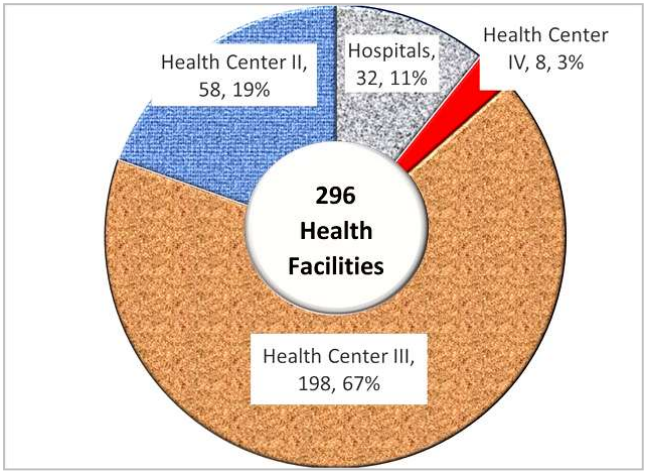
UGANDA CATHOLIC MEDICAL BUREAU – CONTRIBUTION TO THE UCS CORPORATE REPORT –
JANUARY - DECEMBER 2018

INTRODUCTION

The performance of UCMB and the overall Catholic health network contribution to Uganda's health sector performance together reflect the coordination and technical support efforts of the department. The number of health facilities founded by the Catholic Church and accredited by Uganda Catholic Medical Bureau (UCMB) increased from 294 in 2017 to 296. One more health facility in Kampala Archdiocese is in the process of getting accredited. The Health Training Institutions (HTI) remained 15.



The health facilities comprised of 32 hospitals, 8 health centres level IV, 198 health centres at level III, and 58 health centres level II. Each of the 19 dioceses has a Diocesan Health Coordination Department managed by a Diocesan Health Coordinator.

Collectively, the Catholic health facility infrastructure constitutes 25% of the hospitals and 8% Lower Level Units (LLUs) in Uganda.

The UCMB-accredited hospital beds account for 27.5% of total national hospital bed capacity (*DHIS2 Feb., 2018*). Among the 32 hospitals, there are 2 specialized ones—Holy Innocents Children's Hospital in Mbarara and Benedictine Eye Hospital in Tororo.

The UCMB also coordinates 15 Health Training Schools (HTS) (for human resource production of nurses, midwives, laboratory personnel and theatre assistants).

PLANNED ACTIVITIES AND IMPLEMENTATION STATUS FOR 2018

The planning and implementation of UCMB activities at office and support to the network are structured along health systems building and strengthening blocks. The activities include coordination, mentorship, provision of technical support and guidance in leadership, governance and management, health financing, affordable quality service delivery, human resources for health, information and information management, and Essential Medicines and Health Supplies (EMHS) management.

The network's EMHS activities are conducted collaboratively with the Joint Medical Store (JMS).

The planned activities are also meant to feed into the following strategic plan objectives of the Department:

a) Deep understanding of customers and stakeholders and offering responsive services, e.g., HSS needs, through R&D
b) Strengthening research and development
c) Strong brand positioning and marketing, advocacy and lobby
d) Capacity building – both online and off-line (governance, ICT, e-tools, research, M&E, and technical expertise along all HSS blocks)
e) Strengthening coordination of service delivery
f) Strengthening overall business development capability

Report On Implementation of the Bishops' Resolution for UCMB at the June 2018 Plenary

Following the briefing on the foreseen effects of the salary enhancement by government for its health workers, the Bishops resolved that "The Conference singly or jointly with other religious bodies present a request to the President for the Government to increase support to the Private Not-For-Profit (PNFP) health facilities in view of the possible destabilisation by the big increment in the salaries of Government health workers".

Status

- UCMB drafted a memo to the President for consideration by the Executive Board of the UEC.
- UCMB also informed the other Medical Bureaus about the briefing of the Catholic Bishops and particularly solicited Uganda Protestant Medical Bureau to engage with their religious leaders on the possibility of moving together. We have not got feedback from them as yet despite reminders.
- In the meantime, because of a temporary ban on new recruitment by government, there was not much of immediate negative effect felt. However, with pressure from Uganda Medical Association, government may soon or later resume recruitment.

1. Strengthening Corporate Governance and Management

1.1. Ensuring functional governance of the UCMB

The Health Commission held its ordinary meetings twice—March and December. Similarly, Statutory Committee meetings were held as scheduled.

The 1st Health Commission meeting was held on 6th April 2018, while the 2nd Health Commission meeting was held on 7th December 2018.

Below is a summary of the key issues discussed and recommendations of the Health Commission meetings in 2018:

- A concept paper on a "Business Development" approach to resource mobilisation was presented with a view of establishing a Business Development Unit (BDU) in the Department. The Commission approved the concept and allowed the Department to look for resources to set up the unit. Its functions should be incorporated into the UCMB strategic plan.
- Discussed and approved the recommendation from the Annual General Meeting to change its name to Annual Health Assembly and for the dioceses or hospitals to organise Annual Customer Days.
- The need to follow up the response of the Executive Board of the UEC regarding the paper on "The Effect of Salary Enhancement of Government Health Workers on the PNFP/UCMB Health Workforce" and the proposal for the Conference to have audience with the President over the matter.
- A proposed formal framework for collaboration among the four faith-based medical bureaus within and through the Inter-Bureau Coalition (IBC) for effective and efficient partnership with Development Partner (Donor) for program support, in response to the changing funding landscapes, was discussed. The draft IBC Charter for collaboration, seen to have taken care of the values and interests of UEC, was accepted but recommended to have a legal scrutiny before final approval.

1.2. Support to Bishops meetings

The Department supported the meeting of the Bishops by organizing medical check-up camps on site, and financially.

2. Social Accountability, Advocacy and Lobby Initiatives

The UCMB organised the Annual General Meeting (AGM) of the Catholic Health Network on the 4th and 5th April 2018 of key stakeholders in the Catholic Health System in Uganda. This is an annual social accountability, advocacy and lobby forum which brings together the UECs Health Commission, Hospital Boards of Governors and Management, Diocesan Health Advisory Boards, in-charge lower level health facilities and other relevant stakeholders. It receives from UCMB and discusses the performance and contribution of the Catholic health network and identifies key issues for sustainability, quality assurance and efficiency gains.

UCMB continued to represent and participate on behalf of the Catholic Church on the Health Policy and Advisory Committee (HPAC) of the Ministry of Health and various MoH Technical Working Groups (TWGs). These are initiatives aimed at facilitating UCMB's advocacy and lobby functions to the network and strengthen partnership with other stakeholders.

3. Support to Effective and Functional Corporate Governance Structures in Network

The organisational governance-related activities performed by UCMB to the

Network are consistent with the health system building block on leadership and governance which ensures that strategic policy frameworks, efficient and effective oversight, regulation and accountability, both financial and social, exist in the Catholic health network. This is done through board induction and training, development of policy and guidance tools and on-going technical support to diocesan health offices and facilities across the Network. In 2018, nine board induction trainings were conducted for both hospitals and dioceses in the country. Eight (8) New Hospital BoGs of Virika, St. Francis Nkokonjeru, St. Kizito Matany, St. Francis Naggalama, Buikwe St. Charles Lwanga, Magale HC IV, Rushoroza HC IV and St. Francis Njeru Healthcare Services, and one new diocesan health board, for Lira Diocese, were also inducted in the year. The relationship between this last health facility and Lugazi Diocese is still unclear.

4. Support to Advocacy and Social Accountability Initiatives

The UCMB facilitates, participates in and provides partial financial support (within the limit of available resources) to hospitals and dioceses on a pull-basis for social accountability initiatives for advocacy, awareness creation about services and community participation.

In 2018, five Dioceses-Arua, Hoima, Masaka, Kiyinda-Mityana, and Nebbi- conducted Health Assemblies. Seven (7) hospitals- Aber, Bishop Asili Memorial, Dr. Ambrosoli Memorial Kalongo, Pope John Lubaga, Nyakibale, St. Joseph Kitgum, and St Mary's Lacor - conducted social accountability fora.

5. Improving Quality of Service and Patients Safety

5.1. Continuous Quality Improvement (CQI) system support

The Bureau represents the network and participates in the quarterly Ministry of Health (MoH) Quality Improvement Coordination Committee meetings and the Supervision, Monitoring, Evaluation and Research (SMER) Technical Working Group meetings. Attending these technical working group meetings is important as technical decisions made therein have implication for accredited Catholic health facilities.

Four health facilities were provided on-site support and mentorship on continuous quality improvement. These were Comboni Kyamuhunga, St Luke Angal and Virika Hospitals, and Kasanga PHC III. An onsite quality improvement workshop was facilitated for Lubaga Hospital. The management introduced the Council for Health Services Accreditation of Southern Africa (COHSASA) accreditation criteria with the aim of strengthening services through standards, quality improvement and accreditation.

The outcome of this support is the existence of CQI committees with QI work plans, which are followed through and documented, and some were presented in various fora such as the National Quality Improvement Conference 2018. The

Catholic Health Network had two approved presentations for the 2018 conference; one was presented by Nkozi Hospital (Kampala Archdiocese) while the second was a poster presentation by Makukulu Health Centre III (Masaka Diocese). Several other UCMB-accredited facilities participated in the national conference.

5.2. Facility-based Patient Satisfaction Survey (PSS)

This is a self-administered survey among hospitals and lower level units. It has been a practice to assess the Patient Satisfaction Surveys (PSS) in all facilities. The filled forms were submitted for analysis to UCMB and the results were shared during the technical workshops for Diocesan Health Coordinators (DHCs) and hospital managers.

Table 1: Showing the survey returns by services level and area, 2018

Unit	HIV/AIDS	In-Patient Care	OPD	Grand Total
Total LLUs respondents	1,352	1,339	4,291	6,982
Total hospital respondents	1,047	1,809	3,087	5,943
Grand Total respondents	**2,399**	**3,148**	**7,378**	**12,925**

All hospitals participated in the survey. With an average submission of 130 filled questionnaires, most hospitals complied apart from Nkozi (80) and St. Charles Lwanga Buikwe (48). Six lower level health facilities did not participate: Aripea (Arua Diocese), Namaliga St. Luke, St. Jerome Cove Kapeeka (both in Kasana-Luweero), Nyakashoga (Mbarara Archdiocese), Kaberamaido Mission, and Katine and Usuk (in Soroti Diocese).

