB). We thank God who has helped us thus far.

The Board of Trustees and Board of Directors actively implemented their oversight role through the year. 19 meetings were held and resolutions agreed on. We believe that UPMB is doing a commendable job in its daily endeavors and we have hope that they will do even much better with the guidance and resolutions by the Board. You will notice that during 2022/23, a number of targets were set and by the grace of God, targets were met.

We thank all the development partners that have made possible activities under the different projects. With your support so many lives have benefited in various ways including access to HIV&TB services, Family health, Non- Communicable, Community health Insurance, infrastructure development, not forgetting Human resources for health and many more. We commend UPMB for demonstrating good stewardship of the resources entrusted to them. No doubt that UPMB is steadily working towards becoming the preferred Christian health care partner for sustainable services.

We thank the management team for steering the team and staff for their devotion to serve the people in different communities in their various roles. We commit to continued support to UPMB and together we believe that the coming years will be greater than the current and the previous years in terms of service delivery.

The Board is therefore delighted to welcome you to take time and read and appreciate the so many achievements under different projects in the subsequent pages.

Blessings,

Canon Joram Kahenano

Remarks from the **Executive Director**

Welcome to the Uganda Protestant Medical Bureau (UPMB) Annual report for the Financial Year 2022/23. We are excited to share with you our notable journey through 2022/23. This has been an extraordinary year with much of the targets set achieved.

With support from Bread for the World, USAID, CDC, Health Heart Africa and Joint Medical Store, the team worked devotedly and as such, we registered key achievements including development of Non-Communicable Diseases (NCD) strategic centres of excellence at 12 Member Health Facilities (MHFs) across the different dioceses, enhanced UPMB branding and visibility through strong partnerships with the Church, local partners and donors and through the media.

Our member health facilities grew from 315 to 320 in the course of the year. During the year 2022/2023, Mengo Hospital, Kagando, and Aber Hospital laboratories were supported to attain and sustain international accreditation in the ISO15189:2012 requirements for quality and competence. This accreditation proves that the laboratories are dedicated to delivering proficient and quality services across all aspects of their operation to clients. We also worked closely with the Ministry of health to upgrade some of the health facilities and eventually two of them were assessed and upgraded. With support from the Strengthening UPMB Member health facilities project (SUMS II), Hospital managers were equipped with quality improvement skills that will help them in their daily work as we strive to deliver quality services to patients. We also focused on infrastructure development for Laboratories, maternity wards, incinerators, staff quarters etc. worth UGX 157,364,324.

During the year, 23 in service health workers were selected for scholarships award with support from



Bread for the World, the Joint Medical Stores and Japanese Overseas Medical Services (JOCS) whose contributions have steadily grown over the past years. The awards in this category cost over 122,182,571 Uganda Shillings. This represented about 22.7% of the total need for 2022/23.

The HIV projects, extended HIV testing services to 454,532 and all that tested positive were linked to care. The teams performed very well in relation to the set targets as you will witness in the report.

We thank God, our esteemed donors & sponsors, the UPMB board, Staff and all stakeholders for the invaluable support that yielded the so many achievements that you will observe in report.

We hope that you enjoy reading our 2022/23 Annual Report.

Blessings,

Dr. Tonny Tumwesigye



USAID
FROM THE AMERICAN PEOPLE



CENTERS FOR DISEASE
CONTROL AND PREVENTION



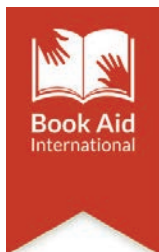
JMS
JOINT MEDICAL STORE

Brot
für die Welt

Bread for the World –
Protestant
Development Service



Palladium
MAKE IT POSSIBLE



Thank You
Our
PARTNERS

Executive Summary

In this report for the period July 2022 to June 2023, Uganda Protestant Medical Bureau presents the progress made in the areas of corporate governance at the Secretariat and at Member Health Facilities (MHFs), resource mobilization, program/project implementation, and financial management of the organization.

UPMB engaged with the Board of Trustees and the Board of Directors to improve corporate governance for the secretariat, Member Health Facilities and Health Training Institutions. The organization managed five board meetings and resolutions supported the strengthening of the institution. In addition, as part of institutional governance, UPMB supported training of Board of Governors, provided onsite mentorship support to member hospitals and HCIVs governance structures and, supported the training of 4 model HUMCs.

UPMB engaged Ministry of Health in the accreditation and elevation of two-member health facilities from Health Centre II to Health Centre III. While supporting the member health facilities, UPMB conducted board orientation trainings and inductions, board evaluation and performance reviews to measure progress.

During the year, UPMB focused on resource mobilization as a strategy to ensure sustainability. The organization strengthened both the optical and community health insurance revenue arms to ensure that more income is generated. The optical unit achieved 100% of the targeted income and the Community Health Insurance schemes registered increase in membership from 94,047 at the end of last financial year to 102,461 at the end of June 2023. Three new schemes were introduced thus increasing the trained health facilities to 63 down from 60 MHFs.

UPMB contributed between 3%-8% of the health services to the overall national outputs through the 320 (6%) UPMB MHF spread across the country. Results indicate that 1,752,057 individuals received Outpatient services while the number of beds at the MHFs was the highest service at 8%. The 320 health facilities were able to serve 4% of the total outpatients during the period. All the indicators assessed against the national performance were within acceptable range in comparison with the national performance. 99% of the confirmed malaria cases were treated.

Through UPMB's network of 320 Member Health Facilities (MHF), the organization provided health services ranging from Outpatient to



UPMB engaged with the Board of Trustees and the Board of Directors to improve corporate governance for the secretariat, Member Health Facilities and Health Training Institutions



4

(Model HUMCs)

Were supported and trained by UPMB

2

(Member Health Facilities)

Were elevated from Health Centre II to Health Centre III



102,461

(Health Insurance schemes membership)

Increased from 94,047 last FY

inpatient services. Results indicate that there has been a 6.3% increase in the total OPD attendances from 1,648,710 in FY21/22 to 1,753,057 in FY22/23. Out of the total OPD cases this year, malaria contributed 25%, a slight reduction from 26% last year. Furthermore, in terms of Maternal and child health service provision, the MHF facilities registered a mortality rate of 96.7/100,000 deliveries.

UPMB implemented 10 projects that focused on HIV/AIDS, management of noncommunicable diseases (NCDs), Family planning interventions and Health systems strengthening interventions including Human Resources for Health.

Within the HIV/AIDS and TB programming, UPMB implemented two PEPFAR funded projects through USAID and CDC Uganda as a prime partner for both. The LSDA and EFACE were able to achieve 72.4% of their indicators. Key among the indicators that scored above 100% included; HTS Self, Multi Month dispensing, TB ART and viral suppression. The two projects achieved the 2nd 95 and 3rd 95 targets, with overall having 171,211 HIV positive clients currently accessing ART; with a viral load coverage 95% and suppression above 95% across all projects.

During the year 2022/2023, Mengo Hospital, Kagando, and Aber Hospital laboratories were supported to attain and sustain international accreditation in the ISO15189:2012- requirements for quality and competence. This accreditation proves that the laboratories are dedicated to delivering proficient and quality services across all aspects of their operation to clients.


UPMB supported health facilities managing Non-Communicable Diseases (NCDs) through the Healthy Heart Africa (HHA) project. In July 2022, a new NCD project dubbed “Familia Nawiri” was launched and rolled out in 12 MHF with funding from the Novartis Global Health. In its first year of implementation, the Familia Nawiri project focused on building the capacity of health workers and community structures to manage NCDs. The two projects combined have trained 663 health workers and 254 community health workers.

The Health Heart Africa project served 2,817,985 individuals (139% against target) with screenings for hypertension, while 292,054 (144% against target) screenings were conducted for COPD/ Asthma. Community awareness was also provided on COPD/Asthma and Cardiovascular disease reaching a total of 1,985,772 individuals (60% female and 40% male). The project also procured 350,000 disposable peak flow mouth pieces to support screening for COPD/ Asthma at facility and in the community level.


The USAID Family Planning Activity created and reinforced positive behaviors for healthy timing and safe pregnancies through engaging high burdened teenage pregnancy districts with community dialogues and media campaigns to raise awareness. The activity also reached out to 90,033 clients with FP methods through community outreaches at 142 health



100%
(Targeted Income)
Was achieved by the optical unit



6.3%
(Increase in OPD attendances)
From 1,648,710 in FY21/22 to 1,753,057 in FY22/23



10
(Projects)
Were implemented by UPMB and focused on HIV/AIDS, management of NCDs, Family planning and Health systems strengthening

2
(PEPFAR funded projects)
Were implemented by UPMB funded by PEPFAR through USAID and CDC Uganda.

171,211
(HIV Positive Clients)
Are currently accessing ART

facilities. CSOs and VHTs were instrumental in promoting community level access to FP services within the project areas. Innovative approaches like use of Beyond Bias strategy were used by the Activity to promote provider behavior change towards extending contraceptives to adolescents and young people.

UPMB supported and strengthened MHFs through the “Strengthening UPMB Member Health Facility Systems for Sustainability (SUMS II) project”. During the review period, MHFs were assessed and nine were due for upgrading, however, only two were upgraded by the Ministry of Health team. The UPMB/KIDO partnership with Church of Uganda to provide affordable CHI services to church congregants grew to 880 members. In the area of Research and Development, UPMB supported Machine learning-based algorithm for automatic screening of Pulmonary Tuberculosis using chest x-rays and radiographs in Ugandan population at Amai hospital and Kisiizi hospital.

UPMB received support for human resources for health activities from four partners - Palladium, Mildmay, USAID and CDC Uganda. The partners supported human resources for health activities through; the Uganda Health Systems Strengthening project (Palladium), Human Resources for Health Support (Mildmay), and EFACE project. 1,648 health workers were supported through the generous support of our partners.

During the year, 23 in service health workers were selected for scholarships award with support from Bread for the World, the Joint Medical Stores and Japanese Overseas Medical Services (JOCS) whose contributions have steadily grown over the past years. The awards in this category were over 122,182,571 Uganda Shillings. This represented about 22.7% of the total need for 2022/23.

The Audit department supported the organization to streamline and maintain good practices. The department performed at 69% of the approved internal audit work plan, with a 15% drop from last year's performance mainly due to the staff turnover in the Department.

The achievements highlighted above have been as a result of the support from the Ministry of Health and Ministry of Education and Sports working through the various government structures, UPMB funding agencies and UPMB partners. UPMB continues to strive towards becoming the “Preferred Christian Health Care Partner For Sustainable Services”. For God and My Country.



663

(Health Workers)

And 254 community health workers were trained through the Familia Nawiri project.



2,817,985

(Individuals (139% against target))

Were served by Health Heart Africa project with screenings for hypertension.

292,054

(Individuals (144% against target))

Were served by Health Heart Africa project with screenings for COPD/ Asthma



23

(Service Health Workers)

were selected for scholarships award with support from Bread for the World, the JMS and JOCS.



1

Strategic Plan **Implementation Progress**

1. Strategic Plan Implementation Progress

In FY 2022/23, the UPMB strategic Plan 2019-2024 was supported by Seven (7) projects. Notable among the key successes included; boosting UPMB branding and visibility through strong partnerships with the Church, local partners and donors. During the same period, UPMB supported development of Non-Communicable Diseases (NCDs) strategic centres of excellence at 12 MHFs across the different dioceses. Two Health facilities were assessed by Ministry of Health and upgraded. The leadership, management and governance structures of MHF at all levels was strengthened through functionalising board regular board meetings, trainings and mentorship of leadership structures.

The different projects supported activities in 320 UPMB Member Health facilities and 16 Health Training Institutions as detailed below with some projects extending to other Bureau and public health facilities.

Table 1: UPMB Member Health Facilities by level of care

Level of HF	Number	Percent
HC II	130	41%
HC III	159	50%
HC IV	10	3%
Hospital	21 (inclusive of 16 HTI)	7%
Grand Total	320	100%

Strategic plan achievements in FY2022-2023.

A. Strengthening strategic partnerships through engagements and responsive quality services

UPMB renewed partnership with Novartis for a 2-year Familia Nawiri follow on funded partnership (July 2022-July 2024. Familia-Nawiri

is a Kiswahili translation for “Healthy Families” in line with the focus of the program. This Health Program is implemented via a hub and spoke model. Program year one focused on building capacity for 12 hub facilities and its community structures while program year two will extend the program reach to build capacity at 24 targeted spoke facilities attached to the hub facilities

B. Research and development of strategic centres of excellence (Eye, Mental Health, NCDs, RMNCAH)

Health workers and VHTs were empowered with knowledge and tools to conduct comprehensive screening for hypertension and Chronic obstructive pulmonary disease (COPD)/Asthma at facility and in the community households. 129 health workers were trained and 147 VHTs as Trainers of Trainees (ToTs). 350,000 disposable peak flow mouth piece were procured and distributed; 2,817,985 screenings for hypertension of which 832,159 had elevated blood pressure and 314,975 (114% against target) were diagnosed with hypertension; while 292,054 screenings were conducted for COPD/ Asthma of which 36,328 (162% against target) were diagnosed with COPD/ Asthma.

The team sensitized the community on COPD/ Asthma and CVD through 719 radio talk shows and reached over 1,985,772. 169 health workers received information on prevention, screening, diagnosis and management of diabetes, hypertension, breast cancer, childhood pneumonia and Sickle Cell Disease. 29 new project sites were supported to set aside clinic days for hypertension and COPD/Asthma. 139 health workers were trained on Sickle Cell Disease by the Ministry of Health national master trainers.

C. Enhanced visibility through effective Branding and Advocacy using innovative solutions.

During FY 2022/23, we were intentional in enhancing UPMB visibility through a number of innovative ways. The website was redesigned

and has greatly improved user experience, and enhanced functionality. UPMB success stories are easily accessed on our website. Our partnership was evident in most functions organized by the church including consecration and enthronement of four Bishops for the Dioceses of; North Karamoja, Mukono, North Kigezi and Muhabura. The functions provided opportunities to make the congregations aware of UPMB services such as the Health Insurance Scheme, and Optical services. Also, a number of UPMB branded products were produced and disseminated like calendars, flyers, stickers, banners, pens, diaries, uniforms, notebooks among others.

7 radio talk shows were organized and conducted on two radio stations. Awareness was created on a number of UPMB programs including; community health insurance, HIV/AIDS services, Reproductive health and optical services. Questions were received from the public and addressed immediately. Additionally, four Newsletters were developed, designed and disseminated to the different stakeholders.

At the national level, the UPMB component in the Annual Health Sector Performance Report (AHSPR) was submitted to the Ministry of Health and the UPMB annual report was designed, produced and shared with stakeholders. UPMB was represented in 6 partner/donor organized meetings/trainings which contributed to enhancing UPMB visibility.

D. Capacity Development along the Health Systems Strengthening (HSS) building blocks.

1. Strengthened leadership, management and governance structures through;

UPMB conducted a 2-days training for the Board of Governors together with management team for Kuluva hospitals in Arua, and Mukono Church of Uganda (COU). The trainings focused on Corporate Governance, Community Health Insurance, Board performance and evaluation and Board roles among others. UPMB conducted

mentorships for Boards of Governors for nine (9/20) Hospitals and two (2/11) Health Centre IVs. 4 Model Health Unit Management Committees (HUMCs) were trained in financial management, resources mobilization, Medicines management among others.

UPMB supported 5 trained Model HUMCs in Busoga, Central Busoga and Soroti Dioceses to provide on-site mentorships to other facilities. A total of 31 HUMC for other lower level health facilities were mentored and Improvement/action plans were developed for each of them for implementation and follow-up.

UPMB organized a training for hospital managers where 37 managers from hospitals and HCIVs participated.

2. Strengthened health management information systems for strategic decision making.

With support from USAID, UPMB distributed 43 Server Machines, 50 Computers and 38 Laptops to scale up EMR. Additionally, 79 Tablets were distributed to scale up EMR mobile. Supported 192 (75% of the 256 ART supported sites) to implement electronic information management systems.

3. Improved Human Resource planning and management for enhanced performance. 1648 health workers were supported by Palladium, Mildmay, USAID and CDC.

UPMB through the ring-fenced vote for improving training for Tutors and Clinical Instructors in Health Training Institutions awarded 5 scholarships.

23 in-service health workers were awarded scholarships by the Scholarships Sub-Committee of the Board for award. The awards cost over ugx 122,182,571.

4. Improved health financing and management for sustainability

UPMB liaised with the Church of Uganda to establish a Community Health Insurance scheme where church congregants receive affordable health care in UPMB Member Health Facilities. This has improved the health facility financing and access to health care by the church congregants.

20 Dioceses were visited and bishops oriented on the KIDO scheme. 4 dioceses enrolled their clergy and 1 facility enrolled their staff. 3 new schemes were trained; Show Mercy International, Nabitende HC II and Bukaya HC II thus increasing the number of trained health facilities to 63 from 60.

The UPMB staff health insurance scheme served 400 members (staff and their dependents).

Access to health care enabled staff to achieve the set targets through the year.

5. Improved capacity of MHFs to provide quality health services.

153 of the 320 health facilities were assessed, out of which 41 (27%) met the standards with the rest requiring a lot of support to qualify for alternative financing such as Result Based Financing, Community Health Insurance and the up-coming National Health Insurance that would eventually support their sustainability.

Two health facilities were upgraded of the nine that met the upgrading guidelines. The remaining seven will be upgraded in FY 2023/24.

6. Strengthened logistics management systems to enhance access to essential efficacious medicines, supplies and technologies.

