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Annual Report, 2020/21
June 30th, 2021

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1.0. Forward

To make progress, you must be able to measure progress.

By: Dr Tedros Adhanom Ghebreyesus – Director General World Health Organization



I am delighted to present to you the MOD Public Health Foundation (MOD PHF) Report for the FY 2020/2021. The report covers the registered achievements, and the challenges encountered and surmounted in the execution of our mandate. The Sustainable Development Goals offer a compelling vision of a healthier, safer, fairer world, with concrete targets to work towards across all the most pressing health challenges of our time. Part of realizing that vision knowing where we are, so we can see what we need to do to achieve set targets.

The FY 2020/2021, we noted a growth trajectory for the organization since establishment in 2019. This was seen in the completion of registration of the organization as an NGO by the National Bureau for NGOs in Uganda and acquiring a three-year ordinary certificate from the Quality Assessment Mechanism (QuAM) council. These achievements strategically positioned and recognized the organization as a separate legal and tax exemption entity in the country.

Following the organizational annual theme of Strategic Partnership for Exponential growth (SPEG), the board and management of MOD PHF has continuously engaged in building partnerships through proposal submissions, engagement meetings of both physical and teleconferencing.

The emergence of COVID-19 has caused significant loss of lives, disrupted livelihoods, undermined well-being throughout the world and affected the funding opportunities that are focused towards developing countries like Uganda which has crippled many non-profit organizations. It has also underscored how unprepared most health systems were and the negative impact this can have towards achieving the Sustainable Development Goals (SDGs). One of the key lessons from the Covid 19 pandemic is that we must invest in data and health information systems as part of our overall public health capacity before crisis strikes.

Strong health systems are a core requirement for improving population health outcomes and meeting SDG health targets. MOD PHC is positioned to working with government of Uganda, Ministry of Health, and other development partners to achieve Universal Healthcare Coverage in underserved communities and sub-populations through accelerating optimal translation, uptake, and impact of new public health innovations, knowledge, and practices. Thank you!

Yashien M Wamanga, MSc

Executive Director

June 30, 2021

1.1. Executive summary

MOD Public Health Foundation is a not-for-profit Non-Governmental Organization (NGO) registered by the Government of Uganda and the National Bureau for NGOs. The structure of the organization comprises of the Board of directors, senior management team led by the Executive Director, four departmental heads emanating from Research and Innovation, Business Development, Programmes and Finance and Administration departments.

As part of MOD Public Health Foundation's growth and transformation, we have consolidated all our efforts to strengthen governance, partnership building, programme design and Monitoring and Evaluation strategies. During the reporting period, we made remarkable progress in registering incorporated company by guarantee as a Non-Governmental Organization (NGO) by the National Bureau for NGOs under the Ministry of Internal Affairs Uganda. Assessment by the NGO Quality. To enhance the institutional capacity, standards and ethical conduct and consequently raising our credibility and legitimacy, the organization was assessed by the Quality Assessment Mechanism (QuAM) council and obtained an ordinary certificate for three years. Organizational policies and procedures were developed and signed to provide a roadmap for the day-to-day operations, ensure compliance with laws and regulations, guidance for decision-making, and streamlining internal processes.

In addition to that, Programme execution enabled alignment of projects and activities in accordance with the mission, goals and values of the organization. It also provided strategic direction of the organization by creating and managing long-term goals and developing budgets and operating plan for the institution and various projects by designing, planning, controlling, performance improvement, and operations strategy of the organization. The programme execution comprised of resource mobilization, strategic Business Plan review, capacity building and mentorship programs, leadership and human resources management.

In finance and administration, we developed both annual and five years budgets in line with the work plans to give us financial control for any obtained funding to enable us to determine the organizational long-term goals and put the management on working towards them. We also streamlined and synchronized organizational communications by creating staff company emails addresses. The website was made engage our donors and beneficiaries of the services we offer, ongoing projects and their impact, understand why Organizational services are relevant and even necessary for partnership engagement opportunities.