Patient Satisfaction assessment scores

Specific hospital performance is highlighted.

- **Clinical effectiveness[1]:** there was significant increase in Mutolere Hospital in 2018. This assessment focused on in-patient clients and HIV/AIDS patients coming for their refills, not new patients.
- **Humanity of care:** was averagely scored 92%--with almost all hospitals scoring above average apart from Buluba and Dabani Hospitals.
- **Patient involvement in care management,** i.e., decision making, being informed about the disease and explanation about the prescribed medicines. Average hospital score was 97%--only Maracha St. Joseph's Hospital scored less than average, at 64%.
- **The organisation of care:** the average score of satisfaction with the length of waiting from time of arrival in Out-Patients Department (OPD) before seeing the clinician slightly reduced from 70% to 65% in 2018.

[1] Clinical Effectiveness here means "Patients' total experience of health care. Its assessment or measurement is important for improving and assuring quality of care by using the results to improve clinical practice and service delivery

UCMB will provide other details in its bigger Annual Report
The net average patient satisfaction score for both hospitals and LLUs has generally increased over the last 10 years from the average of 60% to 80%. Patients' satisfaction scores also improved significantly in the last year for Kitgum, Kitovu, Naggalama, Mutolere and Ibanda Hospitals while reductions in the scores were noted in Nyapea, Buikwe, Maracha, Dabani, Kilembe Mines and Nyakibale Hospitals.

Table 2: Patients Satisfaction scores in Lower Level facilities by Dioceses, 2018

Range	Grading	Diocese
86 - 100%	**5 - EXCELLENT**	Jinja, Moroto, Mbarara, Nebbi, Lugazi
76 - 85%	**11 - VERY GOOD**	Kasese, Arua, Kampala, Kotido, Soroti, Masaka, Hoima, Gulu, Kiyinda Mityana, Tororo, Lira
66 - 75%	**1 - GOOD**	Kasana Luweero,
50 - 65%	**2 - FAIR**	Kabale, Fort Portal
49% and below	**0 - POOR**	

5.3. Drug Prescription Practices Survey

This is a self-administered survey by the hospitals and lower level units with the objective of instilling in health facilities the culture of monitoring prescription practices to avoid or reduce inappropriate use of medicines. The survey also targets episodes of non-chronic diseases.

Table 3: Drug prescription practices since 2003

Hospitals	2013	2014	2015	2016	2017	2018
Av. No. of Drugs per prescription (WHO = 2.6)	2.97	2.97	2.95	2.98	2.97	2.91
Injectable Rate (WHO = 15%)	4%	5%	7%	8%	5%	9%
Antibiotic Rate (WHO = 20%)	29%	30%	29%	30%	27%	31%
Dispensing Rate (WHO = 100%)	93%	97%	96%	90%	91%	93%
% Objective-Examination	92%	100%	100%	100%	100%	100%

- The Average number of drugs per prescription remained slightly above what is recommended by the World Health Organisation (WHO), i.e., 2.6 drugs per prescription. St. Kizito Matany, Lwala, Benedictine Eye Hospital, Kisubi, Holy Innocents Children's Hospital, Angal St. Luke, Mutolere and Nyakibale were within the WHO recommended prescription rates. St. Anthony's Tororo (4.32),

Nyapea Holy Family Hospital (4.30) and Dabani (3.64) posted polypharmacy rates, a sign of inefficiency is use of medicines.

- The rate of prescribing antibiotics is also still high across the hospitals. Nyakibale, Buluba, Benedictine Eye and Nyapea Hospitals posted antibiotic rates within the recommended range.
- The rate of prescribing injections in the hospital network is within the WHO recommended range. There are **no** significant injectable prescriptions in OPDs.
- The average dispensing rate among hospitals accredited to UCMB has in the last 5 years been 93%--which is better than in public and other facilities. This implies that out of every 10 medicines prescribed, over 9 were given (dispensed), hence the unlikelihood of referrals to external pharmacies for additional expenses on medicines. The availability of medicines in hospitals increased from 92.4% in 2017 to 96.2% in 2018. This could have been contributed to by the credit line created out of 50% of the Primary Health Care Conditional Grant.

5.4. Drug Prescription Patterns among the Lower Level Units

All the 19 dioceses conducted the survey and 260 Lower Level Units (LLU) participated in a survey in 2018. The total number of patients sampled was 10,645. The majority of the health facilities had the expected minimum number of patients sampled. In health facilities from Fort Portal, Kampala, and Kiyinda-Mityana Dioceses, the sample of patients were less than 40. Kampala Diocesan LLUs samples were less than 20 patients per facility.

The table below shows the performance of the diocesan lower level units since 2013

Diocesan LLUs	2013	2014	2015	2016	2017	2018
Av. No. of Drugs per Prescription (WHO = 2.6)	2.90	2.84	2.85	2.65	2.54	2.49
Injectable Rate (WHO = 15%)	11.0%	9.0%	4.0%	11.0%	10.0%	11.4%
Antibiotic Rate (WHO = 20%)	27.0%	28.0%	29.0%	28.0%	25.0%	27.2%
Dispensing Rate (WHO = 100%)	97.0%	91.0%	98.0%	99.0%	99.0%	97.8%
% Objective-Examination	92%	100%	100%	100%	100%	100%

- The Average number of drugs per prescription reduced slightly. The majority of the 14 health facilities practicing polypharmacy were from Kiyinda-Mityana Diocese and Kampala Archdiocese.
- The antibiotic rate is still high across the LLUs. Mbarara, Lugazi and Jinja Diocesan Health units had the recommended average rates.

- The injection rates across the LLU network were largely maintained within the WHO range but are considerably higher than hospital rates. Soroti Arua, Kampala, Kotido and Kiyinda diocesan health units had injection rates above the recommended 15%. This is wasteful to both the health facilities and the patients.
- The average dispensing rate among LLUs in the last 5 years has been 97%, which is appreciably better than in public and other facilities. However, unlike hospitals, availability of medicines in lower level facilities decreased. Significant reductions were noted in Nebbi (73%) and Kasana-Luwero (77%). The reduction in Nebbi may be explained by the refugee influx from the Democratic Republic of Congo (DRC) for whom the district does not receive support from humanitarian agencies because it does not have refugee camps (unlike other districts hosting refugees). Polypharmacy or over-prescription could partly explain the reduction in Kasana-Luwero.

5.5. Accreditation Program for 2017/2018

Accreditation is the process of 'self-assessment and external peer assessment, in this case by the UCMB. It is used by the Bureau to assess the health facility level of performance in relation to established standards and implement ways to continuously improve. It is among the comprehensive steps of a quality assurance process used by the Department. Below is the status of accreditation for the FY 2017/2018.

Key Statutory Compliance requirements

	2012	2013	2014	2015	2016	2017	2018	2018 Achievement
Lower Level Facilities								
Operational license	243	244	233	247	248	257	253	98%
Contribution by LLUs to UCMB	246	244	231	247	247	257	255	98%
HMIS 107	247	243	247	247	237	254	256	96%
Staffing report	247	243	247	247	237	254	250	96%
Finance report	247	243	247	247	237	254	257	99%
Hospitals								
Operational license	30	32	32	32	32	32	32	100%
Contribution to UCMB hospitals	30	32	32	32	32	32	32	100%
HMIS 107,	30	32	32	32	32	32	32	100%
Staffing report	30	32	32	32	32	32	32	100%
Finance report	30	32	32	32	32	32	32	100%

Table 4: Reasons for failing to achieve the 100% of the statutory requirements.

Diocese	The Health Facilities	Non-Compliance
Gulu	All Saints, Puranga	Missing all annual reports
Soroti	Katine	* *Katine has had continued poor working relationship with the Soroti Diocesan Health office*
Kasana Luweero	▪ Kabogwe, St. Theresa ▪ St. Cyprian Ngoma ▪ Lusanja St. Matia	No copy of operational license at UCMB
	St. Cyprian Ngoma	Didn't pay annual contribution
	▪ Kikyusa HolyCross ▪ St. Francis Migeera ▪ St. Francis Kijaguzo ▪ Lusanja St. Matia ▪ Nandere	Missing Staffing reports and annual finance report

Hospital Accreditation 2017/2018

Out of the 32 hospitals, 28 were accredited. The 5-STAR approach (95% and above) was used to award certificate of accreditation. The following hospitals got the 5-star accreditation:

a) St. Kizito Matany Hospital
b) St. Francis Naggalama Hospital
c) St. Luke Angal Hospital and
d) Rubaga Hospital.

Four (4) hospitals - Nyapea, Maracha, Lwala and St. Anthony Tororo - were not accredited because they scored below the 65% cut off mark for accreditation. This is the biggest number of non-accredited hospitals since the accreditation program was started in 2002. St. Anthony Hospital Tororo is undergoing several restructuring and infrastructural improvement, hence UCMB could not deregister it to allow recovery that had started to take root. Lwala Hospital has consistently, for 2 years, had late submission of the required documents, submitting them after the accreditation assessment.

Other reasons that have affected hospital accreditation scores were:

(i) Lack of or inadequate documentation, inconsistency, delayed submission of documents along with the report on undertaking or some level of reluctance to maintain the improvement effort.
(ii) Quality of the reports/documents to support the report on undertakings.

(iii) Inconsistencies in submitting periodic reports, especially PHC Conditional Grant (CG) releases.

(iv) 18 out of 32 hospitals have approved strategic plans and copies submitted to UCMB. These are Aber, Angal, Buluba, Ibanda, Kalongo, Kilembe Mines, Kisubi, Matany, Mutolere, Naggalama, Nkozi, Nsambya, Rubaga, Villa Maria, Virika and Benedictine Eye Hospitals. Eight (8) of the hospitals still have draft copies of strategic plans which need to be approved by the respective Board of Governors. Four (4) hospitals have strategic plans in review process and these are Kamuli, St Joseph's Kitgum, Comboni Kyamuhunga and Lacor. Lwala and Buikwe St. Charles Lwanga hospitals have not availed updated copies to UCMB.

(v) Oversight on deadlines even upon reminder lead to over delay in submitting the required documents.

(vi) Staff satisfaction survey; 19 hospitals undertook the survey, 14 generated their improvement actions while 5 did not. 13 hospitals did not conduct the survey and these were Aber, Buikwe, Bishop Asili, Buluba, Dabani, Holy innocents, Ibanda, St. Joseph Kitgum, Kitovu, St Mary Lacor, Maracha, Nyapea, and Tororo St Anthony.