UPMB conducted mentorships to member health facilities and project facilities outside the network to build staff capacity in ensuring quality stock and stores management, ordering and reporting, as well as dispensing. The supply chain function supported online weekly, monthly and bimonthly reporting to ensure information visibility and monitor stock availability. 52 facilities were supported with sterilization equipment including sterilizers, drums and gas sets to support VMMC and cervical cancer screening. Additionally, 250 facilities received BP machines to support NCD screening.



In FY 2022/23, the UPMB strategic Plan 2019-2024 was supported by Seven (7) projects. Notable among the key successes included; boosting UPMB branding and visibility through strong partnerships with the Church, local partners and donors.



2

Governance

1. Corporate Governance

During the year, UPMB managed and supported two boards- the Board of Trustees and the Board of Directors. These Boards were supported by three Board Standing committees namely; the Health Committee, Finance and Administration Committee and the Audit Committee. During the year, the following board and committee meetings were held.

Table 2: Board / Committee meetings for FY 2022/2023

NO.	MEETING	DATE
1.	ANNUAL SYMPOSIUM	8 th December 2022
2.	AGM	30 March 2023
3.	BOARD OF TRUSTEES	4 th August 2022
4.	BOARD OF DIRECTORS	15 th March 2023 29 th March 2023 30 th June 2023
5.	FINANCE & ADMINISTRATION	1 st March 2023 7 th March 2023 31 st May 2023
6.	HEALTH COMMITTEE	23 rd November 2022
7.	AUDIT COMMITTEE	24 th February 2023 12 th May 2023



2. Institutional Governance

Training for Health Governance structures:

UPMB conducted a 2-days training for the Board of Governors together with the management team for Kuluva hospital in Arua from the 21st to 23rd August 2022; and for Mukono Church of Uganda (COU) from the 3rd to 4th October, 2022. The trainings focused on Corporate Governance, Community Health Insurance, Board performance and evaluation and Board roles among others.

Mentorship support for Hospitals/Health Centre IVs Boards of Governors:



Left: Mr. David Kiyimba- UPMB Leadership & Governance Lead facilitating a session during Kuluva Board training.



Right: Mr. David Kiyimba UPMB and some members of Mukono C.O.U Hospital Board of Governors in a group photo after their training.

During FY 2022/2023, UPMB conducted mentorship for Boards of Governors through meetings for nine (9/20) Hospitals and two (2/11) Health Centre IVs.

UPMB supported Hospitals & HCIVs to develop annual Board meeting schedules that will allow more participation and support from UPMB accordingly.



Left-Group photo: The Bishop North Kigezi Diocese (Middle) with members of Rugarama Hospital Board of Governors after a Board meeting.



During FY 2022/2023, UPMB conducted mentorship for Boards of Governors through meetings for nine (9/20) Hospitals and two (2/11) Health Centre IVs.

Management Committees for Lower Level Health facilities:

Four Model Health Unit Management Committees (HUMCs) were trained in financial management, resources mobilization, Medicines management among others.



Left: The Bishop Nebbi Diocese (centre) delivering his remarks during the Model HUMCs training for Padwot HC III; **Right:** UPMB Staff with the Diocesan health team and Model HUMC members from Yivu Abea HC III in Madi Wet Nile Diocese.

Training of Model Health Unit Management Committees (HUMCs):

UPMB supported five trained Model HUMCs in Busoga, Central Busoga and Soroti Dioceses to provide on-site mentorships to 20 other facilities. The major mentorship areas included;

Election criteria and the composition of HUMCs, Roles and responsibilities of HUMCs, Financial management tools needed for day-to-day management of the facilities, Receiving, inspection and monitoring of drugs and medical supplies, Holding successful meeting and writing of minutes.

31 HUMC for other lower level health facilities were mentored and Improvement/action plans were developed for each of them for implementation and follow-up.



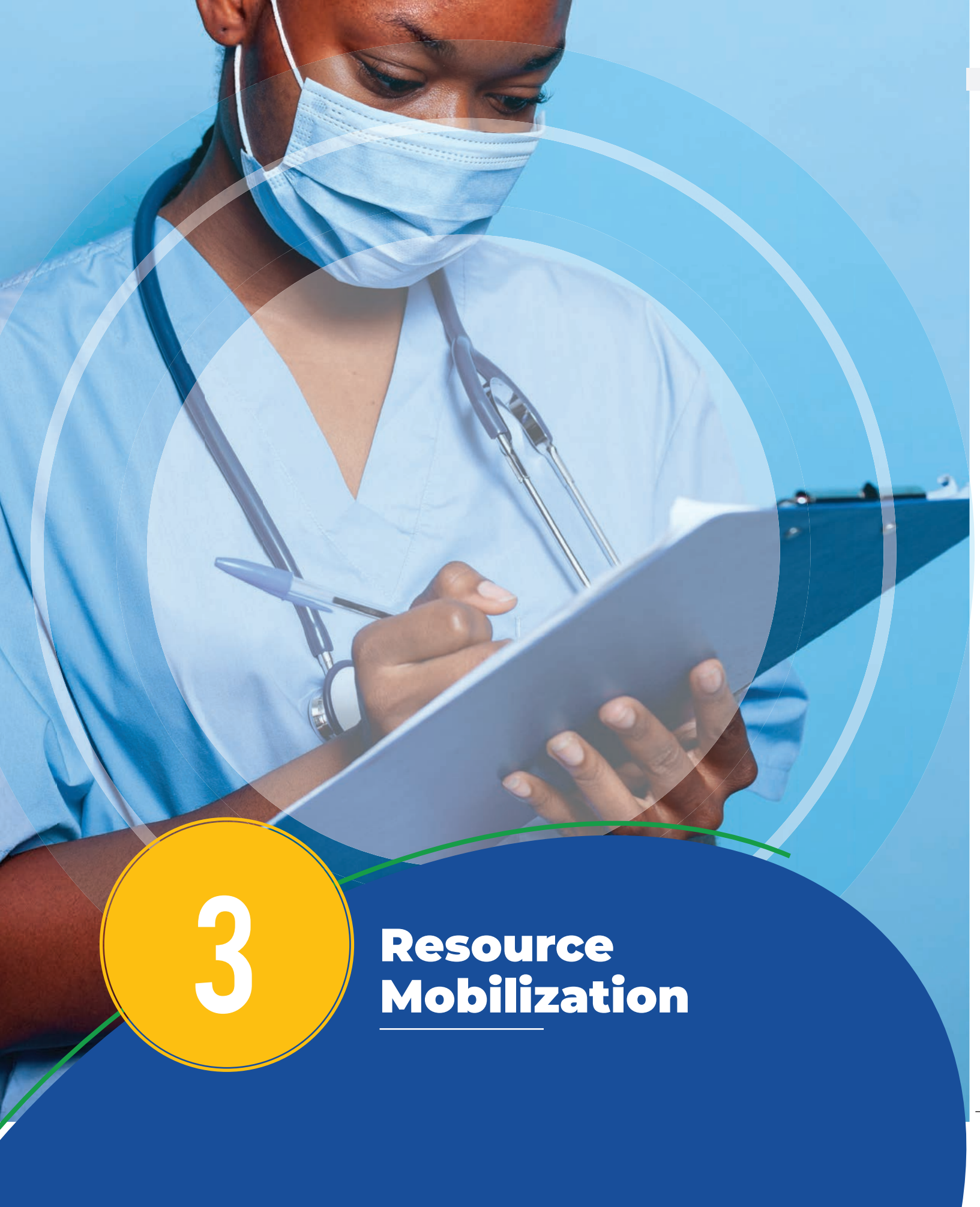
Photo: Model HUMC mentorships Bethany Medical centre in Central Busoga Diocese

Capacity development for Health Training Institutions Managers:

A Hospital Managers Training Workshop was conducted from the 14th to 16th September, 2022 at Jevine Hotel in Kampala. 37 participants attended the training from both hospitals and HCIVs. During the workshop, several tools were shared including the health facility Self Assessment for Continuous Quality Assessment for Improvement among others. Action points were adopted for implementation and follow-up.



Left - Participants that attended the Hospital Managers training workshop in a group photo. Right- Mr. Wadembere Ismail from Intra-Health-MoH during a session on i-HRIS.



3

Resource Mobilization

Resource Mobilization

The aspect of resource mobilization is a key component to ensure sustainability of the organization. As such a number of efforts are geared towards increasing the organization's resource envelope. During the year,

the UPMB optical unit and the community health insurance were supported to improve resources for the organization.

3.1 UPMB Optical Unit

During FY22/23, UPMB provided optical services like, eye examination that includes refraction and assessment for other optical related pathologies, assessment for eligibility of driving licenses, provision of all types of lenses and frames, frame repairs and adjustments, spectacle accessories through the two optical Centres at the Secretariat and the Ruharo Centre branch.

The Optical Unit achieved its annual target (100%) for the projected revenue of shs.928,200,000 by raising ugx. 928,766,000. The performance by branch shows 104% against the projected revenue of ugx. 508,200,000 for Mengo and 95% against the projected revenue of ugx. 420,000,000 for Ruharo (fig 1). All the units registered increases in gross revenue compared to last year 46% for mengo and 4% for Ruharo.

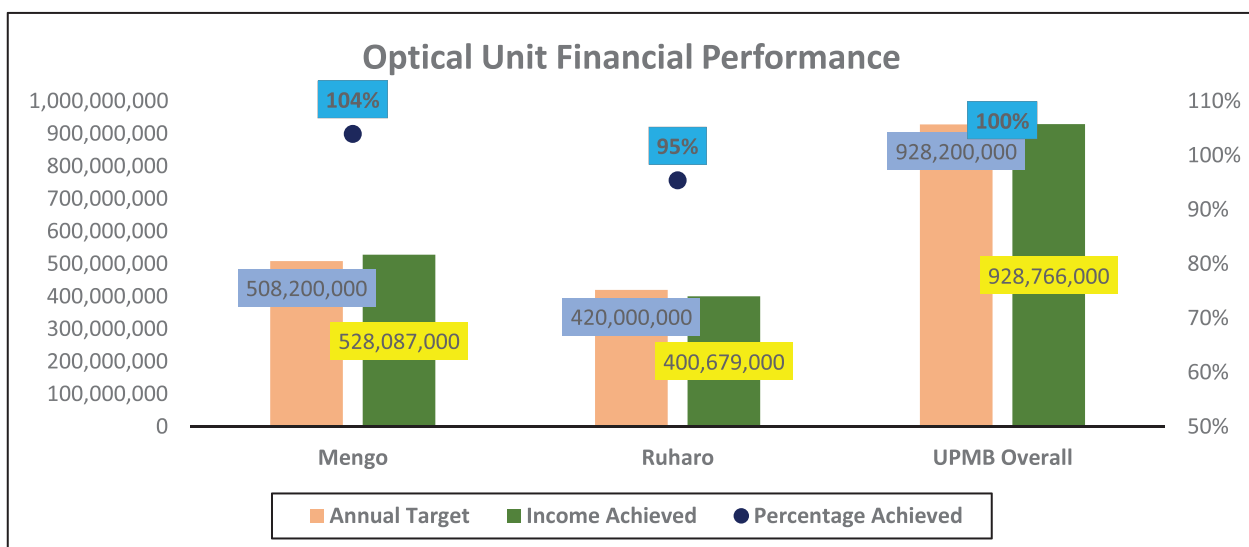


Figure 1: Optical Unit Financial Performance

UPMB/KIDO scheme grew with a membership of 848 from 450 active members reported in 2022. During the period we designed a new corporate package to reach a particular group of people.



The Bishop of Muhabura Diocese together with the clergy after a UPMB CHI orientation meeting.



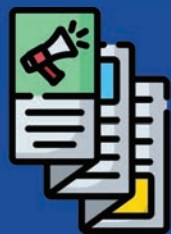
CHI coordinator meets the Bishop of Mityana Diocese.



10 PNFP Health Facilities in Rwenzori and Albertine regions were supported to activate community groups.



20 Dioceses were visited and bishops oriented on the KIDO scheme as a result, 4 dioceses enrolled their clergy and 1 facility enrolled their staff.



For visibility, 1,000 flyers, 1,000 stickers and 500 social media flyers with information on CHI were designed, 100 metallic sign-posts were branded and delivered to health facilities with CHI services.



Health Service Delivery

UPMB Member Health Facilities Contribution to Health Service Delivery

Table 4: UPMB's Indicator Performance in comparison with the national, July 2022 – June 2023

Indicador	National Actual	UPMB Actual	Percentage Contribution	Comment
Total OPD attendance	46,264,763	1,753,057	4%	
New attendance	42,681,381	1,612,641	4%	
Re-attendance	3,583,382	140,416	4%	
Malaria Total	15,108,034	429,851	3%	
Proportion of Malaria cases confirmed	95%	93%		With in Range
Proportion of Malaria Cases treated	96%	99%		With in Range
Total number of beds	57,037	4,710	8%	
Total admissions	3,391,836	178,884	5%	
Total ANC attendances	6,496,184	260,391	4%	
% ANC 1st trimester	35%	32%		With in Range
ANC 4 Coverage	16%	15%		With in Range
Deliveries in Unit-Total	1,412,965	58,942	4%	
C-sections	178,117	12,182	7%	
FSB/1000 births	6.407	6.718		Above National Average
MSB/1000 Births	6.543	7.092		Above National Average
Institutional maternal Mortality ratio	91.5	98.3		With in Range
Total fully immunized by one year	1,600,881	83,105	5%	
Proportion of maternal death audited	104%	121%		
Proportion of perinatal deaths audited	33%	50%		Above National Average
Total family planning users	4,971,646	358,825	7%	

Data Source: DHIS2 , July 2021-June 2022

Overall, UPMB's contribution to the overall national outputs ranges between 3%-8% with the number of beds contributing the highest at 8%. This was followed by deliveries by C-sections and Family Planning (FP) users at 7% each. OPD re-attendances contributed highest at about 13%. Nationally, there were 5008 health facilities contributing to OPD attendance and

of these 320 are UPMB member Health facilities, about 6%. The 320 health facilities served 4% of the total outpatients during the period. All the indicators assessed in the table above, were within acceptable range in comparison with the national performance.



Case management:

By end of June 2023, UPMB had a total of 320 member health facilities and within these facilities, there was a 6.3% increase in the total OPD attendances from 1,648,710 in FY21/22 to 1,753,057 in FY22/23.

Out of the total OPD cases this year, malaria contributed 25%, a slight reduction from 26% last year and 32% the other year. This is attributed to the roll out of the 2022 MoH guidelines that focused more on malaria prevention as well as diagnosis and treatment. Last year, the overall national malaria contribution to the total OPD cases was 33%.

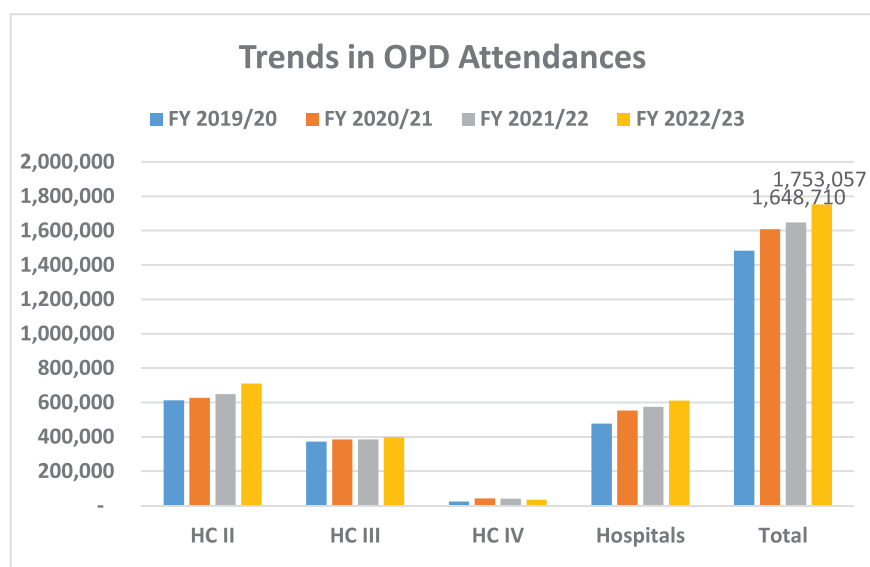


Figure 4: Trends in OPD Attendances by level



Malaria case management:

UPMB supported MHF to ensure adherence to the national guidelines. As such malaria confirmation improved to 93% from 90% achieved last year.

Almost all the confirmed Malaria cases were treated (99%) a great improvement from 92% achieved last year. This was achieved through availability of malaria supplies at all level of service delivery/ care.

Table 5: Malaria case management, UPMB Member Health Facilities, July 22-June 23

Level of Care	Total OPD Attendance	Malaria Total	Proportion of OPD Cases with Malaria	Malaria confirmed	Proportion of Malaria cases confirmed	Malaria confirmed treated	Proportion of Malaria confirmed cases treated
Hospitals	631,489	29488	5%	28100	95%	27142	97%
HC IV	77,271	10133	13%	10118	100%	10060	99%
HC III	475,541	134535	28%	121109	90%	118898	98%
HC II	568,756	255695	45%	238780	93%	236381	99%
Total	1,753,057	429,851	25%	398,107	93%	392,481	99%



Maternal and Child Health services:

During the year, 24,432 pregnant women attended their first antenatal visit, 32% within their first trimester and all received the antenatal care services including access to folic acid. In addition, 58,952 deliveries were registered with 58,003 live births.