In order to measure our progress, Monitoring and evaluation was paramount to track implementation and outputs systematically and measure the effectiveness of Programmes by holding progress review meetings with staff and management to discuss various programme performances.

2.0. Brief Introduction

The report pays particular attention to institutional governance, programme execution, key challenges and recommendations and upcoming strategies. It also summarizes trends in the progress of MOD Public Health Foundation since its incorporation as an anon profit organization in 2019.

We registered a number of key milestones which included; Registration of the Organization as an NGO, Assessment by the NGO Quality Assessment mechanism (QuAM) council, laying down key organizational policies and procedures, holding board meetings, developing organization budgets & Workplans, visibility materials, staff capacity building and mentorship workshops and developed monitoring and evaluation standard guide for the organization.

The report also brings on board key strategies and interventions to support the growth of the organization. Through Programming and execution, we designed a Psychosocial Support Program proposal (PSS) under the key strategic focus area of Community engagement for Public Health Promotion and Behavior change programs to improve psychosocial wellbeing of 12,456 vulnerable Children 0-17 years and youth 18-25 years in Masaka, Lwengo and Kalangala districts by 2025.

The emergence of coronavirus disease (COVID-19) pandemic has caused significant loss of lives, disrupted livelihoods, undermined well-being throughout the world and affected the funding opportunities that are focused towards developing countries like Uganda which has crippled many non-profit organizations. The COVID-19 crises have underscored how unprepared most health systems were and the negative impact this can have towards achieving the Sustainable Development Goal (SDGs). This is an urgency to government, development partners and local NGOs to invest in health systems, services, and workforce.

The report highlights the need to track population health and its determinants in a comprehensive and continuous manner.

3.0. Key Milestones

3.1. Governance

3.1.1. Registration of the Organization as an NGO

After incorporating MOD Public Health Foundation as a company limited by guarantee, the board and management resolved to register the incorporated non-profit entity with the National Bureau for NGOs in order to qualify for financial assistance from government agencies and local, national and international donors. During the process of registering as a national Non-Government Organization, we engaged several government structures which included district local government structures (LCs, DCDO, DHO and CAO) line government ministries (i.e. Ministry of health and Ministry of Gender Labor and Social Development), Uganda Registrations Services Bureau and national NGO registrations bureau. After engaging the above government structures, the following were the recommendations obtained.

- A letter from Ministry of Health recommending MOD Public Health Foundation to be registered by the National Bureau for NGOs.
- A recommendation letter from the Chief Administrative Officer Masaka District to the National Bureau for NGOs to register MOD Public Health Foundation as an NGO.
- District Health Office recommending MOD Public Health Foundation to the Ministry of Health.
- All local council offices (LCI, II, and III) recommending MOD Public Health Foundation to the National Bureau for NGOs to be registered as an NGO in Uganda.

Now, the institution is positioned to compete for any resources from government agencies and local, national, and international donors to sustain its social impact of contributing towards the realization of Universal Health Care Coverage among underserved communities and sub-populations in Uganda by 2030.

3.1.2. Assessment by the NGO Quality Assessment mechanism (QuAM) council.

To enhance the institutional capacity, standards and ethical conduct and consequently raising our credibility and legitimacy, the NGO Quality Assessment mechanism (QuAM) council conducted a thorough assessment on the organization systems which included governance, Programmes, Finance, Human resource and Monitoring & Evaluation. The main objective for the assessment was to create a credible, ethical, and efficient NGO sector for indigenous and Uganda-based NGOs operating in the country.

The main reasons why MOD PHF was assessed included.

- To enhance the credibility and effectiveness of MOD Public Health Foundation and contribute to the overall improvement in the public legitimacy in the sector of public health.
- Contribute to the strengthening of internal controls of the organizations to reduce the risk of fraud and ensure that accounting information, financial and program reporting is accurate and reconciling. Internal controls also ensure compliance with laws and regulations.

After satisfying the requirements for the certification, MOD Public Health Foundation was awarded a five-year ordinary certificate to operate at a national level.