UCMB will continue to follow up and support the hospital leadership and managements to improve implementation and reporting on undertakings and accreditation challenges.

Lower Level Health Facility Accreditation for FY 2017 /2018

Out of the 258 eligible LLUs, 249 (96%) were accredited in the period 2018/2019, and 9 failed the accreditation due to non-compliance with accreditation criteria (mainly failing to provide the report as shown in the table above) and these are mainly in Kasana Luwero Diocese.

Poor accreditation was in Kasana-Luweero (53% facility accreditation), Gulu (91%) and Soroti (93%) while all the other dioceses scored 100% accreditation for their units, meaning all their units were accredited for FY 2018/19.

The main reasons for failing accreditation were:

(i) Inaccurate and incompleteness of the annual reports. This is attributed to non-validation of report submissions made by DHCs to UCMB.

(ii) The HUMCs are not functional. In some health units the parish council members are the same HUMC members yet they do not know the policies on health services delivery. They lack knowledge on the concept of PNFP and cannot, therefore, support the management of the HU, e.g., Katine HC II, Soroti Diocese.

(iii) The HU managers are rendering the DHC office irrelevant (which is unfortunate). They have continually by-passed the office of the coordinator to report to UCMB; e.g., reports and accreditation forms are delivered to UCMB by HU manager.

(iv) Facilities are failing to adhere claiming that DHC office asks for high fees as annual contribution. HU managers complain of double contribution. In addition to the quarterly / monthly contribution, there is transport request on every visit.

(v) Limited or no accountability. Some DHCs have relaxed; they do not organise HU managers' workshops to disseminate and account.

(vi) Inactive Diocesan Health Boards and their non-functionality has affected the office of the DHC.

Notice of non-accreditation and deregistration to the health Facilities

Level of Notice	Name	Diocese
First notice of non-accreditation was sent	1. St. Joseph Maracha hospital 2. Lwala hospital 3. Nyapea Hospital	Arua Soroti Nebbi
	1. Kabogwe, St. Theresa HC III 2. Kikyusa Holycross HC III 3. St. Francis Migeera HC III 4. Nandere HC II 5. Lusanja, St. Matia HC III 6. St. Francis Kijaguzo HC III	Kasana Luweero
Second notice of non-accreditation	1. St Cyprian Ngoma HC IV 2. All Saints, Puranga HC II 3. Katine HC II	Kasana Luweero Gulu Soroti
Fourth notice of non-accreditation	St. Anthony's Tororo Hospital***	Tororo

6. Water, Sanitation and Hygiene (WASH) Assessment 2018

UCMB participated in the training organised by African Christian Health Associations Platform ACHAP), on WASH from 11TH - 16th June 2018. It was also attended by 5 CHAs Christian Health Associations from 5 African countries. UCMB was represented by two people, one being staff of the Department and the Health Coordinator of Tororo Archdiocese.

After the training, the teams developed plans which included conducting assessment of WASH in the respective health facilities. UCMB agreed to carry out the assessment in the 14 health facilities of Tororo Archdiocese. Accordingly, it concluded assessment for WASH in 14 health facilities from 23rd - 30th July 2018 in 9 districts of the Archdiocese, namely, Tororo, Busia, Budaka, Palisa, Manafwa, Mbale, Sironko, Buteleja and Kapchorwa. The assessment was done in three hospitals, namely, Benedictine Eye, Tororo St Antony and Dabani and 11 health units, namely, Lumino, Budaka Namengo St Francis, Pallisa Kucho Mission, Butiru Holy Family, Mulagi our lady of the Loudes, Magale St. Elisabeth, Gangama O.L. Fatima, Mbale St Austin, Nyondo, Kalawa – Budadiri, and Sipi Gamatui Mission. Data was collected using the Emory University WASH Conditions (WASHCon) tool

on a Commcare mobile application comprised of survey questionnaires and observations. The survey did not conduct water quality analysis because of the limited capacity of the enumerators.

The following were the findings:

There is hardly support for WASH training. The health facility staff need training and continuously to sensitize patients and caregivers on the use of toilets and bathrooms, disposing wastes and maintaining cleanliness onwards. Only two facilities had staff who had undergone refresher training on hand hygiene and WASH concept.

The health facilities common sources of water were boreholes, pipe from National Waters and rain water harvest. However, most of the health facilities reported frequent water outages throughout the year and lack of 24-hour water storage. Except for the Benedictine Eye and Tororo St Anthony Hospitals, health facilities improvised to have water on ward, other HCF don't have piped water on ward. Water storage are mainly metallic and plastic tanks, jerrycans, and 100 litre water drums. Specifically, Dabani Hospital's main source of water is borehole, the water tanks available are metallic and rusty and roof is asbestos, hence a big health risk.

The facilities have toilets on the premises. The common type of toilet available were pit latrines. Only two health facilities had VIP toilets.

Female-only toilets with menstrual hygiene management resources were available in only 3 facilities. Apart from BEH, Tororo St Anthony, and Magale, other health facility toilets were inadequate (often one for patients and one for staff and not separated by gender). Only five facilities had at least one disability accessible toilet. None of the facilities had staff-only designated toilets. Standard patient bathroom was only observed among the three hospitals and only one facility had laundry facilities for patients which was BEH. The commonest faecal waste management used was holding pit. It was also observed that most health facility toilet doors were filthy and rusty.

The health facilities had functional hand hygiene facilities at the point of care mainly water and soap. However, not all stations within HCF had hand hygiene facilities. The few stations which are catered for were mainly labour suits, maternity, OPD examination rooms and near the toilet and bathroom (but not within the 5 meters). Therefore, hand hygiene facilities were inadequate.

Environmental cleanliness and waste management were key in our assessment. Most of the health facilities (11/14) have placenta waste disposal lined pits. Most of the wards either did not have standard bins or if the bins were available, they were inadequate to allow for safe segregation of waste. There were only four facilities with brink made incinerator, the waste disposal areas were not gazetted, and open burning of both infectious and non-infectious waste was a normal practice. Open

defecation was a practice in two facilities, especially by children and faeces dumbed.

UCMB wishes to continuously assess WASH in the facilities to understand the magnitude of the problem and technically support and build capacity if funds allow. WASH is financially demanding and yet facilities have inadequate budget to procure adequate supplies to sustain clean and safe environment for users.

7.0. SAFECARE Assessment in UCMB hospitals by Uganda Healthcare Federation (UHF)

Lubaga Hospital is one of the two hospitals that were selected by UCMB to be introduced to SAFECARE tool in collaboration with Uganda Healthcare Federation (UHF). UHF did the SAFECARE assessment and Lubaga attained 60% score, which is level 4 of the SAFECARE. The implication is that the hospital should not decline in score and rather put in more effort to fill the gaps. It is one effort in preparation for the COHSASA accreditation criteria fulfilment.

Onsite Technical support targeting non-accredited hospitals

a) **Kyamuhunga Comboni Hospital:** refresher / sensitization workshop was held for two days involving the management team and departmental in-charge and the QI team. Processes of achieving these requirements were taught, including use of Workload Indicators for Staffing Needs (WISN) where performance of staff during appraisal will be assessed using the required outputs.

b) **St. Joseph's Hospital Maracha:** this was four-day onsite support to management and staff. The hospital currently has the following challenges
   (i) The Medical Director is still responsible for 3 positions; medical director, human resource management and hospital administrator. This is exhausting and quite often a lot of activities are left unattended to.
   (ii) Poor documentation of proceedings from all departments in the hospital. For example, maternal death, neonatal death, and other deaths are passively audited and not documented. Health workers are not held responsible for data gaps at different service points.
   (iii) Inactive Quality Improvement Committee which is responsible for overseeing the quality initiatives in the hospital.
   (iv) The HRIS system is inactive partly because of the unavailability of the HRO.
   (v) Late submission of reports because of much time spend in filling gaps.
   (vi) Complacency by staff (absenteeism), especially by government-seconded staff.

There are, however, promising signs of improvement with the intervention of the Board of Governors and plans are ongoing to remedy the above challenges.

8.0. Coordination of Service Delivery Programmes

Service delivery (including an effective referral system) is one of the building blocks of the national health system.

The UCMB provides coordination, technical and limited financial support and guidance towards service delivery improvement initiatives and the Catholic health network significantly contributes to national service outputs.

9.0. Clinical Pastoral Care Services in Catholic Health Network

The Clinical Pastoral Care (CPC) unit of the UCMB exists to complement the health network in the provision of holistic health care. Catholic health facilities ought to provide holistic quality health care, including physical, mental, emotional and spiritual.

The CPC unit performs its functions through education (including short courses) and ongoing technical support to health facility CPC service providers. There are 16 hospitals (50% of the Catholic hospitals) providing CPC in the network and the number has remained stagnant for the last 5 years.

The following were the Unit's accomplishments:

a) Each year, the unit identifies one hospital for the celebration of the World Day of the Sick on 11th February. This year the day was celebrated at St. Daniel Comboni Hospital, Kyamuhunga, in Mbarara Archdiocese, with activities including the celebration of the Eucharist, and technical support, including highlighting the role of pastoral care services in clinical care set-up, and clinical recovery process. A presentation was made on "The Pastoral care giver of the sick, medical team and support staff relationships".
b) Four technical support supervision visits were made to Nkozi Hospital, Nyakibale Hospital, Mutolere Hospital and St. Mary's Lacor Hospital.
c) The Bureau conducted 1 CPE training, a 2-week counselling training course for pastoral care givers, with focus on pastoral counselling for the sick. In the Catholic health network, there are currently 43 persons who have completed one unit of CPE, 14 persons who have completed 2 CPE units, 3 persons who have completed 3 CPE units and nine (9) graduates with 4 CPE units. They will occasionally be contacted to provide on-site technical support to facilities' on-going CPC activities.

