



HEALTH SECTOR

ANNUAL BUDGET MONITORING REPORT

FINANCIAL YEAR 2019/20

NOVEMBER 2020

Ministry of Finance, Planning and Economic Development
P.O. Box 8147, Kampala
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ABBREVIATIONS AND ACRONYMS

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARVS	Anti-Retroviral
BoQs	Bills of Quantities
DHO	District Health Officers
DLG	District Local Government
DLP	Defects Liability Period
DISP	District Infrastructure Support Programme
EAPHLNP	East Africa Public Health Laboratory Networking Project
EmNOC	Emergency Obstetric and Neonatal Care
FY	Financial Year
GAVI	Global Alliance for Vaccines Initiative
GoU	Government of Uganda
HC	Health Centre
HIV	Human Immune Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRIS	Human Resource Management Information System
HRM	Human Resource Management
HSC	Health Service Commission
HSD	Health Sub District
HSDP	Support to Health Sector Development Plan
HSS	Health Strengthening Support
ICT	Information Communication Technology
ICU	Intensive Care Unit
IFMS	Integrated Financial Management Services
IDB	Islamic Development Bank
MFPED	Ministry of Finance Planning and Economic Development
MNRH	Mulago National Referral Hospital
MoH	Ministry of Health
MoPS	Ministry of Public Service
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
NMS	National Medical Stores
OPD	Out Patient Department
PHC	Primary Health Care
RRH	Regional Referral Hospital
UBTS	Uganda Blood Transfusion Services
UCI	Uganda Cancer Institute
UGIFT	Uganda Intergovernmental Fiscal Transfers Program (UgIFT)
Ug Shs	Uganda Shillings
UHI	Uganda Health Institute
UHSSP	Uganda Health System's Strengthening Project.
UNMHCP	Uganda National Minimum Health Care Package
US\$	United States Dollar



FOREWORD

The Financial Year 2019/20 strategy focused on stimulating import substitution and export promotion, and incentivising private sector development. The government prioritised agriculture and agro-industrialisation, manufacturing, and mineral development to ensure inclusive growth and the creation of jobs, while promoting development of other key primary growth sectors. The economy grew despite the challenges experienced during the year. The wellbeing of Ugandans, and infrastructure necessary for development also improved considerably.

The above achievements notwithstanding, majority of the second National Development Plan (NDPII) outcome indicators were not achieved. This report by the Budget Monitoring and Accountability Unit (BMAU) shows that majority of the sectors monitored posted a fair performance, despite receiving a substantial amount of their budgets.

I encourage all government institutions, the private sector, development partners, and other key players in the development of this country, to harness the strengths coming with Programme Based Budgeting (PBB), and take cognizant of the lessons learnt during the NDPII to improve service delivery during this NDPIII period.

Keith Muhakanizi

Permanent Secretary/Secretary to the Treasury



EXECUTIVE SUMMARY

Introduction

This report presents annual performance of 93% of the Health Sector Votes and 47 Local Governments (LGs) that benefited from the Uganda Intergovernmental Fiscal Transfer Program (UgFIT), and Primary Health Care (PHC). The report also presents a chapter on the health sector response to the 2019 Coronavirus Disease (COVID-19) pandemic that emerged during the financial year.

Projects selected for monitoring were based on regional representation, level of capital investment, planned annual outputs, and value of releases by 30th June 2020. The methodology adopted for monitoring included literature review of annual progress and performance reports; interviews with the respective responsible officers or representatives, observations or physical verification of reported outputs. Physical performance was rated using weighted achievement of the set output and outcome targets by 30th June 2020.

Overall performance

Overall sector achievement in terms of outputs and outcomes was fair at 59%. The weak link between outcomes and outputs continues to limit implementation of Programme Based Budgeting (PBB). Better achievement was registered for the outputs compared to outcomes.

The sector made strides towards achievement of key outcome indicators. For instance, 77% of the sub-counties had functional health centre IIIs against the targeted 81%, Immunisation for the third dose for Diphtheria, Pertussis (Whooping Cough), and Tetanus (DPT) was 91% against the targeted 97%. Couple years of protection performed at 65% of the target of 4,700,000.

Financial Performance

The overall release performance was very good at 93% (Ug shs 2.416 billion) of the approved budget (Ug shs 2,598.38bn) released and Ug shs 2,276.91bn (94%) spent.

The Government of Uganda (GoU) release performance was very good at Ug shs 1.558bn (106%) of the approved budget of Ug shs 1.470bn and 99% spent. The excess release was attributed to the supplementary budget provided to the sector for COVID-19 Prevention and Response. The donor release performance on the other hand was good at 76% of the approved budget, and 86% spent.

Highlights of Sector Performance

The Ministry of Health (MoH) achieved 69%, Health Service Commission - 66%; Uganda Cancer Institute (UCI) at 43%; Uganda Heart Institute (UHI) 65%; Uganda Blood Transfusion Services (UBTS) 71%; Mulago National Referral Hospital - 44%; Butabika Hospital at 80%; Regional Referral Hospitals at 60%; and LGs at 66%.

The proportion of functional imaging and radiography equipment in general hospitals, achieved 61% against the target of 85%, while 45% of the HCIVs were offering both caesarean and blood transfusion services against the target of 75% in the last six months of the FY2019/20. A total of 57 HCIVs were providing Caesarean Section (C/S) services without blood transfusion facilities.

Drug stock outs also continued with only 55% against the targeted 85% of the health facilities countrywide reporting availability of stock for the last three months of the FY.



Attainment of outputs that relate to service delivery was good as (70% to 89%) of outputs were achieved at National Referral Hospitals (Butabika and Mulago), Specialised Institutions (UCI and UHI), and Regional Referral Hospitals (RRHs). Some hospitals that exhibited good performance included: Jinja at 88%, and Lira at 81%, Soroti and Fort Portal at 84%, Hoima at 87%, and Kabale at 97%, Masaka at 95%, Mbarara at 82%, and Mubende at 98%, and Kiruddu at 97%.

In terms of infrastructure development, rehabilitation works at Lower Mulago were substantially complete with the private out-patient department (OPD) handed over for use; some ICU spaces at Mulago were also utilised in management of COVID-19 patients. Works at the Regional Hospital for Paediatric Surgery at Entebbe, rehabilitation and construction of Kayunga and Yumbe were substantially completed pending final finishes, delivery and installation of equipment. Construction and rehabilitation works at Kawolo General Hospital were completed, and equipment delivered, installed and in use.

In relation to programme performance, the Health Infrastructure and Equipment Programme of MoH fairly performed at 54% achievement of outputs and outcomes. Some projects under the programme that progressed towards completion were:

- Regional Hospital for Paediatric Surgery at Entebbe achieved 97% of the set targets. Installation of biomedical equipment and furniture was ongoing at substantial completion.
- Support to Mulago Rehabilitation was substantially complete with some sections like the OPD handed over to the GoU.
- The Mulago Specialised Women and Neonatal Hospital (Vote 180) commenced full operations in all departments except for the InVitro Fertilization (IVF) Unit. The hospital registered an increment in the number of patients in relation to FY2018/19.
- Construction and equipping of Kawolo General Hospital was completed, however, delays in completion of contract documents and commencement of works at Busolwe Hospital were noted.
- Works at Kayunga Hospital were slightly (1.5%) ahead of the revised schedule at 99.5%, while Yumbe was behind the revised schedule by 5% at 93% completion. All hospital equipment was still under procurement.

Poor performing sub-programmes included: Strengthening Capacity of Regional Referral Hospitals which did not achieve any of its outputs; Institutional Support to Ministry of Health (MoH), and Uganda Reproductive Maternal and Child Health Services Improvement Project-URMCHIP. Works on all maternity wards and procurement of equipment planned under URMCHIP was pending. The project was behind schedule.

Pharmaceutical and other Supplies under MoH was fair as 66% of the planned targets were achieved. Procurement of equipment with support from the Global Alliance of Vaccine Initiative (GAVI) was at various levels of completion. A total of 408 motorcycles, 130 vaccine carriers, 67 solar fridges, three electricity fridges, among other assorted cold chain equipment were procured and delivered to majority (75%) of districts visited.

Diphtheria Pertussis Tetanus 3rd dose (DPT3) coverage was at 91% against the targeted 97% as at 30th June 2020. The Measles Rubella Campaign was successfully concluded. Funds for the Integrated Child Health days were received and immunisation outreaches conducted.



The National Medical Stores (NMS) supplied 98% of the budgets at health facilities monitored, however, availability of the 41 tracer medicines in all health facilities was at 55.4% against the targeted 85% for the last three months of the FY 2019/20.

Public Health Services: The MoH achieved fair performance in regard to family planning, with 65% of the set targets on couple years of protection achieved. Major outbreaks like Ebola, Presumptive MDR TB Cases, Severe Acute Respiratory Infection (SARI), Crimean-Cong Haemorrhagic Fever, and Acute Flaccid Paralysis among others were contained in Uganda at 95% against the targeted 100%. Cholera outbreaks were managed mainly in Kampala, Kisoro, Kyegegwa, Isingiro, Busia and Bududa among other districts. Anthrax was contained mainly in Arua and Kapchorwa, while Yellow Fever was managed.

District Task Forces for management of COVID-19 were reactivated and a number of sensitisation meetings, radio talk shows, engagement of Village Health Team (VHTs) members as a measure to control and contain pandemic.

Construction works at Mbarara Hospital -East African Public Health Laboratory were at 87%, and 95% at Mbale RRH, while others were behind schedule and registered poor performance. These were: Arua Laboratory, Entebbe Isolation Center and Multi Drug Resistant Tuberculosis (MDR) Unit at Moroto Hospital. They all achieved 40% of the planned targets. Super structure works at Viral Haemorrhagic Fever (VHF) in Mulago were ongoing at an estimated 60% completion.

Blood Transfusions Services: The UBTS collected 96% of the planned annual units of blood, although its target stagnated at 300,000 units¹. A total of 250,044 units (92%) against the targeted 270,000 units were achieved and issued to the transfusion facilities. These facilities however had blood products stocked at only 44% in the last three months of FY2019/20, against the target of 85%. Unstable blood supply was occasioned by constrained collection due to closure of schools yet students are the main donors, lack of transport means and/or fuel by the health facilities, and the COVID-19 restrictions on travel and large community gatherings.

National Referral Services: The programme achieved over 100% of the medical services outputs. The average bed occupancy for both hospitals also exceeded 100%, Butabika Hospital achieved 80% of the targets. Expansion of the female admission ward and phase one construction of a perimeter wall were at substantial completion, however, the Magnetic resonance imaging machine was not delivered and installed by 30th June 2020.

Mulago National Referral Hospital on the other hand performed poorly at 44%. The outcome indicators declined in relation to FY2018/19, due to effects of COVID-19. The major capital development project (construction of an additional 100 units and internal medicine wards) had not fully commenced by 30th June 2020 partly due to late initiation of procurements and COVID-19 effects.

Cancer Services: The Uganda Cancer Institute exhibited poor performance at 43% with one out of the three planned outcome indicators achieved. The percentage of patients (breast, cervical and prostate cancer) under effective treatment improved by 23% in relation to FY 2018/29. The rest of the outcome indicators like - percentage reduction in cancer incidence, and percentage change in disease presentation from stage (III, IV to II and I) stagnated at 3% and 0.02% respectively.

¹ Same target as that of FY2018/19



Medical Services were achieved at least 65% of annual target. This was attributed to COVID-19 movement restrictions, break down of key equipment for branchy therapy insertions and failure to acquire planned equipment like the mammography machine by end of FY2019/20.

Construction of the Radiotherapy Bunkers was in advanced stages of completion. All external works were finalised. Bunker one was handed over and installation of the Linear Accelerator machine (LINAC) had commenced by 30th June 2020. Targets related to construction of the Multipurpose Oncology Centre at the UCI, establishment of an Oncology Centre in Northern Uganda, and procurement of assorted medical equipment were behind schedule.

Heart Care Services: Planned heart care services were not achieved. Only 45% of the planned open-heart surgeries were achieved, and 47% closed heart surgeries. The entity achieved 57% of the planned catheterisation procedures and 70% general outpatient attendances. The Uganda Heart Institute planned works at the ICU were over 80% complete, while 60% of the planned equipment was delivered.

Human Resource Management for Health: The Health Service Commission (HSC) fairly performed at 69%. The Commission completed recruitment of 872 health workers, including 38 medical specialists recommended to the President of Uganda for appointment, 258 health workers newly appointed, and 576 health workers recruited on contract terms under emergency recruitment for management of COVID-19. The HSC also validated 946 staff for Entebbe Regional Referral Hospital, Kawempe, and Kiruddu Referral Hospitals, and the Specialised Women and Neonatal Hospitals.

Virus Research: The UVRI undertook 96% of the planned research activities during the FY. Some of the research conducted informed policies and guidelines on a number of policies and initiatives like the recently concluded Measles Rubella Campaign.

Regional Referral Services performed fairly at 60% achievement of outputs and outcomes. The good and fair performing hospitals in terms of achieving both outputs and outcome indicators included: Fort Portal at 75%, Hoima at 68%, Mbarara at 72%, Mubende at 75%, Masaka at 94% and Kabale at 82%. A general decline in achievement of outcome indicators was recorded at Arua, and Soroti RRH declined by 12%, Lira by 26%, and Gulu by 19%. Referral hospitals that registered a positive trend were Jinja at 24%, and Mbale by 36%. This was attributed to increased number of human resource, attitude and improved planning.

Primary Health Care at the LG Level: Approximately 62 HCIIIs were to be upgraded to HCIIIs. By 30th June 2020 works at 60% of the beneficiary LGs were above 50%, while 20% were above 40%, and the rest were below 40%. Delays in project implementation were attributed to late commencement and finalisation of procurements, the COVID-19 pandemic, and inadequate financial and technical capacity of contractors.

COVID-19 Sector Response Interventions: Uganda had registered 3,288 cases, 47% of these had recovered as at 3rd September 2020. The MoH conducted and released results of 395,875 samples, followed up over 17,888 contacts. Sensitisation of Ugandans on prevention of COVID-19 was on track with support from GoU, private sector and development partners. The sector also operationalised testing laboratories at the boarder points such as Mutukula, Elegu, and Malaba to enhance effectiveness and improve turnaround time.



The GoU was applauded across the continent for its significant role played in prevention and response towards the COVID-19 pandemic. This is evidenced by the number of confirmed cases, discharged and deaths in relation to its counterparts in the region. This is attributed to the surveillance and timely response to identified cases.

The MoH achieved most of the planned interventions in line with the COVID-19 Response Plan in the period under review. However challenges in relation to adequacy, availability and timely deliveries, high and varying unit costs were observed. Lack of accountabilities, duplication of efforts, and laxity in wearing masks, planning and equitable sharing of resources emerged and are already affecting some of the gains registered. The Emergency Plan should be reviewed in relation to challenges identified and resources available.

Sector challenges

- Poorly defined and ambiguous targets affected achievement of the NDPII targets.
- Poor planning, prioritisation and sequencing of projects and interventions. Some projects such as Strengthening Capacity of Regional Referral Hospitals were still not ready for implementation yet they continued to receive funds from GoU.
- Procurement delays coupled with inadequate capacity of contractors affected timely completion of planned works under the Uganda Intergovernmental Fiscal Transfers Program (UgIFT).
- Inadequate specialised human resource, tools, medical supplies including laboratory reagents greatly affected performance of RRHs to offer specialised services including diagnostics to the population.
- Delays in commencement of the recruitment process, partially attributed to late submission of recruitment requests to Ministry of Public Service and HSC. The guideline to first analyse the wage bill of the first two or three months of FY greatly contributed to the anomaly.
- Stock out of medicines and supplies in health facilities especially in the last three weeks of the cycle affected service delivery.
- Delays in project implementation led to time and cost overruns, for example the East Africa Public Health Laboratories Project Project lost over US\$304,070 in exchange loses.

Conclusion

The sector's overall performance was fair. The sector contained outbreaks like Ebola, Presumptive Multi Drug Resistant TB Cases, Severe Acute Respiratory Infection (SARI), Crimean-Cong Haemorrhagic Fever, and Acute Flaccid Paralysis among others. The sector also performed well in response to the COVID-19 pandemic with a robust surveillance system, infection prevention and control, case management and partially on preparedness.

Other sector programmes like Health Infrastructure and Equipment, and Pharmaceutical and other Supplies achieved 61% and 66% of their targets respectively. Hospitals like Kawolo, Kayunga and Yumbe were at substantial completion. Mulago Hospital registered poor performance, while average performance for other RRHs was at 60%. Access to health services through functionalising HCIIIs in all sub-counties was on course, however a number of construction works were still behind schedule.



The sector continued to be affected by inadequate planning and sequencing of interventions, procurement delays, inadequate capacity of contractors, stock out of medicines and reagents, and poorly defined and ambiguous targets among the sector institutions.

Recommendations

- The Accounting officers of MDAs and the Programme Working Group should make deliberate effort to ensure all planners in the sector are empowered with proper planning and sequencing skills to ensure projects follow a proper result chain in order to achieve the overarching development goals.
- The Ministry of Public Service guideline on compulsory scrutiny and submission of wage for the first two or three months of the FY before approving recruitment request of Votes should be revised and take into consideration scrutiny of the wage MTEF and projections to allow for timely recruitment of health workers and wage absorption in a timely manner.
- The Ministry of Finance, Planning and Economic Development, MoH and NMS and other related stakeholders should empower RRHs to undertake their mandate to provide specialised services in bid to strengthen and attain a strong and resilient referral system.



CHAPTER 1: INTRODUCTION

1.1 Background

The mission of the Ministry of Finance, Planning and Economic Development (MFPED) is, “*To formulate sound economic policies, maximize revenue mobilization, ensure efficient allocation and accountability for public resources so as to achieve the most rapid and sustainable economic growth and development*”. It is in this regard that the ministry gradually enhanced resource mobilization efforts and stepped up funds disbursement to Ministries, Departments, Agencies and Local Governments in the past years to improve service delivery.

Although some improvements have been registered in citizens’ access to basic services, their quantity and quality remains unsatisfactory, particularly in the sectors of health, education, water and environment, agriculture and roads. The services being delivered are not commensurate to the resources that have been disbursed, signifying accountability and transparency problems in the user entities.

The Budget Monitoring and Accountability Unit (BMAU) was established in FY2008/09 in MFPED to provide comprehensive information for removing key implementation bottlenecks. The BMAU is charged with tracking implementation of selected government programmes or projects and observing how values of different financial and physical indicators change over time against stated goals and targets (how things are working). This is achieved through semi-annual and annual field monitoring exercises to verify receipt and application of funds by the user entities. Where applicable, beneficiaries are sampled to establish their level of satisfaction with the public service.

The BMAU prepares semi-annual and annual monitoring reports of selected government programmes and projects. The monitoring is confined to levels of inputs, outputs and outcomes in the following areas:

- Agriculture
- Infrastructure (Energy and Roads)
- Industrialisation
- Information and Communication Technology
- Social services (Education, Health, and Water and Environment)
- Microfinance; and
- Public Sector Management



CHAPTER 2: METHODOLOGY

2.1 Scope

This report is based on selected programmes and sub-programmes of the health sector. Selection of programmes and sub-programmes was based on the following criteria:

- Significance of the budget allocations to the votes within the sector budgets, with focus being on large development and recurrent expenditure programmes.
- The programmes that submitted quarterly progress reports for FY2019/20 were followed up for verification of specified output achievements.
- Multi-year programmes that received funds during FY2019/20 were revisited.
- Projects/programmes prioritised to contribute towards national and sector priorities.
- For completed projects, monitoring focused on value for money and intermediate outcomes.
- Special focus was on COVID-19 supplementary allocations and expenditures by various Votes.

Table 2.1 summarises the scope of the report. The monitoring team covered 93% of the sector votes and 47 LGs that benefited from the Uganda Intergovernmental Fiscal Transfer Programme (UgFIT) and PHC Transitional Grant.

Table 2.1: Scope of Annual Budget Monitoring FY 2019/20

Vote Code	Vote Selection	Programmes monitored	Sub-Programmes Monitored	Location
014	MoH	Health Infrastructure and Equipment	Institutional Support to MoH (Project 1027); Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344); Regional Hospital for Paediatric Surgery (Project 1394); Support to Mulago Rehabilitation (Project 1187), Rehabilitation and construction of general hospitals (Project 1243), Specialised Neonatal and Maternal Unit Mulago (Project 1315), Uganda Reproductive Maternal and Child Health Services Improvement Project (Project 1440), Strengthening Capacity of Regional Referral Hospitals (Project 1519)	MoH, Mulago, Kayunga, Yumbe, Kawolo, Kayunga, Entebbe among other local governments
		Pharmaceutical and other Supplies	GAVI Vaccines and Health Sector Development Plan (1436).	MoH, NMS, Butabika, local governments
		Public Health Services	National Disease Control, Health Education, Promotion and Communication, and East Africa Public Health Laboratory Network Project Phase II (Project 1413)	Butabika, MoH, Fort Portal, Mbarara, Arua, Mbale, Mulago
114	Uganda Cancer Institute (UCI)	Cancer Services	Medical Services (02); Radiotherapy (04); UCI (Project 1120); Institutional Support to UCI (1476); African Development Bank (ADB) Support to UCI (Project 1315), Oncology Centre established in Northern (Project: 1527)	UCI-Mulago, Arua, Mbarara, Gulu, Jinja
115	Uganda Heart Institute (UHI)	Heart Services	Medical Services (02); UHI -Project 1121), Uganda Heart Institute Infrastructure Development Project (Project 1526):	UHI-Mulago



Vote Code	Vote Selection	Programmes monitored	Sub-Programmes Monitored	Location
134	Health Service Commission (HSC)	Human Resource Management for Health	Human Resource Management for Health, HSC (Project 0365)	HSC, 16RRHs
151	Uganda Blood Transfusion Services (UBTS)	Safe Blood Provision	Regional Blood Banks, UBTS	UBTS, Blood Banks, Collection Centres
161	Mulago Hospital Complex	National Referral Hospital Services	Medical Services, Mulago Hospital Complex	Mulago Hospital
162	Butabika Hospital	Provision of specialized mental health services	Management; Butabika and health centre remodelling/construction. Institutional Support to Butabika Hospital	Butabika Hospital
163-176	Referral Hospitals	Regional Referral Services	Hospital Services, Project 1004 and Institutional Support projects	16RRHs
501-850	Local governments	Primary Health Care	Uganda Intergovernmental Fiscal Transfer Programme (UGFIT) and PHC Transitional development Grant (Sanitation), Health promotion and Disease prevention	Table 3.30 for full list and their performance)

Source: Annual Budget Monitoring Travel Plan FY 2019/20

2.2 Methodology

Physical performance of projects and outputs was assessed through monitoring a range of indicators and linking the progress to reported expenditure. Across all the sub programmes and programmes monitored, the key variables assessed included: performance objectives and targets; inputs, outputs, and the achievement of intermediate outcomes.

2.2.1 Sampling

A combination of random and purposive sampling methods were used in selecting projects from the Ministerial Policy Statements and progress reports of the respective Ministries, Departments Agencies and Local governments. Priority was given to monitoring outputs that were physically verifiable. In some instances, multi-stage sampling was undertaken at three levels: i) Sector programmes and projects ii) Local governments and iii) Project beneficiaries.

Selection of outputs for review ensures that Government of Uganda (GoU) and donor development expenditure are extensively covered during the field monitoring visits. Districts were selected to ensure regional representativeness.