The MHF facilities registered 58 maternal deaths, giving a mortality rate of 96.7/100,000 deliveries slightly higher than the national IMMR. In addition, 75% of these maternal deaths were audited, a low performance compared to the national.

UPMB MNCH team will continue to support facilities and ensure timely audits are done.

Table 6: Maternal Performance Indicators

Level of Care	Total Deliveries	Maternal deaths	IMMR/100,000 deliveries	Maternal death audited	% Maternal death audited
Hospital	18620	41	220.2	30	73%
HC IV	6703	12	179.0	9	75%
HC III	19602	4	20.4	4	100%
HC II	14017	0	0.0	0	
Total	58942	57	96.7	43	75%

The perinatal mortality rates were 7.1, 6.7 and 19.1 for Macerated still births, Fresh still births and Early Neonatal Deaths respectively. Only 50% of the Perinatal deaths were reviewed. UPMB MHF have been supported to functionalize MPDSR committees and these have implemented the MPDSRs.

Table 7: Perinatal performance Indicators

Level of Care	Total Deliveries	Deliveries in unit (Live births)	MSB/1000 births	FSB/1000 Live births	ENND/1000 Livebirths	IMPMR/1000 Births	Perinatal deaths	Perinatal deaths audited	%Perinatal deaths audited
Hospital	18620	18365	12.0	11.7	34.1	33.6	626	361	58%
HC IV	6703	6562	4.3	12.4	36.7	36.0	241	118	49%
HC III	19602	19221	4.2	3.2	8.6	8.4	165	47	28%
HC II	14017	13855	2.3	2.4	5.4	5.4	75	30	40%
Total	58942	58003	7.1	6.7	19.1	18.8	1107	556	50%



**Health Projects
Supported under
UPMB**

UPMB supported 7 projects directly funded by USAID, CDC, Bread for the World, and healthy Heart Africa. Performance across these projects is summarized below. There were only two HIV projects i.e. E-FACE, and LSDA. The table below summarizes performance across the two HIV projects.

Table 8: HIV Projects Performance Indicator table – Oct 22-June 2023

Color codes	>70%	50-70%	<50%
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SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
	IR 1: Reduced New HIV Infections							
1	GEND_GBV	Number of people receiving post-gender-based violence clinical care based on the minimum package	7,808	5,052	65%	1868	2641	141%
2	GNDR 6	Number of people reached by a USG funded intervention providing GBV services	7,808	5,052	65%	1868	2641	141%
3	KP_ PREV	Number of key populations reached with individual and/ or small group-level HIV prevention interventions designed for the target population	10,871	11,885	109%	N/A	870	N/A
4	PREP_NEW	Number of individuals who were newly enrolled on pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.	14,283	8,099	57%	2059	2153	105%
5	KP_PREP NEW	Number of Key Populations who have received (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection	4,693	4222	90%	N/A	N/A	N/A
6	PP_PREP NEW	Number of priority Populations who have received (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection	9,590	3900	41%	N/A	N/A	N/A
7	PREP CT	Number of individuals, excluding those newly enrolled, that return follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period	5,018	4,050	81%	1233	1851	150%
8	KP_PREP CT	Number of KPs, excluding those newly enrolled, that return follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period	2,189	2,109	96%	N/A	N/A	N/A

SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
9	PP_PREP CT	Number of PPs, excluding those newly enrolled, that return follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period	2829	1,941	69%	N/A	N/A	N/A
10	PP_PREV	Number of priority populations (PP) reached with the standardized evidence-based interventions	5,798	11,176	193%	N/A	N/A	N/A
11	TB PREV	Proportion of ART patients who completed a standard course of TB preventive therapy within the reporting period	90%	289%	321%	3530	1398	40%
12	HL 2.1	TB Preventive Treatment (TPT) enrollment	14,404	11,200	78%	3530	1975	56%
13	VMMC_CIRC	Number of males circumcised as part of the voluntary medical male circumcision for HIV prevention program within the reporting period	35,998	25,388	71%	4001	3826	96%
IR 2: Increased target Populations Living with HIV Knowing their HIV Status								
14	HTS_TST	Number of individuals who received HIV Testing Services and received their test results	465,412	372,684	80%	128,343	83,786	65%
14b	HTS_TST_POS	Number of HIV positive individuals identified and received their test results	15,080	6,301	42%	3,632	2,367	65%
14c	HTS_Yield	Proportion of HIV positives identified	3.20%	2.20%	Below target	4%	3%	Below target
15	HTS INDEX	Number of individuals who were identified and tested using Index testing services and received their results	46,340	20877	45%	7115	4698	66%
15b	HTS INDEX POS	Number of new HIV positive individuals identified using Index testing services and received their results	4,085	1131	28%	1020	634	62%
15c	Index Yield	Proportion of HIV positives identified through index	8.80%	8.50%	Close to target	14%	13%	Close to target
16	HTS SELF	Number of individual HIV self-test kits distributed	26,391	31,765	120%	10151	19837	195%
16b	HTS SELF POS	Number of individual tested HIV positive on an HIV self-test	N/A	426	N/A	N/A	N/A	N/A
16c	HTS SELF POS CONFIRMED	Percentage of individual tested HIV positive on an HIV self-test and Confirmed HIV+ using national algorithm	N/A	218	N/A	N/A	N/A	N/A
17		Number of HIV tests and/or of self-tests were distributed through faith community/FBO sources	7,917	3,947	50%	10151	19837	195%

SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
18	HTS_RECENT	Number of newly diagnosed HIV-positive persons who received testing for recent infection with a documented result during the reporting period	12,817	3765	29%	3177	1264	40%
19	TB STAT(D)	Number of new and relapse TB cases	5,706	5,615	98%	1728	1660	96%
19b	TB STAT(N)	Number of new and relapse TB cases with documented HIV status,	5,706	5,485	96%	1728	1660	96%
19c	TB STAT (%)	Percentage of new and relapse TB cases with documented HIV status,	100%	97%	Close to target	100%	100%	100%
19d	TB STAT Pos	Number of HIV positive new and relapse TB cases	1,710	2093	122%	566	384	68%
20	PMTCT STAT (D)	Number of pregnant women attending ANC1	130,628	59,178	45%	42,526	21756	51%
20b	PMTCT STAT (N)	Number of pregnant women with known HIV status at antenatal care (includes those who already knew their HIV status prior to ANC)	130,628	58,724	45%	42,526	21666	51%
20c	PMTCT STAT Pos	Number of HIV+ pregnant women identified during the reporting period	6,496	3268	50%	2132	1073	50%
21	PMTCT EID	Number of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	6,783	3,200	47%	2231	1414	63%
		<2 Months	6,444	2805	44%	2008	1254	62%
22b	PMTCT EID-2 months (%)	Percentage of infants born to HIV-positive women who had a virologic HIV test done within 2 months of birth	95%	88%	Below target	95%	89%	Below target
22c	PMTCT_EID Pos	Percentage of infants born to HIV-positive women who had a positive virologic HIV test	N/A	9	N/A	N/A	24	N/A
22d	PMTCT_EID ART	Percentage of infants born to HIV-positive women who had a positive virologic HIV test and started on ART	100%	9	100%	100%	100%	100%
22e	PMTCT_HEI_Pos	Number of HIV-infected infants identified in the reporting period, whose diagnostic sample was collected by 18 months	N/A	12	N/A	N/A	24	N/A
22f	PMTCT_HEI_Pos_ART	Number of HIV-infected infants identified in the reporting period, whose diagnostic test was collected by 18months, initiated on ART	N/A	12	N/A	N/A	24	N/A

SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
22g	PMTCT_HEI_Pos_ART (%)	Percentage of HIV-infected infants identified in the reporting period, whose diagnostic test was collected by 18months initiated on ART	N/A	100%	N/A	100%	100%	100%
23	PMTCT_FO	Percentage of final outcomes among HIV exposed infants registered in a birth cohort in the last 18 months	100%	99%	99%	100%	98%	98%
IR 3: ART treatment for Target Populations Living with HIV scaled up								
24	TX NEW	Number of adults and children newly enrolled on antiretroviral therapy	14,469	6,030	42%	3,479	2279	66%
24b	KP_TX NEW	Number of key populations newly enrolled on antiretroviral therapy	221	294	133%	N/A	3	N/A
25	TX CURR	Number of adults and children currently receiving antiretroviral therapy	130,709	129,098	99%	42,827	42113	98%
25b	KP_TX CURR	Number of KPs currently receiving antiretroviral therapy	1,807	1403	78%		130	#DIV/0!
26	TX MMD (3+ Months)	Percentage of adults and children currently receiving antiretroviral therapy who are receiving multi-month dispensation (3+ months)	95%	94%	Close to target	80%	87%	Above target
		<15Years	95%	72%	Below Target	80%	68%	Below target
		15+ YEARS	95%	95%	On target	80%	88%	Above target
27	TX_TB	Proportion of ART patients screened for TB in the semiannual reporting period who start TB treatment.	98%	100%	Above target	98%	96%	96%
28	CXCA_SCRN	Number of HIV-positive women on ART screened for cervical cancer	17,554	12,723	16%	6131	3903	64%
28b	CXCA_SCRN_POS	Number of HIV-positive women on ART screened positive for cervical cancer	N/A	491	49100%	N/A	67	N/A
28c	CXCA_CX	Percentage of cervical cancer screen-positive women who are HIV-positive and on ART eligible for cryotherapy, thermocoagulation or LEEP who received cryotherapy, thermocoagulation or LEEP	100%	82%	82%	100%	91%	91%

SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
29	PMTCT ART	Number of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy	6,418	3237	50%	2132	1073	50%
29b	PMTCT ART (%)	Percentage of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child-transmission during pregnancy	100%	98%	99%	100%	98%	98%
30	TB ART	Number of HIV-positive new and relapsed TB cases on ART during TB treatment	1,773	1968	111%	566	384	98%
30b	TB ART(%)	Percentage of HIV-positive new and relapsed TB cases on ART during TB treatment	100%	96%	96%	100%	98%	98%
30c	TSR	Proportion of TB cases that completed treatment or were cured	90%	87%	Close to target	95%	85%	Below target
30d	TB Cure Rate	Proportion of TB cases that completed treatment or were cured	80%	77%	Close to target	80%	60%	Below target
IR 4: Improved Viral Load Suppression among Target Populations on Treatment								
31	VL Coverage	Percentage of ART patients who received a viral load test during the year	95%	95%	On target	95%	94%	On tatget
	KP_VL Coverage	Percentage of KP_ART patients who received a viral load test during the year	95%	91%	Below target	95%	96%	Above target
32	TX_PVLS	Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml)	95%	97%	Above target	95%	96%	Above target
32b	KP_TX PVLS	Percentage of KP ART patients with a suppressed viral load (VL) result (<1000 copies/ml)	95%	90%	Below target	95%	93%	Below target
		FSW	95%	90%	Below target	95%	94%	On tatget
		MSM	95%	85%	Below target	95%	87%	Below target
		TG	95%	100%	Above target	95%	100%	On tatget
		PWID	95%	94%	Below target	95%	93%	On tatget
IR 5: Strengthened institutional capacity for Select PNFPs to sustain epidemic control and maintenance								
33a		Percentage of PNFP sites experiencing no stock outs of HIV test kits	95%	84%	Below target			
33b		Percentage of PNFP sites experiencing no stock outs of Adult ARVs	95%	94%	Close to target			

SN	CODE	Indicator	LSDA			EFACE		
			Annual Target	Actual	% age Achieved	Annual Target	Actual	% age Achieved
33c		Percentage of PNFP sites experiencing no stock outs of TB drugs)	95%	85%	Below target			
34		Percentage of health facilities making timely orders through Web-based ordering (E_LMIS Order timeliness)	90%	96%	Above target			
		ARVs and OI medicines	90%	98%	Above target			
		TB/TPT medicines	90%	91%	Above target			
		HIV Rapid test kits	90%	94%	Above target			
		Laboratory CD4 Reagents	90%	100%	Above target			
35		Number of PEPFAR-supported health facilities that have an electronic medical record system	100	120	120%	69	65	94%
		Number of PEPFAR-supported health facilities reporting using EMR	80	80	100%	65	65	100%
35b		Number of PNFP sites with an EMR Poc System	70	56	80%	65	12	18%
36	CHL.1.13-1	Timeliness of HMIS 105 reporting	95%	94%	Close to target	95%	100%	Above target
37	CHL.1.13-2	Completeness of HMIS 105 Reporting	100%	99%	Close to target	100%	100%	On tatget
38a		Percentage of labs participating in HIV proficiency testing that passed the test	100%	98%	Close to target			
38b		Percentage of labs participating in CD4 EQA that passed the test	100%	100%	On target			
38c		Percentage of labs participating in GeneXpert EQA that passed the test	100%	100%	On target			

i. Local Service Delivery for HIV/AIDS Activity (LSDA)

The Local Service Delivery for HIV/AIDS Activity (LSDA) is a five-year (2020-2025) Cooperative Agreement (CA) No. 72061720CA00016 implemented by Uganda Protestant Medical Bureau (UPMB) in partnership with three local partners: Baylor- Uganda, Infectious Disease Institute (IDI) and Most at Risk Populations Initiative (MARPI). Its goal is to support the continuation of comprehensive HIV/AIDS prevention, care, and treatment services offered through Private Not-For-Profit (PNFP) facilities.

By the end of June 2023, USAID/LSDA recorded a performance of 70% for indicators that have either met or surpassed the target and 30% of the indicators with suboptimal performance. The narrative below provides insight into the general performance across the different intermediate results (IRs).

IR 1: Reduced new HIV infection:

By the end of FY22/23, LSDA was on track to achieve its annual VMMC at the 38 VMMC sites with 71% (25,393/35,998) annual target met. 81.5% of the circumcised males were in the pivot age group of 15-29 years. Community networks were leveraged to scale up client centered demand creation approaches to enhance community ownership and utilization of context specific VMMC services.

By the end of FY22/23, LSDA sustained good coverage of HIV testing and ART at ANC across 188 sites with 99% (21,059/21,089) pregnant women having a documented HIV status; and 98% (1,122/1,141) positive women on ART.

LSDA was on track to achieving its annual targets for PrEP uptake and continuity through supporting 41 sites to initiate 9,529 individuals on PrEP. This represents 71% of the annual target. Clients initiated on PrEP include 4,863 key population and 4,666 priority populations representing 67% of the annual target.



IR2: Increased target populations living with HIV know their HIV status:

During FY22/23, LSDA supported 188 health facilities to test 370,746 individuals for HIV representing 82% of annual target and identified 6,238 new HIV positive individuals. Of those who tested HIV positive, 6,038 (97%) were linked to care. This is attributed to the attachment of newly identified HIV-positive clients to ageappropriate community health workers for a physical escort to ART clinics and provision of psychosocial support.

Table 9: HTS target Achievement (October 2022 – June 2023)

Region	Total HTS_TST						HTS_TST_POS						Linkage		Yield (%)
	HTS_TST Annual Target	Q1 HTS_TST	Q2 HTS_TST	Q3 HTS_TST	Total HTS_TST	% Achieved HTS_TST - Overall	HTS_POS Annual Target	Q1 HTS_POS	Q2 HTS_POS	Q3 HTS_POS	Total HTS_POS	% Achieved HTS_POS - Overall	Total TX_NEW	% Linkage - Overall	% Yield - Overall
Acholi	69414	12,312	17529	20661	50502	73%	2587	245	349	363	957	37%	771	81%	1.90%
Ankole	67940	15,606	24061	28929	68596	101%	2192	470	553	661	1,684	77%	1623	96%	2.50%
Bugisu	57394	4,919	8607	28193	41719	73%	1730	89	122	205	416	24%	428	103%	1.00%
Bukedi	53431	6,036	14342	19700	40078	75%	1643	95	132	141	368	22%	369	100%	0.90%
Busoga	85834	14,104	23526	31990	69620	81%	3099	320	426	420	1,166	38%	1159	99%	1.70%
Karamoj	8486	2,373	2855	2719	7947	94%	101	8	7	9	24	24%	27	113%	0.30%
Kigezi	53276	14,983	18298	21996	55277	104%	1464	217	308	309	834	57%	869	104%	1.50%
Lango	54554	7,920	11711	17376	37007	68%	2264	246	279	264	789	35%	792	100%	2.10%
Total	450329	78,253	120929	171564	370746	82%	15080	1,690	2176	2372	6,238	41%	6,038	97%	1.70%

IR3: ART treatment for targeted populations living with HIV scaled up:

TX Curr performance stood at 98.8% by the end of the financial year. This performance of 98.8% is attributed to: routine provision of MMD at all the ART sites, routine client ART literacy championed lay workers/ CHWs, scale up of assessment and provision of ART refills through the preferred DSD models, use of CQI approaches especially leveraging on the running national CoT collaborative for 53 high volume sites and collaboration with community.



TX Curr performance stood at 98.8% in by the end of the financial year.

IR4: Improved viral load suppression among target populations on treatment:

Viral load coverage was at 91% and viral load suppression at 97%. The good performance in coverage is attributed to the health facilities empowering clients to demand timely viral load bleeding, utilization of the EMR and audit tool for line listing clients. While viral load suppression improved due to provision of psychosocial support to CALHIV, and provision of optimal ART regimen and MMD.



Viral load coverage was at 91% and viral load suppression at 97%.

