



BISHOP MASEREKA CHRISTIAN FOUNDATION

1-5 Stanley Street P.O.Box 411, Kasese, Uganda, Landline: 0392-843568
E:mail: bmmcentre@gmail.com, Website: www.bmcf.org

Annual Report for the year 2015 as at 20th Dec 2015

Bishop Masereka Christian foundation (BMCF) has very clear gauge of our mission extract of becoming a centre of excellence in meeting the medical and educational needs of the community. We are happy that we are closing the year 2015 with a number of registered achievements aligned with our vision & mission.

Many thanks to all the supporters of our cause

We acknowledge that we are not at the brim of these achievements yet but, we are on track and will in due time indeed exhaust the set targets.

This is a report of the highlights of the year 2015

Service Delivery

We have served close to 25000 clients by this date.

Service Centre	No of Patients Seen
Out Patients	4620
Major Surgery	179
Maternal Health Admissions	157
Antenatal	1514
Caesarian Deliveries	172
Normal Deliveries	173
In Patients	1277
HIV Counseling & Testing	2181
Laboratory	5890
Ultra Sound	3170
X Ray	253
Immunizations	4994

We are expectant that the numbers will go up now that we;

- Are known for guaranteed power given that we have a stand by generator,
- Plan to add the ingredient of lunch to motivate and keep staff on site maximally
- Don't have problematic equipment due the recent and planned acquisitions,

Not to mention that we are not relaxed about making the service better day by day.

We hosted 3 health camps in 2015;

One by Dr Cheryl Hamlin a visiting gynecologist from US and two by the Ruharo eye specialists
All these camps were optimally utilized with ceiling numbers.

We have partnered with Dr. Masereka Robert a surgeon to do major operations (beyond what our medical officers can handle) for a reasonable rate. This has raised our level in the eyes of the client because we manage more complicated cases at the clinic without referring.



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The US Board is pursuing support for eye care service at the clinic. This will be a funded expansion. This proposal is still at the level of presenting the concept paper (appended) but the US board through the Chairman of the Ugandan board seeks the board's stand on this new service

Projects:

we have notification of end of support with provision of chemistry & Hematology reagents from Medical Access at the end of this year.

Our ART clinic heavily depends on the support with ARVs from Medical Access so this is a blow to our service

The 3year Civil Society Fund project on HIV prevention combination closed in August.

We have been tipped on opportunities of Global funding & even invited to one preliminary meeting for the prospect projects on HIV program in Kasese. But there is nothing solid yet

The Annual report for the education program is appended

Human Resource

We have a satisfactorily engaged team of 39 staff & 2 volunteers.

3 doctors,	1 Administrator
2 clinical officers,	1 Accountant
1 lab technologist,	1 Store man
1 Lab Technician	1 cashier
1 Lab assistant,	1 gateman
1 radiographer,	2 Drivers
1 dispenser,	1 Records Clerk
1 Senior Nursing Officer,	1 HIV Counselor
9 nurses,	1 Theatre Attendant
2 midwives	1 Vaccinator
3 janitors	1 Communications Officer
1 Executive Director	1 Program Coordinator

We started off the year with 42;

lost the senior nursing officer & nursing officer to greener pastures,
lost the driver and store keeper due to pressure rooted in financial indiscipline and
lost 6 staff due to closure of the CSF project.

We also enrolled 7 staff; 4 to replace the ones that left plus an accountant and 2 extra nurses



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A few other functions like Human Resource & Logistics are being shared

Key positions like Executive Director and Accountant vacancies were not filled till the later months of the year.

Being cautious of our expenditure and restraining some positions is truly reasonable but it's important to acknowledge that this is at the expense of standard controls and standard performance of the functions of the forfeited positions.

Motivation: Staff has received timely salaries all through the year. Timely salaries have been the key motivating factor.

Days ago we honored staff with performance rewards and recognized Daniel Masereka (the Radio grapher) as the Staff of the year 2015; hopefully we can sustain this gesture which will be another big motivator.