2.2.2 Data Collection

Data was collected from various sources through a combination of approaches:

- Review of secondary data sources including: Ministerial Policy Statements for FY2019/20; National and Sector Budget Framework Papers; Sector project documents and performance reports in the Programme Based Budgeting System (PBS), Sector Quarterly Progress Reports and work plans, District Performance Reports, Budget Speech, Public Investment Plans, Approved Estimates of Revenue and Expenditure, and data from the Budget website.
- Review and analysis of data from the Integrated Financial Management System (IFMS) and legacy system; Health Management Information System (HMIS); Program Budgeting System (PBS); Quarterly Performance Reports and bank statements from some implementing agencies.



- Consultations and key informant interviews with Accounting Officers or delegated persons, project managers, health facility managers and service beneficiaries among others at various implementation levels.
- Field visits to various health facilities for primary data collection, observation and photography.
- Call-backs in some cases to triangulate information.

2.2.3 Data Analysis

The data was analysed using both qualitative and quantitative approaches. Comparative analysis was done using the relative importance of the outputs and the overall weighted scores.

Relative importance (weight) of an output monitored was based on the amount of budget attached to it; thus the higher the budget the higher the contribution of the output to the sector performance. This was derived from the approved annual budget of each output divided by total annual budget of all outputs of a particular programme/project. The weight of the output and percentage achievement for each output were multiplied to derive the weighted physical performance.

The overall sector performance is an average of individual programme performances that make up the sector. The performance was rated on the basis of the criterion in table 2.2.

Table 2.2: Assessment guide to measure performance of programmes, sub-programmes and projects monitored in FY2019/20

SCORE	COMMENT
90% and above	Very Good (<i>Achieved at least 90% of outputs and outcomes</i>)
70%-89%	Good (<i>Achieved at least 70% of outputs and outcomes</i>)
50%-69%	Fair (<i>Achieved at least 50% of outputs outcomes</i>)
49% and below	Poor (<i>Achieved below 50% of outputs and outcomes</i>)

Source: BMAU

2.3 Limitations of the report

The preparation of this report was constrained by a number of factors namely:

- Lack of detailed work plans and targets for some programmes.
- Lack of disaggregated financial information by outputs, which affected the weighted scores.
- Incomplete financial and information for donor funded projects.
- Incomplete information especially in entities where respondents were new or in acting positions hence relevant information was not readily available.

2.4 Structure of the Report

The report is structured into five chapters. Chapter one has the Introduction, Chapter two - Methodology, Chapter Three - Sector Performance, Chapter four - Sector Response to 2019 Coronavirus Disease (COVID-19), while Chapter Five has the conclusion, and recommendations.



CHAPTER 3: HEALTH SECTOR PERFORMANCE

3.1 Introduction

The Health Sector is in the last year of implementing the Health Sector Development Plan (HSDP) 2015/16-2019/20 and has registered a number of achievements. These included: high coverage of HIV positive women receiving antiretrovirals (ARVs) for the dual elimination of mother-to-child transmission (eMTCT) of HIV at 94%.

Others were improvement in the contraceptive prevalence rate from 30 to 39%; increased proximity of the population to health facilities with 86% living within a distance of 5km; Improvement in approved staffing posts in public facilities (69 to 73%); Reduction in the proportion of children who are stunted (33% to 29%) and underweight (14% to 11%) among others.

The plan had 41 indicators, 13 indicators were on track, 16 made progress but too slow to meet the target while 10 were not on track. Major areas of concern included neonatal mortality, maternal mortality and adolescent fertility. Efforts during the last year of HSDP implementation focused on achievement of the aforementioned indicators.

3.1.1 Sector Priorities FY2019/20

- Prioritising health promotion, prevention and early intervention with focus on scaling up interventions to address communicable and non-communicable diseases.
- Infrastructural developments: constructions, rehabilitation and remodelling focusing mainly on HC IIIs, HC IV and General Hospitals.
- Addressing human resource challenges (attraction, motivation, retention, training and development).
- Improvement of reproductive, maternal, neonatal, child and adolescent health services to reduce mortality, morbidity and improved health status.
- To counter stock outages and supply side deficiencies.
- Maximising efficiency by garnering cost savings within the existing domestic resources through Programme Based Budgeting (PBB) and moving from funding inputs to purchasing services through Results Based Financing (RBF).
- Reducing referrals abroad among others.

3.1.2 Sector Votes

The health sector is comprised of 29 votes, which contribute towards achievement of sector priorities and overarching outcomes. These are: Ministry of Health (Vote 014); National Medical Stores (Vote 116); Uganda Cancer Institute (Vote 114); Uganda Heart Institute (Vote 115); Uganda Blood Transfusion Service (Vote 151); Uganda Aids Commission (Vote 107); Kampala Capital City Authority (Vote 122) and Health Service Commission (Vote 134); Uganda Virus Research Institute (Vote 304). Others are; Mulago and Butabika National Referral Hospitals (Votes 161 to 162 respectively); Seventeen Regional Referral Hospitals (Votes 163 – 176) ² and all local governments (Vote 501-850).

² Gulu, Lira, Soroti, Mbale, Naguru, Mubende, Fort portal, Mbarara, Kabale, Jinja, Arua, Hoima, Masaka, Moroto, Kiruddu, Entebbe and Kawempe



3.2 Overall Sector Financial Performance

The annual approved budget for FY 2019/20 was Ug shs 2,589.486billion(bn). The GoU financed approximately 57% of the budget and 43% by development partners. The allocation was 6.4% of the total National Budget and a decline of Ug shs 279bn in relation to FY 2018/19 was registered.

The budget was comprised of 26% non-wage grant, 24% wage and only 7% development grant to all sector votes. A total of Ug shs 2.416bn (93%) was released and Ug shs 2.276bn (94%) spent by 30th June 2020. Expenditures were mainly on: External financing 32%, non-wage at 30%, wage at 27%; Development grant 11%. Release and expenditure performance is summarised in table 3.1.

Table 3.1: Financial Performance of the Health Sector FY2019/20

Component	Approved budget (Ug shs Billion)	Releases (Ug shs Billion)	Expenditure (Ug shs Billion)	% Budget released	% Releases spent
Wage	621.18	618.60	613.41	100	99
Non wage	661.30	698.19	688.63	106	99
GoU	187.67	241.52	239.74	129	99
Ext. Fin	1,119.34	852.15	729.66	76	86
GoU Total	1,470.15	1,558.32	1,541.78	106	99
Total GoU+Ext Fin (MTEF)	2,589.49	2,410.46	2,271.43	93	94
Arrears	5.90	5.90	5.48	100	93
Total Budget	2,595.38	2,416.36	2,276.91	93	94
Total Vote Budget Excluding Arrears	2,589.49	2,410.46	2,271.43	93	94

Source: PBS, IFMS

Performance by Vote

The following section presents detailed performance of the sector by votes, programmes and Sub-programmes.

3.3 Ministry of Health (Vote 014)

Monitoring covered three programmes and ten sub-programmes (table 2.1). The MoH fairly performed achieving 69% of the annual targets. The three programmes performed as follows:

Public Health Services (Programme 06) achieved 80% of the set annual targets, 61% for Health Infrastructure and Equipment (Programme 02) and 66% for Pharmaceutical and other Supplies (Programme 05). Examples of very good performing sub-programmes that were at substantial completion included Regional Hospital for Paediatric Surgery (Project 1394) at 97% and Kawolo-Busolwe Project at 100%.

The good performing sub-programmes included East Africa Public Health Laboratory Network Project Phase II (Project 1413) at 69%, Maternal, and Neonatal Unit at Mulago for installation and operationalisation of the HMIS at 71%.

The poor performing sub-programmes were: Institutional Support to Ministry of Health (MoH) at 25%, Strengthening Capacity of Regional Referral Hospitals (Project 1519) at 0%, and Uganda Reproductive Maternal and Child Health Services Improvement Project (Project 1440) at 48%. Detailed performance by programme and sub-programmes was as follows.



3.3.1 Health Infrastructure and Equipment (Programme 02)

Background

The programme contributes to improved quality of life all levels sector outcome through development, management of health sector infrastructure and equipment. The programme objective is to improve quality and accessibility of health infrastructure and equipment through implementation of several of sub-programmes.

In FY 2019/20, the MoH implemented ten sub-programmes. Annual monitoring focused on eight out of ten (80% coverage) sub-programmes (table 2.1).

The overall programme allocation was Ug shs 273.73bn³, of which Ug shs 293.47bn (107%) was released and Ug shs 219.69bn (74%) spent. The annual approved budget for the GoU component was Ug shs 68bn, the programme allocated a supplementary of 54.7bn to cater for Machinery and Equipment; Ambulances and Non-Residential Buildings.

The programme performed fairly at 61% attainment of set targets. Detailed programme performance is highlighted hereafter by subprogramme and a detailed performance in table 3.3.

3.3.1.1 Institutional Support to Ministry of Health (MoH) - Project 1027

Background

This is a retooling project for MoH. Its main objective is to undertake partial repairs and maintenance of the MoH building, procurement of equipment including ICT and transport, office furniture in addition to development of strategic plans for various health institutions.

In FY2019/20, planned outputs were: MoH headquarters renovated and parking yard redesigned, Tuberculosis offices renovated, perimeter wall at Wabigalo constructed, furniture and ICT equipment procured.

Other outputs planned outside the project's overall objectives included: health infrastructure at selected LG improved; payment of domestic utility arrears for various general hospitals, health worker uniforms and stationery procured, Joint Medical Stores (JMS) supported to procure land.

The total project revised budget was Ug shs 68.2bn in FY2019/20. The project received a supplementary of Ug shs 54.1bn to cater for COVID-19 emergency infrastructure and equipment needs.

The project received and spent 100% of the budget. Expenditures were as follows: 62% spent on COVID-19 emergency infrastructure needs and equipment; 16% on emergency ambulances and boats; 6% on procurement on uniforms.

Others expenditures were: 5% on hospital rehabilitation and procurement of sleeper tents at Namboole Case Management Centre; only 2% on renovation of MoH Headquarters Building; 1% on procurement of Health Management Information System (HMIS) forms; the rest (8%) on various MoH operations including utilities, telecommunication, procurement of ICT and furniture among others.

³ Both Donor and GoU



Physical Performance

The overall project performance was poor at only 25%. Most of the planned outputs were not achieved as planned. The project was given additional funds to undertake emergency COVID-19 procurement of ambulances, machinery, infrastructure and equipment, which were not achieved by 30th June 2020, the status remained the same by end of September 2020.⁴

The initial project planned outputs like face-lifting MoH building and renovation of Gombe Hospital were substantially achieved by 30th June 2020. The project also cleared donated items including UNFPA reproductive health supplies, vehicles and other medical supplies, extended the MoH parking yard, procured furniture and ICT equipment. Detailed project performance by planned output is indicated hereafter.

HMIS stationery procured and distributed: These were procured in three Lots. The first Lot was supplied by M/s MPK Graphics Limited at a sum of Ug shs 406.7million and included 5,000 Outpatient Department (OPD) registers; 7,000 Child Registers and 2,000 Integrated Maternity Registers.

M/s Lubuga Agencies supplied 12,500 Medical Form 5 and 2,000 Integrated Antenatal Registers at a sum of Ug shs 383.9million under Lot 2. Lot 3 included 3,500 Inpatient registers, 24,000 Expanded.

Programme on Immunisation (EPI) Child Register Cards and the Health Unit Epidemiological Report at from M/s Baazu Investment Ltd at a sum of Ug shs 204.5million. Deliveries were made in April and May 2020 and distributed to 128 districts with the central region getting most of the stationery, followed by the East.

Interactions and observations at various health facilities indicated general lack of medical stationery with patients using exercise books for medical records. Facilities like Gombe Hospital reported to having given up on GoU medical stationery and resorted to seeking support from development partners.

Examples of districts that conformed receipt of stationery from MoH included Kumi and Butaleja. Development partners like Regional Health Integration to Enhance Services (RHITES) and Baylor among others also supported the initiative. Districts in Lango region, Butaleja, and Amuria also benefited from support from development partners. Delays in procuring of stationery were noted as invitation for bidders and restrictive bidding was done in November 2019.

Uniforms procured and distributed: Procurement was ongoing as at 30th June 2020. The MoH signed a contract with M/s Southern Range Nyanza to produce 32,800 in two lots on 24th April 2020 at a cost of Ug shs 3.8bn. The first lot was valued at Ug shs 1.3bn, while the second was valued at Ug shs 2.4bn. The Supplier was also expected to produce 500 rolls of nurses' belts and 23,000 buckles.

Deliveries were expected in four weeks upon contract signing, however, deliveries were made in August and September 2020. The contractor delivered 100% of the uniforms on 2nd September 2020, 100% of the belt rolls, and 39% of belt buckles. Distribution of uniforms had not commenced by 2nd September 2020, however a distribution list from various DHO's was compiled. Distribution was expected to by end of September 2020.

The unit cost of uniforms for both male and female nurses was Ug shs 101,000, however since FY August 2017, the NMS has procured the same uniforms at a unit cost of Ug shs 120,000, and this means that the MoH saved approximately Ug shs 19,000 per uniform by directly engaging with the supplier (Nytal Ltd).

⁴ Performance of COVID-19 Project allocations are discussed in Chapter Four of this report



Uniforms in the MoH stores awaiting delivery to various districts

However, the uniforms still missed caps and shoes making them incomplete. Newly recruited nurses and midwives for RRHs and National Referral Hospitals (NRHs) were not considered in the plan for FY 2019/20.

The MoH procured corporate wear for its staff through M/s VIVID Innovations Ltd. The service provider supplied branded shirts for MoH drivers and office attendants, overall coats for service bay attendants at a sum of Ug shs 99.3million.

Clearance of donated items: The Joint Medical Stores (JMS) warehoused, cleared, handed and distributed UNFPA reproductive commodities at a cost of Ug shs 1.68bn. The Afro Freight Clearing and Forwarding Company cleared donated medical supplies, vehicles and power cables during the pandemic at a cost of Ug shs 210million. Contrary to the planned outputs under the budget line item, the MoH also procured a station worth Ug shs 298m from Toyota Uganda.

Rehabilitation works at selected LGs completed: The MoH also supported three LGs to complete their construction projects. These were included staff houses at Rushere Community Health Facility, and Kinoni HC III in Nakaseke District.

Electricity bill arrears worth Ug shs 762m were paid from the project. These included: bills for Iganga, Kiryandongo, Itojo, Kasana Hospital, Kiboga, Kitagata, and Masindi Hospital. The monitoring team noted that there was no comprehensive plan regarding LGs and budget items to be supported over a specified period. The selection criteria of facilities to be supported also remained unclear.

JMS supported to procure land-MoU: A total of Ug shs 500m was transferred to JMS as a fulfillment of a presidential pledge to procure land for a pharmaceutical manufacturing plant.

MoH headquarter building exterior walls: A contract of Ug shs 159.5m was signed between MoH and Dansem Construction Limited on 8th May 2020 to undertake a facelift of the MoH works within two months. By September 2020, works had not commenced.

Land scaping and extension of the parking Lot at the MoH: The contract was signed on 8th May 2020 between MoH and M/s Kemtec Limited at a sum of Ug shs 320m. Works were completed and the contractor was paid 94% of the contract sum by 30th June 2020.

Selected hospitals rehabilitated: Renovation of sewerage lagoon, sewer line and water tank at Gombe Hospital was undertaken by M/s Haso Engineering Company limited at a sum of Ug shs 1.4bn. The contract was signed on 25th May 2020 and expected to be completed within six months. The scope of works involved renovation of the services block, construction of the attendants' kitchen, gatehouse, laundry, and fence. Works were at substantial completion by September 2020. The lagoon was excavated, fence was already in place, however refurbishment works on the administration block and main building were ongoing. Overall works were at 80%, with pending works on general mechanical and electrical installation, painting and general finishes.

Another contract was signed between MoH and Tradint Limited to rehabilitate the sewerage line, construct the lagoon and water works at a sum of Ug shs 451m on 20th April 2020 for a period of 12



months. By 30th June 2020, the contractor had achieved 60% of the lagoon works. By September, the project had progressed to 86% physical progress. The contractor was paid 30% of the contract sum by 30th June 2020.

Other outputs not related to the initial project plan and objectives were undertaken. These were: Payment of Ushs 639m to Mantra Technologies Limited for supply and installation of IHMIS Phase 1 at Mulago National Referral Hospital. This contract was signed between GoU and Mantra Technologies Limited at a sum of US\$1.3m on 15th May 2019.

Other activities included procurement of oxygen regulators and repair of cylinders for another Vote - Mulago Specialised Maternal and Neonatal Health Care Unit; payment of outstanding audit fees; consultancy services on upgrading Mulago Hospital; Letter of credit fees in relation to rehabilitation of Gombe General Hospital and reimbursements for various MoH operations.

Implementation challenges

- Lack of a well streamlined project plan.
- Implementation of projects outside the project objectives.
- Mischarging project accounts.
- Limited capacity of contractors.
- Late initiation of procurements for works and supplies leading to low absorption and poor performance.

Recommendations

- The MoH Planning Department should streamline the project's objectives to the annual plans to avoid expenditures outside the plan
- The Accounting Officer MoH should reprimand project managers that fail to undertake timely procurements and implementation of planned outputs.

3.3.1.2 Support to Mulago Hospital Rehabilitation (Project 1187)

Background

The Government of Uganda (GoU) received a loan of UA 56 million from the African Development Bank and Nigerian Trust Fund to increase access to quality and affordable health care services for the population of Kampala Metropolitan Area.

The project objectives were to: i) Improve delivery of quality health services in Mulago Hospital and Kampala City, ii) Decongest Mulago Hospital by improving services at the division level, iii) Strengthen medical education and research capacity of Mulago and Makerere University College of Health Sciences (CHS).

The project had three components namely: i) Capacity development and systems strengthening; ii) Revitalising referral and counter referral system in KCCA, iii) Expanding and improving specialised services in Kampala Capital City Authority (KCCA) through rehabilitation of Mulago and construction of two hospitals in KCCA.



The project commenced in January 2012 and was expected to end in June 2017. However, it was extended to February 2018 and later September 2018 to enable the contractor complete civil works at the Lower Mulago Hospital. This was not achieved and a no cost extension to December 2019 to enable completion of addendum works, payment of retention for Kawempe and Kiruddu, installation and operationalisation of the Integrated Health Management Information System (IHMS)⁵ was granted by project funders.

Financial Performance

The total project cost is US\$ 86.8 million. The African Development Bank (ADB) finances 82% (US\$ 71.3 million), while the Nigerian Trust Fund (NTF) finances 18% (US\$ 15.5million). To date, the African Development Bank had disbursed a total of US\$ 65,773,749 (92%), while the Nigerian Trust Fund disbursed US\$11,296,422 (72.88%).

Cumulatively, GoU made a contribution of Ug shs 52,444,119,967 towards the project especially for the addendum works and payment of taxes. Initially the project had a funding gap of US\$ 14.3million, which necessitated a reduction in the scope of works (elimination of some important components of the project). The reduction of scope resulted into the many contract addendums for additional works.

In FY2019/20, the total donor disbursement was US\$1,301,045 and 100% of the expenditures on civil works, goods, services and operations of the Project Management Unit. The GoU revised allocation was Ug shs 20.06bn and by 30th June 2020, 100% of the funds were released and Ug shs 19.4111bn (96.76%) spent. The project spent all the funds on civil works under addendum III for Mulago Hospital. The MoH paid retention for civil works for Kawempe and Kiruddu hospitals.

Overall performance of the three components was 98%. Component II and I were completed, part of component III (Construction and Equipping of Kiruddu and Kawempe hospitals) was also completed.

Phase I of the IHMS for Mulago National Referral Hospital, Kawempe and Kiruddu Hospitals was completed. The second phase was yet to start by 30th September 2020.

Ms Roko Construction Company commenced works on addendum III⁶ at a sum of Ug shs 34,392,731,953. The contract was signed in June 2019 and was expected to end in February 2020, but this was extended to 30th September 2020.

The scope of works under the new contract were fused with old works including those already completed by the contractor using own resources but had not paid for by GoU. These were: installation of aluminium windows fittings in the 22 theatres and mosquito nets, construction of the Renal Unit, ICU and extra suspended ceilings in spaces, without among others.

New scoped works included: theatre lights and pendants; lamina floor systems for air cleaning, theatre surgical panels and monitors; specialised finishes (vinyl finishes), replacement of six sub water tanks and doors and terrazzo floor finishes.

The overall physical performance of the rehabilitation works at lower Mulago was 98% up from 94% at the closure of the FY2018/19 (table 3.3). Only 52% of the Addendum III works were completed during the FY. The main contractor Ms Roko Construction Company failed to deliver despite the numerous extensions/addendums to the contract.

⁵ Planned outputs FY 2019/20

⁶ Addendum I &II was completed



It was also established that Roko (the main contractor) was not paying the sub-contractors timely for the various works completed, leading to their constrained financial flows and slow progress of works. As at September 2020, the contract had expired without completing the works. This affects full utilisation of the facility, as the equipment delivered in 2018 is yet to be fully utilised. These were installed and their service level agreements have since expired. Key outstanding works at Lower Mulago Hospital are highlighted in table 3.2:

Table 3.2: Status of Rehabilitation Works (Addendum) of Lower Mulago Hospital as of 30th September 2020

Item	Description	Physical progress	Outstanding
A	Civil Works Progress	57%	Installation of bumper rails, corner protections, hand rail capping for staircase. Installation of worktops, duty stations, floor units, shelving, wall units not done. Some doorframes, door panels and Ironmongery are missing. Signage placements not complete, some terrazzo polishing, vinyl floor finishes, ceiling works and window repairs are not complete. Supply and installation of ward curtains not yet done.
B	Plumbing	74%	Installation of sluice and hopper units, showers, toilets, kitchen and laboratory sinks, stainless sinks for endoscopy, ICU and autopsy room, firefighting hose reels, drinking water dispensers all not complete.
C	Electrical installations	55%	Installation of power points, fire detection and alarm systems, wiring accessories and compartment trunking, supply and installation of UPS. Powering for signage, water fountain, medical gas plant room and some external lighting is not done. In addition, Some power supply isolators for AC units are missing.
D	Air conditioning installations(Appliance world)	60%	Installation of sensors for the HVAC/Mechanical ventilation in ICU and theatres not complete, configuration, testing and commissioning for AC, HVAC and extractors was not done.
E	Medical Gases and Pendants	59%	Medical gas accessories and manifolds installation of gas plants for medical air and vacuum not complete, configuration testing and commissioning of medical gases not done
F	ICT installation	23%	Access control system, Nurse call system, CCTV surveillance system, and queue management system not complete. Installation of TVs and Telephones not done
G	External works	38%	Construction of water fountain at Block G not complete, Landscaping , face-lifting of the surrounding structures and building of waste collection shed not done, construction of a canopy at A&E entrance not done.
Overall progress on the unfinished works		52%	

Source: Field Findings, Supervising Consultant Report September 2020

In terms of equipping the Mulago Super Specialised Hospital, equipment worth US\$1,975,004.67 was delivered by Microheam Scientific between July and December 2019. The warrant/service level agreements for most equipment delivered earlier including imaging equipment, kitchen and laundry, theatre pendants expired before use due to delayed completion of the civil works at lower Mulago.

