MAYANJA MEMORIAL HOSPITAL FOUNDATION

ANNUAL REPORT 2024/2025



MMHF Executive Director Dr. Bernard Mayanja during his support visit to the CBO sub Granted on the GC 7 project, 2025

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October 2024 to September 2025

Acknowledgements

MMHF Board and Management acknowledge the contribution and support rendered by various stakeholder during 2024/2025 financial year. Special appreciation goes to the following;

i. The Government of Uganda, through the Ministry of Health, for providing an enabling policy environment, political support and good governance that facilitated smooth running of organization programs.
ii. TASO Uganda Ltd, as the Principal Recipient, for their oversight, technical assistance, and effective sub-grant management.
iii. Partner organizations including CBOs, private health sector entities, religious institutions and community-based groups, for their active participation and commitment.
iv. Local government authorities in the districts and sub counties (both technical and political leaders), including the CAO's office, LCV chairpersons, DHOs, Community-Based Services (CBS), LC III chairpersons, senior assistant secretaries, parish chiefs and LC I chairpersons, for their partnership and guidance
v. The District Health Teams and health workers, whose tireless efforts in malaria and Tuberculosis management and active participation in grant activities have been vital.
vi. Village Health Teams (VHTs) for their crucial role in health promotion at community level, and facilitating linkages with health facilities.
vii. The communities in the implementation districts for their participation and involvement in project interventions at household level.

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Acronyms

ABBREVIATIONS	DESCRIPTION
TASO	The AIDS Support Organization
MMHF	Mayanja Memorial Hospital Foundation
GC7	Grant Cycle7
GF	Global Funds
MOH	Ministry of Health
BOD	Board of Directors
PNFP	Private not for Profit Health facilities
PFP(s)	Private For-Profit Health facilities
VHT	Village Health Team
CAO	Chief Administrative Officer
DHIS2	District Health Information System
ICCM	Integrate Community Case Management
NMCD	National Malaria Control Division
DHMT	District Health Management Team
DHT	District Health Team
LLIN	Long Lasting Insecticide Treated Mosquito Net
IMT	Incident Management Team
DHE	District Health Educator
DHO	District Health Officer
HCWs	Health Care Workers
HCIV	Health Centre IV
HC III	Health Centre III
HC II	Health Centre II
HSD	Health Sub-district
AIMO	Assistant Inventory Management Officers
ADHO	Assistant District Health Officer
ANC	Antenatal Care
CBOs	Community Based Organizations.
TB.	Tuberculosis

Executive Directors Summary

Mayanja Memorial Hospital Foundation (MMHF) is proud to present this annual performance report covering the October 2024 to September 2025 period. Appreciation goes to the Board of Directors for their oversite support and guidance, Management team and staff for their tireless effort and support provided during the implementation of the organization programs in the period.

Financial support and technical guidance rendered by TASO team can't go without being recognized. The support enabled the organization to contribute efforts to supporting Uganda Malaria reduction and elimination strategy and TB strategic plan.

Some of the registered achievements of the year include; 12,810 VHTs were supported to promote community health programs, 382 health facilities provided with technical support and mentorship by district health teams, 7,922 individuals reached with health promotion and education messages, 116 private sector health facilities were supported in malaria case management and reporting, 376 health workers were mentored on management of Malaria in Pregnancy, 13 CBOs provided with seed grants to implement community intervention and 6 CBOs for Community Led Monitoring to promote advocacy for better services. Other programs in the organization included staff team building events, capacity building for the staff, Board, Management and staff meetings.

Approval of the Report

The "Mayanja Memorial Hospital Foundation (MMHF) annual performance report covering the October 2024 to September 2025 period is here approved by the MMHF Management committee

..... 29/10/2025

Tibamanya Timothy **Date**

Programs Manager

..... 29th Oct 2025

Dr. Bernard Mayanja **Date**

Executive Director

MAYANJA MEMORIAL HOSPITAL FOUNDATION
29 OCT 2025
HEALTH & DEVELOPMENT

1.0 Introduction and Background

Mayanja Memorial Hospital Foundation is a national non-governmental organization (NGO) registered in 2007 after 4 years of operation as a CBO established to offer health and community development services to promote household resilience through improved health in vulnerable and hard to reach communities in Uganda

Vision: Community Empowerment in health for Social Development

Mission: To improve equity, access, efficiency, quality and sustainable health for vulnerable communities in Uganda.

Core Values: Compassion, Integrity, Accountability, Responsibility

Organization's Objectives

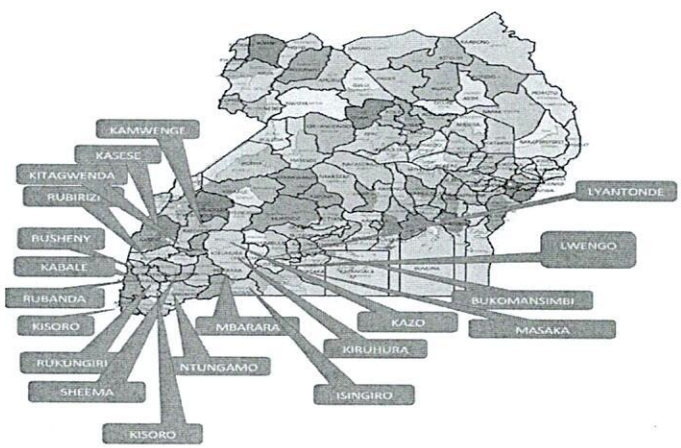
1. To prevent and mitigate the impact of HIV/AIDS in vulnerable communities in Uganda
2. To promote safe motherhood interventions in Uganda
3. To prevent and control communicable and non-communicable diseases
4. To build capacity of community structures for improved service delivery
5. To build capacity of MMHF human resource and infrastructure

1.1 Organizational Governance and Staffing

MMHF is governed by a 7-member Board of Directors headed by the chairperson with sub committees of finance and procurement, human resource and appointments, projects, research and environment. In FY 2024/2025, the BOD and sub committees continued to provide stewardship and oversite support to the organization.

1.2 Geographical Program Scope

In the FY 2024/2025, MMHF had programs in the following districts



1.3 Partnership and Collaboration

Partnership with MOH, TASO, District local governments, Community-Based organization continue being strengthened

2.0 Team Building Events

In 2024-2025, team building activities were conducted for the staff. This was to enhance bondage as well as to enable the teams to re-energize from work related exhaustion