10.0. The Catholic Health Network Contribution to the National HIV/AIDS Efforts

The Catholic health network provides comprehensive HIV services throughout its network of facilities with support from donors, mainly PEPFAR funded implementing agencies. Overall, during the year, the following services were offered:

a) The UCMB, on behalf of a consortium, the Inter-Bureau Coalition (IBC), in partnership with regional PEPFAR Implementing Partners (IPs), is leading and primarily coordinating faith-based bureau HIV/AIDS care, treatment and control efforts in two regions, namely, Masaka and Kampala PEPFAR has, as part of its rationalisation, decided to support the country according to regions under USAID, Center for Disease Control and Prevention (CDC) and the

Department of Defence. The Medical Bureaus, together as IBC, have engaged in partnership with regional Implementing Partners (IPs) and one agreed lead bureau coordinates and manages faith-based facilities in the region. UCMB is leading on behalf of all the Medical Bureaus (the IBC) in the Masaka Region (which is led by the CDC-supported Rakai Health Sciences Program (RHSP) and the Kampala/Wakiso Region (which is led by the CDC-supported Infectious Diseases Institute (IDI). There are regions whose lead coordination is by the Uganda Protestant Medical Bureau (UPMB), while in other regions, no lead bureau has been selected yet or the IPs have not yet agreed on an arrangement to work in direct partnership with the Medical Bureau.

The parent bureau maintains direct and primary coordination responsibility for the accredited health facilities in the regions. In the meantime, due to persistent advocacy and lobby by the Medical Bureaus, especially UCMB and UPMB, PEPFAR is considering issuing a programme which will be for the faith-based actors. If this occurs, the programme will not be limited to regions as faith-based bodies operate across the whole country. There is also a directive to progressively deal with local partners directly rather than International Conglomerates. The Medical Bureaus, in their coalition (IBC), have agreed or selected UCMB (as department of the Uganda Episcopal Conference) to lead them in the anticipated request for application (RFA) from CDC.

(i) The Masaka Region RHSP/UCMB Project

The Accelerating HIV Epidemic Control in Masaka Region RHSP/IBC/UCMB project which started in April 2017, comprises 3 hospitals, 1 HC IV and 41 HC IIIs in the twelve (12) Districts of the Masaka Diocese and part of Kampala Archdiocese (Mpigi and Gomba)—including Catholic, Protestant and Muslim Medical Bureau-accredited facilities.

UCMB provides technical assistance in the various programme areas, including HIV care and treatment, gender services, strategic information, supply chain management and strengthening, human resources for health support and financial management through a sub-granting approach. The Masaka region RHSP/UCMB project is directly supporting and managing 159 health workers in various health facilities in the project region—69.2% of whom are in UCMB facilities in the region, while 20.1% are in UMMB facilities and 10.7% are UPMB. Over half (51%) of the supported cadres are midwives/nurses—to support improvement of service delivery in the respective facilities. In the 12-months of the project, it allocated (including HRH funds for remuneration) UGX. 4,371,227,000/= to the supported health facilities, and performance at the end of the 3rd quarter was 49.5%--which is good.

In 2018, the UCMB team supported the faith-based health facilities with;

- Equipment and Infrastructural Support where 28 desktop computers, 30 hard disks of 1000GB capacity, 41 UPS, 30 portable printers, installation of solar power for 5 facilities (Bumangi, Kitaasa, Birongo, Nakasojjo and Makukulu) and 30 smart phones have been distributed to selected facilities in the region.
- Technical support visits in which the team conducted various on-site technical support visits—including building capacity of several staff at PNFP sites to beef up the PNFP team in the areas of new treatment guidelines (2 PNFP staff were part of trainers for regional trainers), nutrition, TB HIV and differentiated service delivery models.

- Training and mentorship whereby UCMB team conducted and supported various training and on-site mentorship activities - including 90 health workers (midwives and records persons) trained in eMTCT and birth cohort monitoring, 84 PNFP staff participated in district based CMEs on viral load and retention, 45 sites oriented on the revised treatment guidelines 2018, and supporting the attendance of 3rd line switch meetings. The team organized a programmatic and finance review workshop for HUMC/board, in-charge, finance staff, attended by DHCs and UMMB representatives.

Below is a snapshot of the UCMB activity performance of the Masaka project region in the year 2018.

Indicator	No. Tested and Identified as HIV Positive	No. Newly Enrolled on ARV therapy	No. Currently Maintained on ARV therapy	No. on ART with a Suppressed Viral Load	The Viral Load Coverage Rate Target: 90%
TARGET	3,334	3,715	20,375	11,733	16,252
PERFORMANCE	**5,098**	**3,886**	**15,022**	**10,537**	**10,780**
% ACHIEVED	153%	104.6%	73.7%	90%	66.3%

The median HIV positive yield for those tested in the region by UCMB supported facilities is 4%. However, there are facilities which have performed better with higher yields—namely Ntusi HC III (8%), Villa Maria Hospital (6%) and Lyantonde Muslim HC IV (6%). This is partly due to focused and targeted testing efforts, and this is cost efficient in the increasingly resource-constrained environment. The team will continue to support cost efficient approaches.

The number currently maintained on ART was under-performed (73.3%) because of the ambitious historic targeting by PEPFAR/CDC that gave a big number of clients to be started on ART following the roll out of "Test and Treat" approach. The low viral load coverage rate (66.3%) was largely due to lapses in the tracking systems at the facility to identify clients due for viral load and bleeding them as

well as knowledge gaps. Other challenges at the hub include systems malfunctioning, occasional stock out of viral kits and poor documentation. Targeted mentorship, quality improvement projects initiated at facilities, and support to attend viral load performance review at the districts are some of the strategies to fill these gaps.

(ii) The Kampala/Wakiso Region IDI/UCMB Project

The Accelerating HIV Epidemic Control in Kampala/Wakiso Region IDI/IBC/UCMB project which started in April 2018 comprises 52 health facilities with 9 hospitals, 2 HC IV, 22 HC III and 19 HC IIs in the two (2) districts—Kampala and Wakiso in Kampala Archdiocese—including Catholic, Protestant, Orthodox and Muslim Medical Bureau-accredited facilities.
The project is supporting and managing 17.5% of the total K/W regional ART client pool—through just 19 of the facilities in its coordination scope.

The Kampala/Wakiso UCMB provides two categories of technical assistance, namely, Direct Service Delivery Site Support (includes sub-granting funds support) and Technical Assistance Site Support (no funding support) in the various programme areas, including HIV care and treatment, strategic information, supply chain management and strengthening and financial management through a sub-granting approach. In the last 12 months, the project allocated UGX. 5,019,379,200/= to the supported health facilities.

In 2018, the UCMB team supported the faith-based health facilities with;

- Equipment and infrastructural support, where the KHP distributed various medical equipment to support and improve services in the supported facilities. These included 18 *32*-inch flat-screen TV sets, 7 waiting chairs and 7 filing cabinets, 5 delivery beds, 10 patient examination beds, 10 digital thermometers, 20 adult weighing scales, 30 manual blood pressure machines, 48 sets of waste bins, and various assortment of equipment such as wall clocks and drip stands, for quality improvement and patient safety.
- Technical support visits; the team conducted various on-site technical support and mentorship, including participating in TLD transition (i.e. the new 1st line ARV substitution from older regimens) with 16/19 sites trained in New Treatment Guidelines; actively participated in 3rd line committee switch discussions (5 clients in Nsambya, Lubaga, Joy MC); and scaled up IPT from 4 facilities (Lubaga, Mengo, Holy Cross Namungoona, Nsambya) to 19 facilities.
- Training and mentorship whereby UCMB team conducted and supported various training and on-site mentorship—including facilities trained in WAOS, TWOS RASS and treatment literacy sessions and support in regular reporting; supported weekly surge performance review, including participation in the project "Tiger Teams", and held monthly performance review meetings (Internal and with HFs).

Below is a snapshot of the UCMB activity performance of the KHP project region in the year 2018.

Indicator	No. Tested and Identified as HIV Positive	No. Newly Enrolled on ARV therapy	No. Currently Maintained on ARV therapy	No. on ART with Suppressed Viral Load	The Viral Load Coverage Rate.	No. who under went VMMC (*Adverse Effect rate*)
TARGET	6,492	6,154	32,508	19,660	30,644	6,839
PERFORMANCE	5,362	4,990	32,479	18,480	19,660	6,724
% ACHIEVED	82.6%	81.1%	99.9%	94%	64%	98.3% (AER 0.03%)

The median HIV positive yield for those tested in the region by UCMB-supported facilities in Kampala/Wakiso is 4%.

11.0. The Overall Catholic Health Network HIV/AIDS Performance

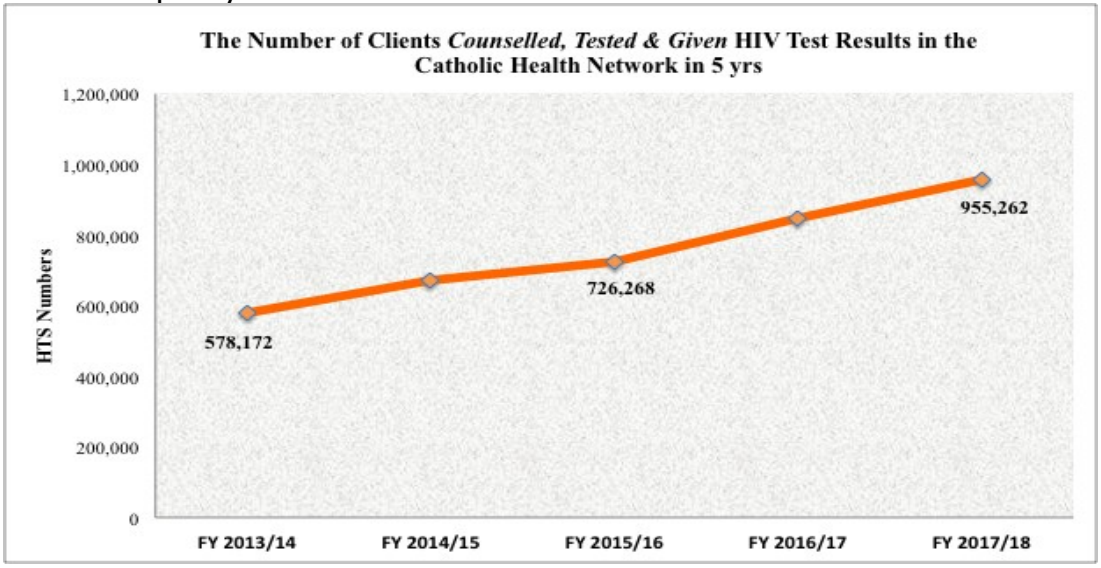
The outputs in the sections below are for financial year 2017/18 (in accordance with national health indicator reporting framework) to the DHIS2. The data is consistent with what is in the MoH Annual Health Sector Performance Report 2018.

a) HIV testing services and VMMC services

UCMB facilities counselled, tested and gave HIV results to 955,262 individuals, representing 11% of the total country output for the year and a 13% increase from FY 2016/17; of these 48% were men and 12% were under 15 years of age. Overall, 27,325 individuals (3% positivity rate) were identified as HIV positive and 88% of those tested positive were documented as linked to care—to ART; and 3,204 (3%) were in discordant positive relationships. These were linked to appropriate services that would protect the negative partner, such as initiating ART to the positive partner.