Implementation Challenges

- Failure to complete works: The contract for rehabilitation works expired before completion of the scope of works. This was partly due to cash flow challenges by the main contractor (Roko) and the numerous addendums/changes in scope of work.
- Expiry of equipment warrants due to delayed completion of civil works and utilisation of delivered equipment.



- Poor workmanship characterised by terrazzo, wall finishes and vinyl floor failures in some floor sections of the hospital.

Recommendations

- The MoH, Mulago Hospital and supervising consultant should ensure that all outstanding works are completed to enable full operation of the hospital.
- The MoH, Mulago Hospital and supervising consultant should ensure that the contractor rectifies all defects in hospital.
- The MoH should undertake capacity building of all its planners to ensure comprehensive project planning and avoid future delays that result from numerous changes in scope.
- The MoH in consultation with the Solicitor General should consider an amicable settlement with Roko concerning the incomplete works. Avenues such as cashing of the performance guarantee/bond to pay the subcontractors can be explored.

3.3.1.3 Rehabilitation and Construction of General Hospitals (Project 1243) Kawolo and Busolwe Hospitals

Background

The Government of the Republic of Uganda (GoU) received funding of US\$ 17,374,378.81 from the Kingdom of Spain under the Debt-Swap Program towards Improvement of the Delivery of Health Care Services through improvement of the Kawolo and Busolwe General Hospitals. The project commenced on 7th January 2012 and expected to end on 30th June, 2021 (nine years).

The overall project objective is to contribute to the delivery of the Uganda National Minimum Health Care Package (UNMHCP) through refurbishment, expansion and equipping of Kawolo and Busolwe hospitals. The project is expected to contribute towards staff motivation and retention through improvement, provision of staff housing, accident and emergency reproductive health services among others.

The contract to undertake works at Kawolo was signed between GoU and M/s EXCEL Construction Company on 30th March 2017. Works commenced on 26th May 2017 and were expected to be completed within 18 months (11th January 2019). This was however partly achieved in April 2019.

The contract sum for works was US\$10,865,849.14 and supervision by M/S Ingenieria de Espana S.A, SME M.P was at Euros 1,083,250. The contractor was added an additional contract worth US\$398,167.75 approximately Ug shs 1.4bn⁷ to construct a perimeter wall using the project savings on works and medical equipment. Works commenced on 26th August, 2019 and expected to be completed within six months (February 2020).

Scope of works at Kawolo Hospital involved: Refurbishment of the existing OPD; construction of double storey staff houses, a new casualty/trauma center; new mortuary complete with nine body fridges; new obstetric and general theatres; refurbishment. Others were: expansion of the delivery suites, all wards including a maternity ward; conversion of the existing X-ray and theatre building into male and female surgical wards; improvement, and upgrading of the water supply including solar water pumping; 144,000 liter reservoir, and sewerage.

⁷ At a rate of 1 USD= Ug shs 3700



The scope also included: Provision for piped oxygen to wards, theatres, delivery suites and casualty; upgrading of the power supply and distribution of a 500kva transformer; construction of attendants' kitchen, laundry, placenta and medical waste pits; construction of the perimeter wall of approximately one kilometer; signed maintenance contracts for medical equipment and hospital furniture.

The planned output for FY 2019/20 was completion of rehabilitation works on Busolwe and Kawolo Hospitals.

Performance

Cumulatively, 100% of the project funds were disbursed and a total of US\$9,477,318.35 (87%) was paid to the contractor, while US\$ 884,379.70 (81.6%) to the consultant. Under the GoU component, the approved budget was Ug shs 100m, it was revised to Ug shs 2.6bn which was 100% released and spent by 30th June 2020.

A total of Ug shs 100m was spent on allowances, travel inland, and fuel as well as vehicle maintenance. Although the GoU committed top up of Ug shs 6bn towards the construction of Busolwe General Hospital in FY2019/20, the funds were not availed. However, a total of Ug shs 2.5bn was released as a supplementary and paid as a final deposit as per court award towards Attorney General Vs Multiplex.

All scoped civil works at Kawolo Hospital including the perimeter wall were completed at 100%. The perimeter was under defects liability period of one year, however, issues related to the high cost of wall construction were raised by stakeholders. Medical equipment and furniture worth US\$1.2million was procured and installed. The project improved service delivery at the hospital as evidenced by improved indicators. According to the HMIS, admissions increased from 4,644 in 2017 to 4,946 in 2019, the fourth antenatal visits increased from 1,144 in 2017 to 1,587 in 2019 and contraception disbursement increased from 16,515 to 23,984 during the same period.



Left: Part of the newly constructed perimeter wall. Right: Refurbished Paediatric Ward at Kawolo Hospital, Buikwe District

At Busolwe Hospital, civil works and procurement of equipment had not commenced. In December 2019, the consultant submitted the final site survey report for Busolwe General Hospital and was approved by the Bi-National Committee for consideration. He further proposed scope of works for Busolwe and these were presented in two scenarios as requested by the BI-National Committee. The first scenario was estimated to cost US\$ 6.6million and another at US\$ 5.5million.

The Bi-National Committee approved the US\$ 6.6million proposal and the consultant was requested to submit the scheme design report and and commence works on the final report. The approved scenario will involve the following: Renovation of hospital's old utility systems; construction of a three VIP latrines;



placenta; attendants' laundry; kitchen and a medical waste pit; incinerator established; refurbishment of the existing service block; renovation of the main operation theatre, delivery suits, wards; external works including roads and parking lots; walkways, fences and gates among others.

Implementation Challenges

- Poor planning characterised by release and expenditure of funds towards unplanned initiatives not related to the overall project objectives.
- Delays in attaining no objections from the Bi-National Committee affected progress of works.
- Failure to secure extra funds committed by GoU in FY 2019/20 affected final designs and development of BoQs.
- Inadequate capacity of the consultant in provision of technical guidance towards specialized activities like installation of medical gases at Kawolo hospital.

Recommendations

- The Office of the Auditor General should undertake a financial audit on operations of the project.
- The MoH and MFPED should lobby the Bi-National Steering Committee to review and provide no objections in a timely manner to avoid any further delays at Busolwe Hospital.
- The GoU should prioritise allocation and release of committed project funds in FY2020/21 to avoid further delays, cost and time overruns.

3.3.1.4 Specialized Neonatal and Maternal Unit Mulago Hospital (Project 1315)

Background

The project commenced in July 2013 and was to end in June 2020. The project's main objective is to contribute to reduction of maternal and neonatal morbidity and mortality through improvement of infrastructure, supply of medical equipment and training of health workers.

GoU and Islamic Development Bank (IsDB) financed the project at a cost of US\$30.72 million. M/s Arab Contractors (Osman Ahmed Osman & Co) undertook works at a sum of US\$ 24,460,004.99 and supervised M/s Joadah Consults Limited at a sum of US\$ 440,350. Works started on 15th May 2015, completed in October 2017 and operations at the hospital commenced during FY 2017/18.

In FY2019/20, the project planned to procure ICT equipment to support the HMIS system and link the Specialised Neonatal and Maternal Hospital to Kawempe, Kiruddu and Mulago Super Specialised hospital

Performance

The revised project budget for FY 2019/20 was Ug shs 4.6bn which was all released and Ug shs 4.594bn spent by 30th June 2020. The expenditure was in relation to installation of the Integrated Health Management System that would link the maternal hospital to Kawempe, Kiruddu and the Mulago Super Specialised Hospital. The process was managed under the Mulago Hospital and MoH. The ICT system at the maternal and neonatal hospital was installed but not fully in use awaiting the installation of the second phase in Lower Mulago, which will allow interface of other systems.



Challenge

- There are still outstanding payments to the contractor arising out of the addendum works of US\$ 1.2million and US\$ 44,050 (10%) as final payment to the supervision consultant.

Recommendation

- The MFPED in collaboration with the hospital should budget and manage the outstanding obligations under the hospital maintenance budget.

3.3.1.5 Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344)

Background

The main project objective is to deliver the Uganda National Minimum Health Care Package (UNMHCP), through improvement of health infrastructure at the two hospitals that were dilapidated. The expected project outputs are: Hospitals buildings rehabilitated; staff houses constructed; medical equipment procured and installed.

The project total cost is US\$41,050,000, funded by Arab Bank for Economic Development in Africa (BADEA) at US\$7 million, Saudi Fund for Development-(SFD) at US\$15 million, OPEC Fund for International Development (OFID) at US\$15 million; GoU at US\$4.05 million.

The loan was acquired in 2014 and its effectiveness began on 16th April 2015. The project was initially expected to end on 28th February 2020, however it was revised to 30th June 2021.

The project is comprised of four components: Component I: Civil Works; Component II: Consultancy Services; Component III: Medical Equipment and Furniture; Component IV: Project Management and Administration.

The contract for construction works at Kayunga Hospital-Lot 1 was awarded to M/s Ahmed Osman Ahmed and Company at US\$16,670,711.22. The contract for Yumbe Hospital (Lot 2) was awarded to M/s Sadeem Al-Kuwait General Trading and Contracting Company at US\$18,601,958.21. The two contracts were signed on 5th January 2018. Works were expected to be completed on 7th February 2020.

The civil works included:

- Construction of a new hospital complex comprising of OPD, laboratory, radiology, accident and emergency, operation theatre, maternity ward & delivery suites and private wing.
- Rehabilitation and remodeling of the existing ward block into male, female, pediatric and isolation wards. Remodeling of the other existing medical building into expanded support facilities: kitchens, laundry, stores.
- Rehabilitation of all existing staff houses at both hospital, construction of 31 new housing units for Kayunga and; 48 new housing units for Yumbe Hospital.
- Renewal & upgrade of the water supply, drainage and sewage systems among others.

The contract for design and supervision for the rehabilitation and expansion works at the two hospitals was signed on 6th June 2016 with M/S Dar Engineering in association with Joadah Consult Ltd. Works at both sites were initially expected to end on 7th February 2020 however, it was revised to August



2020 to compensate for the delayed hand over of old OPD site at Kayunga Hospital and installation of equipment among other delays.

The planned new completion date was however disrupted by the COVID-19 pandemic necessitating a four months' extension to December 2020. This was partly due to delayed importation of materials including medical equipment due to closure of borders and factories and scaling down on the number of workers on site in observance of MoH Standard Operating Procedures (SOPs).

Performance

Cumulatively, development partners disbursed a total of US\$19.460 million (53%); leaving 47% as the undisbursed percentage against the approved total loan of US\$37million. Majority of the undisbursed funds are for direct payments to the equipment suppliers. In FY 2019/20, development partners disbursed US\$6.240million, of which 94.34% was spent on civil works for Kayunga and Yumbe, and 4.596% to Dar Engineering for consultancy services.

The GoU counterpart funding was Ug shs 7.505bn, which was all released and only Ug shs 7.494bn spent by 30th June 2020. Expenditures were mainly on: Civil works for the two hospitals-72.65%, procurement processes for equipment-15.49%, and monitoring and supervision of health systems-11.87%. By 30th June, 2020, the GoU total counterpart funding to the project was Ug shs 15.538bn (US\$4,142,713.08).

At Kayunga Hospital civil works were substantially complete at 99.5%, and the building had been partially handed to the district awaiting installation of equipment. The laboratory, Antenatal (ANC) and Family Planning (FP) clinics were already in use as at 30th June 2020.

The hospital was also utilising the Accident and Emergency (A&E) as a maternity unit where 355 mothers delivered, 90 of which were cesarean births done 13th- 17th September 2020.

All staff houses were completed and occupied by the health workers. The health workers reported that they were satisfied with the quality of work done by the contractor, they were accommodated at the hospital and this motivated them to offer quality of health care hence improved service delivery. The intervention enhanced ability to attend to emergencies and deliveries at night.

The MoH upgraded the facility to a Regional Referral Hospital (RRH) and provided start up capital of Ug shs 6.6bn disaggregated into Ug shs 1bn for wage and development, and Ug shs 4.6bn for non-wage.

At Yumbe Hospital, 93% was achieved against the revised target of 98%. Works were behind schedule by 5%. This was attributed to initial strikes by workers, heavy rains between June and September 2019, and difficulty in transportation of construction materials to the hospital. Further to this, the effects of COVID-19 pandemic especially difficulty in importing materials and scaling down on the number of workers delayed the progress of civil works.

Works at the main hospital building, power house, and new patients wards were at 97% completion; remodeled patients wards with isolation and private wards were at 95%. The main kitchen at 88%; laundry/ engineering/ bio-medical workshop at 92%; administration at 93%; interns houses at 98%; new staff houses and mortuary building at 96%; existing staff houses at 90%; six unit new doctors' houses 99%; external works at 73% among others.

Contracts for five out of the six lots for supply and installation of medical equipment and furniture were signed between January and February 2020 and were expected to be delivered within five months.



However, because of the COVID-19 effects especially the freight restrictions and temporary closure of some manufacturing plants abroad this could not be possible. The suppliers therefore requested for extension of the delivery period and this was granted. The equipment is now expected to be fully delivered and installed by the end of December 2020.

The MoH re-tendered bids for the supply of laboratory equipment and evaluated them. The MoH contracts committee took a decision, which awaited a no-objection from the funders by end of August 2020. Some of the medical furniture procured from footsteps Furniture Company was delivered and was in use at Kayunga Hospital by 17th September 2020.

The MoH Project Implementation Unit (PIU) initiated procurement of ambulances, mini buses and pickups for the two hospitals. The MoH had already obtained clearance from the Hon. Minister of Public Service allowing purchase of these vehicles and the Chief Mechanical Engineer had approved the technical specifications of the vehicles. The tender documents awaited approval by the MoH contracts committee.



Some of the delivered furniture at Kayunga Hospital



L-R: Completed New OPD complex and rehabilitated old OPD housing antenatal services at Kayunga Hospital

Implementation challenges

- Delayed completion of projects. This was mainly due to failure to hand over the OPD area to the contractor at Kayunga Hospital and erratic weather at Yumbe Hospital. The COVID-19 effects also led to delays in delivery and installation of medical equipment.
- Delayed procurement of equipment. As at end of August 2020, contracts of only five out of six equipment lots were signed, while the procurement process for the sixth lot involving procurement of laboratory equipment had not been completed.



- Un-harmonised implementation and disbursement period by development partners. Conflicting Project End-Dates: Although OFID and SFD accepted the government request to extend the closure date to 31st December 2021, BADEA on the other hand maintained 31st December 2020. Considering that, BADEA is managing the OFID financing as the Administrator, the differing dates shall cause confusion in managing the project closure activities.

Recommendations

- The MFPED and MoH should lobby BADEA to extend and harmonise the project implementation and disbursement period to 31st December 2021 as agreed by both OFID and SFD in view of the challenges that have taken place.
- The PIU-MoH should fast track procurement of the remaining equipment under Lot 1 Sub Lot A (laboratory equipment) to ensure effective utilisation of infrastructure upon commissioning of the hospital. In addition, the procurement of vehicles and ambulances should also be fast tracked.

3.3.1.6 The Regional Hospital for Pediatric Surgery (Project 1394)

Background

The agreement between Government of Uganda (GoU) and a Non-Governmental Organization EMERGENCY Life Support to Civilian War Victims was signed on 18th December 2018 to establish a Regional Centre of Excellence in Paediatric Surgery. The hospital will be the second network structure after the Salam Centre for Cardiac Surgery in Khartoum, Sudan.

The project will contribute to two sector outcomes namely: Improved quality of life at all levels, and enhanced competitiveness in the health sector. The hospital, also referred to as the Emergency Hospital will provide free medical care for children with surgical needs excluding cardiac surgery both in Uganda and all over Africa. It will be reference point for Ugandan patients and will provide training to medical officers in paediatric surgical procedures.

EMERGENCY (an Italian NGO) funded 30% of the project and 20% by GoU. The two entities agreed to source for the 50% jointly from major donors to cover all phases (design, construction and operation). The total project budget is Ug shs 117.9bn, of which Ug shs 90.5bn are project related costs and Ug shs 27.4bn are estimated tax costs.

Performance

In FY 2019/20, the GoU allocation was Ug shs 1.085bn, which was all released, and spent. Expenditures were on hospital construction (92%), fuel and lubricants (4%), welfare and entertainment (1%), and allowances (3%).

The overall project performance was good at 97% as at 30th June 2020. The structure was roofed, rammed earth wall, internal finishes; mechanical and electrical installations were completed. The generator, laundry, oxygen plant, Intensive Care Unit, operating theatre and fire detector were commissioned, while installation of medical furniture and equipment; inside painting, cleaning of the external area were in advanced stages.

The hospital start-up activities including recruitment of health workers was 100% complete. Interviews for medical staff including paediatricians, surgeons, medical, nursing and assistant officers with support from Health Service Commission, and registration of expatriate staff with the various National



Professional Councils was completed. The hospital was set to official open on 24th April 2020, however the COVID-19 disruptions affected the schedule. The new plan to commence offering of medical services at the hospital is November 2020.



Left–Right: Completed medical building and installed theatre equipment at the Paediatric Hospital Entebbe

Implementation challenges

- Outstanding obligations towards civil works and taxes demotivated funders and affected timely shipment of equipment.⁸
- Inadequate budgeting and allocations towards hospital running costs by GoU will affect effective start up and operations in April 2020.
- Delayed upgrading of the hospital access road from gravel to tarmac standard was likely to affect newly installed equipment.

Recommendations

- The MFPED and MoH should mobilise resources through:
 - a) Lobbying various development partners as per the financing agreement.
 - b) Seeking and granting approval to utilise funds of non-performing sub-programmes like Strengthening Capacity of Regional Referral Hospitals Project to finance operational costs, outstanding civil and tax obligations for timely start up.
- The MoH should engage Ministry of Works and Transport, Uganda Road Fund and Entebbe Municipality to prioritise upgrading the hospital access road.

3.3.1.7 Uganda Reproductive Maternal and Child Health Services Improvement Project- URMCHIP (Project: 1440)

Background:

The project commenced on 1st July 2017 and is expected to end on 30th June 2022. It contributes to the sector outcome of improved quality of life at all levels. The project is premised on five objectives. These are – To improve: 1) quality of care at Primary Health Care (PHC) health facilities; 2) Availability of human resources for health at PHC facilities; 3) Availability of Essential Reproductive Maternal Neonatal Child, and Adolescent Health (RMNCAH) drugs and supplies; 4) Functional and responsive

⁸ The obligations amounted to Ug shs 4bn and Ug shs 13bn for civil works and tax obligation to Uganda Revenue Authority respectively.



referral system; 5) Infrastructure and medical equipment in PHC facilities.

The project is funded by the International Development Association (IDA), Global Financing Facility (GFF), Swedish International Development Cooperation Agency (SIDA), and Government of Uganda (GoU) to a tune of US\$165 million. The IDA was set to contribute US\$110 million, US\$30 million by GFF and US\$ 25million from SIDA in line with the financing agreement signed on 19th January 2017.

The project focuses on five components - Component 1: Results-Based Financing for Primary Health Care services at US\$68 million. Component 2: Strengthen health systems to deliver RMNCAH services at US\$54.5 million. Component 3: Strengthen capacity to scale-up delivery of births and deaths registration (BDR) services at US\$10 million: Component 4: Enhance institutional capacity to manage project supported activities at US\$7.5 million: Component 5: Contingent emergency response at US\$25 million.

Performance

Cumulatively, development partners disbursed US\$81.6 million (49%). Cumulative expenditure was US\$44million (54%) with RBF for PHC Services taking up to 30%; Strengthening capacity to deliver RMNCAH services at 24%; BDR services at 9.3%; Institutional capacity to manage project supported activities at 7% and 15% on the COVID-19 Contingency Emergency Response Plan.

In FY2019/20, the three development partners disbursed US\$46.7million, of which US\$27 million (58%) was spent. Expenditures were mainly on RBF for PHC Services taking up to 33.3%; Strengthening capacity to deliver RMNCAH services at 22.2%; BDR services at 10.3%; Institutional capacity to manage project supported activities at 6.3% and 25% on the Covid Contingency Emergency Response Plan.

Cumulatively, the GoU released Ug shs 957million to the project and 100% spent. The allocation for FY 2019/20 was Ug shs 276million which was all released and Ug shs 274million spent by 30th June 2020.

Expenditures were mainly on fuel and lubricants - 53% and travel inland 29% to undertake two activities. These were verification of vehicles in RRHs and checking for compliance of the supplied medical equipment in health facilities by various officers. Approximately 9.1% was spent on welfare and entertainment involving facilitation of a 2019 staff party, and 9% allowances related to delegated procurements by the contracts committee, recruitment of a procurement specialist and verification of motor vehicles in regional referral hospitals and hospitals.

Overall project performance was poor at 48% by 30th June 2020. This was mainly due to delays in commencement of civil works, disbursement of RBF funds, procurement of equipment and RMNCAH supplies among others, which had a bulk of the project funds. However, a number of activities under the RBF component were undertaken, RMNCAH supplies were procured and distributed, and the project supported the GoU in the emergency response towards the COVID-19 among others. Detailed performance by component is as follows:

Component I: Results-Based Financing (RBF) for Primary Health Care Services: In FY 2019/20, the following activities were planned. Selection and orientation of 50 new RBF districts; capacity building for rbf districts; training of 42 phase iii districts and health facilities; regional verification trainings for the 51 phase ii districts and the 5 new districts of kyegegwa, ntoroko, pakwach, yumbe and koboko; and verification of EDHMT outputs for 130 districts



The MoH achieved the following: 50 districts under Phase III were selected and started implementing RBF in March 2020; a number of training initiatives were undertaken between October and December 2019, for example health workers from 68 hospitals were trained, 57 of these were general hospitals, 10 RRHs and Kawempe National Referral Hospital. Verification for last quarters of FY2019/20 was ongoing, the exercise was disrupted by the COVID-19 pandemic.

RBF had greatly improved quality of services in beneficiary facilities, this was partially attributed to increased supervision of health facilities by districts and continued re-investments by the health facilities, and availability of medical supplies among others. Delays in reimbursement had greatly demotivated staff from facilities in districts like Kayunga, Bulisa, Luwero and Kiboga districts among others. Some districts like Apac received district startup capital in December 2019, however by 30th June 2020, the MoH had not verified their RBF outputs. By September 2020, the status was the same.

Component 2: Strengthen Health Systems to Deliver RMNCAH Services: The MoH planned the following under the component. Procure and distribute drugs, capacity building of health workers, construct 81 maternity units, digital x-rays serviced, and RMNACH equipment procured among others.

The MoH achieved the following: **Capacity building of health workers undertaken:** The Ministry awarded 734 scholarships to health workers to pursue priority courses in reproductive, maternal, neonatal, child and adolescent health since project inception. Approximately 94% (692) of the scholarship beneficiaries took up the offer and started school. By 30th June 2020, 260 health workers had completed their studies.

In January 2020, the World Bank approved additional scholarships for registered nurses in Intensive Care Nursing (400), Masters of Nursing in Critical Care Nursing (21), Masters of Medicine in Emergency Medicine (07), and Bachelor of Anesthesia (07). The nursing courses were advertised and the deadline for submission of applications was 30th June, 2020.

RMNCAH supplies procured: Contracts for the following supplies were signed and by 30th June 2020, some deliveries made by both JMS and NMS. These included: Implants, InterUterine Device (IUDs) and their insertion kits, magnesium sulphate, pregnancy test strips, amoxicillin dispersible tablets 250mg, oral rehydration salts, zinc tablets, blood grouping reagents; misoprostol tablets and cycle beads among others.