IR5: Strengthened institutional capacity for select PNFPs to sustain epidemic control and maintenance:

The Activity provided Human Resources for Health at 34 high volume health facilities reaching out to 767 staff. This includes Health workers and various categories of Lay workers including Peer mother and YAPS. Technical support to non-sub granted medium and low volume facilities in various intervention areas increased from total of 380 to 391 persons comprising 227 staff and 167 lay workers supported with salaries and stipends respectively in 109 non-sub granted facilities. The increased support was a response to critical gaps observed. The Activity also attained a 94% and 84% reporting timeliness for HMIS 105 and HMIS 106A respectively. The Regional teams have continued to engage the Diocesan Health Coordinators (DHCs) for UCMB and UMMB.



Technical support to nonsub granted medium and low volume facilities in various intervention areas increased from total of 380 to 391 persons comprising 227 staff and 167 lay workers supported with salaries and stipends respectively in 109 non-sub granted facilities.

ii. Engaging FBOs/CSOs/PNFPs and Communities to Support and Sustain HIV Epidemic control in Uganda (e-FACE)

The Engaging FBOs/CSOs/PNFPs and Communities to Support and Sustain HIV Epidemic control in Uganda (e-FACE) project, is a five-years (2020-2025) Cooperative Agreement (CA) funded by the Centers for Disease Control and Prevention (CDC) and implemented by Uganda Protestant Medical Bureau (UPMB) in Bunyoro, Tooro, Mubende, Masaka, Kampala, Teso/Karamoja and West Nile regions in 32 districts supporting 69 PNFP health facilities. The project aims at strengthening the technical and institutional capacity of FBOs/CBOs/PNFPs to complement the existing efforts by GOU, Development Partners, Civil Society and other stakeholders to attain and sustain epidemic control in Uganda by 2020 and beyond. A summary of achievements by project objective is highlighted below;

Objective 1: Improving coordination with ministries, decentralized health authorities and FBOs/PNFP structures

EFACE program with technical guidance from MOH and CDC supported the 69 PNFP facilities across all the eight CDC regions to strengthen HIV/TB service delivery with a principle focus of accelerating and sustaining HIV epidemic control in those regions.

Objective 2: Improved Organizational capacity and competencies of FBOs/PNFPs to engage communities and Provide Comprehensive HIV/TB Services

100% of all facilities received performance sub grants in the reporting period both virtually and in person; leaders were trained in governance, management, and accountability with USG Funds, Health workers working on any HIV- related activities i.e., prevention, treatment and other HIV support at PEPFAR-supported facility sites were supported. Roll out of the new ART guidelines is on-going targeted to cover 100% Health Facility.

Objective 3: Scaling up evidence-based HIV prevention interventions to reduce the risk of acquiring and transmitting HIV Infection within the target populations

HTS Services: Cumulatively 83,786 individuals were tested for HIV representing 65% (83,786/12,8343) achievement against the annual COP 22 target. Additionally, the project attained 65% (2,376/3,632) against the annual HTS_POS COP 22 target with a linkage of 98% (811/828) and an average positivity yield of 2.6%.

PMTCT_STAT: Overall, the project achieved 51% (21,686/42,526) of its PMTCT_STAT annual target, 55% (1068/1958) of its annual COP targets for PMTCT POS and PMTCT_ART respectively. The positivity yield was 5% (1068/42526) and linkage to ART/ART initiation at 98% (1068/1958).

Maternal re-testing: Maternal re-testing stood at only 63% partly due to the still poor documentation of retesting among breastfeeding women in the post-natal registers. The project team will continue to pay special focus on maternal re-testing using QI approach, weekly review of data and technical assistance on the rationale for retesting and proper documentation.

PMTCT_EID: By end of June, 98% (645/658) of HEI received NVP syrup at birth. EID coverage 0-12 months was 122% (1414/1162) whereas 0- 2 months (EID timeliness) was 108% (1254/1162) at E-Face supported facilities. This good performance on timeliness of 1st PCR was attributed to targeted high impact interventions. Against the COP 22 targets, UPMB achieved 46% (935//2,050) of the EID 1st PCR < 2months targets. 88% (1240/1414) HEI received CTX prophylaxis; 09 of the 14 HEI who tested sero positive were tested on 1st PCR, and 100% (14/14) of the positive infants were initiated on ART.

VMMC: In COP22, UPMB was allocated an annual target of 4,001 men in Kampala, Kumi and Ngora districts. By June 2023, the project had achieved 101% (4,029/4001) males. This good performance was attributed to SMC outreach camps conducted, health education and counselling at service point with emphasis on HIV prevention services including VMMC, availability of supplies, technical support and weekly tracking of facility performance against the targets.



EFACE program with technical guidance from MOH and CDC supported the 69 PNFP facilities across all the eight CDC regions



Roll out of the new ART guidelines is on-going targeted to cover 100% Health Facility.



Cumulatively 83,786 individuals were tested for HIV representing 65% (83,786/12,8343) achievement against the annual COP 22 target.

Objective 4: Improving HIV treatment services, retention and viral suppression of all patients in care at supported sites

TX_CURRENT. The project was on track to achieve its COP 22 targets active on ART (TX Curr) at 98% (42,113/42,827). same-day ART initiation enhanced by facilitating community linkage facilitators and counsellors to provide quality pre and post-test counselling at community and facility levels, and together with community health workers track missing clients.

Viral load Suppression and Coverage: By end of June, Viral Load coverage stood at 101% (42435/41928) and viral suppression rate of 94% (40,050/42,435). This achievement was attributed to technical support to the health-workers in VL, file reviews and tracking for VL testing for all eligible RoC during clinic visits and actively tracking of line listed clients eligible for VL.



By end of June, Viral Load coverage stood at 101% (42435/41928) and viral suppression rate of 94% (40,050/42,435).

iii. Healthy Heart Africa Non-Communicable Diseases (NCDs) Project

The UPMB - Healthy Heart Africa Non-Communicable Diseases (NCDs) partnership is a two-year project (1st July 2022 to 30th June 2024), Project No. **SOW-UPMBUGANDA-3** with a total budget of USD 500,000 funded by AstraZeneca, AZ. The project focuses on capacity building for health workers and VHTs on prevention, screening, diagnosis and management for hypertension and COPD/ Asthma. The project is being implemented in a total of 50 sites; 23 hospitals, 11 HC IVs and 16 HC IIIs.

Objective 1. Empowered health workers and VHTs with the right knowledge and tools to conduct comprehensive screening for hypertension and COPD/ Asthma at facility and in the community households by June 2024.

During the year, the project conducted a baseline assessment across 50 project sites to inform a situational analysis, trained 129 health workers and 147 VHTs as Trainees of Trainees (ToTs), supported **91** one-hour long CMEs across 17 project sites with a total of 226 health workers benefiting. While 30 one-hour long CMEs reached a total of 107 VHTs, Procured and distributed **350,000** disposable peak flow mouth pieces to support screening for COPD/ Asthma at facility and in the community, supported the project sites to conduct a total of **2,817,985** screenings (139% against target) for hypertension of which **832,159** (138% against target) had elevated blood pressure and **314,975** (114% against target) were diagnosed with hypertension; while **292,054** (144% against target) screenings were conducted for COPD/ Asthma of which 36,328 (162% against target) were diagnosed with COPD/ Asthma.

Objective 2. Increased awareness and education on healthy life styles and prevention of CVD risk factors by June 2022

The team supported VHTs to sensitize communities on COPD/Asthma and CVD; a total of **1,985,772** people reached (60% female and 40% male), supported the project sites to conduct 719 weekly radio talk shows across the 4 regions, supported the District Health Teams and religious leaders to sensitize communities on the prevention and



The UPMB - Healthy Heart Africa Non-Communicable Diseases (NCDs) partnership is a two-year project (1st July 2022 to 30th June 2024)



During the year, UPMB with HHA NCDs Project conducted a baseline assessment across 50 project sites to inform a situational analysis, trained 129 health workers and 147 VHTs.

early detection of hypertension and COPD/Asthma; a total of **491,808** people (65% female and 35% male) were reached, supported the 50 project sites to integrate health education on the prevention of risk factors, early detection, care and treatment for hypertension and COPD/ Asthma through the different service points at the project sites; a total of **890,729** people (61% female and 39% male) were reached with information.

Objective 3. Increased availability and variety of affordable quality medicines for hypertension and COPD/ Asthma by June 2022

50 project sites were supported to make bi-monthly orders to the Joint Medical Store.

Objective 4. Decongest hospitals and drive care for hypertension and COPD/Asthma to the Lower Levels of care in the health system through establishment of comprehensive patient referral pathways using data by June 2022.

29 new project sites were supported to functionalize their clinics by clinic days as well as using patient monitoring cards, appointment books and NCDs monitoring registers. **270,106** hypertensive patients were active in the clinics while **23,440** patients were active for COPD/Asthma in the clinics across the 50 project sites. Lower-level units were supported to refer complex cases for hypertension and COPD/ Asthma cases to the high level of care; and the higher-level units to refer cases for monitoring and drug refills to lower-level units closest to patients' homes. **120,055** patients were referred for specialized test, **16,406** for second opinion consultations while 68,213 were referred for management of complications for hypertension and COPD/ Asthma. **152,322** were referred to lower-level units for drug refill and monitoring.



The UPMB team supported VHTs to sensitize communities on COPD/Asthma and CVD; a total of 1,985,772 people reached.



50 project sites were supported to make bi-monthly orders to the Joint Medical Store.



29 new project sites were supported to functionalize their clinics by clinic days as well as using patient monitoring cards, appointment books and NCDs monitoring registers.



iv. Familia Nawiri-Novartis Project

Familia Nawiri is a 2-year follow on Novartis funded partnership (July 2022-July 2024) implemented by the Uganda Protestant Medical Bureau. Familia-Nawiri is a Kiswahili translation for “Healthy Families” in line with the focus of the program. This Health Program is implemented via a hub and spoke model. Program year one focused on building capacity for 12 hub facilities and its community structures.

Below are the project achievements during the reporting period.

The Baseline assessment:

UPMB conducted a baseline assessment across the 12 hubs implementing the Novartis Familia-Nawiri. The baseline assessed Knowledge, Attitudes and Practices used among the health care practitioners to sensitize, screen and manage the patients for the different disease areas. The assessment also involved VHTs and community respondents.

Mentorship and Continuous Medical Education

UPMB conducted 5 virtual mentorship sessions with a total of 169 health workers reached with information focused on prevention, screening, diagnosis and management of diabetes, hypertension, breast cancer, childhood pneumonia and Sickle Cell Disease. 211 health workers in CMEs led by Trainer of Trainers at their respective health units.

Training on Sickle Cell Disease

A training on Sickle Cell Disease was conducted by the Ministry of Health national master trainers for 139 health workers from five UPMB facilities; Mengo Hospital, Kiwoko Hospital, Ngora Hospital, PAG Mission Hospital and Kagando Hospital.

Meetings with the district leadership

UPMB held entry meetings with the respective districts for each of the 12 hubs. 47 district stakeholders were involved and these included; the District Health Officers and respective assistants (deputies), Secretaries for health and the District Health Educators.

Meetings with the Diocesan leadership

UPMB conducted inception meetings with the diocesan leadership attracting 35 participants and these included; the bishops where possible, Diocesan Health Coordinators, and the Diocesan Secretaries from Kinkiizi, Namirembe, Mukono, North Kigezi, Kigezi, SDA Mbarara field, South Rwenzori diocese, Karamoja and Kumi.

The UPMB-Novartis joint site support visits were planned involving Novartis and UPMB. The goal of the joint visits was to provide support and encouragement to Hospital Management Teams on the facility approaches to improve NCD prevention and management.

Sensitization:

UPMB conducted sensitization of communities both statically at the different services points and in the communities through VHTs and community-based outreaches.

“

Familia Nawiri is a 2-year follow on Novartis funded partnership (July 2022-July 2024) implemented by the Uganda Protestant Medical Bureau.

12
(Hubs)

Were used by UPMB to do a baseline assessment to implement the Novartis Familia-Nawiri Project.



139

(Health Workers)

From 5 UPMB Facilities went through a training on Sickle Cell Disease that was conducted by the Ministry of Health national master trainers

v. USAID Family Planning Activity

Uganda Protestant Medical Bureau (UPMB) is implementing the USAID/Uganda Family Planning Activity

People reached through sensitization

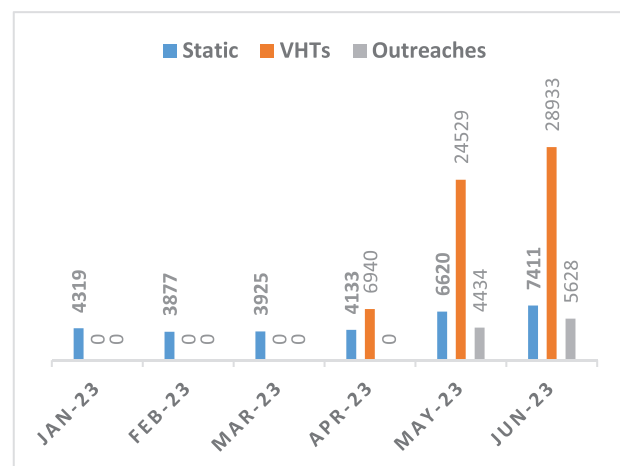


Figure 5: People sensitised on NCDs by entry point

Radio talk shows conducted

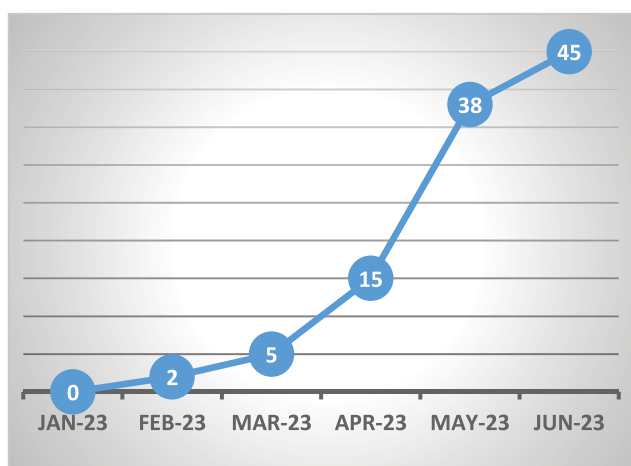


Figure 6: Radio talk shows on NCDs conducted

in Partnership with Pathfinder International (Lead Partner) and two other local organizations, that is, SAMASHA and Uganda Youths and Adolescents Health Forum (UYAHF). The goal of FPA is to support Government of Uganda to increase adoption of positive reproductive health (RH) behaviors among Ugandan women, men, and young people and contribute to long-term demographic shifts in Uganda's modern contraceptive prevalence rate (mCPR) and fertility rate by 2025 in 11 focus districts. UPMB focuses on provision of FP/RH Technical support and increased access to quality voluntary FP services in 219 HFs.

UPMB's role as part of the consortium, focuses on provision of FP/RH Technical support to FPA project and increased access to quality voluntary FP services in 219 HFs to accomplish objective three while contributing to objective two.

Result Area 2. Positive Social norms and behaviors enhanced to improve health timing and spacing of pregnancies.

1. Actively participated in 86 FPA organized community dialogues across 21 parishes with highest teenage pregnancy rates according 2022 LQAS survey results.
2. Conducted 28 radio talks show as panelists on raising awareness for FP/HTSP, addressing FP myths and Misconceptions, and other topics like role of Men in partners access to FP Services.
3. Leveraged existing faith structures to sensitize communities on health timing and spacing of pregnancies and share messages on prevention of teenage pregnancies.

Result Areas 3. Access to Quality, Voluntary FP increased.

Uganda Protestant Medical Bureau (UPMB) is implementing the USAID/Uganda Family Planning Activity in Partnership with Pathfinder International (Lead Partner) and two other local organizations.

3.1 Provider readiness to deliver quality, voluntary FP services enhanced.

Conducted quarterly FP support supervision and Mentorships at 122 select health facilities and distributed PPFP protocols to improve FP Quality, adherence to service Standards, and acceptable clinical competency in FP.

Promoted Community level FP service delivery, referral, and reporting through CSOs to facilitate 876 VHTs to provide information on FP and linked them to health facilities where they can access short-term FP methods for their communities, referred other clients for LARCs and other illnesses including Contraceptive side effects. Designed a GBV package for VHTs and oriented them on gender-based violence.

Supported Health Facilities to implement integrated FP outreaches at 142 HFs reaching 90,033 clients with FP methods.

3.2 Innovative approaches to support implementation of FP targeted interventions.

Promote provider behavioral change using the Beyond Bias strategy to address provider biases towards contraception for adolescents and young people. 300 health workers from 142 HFs were oriented on the six principles of unbiased care



Conducted quarterly FP support supervision and Mentorships at 122 select health facilities and distributed PPFP protocols.

vi. Strengthening UPMB Member Health Facility Systems for Sustainability (SUMS)

Strengthening UPMB Member Health Facility Systems for Sustainability (SUMS), phase II Project No. A-UGA-2022-0082 with a total budget of €1,600,000 is funded by Bread for the World (BFdW) - €1,200,000 (75%) and co-financing from UPMB of €400,000 (25%). The implementation period is from 1st May 2022 to 30th April 2025.

The SUMS II project aims at supporting the entire UPMB network of 320 health facilities with 20 being Hospital's, 11 HC IV's, 159 HC III's and 130 HC II's. That also include 17 Health Training Institutions. This support is delivered through three (3)

Strategic Objectives as described below.

Project objective 1: Improved quality of health services and systems in the supported health facilities.