3.1.3. Developed the Organizational Organogram

MOD Public Health Foundation designed its organogram to give employees more clarity, enable better decision-making and provide consistency in the execution of departmental activities. It has also enabled responsibility assignment, organize workflow and make sure important tasks are completed on time.

The Organogram comprises of the Board of directors that supervise the senior management team. The organizational management team consists of the four departmental heads emanating from Research and Innovation, Business Development, Programmes and Finance and Administration departments.

3.1.4. Key organizational policies and procedures.

MOD Public Health Foundation developed and signed off Policies and procedures to provide a roadmap for her day-to-day operations. They have ensured compliance with laws and regulations, given guidance for decision-making, and streamlined internal processes.

Organization policies and procedures have made employees understand the organization's views, culture, and values on specific issues, and what happens if they are not followed. The key policies developed during the period were.

- Financial and material resources management guidelines
- Apprenticeship policy
- Board Charter
- Procurement and Disposal policy
- Human Resource manual
- Travel policy
- Information, Communication and Telecommunication policy

Some of the policies under review include.

- Fraud prevention and management policy
- Communications policy
- Data management policy
- Conflict of interest policy

3.1.5. Registered with the states.gov platform for strategic funding.

We registered the organization with the systems Award Management (SAM) and credit bureau Dun&Bradstreet on the www.states.gov. MOD was assigned a Data Universal Numbering System (DUNS) number (Company's Social Security number to uniquely identify MOD Public Health Foundation as a reliable, trustworthiness and a stable institution to engage in any project.

3.1.6. Board of Directors meeting.

Since establishment of the organization, the Board of directors have regularly convened meetings to ensure smooth running of the organization business. This was done by setting proper direction, developing, and signing policies/guidelines, making strategic decisions, overseeing and monitoring organizational performance, and ensuring overall accountability.

3.2. Programmes Execution

Programmes department in MOD exists to execute organization projects, often with the intention of improving an organization's performance. In addition to that, it aligns projects and activities in accordance with the mission, goals and values of the organization. The Programmes support the strategic direction of the organization by creating and managing long-term goals and developing budgets and operating plan for the institution and various projects. It also embraces design, planning, control, performance improvement, and operations strategy of the organization.

3.2.1. Resource mobilization

The Board and management of MOD Public Health Foundation engaged in resource mobilization activities which included writing and submitting proposals about the calls for proposals, visiting partners for strategic engagements and designing solutions to the prevailing problems on each key strategic focus areas. Intensifying resource mobilization will be critical for continued service provision to beneficiaries, organizational sustainability, and improvement and scale-up of services the organization currently provides.

During the period, MOD engaged in the following projects.

- Carried out HIV EWI survey in 34 districts of greater Masaka region.
- Submitted a Water, Sanitation and Hygiene Project proposal to the Japanese Embassy Uganda worth \$100,000.
- Submitted a proposal for women empowerment project under the Ambassador's Special Self Help (SSH) Project to the US Mission Kampala worth \$10,000.
- Designed a Psychosocial Support Program proposal (PSS) ready to be shared with key strategic partners to support roll out. This proposal is under the key strategic focus area of Community engagement for Public Health Promotion and Behavior change programs. This programme is aimed at improving the psychosocial wellbeing of 12,456 vulnerable Children 0-17 years and youth 18-25 years in Masaka, Lwengo and Kalangala districts by 2025. This proposal is submitted to various partners thus waiting for reply from those partners.
- MOD PHF is also in the preparatory stages of establishing a PSS center in Masaka at the office to provide holistic Psychosocial support services including counseling.

3.2.2. Strategic Business Plan review

Board, Management and staff supported review of the Organization Strategic Business Plan review for the period 2020/2021- 2024/25. It has clearly defined the five key strategic focus areas which are;

- ✚ Community Engagement for Health promotion and Behavior change Programmes.
- ✚ Knowledge Synthesis, Research and Translation
- ✚ Training and Capacity Building of Public Health Workforce
- ✚ Health and Organizational Systems Strengthening
- ✚ Strategic Partnership for Institutional Development and Sustainability.