Staff Team Building Activity in Nabugabo Beach, Masaka

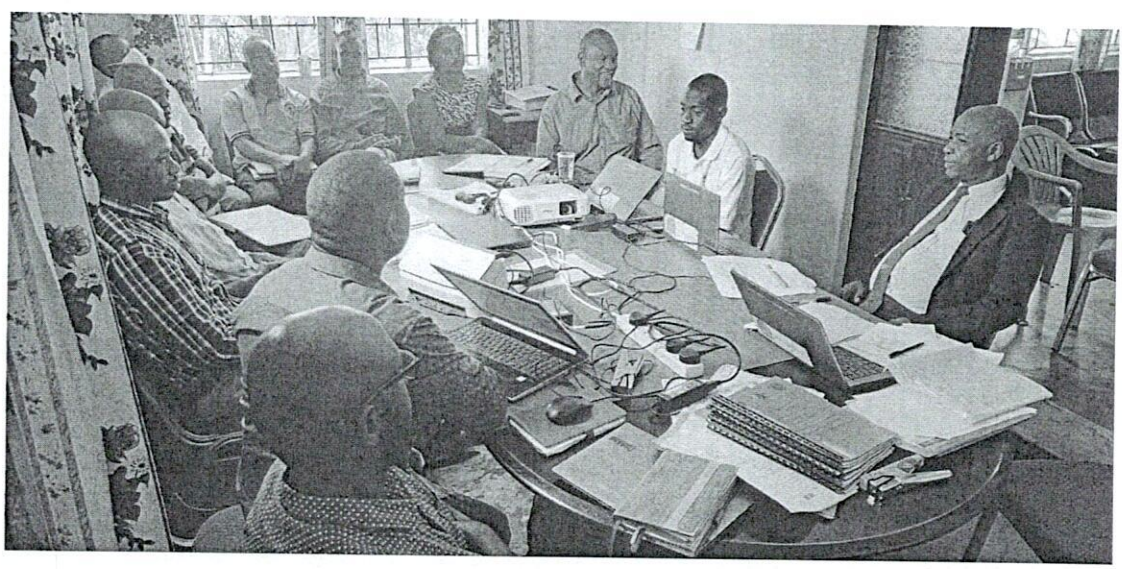
2.1 Birth Day Celebrations

As an innovation to motivate staff, monthly birth day celebrations are held for all staff whose birthday fall within the same month



Celebrating a Birth day Event for MMHF Staff at Office

3.0 Capacity Building Programs

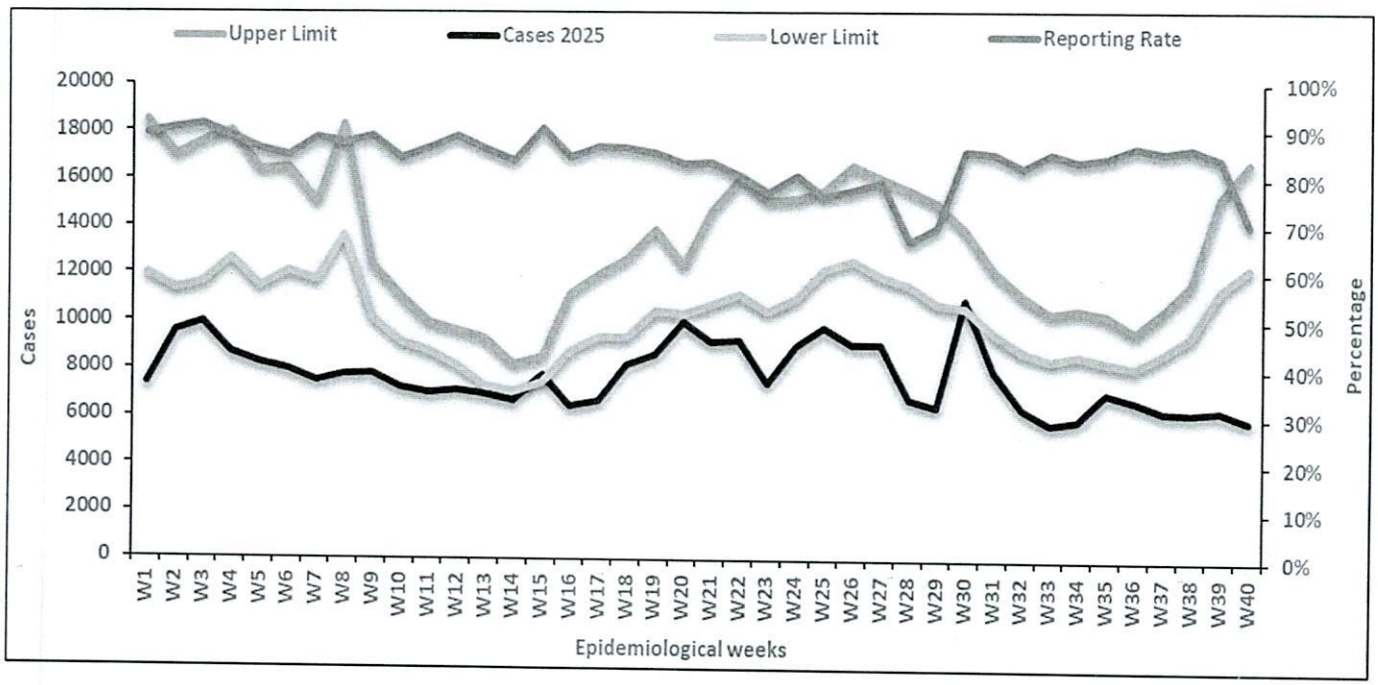


MMHF staff had opportunity to be oriented on district lead programing as part of capacity building required for effective program management

4.0 PROGRAMS ACHIEVEMENTS-MALARIA

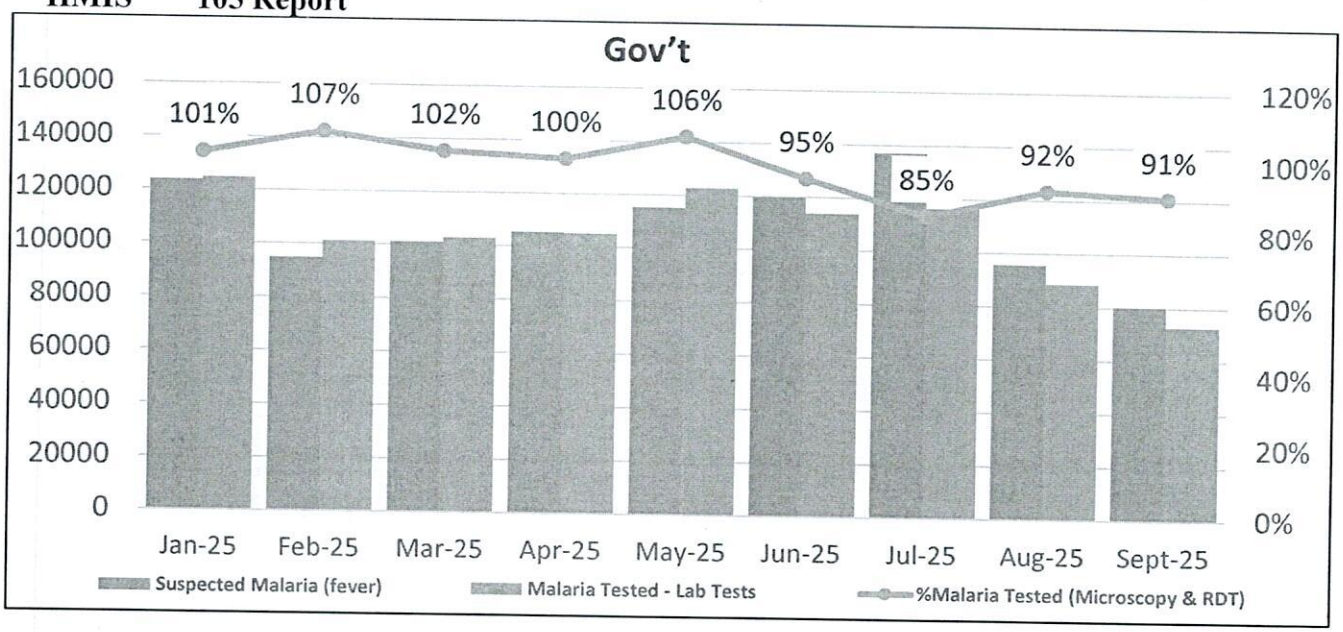
4.1 Effects of intervention on Malaria reduction and reporting

a. 033b Malaria Normal Channel – MMHF District of Support (Wk1 – Wk40 2025)