Only 119/317 health facilities have been assessed with all being lower level. This is through a step-up mechanism in which more HFs are going to be assessed that include higher levels. The result show that 41/153 (26.8%) of the assessed Health facilities are meeting a health service standard that will be improved upon with minimal effort while 73.2% shall require a lot of effort to access the Alternative Financing such as Result Based Financing, Community Health Insurance and the up-coming National Health Insurance that would eventually support their sustainability.

Of the nine (9) Health Facilities that have met upgrading guidelines, two (2) were upgraded that opens up new opportunities for their support. More effort is being



300

(Health Workers)

from 142 HFs were oriented on the six principles of unbiased care



320

(Health Facilities)

Under the entire UPMB network to be supported under the SUMS II project.

extended to ensure that the pending health facilities are officially upgraded by the MOH.

Project objective 2: Enhanced visibility through effective Branding and Advocacy using innovative Solutions

The UPMB/KIDO is a partnership with Church of Uganda to provide affordable CHI services to church congregants. This mechanism improves MHFs income with less administrative costs. It helps the facilities to concentrate on service provision at the same time accord the members affordable services across the facilities network. It also improves referral mechanisms from lower HF to hospital level which is lacking in the provider-based schemes. The membership has grown to 880 members with focus on other ways of scaling up CHI without Provider-Based management that requires Health Facility training as targeted in the indicator.



The UPMB team supported VHTs to sensitize communities on COPD/Asthma and CVD; a total of 1,985,772 people reached.

Project objective 3: Increased Functional Research and development

Support towards Machine learning-based algorithm for automatic screening of Pulmonary Tuberculosis using chest x-rays in the Ugandan population at Amai hospital and Kisiizi hospital were done and UPMB participated in presenting oral abstracts during the second national safe-motherhood conference 24th to 27th October 2022.

However, Training facility staff in Research and Grant writing was not done in the period end Oct 2022.

Supported Machine learning-based algorithm for automatic screening and detection of Pulmonary Tuberculosis using chest radiographs in a Ugandan population at Kisiizi Hospital in April 2023.

Supported the UPMB Annual Symposium that was held centrally that attracted Key UPMB Stakeholders from the entire country.



50 project sites were supported to make bi-monthly orders to the Joint Medical Store.

Overall assessment, highlights, challenges, lessons learned, “good fit practices”

Trainings to orient UPMB stakeholders to build understanding on SUMS II strategic objectives and activities have been held for UPMB staff, Hospital and HC IV Boards & Managers, Diocesan Health Coordinators, and Health Facility In-charges on their respective responsibility's many of the latter were new in their positions.

Some planned project activities required needs-assessment to be done prior implementation especially those that had procurements and installations which process was lengthy. To ensure continuity tools have been made to allow for regular assessments during the Health Facility reporting so that information is captured accordingly.

Efforts are also being made towards the strengthening of Coordination of the UPMB network through the current three (3) UPMB Regional Offices working together with 35 Diocesan Coordinators and the Health Facility Managers so as to achieve a selfdriven sustainable mode of work.

With good Leadership and Governance, a lot can follow in the implementation of the other health systems blocks that result in Quality Health services. Observations



29 new project sites were supported to functionalize their clinics by clinic days as well as using patient monitoring cards, appointment books and NCDs monitoring registers.

reveal that improved infrastructure have resulted into improved income in some health facilities. There is an increasing demand for scholarship support observed.

With lessons learned, UPMB has adopted a UPMB managed scheme to accelerate scale up and up take of CHI. UPMB had partnered with the Church of Uganda to provide Community Health Insurance services to the clergy, church congregants and the public that is low priced. Members would access health services from UPMB facilities with improved access to care and financial sustainability for the MHFs. The current membership stands at 880 members enrolled in the scheme.

HRH SUPPORT-HIGHLIGHTS

During FY2022/23, UPMB received support for human resources for health activities from 4 partners i.e., Palladium, Mildmay, USAID and CDC. The partners supported human resources for health activities through; the Uganda Health Strengthening Systems project (Palladium), Human Resources for Health support (Mildmay), and EFACE project. 1754 health workers have been supported through the kind support of our partners. We continue to appreciate them for their endeavours

vii. Uganda Health Systems Strengthening Activity Project- Palladium

At the start of the year, the project supported 74 health workers in 33 health facilities in 11 dioceses. However, by the year-end, the number had declined to 68 health workers. The benefiting dioceses include; Ankole, Kinkiizi, West Ankole, Busoga, North Karamoja, Mbale, Kitgum, North Kigezi, Muhabura, Lango, and Sebei. Under this project, there are four benefiting hospitals namely, Bwindi, Kisiizi, Rushere, and Ruharo.

Regardless of all the efforts and strategies put in place to retain health workers, by the end of the year, 12 Health workers had left to join the government. As the project nears its end, UPMB must continuously advocate that the absorbed staff by the government are posted in the health facilities where they are currently working to minimize effects on service delivery by gaps created by leaving staff. Planned support supervision was done in the 33 supported facilities in all regions where the teams from UPMB and the facilities agreed on an action plan to address gaps and replicate good practices in order to improve service delivery.



Efforts are also being made towards the strengthening of Coordination of the UPMB network through the current three (3) UPMB Regional Offices.



During FY2022/23, UPMB received support for human resources for health activities from 4 partners i.e., Palladium, Mildmay, USAID and CDC.



320

(Health Workers)

In 33 health facilities in 11 dioceses were supported by the Uganda Health Systems Strengthening Activity Project- Palladium.

Table 10: HRH support by Uganda Health Systems Strengthening Activity Project-Palladium

Cadres	Start Number	Staff who left	End Number
Medical Officers	4	0	4
Clinical officers	5	0	5
Lab Technicians	4	0	4
Lab Assists	2	1	1
Enrolled Nurses	38	3	35
Enrolled midwives	21	2	19
Total	74	6	68



UPMB must continuously advocate that the absorbed staff by the government are posted in the health facilities where they are currently working to minimize effects on service delivery by gaps created by leaving staff.

viii. EFACE-E Activity Project-Intra Health

At the start of the year, the project supported 344 health workers in the 7 CDC regions in 69 facilities in 29 districts. By the end of the year, the project supported 388 health workers. The number of supported health workers per cadre are listed below;

Table 11: HRH support by EFACE-E Activity Project-Intra

Cadre	Number
Clinical	133
Laboratory	19
Pharmacy	8
Management	5
Social service	3
Lay	117
Other	103
Total	388



344

(Health Workers)
in the 7 CDC regions in 69
facilities in 29 districts were
supported by EFACE-E
Activity Project
-Intra Health

ix. Human Resources for Health Project-Mildmay

At the start of the year, UPMB through the Mildmay project supported 3 health workers in Namutamba HC III and Lulagala HC III in Mityana district.

x. LSDA

As at 30th June 2023 the LSDA project supported a total of 1,286 staff distributed in 105 health facilities in the Northern, Eastern and South western regions of Uganda. The table below shows the number of health workers and lay workers supported.

Table 13: HRH support by USAID/LSDA

Cadres	Start Number	Staff added	End number
Clinical officers	2	0	2
Enrolled midwives	1	0	1
Total	2	0	3

Region	No. of Facilities supported	HRH	Lay workers	Total
East Central & Eastern	57	168	172	340
Northern	12	239	92	331
South West	36	462	153	615
Total	105	869	417	1286



3

(Health Workers)

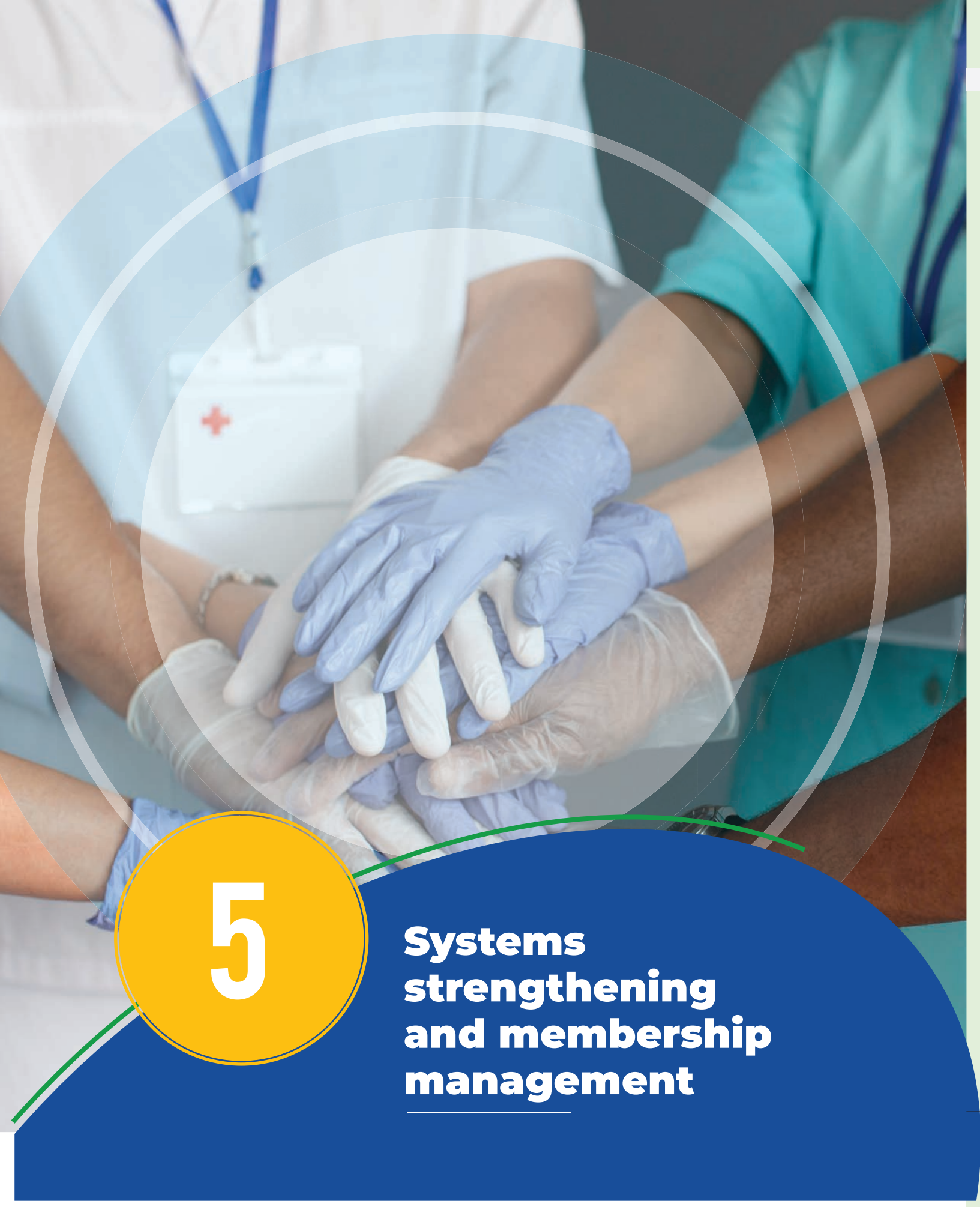
In Namutamba HC III and Lulagala HC III in Mityana district were supported by Human Resources for Health Project-Mildmay through UPMB.



1,286

(Staff)

Were supported by the USAID/LSDA project distributed in 105 health facilities in the Northern, Eastern and South western regions of Uganda.



5

Systems strengthening and membership management

UPMB Human Resources for Health Training and Development

HRM performance Coaching / mentorship / Technical Support supervision for Lower Level Facilities

UPMB conducted onsite technical support to 15 HC IIIIs, 2 Dioceses namely; South Rwenzori and West Buganda, and Rwenzori SDA Field. During the visits, key existing gaps and strengths were identified to help design interventions for support at UPMB level and annual attrition data for staff was collected in all 15 HCIIIs assessed. Some of the issues that need support and further follow up included among others:

- The absence of human resource policy and guidelines at both Diocesan/Field levels
- The health facilities and Diocesan/Field budgets lacked votes for staff education/training support
- Poor records keeping especially for the personnel files for key documents such as appointment letters, job descriptions, appraisal forms, recruitment details etc.
- Absence of established and documented system for CPD/CME Programs at health facilities
- Job Descriptions that overlapped in duties and responsibilities.

UPMB conducted onsite technical support to 15 HC IIIs, 2 Dioceses under the Human Resources for Health Training and Development policy.

Training scholarships for Tutors, Mentors and Clinical Instructors in Health Training Institutions

UPMB through the ring-fenced vote for improving training for Tutors and Clinical Instructors in Health Training Institutions awarded 5 scholarships as highlighted in table below:

Table 14: List of Tutors, Mentors and Clinical Instructors in Health Training Institutions offered scholarships The scholarships awarded totalled to 25 Million Uganda Shillings.

No.	Name	Course	Name Of HTI	Course Applied	Training School
1	Nyesigamukama Roxanah	Clinical Instructor	Rugarama School of Nursing (SNM)	Bachelor in Nursing	Bishop Stuart University
2	Womayi Ivan	Bachelor of Medical Education	Mengo Laboratory School	Bachelor in Med. Education	Mulago Tutors College
3	Nassozi Gladys	PGD Med. Education	Mukono School of Nursing (SNM)	PGD Med. Education	Clarke Int. University
4	Bakulihare John	PG in Med. Education	Kagando School of Nursing (SNM)	PGD in Med. Education	Bishop Stuart University
5	Wazanguhya Rabson	Post Graduate Diploma in Public Admin.& Management	Kagando Laboratory School	PGD Public Admin & Management	Uganda Management Institute



(Scholarships)

Were awarded by awarded by UPMB through the ring-fenced voted for improving training for Tutors and Clinical Instructors in Health Training Institutions.

Training scholarships for in-service health workers

A total of 23 applicants were selected for scholarships award for the application cycle of FY 2022/23 including one supported through JOCs. The awards in this category totalled over 122,182,571 Uganda Shillings. This represented about 22.7% of the total need in applications for 2022/23.



UPMB hereby appreciates the generous support to the scholarship funds basket notably Bread for the World, the Joint Medical Stores and Japanese Overseas Medical Services (JOCS) whose contributions has steadily grown over the past years.



A total of 23 applicants were selected for scholarships award for the application cycle of FY 2022/23 including one supported through JOCs.

Restocking Libraries for Health Training Institutions - Medical Books for Uganda project

During the period in review, UPMB accomplished its longtime goal of restocking all libraries for the 17 health training institutions; thanks to the ever-strong partnership between UPMB and Book Aid International that grew stronger through the project code named 'Medical Books for Uganda'. During the FY 2022/23, funded by GILEAD Sciences Inc., another consignment of medical books consisting of core textbooks in various medical and health disciplines, e-books and cards (with codes for access to online e-learning and teaching literature) and Flash cards arrived in the country. The donation benefitted AMG Bugongi College of Nursing and Midwifery and Uganda College of Health Sciences- Bwindi. This brought a total of 17 member HTIs with restocked libraries since the project started.



UPMB accomplished its longtime goal of restocking all libraries for the 17 health training institutions.



Left: Students of Uganda College of Health Sciences- Bwindi; and **Right:** students of AMG Bugongi College of Nursing and Midwifery appreciating the medical book donations from UPMB with Support from Book Aid International.



We received about 1094 medical books. The books were a pleasant surprise. Not only are they not available for us locally, but also very expensive and beyond our reach since we are a private non-profit institution. We see this as a very big complement to our agenda in medical education and quality health care by getting best practices and modern literature.

- Librarian AMG Bugongi CNM

Pre-service training in UPMB member Health Training Institutions (HTIs)

The 17 UPMB member HTIs were approved to operate as allowed by the Ministry of Education and Sports (MoES) through the Business, Technical, Vocational Education and Training (BTJET) after being inspected and certified for COVID 19 safety precautions. The institutions reported 2,603 students as output in different disciplines at Diploma and Certificate levels, a 1.8% increment from year 2021/22. The medical disciplines included: Midwifery, Nursing, Medical Laboratory Technology, Theatre techniques and Anaesthesia.

Infrastructure development at member Health Training Institutions

During FY 2022/23, several UPMB member HTIs focused on infrastructure development as a way of improving both their objective capacity. Below are some of the highlights:

The 17 UPMB member HTIs were approved to operate as allowed by the Ministry of Education and Sports (MoES) through the Business, Technical, Vocational Education and Training (BTJET)



The Most Rev. Dr. Steven Samuel Kaziimba Mugalu- Archbishop of Church of Uganda officiating at official construction of student's classroom block at Rugarama School of Nursing & Midwifery.



Above, nearly completed structure at Kagando Health Training Institution to house library.

Right: Students hostel at Kiwoko Health Training institute



Above, the artistic impression for inception Dental Vision Clinic at Uganda College of Health Sciences



SPECIAL APPEAL:

UPMB sincerely thanks the management, Governing Councils and Boards of Governors of the teaching hospitals and friends of those institutions for the effort towards this direction of infrastructure development. We hereby call upon Government of Uganda, development partners, group and individual well-wishers to join hands with the above mentioned institutions in supporting financially and otherwise to the full completion and functionality of those structures. Your contributions will always be highly appreciated. For any support, please contact UPMB at: upmbadmin@upmb.co.ug.

Subscription mobilization

The UPMB annual membership subscription fees are tracked on a calendar year basis and the overall performance for the period January to December 2022 being **241/317 (76%)** with a total of **Ugx. 21,760,000/=** collected. The current year (2023) the subscription stands at **226/320 (71%)** with **33,753,000/=** and **15,800,000/=** being for the Annual Operations License fees to the Uganda Medical & dental Practitioners Council (UMDPC) for 102 UPMB MHFs.