The review of the strategic plan enabled the management and staff to;

- Envision organization's future over the next 3 to 5 years.
- Define organization long-term goal.
- Assess your current environment, as well as strengths, weaknesses, opportunities and threats that the organization is exposed to.
- Develop strategies and tactics to address any identified problems or risks that affect organizational growth and development.

3.2.3. Capacity building and mentorship programs.

- The management conducted a staff capacity building and reflection workshop on leadership and teamwork. This workshop improved the morale and team work spirit among staff.
- Orientation of staff in finance and accounting procedures. Staff were oriented in the basic accounting procedures with main focus on filling/records, electronic management system (QuickBooks). This was aimed at equipping staff in proper management of finances. The orientation comprised of finance and non-finance staff to emphasize job shadowing and multitasking in the organization.
- Conducted staff professional development education (PDE) on various topic which self-awareness, Information technology and Monitoring & Evaluation.



3.2.4. Leadership and Human resource

At the start of 2021, the Board of Directors appointed and inaugurated the Executive Director for MOD Public Health Foundation to lead the growth and development of organization. In the appointment, the Executive Director was responsible for the whole success of the organization by supervising and controlling all strategic and business aspects of the organization and giving proper strategic direction as well as creating a vision for success.

Since the organization is still a growing concern, the Board of directors tasked Executive director to build and strengthen program partnerships and networks with strategically identified stakeholders to improve organization competitiveness, visibility, and strategic positioning in the donor market.

The organization has 12 staff who are re-aligned in different departmental functions of Research and Innovation (Research & Innovation Manger, M&E officer, Data Officers), Business Development (Business Development manager, Grants & Partnership Officer, Public Relations officer), Programmes (Programmes manager, capacity building & Training manager, project officers/Social workers), Finance and Administration (Finance manager, Accountant, IT officer, Administrative Assistant). Others include driver, security officer and cleaners under administration.

During the period, the organization engaged key resourceful staff with high levels of experience in Psychosocial Support (PSS) to support establishment of the PSS Center in the district and start services provision.

3.2.5. Collected data on behalf of Ministry of Health for assessment of Early Warning Indicators (EWI) from facilities providing HIV Care/ART services in Masaka Region-Central 1 by the Ministry of Health.

The Ministry of Health in conjunction with the Nation Drug Resistance Technical Working Group with support from Global Fund to Fight AIDS, Tuberculosis and Malaria, conducted a survey on HIV Drug Resistance Early Warning Indicators (HIVDR EWI). This survey was aimed at tracking specific ART programme factors that are associated with the risk of antiretroviral drug resistance and was carried out 384 health facilities providing HIV/ART care services. With technical support from Uganda Virus Institute (UVRI), MOD Public Health Foundation formed group one and supported to collect data from 34 Health facilities in the Greater Masaka region (**Table 1**). 32 of the 34 health facilities were successfully reached. Kasesero HCIII in Kyotera District and Kachanga Island HCII were inaccessible due to heavy rains and poor roads.

Table 1: Number health facilities reached for assessment of EWI for HIV Care/ART services covered in the greater Masaka region.

District	Government Health Facilities	Private Health Facilities	Total Covered
Masaka	02	02	04
Kyotera	05	02	07
Rakai	05	02	07
Sembabule	01	01	02
Bukomansimbi	03	00	03
Kalangala	06	01	07
Lyantonde	04	00	04
Total	26	08	34

The key EWIs of HIVDR that were studied included.

- On-time ARVs pill pick up, Retention on ART at 12 months
- Drug stock out (Not collected through HIV patient monitoring system)
- Viral load suppression at 12 months
- Viral load testing completion
- Appropriate switch to second line ART (Not collected through HIV patient monitoring system).
- Loss to follow up (Not collected through HIV patient monitoring system). For instance, below is the example of indicators tracked at Lyantonde (HCIV). district Hospital.