Staff is also provided with breakfast and we have budgeted to provide lunch effective 2016

Team Building: we have also put a lot of effort in team building activities. We engage in a variety of activities for the sake of team building;

- The general cleaning on the last Friday of a month
- The quarterly sports events with other companies
- Survey and idea generation meetings where the entire team is engaged in expressing their concerns on a variety of issues
- Pooling funds for a social cause as is the case in (to mention but a few)
 - the mandatory monthly contribution to the grief pool,
 - we just contributed 50% to the acquisition of a key board to liven our morning devotion
 - The team spirit is very evident when we have joyful social events like staff weddings/parties
 - The KCHEF Staff Sacco that was instituted in April also has a block in team building

Staff professional development is to a large extent internal and from members within the team. We have

- Weekly Continuous Medical Education(CMEs) session
- Weekly Continuous Professional Development(CPDs) sessions

We have also received outsourced capacity building and support supervision from Ministry of Health and supporters like Baylor and Pace

Only once, we invested in a professional speaker to talk about customer care. We have planned to invest in 2 of the kind in 2016.

Discipline: Staff is generally disciplined and responds to caution.

Never the less we do have a few issues in the areas of (to mention but a few) patient mishandling, Insubordination, misappropriated resources, personal conflict and Personal mismanagement, but we have managed them all at the management level.

There are only 2 cases that required the intervention of board to which we invited Dr. Seth as the Chair of the Health Committee and Dr. Yusuf Baseke the supervisor of the clinic.



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We are also pursuing the driver Semu Mukenyera & Jackson Thembo the store man who both left with outstanding balances of the hospital funds that saved them from the arms of arrest

Finance

Annual Income and Expenditure Report as at 15th December 2015

US Donations- Clinic	173,980,430	Education program costs	258,074,125
US Donations Education	256,991,837	Fees & Charges	14,940,848
Civil Society Fund	117,911,499	Medical Costs	100,000
Local Government	7,856,922	Motor Vehicle Running & Repairs	18,086,871
PACE & Baylor Funding	1,870,000	Office Stationary	16,709,800
Other	3,099,500	Off Station Operations	2,934,500
Sub Total	561,710,188	Outreach Programs	3,317,500
Admission	58,567,500	Personnel Cost Accessories	31,786,700
Ambulance Hire	8,690,000	Personnel Costs - Remuneration	298,953,038
Cards & Registration	7,395,000	Planning Monitoring & Evaluation	6,579,200
Consultation	99,667,000	Program Costs (Founders Package)	28,200,000
Delivery	7,395,000	Project Programs (Includes CSF)	119,274,499
Lab Fees	161,194,450	Rent	34,444,891
Medication	304,367,600	Repairs & Maintenance(General)	8,041,750
Surgery	68,744,300	Repairs & Maintenance(Medical Equipment)	3,010,697
Ultra sound Scan	67,207,150	Sanitation & Disinfection	10,513,426
X-Ray Fees	8,530,500	Security	10,996,000
Debt Recovery		Telecommunications	6,831,000
Sub Total	791,758,500	Utilities & /or Rates	22,324,320
BMCF Staff Dependents	(20,489,900)	Donated Expenses	1,725,000
Diagnostic & Medical Sundries	(230,200)		
Disputed Claims	(9,385,400)	Sub Total	896,844,165
Lab Reagents & Kits	(44,165,429)		
Patient Service Referral	(4,288,785)	Capital Expenditure	64,568,050
Radiology Consumables	(1,474,000)		
Small Medical tools & Equip't	(226,529)		
Drugs Vaccines & Other Medical	-173,000,000		
Sub Total	(253,260,243)		
Total Income	1,100,208,445	Total Expenditure	961,412,216



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Cash flows:

Huge thanks to the US board for the financial support to both the education program the clinic operations

Our local cash flows are roughed up by delayed payments from the Health insurance companies making us hard up once in a while but generally there has not been an alarming situation about the cash flows. The year 2016 has seen one of the insurance companies (International Health Network) dragged to court over delay of payment.

Thanks to Mr. Masereka Martin who is pursuing recovery of the outstanding 32M after receiving 25M.

Working Capital Ratio:

As at 20th Dec 2015 we owe our creditors **115M** yet our debtors owe us **150M**. This is a healthy financial status and is so much better than where we started at the beginning of the year

We started off the year with a creditor's balance of **190.2M** as opposed to the Debtors balance of **107M**

Operations

We are still managing the day to day costs satisfactorily. We have not experienced stock outs or any serious hiccups to our operations within the year. The relationship and image to many of our suppliers is very good making our credit worthiness a tick.