Maternity units (81) constructed: The contracts for supervision of civil works in 81 health facilities were signed in May 2020. M/S Arch Design Limited will undertake supervision works at a sum of USD 639,507 for Lot 1 and USD 472,472 for Lot 2 while M/S KK Partnership Architect will supervise lot 3 at USD 368,601. However, contracts to undertake actual civil works for the 81 maternity units were still under procurement by 30th June 2020.

Digital X-rays serviced and maintained: Not achieved, the process of terminating DASH-S Technologies was concluded upon failure to live to the contractual obligations related to servicing and maintenance of 19 X-rays procured under the concluded Uganda Systems Strengthening Project (UHSSP). The MoH awaited a no-objection from the World Bank to sub contract an authorised distributor under M/s Phillips to service and maintain the 19 X-rays.

RMNCAH equipment procured and distributed to selected health facilities: This was under procurement. Needs assessment involving consultations with LGs, maternal and child health and health infrastructure departments and experts from National Advisory Committee on Medical Equipment



(NACME) were concluded and informed the procurement process. Health facilities to be renovated under URMCHIP and UgIFT and selected HCIVs will be key beneficiaries of the equipment under procurement. Equipment to be procured is estimated to cost US\$10.7million.

Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services: The following was planned under the component: Development and dissemination of a National Civil Registration and Vital Statistics, (CRVS) Strategy and a Communication Strategy; connection of districts to NIRA Central Offices, Birth and Death Registration (BDR) equipment procured, Motor vehicles procured, Mobile Vital Records System operationalized among others.

The MoH achieved the following: Development of a communication strategy by M/s Real Marketing Limited at a sum of US\$99,621, the consultant was paid 30% on 29th July 2019 upon submission and acceptance of the inception report. Another 40% was paid upon submission and acceptance of the draft report on 23rd December 2019.

Civil Registration and Vital Statistics (CRVS) Strategy developed: Procurement of a consultant to develop the CRVS Strategy was ongoing by 30th June 2020. A number of consultants including Makerere University School of Public Health declined the consultancy and the World Bank offered to identify consultants to conduct this assignment. NIRA was requested to follow up with the Bank. By 30th June 2020, the activity had not been concluded.

Connectivity of districts to central system at Kololo undertaken: The contract for procurement of equipment to connect NIRA headquarters and district offices was signed on 15th November 2019 with M/s Sybyl Limited at Ug shs 399,991,623. The connectivity aims to simplify data transfer and access of districts to the central system. Delivery of the equipment was in February 2020. Installations for five Divisions of Kampala started in March 2020 and ended in June 2020.

BDR equipment to functionalise BDR services in NIRA districts procured: This included computers, printers, LANs, server racks, servers and UPSs among others. Delivery and installation of 234 desktops, 234 UPS, 117 printers, 121 servers, 121 server racks, 121 displays and UPS in 117 districts was completed during the quarter. Data migration from old to the new servers was done.

Motorcycles (20), and motor vehicles (05) for hard-to-reach districts procured: The contract to supply motorcycles was signed between MoH and M/s Nile Fishing Company Limited at Ug shs 285,969,431 on 07th February 2020. M/s Cooper Motor Corporation (U) Limited at a sum of Ug shs 699,800,200 on the other hand supplied the five double cabins whose contract was signed on 6th March 2020.

Mobile Vital Records System (MVRs) operationalised: The birth and death notification and registration modules were operationalised and rolled out to all NIRA district offices. Monitoring performance of registration officers was ongoing,

Component 4: Enhance Institutional Capacity to Manage Project Supported Activities: Several recruitments were undertaken, project monitoring and supervision done, coordination of RMNCAH interventions undertaken; procurement of laptops for environmental safeguards officer, social safeguards officer and two accounts assistants was done. Servicing and repairs for all project and related departments motor vehicles done among others.



Component 5: Contingent Emergency Response Component: Supports rapid response to disaster emergency and catastrophic events: The component supported two events that affected Uganda in FY2019/20. These were Ebola and COVID-19 pandemic. Uganda faced a risk of an Ebola outbreak from Democratic Republic of Congo (DRC) and funders allocated US\$ 5million towards preparedness and response activities. The funders disbursed US\$ 3,100,710 which was spent on procurement of personal protective equipment (US\$ 907,034) and transfers to LGs (US\$2,193,6767) for payments to health workers and other persons involved in contact tracing of Ebola cases in over 33 districts on the border with DR Congo.

During the outbreak of COVID-19, a total of US\$15 million was allocated towards response to the pandemic and US\$10 million was received by April 2020 for seven response pillars. Activities undertaken using these funds included: coordination and leadership supported, risk communication and community engagement; ICT and innovation supported; case management undertaken; mental health and psychosocial support provided; surveillance and laboratory investigations undertaken.⁹

Implementation challenges

- Delayed commencement of activities under the infrastructure, equipment and RBF component.
- Delays in verification of outputs by MoH teams led to demotivation of staff undertaking RBF at various facilities.
- Limited efforts by GoU to take on RBF as a non-wage financing facility for all health facilities.
- COVID-19 affected project activities including studies of scholarship students funded by the project.

Recommendations

- The MoH and project funders should fast track implementation of all its planned outputs including all construction works to avoid further delays in project implementation.
- The MFPED should consider RBF financing as a non-wage grant for all health facilities since benefits of such financing have been proven during the implementation of this project.
- The MoH should fast track digitalisation of the RBF to improve efficiency in verifications of all RBF undertakings.

3.2.1.8 Strengthening Capacity of Regional Referral Hospitals (Project 1519)

Background

The project also referred to as the DRIVE (Development Related Infrastructure Investment Vehicle). It is aimed at improving specialised care services through strengthening maintenance workshops; building capacity of bio medical engineers and clinical staff to deliver quality services through the procurement of specialised medical equipment; maintenance, supply, use of reagents and consumables.

The DRIVE is a programme of the Netherlands Enterprise Agency initiated in June 2015 to facilitate private investment in infrastructure projects in developing countries through concessional finance. The entire project sum estimated at EUR0 46million will be financed by GoU by 50%, and another 50% by DRIVE towards project implementation, operation and maintenance in Uganda.

⁹ Detailed performance of allocation is highlighted Chapter 4 (COVID-19 Sector Response)



According to the Public Investment Plan (PIP) 2018/19 to 2020/21, the government of Netherlands subsidised by DRIVE may fund 50% of GoU loan obligation thereby enabling GoU to pay half the actual interest.

Each hospital will receive 10 accident and emergency beds at Euro 190,000; X-ray machine at Euro 298,000; mammogram at Euro 173,000 among others. Mbale and Mbarara will receive MRI machines at Euro 1,150,000 respectively. The total allocation per hospital in US\$ is as follows; Arua 2.9 million, Fort Portal, Soroti and Gulu 4 million respectively, Hoima, Moroto, Mubende, Naguru, Masaka Jinja, Kabale, Kira will get equipment between 3 million to 3.8 million, while Mbale and Mbarara will get equipment of US\$ 5 million.

The project had one planned output for FY 2019/20 - Specialised equipment RRHs procured.

Performance

The project-approved budget for FY 2019/20 was Ug shs 3bn and revised to Ug shs 2.7bn. A total Ug shs 2.7bn (100%) of the revised budget was released and spent as at 30th June 2020. The overall project performance was poor at 0%; the MoH did not achieve the planned target by 30th June 2020. The MoH however mischarged the project released funds of Ug shs 2.7bn and paid Ms ELSMED EAST AFRICA LTD as advance payment for supply of emergency medical care equipment under COVID-19. The MoH awaited finalisation of the financing agreement and donor funding to commence procurement of specialised equipment.

Implementation challenges

- Lack of financing agreement between GoU and development partner.
- Poor planning and budgeting characterised by the continued release of funds to a project not ready to commence operations.

Recommendation

- The MFPED, MoH should expedite finalisation of the financing agreement between the MFPED and Royal Government of Netherlands.
- The MoH should seek approval from MFPED to reallocate funding from the project to key projects having constrained cash flows.



Table 3.3: Performance of the Health Infrastructure and Equipment Programme as 30th June 2020

Subprogramme	Output	Annual Budget (Ug shs million)	Cum. Receipts (Ug shs million)	Annual Target %	Cum. Achieved Quantity %	Weighted Physical Performance Score (%)	Remarks
Institutional Support to MoH	HMIS Stationery Procured and distributed	1,000	1,000	100	100	0	Achieved
	Uniforms procured and distributed	4,100	4,100	100	30	0	Partially achieved
	Clearance of donated items	2,100	2,100	100	80	0.60	On track
	Rehabilitation works at selected local selected governments completed.	1,283	1,283	100	100	0.46	Facilities renovated and electricity bills cleared. JMS supported to procure land
Regional Hospital for Paediatric Surgery	MoH Headquarter Building Exterior walls renovated and parking lot extended	1,377	1,377	100	50	0.24	Partially achieved, the budget line item was mischarged for other items.
	Emergency Ambulance and boats procured	11,000	11,000	100	30	1.19	Under procurement
	Specialised Machinery and Equipment procured	42,478	42,478	100	10	1.53	Partially achieved
	Furniture and Fixtures procured	395	395	100	100	0.14	Partially achieved
Renovation and Equipping of Kayunga and Yumbe General Hospitals	ICT and equipment including soft ware procured	136	136	100	100	0.049	Achieved
	Hospital Constructed, monitored and supervised	1,085	1,085	100	60	0.235	Awaiting handover, commencement and operations in November 2020
	Kayunga and Yumbe Hospitals Rehabilitated and Constructed	43,326	9,609	100	96	15.65	Works at substantial completion
	Specialised Machinery & Equipment Procured	5,000	5,000	100	0.00	0.00	Under procurement
Kawolo and Busolwe Hospital Rehabilitated	Kayunga and Yumbe Hospitals Works monitored and supervised	2,625	900	100	95	0.95	On track
	Kawolo Hospital Rehabilitated and supervised	12,952	467	100	80	4.68	Works at Kawolo completed and had not started at Busolwe Hospital.
Specialised Neonatal and Maternal Unit Mulago Hospital	Health Management Information System procured, Installed and operationalised	4,500	4,500	100	99	1.61	Works on track, however hampered by COVID-19 operations at Mulago hospital
	Specialised Machinery & Equipment	2,700	2,700	100	0.00	0.00	Off track
Uganda Reproductive Maternal and Childhealth Improvement project	Monitoring, Supervision and Evaluation of Health Systems	30,913	30,913	100	75	8.38	Partially achieved
	Reimbursements to Health Facilities for Result Based Financing (RBF) done	47,016	47,016	100	50	8.50	Partially achieved



Subprogramme	Output	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target %	Cum. Achieved Quantity %	Weighted Physical Performance Score (%)	Remarks	
	Vehicles purchased for support supervision of RBF, Covid and Ebola Emergencies	570	570	17	0.00	0.00	Ontrack	
	Office Computers, Laptops and ICT Equipment, including Software procured and installed at NIRA	12,239	12,239	100	90	3.98	Achieved	
	RMNACH Specialised Machinery & Equipment procured	10,000	10,000	100	0.00	0.00	Not achieved	
	82 maternity units undertaken at selected Health Facilities	19,221	58	100	0.00	0.00	Not achievable	
Support to Mulago hospital rehabilitation	Rehabilitation works for lower Mulago Completed	20,600	20,600	0.06	0.04	4.96	Substantial completion at 98%	
Programme Performance (Outputs)							54.03	Fair attainment for outputs
Outcome Performance		Outcome Indicator		Annual Target	Achieved	Score (%)	Remarks	
		Proportion of the functional health centre IVs(offering caesarian and blood transfusion section)		75	45	60		
		Proportion of subcounties with functional HC IIIs;		81	77	95		
		Proportion of functional imaging and radiography equipment in hospitals;		85	61	72		
		Programme Performance (Outcomes)				76		
Overall Programme Performance						61.6	Fair performance	

Source: *Field Findings, IFMS*



3.3.2 Pharmaceutical and other supplies (Programme 05)

Background

The programme contributes to the sector outcome of improved quality of life at all levels. It consists of two sub-programmes with an overall objective of improving the quality and accessible medicines, equipment and other health supplies. The sub-programmes are: Global Fund for AIDS, TB and Malaria (sub-programme 220) and Global Alliance for Vaccine Initiative (Sub-programme 1436). Annual monitoring for FY2019/20 focused on Sub-programme 1436 and findings are presented hereafter.

3.3.2.1 Global Alliance for Vaccine Initiative (Project 1436)

Background

The second phase of the GAVI (HSS2) grant aims at strengthening integrated outreach services to increase equitable access of target populations including hard-to-reach communities, supporting the Expanded Programme for Immunisation (EPI) and other priority Maternal Neonatal and Child Health services, and strengthening EPI focused supportive supervision for improving EPI uptake and service delivery.

Others are: Expansion of the cold and dry storage capacity for vaccines and related supplies at the national and subnational vaccine store; improved efficiency in distribution of vaccines and related supplies at all levels; building capacity of health workers in data management and data use for improved performance of EPI and other priority MNCH services.

Planned outputs for FY2019/20 were 30 storage facilities for vaccines constructed in the districts of Buikwe, Ntoroko, Nakaseke, Buliisa, Lyantonde, Lwengo, among others,¹⁰ and Central level workshop repaired, maintained, equipped and furnished.

Eleven generators, two cold rooms, 132 fire extinguishers, 5,000 vaccine carriers and 1,155 cold boxes, 2,500 Cold Chain Equipment Optimization Platform (CCEOP) equipment and assorted spare parts, 657 motorcycles, 57 vehicles, two refrigerated trucks and four medium-size motorized boats procured.

Performance

The GoU allocated Ug shs 12.09bn which was all released, and spent as at end of FY 2019/20. Majority (99%) of the funds were transferred to UNICEF for procurement of vaccines including BCG, Measles, and Oral Polio, DTP-HepB-Hib. The rest of the expenditure was on support supervision exercises.

The donor allocation on the other hand was Ug shs 57.62bn, of which Ug shs 43.30bn was released and Ug shs 13.01bn (30%) spent as at 30th June 2020. Absorption of the GAVI grant was poor at 30% and this was attributed to various factors including:

- Delayed payments for equipment received by MoH.
- Delayed delivery of equipment occasioned by COVID-19
- Inadequate budgeting for immunisation funds by local governments led to failure to utilize funds off the IFMS system by some districts in a timely manner.

¹⁰ The GAVI grant was reprogrammed in FY2019/20 after the approval of the work plans to exclude vaccine stores and other civil works partly due to poor performance of the civil works under HSS1. The funds were reprogrammed for strengthening capacity of health facility managers in immunisation services and increase the number of various equipment under procurement such as generators, transport equipment among others.



The MoH disbursed funds to support and strengthen routine immunisation activities in various LGs. The visited districts had accessed the funds and utilised them for Integrated Child Health Days activities, outreaches and micro plan development. The allocation of transport refund of Ug shs 10,000 was considered inadequate given the differences in accessibility in the different parts of the country.

The sub-programme achieved 66% of the planned targets. Procurements were at various levels of completion with some motorcycles, fridges, ICT equipment delivered, others were in transit while the rest were at design review stage.

The MoH received approximately 408 out of 657 motorcycles, and 204 assembled for distribution. The visited health facilities were satisfied with the intervention as it enabled the health workers execute outreaches in hard-to-reach areas with ease. Spare parts for the 657 motorcycles were also in advanced stages of procurement and were expected at Mombasa in March 2020. This was however affected by COVID-19 disruptions.

The sub-programme procured one station wagon for MoH headquarters, delivered 70 motorvehicles for 70 districts to facilitate immunisation activities. The visited districts were satisfied with the intervention to facilitate routine and technical support supervision. Other items such as boats, refrigerated trucks, and generators among others were under procurement. Detailed subprogramme performance is highlighted in table 3.4.

In terms of outcomes, the GAVI support increased the vaccination package from protecting children against six killer diseases¹¹ to 12 killer diseases¹². Immunisation coverage as at 30th June for Diphtheria Pertussis Tetanus third dose (DPT3) was at 91%, against the targeted 97% by 30th June 2020. The Measles Rubella Campaign performed very well and covered other antigens that had been missed in the routine immunisation.

In an effort to improve reliable and timely access to vaccines and supplies, the MoH contracted Ms Flight-in-Time for last mile delivery of vaccines to the health facilities. The contract period was from July 2018 to December 2020 for the pilot phase. The districts under the pilot phase for the last mile delivery of vaccines and supplies to health facilities including Wakiso, Nakaseke and Nakasongola noted that:

- i.) The contracted agency Flight-in-Time (FIT) was handy and directly contributed to higher efficiency and reliability in vaccines availability in various health facilities.
- ii.) Monitoring of stock was enhanced due to timely response to orders.
- iii.) The measure saved the meagre PHC non-wage spent by facilities on transport during the frequent pickup of vaccines and supplies.
- iv.) The FIT mentored staff in maintenance of fridges, and improved stocktaking at the benefiting health facilities.

¹¹ Tuberculosis, Poliomyelitis, Whooping cough (Pertussis), Diphtheria, Tetanus/Neonatal Tetanus and Measles

¹² Plus Hepatitis B, Haemophilus Influenza, Pneumococcal, Rotavirus, Rubella, Cancer of cervix


Table 3.4: Performance of Pharmaceutical and Other Supplies Programme as at 30th June 2020

Output	Annual Budget (Ug shs billion)	Cum. Receipt (Ug shs)-bn	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Preventive and curative Medical Supplies (including immunization) procured and distributed	12.00	12.00	100	91	21.97	Ontrack
Medical and Evaluation Capacity Improvement(Support supervision) undertaken	9.945	9.945	100	50	10.00	Partially done due to the Measles Rubella Campaign, which occupied the health workers in the first half of the FY and the COVID-19 disruptions in the second half of the FY.
Capacity of Health Facility Managers strengthened	8.647	8.647	100	75	13.05	Funds were accessed mainly in the second half of the FY and districts completed micro planning, routine and integrated immunisation outreaches.
Motor Vehicles and Other Transport Equipment purchased	12.105	12.105	100	70	17.05	Substantially achieved and had improved service delivery
Specialised Machinery & Equipment procured	7.013	7.013	100	40	5.64	Some items were procured while others were at various levels of procurement. .
Programme Performance (Outputs)					67.71	Fair performance
Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks
Proportion of health facilities without drug stock out for the 41 tracer medicines in the previous three months			85	55	65	Target to achieved
Programme Performance (Outcomes)					65	
Overall Programme Performance					66.8	Fair performance

Source: Field Findings



Programme Challenges

- Continued immunisation dropout rates due to limited adherence to schedules. This was mainly due to vaccine stock outs, attitude, and COVID-19 disruptions among others.
- Inadequate gas cylinders to enable a seamless transfer of vaccines in case the gas runs out at any one given time. Majority (97%) of facilities lacked a second/spare gas cylinder to use in case of gas stock out. This constrains performance and associated effects of vaccine wastage.
- Delays in access to funds for enhanced immunisation activities at LG level.
- Overlaps in the planning periods between GAVI and GoU led to disbursement of funds midway the GoU budgeting cycle. This translated into revision of work plans and perpetual supplementary budget requests.

Conclusion

The performance of the Pharmaceutical and other Supplies Programme was fair at 66% achievement of outputs and outcomes. In relation to outputs, the GAVI improved from 50% as at December 2019 to 67% as at June 2020. Immunisation for the third dose for Diphtheria, Pertussis (Whooping Cough), and Tetanus (DPT) was 91% against the targeted 97%. Other immunisation services were also on track. The sub-programme was however affected by immunisation dropouts, procurement delays and overlaps in the planning period between GAVI and GoU.

Recommendations

- The MoH should ensure reduction in factors leading to immunisation dropouts at all levels. Increased surveillance, monitoring and supervision of LG activities is key to boosting adherence.
- The MoH should prioritise acquisition of a second/spare gas cylinder per facility to ensure safety of the vaccines for the health facilities without access to grid or solar power systems. The MoH through GAVI and other stakeholders could also completely replace the gas fridges with the solar or electricity fridges for more efficiency in vaccine storage.
- MFPED and MoH should engage GAVI to ensure harmonised planning and budgeting for improved project performance.

3.3.3 Public Health Services (Programme 06)

Background

The programme directly contributes to the sector outcome of improved quality of life at all levels through improvement and accessibility of clinical and public health services in Uganda.

The programme is comprised of ten sub-programmes, namely: Community Health (Sub-Programme 06); Communicable Diseases Prevention and Control (Sub-Programme 08), Health Education, Promotion and Communication (Sub-Programme 13), Reproductive and Child Health (Sub-Programme 14); Environment Health (Sub-programme 21). Non-communicable Diseases (Sub-Programme 22), National Health Laboratory and Diagnostic Services (Sub-programme 23), Integrated Epidemiology, Surveillance and Public Health Emergencies (Sub-programme 24). Uganda Sanitation Fund Project (Project 1441) and East Africa Public Health Laboratory Network Project Phase II (Project 1413).



FY 2019/20 annual budget monitoring focused on five sub-programmes: Reproductive and Child Health; Integrated Epidemiology, Surveillance and Public Health Emergencies; National Health Laboratory and Diagnostic Services; Health Education, Promotion and Communication, and East Africa Public Health Laboratory Network Project Phase II.

The MoH planned to achieve the following programme outcome indicators in FY2019/20: DPT3 coverage by 97%; Increase Couple Years of Protection to 4,700,000 and 100% of proportion of epidemics/disease outbreaks contained.

Performance

The approved budget for the programme in FY2019/20 was Ug shs 33bn, of which Ug shs 64bn (193%) was released and Ug shs 46.3bn (72%) spent. The programme received a supplementary of Ug shs 30bn, of which Ug shs 20bn was released under GoU for Integrated Epidemiology, Surveillance and Public Health Emergencies.

The Ug shs 46bn was spent as follows: Integrated Epidemiology, Surveillance and Public Health Emergency services 44%; East Africa Public Health Laboratory Network Project Phase II at 34%; Communicable Diseases Prevention and Control at 9%; Uganda Sanitation Fund Project II at 6%; Community Health at 2%. The rest of the sub-programmes shared the remaining 5%.

Overall, the programme achieved good performance with 80% of the planned targets achieved, with two outcome indicators achieved satisfactorily. These were: DPT3 Coverage achieved at 91%; 100% of epidemics/disease outbreaks contained. The MoH achieved fair performance regarding family planning, with 65% of the set targets on Couple Years of protection achieved.

The MoH also carried out mass distribution of Long Lasting Insecticide Treated Nets(LLIN) to flood affected districts in April 2020, and also distributed nets countrywide as part of National Malaria Control Programme. The coverage was estimated at 80% from western and Northern Uganda.

The outputs under Health Education, Promotion and Communication achieved 70%, and the East Africa Public Health Laboratory Network Project Phase II, at 69%. Detailed programme performance is highlighted as follows:

3.3.3.1 Health Education, Promotion and Communication (Sub-Programme 13)

The sub-programme was allocated Ug shs 344million which was all released and spent by 30th June 2020.

The planned outputs under the sub-programme for FY2019/20 included: Advocacy meetings with district leadership, Water, Sanitation and Hygiene (WASH) undertaken; Home improvement campaigns and competition guidelines finalized; an integrated Social Behavioral Change Communication (SBCC) strategy disseminated. Community awareness to promote construction, use of latrines and hand washing with soap raised. Development and translation of Information, Education and Communication (IEC) materials for the Measles-Rubella Campaign among others.