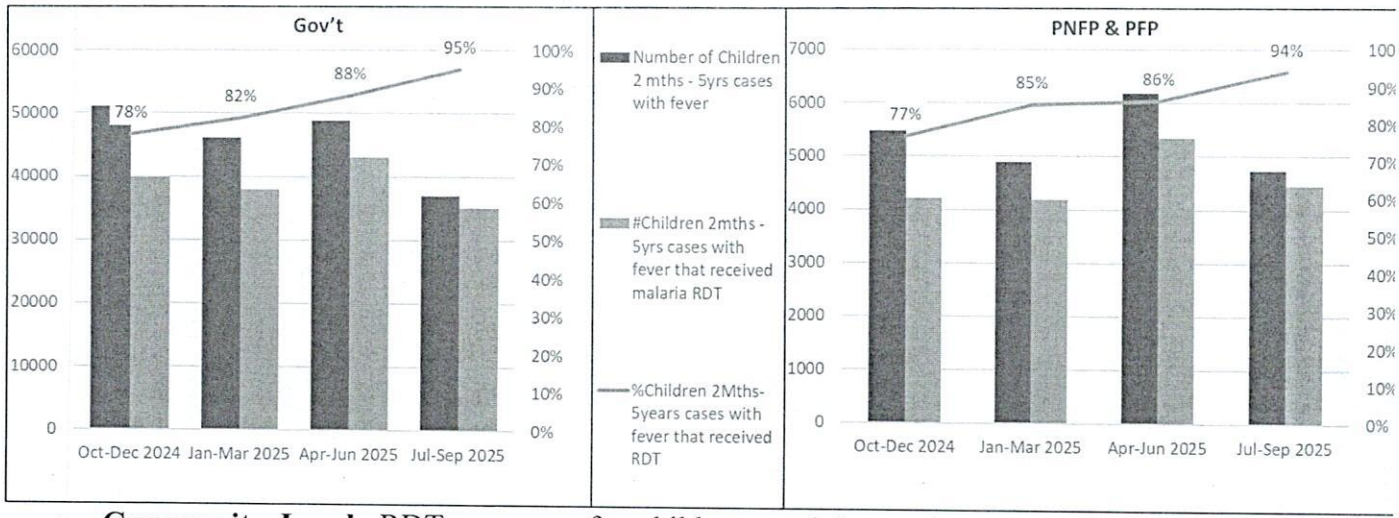


During the reporting period, 033b reporting rate was maintained above 85% and malaria cases sustained below the lower limits

b. Proportion of suspected malaria cases that receive a parasitological test at the facility level – HMIS 105 Report

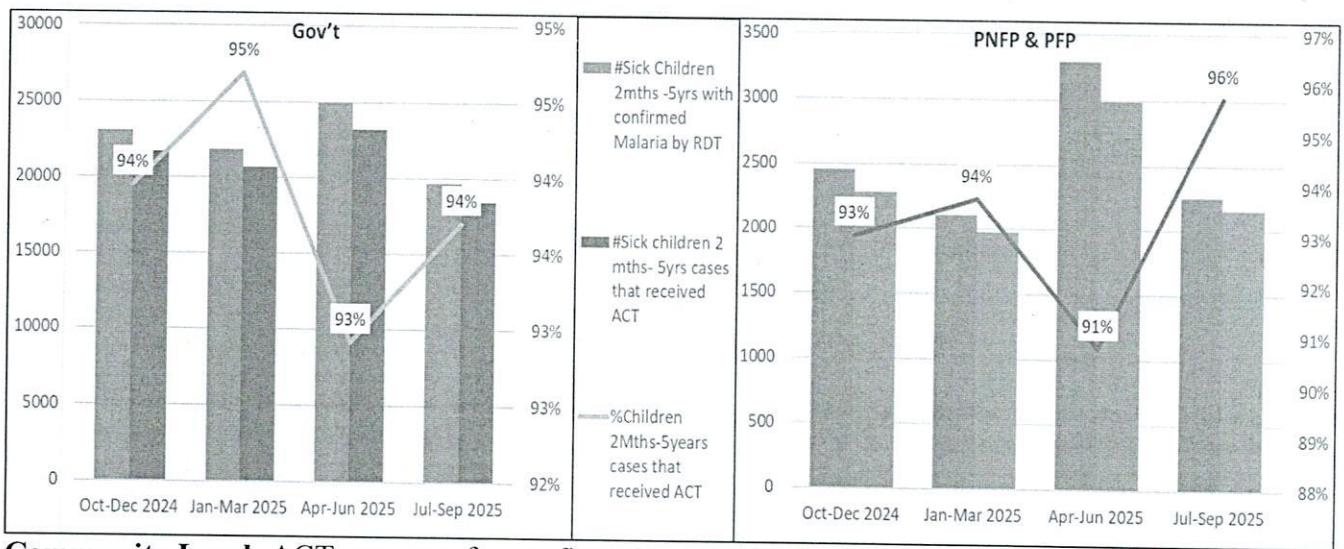


c. Proportion of suspected malaria cases that receive a parasitological test at the community level – 097b VHT Report



- **Community Level:** RDT coverage for children aged 2 months–5 years improved steadily, reaching 94% (PNFP/PFP) and 95% (Gov't) by Q3. attributed to limited stocks outs, good collaboration of HFs with VHTs maintaining regular distribution and redistribution of malaria diagnostic tests

d. Proportion of confirmed malaria cases that received first-line antimalarial treatment at Community Level - HMIS 097b Report



Community Level: ACT coverage for confirmed cases among children remained above 90%, peaking at 96% (PNFP/PFP) and 94% (Gov't) in July – September 2025.

e. VHT Coordination meetings

VHT coordination meetings bring together Village Health Team members to discuss health issues, share information, and plan community health interventions. During the year, 1,406 meetings were conducted across iCCM districts, attended by 33,745 VHTs, achieving 128% and 92% of respective targets. These gatherings fostered collaboration, knowledge sharing, and community health planning. Leveraging on coordination meeting to support last mile distribution of community tools to VHTs and Health Facility.

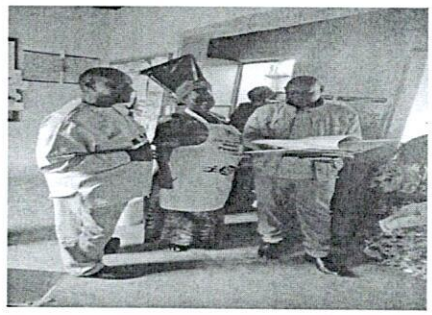


f. Quarterly Data cleaning

Quarterly data cleaning meetings were conducted across all 14 districts, reaching 91 meetings to support 1,445 health workers. This activity ensured that data in the system was complete, accurate, and reliable for decision-making. Achievement stood at 233% for meetings and 120% for attendance.

g. Coordination/oversight/spot check visits conducted by SR.