Table 15: Health Facility Membership Subscription by Level

Health Facility level	Total No.	Paid Up No.	Amount	%age	Total No.	Paid Up No.	Amount	%age
	2022				2023			
Hospitals	20	16	7,100,000	80%	21	19	8,550,000	90%
HC IV's	11	11	880,000	100%	10	9	1,950,000	90%
HC III	159	124	9,280,000	78%	159	105	13,803,000	66%
HC II	127	90	4,500,000	71%	130	93	9,450,000	72%
Total	317	241	21,760,000	76%	320	226	33,753,000	71%

Table 16: Health Facility Membership by Denomination

CHURCH	Total HF's	2022	Total HF's	2023	%age
Church of Uganda	255	188	259	186	72%
Seventh Day Adventist (SDA)	22	18	21	10	48%
Pentecostal Churches	17	17	17	13	76%
Other Churches	16	12	16	12	75%
Community	4	3	4	3	75%
International Faith	3	3	3	2	67%
TOTAL	317	241	320	226	

Accreditation of HFs

During the year, UPMB network of Member Health facilities grew in compliance with the set MOH guidelines for setting up MHFs and upgrading of health facilities. By end of June 2023, seven (7) new facilities had been added making the total number of member facilities to grow from 313 as of June 2022 to 320. These include a hospital (KIDA Hospital), 2 HC IIIs and 4 HC IIs as indicated in the table below.

Table 17: New Facilities added during the year 2022/23.

DISTRICT	SUB-COUNTY	LEVEL	HEALTH FACILITY	OWNER
LIRA	AGWENG	HC III	HEAVEN OF PEACE (HOPE) HEALTH CENTRE	PENTE COSTAL MANTAL MINISTRIES - LANGO DIOCESE AFFILIATE
BUGIRI	BUWUNGA	HC II	MAWANGA HEALTH CENTRE	MISSION MEDICAL CHURCH OF GOD EA (U)
KABAROLE	RUTEETE	HOSPITAL	KIDA HOSPITAL	KITOJO INTEGRATED DEVELOPMENT ACTION (KIDA) - RUWENZORI DIOCESE AFFILIATE
NTUNGAMO	RWENTOOBO - RWAAHI TOWN COUNCIL	HC III	HOPE COMMUNITY CLINIC RWENTOOBO	WORLD SHINE MINISTRIES - S. ANKOLE DIOCESE AFFILIATE

DISTRICT	SUB-COUNTY	LEVEL	HEALTH FACILITY	OWNER
Rubanda District	KACERERE TOWN COUNCIL	HC II	KACERERE	KIGEZI COU DIOCESE
KABALE	BUHARA	HC II	MUYEBE	KIGEZI COU DIOCESE
Rukiga District	KAMWEZI	HC II	NYAKIHANGA HC II	KIGEZI COU DIOCESE

Through the previous years, UPMB membership has been consistently growing registering a 2.2% increase last year. Below is the table that indicates the UPMB facility accreditation over the years.

Table 18: Health Facilities accreditation across the various years

FY Level	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23	%age
Hospital	18	19	19	19	20	6.6%
HC IV	10	10	10	11	11	3.1%
HC III	88	149	150	157	159	49.7%
HCII	186	126	126	126	130	40.6%
Total	302	304	305	313	320	100%

Health Facilities listed below were recommended to the Ministry of Health for upgrading following their approval with UPMB support by the respective District Local Government as required in the upgrade guidelines;

- i. Double Cure Medical Centre, Mpigi District from level IV to Hospital
- ii. Butiru Chrisco, Manafwa District from level IV to Hospital
- iii. Muhanga COU, Rukiga District from level II to III
- iv. Heaven of Peace, Lira District from level II to III
- v. Joy Hospice, Mbale City from level II to III
- vi. Kateta COU Serere District from level II to III.
- vii. Kitokolo Health Centre, Kassanda District from level II to III

Laboratory service

The UPMB laboratory pillar is an integral component of the health systems strengthening of the bureau linked to all sectors of the public health infrastructure (e.g. disease control and prevention, environmental health, epidemiology, emergency preparedness, and health promotion), and supports all projects as below; -

Laboratory system strengthening and sample/results transport network

The UPMB laboratory pillar conducted technical support and mentorship in the respective key project areas for different UPMB projects, not limited to strengthening Point of care testing, laboratory logistics and Lab SPARS, LQMS, Biosafety training, Clinical diagnostics e.g. TB LAM testing, multiplexing, mPima, Vistect CD4 testing, TB genexpert (23 sites), EID/VL-PCR testing (23 sites), Recency testing, HPV and VL testing using genexpert, syphilis duo, Crag, HTS, GCLP (to non-SLMTA labs), LIMS, reporting, EQA) as well as supporting hub services (4 hubs ie Kalongo, Aber hospital, Rushere, and Nyakibale hub) to strengthen the sample transport and referral network

by; providing stationery, fuel, airtime, and internet. This was done in collaboration with different implementing partners/stakeholders like IDI, Baylor Uganda, TASO, RSHP, MOH/CPHL, RHITES, DHTs, and through the regional mechanism.

Quality Assurance

166 and 69, health facility laboratories under the LSDA, and Eface projects respectively were supported in different EQA schemes i.e. the labs scored 98.3% (1825/1856), 98.8% (406/411), 100% (62/62), and 97.2% (70/72) scores for HIV, TB microscopy, genexpert, and CD4 respectively, as described in the table below.

Note: Corrective action was initiated for failed EQAs with the respective health facilities

Table 19: EQA performance under different projects

Reporting period	HIV Serology testing			TB microscopy			GENE-XPRT			CD4		
	# of labs returned panels to UVRI	# of panels that passed	%Pass	# of participating labs	# of participating labs that passed	%Pass	# of participating labs	# of participating labs that passed	%Pass	# of labs submitted EQA	# of labs that passed	%Pass
Eface												
Q1	158	158	98.7	20	20	100	7	7	100	6	6	100
Q2	170	170	100	22	22	100	5	5	100	9	9	100
Q3	158	158	100	20	20	100	7	7	100	6	6	100
LSDA												
Q1	430	418	97.2	121	120	99.2	15	15	100	13	13	100
Q2	471	459	97.8	128	125	97.7	14	14	100	14	14	100
Q3	469	462	98.5	100	99	99	14	14	100	24	22	91.6
TOTAL	1856	1825	98.32974	411	406	98.78345	62	62	100	72	70	97.22222



Figure 7: Kisaasi HC III receiving a new centrifuge

Equipment and Infrastructure

Through collaboration with different equipment maintenance workshops the regional maintenance teams, Medisell, Caroga, Science-cope, and the National Equipment Calibration Center were supported to ensure maintenance, calibration, and certification of lab equipment including Axillary Equipment such as thermometers, Pipettes, etc across UPMB supported laboratories.

During the year 2022/2023, the Eface project supported 13 laboratories with new centrifuges and 2 new microscopes ie Nabwendo HC III, Rapha Medical Center, Mirembe HC III, St Stephen- Mpererwe, Nyabugando HC III, Hope Clinic, Kisaasi HC III, Kalungi HC III, Kimwanyi HC III, Luytayita HC III, Kabungo HC III, Ngora Hospital, Mitandi HC III, Faith Mulira HC III and Lutete HC II, Kisaasi HC III respectively. Additionally, the UPMB Lab pillar procured 2 microscope lenses for St Martin HC III, Kabungo HC III, and Kalungi HC III.

Through the SUMS II project in collaboration with the World Bank, the following 10 health facilities were supported with both Oxygen concentrators and pulse oximeters: - Ishaka SDA and NTS hospital, Kuluva Hospital, Goli, Northern Kigezi HC IV, Zumbo HC III, Ebenezer HC III, Kei HC III, all saints Kagoma HC II, Muko HC III, and Nyakatara HC III.

The SUMS II project also supported facilities with new equipment e.g. Bethany HC II.



Muko HC III receiving a new oxygen concentrator

The SUMS II project supported different facilities with both/either laboratory, Maternity, Wards, Incinerators, and staff quarters renovation worth 157,364,324/= as shown in the table below.

Table 20: List of facilities that received infrastructural support

Sn	Facility	Scope	Amount (Sh)	Status
i.	Luyitayita HC III	Lab renovation	5,555,000	Complete
ii.	Anyavu HC II	Replacing doors, renovating the ceiling, and wards, and painting	15,000,000	
iii.	Amuria HC II	Refurbishment of maternity, laboratory, and staff quarters	31,483,242	Ongoing
iv.	Bunyiro HC II	building, tiling, floor tiling, plumbing and drainage, ceiling repairs, doors, windows, roofing	20,455,000	Ongoing
v.	Good Shepherd	Renovating staff quarters	19,100,406	Ongoing
vi.	Namalemba HC II	Renovation of maternity, laboratory, and staff quarters	13,000,000	Ongoing
vii.	Ruhija HC III	Equipping Maternity	19,237,676	Ongoing
Viii.	Nabitende HC II	Completion of the laboratory block,	21,000,000	Ongoing
ix.	Naminage HC II	Painting, ceiling, shuttering, plastering, electricity installation	12,533,000	Ongoing
x	10 health facilities (Ruharo Hospital, Kyanya SDA, Kihembo SDA, St Luke HC III, Ayavu HC II, Nampunge COG HC III, Kabaolre Hospital, St Paul HC IV, Kakasi HC III, Muhanga HC III,	Incinerators	72, 000,000	Ongoing
Total			157,364,324/=	



Facility blocks at Amuria HC II (L) and Namalemba HC II (R) under construction

Laboratory quality management system (LQMS)

During the year 2022/2023, Mengo Hospital, Kagando, and Aber Hospital laboratories were supported to attain and sustain international accreditation in the ISO15189:2012- Requirements for quality and competence.

Note: ISO 15189 is a mark of confidence awarded to medical laboratories – an accreditation that proves that the laboratory is dedicated to delivering a proficient and quality service across all aspects of its operation to its clients.

Table 21: Summary of accredited laboratories

Sn	Facility	Accreditation status	Accrediting body
i	Kagando Hospital	Sustained accreditation	SANAS- South African National Accreditation System
ii	Mengo Hospital	Newly accredited	Kenas-Kenya accreditation services
iii	Aber Hospital	To undergo surveillance audit -Oct 23	SANAS- South African National Accreditation System



Mengo Hospital, Kagando, and Aber Hospital laboratories were supported to attain and sustain international accreditation in the ISO15189:2012

SLMTA performance

During the year 2022/2023, 10 laboratory staff were trained, mentored, and assessed in LQMS implementation.

These facilities are assessed in a cohort manner and the laboratory team shall continue to support these laboratories to exhibit improved performance.

10

(Laboratory Staff)
were trained, mentored,
and assessed in LQMS
implementation.

Table 22: SLMTA performance

Sn	Health facility	2021/2022 Scores (Star)	Scores 2023/2023 (Star)
i	Amudat hospital	0	1
ii	Kuluva hospital	0	2
iii	Kiwooko hospital	0	3
iv	Kabarole hospital	0	1
v	Alive medical center	0	1
vi	Ngora Freda carr hospital	0	1
vii	Kumi hospital	0	3
viii	Rushooka,	2	4
ix	Rusheere hospital	2	4
x	Kalongo	1	3

Biosafety-Biosecurity, and Infection Control

During the year 2022/2023, the UPMB lab pillar supported 166 and 69, health facility laboratories under the LSDA, and Eface projects respectively in Biosafety and IPC through mentorships and supplying facilities with PPE in addition to the 51 health facilities that were supported with new waste bins under the SUMS II project.

11. Supply chain function

Uganda Protestant Medical bureau has a two-pronged supply support to all facilities in the network where facilities are supported both from secretariat and Joint medical store.

The supply chain function at the secretariat is a cross cutting component under the Health Systems Strengthening and membership directorate ensuring that all medical programs have the prerequisite essential medicines, health supplies and technologies to provide quality services. Programs supported include HIV prevention, care and treatment, TB, Reproductive health, etc.

For the FY 2022/2023, the supply chain function supported the following activities:

Infrastructure Support: To ensure commodity integrity, UPMB supported mentors on storage management. To close the identified storage gaps, UPMB through the SUMS II project procured and distributed 45 units of closed shelves for mostly lower level facilities.

Through donor support, 52 facilities also received sterilization equipment including sterilizers, drums and gas sets to support VMMC and cervical cancer screening.

166

(Health Facilities)

and 69, health facility laboratories were supported by the UPMB lab pillar under the LSDA, and Eface projects respectively in Biosafety and IPC.

Uganda Protestant Medical bureau has a two-pronged supply support to all facilities in the network where facilities are supported both from secretariat and Joint medical store.

52

(Health Facilities)

Through donor support, received sterilization equipment including sterilizers, drums and gas sets to support VMMC and cervical cancer screening.

Additionally, about 250 facilities received BP machines to support NCD screening. Logistics and Pharmaceutical care Management Technical Assistance and mentorship: For the period under review, UPMB conducted mentorships to member health facilities and project facilities outside the network to build capacity of facility staff in ensuring quality stock and stores management, ordering and reporting, as well as dispensing. During the year, 59.6% of the facilities received in-person technical support while the rest were supported virtually.

The network achieved a 93% order timeliness for all Essential Medicines and Health supplies order types during the review period but overall stock availability for the 41 tracer commodities remained low at 48% as per HMIS105 reporting that looks at stock card balances. There is need for data collected to include stock balance at the dispensing points to get a clear picture of commodity availability.

To improve Availability of family planning commodities and reduce the unmet need, UPMB conducted additional accreditation assessments as per MoH requirements for 25 facilities to enable them access RH commodities through the alternative distribution strategy.

Stock monitoring, information Visibility and commodity availability:

With a goal of ensuring adequate commodity availability, the supply chain function supported online weekly, monthly and bimonthly reporting to ensure information visibility and monitor stock availability. Facilities were supported to mitigate stock outs and wastages through redistributions using the available data.

Additionally, all new member and upgraded facilities were recommended to JMS for all applicable donor commodities such as anti-malarial commodities.

The section continued to engage partners like the supply chain strengthening systems activity to improve access to the Pharmaceutical information portal with new systems like medical audit nearing final stages of being linked to PIP. The team also continued to support existing electronic inventory management systems like Rx Solution that are already linked to PIP achieving an average 58% monthly PIP synching for the 86 enrolled facilities.

Collaboration and coordination: The supply chain function collaborated with national stakeholders during the forecasting and quantification exercise for the donor commodities. It also worked closely with National warehouses to support allocation and distribution of special commodities to facilities. Through collaboration with national stake holder, UPMB supported the onboarding and absorption of the TB_PHC grant.

Additionally, UPMB participated in various national stakeholder engagements like the commodity security technical working group and supply chain performance review and learning activities.



250

(Health Facilities)

received BP machines to support NCD screening.



25

(Health Facilities)

received Reproductive Health commodities after UPMB conducted additional accreditation assessments as per MOH requirements.



All new member and upgraded facilities were recommended to JMS for all applicable donor commodities such as anti-malarial commodities.

12. Monitoring, Evaluation and Learning

The MEL functions continued to be strengthened during the year specifically focusing on the areas highlighted below;

Routine Monitoring, Evaluation and Reporting

UPMB strengthened data management and reporting systems for improved patient outcomes across 320 UPMB sites and other Project supported facilities, NGOs and CSOs. UPMB's overall monitoring, evaluation and learning strategy is hinged on advancing robust patient-level data systems at facility and community level to enhance data generation and use for evidence, learning and improved patient clinical outcomes. The strategy emphasizes building facility teams' capacity to manage HMIS and other partner reports including PEPFAR, Data Quality Assurance, strengthening coverage and utilization of Electronic Information Management Systems, and enhancing Community Health Information Systems.

HMIS Reporting: UPMB has continued to sustain optimal HMIS reporting. By the close of the year, UPMB had attained 100% reporting rates for HMIS 105 and 98% reporting completeness.

To achieve the results, UPMB continued to: support availability and utilization of HMIS tools at the supported facilities; supported M&E Facilities with critical M&E HRH; conducted integrated M&E Technical support and mentorships to support both documentation and reporting; and supported District Health Teams to support both facility reporting and data cleaning.

Utilization of the UPMB MIS: UPMB continued to scale up the utilization of the MIS developed in the previous year to enhance data management and utilization to inform planning and decision making. This has enabled the CSOs reporting for the activities implemented the LSDA project. It has also enabled the UPMB Income Generating units to have their outputs monitored against the targets. This also continued to support the tracking of indicators that are not tracked by the other systems.



Figure 8: On going M&E Technical Support for CSO teams

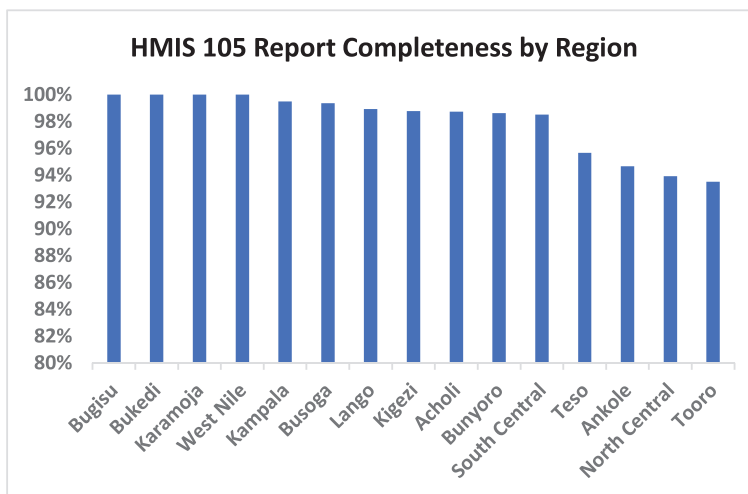


Figure 9: HMIS 105 Report Completeness by Region

Data Quality: Under the USAID/LSD Activity, UPMB along with USAID/SITES Activity a conducted VMMC interagency Data Quality Assessment. The VMMC DQA aimed at: Validating the reported SMC outputs (*13+ year old for Shang Ring and 15+ years old for surgical*); conducting an SMC client audit to establish the circumcision status of SMC clients; assessing adverse events (AE) management process including identification, classification, documentation, and reporting of AEs; assessing linkage of the newly identified HIV positive clients to HIV care and treatment; and assessing the monitoring and evaluation, data management and reporting systems at the facility level.