With support from development partners, the sub-programme achieved the following outputs: Technical support towards National Health Promotion Conference; Development and translation of IEC materials for eye care, and the Measles and Rubella Campaign.



The Integrated SBCC Strategy disseminated; social mobilisation using film van on Measles, Cholera and adolescent related out reaches, technical support supervision in health promotion activities including construction of latrines and hand washing facilities in the districts of Rakai, Kyotera, Masaka, Luwero, Nakaseke, Mityana, Wakiso, Hoima, Kibaale, Kikuube, Kagadi, Kakumiro, Kabale and Kisoro were undertaken. Reviewed and updated the National Family Planning Advocacy Strategy.



Some of IEC Materials and Key messages disseminated by the department in conjunction with development partners' FY 2019/20

Public awareness through social media dissemination of COVID-19 messages with support from UNICEF on twitter, Facebook, Instagram and M/s CHIMPs was contracted to disseminate messages through advertisements for a period of six months.

Monitoring risk communication activities about COVID-19 in the districts of Busia, Bugiri,

Buikwe, Masaka, Kyotera, Lyantonde, Kiruhura, Mukono, Kiryandongo, Luwero, Nakasongola, Tororo, Soroti, Mbale, Namisindwa in April and May 2020. Supervision, monitoring and mentoring of district personnel involves guidance to district personnel were undertaken.

Health promotion and disease prevention orientation for cultural leaders in Busoga Kingdom on malaria and reproductive health. Technical support supervision of COVID-19 interventions at Points of Entry (POE) and highway districts of Mukono, Buikwe, Luwero, Nakasongola, Kiryandongo, Masaka, Kyotera, Lyantonde, Kiruhura, Busia, Tororo, Bugiri, Mbale, Bukedea, Kumi and Soroti.

3.3.3.2 Reproductive and Child Health (Sub-Programme 14)

The sub-programme was allocated Ug shs 563million which was all released and spent by 30th June 2020.

The sub-programme planned outputs included: Quarterly data quality assessments, and Performance reviews and data validation of reproductive health (RH) indicators undertaken. Scripts for talk shows, school debates, quizzes, youth groups, peer mother groups and home visits designed and translated; A model Intensive Care Newborn Unit (NICU) and skills laboratory for mentoring health workers/child/newborn health surveillance established; Capacity building for districts to reach families using a revamped ugandan branded family care practices undertaken.

The MoH achieved the following: Performance reviews and data validation of reproductive health; adolescent health outreaches supported in 10 districts of Kitgum, Agago, Yumbe, Nwoya, Adjumani, Amuru, Madi Okollo, Moyo, Obongi, Arua. The National Family Planning Conference National RMNCAH Symposium and Assembly conducted; Performance and progress of the sharpened plan reviewed and developed action plans with partner commitments.



The MoH supported establishment of NICUs in Kawempe RRH, Lira RRH, Gulu RRH amongst other health facilities. Admission of health workers to different institutions to acquire newborn care skills was done. However, by 30th June 2020, training had not started due to the pandemic.

The MoH supported ADHOs to attend a two days' national conference for family planning. Scripts for talk shows were done during the adolescent health friendly camps. School debates and quizzes were carried out in different schools like Mengo Primary School. Youth groups and University students were engaged in a number of adolescent friendly health camps where HIV screening and counselling were done amongst other activities. Peer mother groups and home visits designed and translated in different areas. A model Intensive NICU and Skills Laboratory for mentoring health workers/ child/newborn health surveillance established were not undertaken.

3.3.3.3 National Health Laboratory and Diagnostic Services (Sub-programme 23)

The sub-programme was allocated Ug shs 512million which was all released and spent by 30th June 2020. The planned outputs included¹³: clinical and public health laboratory and diagnostics services supervised and coordinated; and Quality Reference Laboratory and Diagnostic Services provided.

The MoH achieved the following: Approximately 197,000 samples transported from all over the country to Uganda Virus Research Institute (UVRI), Makerere University College of Health Science Laboratory (MCHSL), National TB Reference Laboratory, Uganda (NTRL), National Health Laboratory, and Diagnostic Services (NHLDS) Laboratory at Butabika for TB, cancer, and COVID-19 testing.

Support supervision conducted in Eastern districts of Soroti and Mbale for cancer diagnostics and pathology services, and integrated support supervision conducted in border districts and point of entries to ensure safety of staff against COVID-19 while ensuring continuity of laboratory services.

Guidelines for laboratory handling of samples for COVID-19 developed and disseminated to stakeholders; 122 labs audited including five (Mulago, Fort Portal, UVRI, NTRL, MCHSL) for international accreditation, all of which got accredited to international standards through the South African National Accreditation System (SANAS).

3.3.3.4 Integrated Epidemiology, Surveillance and Public Health Emergencies (Sub programme 24)¹⁴

The sub-programme was allocated Ug shs 20.5bn, which was all released, and 98% spent by 30th June 2020. The planned outputs were integrated disease surveillance and response technical support supervision undertaken; and support supervision for the five ports of entry including Entebbe airport undertaken.

With support from development partners, the MoH achieved the following: Conducted COVID-19 surveillance support for five Rwenzori sub-region districts; Kyenjojo, Kitagwenda, Kamwenge, Kasese and Kyegegwa, and Mubende RRH districts (Mubende Mityana, Kassanda, Kiboga, Kyankwanzi).

Conducted an assessment of the weekly epidemiological surveillance reporting and mTRAC (Mobile Tracking) use in seven districts of Mbale, Luwero, Manafwa, Nakasongola, Bududa, Masindi and Namisindwa conducted. Weekly Verification and Analysis of Surveillance reported data from health facilities / districts and shared to all surveillance stakeholders.

¹³ Set targets were not disaggregated by clear and measurable indicators.

¹⁴ Detailed budget performance of the subprogramme is highlighted in the COVID19 Preparedness and Response Section



3.3.3.5 East Africa Public Health Laboratory Network Project Phase II (Project 1413)

The project aims at establishment of an efficient, high quality network of accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases. The World Bank to a tune of US\$ 15million funds the project. Financing became effective on 31st March 2016 and initially expected to end in March 2020. However, due to delays in completion of some of the project components, a no cost extension period of one year was granted by the World Bank and slated to end on 31st March 2021.

The project implements three components, namely: Regional Diagnostic and Surveillance Capacity (Component one), Training and Capacity Building (Component two), Joint Operational Research and Knowledge Management (component three). Annual monitoring for FY2019/20 focused on all project components and visited project sites in Arua, Mbale Fortportal, Entebbe, Mbarara hospitals.

Performance

The World Bank had cumulatively disbursed US\$14.6million as at 30th June 2020 (98%). Total approved budget for donor financing was Ug shs 18bn, of which Ug shs 31bn was released (165%), a total of Ug shs Ug shs 15.6bn was spent.

The GoU allocated a total of Ug shs 265m, which was all released and spent by 30th June 2020. Allocations and expenditures were on electricity, fuel and lubricants. The overall project performance was good at 99%, and civil works were at physical progress of 78% for regional diagnostic and surveillance capacity; 80% on operational research, knowledge sharing and project management; as well training and capacity building initiatives.

Component One - Regional Diagnostic and Surveillance Capacity: Planned outputs were; Viral Hemorrhagic Fever (VHF) Isolation Unit at Mulago Hospital and Entebbe constructed; Multi-Drug-Resistant Tuberculosis (MDR) treatment Centre at Moroto Hospital constructed; Arua, Mbale and Mbarara laboratories constructed; Lacor hospital laboratory remodeled; Medical equipment and consumables procured; surveillance and case management activities undertaken. The project achieved the following by 30th June 2020:

Viral Hemorrhagic Fever (VHF) Isolation Unit at Mulago Hospital constructed: Civil works were behind schedule, and the contractor M/s Zhongui Mai Engineering Limited had achieved 30% of the planned works. Works were expected to cost a sum of Ug shs 8.9billion and completed within 12 months. Works commenced in December 2019 and expected to end in November 2020. By 30th June 2020, foundation works were ongoing with backfilling completed.

Isolation Unit at Entebbe Hospital constructed: Works were ongoing, however behind schedule and estimated at 65% against 100%-time progress. M/s Synergy Enterprise Ltd at a sum of Ug shs 2bn executed the works. The works started in October 2019 and expected to end in June 2020. By September 2020, the contractor had not been granted time extension. The MoH had however directed the contractor to include an ICU in the scope of works of the same facility. The remodeling works were at 55%, while new works were at 20%. Pending works included floor works, ceiling works, painting, mechanical, electrical works and general finishes.

Mbale Hospital laboratory constructed: Works had progressed to 93% and done by M/s Egiss Engineering Contractors at a sum of Ug shs 1.9bn. The facility was roofed, plastered and general finishes



were ongoing, and the contractor expected to complete by end of August 2020. Pending works included polishing of terrazzo, electrical connections and some external works.

Arua Hospital laboratory constructed: Works were expected to end in March 2020, however M/s Alliance Technical Services, the contractor had completed 75% of the civil works, and was behind schedule. Works were ongoing with the facility roofed, window frames inserted. The floor works (70%) and second fix of electrical works were also ongoing. Plastering was at 95%.

Mbarara Hospital Laboratory constructed: The contractor undertaking the works was M/s Muga Services Limited. The MoH handed over the site on 18th July 2018 and works commenced on 19th September 2018 upon receipt of advance payment. The contractor expected complete works by September 2019; however, this was not achieved leading to various extensions (20th January, 2020 and 31st March 2020) which were not achieved as construction continued in September 2020. The contractor attributed the slow pace of construction to delayed payments and approvals of the designs by the supervising consultant. As at September 2020, the contractor was continuing with ceiling works, internal and external finishes.



Left: Isolation Centre at Entebbe Hospital under renovation: Right: Status of works at Arua RRH EALPII Project

Procurement of medical equipment, consumables and supplies: The MoH planned to procure one temperature scanner for Mpondwe Border in Kasese, two ambulances for Entebbe and Mulago Isolation Units respectively among others. All items were procured and in use by 30th June 2020. Additional two temperature scanners were procured for State House. However, the scanner at Mpondwe was relocated to Bwera Hospital for lack shelter at Mpondwe PoE. Health workers at Mpondwe had therefore resorted to use temperature guns to scan and monitor temperatures for people entering the country.

The project contributed 10 temporary isolation units and PPEs to MoH during the COVID-19 pandemic. Laboratory calibration equipment was still under procurement, while furniture for the newly constructed laboratory was procured and awaiting installation upon completion of construction.

Surveillance and case management activities undertaken: The project supported the Ebola National Taskforce to respond to the epidemic. The MoH also transferred Ug shs 3bn to districts bordering DR Congo to support Ebola preparedness, response and procurement of infection control supplies.

Component two - Training and Capacity Building: Planned outputs included: training of health workers in various aspects; training of trainers; mentorship training for satellite laboratory staff; assessments conducted for satellite laboratories. The project achieved all the three planned outputs. Forty-five workers from the project satellite sites were trained in laboratory waste management and disposal, 15 project staff trained in environmental and social safeguards among others.

Quality laboratory mentorship continued for Mbale, Mbarara, FortPortal, Moroto, Lacor, Mulago histopathology laboratory at Makerere, and at Uganda Cancer Institute (UCI). Assessments for accreditation were done for Moroto, Fortportal and Mulago laboratories and the South African National



Accreditation System (SANAS) approved them all for accreditation.

Component three - Operational Research, Knowledge Sharing and Project Management: Planned outputs included: Offshoot studies conducted; knowledge sharing at scientific conferences supported. In terms of achievements, the Operational Research Technical Working Group approved five protocols and four of them received Institutional Review Board (IRB) approval, while three started on research compilation. The project planned to support three officers to attend the Anti-Microbial Resistance Stewardship meeting in Nairobi, Kenya, however, this was not achieved due to COVID-19. Delays in undertaking the planned research over the project period were noted.

Table 3.5: Performance of Public Health Services Programme as at 30th June 2010

Sub-programmes	Output	Annual Budget (Ug shs)- Mil	Cum. Receipt (Ug shs)- Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Health Education, Promotion and Communication	Communicable and non-communicable diseases controlled in communities	344	344	3	1	0	One out of three targets achieved.
Reproductive and Child Health	Technical Support Supervision done	563	563	5	4	0.96	Substantially achieved
Laboratory and Diagnostic Services	Clinical and Public health laboratory and diagnostics services supervised and coordinated. Quality Reference Laboratory and Diagnostic Services provided	512	512	100%	100%	1.25	Achieved
Integrated Epidemiology, Surveillance and Public Health	Integrated Disease Surveillance and response technical support supervision done.	20,585	20,585	100%	100%	50.20	Achieved
EALPII	Regional diagnostics surveillance capacity enhanced; Joint training and capacity building; Joint, knowledge sharing, regional coordination and program Management activities undertaken	19,000	31,270	100%	84.7%	23.65	The average performance was for civil works ate sites visited was 69%. Research targets achieved at 70%
Overall Output performance						76.34	Good performance
Outcome Indicator		Annual Target	Achieved	Score (%)	Outcome Performance (%)		
DPT3 Coverage		97%	91%	94	94	On track	
Couple Years of protection		4,700,000	3,065,034	65	65	On track	
Proportion of epidemics/disease outbreaks contained		100%	100%	100	100	Very good performance	
Average Outcome performance				86	86		
Overall Programme Performance						80	Very good performance

Source: IFMS, PBS and Field Findings



Programme Implementation Challenges

- Unclear and ambiguous targets making performance measurement difficult. Overlapping of outputs between Community Health, Health Promotion and Prevention as well as Reproductive Health was noted.
- Limited focus of surveillance by GoU as most activities implemented were donor funded initiatives.
- Delays in completion of civil works were attributed to late procurement of contractors and several design changes.
- The COVID-19 pandemic led to stalling of projects between March and May 2020.
- Inadequate planning for equipment, staffing, operations and maintenance of newly contracted laboratories, this is likely to affect optimum operationalisation of the laboratories once handed over to GoU.
- Foreign exchange losses due to dragging implementation of planned interventions.

Conclusion

The MoH achieved 80% of the set targets. Two of the three outcome indicators were achieved satisfactory. DPT coverage was attained at 91%, this was particularly attributed to the Rubella Measles Campaign, Major outbreaks including COVID-19 were contained in Uganda and immunisation services were on track. Very good strides were achieved in prevention and response to the COVID-19 pandemic during the period under review. However, the MoH should prioritise surveillance, health promotion and prevention initiatives to consolidate gains achieved.

Recommendations

- The MoH Planning Department should align all planned outputs of all sub-programmes under the Public Health Programme to avoid overlapping and duplication of resources.
- The MoH together with the project manager of the EALPII should engage all contractors to fast track implementation of all civil works to avoid further delays.
- The MoH should prioritise planning for equipment and staffing of the newly constructed laboratories in the coming FY to enhance timely utilisation and avoid redundancy of the facilities.

3.4 Health Service Commission (Vote 134)

Background

The Commission is responsible for Human Resources for Health (HRH) matters in National, Regional Referral Hospitals, and auxiliary institutions of the MoH. It has the mandate of ensuring that health institutions under its jurisdiction get the right number of human resource with the right skills, in the right place, and at the right time.

The vote contributes towards improved quality of life as a sector outcome through implementing Programme (52) - Human Resource Management for Health¹⁵.

¹⁵ MoH, MFPED, MoPS (Ministry of Public Service), RRHs and specialised institutions contribute to performance of the Programme. The MoH is responsible for consolidation of recruitment plans, submissions to HSC and deployment of appointed health workers, RRHs and specialized institutions are responsible for making timely submissions to MoH and MoPS. The MoPS is responsible for clearances, while MFPED provides budgeted resources.



The ultimate programme outcome is improved status of human resources for health in the health service. The programme outcome indicator for FY2019/20 is the increased proportion of qualified health workers recruited against the annual recruitment plan at national level.

Annual monitoring for FY 2019/20 focused on two sub-programmes: Human Resource Management (HRM), and the Health Service Commission Development Project.

Planned outputs in FY 2019/20 included: 900 health workers recruited for central government institutions, technical support supervision provided on request to the District Service Commissions, support supervision provided to selected districts; and assorted ICT, furniture, and fittings procured.

Performance

In FY 2019/20, the annual revised programme budget was Ug shs 6.8bn, which was all released and Ug shs 6.7bn (98%) spent by 30th June 2020. Expenditures were mainly for payment of contract and general staff salaries, including allowances - 42.8%, rent - 11%, gratuity payments - 10.9%, recruitment expenses - 10.7%, fuel and lubricants - 4.1%, travel inland - 3.4%, pension for general civil service - 2.9%, maintenance – vehicles - 2.2%. The rest of expenses including the capital development shared the 12% of the expenditure.

In relation to funds absorption, the unspent funds mainly related to short term consultancy, where the consultant had not completed development of the strategy for for FY2020/21 -2024/25 and wage for staff who had been either transferred or retired and had not been replaced by 30th June 2020.

Performance was fair at 67% achievement of outputs and outcomes.¹⁶ In relation to attainment of the health sector development plan target, approved posts in public facilities filled with qualified personnel was at 76%,¹⁷ below the targeted 80%. Critical cadres like anaesthetists, and other consultants remain not attracted due limited pay and limited opportunities for “*moon lighting in some locations.*”

In terms of output achievement for FY2019/20, the HSC recruited 872 health workers. In relation to the original plan for FY2019/20 on the other hand, the HSC recruited 396 health workers translating into 44% achievement as at 30th June 2020.

Despite the 44% achievement in relation to the original plan, the HSC performed very well as it timely completed emergency recruitment of 576 health workers for COVID-19 response on contract basis thus increasing the number recruited to 872 health workers. The term of office for the members who constitute the Board ended in June 2020, and was likely to affect the completion of recruitment in FY2020/21.

Development budget performance on the other hand improved from fair as at December 2019 to good as at 30th June 2020 as ICT equipment, and office furniture and fittings were delivered and in use. Detailed performance by sub-programme is highlighted hereafter.

3.4.1 Human Resource Management (Sub-Programme 02)

The sub-programme was allocated Ug shs 1.335bn, which was all released and Ug shs 1.331bn (99%) spent as at 30th June 2020.

The recruitment process for the FY2019/20 was estimated at 90%. The Commission fully completed

¹⁶ Outcome level assessment is based on the assumption that the HSC target of 900 health workers is a proxy for the National Level Annual recruitment requirement where the HSC achieved 97% of health workers recruited including 38 Medical specialists recommended to HE for appointment, 258 health workers newly appointed, and 576 health workers recruited on contract terms under emergency recruitment for the management of COVID-19

¹⁷ Annual Health Sector Performance Review FY2018/19



recruitment for 396 health workers, of which 38 were medical specialists recommended to HE the President of Uganda for appointment, and of 258 health workers for MoH, Butabika Mental NRH, Mulago National Referral Hospital, RRHs, Uganda Blood Transfusion Services and Uganda Cancer Institute. The HSC also reprioritised within the appropriated budget to complete emergency recruitment of 576 health workers for COVID-19 response.

The HSC validated 946 staff for Entebbe Regional Referral Hospital, Kawempe, and Kiruddu Referral Hospitals, and the Specialised Women and Neonatal Hospitals. The HSC provided technical support supervision on request from 16 districts¹⁸ LGs during the recruitment of DHOs, ADHOs among other senior positions. The HSC also conducted support supervision to 57% of the selected districts including.¹⁹

The E-recruitment system supported by MoH and other development partners increased the number of applicants from estimated 6,000 applicants to estimated 14,000 and the demand was expected to increase as the consultant with support from URMCHIP finalises pending modules and additional prompts for the users during the application process.

The E-recruitment system led to improved timeliness in submission and receipt of applications, eased shortlisting and report generation by the HSC. The online system also facilitated the emergency recruitment of health workers for COVID-19 response.

3.4.2 Health Service Commission (Project 0365)

The planned outputs for FY 2019/20 were machinery and equipment, office furniture and computers procured.

Performance

The project was allocated Ug shs 80million in FY 2019/20, which was all released and Ug shs 79 million (99%) spent as at 30th June 2020. The commission procured 15 angle iron shelves for the registry, 14 filing cabinets, two office desks and chairs from Footsteps Furniture Uganda Limited.

Other procurements were four laptops and one heavy-duty photocopier which were delivered, engraved and in use. Detailed performance of the Commission is highlighted in table 3.6.

18 Bududa, Kabalere, Nebbi, Kyenjojo, Kazo-Mbarara, Kakumiro, Ngora, Arua, Kyankwanzi, Bukedea, Rukungiri, Lwengo, Masindi, Sheema, Sironko, and Lyantonde.

19 Amuria, Serere, Ngora, Kumi, Buhweju, Kiruhura, Mitooma, Shema, Kibuku, Butebo, Mbale, Pallisa, Kalungu, Luwero, Nakaseke, Nakasongola, Alebtong, Otuke, Kole, Lira, Kamwenge, Bunyangabu, Kakumiro, Kyenjojo, Katakwi, Bukedea, Kaberamaido, Soroti, Rubanda, Kisoro, Rukiga, Kabale, Lamwo, Kitgum, Amuru, Gulu, Adjumani, Moyo, Obongi, Yumbe, Rakai, Kyotera, Butambala, Mpigi, Namayingo, Mayuge, Bugiri and Jinja

**Table 3.6: Detailed Performance of HSC by 30th June 2020**

Subprogrammes	Output	Annual Budget (Ughs)-Mil	Cum. Receipt (Ughs) Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Human Resource Management for Health	Health Workers recruited in Central Government Health Institutions	1,407	1,407	900	396	37.1	Emergency recruitment for COVID-19 response and validation exercises, were completed.
	Technical Support and Support Supervision	180	180	100%	79%	8.5	Technical support was provided to all the districts that requested. Support supervision was done at 57% due to COVID-19 disruptions and other unplanned activities such as validation exercises
	Purchase of Office and ICT Equipment, including Software	40	40	100%	100%	2.4	Equipment delivered and in use.
	Purchase of Office and Residential Furniture and Fittings	40	40	100%	100	2.4	Furniture and fittings procured and in use.
Programme Performance (Outputs)						50.5	Fair output performance
Outcome Indicator				Annual Target	Achieved	Score (%)	Remarks
Proportion of qualified health workers recruited against the annual recruitment plan at national level ¹				100	97	97	Good performance
Programme Performance (Outcomes)						97	
Overall Programme Performance						66.8	Fair performance

Source: Field findings

Implementation challenges

- Expiry of contracts for members who constitute the HSC interview boards in June 2020.
- Limited funding to match the requirements of the new normal in execution of the HSC duties. The HSC would require video conferencing for the seven boards, more space among others SOPs.
- Distortion of HSC schedule of activities and recruitment budget due to allocation of extra duties midway the FY. These included validation of staff requests from MoH for newly upgraded and completed health facilities, emergency recruitment of health workers to address COVID-19.
- Lack of a dedicated resource centre to execute computerised online aptitude tests affected timeliness in administration of aptitude tests.²⁰
- Delays in the entire recruitment process with the first advert made in December 2019, five months into FY2019/20. Delays were mainly two-fold; i) Request for clearance from MoPS with submission varying between September 2019 to January 2020, ii) Provision of clearance from MoPS with

²⁰ The HSC uses the College of Computing and Information Sciences computer laboratories of Makerere University during the recess term/holidays.



approvals varying between October and November 2019. Masaka RHH submitted its recruitment request on 25th September 2019 and received clearance from MoPS on 14th January 2020.

- Lack of a detailed consolidated annual recruitment plan at national level for health workers.
- Lack of well documented unit costs for recruitment of health workers by the HSC.