Monitoring visits were conducted to ensure implementers adhered to established protocols, procedures, and best practices. This oversight is essential for consistency, accountability, and achieving desired outcomes. A total of 31 visits were conducted, covering 14 districts/cities, achieving 62% of the respective targets.





h. DHMT Support supervision to Health Facilities.

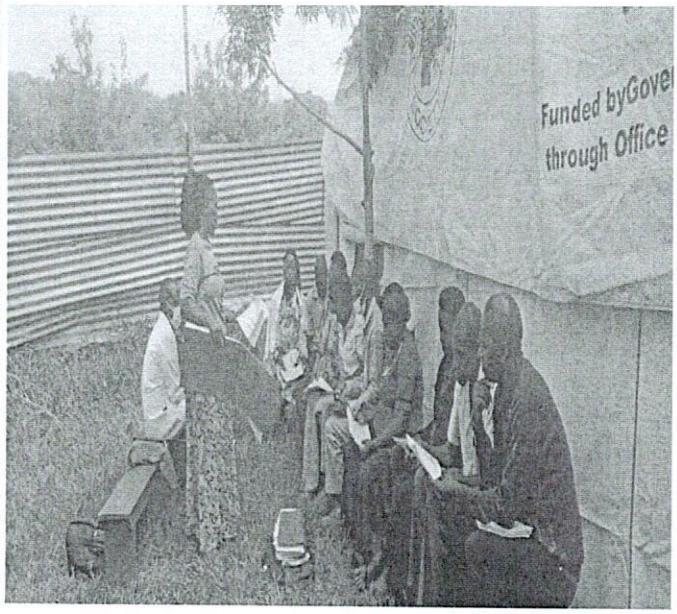
District supervision aimed to promote quality healthcare by monitoring performance, providing technical support, identifying issues, and implementing corrective actions. This was achieved through 338 visits to 129 health facilities, surpassing targets by 262% and 184%, respectively. These efforts contributed to continuous improvement in healthcare delivery across supported districts.

i. DHMT Support Supervision to VHTs

To strengthen community-level health service delivery, DHMTs conducted 124 supervision visits to VHTs, supporting 328 VHTs. This represents 105% and 110% achievement against targets, reinforcing VHT capacity in case management, reporting, and community engagement.

j. Health Facility Support Supervision to the Community

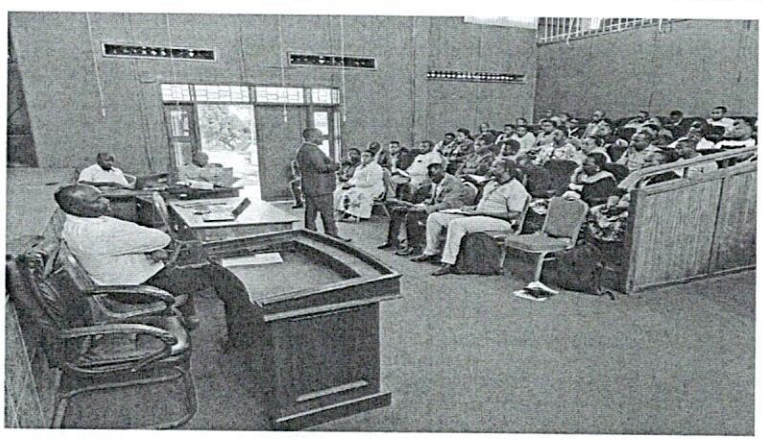




The primary aim of health facility support supervision to the community is to improve the quality of health services and strengthen the health system by guiding, monitoring, and coaching village health workers. This quarter, 382 health facilities conducted supervision, reaching 7,265 VHTs in communities with high malaria burden and data management challenges. Achievement stood at 100% and 162%, respectively

k. District performance review meetings.

Performance review meetings were conducted in 17 districts, exceeding the target of 14. 58 meetings were



conducted reaching 3,081 participants, achieving 116% and 78% respectively. Discussions focused on malaria case management in the private sector, pregnancy interventions, reporting quality, and strategic decision-making.

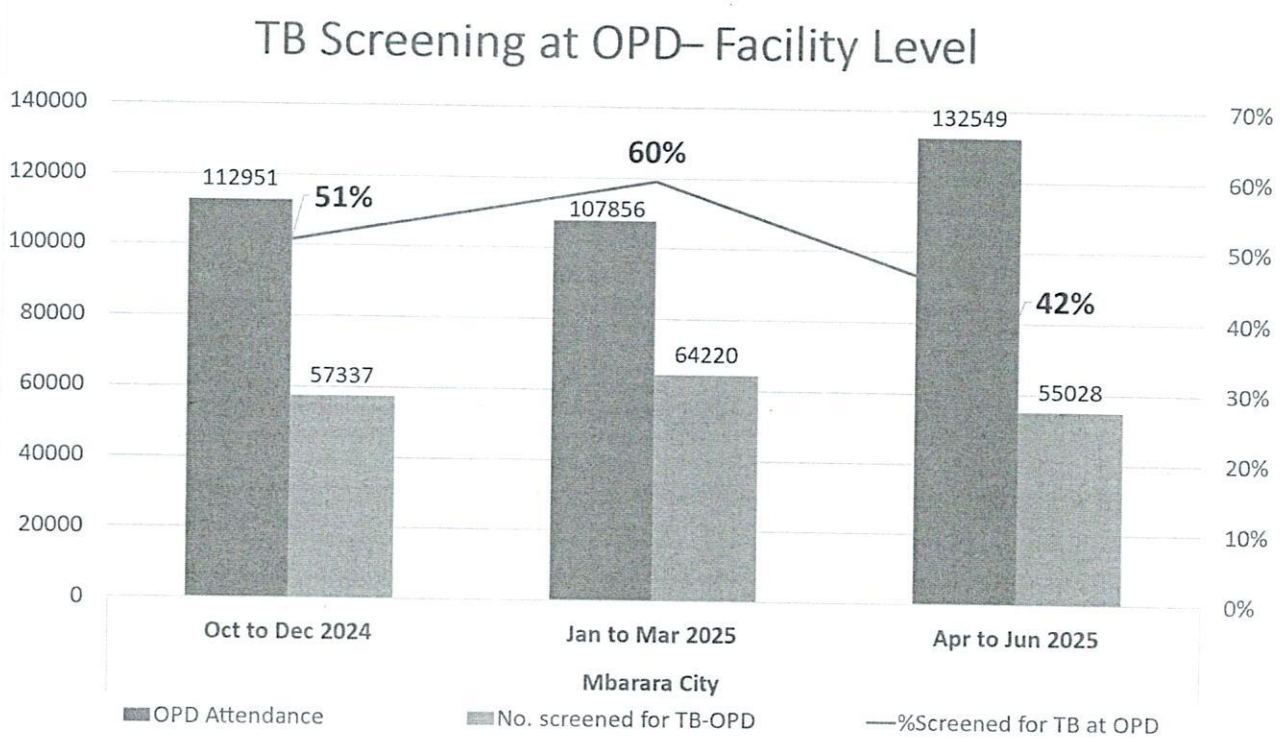
L. Targeted Community dialogue

The core objective of targeted health community dialogues is to spark collective progress by fostering community involvement, collaborative problem-solving, and grassroots solutions. A total of 442 dialogues were conducted by CSOs/CBOs, reaching 11,631 participants, achieving 112% and 234% of