UCMB facilities circumcised 41,667 men and only 212 (0.1%) experienced adverse effects which were all locally managed. This was a decrease by 8.2% from the 45,521 in FY 2016/17, while adverse effects reduced in the period.

The graph below shows trends of clients receiving HTS in the UCMB network—which has increased by 56% in the last 5 years—thereby contributing to increasing access to quality HIV services.



In the same period, the average HIV positivity rate has reduced from 4.4% in FY 2013/14 to 3% in FY 2017/18 within the UCMB network health facilities, which is consistent with national trends of declining HIV prevalence.

b) Elimination of Mother-To-Child Transmission of HIV (eMTCT) services

UCMB-supported facilities implement interventions to eliminate mother to child transmission of HIV. These include HIV counselling and testing, initiating positive pregnant and lactating women on ART, follow up of mothers in the community, and male involvement. 138,380 pregnant women attended 1st ANC, which is 9.8% of the total national ANC output for FY2017/18 and 1% increase from 137,050 ANC 1 reported in 2016/17 financial year. 100% of the women who attended ANC1 were tested for HIV (includes those with known HIV results at entry in ANC); 5.9% (8249) were identified as HIV positive and 94% (7718) were initiated on ART. Of the 8249 positives, 2557 (31%) were new, while 69% were known at ANC1. Therefore, basing on the new positives, the HIV incidence in ANC stood at 1.8% although prevalence was at 5.9% comparable with the national average of 6.3% in the same sub-population.

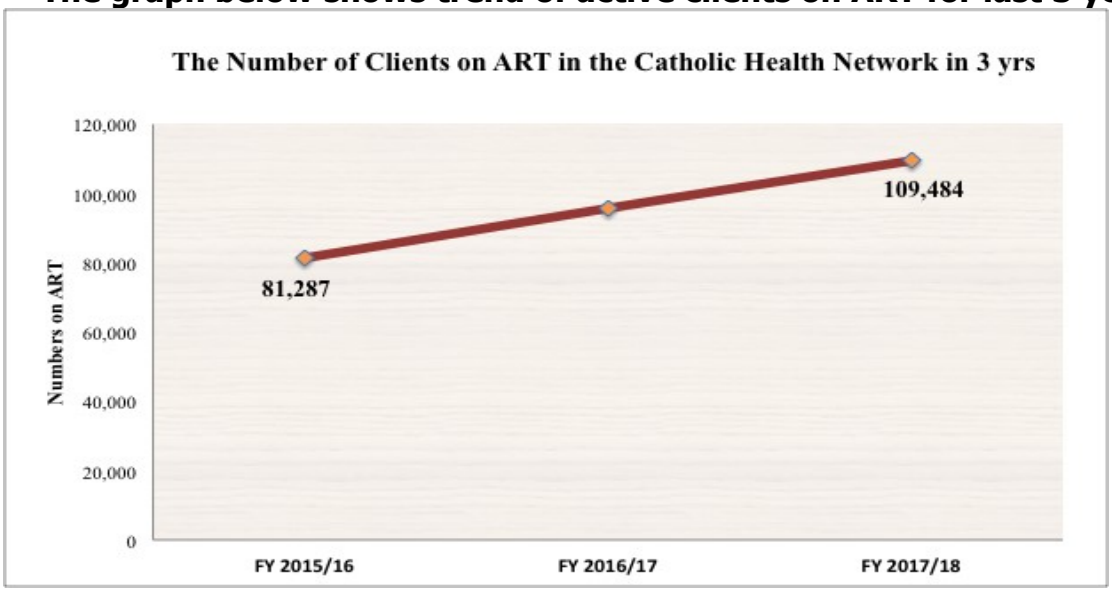
The 6% (531) that were shown to have not started ART were actually initiated on ART but not well captured in the records of the facilities. This gap is under follow-up through the continuous quality improvement effort. 51,782 men were tested and given results in PMTCT settings, out of whom 2% (1030) were found HIV

positive and enrolled into care. UCMB realized 7% increase in male partner testing in PMTCT from the previous financial year.

c) HIV/ART

UCMB facilities enrolled 19,534 new HIV positive individuals in chronic ART care, a 23% increase from the 15,887 enrolled in 2016/17 financial year. Of the new enrollees, 8% were children below 15 years and 7,814(40%) were men. In total, 109,484 clients were maintained on ART by end of the reporting period, 34% (32,358) being men. This represents 15% increase from the 95,452 clients who were maintained on ART in 2016/17. This contribution was achieved despite decline in support to the PNFPs for HIV services. This translates into 10% of the total country ART caseload and a 1% increase in our contribution from last financial year.

The graph below shows trend of active clients on ART for last 3 years



The UCMB network posted 35% growth in clients active on ART over the last three financial years—thereby significantly contributing to access to quality anti-retroviral therapy to the population.

d) The Catholic Health Network Contribution to Family Planning Programs

UCMB, in collaboration with the Institute for Reproductive Health (IRH), completed a 4-year Natural Family Planning (NFP) project in 2018 using a systems approach to strengthen selected facility family planning capacity. The approach targeted the fundamental building blocks of family planning programs: training, supervision, commodity availability, family planning promotion, data collection, and creating supportive environment.

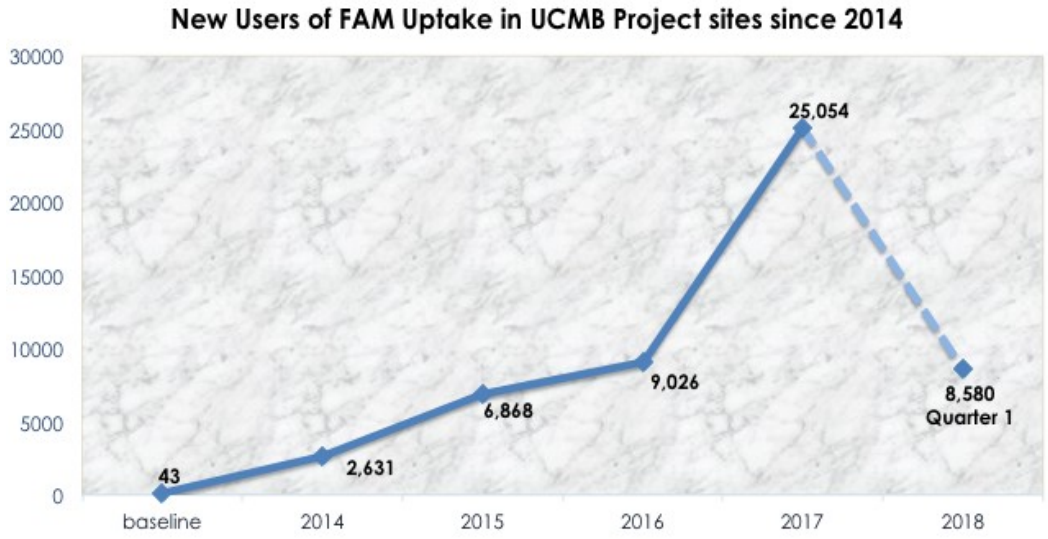
Services were also strengthened across 7 lead hospitals around the country. In

each hospital catchment area, religious leaders were invited to participate in sensitization workshops designed to improve their knowledge and attitudes towards family planning and equip them as champions in their communities. Providers and religious leaders raised awareness about the new services through health talks, use of IEC materials, radio spots, and announcements at places of prayer

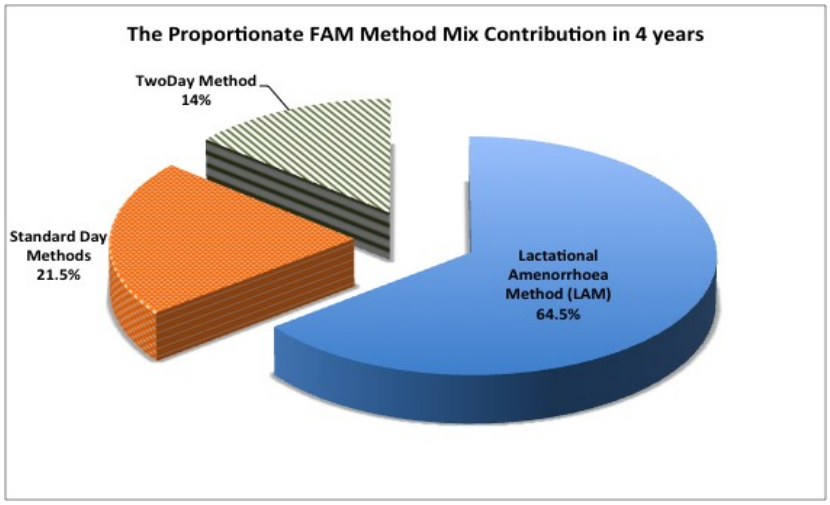
Community-based provision of family planning was introduced across intervention sites for the first time. The mixed method was expanded with the addition of modern, effective fertility awareness methods (FAM), including Standard Days Methods® with CycleBeads®, TwoDay Method®, and Lactational Amenorrhea Method.

In the 4-years of the project, 330 providers (247 healthcare workers and 83 community health workers from UCMB project sites) from 9 UCMB hospitals and 47 LLUs, were trained in FAM since 2014.

The project furnished NFP clinics at the four sites, installed sign-posts for family planning in 7 hospitals (to increase visibility and awareness). Over 250,000 people were reached with FAM and Healthy Timing and Spacing of Pregnancy (HTSP) messages and 73 religious leaders were involved through sensitization workshops. 52,202 clients also accessed Fertility Awareness Methods (FAM) between 2014 and 2018.



Lactational Amenorrhoea Method (LAM) constituted the largest FAM provided in the UCMB project sites. It also serves as a key entry point into FP services, followed by SDM. The pie-chart below shows the distribution.