Conclusion

Performance was fair at 67% achievement of outputs and outcomes²¹. In relation to attainment of the health sector development plan target, approved posts in public facilities filled with qualified personnel was at 76%²² below the targeted 80%. Critical cadres like anaesthetists, and other consultants remain not filled. Recruitment target and cadres from FY 2019/20 were not fully attained. The development activities, which included procurement of ICT equipment and furniture and fittings, were however achieved satisfactorily. Delays in recruitment continue leading to persistent unspent funds for the wage returned to the Uganda Consolidated Fund.

Recommendations

- MoH should expedite appointment of members for the Board to minimise distortions recruitment for FY2020/21 and completion of recruitment for FY2019/20.
- The MoPS guideline on the compulsory scrutiny and analysis of wage for the first two or three months before approval of the recruitment request should be revised as it contradicts the appropriation bill and powers of Parliament for the approved budget.
- Relatedly the MFPED should earmark recruitment and wage funds at the beginning of the budgeting cycle to ensure timely recruitments by HSC and deployment by MoH.
- The MoH should coordinate with the HSC during upgrade and restructuring of health facilities to ensure proper planning and budgeting for validation of staff among other human resource related requirements
- The HSC, MoH and MFPED should prioritise acquisition of a HSC home with a resource center to host online interviews among other amenities. This will translate into reduced annual expenditure on rent by the HSC.
- The HSC, MoPS and MoH should ensure harmonisation of staff recruitment plans with annual planning, budgeting and implementation tools. Approvals for recruitment should be obtained by February of a given year to enable recruitment and deployment by the beginning of the financial year.
- The HSC should expedite the finalisation of unit cost assessment to enhance better planning and budgeting.

21 Outcome level assessment is based on the assumption that the HSC target of 900 health workers is a proxy for the National Level Annual recruitment requirement where the HSC achieved 97% of Health workers recruited including 38 Medical specialists recommended to HE for appointment, 258 health workers newly appointed, and 576 health workers recruited on contract terms under emergency recruitment for the management of COVID-19.

22 Annual Health Sector Performance Review FY2018/19.



3.5 Uganda Cancer Institute (Vote 114)

Background

The Uganda Cancer Institute (UCI) offers super specialised services in areas of cancer treatment, research and prevention. It has a three-fold mission; Research into all aspects of common cancers in Uganda; Provision of optimal evidence based clinical care; Provision of training for health care professionals using endemic cancers as model disease for training.

The UCI implements Cancer Services (Programme 57) which contributes towards to the sector outcome of improved quality of life at all levels. The vote contributes to attainment of the second NDP outcomes, which include number of super specialists to patient per capita and number of people accessing super specialized services.

Performance

The UCI budget in FY2019/20 was Ug shs 91.26bn, representing a 2% decline relative to FY 2018/19. A total of Ug shs 68.86bn (75.45%) of the budget was released and Ug shs 68.7bn (99.77%) spent. The highest expenditure was on construction of the Multipurpose Building and other ADB project related costs including training of health workers) at 51.8%, followed by GoU non-wage (20.47%), GoU development expenditure at 18.54% and wage (9.17%) commitments of the UCI.

The expenditure share of the GoU capital development was at 75% for the Uganda Cancer Project, 14.8% as counterpart funding to ADB Support Project, 8.9% to Institutional Support to UCI, and 1.02% to establishment of an Oncology Centre in Northern Uganda.

Further analysis of expenditures revealed mischarges characterised by payments for unplanned activities under the different development projects. For instance

- a) Allowances for UCI staff for reviewing the strategic plan, compilation of Ministerial Policy Statement and Draft Budget Estimates totalling to Ug shs 28.7million was charged off the project for establishment of an Oncology Centre in Northern Uganda.
- b) Payment to M/s Roko for works planned under UCI Project from the retooling project.

UCI annual performance was poor at 43% attainment of outputs and outcomes. In relation to attainment of the second National Development Plan (NDPII) outcomes, which include number of super specialists to patient per capita and number of people accessing super specialized services, the UCI recorded a 15% improvement in OPD attendance relative to FY2018/19, however, the number of super specialists to patient per capita remains low at the facility.

Generally, UCI performed better on outputs at 62% achievement compared to 8% achievement of outcomes. The UCI completed the construction of the radiotherapy bunker and first phase of auxiliary building and installation of the Linear Accelerator Machine procured under the ADB Project.

Civil Works at the Multipurpose Oncology Unit were however behind schedule at 51% against the revised target of 78%. Similarly, contracts for equipment during the FY2019-20 were signed in June 2020 and deliveries commenced in July 2020 in part due to closure of manufacturing industries and associated effects of COVID-19.

Regarding service delivery at the UCI, Medical Services (Inpatients, outpatient attendances,



investigations, registration of new cancer cases) performed well as the UCI achieved 86.3% of the planned targets. Radiotherapy services achieved 98% of the set annual targets.

Outcome attainment on the other hand poorly performed as UCI registered improvement in one of the three outcome indicators. Specifically, percentage of patients under effective treatment of cancer improved by 23% relative to the FY2018/19 while percentage reduction in cancer incidence and percentage change in disease presentation from III and IV to II stagnated relative to FY2018/19.

3.5.1 Cancer Services (Programme 57)

The overall programme outcome is improved cancer services through reduction of cancer incidences and related mortalities through excelling in prevention, care, research and training.

During FY2019/20, the UCI implemented eight Sub-Programmes. These are: Management/Support Services (Sub-programme 01), Medical Services (Sub-programme 02), Internal Audit (Sub-programme 03), Radiotherapy (Sub-programme 04), Uganda Cancer Institute Project (Project 1120), ADB Support to UCI (Project 1345), Institutional Support to Uganda Cancer Institute Project (1476), Oncology Centre established in Northern Uganda project (1527).

The annual monitoring focused on five Sub-programmes. These were: Medical Services; Radiotherapy; The Uganda Cancer Institute Project; African Development Bank (ADB) Support to UCI, Institutional Support to UCI and Oncology Centre established in Northern Uganda project. Detailed performance by sub-programme as follows:

Medical Services (Sub-programme 02): The allocation for the sub-programme in FY 2019/20 was Ug shs 11.80bn, of which Ug shs 11.29bn (95.6%) was released and spent by the end of the financial year.

The sub-programme registered good performance with over 86% of the planned annual targets attained, cancer care services performed at 181.3%, cancer research at 95% and cancer outreach at 63.1%. The cancer outreach services registered fair performance due to the effects of COVID -19 pandemic, as outreaches were not carried in the fourth quarter of the FY.

Under the Outreach Programme: The UCI conducted long distance outreaches in Bugiri, Kabale, Buikwe, Kazo, Luwero, Arua and Mityana districts among others. Selected district health teams were educated about cancer, trained in cancer risk reduction, screening/early detection and proper referral. UCI also conducted 22 short distance outreaches, 227 cancer screening and awareness clinics.

The UCI also conducted four television talk shows at Uganda Broadcasting Corporation (UBC) and 11 radio talk shows at various stations including Top Radio, Q-FM in Lira, Radio North in Alebtong, Pacific FM in Arua, Namirembe FM and UBC Radio.

Under Cancer Research, two research projects were initiated on healthcare and patient factors contributing to delayed breast cancer diagnosis in partnership with Uganda Women Support Organization (UWOCASO) and University of Washington, 19 collaborative research studies were also initiated.

Twenty UCI staff were supported to present at international conferences and research fora, twenty-three students who initiated research proposals were similarly supported, and three clinical trials were initiated among others.

Radiotherapy (Sub-Programme 04): The UCI achieved 98.2% of the annual targets. Treatment sessions conducted using Cobalt 60 machine achieved 98%. Patients receiving radiation therapy using



Computerized Tomography (CT)-Simulator, conventional simulator and computer planning was at 90%. New patients attended to performed at 86%, radiation therapy education sessions provided to patients. Brachytherapy insertions, compensators, and immobilization devices constructed performed poorly at 11.4% and 21% respectively partly due to break down of the required imaging equipment.

3.5.2 Uganda Cancer Institute (Project 1120)

The project commenced in 2010 and was slated to end in June 2020. It is contributing to two sector outcomes. These are: improved quality of life at all levels and Competitive Health Care Centres of Excellence. The main objective of the project is to transform the existing UCI into a Regional Cancer Centre of Excellence. In order to increase accessibility to cancer services, the UCI intends to establish and equip regional cancer management centres.

Planned outputs for FY 2019/20 were: civil works for Radiotherapy Bunkers and installation of the Linear Accelerator Machine completed; Auxiliary support building for the radiotherapy bunkers and nuclear medicine completed up to 85%; Paediatric wing expanded; payment for fencing the land for the Regional Cancer Centre in Mbarara completed; UCI UMEME meters separated from Mulago Hospital.

Performance

The project-revised allocation for FY 2019/20 was Ug shs 10.61bn. A total of Ug shs 9.6bn (90.48%) of the revised budget was released and spent as at 30th June 2020. Expenditures were mainly on construction of the radiotherapy bunkers and the auxiliary building paid to Roko Construction Limited and sub contractors at Ug shs 8.596bn (92.12%), while Ug shs 735.389 million (7.88%) was on other expenditures including mischarges of Ug shs 140 million as cash allocation for emergencies.

The details of other expenditures (7.8%) included:

- Ug shs 114 million to Haute Group Ltd to procure roofing materials for administration offices, installation of new casted sewerage lines for the six level building, partition, upgrade, reconstitute the storage and dispensing areas of pharmacy at UCI
- Ug shs 18 million to Henry & William Co. Ltd for painting works at STC ward.
- Ug shs 83 million to UMEME Limited to separate UCI meter from Mulago hospital.
- Ug shs 76.22 million to Bense General supplies for supply and installation of electrical materials for the 6th floor building at UCI.
- Ug shs 83 million to East gate Uganda for works to repair and carry out modifications for rain water harvest leakages in the roof.
- Ug shs 74.189 million to Muhatu General Enterprises Limited million for construction of repairs of water system at UCI building.

Overall, project performance averaged at 95%. Delayed delivery of medical equipment occasioned partly due COVID-19 global disruptions was however noted.

Civil works of the radiotherapy bunkers completed at 100% and installation of the Linear Accelerator Machine completed: The UCI signed the contract for construction of the radiotherapy bunkers with M/s Rock Construction Limited at a contract sum of Ug shs 25,378,413,594 in May 2016 for period of 12 months. The project end date has had several extensions with the latest (fifth amendment) being June 2020.



Physical progress of the bunker was at 100% completion. Installation of the Linear Accelerator (LINAC) machine procured with support from ADB project was ongoing in a phased manner using a temporary power source as UCI awaits the delivery of transformer and generators among other equipment under procurement. The first phase of installation was the hardware installation, which was complete, the second phase of software installation was ongoing as at August 2020 with an expected completion date of December 2020.

The procurement of one transformer (1600kVA), two generators (500kVA), main power panel, firefighting equipment, and other accessories needed to replace the temporary power source used for installation and testing was yet to be delivered.

Slow progress by Ms Roko resulted in the UCI devising mechanism of dealing directly with the subcontractors including payments upon approval by the main contractor to expedite the project completion. The key pending activities included completion of the installation of the LINAC with its associated civil works, completion of civil works created by alterations of doors at the installation phase of the LINAC to create room for patient privacy as requested by the users.

Auxiliary support building for the radiotherapy bunkers and nuclear medicine completed up to 85%: M/s Rock Construction Limited undertook works at the auxiliary buildings at a contract sum of Ug shs 14,151,128,028 on 20th December 2017 for period of six months. This project received extension twice with the second extension ending in June 2020. The slow progress led to an amendment of the contract to allow completion of works by various subcontractors²³. The terms of payment allow the UCI to pay directly to the subcontractor on advice of the main contractor.



L-R: The installed LINAC machine, Relocating of the doors at the LINAC bunker, and water proofing at the roof of the radiotherapy Bunkers Uganda Cancer Institute

The first phase of the auxiliary building was complete. The Institute was to procure a consultant to design and prepare the BoQs for the second phase that will involve construction of additional eight floors.

Paediatric wing expanded; payment for fencing land for Regional Cancer Centre in Mbarara completed; UCI UMEME meters separated from Mulago Hospital: Painting of the cancer wards was completed; partitions, upgrade and reconstituting the storage and dispensing areas of the pharmacy were completed. Wiring for separation of the electricity meter from main Mulago Hospital was completed but the meters had not yet been installed. The cancer care building was furnished, land for Mbarara Regional Cancer Center was fenced, and Jinja OPD was refurbished. Overhauling of the toilets was not undertaken due to inadequate budget.

²³ Ms Gallop Africa Limited of Reed Complex for medical gas system, Ms Super Terrazo(U) Limited for terrazzo and suspended ceiling works, MS Reliable Engineering &Decor Ltd for structural steel works, MS Roko Carpentry and Joinery for timber works, Ms Appliance World Ltd for AC system, Ms BMP Engineering Services for plumbing works, Ms central Electrical International Ltd, among others were the sub-contractors



3.5.3 ADB Support to UCI (Project 1345)

The project commenced in July 2015 and was expected to end in June 2020. It aims at addressing the crucial labour market shortages in highly skilled professionals in oncology sciences and cancer management in Uganda and the East African Community (EAC) region in general. It contributes to *Competitive Health Care Centres of Excellence*. The African Development Bank and GoU jointly financed the project at UA22.5million and UA2.25million respectively.

The project interventions are mainly under **three components**: **Component I**: Establish centre of excellence in biomedical sciences: It constitutes 92% of the project resources. **Component II**: Support to Regional Integration in higher education and labour mobility. **Component III**: Project management and coordination.

Planned outputs for FY 2019/20 included: construction of the Multipurpose building for the East Africa Centre of Excellence in Oncology completed; training of selected cadres and all equipment procured by June 2020.

Performance

The project allocation for FY 2019/20 was Ug shs 59.28bn, of which Ug shs 37.48bn (63%) was released and all spent by 30th June 2020. Expenditure share was mainly from the donor part towards construction.

The loan disbursement rate as at end of August 2020 was fair at 61% (US\$19,186,324) compared to the anticipated 100%. The disbursement rate includes direct payments for civil works and equipment service providers and disbursements to special accounts.

The GoU contribution however was very good, at 90.45% disbursement rate. The low disbursement rate from the ADB was attributed to procurement and construction delays. The contracted suppliers for the specialised equipment were delayed by completion of the multipurpose building.

In relation to the GoU counterpart funding for FY2019/20, the revised budget allocation was Ug shs 1.88bn, which was all released and spent by end of June 2020.

Overall, expenditure performance of the GoU counterpart funding under ADB support to UCI project was inefficient with allowances (61% of expenditures) crowding out development outputs. There also observed mischarges totaling Ug shs 132.289 million as emergencies expenditures. The distribution of the expenditures was as follows;

- *More than Ug shs 1bn in allowances (retainer allowances for ADB Project, Retainer allowances for UCI Board members, facilitation allowances and contracts committee allowances).*
- *Ug shs 187 million to Block Technical Services for fencing land of the UCI satellite site in Mbarara.*
- *Ug shs 81.844 million to Gyeha Engineering Services Limited for overhauling the plumbing system of radiotherapy and lower campus buildings.*
- *Ug shs 58.07million to Reliable Engineers and Décor limited for supply and installation of structural steel works for the construction of auxiliary building under IPC₆*
- *Ug shs 132.289 million as cash allocation for emergencies.*
- *Ug shs 82.448 million to Ms UJP PRAHA A.S for procurement of accessories for Cobalt 60 machine.*
- *Ug shs 14.9 million to ECRI for procurement of the accessories for On-line Health Product Comparison system for Equipment Quality Assessment at the UCI.*



- *Ugshs 28.238millions to Sagewood projects and Engineering limited for supply and delivery and installation of patient monitors*
- *Ug shs 16.702 to med equip for supply and delivery of LMP cartilage for Rentex EPK-Ivideo repair of EG 2990i gastrocode*

Performance of the sub-programme by the three main components is presented below.

Component I: Involves the expansion and improvement of infrastructure and equipment at the UCI (civil works, equipment and training). Upgrading the UCI into a centre of excellence in cancer research care and training.

Civil works: The UCI signed the contract for construction of the Multipurpose Oncology Unit with Roko Construction Limited on 28th November 2018 at a sum of US\$13.62million. Works commenced on 14th December 2018 for a period of 18 months (June 2020), however, the UCI contractor and other stakeholders revised the date to December 2020. A total of US\$ 2.7million (20%) was advanced to the contractor at commencement of works.

The project is behind schedule with an estimated physical progress of 51%, against the revised plan of 78% progress. This was partially due to limited mobilisation of staff, materials and equipment by the main contractor, late site hand over, government directive on SOPs for COVID-19 prevention among others. The contractor also lost a total of 88days due to rain weather conditions.



L-R: Works at Block A and Block B, East African center of Excellency UCI, Mulago

Equipping: Average progress for delivery and installation of equipment was at 37%. Sage Wood Limited supplied and installed all the medical equipment including bio safety cabinets, refrigerators, among others for the satellite centres of Gulu and Mayuge.²⁴

Ms Jos Hansen and SoehnGmBT delivered and installed medical equipment including theatre equipment including tables for Arua and Jinja sites. The Linear Accelerator (LINAC) machine was delivered and undergoing installation. The contract for supply, delivery, installation of the Magnetic Resonance Imaging (MRI) scanner was signed in November 2019 with a delivery period of six months. The machine was to be installed in the Multipurpose Building which is behind schedule, and therefore delivery of the MRI was rescheduled under mutual consent between the supplier and the UCI.

24 Jinja RRH provided space to Mayunge Satellite Centre for installation of the equipment.



Training: As at 15th May 2020, the project had 187 long term trainees (Masters, PhD, Fellowships), of which 111 had completed their training programmes in various disciplines including. Eighteen fellows in the programmes of Paediatric Haematology and Oncology, Adult Medical Oncology and Interventional Radiology. Twenty-five Masters Degrees in Medicine (Radiology, Surgery, Internal Medicine, Pathology, Anaesthesia and Paediatrics), one radio-pharmaceutics, among others.

The UCI in collaboration with international partners such as Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Centre, Baylor College of Medicine, Clinical Master and Radiology Society of North America also supported 195 trainees to attend short-term courses and cancer seminars including; Oncology nursing, Radiology and Imaging in cancer, Clinical Master and Paediatric Oncology Nursing. The project also enrolled additional trainees (16 fellows) who had just commenced training.

Component II: Involves support to regional integration in higher education and labour mobility. It also involves establishing an East African Regional Non Communicable Diseases Registry Network. The UCI achieved the following:

- International conference to review the first draft guidelines for regional integration in higher education and labour mobility held in Nairobi, Kenya from 13th to 14th December 2019. This was attended by all cancer registries in all the six East African member states. A second one to review the second draft was held in Entebbe Uganda, 24th to 25th February 2020.
- Eight web-based meetings were held with writers and steering committee to finalise the first draft guidelines for regional integration in higher education and labour mobility. The project had one planning meeting with the steering committee to plan for the second conference meeting.
- Stakeholders meeting to share objectives of the ADB project held with members from the International Agency for Research on Cancer (IARC), African Cancer Registry Network (AFRCN).

Component III: It mainly involves project management and coordination. By 30th June 2020, the UCI had recruited and trained additional staff including the project Biomedical Engineer to support Engineering Department of the UCI in operations and maintenance of the hi-tech equipment such as MRI and LINAC. Additional information is in table 3.7.

3.5.4 Institutional Support to Uganda Cancer Institute (Project 1476)

The project commenced in July 2017 and expected to end in June 2022. It contributes to Competitive Health Care Centres of Excellence through enhancing capacity to handle 34 complicated cancers using the state of the art medical equipment for diagnosis and treatment.

The planned outputs for FY2019/20 were: Oxygen regulators for anaesthetic machine, bedside screens, glucometers, adjustable examination beds, digital clinical thermometer, ordinary microscopes, platelet agitator, microtone, medical equipment, mammography, Ambu bags, nebulizer, portable pulse oximeters, and wall mounted diagnostic sets, oxygen and suction machines. Others were bar code printers, and scanners procured, LAN and Private Automated Branch Exchange (PABX) to the fabricated building, six level building supplied.



Performance

In FY2019/20, the project was allocated Ug shs 1.13bn which was all released and spent by the end of the FY. Expenditure was mainly dominated by procurement of medical equipment at 67%, ICT equipment at 24%, and furniture and fixtures at 9%.

The project fairly performed at 50% as some procurements were not concluded. Some of the achievements included;

- Local Area Network (LAN) and PABX completed at the fabricated building, and six level building by Ms Featherz IT Solutions Limited.
- Supply, delivery, installation, training and commissioning of bar code printers, scanners and printing papers by Clinic Master International Limited.
- Sixteen desktop computers, six laptops, two black and white printers, and one coloured printers from Ms. Feathers IT Solutions Limited.
- Supply and delivery of furniture and fixtures to the auxiliary/support by Roko Joinery LTD as at 30th June 2020.



L-R: ICT Equipment and Furniture procured at the Uganda Cancer Institute, Mulago

All the other planned works and supplies by different service providers²⁵ were however still ongoing by the 30th June 2020 and UCI amended the end dates of the contracts to FY2020/21.

3.4.5 Oncology Centre established in Northern (Project 1527)

The project commenced in July 2019 and contributes to Competitive Health Care Centres of Excellence through enhancing capacity of regional centres to handle cancers. The project also aims at decongesting the Uganda Cancer Institute at Mulago. The GoU and Austrian Government will jointly finance the project.²⁶ The MFPED included the project among the pipeline projects and was allocated a code in the Public Investment Plan in FY2019/20. The loan discussions among the UCI, MoH, and MFPED from the Austrian Government were ongoing.

The planned outputs for FY2019/20 were: land title for the Gulu Regional Oncology Centre processed, project coordination activities key of which includes the preliminary fencing of the land undertaken

25 Ms Abacus Pharna Africa Ltd at a sum of Ug shs 221,570,000 for supply of assorted medical equipment. Ms Histo Clear Diagnostic Supplies Ltd for Microscopes, Platelet Agitators, and Manual Precision Microtome at a sum of Ug shs 150million. Ms Elsmmed Health Care Solutions Limited at sum of Ug shs 1.2 billion for supply of Mammography machine with 3D Tom Synthesis and Stereotactic Biopsy.

26 The project was approved by cabinet and is currently before the Parliamentary Committee on National economy.



Performance

The project-approved budget in FY2019/20 was Ug shs 0.2bn, which was all released, and spent. Expenditures were allocated between monitoring, supervision and appraisal of capital works at 75%, and other structures at 25%. There were observed mischarges not inline with the project's planned interventions for FY 2019/20. These included:

- *Allowances for resource teams to review the UCI Strategic Plan for FY2018/19 at Ug shs 24.5 million.*
- *Allowances for staff for compiling the Ministerial Policy Statement and Draft Budget Estimates.*

The project fairly performed at 50% achievement of outputs. The 4.3-acre land provided by Omoro District was surveyed and a request for title submitted to Gulu Zonal Office, however the title processing stalled during the COVID -19 lockdown. Relatedly Ms Grine World Limited at a cost of Ug shs 45 million fenced off the land provided by Gulu District for establishment of the Regional Oncology Centre. Detailed financial and physical performance of the UCI is highlighted in table 3.7

Programme Challenges

- Poor planning characterised by implementation of new plans before completion of the old ones leading to overcommitments in relation with limited resources.
- Ambiguous outcome indicators that are difficult to track annually.
- Delays in delivery and installation of equipment and completion of civil works of the major development sub-programmes.
- Inadequate budget for maintenance of the hi-tech equipment.
- Inadequate staff at the Radiotherapy Unit coupled with low absorption of trainees and other staff that have attained additional qualification due to constricted human resource structure affected service delivery.
- Congestion characterised by OPD patients sleeping at UCI corridors. Some upcountry patients did not qualify for admissions yet require regular radiotherapy services.
- Inadequate funding for medicines to increase the mix of anticancer drugs and supportive medicines affected service delivery.
- Inequitable distribution of Cancer Regional Centres countrywide affected adequacy of cancer services.
- Lack of sustainability plan in relation to scholarships supported by both GoU and African Development Bank and maintenance plans for both equipment and infrastructure once the project closes down.