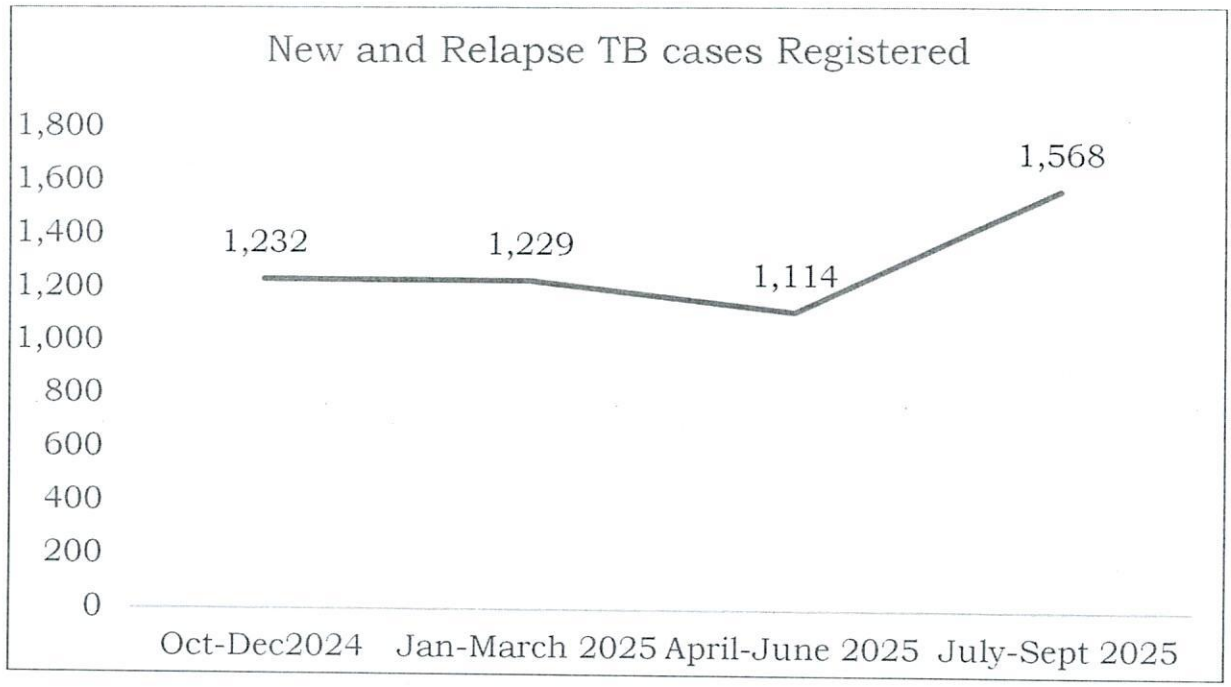
targets. Also, a total of 335 post dialogues were conducted by CSOs/CBOs, reaching 7,922 participants, achieving 85% and 159% of targets These engagements bridged gaps between communities and healthcare providers, promoting health-related rights and responsibilities in the context of malaria



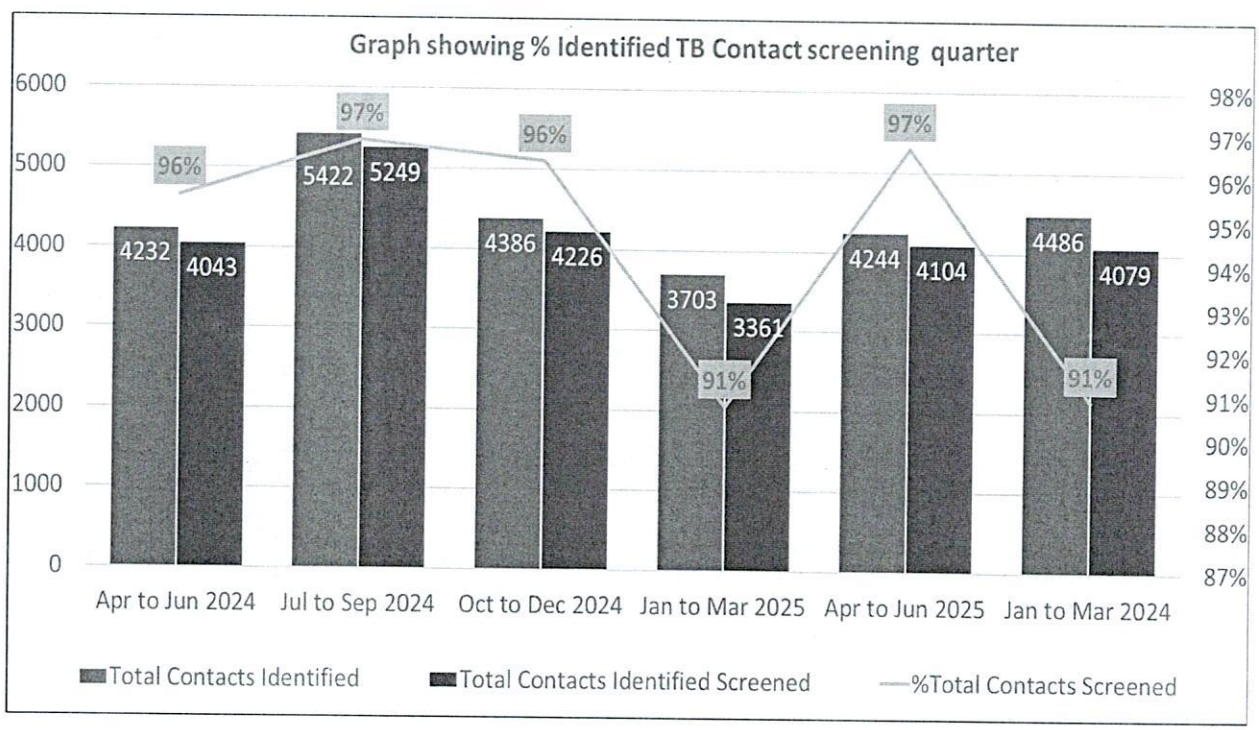
5.0 PROGRAM ACHIEVEMENT-TB AND RSSH.