Key advocacy engagements and success at national and international levels arising from the project include;

- The UCMB participation in the 2018 International Conference for Family Planning (ICFP) held in Kigali, Rwanda; a biennial international event for the global development community whose work is to achieve the goal of enabling an additional 120 million women to access voluntary, quality family planning methods by 2020; and ensuring universal access to reproductive health by 2030.
- The UCMB participated in a preformed panel on the role of religious leaders as social change agents for family planning. Grassroots perspectives from 4 African contexts were shared. A presentation titles "Helping the Shepherds lead their sheep: Sensitizing Religious Leaders in Uganda on Family Planning" was made, sharing experiences of engagement was done, and religious leaders were supported through trainings conducted to create enabling environment for FP through, among others, clarifying myths, misconceptions and misunderstanding as well as supporting their NFP advocacy plans.

  At the same Conference, the UCMB further made a Poster Presentation at the International Conference on Family Planning (ICFP) on "*Does it measure up? Assessing the quality of Family Planning Counselling through faith-based health facilities*"**.** The presentation was based on an independent longitudinal descriptive study that was conducted to determine the quality of family planning in IRH-supported health facilities—i.e. both UCMB and UPMB. The study noted that among the 300 women selecting short-term methods at UCMB and UPMB sites, 34% had never used a modern FP method before. Almost all (91.4%) the women reported they were very satisfied or satisfied with the FP counselling session that they received.

- MOH has allocated funds for procurement of CycleBeads® through the Global Financing Facility, thus CycleBeads® will now be procured for PNFPs FY 2017/2018. A MoH URMCHIP invitation for bids has been placed targeting to procure 81,463 CycleBeads® pieces.

- Fertility awareness methods have been disaggregated into different methods and will be coded separately as SDM, TDM and LAM in the HMIS register for FP now awaiting incorporation by the resource centre. Previously, FAM was lumped together as NFP methods with a singular column in the HMIS.
- The UCMB now actively participates in MoH FP TWG meetings. This is an advocacy platform. As a result of improved stakeholder collaboration, the Ministry of Health has integrated FAM into Uganda's FP policy documents, and UPMB and UCMB are active members of the national FP technical working group.

12.0. The Catholic Health Network Contribution to the Health Sector Development Plan (HSDP) Outputs

The output from the UCMB hospitals and LLUs depict the performance on the most important health indicators used for monitoring the HSDP performance for the FY 2017/2018. As shown in the table below, there has been improvements and decline in the output by the facilities in the network in the last one-year.

a) Outpatient Services

Total OPD attendance decreased by 19.2% from 3,553,895 in FY 2016/17 to 2,871,474 in 2017/18. This is attributed partly to increased community-based health promotion and prevention services that facilities conduct in their catchment areas. These efforts, together with aggressive national efforts to promote health, such as ITN distribution and iCCM, have had a positive impact on general OPD attendance. There is increase in the cost of treatment as part of the general increase in cost of living (reflected in the increasing Out of Pocket Expenditure on Health) could also have affected the OPD services, alongside the increase in the off the counter health-seeking practices among Ugandans in general.

b) Maternity services

c) Total number of deliveries increased by 8.2% from 106,283 in FY 2016/17 to 115,039 in FY 2017/18. LLUs registered more deliveries than hospitals, similar to what was observed last financial year. This is attributed to increase in the number of LLU with capacity to deliver, as part of the UCMB long-term strategy of strengthening referral system through improved capacity of LLUs to conduct, mainly, normal deliveries and higher-level facilities to perform the more complex deliveries.

d) Childcare

The number of immunizations increased slightly by 6.6% from 2,143,544 doses in 2016/17 to 2,284,246 in FY 2017/18. There were some difficulties in accessing Rota Virus vaccine and BCG in our facilities and some babies missed these doses.

e) Inpatient services

Total number of admissions decreased by 9.8% from 486,821 in FY 2016/17 to 438,929 in FY 2017/18. The performance trend in 4 main indicators, including natural FP outputs, in both hospitals and LLUs is shown in the table below:

Table showing outputs in the selected HSDP outputs in the UCMB network

	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	% Change in the Year
Total OPD attendances	3,212,863	2,911,231	3,553,895	2,871,374	-19.2%
Total ANC attendances	358,831	353,177	378,450	413,622	9.3%
Total Deliveries	94,356	99,818	106,283	115,039	8.2%
Total Immunisation	2,105,887	2,147,856	2,143,544	2,284,246	6.6%
Total Admissions	460,006	494,096	486,821	438,929	-9.8%
MODERN Natural Family Planning Contacts		9,478	19,570	37,561	91.9%

Source: UCMB database.

The drop in out-patient attendance, coupled with a drop-in admissions, while utilisation of other of preventive services increased, is a good sign of improved health due to better use of preventive services. There is a trend of increasing user fees per standard unit of output in health facilities, which represents the service affordability indicator, which is commensurate to average recurrent cost/SUO; this is consistent with the rising cost of service delivery. For example, while Catholic hospital cost/service output has increased by 5.4% in the last one year from 2017 to 2018, user fees/service output increased by 14.5% in the same period. Note that averagely, hospital user fees contribute 35.2% of the revenue of hospitals.

The major cost drivers for UCMB health facilities are employment costs, medicines and health supplies, utilities, and administrative costs. The cost for these key drivers of facility outputs have risen significantly in the last 10 years outstripping the major income source—user fees.

The Catholic Health Network Contribution to HRH Development Health Training Institutions

The Health Training Institutions and Training (HTI/T) Desk exists to ensure that UCMB Health Training Institutions (HTIs) access a full range of technical assistance

and support in the governance and management, coordination, and effective national representation on health training schools.

The following are some of the highlights from the HTIs:

a) Student:Tutor Ratio

- Student ratio remains a key challenge to the quality of training. As in the table below, out of 15 HTIs only 5 meet the recommended tutor:student ratio 1:30, namely, Virika, Nyenga, Kalongo, Lubaga and Matany. The rest have poor tutor: student ratio. There is an acute shortage of tutors in the network partly due to high turnover and low national tutor production.

HTI	2013/14	2014/15	2015/16	2016/17	2017/18
Ibanda	1:36	1:40	1:41	1:30	1:46
Kalongo	1:66.	1:30	1:30	1:28	1:41
Kamuli	1:95	1:64	1:58	1:54	1:48
Kitovu	1:33	1:46	1:46	1:35	1:29
Lacor	1:94	1:53	1:61	1:46	1:58
Matany	1:53	1:27	1:36	1:36	1:38
Mutolere	1:83	1:104	1:115	1:52	1:76
Nsambya	1:39	1:48	1:54	1:54	1:63
Nyakibale	1:46	1:51	1:53	1:47	1:41
Lubaga	1:48	1:29	1:32	1:32	1:32
Villa Maria	1:33.	1:41	1:25	1:92	1:59
Virika	1:58	1:35	1:42	1:42	1:39
Nyenga	1:79	1:19	1:22	1:88	1:39

The other reasons for shortage are high admission of trainees, especially where new accommodation facilities were constructed, but without expansion of practicum facilities and increase in number of tutors.

b) Accreditation

Only two (2) schools fulfilled all the 10 requirements for accreditation of this for 2018, namely, Rubaga Hospital Training and St. Kizito Hospital Matany School NMS. Six (6) schools fulfilled all the 9 requirements, missed reporting on undertakings while 4 HTIs were not accredited in 2018, including St. Lawrence Villa Maria, Nyenga Nursing and Midwifery Training School, St Joseph Laboratory Training School-Kitgum and St Joseph Laboratory Training School-Maracha. Technical support will continue to be provided to HTI management teams to improve on the undertakings.

c) Capacity building

The UCMB organized a one-day training in ICT on 15th June 2018 for Principals of this. They were taken through simple computer/mobile phone Apps.

d) Technical support

- The UCMB conducted routine technical support supervision in 6 HTIs, namely, St. Kizito Matany HTI/Hospital, Karoli Lwanga-Nyakibale HTI/Hospital, Kamuli Midwifery Training School, Mutolere HTI/Hospital, Lubaga Training School and Nsambya Training School. Key issues discussed during the visits included governance and management issues, HTI capacity, compliance with UNMEB regulations, student satisfaction survey results, curriculum, mentoring and cooperation with mother hospitals.

- The HTI/T desk organised a PNFP-HTI technical workshop which was attended by participants from UCMB HTI network. It was held from 13th to 14th June 2018 at St. Augustine Institute - Nsambya. The issues discussed included training hospitals with only certificate programmes that are greatly affected by the introduction of semester assessment system, and it was recommended that student holidays be shortened since clinical placement is key in training

e) Clinical mentor training and workshops in the network

(i) Training:

The clinical mentorship course was introduced at UMU-Nkozi at the behest of UCMB to respond to the training needs in the network. This year (2017/2018) no training was done in UMU because the curriculum had been under review by the National Council for Higher Education (NCHE). NCHE is reviewing and updating the clinical mentors curriculum, and once complete, certificate holders will train for 2 years as a requirement to enrol for ordinary diploma in Clinical Mentorship while diploma holders will train for 1 year to acquire an advanced diploma award.

Catholic network HTIs continue to face challenge of high tutor turnover and a lack of national (MoES) total objective capacity and clear enforcement of student admission to health training has resulted in mushrooming nursing/midwifery schools and raised concerns about quality of training and nurses.

(ii) Workshops

Three (3) mentoring workshops were conducted to strengthen knowledge and skills of clinical mentoring, clarify roles and responsibilities of each key actor in the process of training health professionals and sensitize hospital staff on the importance of clinical mentoring. St. Francis Mutolere, Karoli

Lwanga Hospital – Nyakibale and Kamuli Mission Hospital received mentoring workshops in 2018. In total, 72 staff members were trained.

f) Other Activities undertaken by the UCMB HTI/T Section in 2018

- Printed 5,000 Nursing and Midwifery Procedure Manuals as well as acquisition of a certificate of Copyright from Uganda Registration Services Bureau (URSB), effective from 30th May 2018.
- Printed 500 holograms in UCMB name.
- Printed 100 copies of NFP training manual after revising and incorporating all modern FAM methods.

g) Student performance of UCMB - HTIs in 2018

The table below shows student performance in state final exams in 5 years—with average distinction/credit pass rate of 71.8%--implying that only 3 in every 10 students sitting state exams will pass with passes.