Table 3.7: Performance of the UCI as at 30th June 2020

Subpro-grammes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services (02)	Cancer Cancer Services	10,290	10,003	745,000	1294,131	12.47	Target was achieved
	Cancer Outreach Service	325	325	123,232	13,851	0.04	Target not achieved
	Cancer Research done	979	955	158	147	1.19	Due to COVID19, Clinical trials and research proposal reviews were suspended by the UNCST, no staff were supported to present at the International for a due to travel restriction.
	Radiotherapy Services provided	582	558	48,833	45,955	0.71	Target not achieved due to breakdown of the High Dose Brachytherapy machine
Uganda Cancer Institute	100% civil works construction of the Radiotherapy Bunkers and installation of the LINAC machine done	9,538	9,332	100%	96%	11.35	The bunkers and auxiliary building were completed. The phased installation of the Linear accelerator machine was ongoing with associated installation civil works.
	OPD and other ward construction and rehabilitation	270	270	100%	40%	0.13	The Jinja Regional Centre was refurbished, funds were not sufficient to refurbish Arua Regional Centre and was therefore planned for in FY 2020/21
Institutional support to UCI	ICT and other machinery and specialized equipment procured	1,131	1,131	100%	50%	0.69	No specialized equipment had been delivered due to the effects of COVID-19 on manufacturing of the said equipment. However, ICT equipment were delivered. some furniture worth Ugshs 36 million was procured.
Oncology Centre established in northern Uganda	Land title for the Gulu Regional Oncology center processed and other project coordination activities under taken	200	200	100%	50%	0.12	UCI fenced off the land that was given by the Gulu district authorities.
ADB Support to UCI	Complete construction of the Multipurpose building for the East Africa Center of Excellence in Oncology. Handover of the Building by June 2020	58,082	36,392	100%	31%	34.84	The physical progress was 51% against the revised target of 78%. It is behind schedule mainly due to the contractor's cash flow stress.
	Cancer Institute Support services	1,091	1,091	100%	65%	0.86	Delivery of the MRI was awaiting completion of civil works. Health workers completed their and project support was ongoing.
Programme Performance (Outputs)						62.39	Fair performance
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remark
	Percentage reduction in cancer incidence			0.0002	0	0	There was no change in cancer incidence relative to FY2018-19



Subprogrammes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Percentage change in disease presentation from III and IV to II			0.03	0	0	There was no change relative to FY2018-19
	percentage of patients under effective treatment			0.6	0.137	23	There was 23% improvement for cancer patients under effective treatment.
	Programme Performance (Outcomes)					8	
	Overall Programme Performance					43.2	Poor performance

Conclusion

UCI annual performance was poor at 43% attainment of outputs and outcomes. In relation to the second NDP outcomes, which include number of superspecialists to patient per capita and number of people accessing super specialized services, the UCI recorded a 15% improvement in OPD attendance relative to FY2018/19.

The UCI performed relatively well in service delivery and recorded a 23% improvement in one of the three outcome indicators. It also performed fairly well in relation to output achievement at 62%. Medical and radiotherapy services were on track save for some imaging services due to lack and or faulty equipment such as Mammography and Brachytherapy machines.

The UCI performance was constrained by inadequate planning characterised by procurement delays, and mischarges, slow implementation of all capital development projects.

Recommendations

- The UCI should empower its planning department to properly sequence projects to ensure that works or procurements are complete before embarking on new procurements or works. The planning department should coordinate with the Procurement and Disposal Unit to achieve proper sequencing of projects.
- The UCI planning department should engage NPA, OPM, MFPEd, and UBOS to ensure SMART setting of outcome indicators.
- The UCI should improve their financial management practices through seeking guidance and clearance from MFPEd.
- The MFPEd and Public Procurement Disposal of Public Assets (PPDA) should apprehend entities that fail to undertake procurement and implementation of planned outputs in a timely manner.
- The UCI should prioritise and provide a right mix of anti-cancer and supportive medicines within the existing budget as MFPEd makes efforts to enhance the UCI budget



- The MFPED should mobilise resources for development of regional centres in Mbarara, Mbale and Arua in bid to reduce congestion at the UCI and ensure equity and equality in service delivery.
- The MFPED, MoH, Parliament, and relevant stakeholders should expedite negotiations of the loan from Austrian Government for establishment of Oncology Centre in Gulu.
- The MFPED, Project Analysis and Public Investment Management (PAP) Department should strengthen its gate keeping and pay keen attention on sustainability of interventions upon project closure.

3.6 Uganda Heart Institute (Vote 115)

Background

The UHI was set up to serve as a center of excellence for provision of comprehensive medical services to patients with cardiovascular and thoracic diseases at an affordable cost. According to the NDPII, UHI contributes to enhanced competitiveness in the health sector through Programme 58- Heart Services.

The NDPII highlighted a number interventions planned under the UHI. These included: Training specialists and super specialists in cardiology, oncology, nephrology, diagnostics and management. Accreditation into a regional training centers. Design and implement an attractive compensation and motivation plan for specialists. Attraction or importation of specialized skills not available in the country. Develop and continuously update a research agenda for the health sector. Promote export of locally produced medical products and services among others.

These were expected to be implemented through a number of objectives, namely: To enhance health promotion and prevention of cardiovascular diseases; increase institutional effectiveness and efficiency in delivery of services; provide quality, equitable and accessible cardiovascular services to both local and international clients; and regulate quality of cardiovascular care in Uganda.

The Heart Services Programme is comprised of four sub-programmes, namely: Management (Sub-programme 01); Medical Services (Sub-programme 02); Internal Audit (Sub-programme 03); and two development projects (Uganda Heart Institute Project-1121 and Uganda Heart Institute Infrastructure Development Project 1526).

Annual monitoring FY 2019/20 focused on Medical Services and the two development projects (1121 and 1526).

Performance

The Heart Services Programme was allocated Ug shs 24.7bn, of which Ug shs 24.47bn (99%) was released and Ug shs 23.40bn spent (96%). Expenditures were on the following: 40% Human Resource Management Services; 26% Heart Care Services, 20% on Infrastructure Development and Equipment, Heart Research 0.51%, 1% Outreach Services, and 13% Support Services.

The overall programme performance was fair at 65%. The UHI achieved 109% on the outcome indicator (annual percentage decrease in number of referrals for heart conditions abroad performed). The achievement was attributed to the COVID-19 pandemic and travel restrictions. The logic behind the outcome indicator was to improve services and enhance ability of UHI to offer first class services to its clients. This was expected to entice the citizens to seek heart services from Uganda not abroad. In line with the NDPII planned interventions, the UHI together with development partners invested in training



ts specialists and super specialists in cardiology and diagnostics in various countries to undertake specialized heart operations.

However, UHI did not have adequate space capacity to offer heart services and also utilise the trained specialists optimally. Further analysis indicated that the UHI operated only 54% out of planned 80% patients in need of cardiac surgery during FY2019/20. Detailed performance by subprogramme is highlighted hereafter.

3.6.1 Medical Services (Sub-programme 02)

The sub-programme was allocated Ug shs 16.7bn, of which Ug shs 16.4bn (99%) was released and Ug shs 15.8bn spent. Good performance was recorded under the Intensive Care Unit admissions at 81%, Inpatient admissions 76%, Research publication 70%. Cardiac Catheterization procedures 57%; Laboratory tests 61%; Electrocardiography (ECG) 54%; Holter Monitoring 53%; X-ray 68%; Poor Performance was recorded under Stress tests 40%; Open heart surgeries 45%; Closed heart and thoracic surgeries 47%.

Heart Research Services: Approximately 70% of the planned targets were achieved. Seven research papers were published, while other studies on Rheumatic Heart Disease (RHD), Heart Failure, Cardiac Surgery and Cardiac Intensive Care were published.

Heart Outreach Services: The UHI achieved 62% of the planned targets under the sub-programme. Public awareness among other prevention activities was undertaken - four health camps were conducted. These included Judiciary Health Camps, National Physical Activity Day and World Hearts Day. The UHI supported the Uganda Heart Day initiatives, and undertook six support supervision initiatives in Hoima, Arua, Fort Portal, Lira, Kiwoko, Soroti and Moroto districts.

3.6.2 Uganda Heart Institute Project (Project 1121)

The project commenced in July 2010 and was expected to end in June 2020. The project's main objective was to provide necessary infrastructure for comprehensive clinical care, training and research. Planned outputs for FY2019/20 were: Completion of the Intensive Care Unit at Ward 1C of Mulago Complex; office, ICT equipment and specialised equipment procured.

The sub-programme was allocated Ug shs 4.50bn, which was all released and Ug shs 4.49bn spent (99%) by 30th June 2020. Expenditures were on advance payment to M/s Roko Construction Limited for expansion of the ICU ward, procurement of office, ICT equipment and specialized equipment. The average project performance was 53%; specialised machinery achieved 20%, ICU works at Mulago Hospital Complex completed at 60%, furniture and ICT equipment at 80%.

Specialised machinery procured: At the beginning of the FY, the UHI planned to *procure one machine, however it had procured two anesthesia machines by end FY 2019/20*. These were procured from M/s Crown Health Care Uganda at a sum of Ug shs 940 million. The UHI attributed to the need to have a backup machine just in case the main anesthesia machine break ups during operations. *Resources meant to procure other specialised equipment like a gaz sterilizer, ICU furniture, beds and mattresses and air conditioners for theatre and cath lab, surgical instruments among others were therefore spent on procurement of another anesthesia machine*. The two machines were delivered on 14th October 2019 and 28th July 2020 respectively.



L-R: First Anaesthesia together with a patient monitor; Back up machine in the Cath Lab at the UHI, Mulago

Furniture and ICT Equipment procured: The UHI procured 12 out of the 15 planned computers. These were procured from M/s Feathers IT Solutions Ltd at a sum of Ug shs 46 million. Deliveries were on 24th August 2019. Eight of the computers were already in use and the rest awaited allocation to various officers.

Intensive Care Unit (ICU) at Ward 1C Mulago Hospital Complex completed: A contract worth Ug shs 3.5bn was signed between UHI and Roko Construction Limited on 26th November 2019 for a period of 12 months. By end of FY 2019/20, total project works were at 60% against 100% financial performance. There were observed delays in floor works, attributed to procurement of sophisticated and specialised floor materials and finishes from France. Clearances and transportation affected timely progress of the works during the pandemic.

Over the last 10 years, the project achieved the following:

- Engineering designs for services for civil works and construction of the UHI home completed.
- Specialised machinery and equipment including heater coolers, mobile X-Ray, blood bank fridge and scientific refrigerator, water de-ionizer, electrocardiography (ECG) machines, operating table, suction machines, vital signs, pulse oximeters, mattresses. Fractional Flow Reserve (FFR) system, two air mattress systems, patient mobility devices, cough assist machines, syringe pumps, infusion pumps, one holter ECG machine, hospital beds, one stress test machine, emergency patient trolleys among others were procured.
- Office and ICT equipment, computers, queue management system, network switches, security firewall, CCTV camera system, access control and one walk through detector, laundry machinery procured.
- Air conditioners, secretarial chairs, office cabinets and other assorted furniture and fixtures procured.



3.6.3 Uganda Heart Institute Infrastructure Development Project (Project 1526)

The project commenced in July 2019²⁷ and its main objective is to provide necessary infrastructure for comprehensive clinical care, teaching/training, research and visiting faculty necessary to enable the Institute exercise its mandate as a Center of Excellence. This is expected to reverse the trend of abroad referrals in search for specialised heart services.

In FY 2019/20, the project planned to undertake one output: Completion of Engineering Design Studies and Plans for capital works of the upcoming UHI infrastructure. The project was allocated a total of Ug shs 150million, which was all released and spent. The review of Engineering Design Studies and Plans was not done, however the UHI engaged National Environment Management Authority (NEMA) to undertake an Environmental Impact Assessment. The survey was undertaken and the UHI awaited approvals from NEMA. Detailed performance is highlighted in table 3.8.

Table 3.8: Performance of the UHI by 30th June 2020

Sub-programmes	Output	Annual Budget (Mil-Ug shs)	Cum. Receipt (Mil Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Heart Care Services (02)	Heart operations (Closed-650 and Open Heart Surgery-150)	6,146	6,146	800	431	29.67	Not achieved
	Heart Research done (Number of proposals and Publications)	156	156	20	14	0.98	Ongoing
	Heart Outreach Services (Number of Outreach Visits and done)	208	208	13	8	1.15	Target not achieved
Uganda Heart Institute (Project 1121)	ICU at Ward 1C, Mulago complex completed.	3,500	3,500	100%	60%	18.82	Ongoing
	Office and ICT Equipment, including Software provided	60	60	15	12	0.43	12 computers ere procured
	One Gaz sterilizer, anesthesia machine, ICU beds, mattresses, and air conditioners for theatre and cath lab, surgical instruments procured.	940	940	100%	60%	0.08	Two anesthesia machines. The rest was not procured
Uganda Heart Institute Infrastructure Development Project (Project 1526)	Engineering Design Studies & Plans for capital works completed	150	150	100%	95%	1.34	At substantial Completion
Output Performance						52	Fair Performance
Outcome Indicator		Annual Target	Achieved		Outcome Performance (%)		
Proportion of patients in need of cardiac surgery operated		80	54		68	Good Performance	
Annual (%) decrease in number of referrals for heart conditions abroad		35	38*		109	This was partially attributed to restrictions in travel due to COVID19	
Average Outcome performance		0	0		88.5		
Overall performance					65	Fair Overall performance	

Source: IFMS, PBS and Field Findings *figure from UHI, the Uganda Medical Board (UMB) had not complied lists of Heart abroad referrals by September 2020.



Implementation challenges

- Inadequate planning led to hasty procurement of a backup anesthesia machine leaving out the planned targets under machinery and equipment.
- The COVID-19 outbreak affected UH heart operation targets during the FY.
- Brain drain due to failure to attract and retain specialists and super specialists in Cardiology, Oncology, Nephrology, Diagnostics and Management among others.
- Inadquate space at the UHI to effectively carry out its mandate and achieve the planned NDPII interventions.

Conclusion

Overall performance of the UHI was fair at 65% attainment of outputs and outcomes. The target for open-heart surgeries were achieved at 45%, while closed heart and thoracic surgeries were at 47%. Performance was attributed to the COVID-19 pandemic and space limitations. The UHI invested in training specialists however, they were not optimally utilised. There is need to improve services and enhance ability of UHI to offer first class services to its clients in bid to reduce referrals abroad. This should be achieved through substantial investment in the Uganda Heart Institute Infrastructure Development Project to enable the Institute expand, procure necessary equipment, build capacity of staff and administrators in bid to attain a center of excellence as envisioned by NDPII.

Recommendations

- The UHI should invest in capacity building of their planning and procurement staff for improved planning, budgeting and execution of planned targets.
- The MFPE should fasttrack financing options of the UHI Development Project to enable expanding of the UHI into a cardiology center of excellence.

3.7 Uganda Blood Transfusion Services (UBTS)-Vote 151

Background

The UBTS is mandated to collect, process, store, and provide safe blood to all transfusing health units in the country. It operates through a network of seven Regional Blood Banks: Gulu, Mbale, Mbarara, Fort Portal, Arua, Kitovu, Nakasero and nine collection centres at the Regional Referral and some General Hospitals of Jinja, Soroti, Lira, Hoima, Rukungiri, Masaka, Nebbi, Mengo, and Kabale. The UBTS implements Programme 53 (Blood Provision).

3.7.1 Safe Blood Provision (Programme 53)

The programme outcome is provision of quality and accessible safe blood in Uganda. Its main objective is to make available safe and adequate quantities of blood to all health facilities for the management of patients who need transfusion services. It comprises four of sub-programmes, namely; Administration (Sub-Programme 01); Regional Blood Banks-RBB (Sub-Programme 02); Internal Audit (Sub-Programme 03) and Uganda Blood Transfusion Service (Project 0242).

Annual monitoring focused on performance of two sub programmes: Regional Blood Banks and Uganda Blood Transfusion Service (Project 0242). Blood Banks visited were Arua, Fort Portal, Gulu, Mbarara, Kitovu/Masaka, Mbale and Nakasero.



Performance

In FY 2019/20, the programme allocation was Ug shs 17.9bn, which was revised to Ug shs 18.02bn with a supplementary of Ug shs 84.9million allocated to general staff salaries. GoU released Ug shs 18bn (100% of the revised budget) and Ug shs 17.67bn (98%) was spent by 30th June 2020.

Expenditures were mainly on: Blood collection activities (43.4%); Administrative support services including salaries and travel inland (24.2%); Laboratory services (13.4%); Remodeling of the cold-room and stores 6.8%; Purchase of specialised machinery at 3.8%.

Others were on planning and information services at 3.6%; Quality assurance at 2.5%, while the rest - monitoring and supervision of blood operations, records management services sharing 2.3% of the vote expenditure as at 30 June 2020.

The overall performance of the UBTS was good at 71% attainment of outputs and outcomes. Outcome attainment was low compared to outputs as 43% of health centres that offer blood transfusion services reported no stock out of blood and blood products in the last quarter of FY2019/20. Blood stock out in the transfusing facilities was partly due to inadequate supply from the Regional Blood Banks, lack of transport means and or fuel at the transfusing facilities to enable timely pickup of the blood and blood products.

Outputs were attained at 86%, partly due to the additional allocation of Ug shs 2bn as additional financing for blood collection supplies during the COVID-19 outbreak. The UBTS also provided other logistical support to the RBBs including bar and liquid soap, masks, cakes as part of the donor awards, while MoH also provided allowances to field staff to facilitate blood collections in a constrained environment of COVID-19 pandemic. UBTS however maintained the annual blood collection target in FY2019/20²⁸. Detailed performance per sub-programme is highlighted hereafter.

3.7.2 Regional Blood Banks (Sub-programme two)

Planned outputs for the sub-programme in FY 2019/20 were: 300,000 units of blood collected; 270,000 units of blood distributed to health facilities; civil works for maintenance and upgrade of Mbarara, Mbale and Fort portal undertaken.

The sub-programme was allocated Ug shs 11.39bn which was all released and spent as at 30th June 2020. The UBTS collected 288,663units of blood (96%) and issued 270,000 units of blood (93%) to the blood transfusing facilities by 30th June 2020.

Despite the good performance at collection and issuance, 43% of the blood transfusion facilities reported no stock out of blood and blood products for the last quarter of FY 2019/20. There were observed mismatches between demand and supply. For instance, Kiruddu Referral Hospital requested for 14,880 units of blood from Nakasero during the FY, and only 6,190 units (41%) were honoured

The UBTS did not also increase their annual blood collection targets contrary to their second core objective *“To increase annual blood collection necessary to meet the transfusion needs for all patients in the country.”*

28 Same annual blood collection target as that of FY2018/19



Although RRB targets per team were increased from 1,000 to 1,250 units per month, the overall UBTS target stagnated at 300,000 units of blood²⁹. The UBTS attributed the stagnation to the 6% reduction in the overall budget affecting human resource and transport equipment.³⁰

Fort Portal RRB performed best among other RRBs at 114%, followed by Mbale at 107%, Nakasero 106%, and Masaka/Kitovu 87%, Gulu at 86%. Mbarara and Arua RRB lagged behind in relation to other RRBs at 79%. Detailed performance per RRB is indicated in table 3.9. Good performance among the RRBs was attributed to availability of reagents and other supplies to facilitate screening of Transfusion Transmissible Infections (TTIs).



L-R Outside and inside the installed cold room at Mbarara RRB

Civil works for maintenance and upgrade of Mbarara RRB commenced upon signing of the contract on 25th November 2019 with M/s Thermocool Uganda Limited at a sum of Ug shs 256,053,841 which was all paid and guaranteed by EXIM Bank. Works at Mbarara cold room including electrical works and supply of assorted cold chain equipment had been completed by 30th June 2020 while the works at Mbale, and Fortportal were still ongoing.

Table 3.9: Performance of RRBs by 30th June 2020

Region	Annual Target	Units collected	% collection against target	Discards	% Discards against collection	Units planned to be Issued	Units issued	% Issued against target
Kitovu	24,000	20,962	87	3,245	15	21,600	18,447	85
F/Portal	24,900	28,346	114	5,252	19	22,410	24,378	109
Mbale	37,800	40,553	107	6,488	16	34,020	35,281	104
Arua	24,300	19,248	79	4,465	23	21,870	16,361	75
Gulu	36,900	31,683	86	5,752	18	33,210	26,931	81
Nakasero	102,300	108,642	106	9,671	9	92,070	94,519	103
Mbarara	49,800	39,229	79	3,746	10	44,820	34,129	76
Total (UBTS)	300,000	288,663	96	38,619	13	270,000	250,044	93

Source: UBTS, field findings

²⁹ Same target as that of FY2018/19

³⁰ This reduction did not affect the collection of blood output budget, which remained Ug shs 7.6billion.



3.7.3 Uganda Blood Transfusion Service (Project 0242)

According to the Public Investment Plan (PIP) 2018/19 to 2021, the project commenced on 1st July 2015 and was expected to end on 30th June 2020. The project is expected to increase the capacity and storage of blood collection through construction of storage facilities and installation of ICT systems including Blood Safety Information System in all Regional Blood Banks. Planned outputs in FY2019/20 were: Cold-room and stores remodeled at Nakasero Blood Bank (UBTS headquarters); medical, ict, and laboratory equipment procured.

The project was allocated Ug shs 1.87bn in FY2019/20, which was all released and Ug shs 1.86bn (99%) spent by 30th June 2020. Majority of expenditure was on construction of the cold room at 64%, laboratory equipment at 16%, ICT equipment at 14% and medical at 5%. Physical progress for civil works on the cold room and stores at Nakasero Blood Bank was at 75%. The contractor (M/s Kiru General Services) was contracted to undertake works for a period of 18 months from 9th February 2019 at a sum of Ug shs 3.7bn. The MoH Engineering Department supervised the works. Super structure works, roof covering, electrical and mechanical (First fix), internal and external finishes were in advanced stages.

The UBTS procured fabricated mobile blood donor beds and 60 covers to enhance blood collection. These were procured from M/s Clinic Equipment Limited at a sum of Ug shs 13,000,000, and Ms Deoladelight Limited at a sum of Ug shs 20,400,000 respectively.

In relation to ICT equipment, Linux Infor Systems Limited Supplied E-delphyn Zebra printers and desktop computers for Gulu, Mbarara and Fort portal RBBs at a sum of Ug shs 198,463,904 by 30th June 2020. M/s Hemasoft Limited was awarded a contract worth Ug shs 123,776,640 of which Ug shs 71,532,096 was paid for upgrade and renewal of interface licenses for E-delphyn software used in the blood operations. Detailed performance of UBTS is indicated in Table 3.10.