Clinic: LYANTONDE HOSPITAL				
Country: Uganda				
Year of Data Abstraction 2020				
ADULT RESULTS				
		Classification	Prevalence (%)	Data Avail. (%)
EWI	On time pill pick-up	Red	68%	100%
EWI	Retention on ART 12 months	Green	94%	100%
EWI	Drug stock-outs	Red	17%	NA
EWI	Viral load suppression 12 months	Green	97%	100%
EWI	Viral load completion 12 months	Red	34%	100%
EWI	Appropriate switch to second-line	Red	40%	100%
Optional quality of care indicator	Loss to follow-up at 12 months	Green	4%	100%

General Observations

Although Ministry of Health and Uganda Virus Institute will compile the final report, the following observations were noted from health facilities providing HIV /ART care services in the greater Masaka region.

Data quality and Electronic Patient management Systems in HIV/ART Health facilities.

Regional Implementing Partners (IPs) i.e., Rakai Health Sciences Program (RHSP) and Uganda cares have endeavored to put computers and rolled out EMRS almost in 100% of facilities visited to support patients' data management. This has improved reporting on key indicators HIV/ART indicators both at the districts and Ministry of health. However, most facilities are still updating the EMRS by clearing backlogs for older patients. Therefore, most patients' encounters are not updated in the EMRS and making it difficult using this data to monitor patients' progress. Hence to ensure data consistence, MMOD Public Health Foundation had to collect data manually for key indicators such as retentions, and viral load monitoring. Most facilities do not use this data to make clinical decisions rather than for only compiling quarterly reports. Most data managers are not yet empowered to extract data that relates to individual patients monitoring. Standardized HIV/AIDS tools were available in all facilities.

On time drug pickup

In all health facilities on time drug pick up was above 50%. However, some facilities do not use client HIC/ART cards and hence Health workers write directly in ART registers for some patients. This makes tracking lost to follow up and viral load monitoring difficult. This was observed in Sembabule HCIV. Examples of best performing health facilities included

Clinic: BUKAKATA HC III				
Country: Uganda				
Year of Data Abstraction 2020				
ADULT RESULTS				
		Classification	Prevalence (%)	Data Avail. (%)
EWI	On time pill pick-up	Red	66%	100%
EWI	Retention on ART 12 months	Red	52%	100%
EWI	Drug stock-outs	Red	58%	NA
EWI	Viral load suppression 12 months	Red	61%	100%
EWI	Viral load completion 12 months	Red	47%	100%
EWI	Appropriate switch to second-line	Green	100%	100%
Optional quality of care indicator	Loss to follow-up at 12 months	Red	54%	100%

Lyantonde hospitals, Kaliro HC, Kasali HC. Worst performers facilities on this indicator were Bukakata, Kasagama health center III.

Retention. Retention on ART was observed poor in all facilities for the cohort studied. Almost 50% patients who started ART under test and treat programme were lost within 2-3months from the date of ART initiation. The situation of LTFU was worse in facilities around the Islands for example Kalangala HCIV and Bukakata HCIII.

The lost to follow-up rate affect timely viral load monitoring. IPS in the region (RHSP and Uganda Cares) provide airtime to facilities to call patients though only a few of the missed patients return for drug pickup. Most patients who are still active in most health facilities are those old cohorts who started ART before test and treat programme. Health workers testify that under test and treat programme; patients did not receive appropriate time to go through proper health education and preparation to start medication.

Viral Load suppression. There is increased coverage of Viral Load monitoring in both rural and urban ART health facilities. Over 95% of the patients who had Viral Load in the first 12months had suppressed viral load suppressed. However, viral loads were not timely performed. Timely viral load were observed to be done by only facilities which are hubs for examples, Kakuuto HCIV, Kaliro HCIII, Kalangala HCIV and Lyantonde hospital. Most of the patients had their 1st VL between 16 and 24 months.