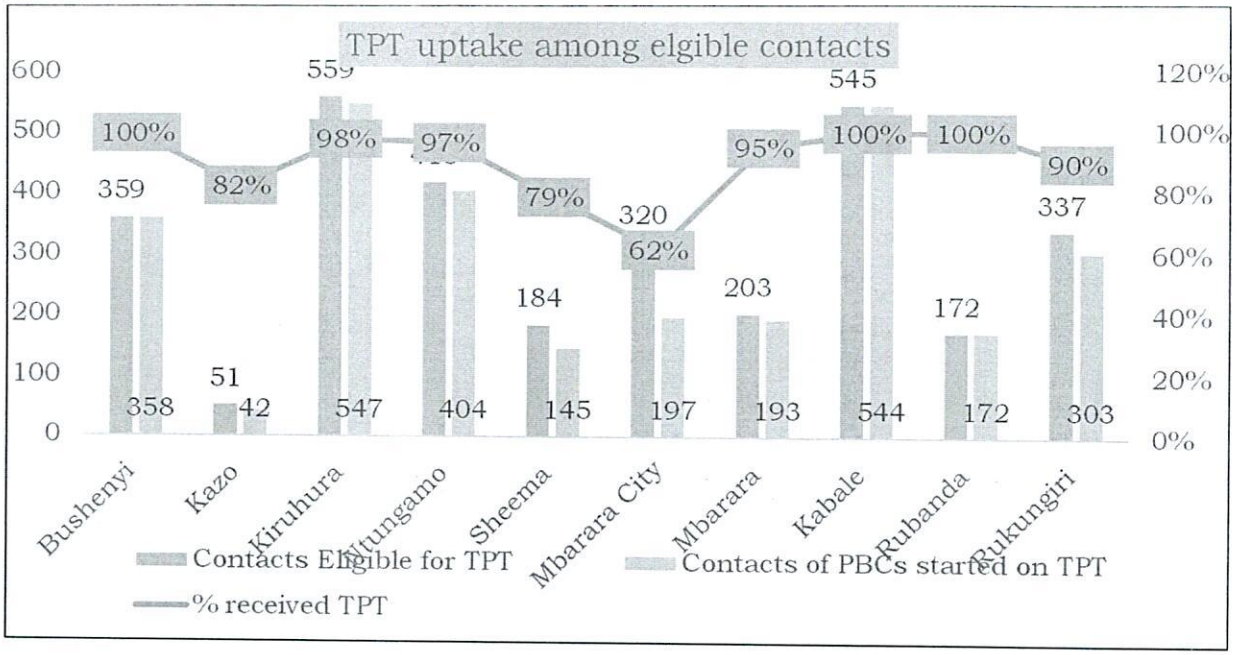
Trends of New and Relapse TB cases Registered



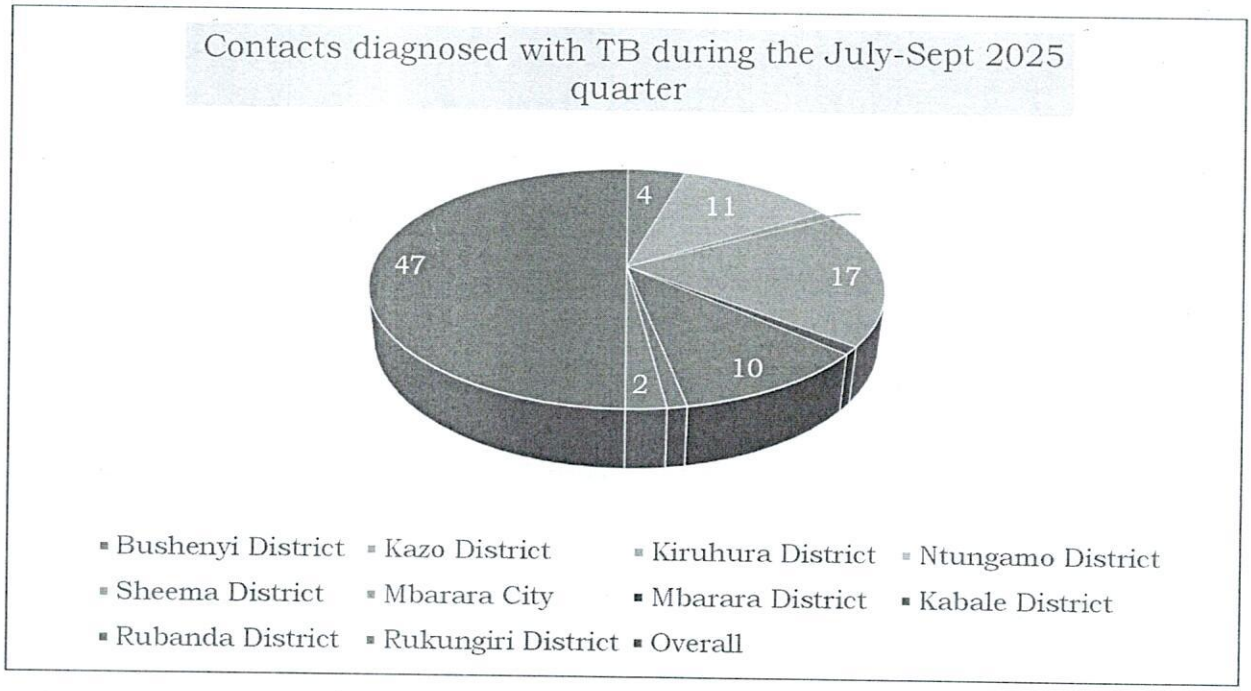
Graph Showing Percentage Identified TB Contact Screening Quarter



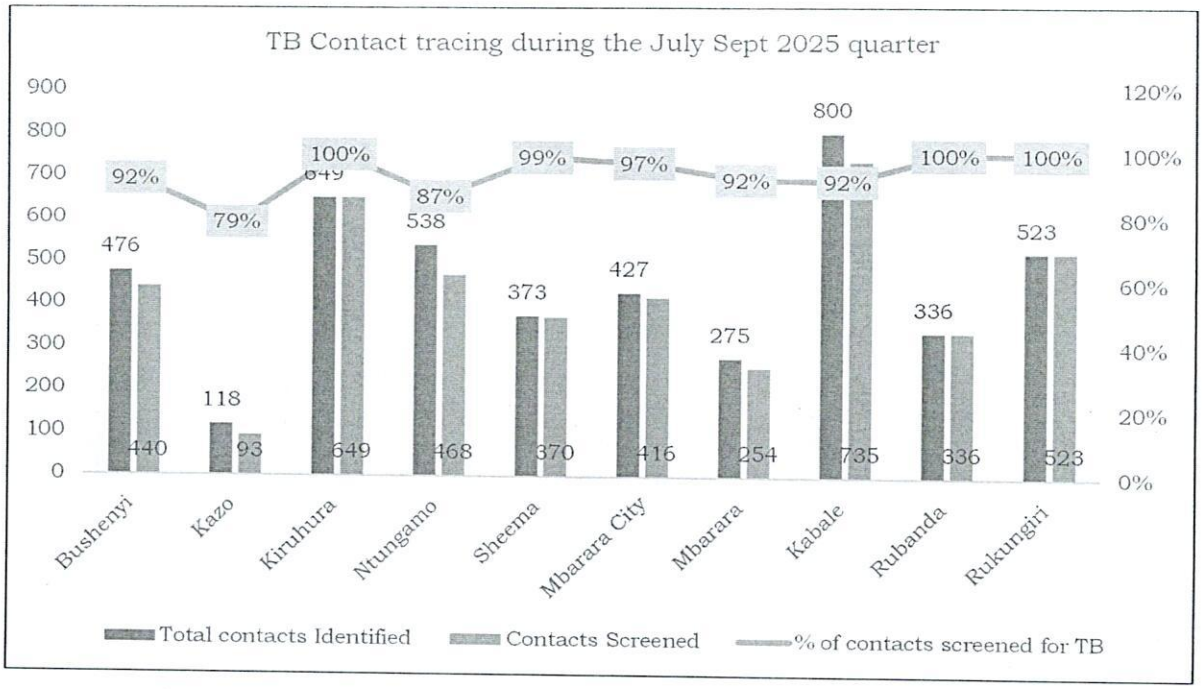
TPT Uptake among eligible contacts July-Sept 2025



TB Yield from contact tracing (July-Sept 2025)



TB Contact tracing cascade (July-Sept 2025)



i) Key achievements registered.