	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Number who sat Exams	865	1,092	1,096	1,157	1,049
Number who passed	847	1,062	1,061	1,011	994
Number who passed with *DISTINCTIONS* and *CREDITS*	551	744	726	839	718
Proportion passing with credits/ distinction in network	**65.05%**	**70.06%**	**68.43 %**	**83%**	**72.23 %**

The above indicator suggests quality training in UCMB-accredited this.

h) Student Satisfaction Survey in the HTIs

This is the third year of conducting this survey in the Health Training schools. Data was collected from 13 training institutions. Lacor and Nyenga did not participate**.** The filled forms were submitted for analysis to UCMB and results were shared during the HTI Managers' workshop held on 13th June 2018. The total number sampled was 1,165 in 2017 compared to 881 in 2016.

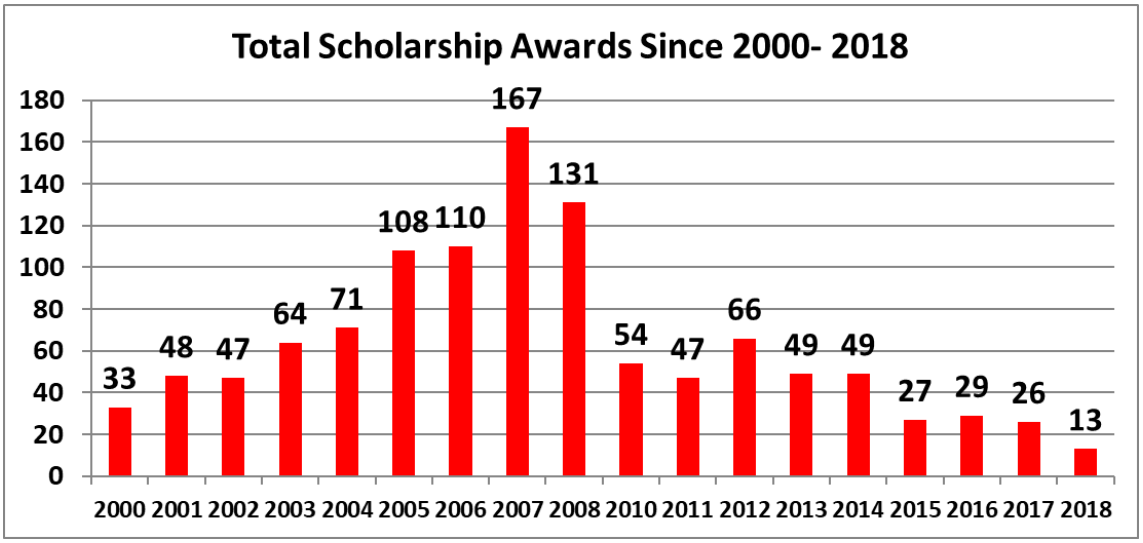
- The score regarding availability of teaching staff (teaching and learning experience) significantly declined overall by 8%. The schools that contributed to the reduction of the score were Nsambya (52%), Matany (63%), Lubaga (60%) and Ibanda (66%). The students felt that the teaching staff was inadequate.
- Information about school grading and assessment was satisfactorily given to students, registering an average of 92%. However, below average scores were from Matany and Nyakibale HTIs.

- All schools were able to provide, for student learning, resources, especially library and enough classrooms, although Matany and Kalongo could not provide access to computer laboratory. Scores for both HTIs is, therefore, below 30%.
- 10 schools had low scores for cleanliness; specifically, Lubaga (29%) and Villa Maria (39%) were scored very low. This was attributed to student expectations of the school management to hire external cleaning services rather than include cleaning among student responsibilities.
- Ten out of 13 school's overall student satisfaction scores declined, with Kitgum having the maximum reduction (15%). This was mainly due to the low scores on cleanliness, security and student welfare.

14. The UCMB Scholarship Programme

The aim of the scheme is to enhance capacity in RCC health institutions/organisations and religious congregations involved in health care through facilitation of professional training of their personnel by means of co-funded scholarships.

In 2018, only 18 scholarships were awarded, while, cumulatively, 1139 health workers have benefited from the UCMB scholarship programme since it was started in 2000. This year, 8 more health workers were awarded GRETTA Foundation Scholarship to upgrade to diploma in nursing and midwifery. Since 2015, to GRETTA Foundation has supported 39 health workers for diploma in either nursing or midwifery and 2 health workers for tutorship. The table below shows the total number of scholarships since 2000.



The beneficiaries are midwifery, nursing, administration and management, CPE, tutors, doctors, clinical officers, laboratory technicians and assistants and other allied health professionals. The amount awarded has also reduced greatly from an average of Ug. Sh. 5,000,000 in 2013 to 3,000,000 in 2018.

In 2018, there has been a drop in the number of scholarship beneficiaries because of the limited funds to be allocated to the applicants. DKA Austria and JMS have been the main contributors to the scholarship fund. Last year, DKA was able to contribute Euro 15,000, about Ug. Sh. 60,000,000 and Euro 5000 was to cater for programme coordination costs.

13.0. Performance of Partnership Projects and Collaborations

UCMB is engaged in supported project partnerships and collaborations that facilitate the pursuance of its mandate and improves Catholic facility institutional capacity to deliver quality health services.The partnerships are mainly donor-supported programmes managed by other implementing partners and UCMB, which facilitates effective program implementation in the network.

a) The USAID/IntraHealth HRH Project

UCMB has for the last 5 years received support for Human Resources for Health (HRH) from U.S. PEPFAR through Mildmay-Uganda and USAID IPs transitioning from Cardno Emerging Markets–(formerly USAID/SDS) programme, USAID/SUSTAIN, and currently, through USAID/IntraHealth. This support is aimed at responding to the national health workforce crisis of key cadres.

The UCMB coordinates and manages the recruitment, induction, training, support supervision and payroll and performance management of 226 health care workers—33 by CDC/Mildmay and 193 by USAID/IntraHealth, in 92 districts in the Jinja, Tororo, Mbarara, Kabale, Lira, Gulu, Kiyinda-Mityana (CDC/Mildmay), Lugazi, Kasana-Luweero (CDC/Mildmay), Kampala and Masaka Dioceses. The UCMB has an agreement with USAID/IntraHealth, which runs till July 2019 while the CDC/Mildmay agreement ends March 2019.

In the supported health facilities, HRH projects support account for 7% and 47% of the total health workforce in hospitals and LLUs respectively.

The following were some of the achievements:

- In an effort to improve performance and productivity of health workers, UCMB conducted 6 regional trainings in performance management in Mbale, Mbarara, Lira, Gulu, Jinja and Kabale for 62 facility managers under the USAID/SUSTAIN project. This has enhanced performance management practices in the facilities.
- Through on-site visits to monitor staff presence and productivity, UCMB strengthened HRH leadership capacity by giving technical assistance to facility managers, made joint action plans which are being implemented to improve service delivery and better human resource management practices.
- In December 2018, the Department procured uniforms for all health workers in the LLUs supported by USAID/IntraHealth, and for Kitgum and Kalongo

Hospitals. Now health workers are smartly dressed while on duty in line with the Ministry of Health guidelines.

- UCMB set up the PEPFAR HRH project database through which it is able to track details of the supported staff since the HRH project started.
- Tororo Archdiocese has had the highest retention rate, quite an improvement unlike in the past where it lost, on average, 6 staff per year. Under the Mildmay HRH project, Kasana-Luweero Diocese has had the highest turnover with 1 staff leaving per quarter.
- All health workers have been paid salaries. For the Mildmay project there has been timely salary payment throughout the year. However, there were delays in January - July from the then Implementation Partner-USAID/SUSTAIN

The key challenges to programme implementation in the year were, therefore, delayed salary remittance by USAID/SUSTAIN which affected staff morale, resulting in staff departure and other service disruptions. The project experiences relatively high staff turnover—with 33% joining local government positions (as reason for departure from the facilities), while 23% took on further studies. Few staff leave due to disciplinary reasons.

b) USAID/UHSC support to UCMB

The Uganda Health Supply Chain (UHSC) project is a USAID-funded programme implemented by Management Sciences for Health, aimed at contributing to the Uganda Ministry of Health's medicines policy objective of improving the health status of Ugandan population by increasing availability, accessibility, affordability and appropriate use of EMHS, including RMNCAH. At district level, the project supports both government and PNFP facilities to contribute to this policy objective. In 2014, UHSC started supporting UCMB facilities (part of the PNFP sector) in medicines management interventions through capacity building, provision of assets (computers with internet connectivity and motor bikes) to the Diocesan Health Coordinators (DHCs), and funding routine support supervision at the facilities under their jurisdiction. The medicines management interventions cover areas of management of essential medicines and health supplies, HIV/AIDS commodities, TB and lab commodities and pharmaceutical financial management. In some dioceses with many or widely spread facilities, an additional supervisor was nominated by the diocese, trained by UHSC and supported with a computer, with internet connectivity and a motor bike.

Through this support, routine supervision in medicines management across entire continuum (essential medicines and health supplies, HIV commodities management and pharmaceutical financial management) has been consistent and stable. UHSC has also supported the setting up of the Primary Health Care (PHC) fund for health commodities at the Joint Medical Stores (JMS). This has greatly helped with financing for health commodities since each of the UCMB facilities has an account it can now draw health commodities from at JMS without directly paying. Accordingly,

availability of medicines across the network and management of finances for health commodities has greatly improved since inception in 2014.

c) The BTC/PNFP RBF Project (Rwenzori and West Nile)

The Project closed in December 31st, 2018**.**

The ENABEL (formerly BTC)/MoH project for institutional support to the PNFP health sub-sector to promote universal health coverage through Results-Based Financing (RBF) in Uganda, was implemented in 17 districts of West Nile (Arua and Nebbi Dioceses) and Rwenzori Regions (Fort Portal and Kasese Dioceses). The project supported both public and PNFP facilities since 2014 and transitioned to a Strategic Purchasing of Health Services in Uganda (SPHU).

The project's objective was to increase output and patients' accessibility to quality health care through strong MoH-PNFP partnership through financial, human resources and functional aspects of the Ugandan health care system. Of the 49 PNFP health facilities in the 2 regions, 34 UCMB accredited facilities (including 5 hospitals), accounting for 69.4% of facilities, benefited.

The project provided technical and financial assistance to UCMB and the respective Diocesan Health Coordination Offices (DHCs) in the project areas, so that they could fulfil their advisory, technical and supervisory roles towards the accredited health facilities. This has facilitated the integration of the RBF into the operational plans of health facilities, thus, increasing programme ownership and sustainability.