Lost to Follow Up. Lost to follow-up rate was high for clients who started under test and treat programme. Majority of the facilities had lost to follow up >15% especially patients who started under test and treat programme. Facilities like Bukakata HC, Ssembabule HC and Kasagama HC had a slightly high number of lost to follow up but for Bukakata HC patients are fisher folks and are always on the move due to unstable conditions on Lake Victoria. Kasagama HC; patients rarely respond to set appointments because they are mostly moving with their cattle from one place to another.

Appropriate Switch.

Most facilities do timely switch of patients eligible for second Line. Facilities like Lyantonde hospital, RHSP and Butende performed very well in terms of appropriate switching of their patients. Monitoring of patients progress is a challenge due to delayed second viral load test. Drug stockouts. Majority of the facilities had adequate art drugs or supplies, however most of the facilities had stockouts in August to December 2019 for TDF/3TC/EFV. Most facilities received TDF/3TC/DTG between the month of March 2019 and June 2019.

3.3. Finance and Administration (Finances, ICT)

3.3.1. Finance

Developed organizational budgets for both five years and one year.

MOD drew a five year and annual budgets in line with the workplans to give us financial control for any obtained funding. The developed budget has also enabled us to determine the organizational long-term goals and put the management on working towards them.

A budget has also helped MOD Public Health Foundation to plan for the future as well as assess her current financial health.

Developed visibility materials.

Since visibility of an organization is very essential to stakeholders, MOD Public Health Foundation designed and developed Staff IDs, Signpost, Brochures were developed for easy recognition and identification more especially when engaging with other stakeholders on the services provided and how we deliver them.

3.3.2. Embraced Information Communication and Technology (ICT)

The ICT section created staff e-mails to streamline and synchronize organizational communication.

In order to increase information sharing within organizational staff, we created Google platforms, Local Area Network (LAN) connections for sharing information with staff even when they are off station.

Developed the Organizational website to make people aware of the services and/or products you are offering, understand why Organizational services are relevant and even necessary for partnership engagement opportunities.

3.4. Monitoring and Evaluation

Developed a Monitoring and evaluation standard Guide to aid implementation of institutional projects. At the programme level, the purpose of monitoring and evaluation is to track implementation and outputs systematically and measure the effectiveness of Programmes. It helps determine exactly when a programme is on track and when changes may be needed.

Held progress review meetings with staff and management to discuss various programme performances.

M&E systems development.

Development of a monitoring and evaluation (M&E) system covers all the work carried out during or after a project to define, select, collect, analyze, and use information in the organization and sharing with key stakeholders for advocacy. The M&E system is the initial selection of objectives and indicators through to the final evaluation of a projects take place. MOD Public Health Foundation has a robust M&E system in place which ensures an effective and efficient utilization of the resources, tracking of the organization value for money (Achievements against set targets), thereby enabling the execution arm to redirect the funds towards the areas that need them the most.

The system has provided the only consolidated source of information for all the project in which the organization has engaged. And it has enabled implementation sciences research through learning and documentation of project impact.

Progress reports and statistical analysis are generated within the system which have contributed to the transparency and accountability and allowed sharing of lessons more easily.

Developed workplans for the Five years and the annual one.

We developed five year and annual workplans for the organization for effective decisions about how to allocate available resources in a way that will enable the organization maximize productivity and reach her set objectives and goals.

4.0. Key Challenges and Recommendations

4.1. Key Challenges

- The novel corona virus disease, Covid 19 pandemic has presented a big challenge to community-based model programmes that deliver health promotion services to the population in the community due to strict measures designed to slow down the spread of the virus.
- The funding priorities from donors shifted to fight the deadly Covid 19 pandemic from what the organizations had planned to implement in the designated period which greatly affected our partnership opportunities.

4.2. Recommendations

- Engaging government structure which include District Local Government, Line ministries i.e., Ministry of Health, Ministry of Gender, Labor, and social development for available government resources.
- One of the key lessons from the Covid 19 pandemic is that we must invest in data and health information systems as part of our overall public health capacity before such crisis strikes the country.
- Design innovative Programmes that can be sustainably implemented to meet the social impact in underserved communities with minimal costs.