- 1,385 contact tracing visits were conducted, resulting in 102 TB contacts diagnosed and initiated on treatment.
- 11,332 people were reached through CBO-supported community mobilization and health activities.
- 5,004 people were reached through CBO capacity-building/community advocacy activities.
- Health workers and CBOs demonstrated improved technical capacity, reporting, financial management, compliance and organizational systems.
- CLM strengthened community participation, accountability and responsiveness of health service providers.
- The shift to e-cash payments strengthened financial accountability among supported CBOs.
- Regular supervision and mentorship improved TB case management, data quality, reporting and adherence to national guidelines.

6.0 OTHER ACTIVITIES SUPPORTED.

During CAST+, activities such as; Community sensitization and health education sessions on TB signs and symptoms, transmission, prevention, and the importance of early testing and treatment, TB symptom screening during community meetings, outreaches, peer group sessions, and household visits, Referral and linkage of presumptive TB cases to health facilities for diagnostic testing, including sputum sample collection and follow-up of results, Support for treatment initiation and adherence, including home and community follow-ups for clients on TB treatment, Support to contact tracing, particularly for TB index

cases identified through CAST+ activities and Strengthening coordination and referral pathways between community teams and health facilities to ensure continuity of TB care and timely reporting were conducted.

7.0 AUDIT S ISSUES.

Audit is a function within MMHF responsible to ensure risky areas are identified, mitigated and follow up done to avoid re-occurrence through audit reports produced on a quarterly basis focusing on risk-based sampling then giving possible recommendations.

Audit issues vary from quarter to quarter with set objectives to evaluate financial management systems, process and procedures for compliance to organizational policies and donor regulations plus statutory regulations.

Audit issues under these quarters of the year and one internal audit report produced by PR are highlighted as below:

- Gaps observed in update of fixed asset register
- Non-remittance of Value Added Tax (VAT) to organizational pre-qualified suppliers by PR as donor requirement SR not to pay VAT on any goods or services paid.
- Overutilization of funds allocated in the district' budget
- Inadequate number of service providers responding to call for quotation
- Delays in remittance of payments for statutory deductions.

8.0 Key Observations and Outcomes

Implementation of CAST+ TB activities contributed to increased community awareness of TB, improved identification of presumptive TB cases, and enhanced linkage to diagnostic and treatment services. Community-based screening reduced delays in care-seeking, while follow-up by VHTs and peer supporters improved treatment adherence and retention in care. The approach also helped reduce TB-related stigma by normalizing discussions about TB within community settings and improving trust between communities and health facilities.

9.0 Challenges and Mitigation Measures

Sn	Challenges	Mitigation measures
1	Delayed reporting due to system changes & lack of HMIS tools in the districts.	Use of Biostat updates and weekly feedback loops to improve reporting. Encouraged HCWs/VHTs to implement a backup reporting mechanism (e.g., manual forms) during system downtimes.
2	Some facilities reported stockouts while others were overstocked.	Redistribution of commodities between overstocked and understocked facilities. Enhance communication with districts and in charges to support stock mgt.
3	Knowledge gaps on new HMIS tools (097b, 033b, 105, 108).	Technical Support and Mentorships were provided to Health Workers and Data Team by Biostastician
4	Inadequate LLIN distribution, affecting ANC indicators.	This was addressed during performance Review meeting & during support supervision visits by DHT.

5	Low community reporting due to phone issues and VHT recruitment into CHEW roles.	Some VHTs were on boarded and mentored during DHMT support supervision to Community and Health Facility support Supervision to community
6	Limited supervision and support for private clinics and drug shops by DHMT.	DHMT were added support visits & encouraged to prioritize private facilities in their supervision schedule to target reporting private facilities.

10.0 Partnership Engagement

District local governments played a pivotal role by providing human resources and oversight for project implementation. Their leadership in scheduling and coordinating activities, such as DHMT support supervision and district review meetings ensured timely execution across nearly all districts. Health workers and VHTs managing malaria and TB at facility and community levels were instrumental in achieving robust outcomes, especially in high-burden areas where health facility supervision reached hundreds of VHTs. Collaboration with CSOs, CBOs, and other implementing partners enriched mentorship and community engagement, notably during community dialogues in Rubirizi, Kasese, Lyantonde, and Bushenyi. Post-dialogue meetings in Rubirizi, Ntungamo, and Kasese further strengthened community feedback loops and action planning.

11.0 Quality assurance measures used during implementation

- Implementers received technical guidance from specialized experts, enhancing effectiveness, particularly during surprise supervision visits and post-dialogue feedback sessions.
- Availability of essential resources and guidelines provided a structured framework for implementation, supported by photocopying and sharing of HMIS tools to bridge shortages.
- Joint collaboration and planning with district partners promoted impactful mentorship and efficient resource utilization, especially during performance review and data cleaning meetings. Integration of activities and use of DHIS2 data helped identify weak areas and guide improvements.

12.0 Risks and mitigation measures put in place

- Delayed paperwork submission affected financial reporting; this was resolved by assigning responsibilities to specific stakeholders and reviewing submissions across all districts.
- Exaggerated transport rates were addressed by mapping rates according to actual distances covered, ensuring fairness and accountability.
- Systemic risks such as low community reporting and limited supervision of private sector providers were mitigated through adaptive planning, engagement of community leaders, and inter-district communication.

13.0 Lessons learnt.

- Local ownership drives success: Involving health facility teams, VHT Coordinators, community teams, and DHTs in planning and execution fostered motivation, accountability, and timely delivery of health services.
- Stakeholder appreciation strengthens collaboration: District leaders recognized the contributions of MMHF, TASO, MoH, and the Global Fund, reinforcing the value of multi-partner engagement despite competing priorities.
- Feedback and data tools improve performance: WhatsApp coordination, Biostatistician updates, and DHIS2 data entry enhanced reporting, responsiveness, and targeted interventions.
- Timely payments and clear roles boost morale: Fast-tracked payments and team-based report reviews improved motivation and reduced delays, while transport mapping and role assignment helped mitigate logistical risks.