Under the USAID/LSD Activity, UPMB along with USAID/SITES Activity a conducted VMMC interagency Data Quality Assessment.

DQA Results

Systems Assessment

District	HF Name	IM	Agency	I - M&E Structure, Functions and Capabilities to handle SMC information	II- Understanding of Indicator Definitions and Reporting Guidelines	V - HMIS Tools Availability/Version/Current Stock	III- Data Management Processes	IV - Use of data for decision making	Overall
Kanungu District	Bwindi Community Hospital	UPMB_LSDA	USAID	100%	100%	100%	79%	100%	96%
Kanungu District	Nyakatare HC III	UPMB_LSDA	USAID	100%	100%	100%	79%	86%	93%
Kisoro District	Mutolere Hospital	UPMB_LSDA	USAID	100%	100%	100%	100%	100%	100%
Mbarara District	TASO Mbarara	UPMB_LSDA	USAID	100%	100%	100%	100%	100%	100%
Isingiro District	Kyabirukwa HC III	UPMB_LSDA	USAID	91%	100%	100%	91%	86%	94%
Alebtong District	Aloi Mission HC III	UPMB_LSDA	USAID	100%	100%	100%	100%	100%	100%
Tororo District	TASO Tororo	UPMB_LSDA	USAID	90%	90%	100%	90%	98%	94%
Jinja City	TASO Jinja	UPMB_LSDA	USAID	100%	100%	100%	100%	100%	100%
Bukwo District	Bukwa HC IV	UPMB_LSDA	USAID	88%	90%	100%	95%	98%	94%
Overall UPMB_LSDA				97%	98%	100%	93%	96%	97%

Data Verification

District	HF Name	Number of SMC clients circumcised										
		Forms	Register	EMR	HMIS105 DHS2		DATIM	Register	EMR	HMIS105 DHS2		DATIM
		N	N	N	N	N	N	VF%	VF%	VF%	VF%	VF%
Kanungu District	Bwindi Community Hospital	541	543	20	544	544	544	0.4	-96.3	0.6	0.6	0.6
Kanungu District	Nyakatare HC III	587	587	13	587	479	479	0.0	-97.8	0.0	-18.4	-18.4
Kisoro District	Mutolere Hospital	62	62	62	62	62	62	0.0	0.0	0.0	0.0	0.0
Mbarara District	TASO Mbarara	703	704	398	704	704	704	0.1	-43.4	0.1	0.1	0.1
Isingiro District	Kyabirukwa HC III	1,341	1,347	2	1,348	1,348	1,348	0.4	-99.9	0.5	0.5	0.5
Alebtong District	Aloi Mission HC III	491	491	0	491	491	491	0.0	-100.0	0.0	0.0	0.0
Tororo District	TASO Tororo	298	294	294	298	298	298	-1.3	-1.3	0.0	0.0	0.0
Jinja City	TASO Jinja	615	615	615	609	615	615	0.0	0.0	-1.0	0.0	0.0
Bukwo District	Bukwa HC IV	496	496	0	496	496	496	0.0	-100.0	0.0	0.0	0.0

Client Follow up

District	HF Name	Follow up within 14 days										Follow up - Visits				%Follow up - Visits			
		Register		EMR	HMIS105 DHS2		DATIM	EMR	HMIS105 DHS2		DATIM								
		N	N	N	N	N	VF%	VF%	VF%	VF%	48 hours	3-7 days	8-14 days	>14days	48 hours	3-7 days	8-14 days	>14days	
Kanungu District	Bwindi Community Hospital	543	20	543	544	544	-96.3	0.0	0.2	0.2	543	331	61	18	100.0%	61.0%	11.2%	3.3%	
Kanungu District	Nyakatare HC III	587	13	587	479	479	-97.8	0.0	-18.4	-18.4	587	587	0	0	100.0%	100.0%	0.0%	0.0%	
Kisoro District	Mutolere Hospital	62	62	62	62	62	0.0	0.0	0.0	0.0	62	62	0	0	100.0%	100.0%	0.0%	0.0%	
Mbarara District	TASO Mbarara	704	398	704	704	704	-43.5	0.0	0.0	0.0	643	704	704	0	91.3%	100.0%	100.0%	0.0%	
Isingiro District	Kyabirukwa HC III	1347	0	1348	1348	1348	-100.0	0.1	0.1	0.1	1347	1347	1347	0	100.0%	100.0%	100.0%	0.0%	
Alebtong District	Aloi Mission HC III	491	0	491	491	491	-100.0	0.0	0.0	0.0	491	491	491	0	100.0%	100.0%	100.0%	0.0%	
Tororo District	TASO Tororo	294	294	298	298	298	0.0	1.4	1.4	1.4	298	298	298	0	101.4%	101.4%	101.4%	0.0%	
Jinja City	TASO Jinja	615	615	615	615	615	0.0	0.0	0.0	0.0	615	615	615	0	100.0%	100.0%	100.0%	0.0%	
Bukwo District	Bukwa HC IV	279	0	279	279	279	0.0	0.0	0.0	0.0	496	496	496	0	177.8%	177.8%	177.8%	0.0%	

From the assessment, UPMB scored an average of 97% for VMMC Systems assessment, data verification for VMMC_CIRC was within range of < 5% and there was evidence of client monitoring at 48 hours. 3-7days and 8-14days.

13. Information Technology (IT)

UPMB through its Information technology (IT) section supported the ever-growing Information & Communication Technology infrastructure which has electronic systems both at the secretariat and the health facilities. The support was also extended to the other key stakeholders including Diocesan Health Coordinators (DHCs), and District offices, both physically and through remote support.

Microsoft Dynamics Business 365, Navision Enterprise Resource Planning (ERP):

UPMB continued to maximise the functions of Navision to support the finance, administration and human resource, procurement and logistics. This has made requisitions, tracking of transactions and approvals easy thus promoting effective utilization of resources.

UPMB through its Information technology (IT) section supported the ever-growing Information & Communication Technology infrastructure which has electronic systems both at the secretariat and the health facilities.

Implementation and utilization of Health Information Systems:

UPMB with support from USAID is supporting a total of 192 (75% of the 256 ART supported Sites) health facilities to implement electronic information management systems.

UPMB through the USAID/ LSD Activity and the CDC EFACE Project obtained additional computer hardware from USAID under METS to support scaleup of EMR coverage. These included; 43 Server Machines, 50 Computers and 38 Laptops. The UPMB also received an additional 79 Tablets to scaleup EMR mobile. The received equipment facilitated UPMB to increase its EMR Coverage to 75%.

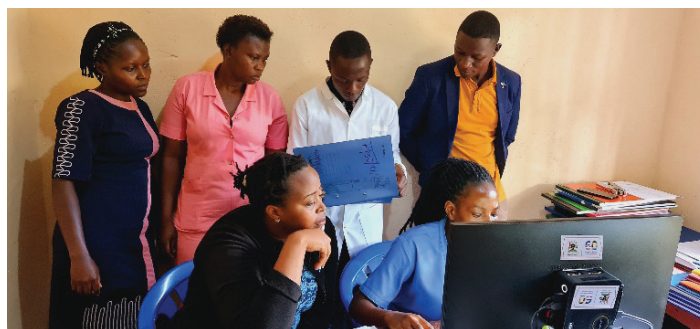


Figure 10: Induction of Facility teams to EMR

Preventive Maintenance and Servicing:

The I.T section has maintained the hardware and software that is laptops, desktops, printers to mention but a few by periodically doing checks on them such as diagnosing faulty software and also hard-ware such as faulty hard disks and RAM.

Antivirus updating and software checks are also done to avoid cyber-attacks and threats with the Firewall securing the network.

14. Communications

The communications function implements one of the major blocks of the UPMB strategic plan - Enhanced visibility through effective Branding and Advocacy using innovative solutions. The office supports all projects including; HIV, Family Planning, Human Resources for Health, Health Systems strengthening projects and Noncommunicable Diseases. The office also manages UPMB's communication channels. Some of the critical communications activities during the year included;

Branding and Visibility Enhancement: The UPMB management was part of guests invited to the consecration and enthronement of four Bishops for the Dioceses of; North Karamoja, Mukono, North Kigezi and Muhabura. The consecration brought together top government officials, business entities, donors and community members. This provided UPMB a platform to strengthen partnerships with the church through creating awareness of UPMB services such as UPMB/KIDO insurance, Optical services and therefore enhancing UPMB Visibility. UPMB branding and visibility was enhanced during the year through a number of information education and communication (IEC) materials that were used and shared with different stakeholders at various events throughout the year.

North Karamoja Diocese



The Archbishop introducing Bishop Simon to the congregation, Right: UPMB banners for visibility.



North Kigezi Diocese



Left: The Archbishop introducing the newly consecrated Bishop Onesimus Right: Bishop Onesimus with his wife Maama Florence



Left: North Kigezi HC IV offered health services at the consecration

Other branding and visibility opportunities

7 Radio talk shows: 3 - Capital FM and 4 - Namirembe FM	4 Newsletters were designed and uploaded onto the UPMB website to enhance visibility	131 UPMB-Facility branded uniforms procured and distributed to Lower-Level health facilities.	850 reading glasses given to Uganda Martyrs Day pilgrims on 3 rd June at Namugongo Anglican shrine. A 13% increase in reading glasses distributed compared to last year.
500 Calendars 250 Christmas cards 250 UPMB branded pens, 250 UPMB branded gift bags.	200 Diaries for 2023 100 UPMB branded folders 250 UPMB branded notebooks	30 Glass Plaques produced for awards ceremony at the annual symposium	250 copies of UPMB annual report 2021/2022 designed and printed. 3,000 posters for EBV were printed and distributed to health facilities.

Social Media Engagement

1. The number of our followers on the UPMB twitter handle has increased to 720 from 608
2. 20 posts on the UPMB twitter account
3. Traffic on UPMB website rose to 12,338 visitors and 31,154 hits during the year

UPMB and UCMB organized a joint farewell luncheon for the outgoing CDC Country team Lead, Dr Lisa. The UPMB Executive Director, Dr Tonny Tumwesigye delivered a vote of thanks and handed over a gift to Dr Lisa. This gesture of gratitude was to appreciate Dr Lisa and CDC at large for all the support to UPMB.



Pilgrims at the UPMB Optical tent



Pilgrims after receiving their glasses

"This is my fourth time in Namugongo and I have been receiving free glasses from UPMB.

*I thank UPMB for giving us glasses free of charge and pray that the LORD blesses them,
Ms Frans Nalule Mutebi.*



UPMB participated in the International Women's Day celebrations where H.E was the Chief Guest, and so many other stakeholders present. UPMB's visibility was very evident.

Farewell to the CDC Country team Lead, Dr Lisa



UPMB and UCMB organized a joint farewell luncheon for the outgoing CDC Country team Lead, Dr Lisa. The UPMB Executive Director, Dr Tonny Tumwesigye delivered a vote of thanks and handed over a gift to Dr Lisa. This gesture of gratitude was to appreciate Dr Lisa and CDC at large for all the support to UPMB.



6

Finance and Administration Management

Finance and Administration management

The mandate of the department is to offer support to the organization through the provision of excellent services, consistent with professional standards, statutory requirements and organizational policies. The section focuses on the Secretariat staff support to Human resources for Health for member Health Facilities and Administration. The year 2022/2023 has seen the department achieve major milestones both at UPMB Secretariat and regional offices, as a support role and as an integral role in the strategic plan. The main objective of the department is to have the right people in the right place at the right time. In order to achieve this, UPMB has retained competent staff to further the vision of UPMB.

Staffing

As at 30th June UPMB had a total of 159 staff, with 123 as full time and 36 as temporary staff. Although a few staff exited contributing to a 3% turnover rate. However, by the end of the year all vacant posts had been filled.

UPMB is a non-discriminatory organization that has a staff establishment that consist of competent staff that have were recruited following the recruitment guidelines. These include staff at UPMB headquarters, staff in the 6 regional offices ie Northern, Eastern, Rwenzori, South Western, West Nile, Soroti and dedicated field teams premised at different facilities.

Capacity building

Human resource development is the integrated use of training, organization, and career development efforts to improve individual, group, and organizational effectiveness. HRD develops the key competencies that enable individuals in organizations to perform current and future jobs through planned learning activities.

Human resource development at UPMB includes orienting an employee after he/she is recruited, providing opportunities to learn new skills, distributing resources that are beneficial for the employee's tasks, and any other developmental activities.

This set of processes within the HR department is critical to employee onboarding and retention. Without proper training, employees cannot succeed. Without learning and development of personal and professional skills, employees grow stale and stagnant.



• **159**
(UPMB Staff)
As at 30th June

• **123**
(UPMB Staff)
As full time

• **36**
(UPMB Staff)
As temporary

• **3%**
(UPMB Staff)
Exited



Human resource development at UPMB includes orienting an employee after he/she is recruited, providing opportunities to learn new skills, distributing resources that are beneficial for the employee's tasks, and any other developmental activities.

In line with that, UPMB offered learning skills and development opportunities to individual staffs and to group capacity development trainings. The table below shows the trainings conducted in the year.

During the year UPMB organised a staff retreat that focused on upholding togetherness and promoting teamwork. The meeting also focused on life skills through team building games and activities. The increasing competition and expectation as regards to performance, long working hours and cost of living were contributing to increased stress levels at work. We noticed that work life balance is becoming increasingly difficult as well.

The life skills through games and team building came in handy to mitigate such negative effects of stress.

UPMB staff at their Life skills training and team building retreat



From the games, teamwork towards success was the major highlight. We believe that these key lessons were transferred to the daily work which contributed to great success.

Other key achievements include;

- i. The department supported its regional offices in Gulu, Jinja and Mbarara, West Nile, Rwenzori and Soroti. All offices are functional with technical and administrative staff per region implementing the HIV project in both UPMB and none UPMB facilities.
- ii. The department supported major renovations for its estates, refurbishment was made on UPMB buildings that is housing Ndejje university together with the optical unit.

16. Procurements

The Directorate supported the procurement of goods and services for the different projects as listed below.

Printers (3) | Power backup system (2) | Desktops (32) | UPS Power Backups (33) | Peak flow meters (58) | Peak ow mouth pieces (10000) | Weighing Scales (29) | Rechargeable batteries (400) | Blood pressure machines (200) | Automatic Lens Edger (1) | Land cruiser hardtop vehicles (2) | Microscope (1) | Smart mobile phones (10) | Retinoscope (1) | Filing cabinet with central lock (2) | Oce desk with xed drawer (2) | Low back fabric chair (3) | Smart mobile phones (13) | Vehicle trackers (2) | Desk phones (2) | Grooving and hand edger machines (2) | Glass cabinet (1) | Inverter IT Spare Part kit (1) | Changing Toilets (1) | Microscope Lens (2) | Vaginal speculums (65) | Alarm systems (3) | Cameras (3) | Thermo-coagulators (3) | Shelving units (45) | Tear drops (5) | Pull up banners (5) | Air Conditioner (1)



17. Grants Management

UPMB implemented 10 grants from multiple development partners including USAID, CDC, Bread for the World, AstraZeneca and European Union at both Prime and Sub recipient / sub- grantee level. Using these grants, UPMB provides services to 94 districts of Uganda. Below is the budget performance analysis for the various projects during July'22 -June 2023.



Grants/Budget Performance:

Table 26: UPMB Grants implemented July'2022 – June'2023.

Project Name	Start date	End date	Budget July 22 - June 23	Actual July 22- June'23	%ge burn rate	Remarks
ASTRAZENECA	July 2020	renewed 1 year	1,080,000,000	1,181,945,000	109%	
BFDW-SUMS	1 December 2020	31-May-24	2,401,554,574	1,579,097,000	66%	
DINU	10 January 2020	31-Dec-22	290,701,249	324,277,000	112%	Closed
EFACE	2020	2025	10,874,206,800	9,145,959,000	84%	
MILDMAY HRH	2013	on going	48,914,985	87,745,000	179%	Closed
ACEFORT	1 April 2018	30 Sept'22	1,020,561,059	1,102,908,000	108%	Closed
PALLADIUM-HRH	1 December 2019	30 November 2024	1,373,526,599	1,312,917,000	96%	

Project Name	Start date	End date	Budget July 22 - June 23	Actual July 22- June'23	%ge burn rate	Remarks
PATHFINDER	1 April 2020	5 Sep' '24	744,196,065	537,978,000	72%	
USAID/LSDA	August 2020	August 2025	36,300,916,080	42,464,324,000	116.98%	
NORVATIS FAMILIA II	1 year, renewable		198,000,000	124,554,000	63%	
Total			54,332,577,411	57,861,704,000	106%	

Summary Performance Highlights

Three grants were renewed/extended including EFACE, LSDA, Bread for the World, while some projects duration ended and thus closed. The closed projects included ACE Fort, DIFAEM, Mildmay HIV and TASO-Soroti HIV projects.