5.0. Upcoming strategies

- Engage with key partners for strategic positioning.
- Establish a Psychosocial Support Centre to provide PSS services.
- Train staff in various capacity building needs.
- Strengthen internal systems.
- Cold visits to key partners for engagements
- Setting up new board for the foundation
- Stakeholders meeting at the district of organizational residence.
- We got a call for proposals from the ViiV Healthcare Positive Action Fund aimed at improving retention in HIV care among children living with HIV and their caregivers.

6.0. Appendix 1: Health Facilities visited for HIVDR EWI Survey in Greater Masaka Region.

FACILITY	DISTRICT	TYPE	DATA CLINIC TYPE
BIGASA HC III	BUKOMANSIMBI	HEALTH CENTRE III	PAPER BASED
BUTENGA HC IV	BUKOMANSIMBI	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KISOJJO HC III	BUKOMANSIMBI	HEALTH CENTRE III	PAPER BASED
BWENDERO HC III	KALANGALA	HEALTH CENTRE III	PAPER BASED
BUBEKE HC III	KALANGALA	HEALTH CENTRE III	PAPER BASED
BUFUMIRA HC III	KALANGALA	HEALTH CENTRE III	PAPER BASED
BUKASA HC IV	KALANGALA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
BWENDERO HC III	KALANGALA	HEALTH CENTRE III	PAPER BASED
KACHANGA ISLAND HC II	KALANGALA	HEALTH CENTRE III	PAPER BASED
KALANGALA HC IV	KALANGALA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KABIRA HC III	KYOTERA	HEALTH CENTRE III	PAPER BASED
KABUWOKO HC III	KYOTERA	HEALTH CENTRE III	PAPER BASED
KABUWOKO NGO HC II	KYOTERA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KAKUUTO HC IV	KYOTERA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KASAALI HC III	KYOTERA	HEALTH CENTRE III	PAPER BASED
KASASA HC III	KYOTERA	HEALTH CENTRE III	PAPER BASED
RAKAI HEALTH SCIENCES PROGRAM CLINIC	KYOTERA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KALIRO HC III	LYANTONDE	HEALTH CENTRE III	PAPER BASED
KASAGAMA HC III	LYANTONDE	HEALTH CENTRE III	PAPER BASED
KATOVU HC III	LYANTONDE	HEALTH CENTRE III	PAPER BASED
LYANTONDE HOSPITAL	LYANTONDE	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
BUKAKATA HC III	MASAKA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
BUKOTO HC III	MASAKA	HEALTH CENTRE III	PAPER BASED
BUTENDE HC III	MASAKA	HEALTH CENTRE III	PAPER BASED
KITOVU MOBILE SPECIALIZED CLINIC	MASAKA	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
BUYAMBA HC III	RAKAI	HEALTH CENTRE III	PAPER BASED
BYAKABANDA HC III	RAKAI	HEALTH CENTRE III	PAPER BASED
KACHEERA HC III	RAKAI	HEALTH CENTRE III	PAPER BASED
KASENSERO HC II	RAKAI	HEALTH CENTRE III	PAPER BASED
KIBAALÉ HC II GOVT	RAKAI	HEALTH CENTRE III	PAPER BASED
KIMULI HC III	RAKAI	HEALTH CENTRE III	PAPER BASED
KYOTERA MED. CENTRE HC II	RAKAI	HEALTH CENTRE III	PAPER & ELECTRONIC BASED
KATIMBA HC III	SSEMBABULE	HEALTH CENTRE III	PAPER BASED
SSEMBABULE HC IV	SSEMBABULE	HEALTH CENTRE III	PAPER & ELECTRONIC BASED

MOD Public Health Foundation

P. O. Box 211 Masaka, Uganda
Plot 79, Bukoba Road

Tel +256 485660367

E-mail: info@mod.or.ug

Website: www.mod.or.ug