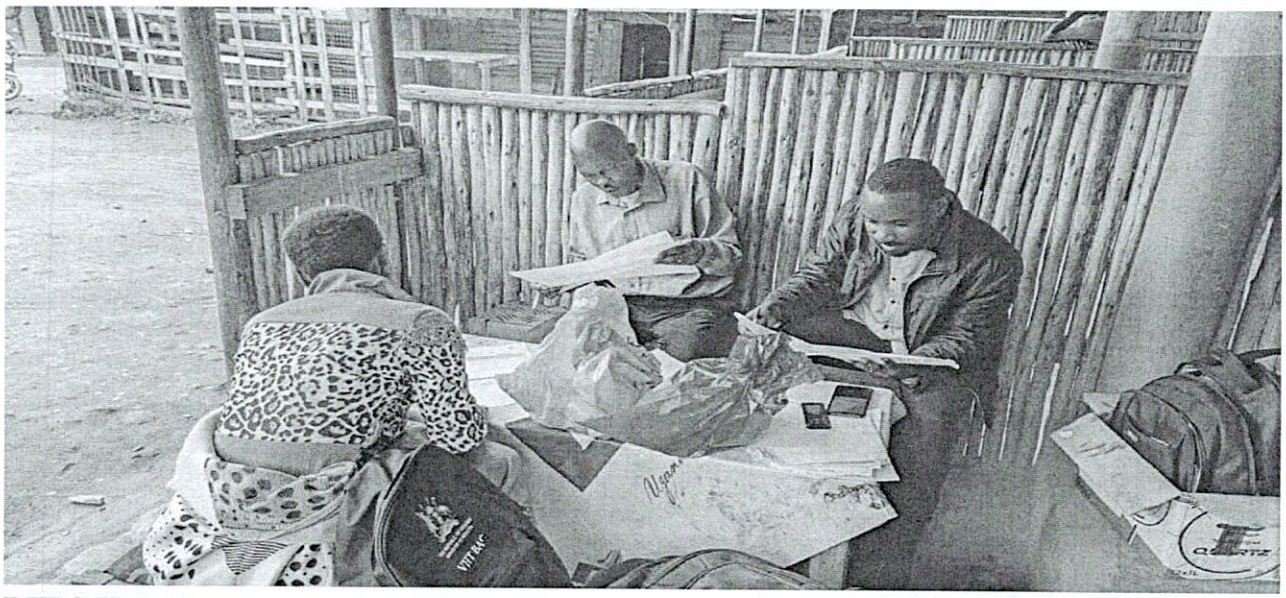
14.0 Recommendations for strategic improvement

- Enhance data use for coordinated, targeted interventions, including commodity redistribution guided by DHIS2 and Biostatistician updates.
- Strengthen mentorship for health workers and VHTs, especially in districts with knowledge gaps on new HMIS tools.
- Engage multiple stakeholders in activity implementation and advocacy, including community leaders during dialogues to address misconceptions.
- Layer interventions in high burden communities to maximize impact, using integrated approaches.
- Mobilize local leadership for community action against malaria, TB and other diseases as demonstrated in successful dialogues and review meetings.

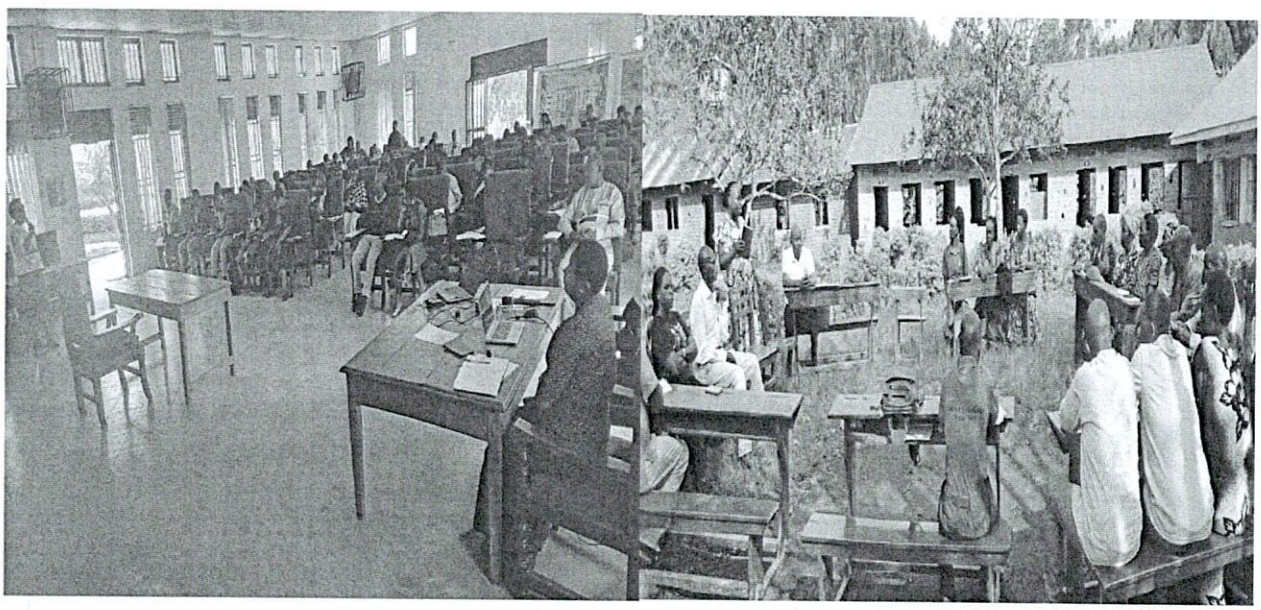
15.0 Conclusion.

Through continued collaboration, enhanced supervision, and better resource planning, MMHF aims for a more impactful and sustained effort in the coming quarter. MMHF focuses on meeting her targets and significantly reduce the burden of TB and other infectious diseases in the supported districts of implementation.

15.0 Annexes



DTLS Kabale district during contact tracing support supervision



RDC Sheema giving her closing remarks in performance review meeting Dialogue meeting with DHO at Nyangorogoro Primary school, Rubirizi District.

Gmail

Joan Nakibuuka <joanitahnakibuuka@gmail.com>

NOTIFICATION

Joan Nakibuuka <joanitahnakibuuka@gmail.com> Tue, Sep 1, 2026 at 1:04 PM
To: superior general <sgsltd2011@gmail.com>, Loice Atwongire <loiceatwongire@gmail.com>

Dear Vendor

Greetings from Mayanja Memorial Hospital Foundation

MMHF works only with vendors who are compliant with URSB , however on the URSB portal it shows that your company was struck off. It is with this background that we request to send proof of being registered by 30th September 2026.

Regards
Joanitah

Gmail

Joan Nakibuuka <joanitahnakibuuka@gmail.com>

NOTIFICATION

Joan Nakibuuka <joanitahnakibuuka@gmail.com> Tue, Sep 1, 2026 at 1:05 PM
To: AIG General Supplies Company Limited <aiggeneralsuppliescompanylimit@gmail.com>

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Regards
Joanitah

Gmail

Joan Nakibuuka <joanitahnakibuuka@gmail.com>

NOTIFICATION

Joan Nakibuuka <joanitahnakibuuka@gmail.com> Tue, Sep 1, 2026 at 1:05 PM
To: THE SOLOMON WISE SHOW ainembabazi <solomonaine@gmail.com>

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Joanitah

Gmail

Joan Nakibuuka <joanitahnakibuuka@gmail.com>

NOTIFICATION

Joan Nakibuuka <joanitahnakibuuka@gmail.com>
To: Mutaasa Rashid <ramsolutionsltd2006@gmail.com>

Tue, Sep 1, 2026 at 1:07 PM

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