During the period, most projects received funds on time and were able to have uninterrupted implementation and achieve programme targets. There was improvement in the sub grant finance staff managing the various projects from grants periodical reviews and organizational internal audit discussions and resolutions of findings. The SRs have implemented most audit findings and thereafter endeavoured to observe good financial practices.

In addition, the various projects conducted training in finance management, finance reporting, Cost principles Budget and workplan development, Fraud prevention and integrity, Cost share and VAT reporting.

There has been a lot of adaptation to new strategies and learning to manage cost containment arising from reduced budget allocation, with increased scope of work. It remains a challenge to facilities that have high HRH previously supported by the projects.

A few Specific highlights on some projects is provided below.

a) USAID / Local Service Delivery Activity (LSDA)

Grants Management:

During the year, the Activity sub-granting continued with engagement of the 3 consortium partners, Baylor, IDI and MARPI; 34 sub granted PNFP health facilities, direct support continued to 124 Non-sub granted facilities and subgrant to 25 CSOs. These operate across all the five USAID regions.

Sub grant agreements were modified to increase obligated funds for project implementation. Performance reviews were done on a quarterly basis at both central and regional levels. These redirected improvement plans and technical support provided accordingly. Based on these, a number of facilities requested

3

(Grants)

Were renewed/extended including EFACE, LSDA, Bread for the World

“

ACE Fort, DIFAEM, Mildmay HIV and TASO-Soroti HIV projects closed/ ended.

3

(Consortium Partners)

Baylor, IDI and MARPI were involved with UPMB in the activity of sub-granting.

“

34 sub granted PNFP health facilities, direct support continued to 124 Non-sub granted facilities and subgrant to 25 CSOs.

for budget re-allocations in a bid to refocus, mitigate and catch up in areas of low performance.

Sub grants funds utilization was good, with average burn rate at 95%, showing optimal budget utilization by facilities. The average burn rate for the consortium partners on the other hand was 97.2%, while the CSOs were also over 90%.

The grants team supported sub granted facilities through the USAID Single Audit / External audit by making all reconciliations of sub grant funding and providing information required to execute the exercise.

Human Resources for Health: Support was provided to a total of 1,158 Health workers and various categories of Lay workers including Peer mother and YAPS. in 113 health facilities.

Field Bureau Collaboration: The Activity continued to engage the Diocesan Health Coordinators (DHCs) for UCMB, UMMB and UPMB to participate and collaborate, providing coordination to their member facilities. Joint supervision and coordination team comprising regional and SMT members met with a number of DHCs in EC and E including Jinja, Kotido, Lira, Gulu UCMB Dioceses to strengthen coordination.

Capacity building and Training of Health Facilities in grants management: Facilities continued to receive training, mentorships and coaching in various areas including finance reporting, fraud prevention and reporting, cost share reporting, VAT reporting, workplan and budgeting and budget variance analysis. Follow up on previous audit findings was done and various issues raised were resolved. A capacity building plan for the sub recipients was developed for use by individual health facilities. Joint technical and finance monitoring visits / onsite support were done in all regions and performance gaps addressed with the facilities management teams.

There has been notable improvement in coordination, technical and finance performance whenever the joint SMT and regional supervision teams visit facilities. The facility visits enhance further collaboration by teams and the various project issues at all levels are resolved. They improve compliance on deliverables, relationships and stakeholder management.

LSDA technical and grants staffs continued to provided hands on mentoring and coaching in both activity implementation and finance reporting respectively to the CSO/CBOs staff to close gaps identified from expenditure voucher reviews and technical implementation.



The grants team supported sub granted facilities through the USAID Single Audit / External audit by making all reconciliations of sub grant funding and providing information required to execute the exercise.



Facilities continued to receive training, mentorships and coaching in various areas including finance reporting, fraud prevention and reporting, cost share reporting, VAT reporting, workplan and budgeting and budget variance analysis.



REPORT OF THE INDEPENDENT AUDITOR (Continued)

Directors' responsibilities for the financial statements (Continued)

In preparing the financial statements, the directors are responsible for assessing the Organisation's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Organisation or to cease operations, or have no realistic alternative but to do so.

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.

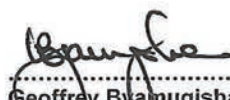
As part of an audit in accordance with the ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- 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 the 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 Organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' 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 Organisation'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 Organisation to cease to continue as a going concern.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The Engagement Partner on the audit resulting in this independent auditor's report is CPA Geoffrey Byamugisha – P0231.


 Ernst & Young
 Certified Public Accountants of Uganda
 Kampala


 Geoffrey Byamugisha
 Partner

24 November 2023

**UGANDA PROTESTANT MEDICAL BUREAU
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2023**

		2023 USHS '000	2022 USHS '000
	Note		
Grant income	3	56,709,866	57,096,984
Optical department income	4	1,284,954	1,047,787
Rental income	5	271,893	296,610
Other income	6	<u>4,692,875</u>	<u>275,429</u>
		<u>62,959,588</u>	<u>58,716,810</u>
Expenditure			
Governance costs	7	(55,312)	(84,111)
Direct project expenditure	8	(56,748,991)	(55,057,147)
Other operating and administrative expenditure	9	<u>(3,475,656)</u>	<u>(2,783,232)</u>
		<u>(60,279,959)</u>	<u>(57,924,490)</u>
Surplus for the year		<u>2,679,629</u>	<u>792,320</u>

The financial statements were approved by the Board of Directors on 16 November 2023 and were signed on its behalf by:

.....
Director

.....
Director

UGANDA PROTESTANT MEDICAL BUREAU
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

	Note	2023 USHS '000	2022 USHS '000
ASSETS			
Non-current assets			
Property and equipment	11	3,300,876	3,378,745
Prepaid lease	12	78,269	79,619
Equity instruments investments	13	<u>1,657,924</u>	<u>2,197,697</u>
		<u>5,037,069</u>	<u>5,656,061</u>
Current assets			
Inventory	14	104,748	86,986
Receivables and advances	15	3,487,282	3,171,021
Debt instruments investments	16	3,087,791	355,582
Cash and bank balances	17	<u>2,774,939</u>	<u>2,608,008</u>
		<u>9,454,760</u>	<u>6,221,597</u>
TOTAL ASSETS		<u>14,491,829</u>	<u>11,877,658</u>
ACCUMULATED FUND AND LIABILITIES			
Accumulated fund			
Capital fund		3,379,145	3,458,364
General fund		<u>6,207,083</u>	<u>3,527,454</u>
		<u>9,586,228</u>	<u>6,985,818</u>
Current liabilities			
Deferred income	18	1,845,466	2,158,507
Payables and accruals	19	<u>3,060,135</u>	<u>2,733,333</u>
		<u>4,905,601</u>	<u>4,891,840</u>
TOTAL ACCUMULATED FUND AND LIABILITIES		<u>14,491,829</u>	<u>11,877,658</u>

The financial statements were approved by the Board of Directors on 16 November 2023 and were signed on its behalf by:


.....
Director


.....
Director

7

Internal Audit Function

Internal Audit Function

UPMB Internal Audit Mandate

As guided by UPMB Internal Audit Charter, Internal Audit Department was designed to enhance and protect UPMB's value and improve its operations by providing an independent, objective assurance and consulting activity. UPMB recognizes the Internal Audit Department as a strategic unit and therefore the Department helps it to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control, and governance processes.

The Internal Audit Department is fully functional with relevant policy frameworks and competent staff led by the Chief Internal Auditor and it has a well-defined functional and administrative reporting relationship with the Board Audit Committee and the Executive Director respectively. The department executed an approved audit plan and performed its tasks in accordance with International Standards for the Professional Practice of Internal Auditing that are issued by the International Internal Audit Standards Board (IIASB).

UPMB- Audit Department Quality Improvement program

Internal Audit Department carried out the quality improvement program to assess its performance after every end of an audit exercise, the assessment helped the Department to improve and serve auditees/audit clients in a way that adds value for future audits. The results from the post audit survey indicated an overall high satisfaction meaning the audited entities appreciated the value added by the Internal Audit work.

Improved Risk management processes.

The Internal Audit Department coordinated an organization-wide risk management process through updating the Departmental risk registers. A regular and continuous risk monitoring and reporting was done for purposes of tracking and evaluating the magnitude of the existing risks, to establish any positive or negative trends, capturing of emerging risks, review of performance of the existing mitigation measures and suggestion of alternative interventions. Therefore, internal audit Department coordinated a proactive approach for timely detection, prevention, and treatment of any threats that could have resulted into the adverse consequences to achieving of UPMB strategic objectives.



Performance Against Targets for the FY 2022-2023

The department performed at 69% of the approved internal audit work plan, this was lower than the previous year 84% of the planned audit activities but it was attributed to the staff turnover in the Department. During the year the department executed the following audits.

1. Five (5) Secretariat audits including LSDA project, Fleet Management, Pathfinder project, AstraZeneca project and Optical unit.
2. 30 LSDA sub-grantees and 16 CSOs out of the planned in the southwestern, Northern, and Eastern Regions.
3. Five (5) E-EFACE Projects Sub-grantees including Nampungu HC, Wentz Medical Center, St Apollo HC, Double Cure Hospital, Kisasi COU Clinic.
4. Various follow-ups on implementation of the prior year's audit queries were also conducted.

Some notable improvements during the year.

Internal Audit Department has contributed to the following notable improvement for both UPMB Secretariat and its implementing partners.

1. Improved accountability and transparency especially for UPMB and its implementing partners receiving funding.
2. There is a participatory risk management approach where different Departments are now engaged in the risk management.
3. There is an improved compliance level with relevant laws and regulations, and donor requirements by the sub-grantees and UPMB.
4. Efficiency and effectiveness of resource utilization by the sub-grantees to optimize resource allocation and use of sub-granted funds more efficiently, ultimately leading to a stronger impact on the beneficiaries.

A hand giving a thumbs up, with a stethoscope draped around it. The image is framed by concentric circles, with the innermost circle being white and the outer ones being light blue. The background is a light-colored fabric, possibly a lab coat.

8

Quality Improvement & Learning

Quality Improvement and Learning



24. Collaboration / Partnerships

Building strategic partnerships with stakeholders of common interest is vital for initiating synergies and optimizing resources for better outcomes and performance. UPMB embarked on building new relationships to broaden its scope while at the same time maintaining some of the old relations. Development partners were among the strategic partners that UPMB collaborated and coordinated with in the realization of its strategic objectives. Key among them were; USAID, CDC, Bread for the World, Book AID International, Gilead Sciences Inc., Palladium, Novartis, AstraZeneca and Pathfinder International. Other key stakeholders included; the Church of Uganda, Medical Bureaus – Uganda Muslim Medical Bureau and Uganda Catholic Medical Bureau, USAID Implementing partners – Uganda Health Activity, Local Partner Health Services.



25. Learning and adaptation

Organizational learning breeds innovation which in turn leads to organizational growth and development. UPMB strives to ensure that its staff and network of health facilities are abreast with the emerging trends and changes in medical practice, leadership and governance and project management. The Quality Improvement and Learning team organized a series of continuous professional development (CPD) learning sessions to share knowledge with the teams at the member health facility and secretariat. These sessions included; Stakeholder mapping and analysis, documentation of project Lessons, abstracts and success story writing for learning and visibility. Similarly, the M&E team organized CPDs on; Introduction to MS-EXECEL Analysis, Introduction to GIS and Spatial Analysis, EMR: HIE for Recency Testing & Cohort Builder. Project team were oriented on success story writing with focus on how to identify areas to document success and how to structure ideas to make a good story. The CDP attracted over 50 participants coming from within UPMB and health facility teams. These CPDs have enhanced staff knowledge and subsequently improved internal process and program performance.



UPMB also made presentations at the weekly USAID Quality Improvement IP meetings. The organization shared progress on the running QI collaboratives, root causes for the identified gaps, lessons and best practices. Successfully tested change packages were scaled up and adapted at the UPMB supported facilities. The weekly QI meetings attract all USAID implementing partners in the HIV/AIDS response.

Coaching and Mentorships

Knowledge is power and those that harness it, achieve greater heights. It's for this reason that UPMB conducts regular site visits to mentor and coach facility teams on how to do things the right way for better results and good performance. In the period under review, UPMB conducted four targeted mentorships to 74 PNFP health facilities. The key objective of these visits was to: To build the capacity of the facility teams to implement the CQI collaboratives of - Continuity on Treatment, PMTCT - and update of the national QI database; To promote audit tool utilization in service provision and timely update; To update the TB collaborative with focus on Treatment Success Rate and Cure Rate; To review running CQI projects and identify any new service gaps requiring quality improvement. Vital knowledge and information were passed onto the staff at these facilities in order to bring about process and system level change.

Quality Improvement Review/Learning Meetings:

UPMB took part in learning sessions organized by partner organizations like USAID RHITES mechanism, Uganda Family Planning Activity and CDC Uganda. The organization also collaborated with other key partners present in districts and regions where it operates to organize weekly/ monthly quality improvement learning sessions where PNFPs health facilities were invited to share their experiences but also learn from the rest of the health facilities in the regions. These learning sessions mainly took place in Lango and Acholi regions. These meetings also attracted the participation of the Regional Referral Hospitals of Lira and Gulu.

Learning sessions were organized for prioritized health facilities for the ongoing national QI collaboratives. These sessions were on Paediatrics and adolescents, PMTCT, continuity on treatment, TB/HIV and utilization of audit tools to improve quality of care for HIV/AIDS services. These were weekly learning sessions and they each run for about 6 weeks on average attracting participants from over 70 health facilities.

Subsequent learning sessions shall be organized to share experiences on what is working and what does not work.

26. Success story/ Abstract

During the review period, UPMB participated at national and international conferences at which the organization showcased its works; successes, lessons and best practices. The organization was also able to network, bench mark and learn from the other conference participants. Key among the conferences attended included; ACHAP, International AIDS Society (IAS) conference, National Tuberculosis Conference and National Quality Improvement Conference.



Table 28: National and International conferences attended

No. Abstracts Presented	Event	Date	Location
4	African Christian Health Association Platform (ACHAP)	10 – 15 July 2022	Kigali, Rwanda
4	International AIDS Conference 2022	29 Jul – 2 August 2022	Montreal, Canada
2	National Tuberculosis Conference	7-8 December 2022	Kampala, Uganda
6	National Quality Improvement Conference	13 – 16 December 2022	Kampala, Uganda
2	The PEPFAR Uganda 2023 Science Summit on HIV and TB	31 January 2023 - 1 February 2023	Kampala, Uganda
1	INTEREST 2023	9-12 May 2023	Maputo, Mozambique

Quality Improvement Projects/ Collaboratives: UPMB has a strong presence and footprint in the national quality improvement initiatives coordinated by the Ministry of Health.

This financial year, the scope of QI collaborative increased and this came along with increased support through onsite mentorships and coaching, updating the national QI database/dashboard and coordinating and conducting learning sessions. UPMB with support from various partners and supported health facilities are managing various quality improvement projects/ collaboratives as highlighted below.



9

Institutional Opportunities & Challenges

Institutional Opportunities and Challenges



Opportunities:

1. The institutional growing experience and achievements in project implementation coupled with the member facility network provide an opportunity to attract more funding for global priority areas for programing and research.
2. Rich experience and knowledge on Health financing provide an opportunity for UPMB to grow its own network of schemes and support sustainability for member health facilities.
3. The UPMB member facilities present an opportunity for networking and learning to improve the quality of care, resource mobilization and sustainability, operational research and governance.
4. The experience gained operating the optical clinic as a niche is an opportunity to expand eye care as a franchise beyond the two existing clinics
5. Quality improvement can be strengthened in the UPMB network through the SUMS II project and a network Quality Improvement framework.
6. Increased generation and dissemination of knowledge products through ongoing national virtual meetings, conference presentations, the UPMB website and other social media platforms will enhance cross learning within the institution and network and provide visibility for UPMB.



Challenges:

The organization faced some few challenges including

1. The ever-reducing funding for projects and increasing cost of implementation affects achievement of project targets with fidelity especially for resource intense interventions
2. Physical engagement of project partners/member health facilities for performance reviews has not been possible at regional or national level due to financial constraints.
3. Limited staff to market and mobilize members for the UPMB insurance scheme. Insurance is a game of numbers and if numbers are low the scheme is bound to make deficits.
4. High staff turnover at PNFP health facilities creates a capacity drain affecting service quality and sustainability of gains made and best practices.
5. Suboptimal HIV case identification among children and adolescents.
6. Limited access to NCD commodities among PNFP health facilities is affecting client retention and preference for point of care.
7. Infrastructure development remains a significant constraint to member health facilities affecting delivery of health services.

Way Forward

1. Plan for integration of project activities, use best practices and leverage on existing partnerships to reduce cost of project implementation.
2. Utilize more virtual engagements to reach member health facility teams
3. High staff turnover at PNFP health facilities. Mitigated through continuous mentorship of new staff and shifting tasks to lay workers to cover emerging service delivery deficits.
4. Suboptimal case identification among children and adolescents to be mitigated through optimizing implementation of high yielding case finding interventions for CALHIV.
5. Leverage PHC funds, district NCD commodities and provide client education for prevention to alleviate the challenge of access to NCD medicines.
6. Establish a health infrastructure subcommittee to support infrastructure development for member health facilities.

“Preferred Christian Health
Care Partner for
Sustainable services.”

UGANDA PROTESTANT MEDICAL BUREAU (UPMB)

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