The UCMB was a member of the Project Steering Committee—the national-level decision-making body for the project.

ENABEL RBF Project Outputs

- The proportion of maternal deliveries in PNFP health facilities increased from 40% in 2014 to 65% in 2017. Deliveries in UCMB hospitals in the project regions increased on average by 16.6%.
- From FY 2013/14 to FY 2017/18, there was general decrease in total utilisation (total SUO) of the 5 hospitals in the project region—a decrease by 42.5% in the period—, which may be due to the concurrent project implementation in Public Facilities, which facilitated utilisation in the public facilities (*which don't charge fees*). The pattern is the same in accredited LLUs. In the project period, total income for hospitals increased, on average, by 33.4%, while the average user fees/service output for the hospitals increased by 43% in the same period. The project had a contractual requirement for PNFP facilities to reduce their user fees for services. This did not happen.

- The total value of debt in PNFP health facilities enrolled into RBF reduced from 7.1 billion shillings in 2014 to 4 billion shillings in 2017. This is mainly due to RBF payments, which facilitated payment of the debts.
- The project supported health facilities with various essential medical equipment, such as modern x-ray machine for Nyapea Hospital, delivery beds and an assortment of equipment for various other facilities.

d) The USAID/PHS Health Systems Strengthening Project

The Project closed in April but its activities were transitioned to another implementing partner, USAID Intrahealth.

The Uganda Private Health Support Program (UPHSP), with funding support from USAID was supporting UCMB for a Health Systems Strengthening Project, which ran from May 16th 2017 to April this year in 65 health facilities across 18 districts (so called PHS districts), They included 14 hospitals, 2 health centre IVs (Benedict Health Centre IV and Rushoroza HC IV), 51 health centre IIIs, spread across 12 dioceses.

The PHS Project supported the Bureau to;

- Train 2 HC IV and 12 high volume HC III managers on Integrated HRIS to improve HRH management processes.
- Review and update the HR management manuals corporate governance manuals and financial management manuals in hospitals and LLUs.
- Develop standardized and customized HR performance management tools.
- Supported the 2017 Catholic Health Network Annual General Assembly
- Finalized the UCMB Corporate Governance Training Manual
- Conducted 10 hospital board inductions/refresher trainings, 5 diocesan health board induction trainings, 6 diocesan health assemblies, and 7 hospital assemblies.

The above support to the Bureau and the network, therefore, improved HRH management processes, fostered sustainable financing mechanisms, strengthened leadership and management systems and improved Quality Improvement Initiatives at the Bureau and within the network.

e) The WATSI/ Rwibaale Universal Health Project

The Universal Healthcare Project (UHP) is a pilot at Rwibaale Health Center III, a UCMB-accredited unit in Fort Portal Diocese, funded by WATSI, a U.S. NGO that builds technology to finance healthcare for everyone by crowd funding for surgeries and increase of coverage of primary care. The project started in March 2017 and will end in February 2020. It uses capitation financing and technology—mobile technology, Meso®, to improve institutional (health facility) efficiency and increase access to affordable quality health care services UCMB is providing technical

support and advice to the project and ensuring linkages with network and national health goals.

The following were some of the achievements of the project:

- The UHP team, including UCMB, attended and participated in the 3rd national community health insurance conference in Kampala in November 2018 and made a poster presentation on the topic "Improving Efficiency of Member Management Processes in Community Health Insurance Schemes using Mobile Technology": Experiences from the Rwibaale Universal Health Project". The team has received numerous expression of interest in the mobile technology application.
- Conducted feasibility study on possibility of transitioning the capitation financing mechanisms into community based health insurance scheme with technical support from the Coordinator of Kabale Diocese Community Health Insurance Scheme (KDCHIS).
- The Rwibaale catchment community enrolment in the Watsi/UHP increased by 31% in 12 months from January 2018 from 6,273 members.
- The Rwibaale Health Centre III received 12,216 OPD attendance (79% UHP members), 1,636 admissions (29% UHP members), and 688 maternal deliveries (10% UHP members). Only 7% of the mothers attending the health facility for possible delivery were referred to hospitals. It is noteworthy that majority of the deliveries at the facility are non-UHP mothers—which are probably mainly from areas not covered by the project.
  The health facility received UGX. 229,813,100/= in capitation financing from UHP –which accounted for 38.8% of the total facility income. The improved financing to the facility ensured improved staff bonuses, capital infrastructural development and medicines/supplies availability. The facility has also experienced increase in the requirement to broaden the service scope; for example, sub-specializations, such as. ENT, optical care and dental care and other services such as ultrasonography and surgery interventions as well as additional HRH cadres such as medical officers.

14.0. Technical Assistance Programmes to UCMB

The UCMB has received technical assistance support from partners, GLRA, with secondment of technical personnel to support the Bureau in strengthening institutional systems for effective delivery on its mandate which include the following:

a) Strengthening laboratory services in UCMB-accredited facilities in West Nile region

The conflict in South Sudan has generated an influx of refugees in Northern Uganda, which has overstretched the health systems in the region and necessistated support, especially to contain infectious diseases such as multi-drug resistant-TB, and disabilities.

The following were the achievement:

- Strengthening of health services for communities in hardship areas in the North West of Uganda, co-funded by BEH and implemented through GLRA and UCMB in cooperation with MoH/NTLP. It focused on diagnosis of TB in health units close to South-Sudanese refugee settlements in the north-west of Uganda, as well as, on adherence to TB treatment in the area. Health worker training were conducted, technical support supervision provided and additional food supply to 200 tuberculosis patients also provided.

  The GeneXpert is contributing to increased detection of TB. Since start of the GeneXpert in March 2018, Maracha Hospital performed 1,248 Sputum Tests for TB and detected 94 cases and 3 cases which are resistant against the standard treatment regime and require special treatment. In comparison with TB diagnosis by microscope, only this has increased detection rate from approximately 6% to 7.5%. Microscopy is also not able to detect resistant cases and would subsequently delay treatment for almost 2 months. GeneXpert technology increases performance of the entire district to increase case notification rate in Maracha District.
- Establishment of TB burden in a refugee settlement through a Combination of Village Health Team (VHT) Administered Intensive Case Finding Forms (IFCs) and GeneXpert Technology**.** This is an operational research project to determine the burden of TB in South-Sudanese refugee settlements in West Nile. The GeneXpert equipped site (Maracha Hospital) will participate in the laboratory investigations.
- Strengthening the quality and scope of community health care to improve detection, treatment and prevention of health conditions, particularly disabilities, among vulnerable households in rural North - West Uganda. This project aims at increasing the quality and scope of community nursing, particularly for neglected topics such as disability. This has improved access of rehabilitative services to the remote communities within Maracha Hospital catchment area by improving the capacity and referral system. For detecting and managing disabilities at an early stage, the training will be supported by COMBRA, the Community Based Rehabilitation Alliance, and includes the making of simple assistive devices to improve the quality of life of affected persons.

15.0. Other activities by the Technical Advisor

a) In October, the Laboratory of St. Francis, Nsambya Hospital, got accreditation for the International Laboratory Standard ISO 15189 by SANAS (South African National Accreditation System). This standard shows that the laboratory is competent and results are accurate and reliable following defined criteria and procedures. The process of implementing the standard was technically supported by UCMB. All laboratories following ISO 15189 adhere to standards which makes them internationally comparable. Also

provided Technical advice and support to selected Hospitals like Nagalaama, Aber, Lacor etc

b) The UCMB benefited from HORIZONT-3000 technical personnel support for institutional and health systems strengthening in the country. A resource mobilization approach incorporated in the UCMB strategy implementation (with the advantage of a firm data and knowledge base was developed and will be enabled through the UCMB business development initiatives.

Challenges

1. Heavy dependence on non-fungible vertical project grants restricts the possibility of supporting diocesan offices and health facilities in cross-cutting areas that should strengthen systems.
2. Difficulty in getting funds for important programmes such as NFP and clinical pastoral care which are not supported by PEPFAR. Current sources, such as the USCCB, do not allow payment of salaries.

Recommendation to Bishops

1. Bishops need to resume the conversation about granting hospitals semi-autonomous legal status (as NGOs or companies limited by guarantee), however, with due care ensuring that in the process ownership of the institutions are not hijacked. Non-autonomy rests in full responsibility for litigation on the Registered Trustees of the diocese. On the other hand, the Bishops also need to maintain good relationship with the founders or managing organizations in the health facilities.
2. Currently certain powers are assumed to be delegated to boards of governors of hospitals or to the executive heads by virtue of appointment. Certain powers require delegation through written power of attorney; for example, the power to sign contracts or to keep the seal of the hospital. Bishops are advised to study this once again and consider adoption of the recommendation to make delegation of such powers made through clearly written powers of attorney.
3. A number of health training institutions are coming up in Uganda that are not part of any hospital. Also, there is the temptation to separate the governance of the training institutions from that of the hospital. UCMB advises Bishops that whereas training institutions must have their management and financial accounts, it is not good to separate their total corporate governance from that of the hospital. Separation of their corporate governance, no matter the reason, results in, separate entities, transactional relationship, inadequate quality time for hands-on practice by trainees and mentorship, and poor quality of graduates. Therefore, any reasons advanced for such possible separation would be better sorted out to keep the institutions as one but with clear management and accountability systems.
4. Relationship between Bishops and Religious Institutes (Congregations) working in diocesan health facilities, or even in health facilities owned by the religious but within ecclesial jurisdiction of the Bishops, need to be improved.

In the past, UCMB developed and shared a template for a simple "Memorandum of Understanding" for streamlining such relationship.

5. Bishops whose health facilities are doing badly in terms of general performance or accreditation are requested to pay more attention to the governance, management of these facilities and the diocesan coordination. Examples are the failure of all 15 health centers of Kasana Luwero failing to get accredited, the fourth consecutive failure by St Anthony Tororo to get accredited and its high indebtedness to JMS.
6. Bishops are asked to get interested in the high indebtedness of their facilities to Joint Medical Store. Some of these are simply due to bad management decisions. The level of debts will be provided to individual Bishops for their information.
7. Take the lead in promoting Natural Family Planning using all available opportunities and ask the rest of the clergy to do the same.
8. Urge Pax Insurance to explore the possibility of also establishing a Health Insurance product.