However, even with this credit benefit we are watching our operations critically to make sure we remain within our limits.

Logistics & Procurement:

In effort to streamline and standardize the procurement process, we have subjected our suppliers to prequalification system.

The bidding process was presided over by the Chair finance committee and just got completed in December.

so we will have a selected supplier list come 2016.

However, it is important to note that the response to the invitation of bids was nil for a few categories and poor for the others.

We anticipate that on a few occasions we will still be compelled to go out of the prequalified list

Rent:

The lease of the premises at Stanley was renewed for another 5 years (Up to 2021). Thanks to the US Board for aiding this negotiation. The US board has again committed to paying the rent for the year 2016 as reflected in the budget.



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Our request to the land lord for permission to attach a structure to the premises was granted. This block will act as a store and free some more space for the patients.

We already got a quote for this and now await Formalization of an understanding with the landlord availability of funds.

Governance; The Medical Management Committee composed of the heads of department has held meetings every 1st and 3rd Monday of a month to discuss ways of improving the service.

Much of the systems' enhancement roots in this committee. To mention but a few, the triage system,

The applicability of the structures laid out in the KCHEF frame work has not entirely been implemented pending the full legalizing of the new status.

Mr. Masereka Martin the legal advisor to the board is on top of this.

The policies & procedures of the organization as reviewed in 2012 left a few issues silent so we have not had points of reference on some issues

Volunteers' enrollment is one of the contentious issues left silent yet it is a matter of concern on daily basis

A guiding tool on volunteers' management has been drafted and is appended to this report for advice from the board.

Checks and balances

The internal checks have been compromised by the shortage of staff &/or structural levels but the recruitment of a store man and accountant will change the picture a bit in 2016

Even with the shortage of staff and levels to ensure checks and balances, we have operated within the available means to maintain a satisfactory level of operational standard

The NGO Quality Assurance Certification Mechanism (QuAM) awarded a standard certificate to Bishop Masereka Christian Foundation in June 2015.

This certificate is a credible support document in soliciting funds and support locally and from the donor world

The laboratory department was also recognized by Medical Access for its standard operations.

The audit for the year 2014 just got completed. The delay in auditing the year 2014 was due to a number of factors including the DFA's leave at the start of year and the hassle of putting right the opening balances

Hopefully we shall have the report by close of January 2016.



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Equipment & Machinery

The asset base has increased by 194M in the year 2015; the assets acquired include;

A Generator (including its shelter) worth 28M

An Operating table; 14M

An X-ray machine; 13M

An oxygen Concentrator; 3.5M

Structural Face Lift of the ward 3.5M

A lead shield; 3M

Humaster Accessories 2M

A vaccine fridge worth 1,000,000 donated by local government

A Cryotherapy machine worth 40M donated by Pace

A Humaster 100 chemistry analyzer worth 72.4M donated by Human Diagnostics

This asset enhancement traces back to the support from PACE, Baylor, Human Diagnostics, the US Board donations, Government and the hard work of the staff

Challenges

- ❖ Mismatch between salaries and load of work especially when the government scaling is the base
- ❖ Work overload ; in terms of time and tasks
- ❖ Space constraints
- ❖ Individualized partnerships
- ❖ Non official recognition by the government as a HC IV

Certificate awarded for standard operations



Appointing an ED from within was clear signal of potentiality of carrier development at Bishop Masereka Christian Foundation





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Teaming Up socially



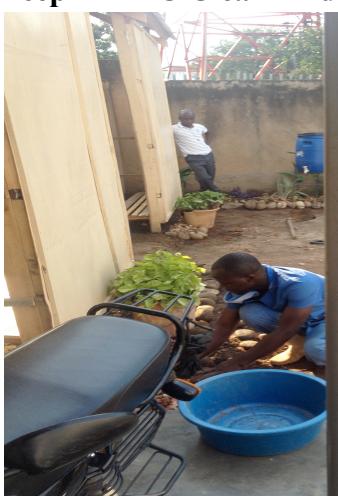
Professional Development



Performance Reflection



Keep BMMC Clean Friday Dr Isaac, Enos the theatre attendant, Jonan Lab Technologist at work



To have an enlightened, Healthy and educated Self sustaining community in the region