Table 3.10: Performance of the UBTS as at 30th June 2020

Subprogramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Blood collection	Units of Blood Collected	7,672	7,672	300,000	288,663	55.49	On track
	Blood operations monitored and evaluated	318	318	4	3	1.79	On track
	Laboratory services provided	2,365	2,365	100	70	12.45	On track
	Planning and Information Services provided	632	632	100	70	3.33	On track
	Quality Assurance services provided	445	445	100	70	2.34	On track
Uganda Blood Transfusion Service	Cold-room and stores remodeled	1,200	1,200	90	75	6.81	Ongoing
	Medical Equipment procured	100	100	100	80	0.60	On track
	ICT equipment procured	270	270	100	95	1.93	On track
	Laboratory equipment procured	300	300	100	75	1.69	On track.
Programme Performance (Outputs)						86.44	
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remark
Proportion of health facilities without drug stock out of blood products in the previous three months				85	43	43	Not achieved
Programme Performance (Outcomes)						43	
Overall Programme Performance						71.0	Good performance

Source: Field Findings



Implementation challenges by both UBTS and RBBs

- Inadequate transport equipment characterised with frequent break down and high maintenance costs.
- Mismatches between demand and supply of blood and blood products that led to loss of lives, confidence, and demotivation among the blood donors.
- Inadequate staffing at both UBTS headquarters and RBBs leading to reliance on volunteers affecting timely provision of services.
- Lack of key equipment like component centrifuge at some RBBs vital for preparation of platelets and cryoprecipitate, fresh frozen plasma which are very critical in saving lives.

Conclusion

The UBTS overall performance was good at 71% achievement of outcomes and outputs. Blood collections performed at 96% of the annual targets; however, 43% of blood transfusing facilities reported no stock out of blood and blood products in the last quarter of FY2019/20. Development projects performed well with civil works in advanced stages and a number of procurements concluded. Limited access and use of blood and its products among transfusing facilities however still persist partly due to lack of dedicated transport means to collect and distribute blood, stock out of reagents leading to failure to process blood at the Regional Banks among others.

Recommendations

- The MFPEd in collaboration with UBTS, and MoH should prioritise allocating funds for procurement of key equipment, ambulances and other specialised motor vehicles for collection and distribution of blood.
- The UBTS should step up supply of blood and blood products to meet the demand at the various health facilities while at the same time focusing on clinical interfaces with the Blood transfusing health facilities to ensure effective blood utilisation.
- The MFPEd³¹, UBTS, HSC, MoH, MoPS should fast track restructuring of UBTS, and recruitment of staff while instituting a mechanism to absorb the volunteers to ensure that the GoU investment in their mentoring is not lost.
- The UBTS should prioritise procurement and supply of key blood processing equipment to all the RBBs.

3.8 Mulago National Referral Hospital (MNRH) - Vote 161

Background

The hospital aims to be a center of excellence in providing super-specialised healthcare in Africa. It therefore contributes to two sector outcomes - inclusive and quality health services, as well as competitive health care centers of excellence.

The hospital implements one programme-54 National Referral Hospital Services. Its objective is to provide super specialised health care services and ultimately achieve quality and accessible National Referral Hospital Services as the programme outcome. The Vote contributes to the second NDP outcomes,

31 Provision of adequate Wage bill



which include number of super specialists to patient per capita and number of people accessing super specialised services.

Performance

During FY 2019/20, the hospital was allocated Ug shs 71.6bn, of which Ug shs 61.6bn (86%) was released and spent as at 30th June 2020. General staff salaries and allowances (42.72%) dominated expenditure followed by water and electricity at 10.68%, pension for general civil service at 6.5%, gratuity payments at 6.2%, residential buildings at 4.2%, and maintenance machinery, equipment and furniture at 4.14%, special meals at 3.08%. The rest of expenditures including other structures, non-residential buildings and medical and veterinary supplies shared the remaining 22.36% of the vote expenditure.

The overall performance of Mulago Hospital Complex was poor at 44.9% attainment of outputs and outcomes. Mulago NRH performed better on outputs (58.96%), compared to outcomes (19%).

In relation to attainment of the second NDP outcomes, Mulago NRH recorded a 33% improvement in super-specialised cases managed relative to FY2018/19. Despite the fact that the hospital recorded an improvement, the number of super specialists to patient per capita remained low during the NDPII period.

Mulago NRH performed relatively well in service delivery including diagnostics and outpatient department services save for inpatient services which were mainly affected by the low referrals, partly due to COVID-19 restrictions, limited spaces and delayed completion of lower Mulago. Capital development projects poorly performed due procurement delays. Construction of the additional 100 units and internal medicine wards had not commenced as at 30th June 2020. Renovation works in the laundry, kitchen and some wards at the hospital were undertaken and at different completion levels. Detailed performance by sub-programme is highlighted hereafter.

3.8.1 National Referral Hospital Services

Four sub-programmes were implemented under the National Referral Services. These are Management (Sub-programme 01); Medical Services (Sub-programme 02); one development Sub-programme-0392 (Mulago Hospital Complex) and Internal Audit Department (Sub-programme 04). Annual monitoring of FY2019/20 focused on Sub-Programme 02 and the development Sub-programme-Project 0392.

3.8.1.1 Medical Services (Sub-programme 02)

The sub-programme was allocated Ug shs 37.58bn, of which Ug shs 32.62bn (86%) was released and spent by the 30th June 2020. The average sub-programme performance was at 71% of annual targets for FY2019/20.

The specialised OPD attendances were achieved at 96%, diagnostic services including MRI, CT scans and laboratory investigations at 97%. The Burns Unit housed in Kiruddu Referral Hospital also contributed to the performance under the sub-programme providing services to 66% of the burns patients who were mainly children. Inpatient services provided (including Referrals in) however poorly performed at 21% achievement of annual targets. The low attainment was attributed to limited referrals in the facility due to restrictions in movement in the third and fourth quarter of FY2019/20 in response to the COVID-19 pandemic.



3.8.2 Mulago Hospital Complex Programme (Project 0392)

The sub-programme is the development project aimed at equipping and upgrading infrastructure and establishment of accommodation facilities for the hospital. Planned outputs for FY 2019/20 included: Additional 150 staff units constructed; demolition, remodelling, renovating and expanding infrastructure at the hospital done.

The sub-programme was allocated Ug shs 11.02bn, of which Ug shs 6.02bn (55%) was released and all spent as at 30th June 2020. Release underperformance was highest for construction of the staff houses where the vote realised 40% release of the budget, while OPD and other ward construction and rehabilitation realised 75% of the budget.

Expenditure performance was very good at 100% of the released funds, with 56% spent on OPD and other ward construction and rehabilitation and 44% on construction of the staff houses.

Other payments were as follows:

- Ug shs 456 million to SASAE Consults Limited for the 1st deliverables regarding consultancy services for the design and construction supervision of staff houses and medical ward in Upper Mulago.
- Ug shs 1.994bn (33%) to Block Technical Services as advance payment for the construction of 150 units of staff houses.
- Ug shs 1.7b to Setramaco International for various activities including payment for consumables autoclaves at Mulago, servicing of Mulago equipment including auto claves, relocation and reinstallation of multi ironer, laundry machine installations-urgent supply and fixing of motors for washing machines and driers (8 pcs).
- Ug shs 350 million to BHL Health Care Limited for supply, installation, testing, and commissioning of oxygen components and parts at Upper Mulago, supply and installation of the plant consumables, and payment for works completed in FY2018/19 of installation of medical oxygen flowmeters.
- Ug shs 946 million to Convention World Limited for supply and fixing of the main circuit breaker, testing and commissioning of relocation of steam cooking pans, and Urgent fixing of air compressor (340ltrs) tank, which controls the laundry machines, Multi-Ironer, and civil works of the multi-Ironer house and laundry store at Upper Mulago.
- Ug shs 160million to Hawa Construction Company Limited for renovation of the Medical Interns Mess.
- Ug shs 39 million to Hill Top Enterprises Ltd for fixing pavers at the oxygen plant and renovation of the kitchen and food store all at Upper Mulago.
- Ug shs 6 million to Prestige Hygiene Services Limited for Sewage line works at Nurses Hostels and Cholera Isolation Unit.
- Ug shs 5 million to East Times General-SMC Limited for Supply of Assorted plumbing materials for causality theatre.
- Ug shs 298 million to Rima (EA) Limited for supply of medical gas accessories (vacuum regulators) for lower Mulago, and supply and delivery of Diathermy Machine for Orthopedics.



- Ug shs 59 million to The Cooper Motor Corporation Uganda Limited as completion of payment for transport equipment procured in FY2018/19.

Further analysis of capital development expenditures however revealed mischarges characterised by payment for recurrent works for instance maintenance of equipment and procurement of consumables for various equipment totaling Ug shs 792 million from the capital development budget.

Performance of the sub-programme averaged 50% attainment of outputs. The consultant for design, and supervision of construction of additional 100 units of staff houses and internal medicine wards which was signed on the 3rd December 2019 with M/s Sasa E. Consults Limited at a price of Ug shs 1,141,200,200 for a period of 60 calendar months (5years). The consultant had delivered the first product which were the structured designs.

The contract for construction was signed on 1st June 2020 with M/s Block Technical Services at a sum of Ug shs 30,228,600,856 ending 15th June 2023. The contractor had not commenced works as at 30th June 2020.

The works under the rehabilitation component included, the laundry and kitchen in various wards and theatres, extension of water network to staff houses, installation of sewer lines at the nurses' hostel, works in the parking area at upper mulago were substantially completed.

Due to restrictions in movement within the hospital wards occasioned by COVID-19 SOPs, and unavailability of some staff to readily provide additional information, the monitoring team did, not verify contract files and other procurement information. Detailed performance is indicated in table 3.11.

Table 3.11: Performance of the Mulago Hospital Complex by 30th June 2020

Subprogrammes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
02 Medical services	Specialized Outpatient services Provided	416	416	760,000	730,865	1.97	On track
	Inpatient services provided	8,710	8,710	1100,000	235,606	9.20	Not achieved
	Diagnostic services provided	142	142	2,065,000	2,013,779	0.68	On track
0392 Mulago Hospital Complex	Additional 100 unit staff houses constructed	6,500	2,612	100%	35%	27.90	Not achieved the contractor
	OPD and other ward construction and rehabilitation	4,520	3,408	100%	65%	19.21	Partially completed
Programme Performance (Outputs)						58.96	Fair performance
Outcome Performance	Outcome Indicator			Annual Target (%)	Achieved (%)	Score (%)	Remarks
	% increase of super-specialised cases managed.			0.05	2.6	52	33% Improvement
	% increase in diagnostic investigations carried out			0.025	-1.8	-2	2% decline
	Average length of Stay			4	6	6	20% decline
Programme Performance (Outcomes)						19	
Overall Programme Performance						44.9	Poor Performance

Source: Field Findings



Implementation challenges

- Inadequacies in budget implementation characterised by mischarges and payment for unplanned works during the FY. The hospital also paid for recurrent expenditures from the development budget.
- Poor planning and budgeting demonstrated by allocation of funds for the Burns and Orthopedic Units under research grants. The allocation did not support any research activities as indicated in the hospital's budget documents.
- Insufficient budget to procure specialized commodities affected the hospital's mandate to offer super specialised services. Histopathology and laboratory commodities affected performance of the hospital under the diagnostics and laboratory investigations.

Conclusion

The overall performance of Mulago Hospital Complex was poor at 44.9% attainment of outputs and outcomes. Mulago NRH performed better on outputs (58.96%), compared to outcome achievement (19%). In relation to attainment of the second NDP outcomes, the Mulago NRH recorded a 33% improvement in super-specialised cases managed relative to FY2018-19. Mulago NRH performed relatively well in service delivery including diagnostics and outpatient department services save for inpatient services which were mainly affected by the low referrals in partly due to COVID-19 restrictions. The Mulago NRH performance is constrained by inadequate planning characterized by procurement delays. Implementation of all capital development projects was slow and works behind schedule.

Recommendations

- The Mulago Accounting Officer should adhere to budget implementation guidelines from Budget Call Circulars as stipulated by the MFPEd.
- The Mulago NRH should improve its planning, budgeting to ensure proper alignment budget towards planned outputs.
- The MoH and Mulago Hospital should prioritise funding within budget for the super specialised medicines for improved service delivery.
- The Mulago Executive Director should apprehend the PDU and other user departments that fail to initiate and implement procurements in a timely manner.

3.9 Butabika National Mental Referral Hospital (Vote 162)

Background

The hospital is mandated to provide super specialised tertiary health care, train health workers, and conduct mental health research as per the requirements of the MoH. The NDP II highlighted two interventions under mental health, namely: Promote availability to services for mental, neurological and substance use; and, scale up demand reduction measures for tobacco, alcohol and drug use.

The interventions were set to be implemented through one Programme namely: Provision of Specialised Mental Health Services Blood Provision (Programme 55) and four sub-programmes. These are: Management (Sub-Programme One); Internal Audit (Sub-Programme two); Butabika Remodeling Project (0911); and Institutional Support to Butabika Hospital (1474).



Annual monitoring for FY 2019/20 focused on Sub-Programme One-Management, Project (0911), and 1474. Detailed performance during the FY is highlighted hereafter.

3.9.1 Provision of Specialised Mental Health Services Blood Provision (Programme 55)

The programme planned to achieve two outcome indicators during the period under review. These were: Increase of referred mental health care cases managed at the hospital by 15%; and Increased Bed Occupancy rate. The vote was allocated Ug shs 21.5bn, which was 100% released and Ug shs 20.7bn (96%) spent by 30th June 2020. Expenditures were on: Development outputs 39%, non-wage at 35%, and 26% wage.

The programme registered fair performance with 68.5% of set targets achieved. The hospital managed an increment of 32% mental health care referral cases in relation to FY2018/19. The Bed Occupancy Rate achieved 142%. In terms of outputs, the inpatient department surpassed its targets registering 92% attendances. Detailed performance by sub-programme is highlighted hereafter.

3.9.1.1 Management (Sub-Programme One)

The sub-programme implemented three key outputs during FY2019/20 - health inpatient, specialised outpatient, Primary Health Care (PHC) and community mental health services provided.

Performance

In FY2019/20, the sub-programme was allocated Ug shs 13.2bn, which was all released and Ug shs 12.5bn (95%) spent. Very good performance was recorded on all the three planned outputs. Mental health inpatient attendances were achieved at 92%, Specialised outpatient and PHC attendances at 94%. The hospital surpassed its targets (168%) under community mental health services and technical supervision.

Mental Health Inpatient Attendances: The hospital admitted 7,126 patients with 39% being female. The hospital also achieved 92% laboratory investigations, however poor performance was recorded under X-ray investigations at 16% and fair performance regarding ultra sound diagnostics at 57%. A number of specialised clinics under the ADU, Dental, HIV immunisation, family planning, eye departments were closed during the pandemic.

Under the specialised outpatient and PHC Services, the hospital achieved 83% of the planned general outpatients from various departments, dental, orthopedic, family planning, HIV/AIDS, TB, STD, Eye Clinic, Trauma Unit among others accessed mental health services.

Community mental health services and technical supervision; the hospital undertook 54 outreach clinics and attended to 5,917 cases, with 50% being male. Outreach reports for activities undertaken at Nkokonjeru, Nansana, Kitetika, Kawempe Katalamwa and Kitebi were not availed to the monitoring team. The hospital resettled 341 patients upcountry. Detailed performance of the sub-programme is highlighted in table 3.12.

3.9.2 Butabika Remodeling Project (0911)

The project commenced in July 2015 and is expected to end in July 2020. It is aimed at increasing access to quality mental health services through provision and utilisation of promotive, preventive and rehabilitative services. The hospital planned to undertake three outputs, namely: Completion of six units staff houses whose construction started in FY2018/19; Perimeter wall phase one completed;



Female admission ward comprising of two dormitories expanded; Radiology department remodeled to accommodate the MRI machine. The project was allocated Ug shs 4.3bn, which was all released, and 97% spent by 30th June 2020. The project achieved all the three outputs by 80%. These included:

Retention for completion of staff houses: Construction commenced and was completed in FY2018/19. The hospital paid retention worth Ug shs 200 million to M/s Alliance Technical Services. The houses were in already accommodating six health workers at Butabika Hospital.

Remodeling of the Radiology Department to accommodate the MRI machine: Works were ongoing and undertaken by M/s Circular Supply Limited at a sum of Ug shs 294million. The scope involved excavations, earth works, completed masonry works, installation of doors and windows, floor works, ceiling, electrical installations, painting, mechanical and plumbing works. Works commenced in April 2020 (two months to end of the FY) and expected to be completed in a period of one month. This was not achieved by 30th June 2020. Monitoring established that the structure was in place and roofed, physical progress at 80%. Pending works included plastering, electrical, mechanical and plumbing works.

Female admission ward comprising of two dormitories expanded: The contract to undertake works at the female ward was signed between the hospital and M/S Musuuza Building Contractors on 2nd December 2019 at a sum of Ug shs 997,863,694. Works commenced on 19th December 2019, and were expected to be completed on 19th December 2020 (12 months). By August 2020, the works were at over 80%. The contractor had plastered, floor and ceiling works were ongoing. The contractor was paid 69% of the contract sum by 30th June 2020.

Phase one of the perimeter wall had commenced and was undertaken by M/s Alliance Technical Services Limited at a sum of Ug shs 2.5million. The scope involved fencing 1.8Km of hospital land with concrete blocks. Works were at substantial completion and the contractor was paid 77% of the contract sum.

Overall Project performance during the NDPII period

The project was in line with NDP II mental intervention area relating to promotion and availability to services for mental, neurological and substance use.

During the project life (July 2015 to July 2020), the project expanded services provided by the hospital through various infrastructure developments. The private wing was expanded and attends to over 300 clients in a year. This has increased the hospital's non-tax revenue.

Constructed the Alcohol and Drug Unit in 2018 and treated over 600 patients annually. Six units of staff houses were put in place and have improved availability of both health workers and services at the hospital. The project further improved availability of equipment, furniture, computers and ICT equipment before introduction of the retooling project in FY 2017/18.

In terms of intervention two: Scale up demand reduction measures for tobacco, alcohol and drug use. The Narcotic Drugs and Psychotropic Substance (control) Act, 2019 was assented too by President in January 2019. The Act prohibits possession, trafficking and cultivation of narcotic or psychotropic substances.



Left: Boundary Wall under construction Right: Substantially completed radiology structure remodeled

Institutional Support to Butabika National Referral Hospital (1474): The project is aimed at continuously procuring and replacing obsolete equipment. It commenced in July 2017 and is slated to end in June 2022. The project objective is to contribute towards increased access to quality mental health services. Planned outputs were: 180 hospital beds and a Magnetic Resonance Imaging (MRI) machine procured.

In FY 2019/20, the project was allocated Ug shs 4bn, which was all released and spent by 30th June 2020. Expenditures were on procurement of beds and the target of 180 beds was achieved. The MRI machine was still under procurement, however 100% of the contract sum was loaded onto a Letter of Credit at BoU. M/s Circular Supply Uganda was contracted to supply the equipment at a sum of Ug shs 3.5bn in January 2020. Delivery was expected in a period of four months (May 2020). However, it was not achieved due to travel restrictions caused by the COVID-19 pandemic. Detailed performance is highlighted in table 3.12.

Table 3.12: Performance of the Butabika Hospital by 30th June 2020

Project-Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Management	Mental Health inpatient Services provided	2,890	2,890	40,150	36,975	23.30	Major clinics were closed services due the pandemic
	Specialized Outpatient and PHC Services provided	108	108	94,321	89,017	0.90	Good performance
	Community Mental Health Services and Technical Supervision	144	144	3,519	5,917	1.27	Outreach reports not availed to the monitoring team
Institutional Support to Butabika Hospital	Magnetic Resonance Imaging (MRI) machine procured	3,900	3,900	100%	40%	13.66	Still under procurement
	Beds and Mattresses procured	108	108	180	180	0.95	Achieved
Butabika and health Centre remodeling/ construction	Retention for completion of staff houses	200	200	100%	100%	1.75	Completed and in use
	Perimeter wall phase one completed	2,700	2,700	100%	80%	18.91	At substantial completion



Project-Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
	Female Admission ward expanded and radiology remodeled	1,370	1,370	100%	80%	9.60	Works were at substantial completion.
Programme Performance (Outputs)						70.33	
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks
	% Increase of referred mental health care cases managed.			15	32	100	Achieved
	Bed occupancy rate			145	142	98	Achieved
Programme Performance (Outcomes)						99	
Overall Programme Performance						80.4	Good performance

Source: PBS, IFMS, Field findings

Challenges

- Limited diagnostic investigation services due to lack of equipment.
- Inadequate staffing affecting quality service delivery.
- Increasing number of patients in the ADU Unit against static allocations to mental health.
- The COVID-19 pandemic affected progress of planned targets during the FY.

Conclusion

Butabika Hospital recorded fair performance, 68% of the planned targets were achieved. Medical services in both inpatient and outpatient departments were achieved, while two of the development targets were on track. The hospital also moved positively in attainment of the NDPII objectives towards mental health by increasing the number of mental services available to various people through expansion, equipment, infrastructure development initiatives during the period under review.

Recommendations

- The Butabika Hospital accounting officer should prioritise procurement of necessary equipment to improve performance of diagnostic investigations at the specialised hospital.
- The MFPED, MoPs and HSC should prioritise filling the staffing gaps for improved service delivery.

3.10 Referral Hospitals (Vote 163-180)

Background

Regional Referral Hospitals (RRHs) offer specialist clinical services such as psychiatry, Ear, Nose and Throat (ENT), ophthalmology, higher level surgical, medical services, and clinical support Services (laboratory, medical imaging, and pathology).

Regional Referral Hospitals implement programme 56 (Regional Referral Hospital Services) contributing towards provision of quality, inclusive and accessible services through provision of specialised curative, preventive, promotive and rehabilitative health services. Performance of the programme is detailed hereafter.



Regional Referral Hospital Services (Programme 56) consists of five sub-programmes: Referral Hospital Services (Sub-programme one); Referral Hospital Internal Audit (Sub-programme two); Regional Maintenance (Sub-programme three); Rehabilitation Referral Hospital (Project 1004), and Institutional Support to Regional Referral Hospitals.³²

The annual monitoring focused on assessment of four sub-programmes³³ in 16 out of the 17 RRHs.

All hospital Rehabilitation Projects (Project 1004) commenced in July 2015 and were expected to be completed in June 2020. Institutional Support Projects (Retooling) commenced in July 2017 and were expected to end in June 2020. The main objective of retooling projects is to improve hospital support services for improved health service delivery.

Performance

In FY 2019/20, RRHs were allocated a total of Ug shs 162bn, of which Ug shs 158bn (97%) was released and Ug shs 156bn (97%) spent. Absorption was very good with hospital expenditures ranging from 92% to 100%. Overall performance of the Regional Referral Services was fair at 60% attainment of outputs and outcomes.

Examples of good performers were: Masaka at 94%, Hoima at 84%, Kabale at 82%, Jinja and Mbarara at 72%, Fortportal and Mubende at 75%. In general, RRHs performed better on outputs than outcomes. Entebbe and Kiruddu RRHs were not assessed on attainment of outcome indicators because, they were both upgraded to RRHs status in FY 2019/20 and therefore reliable and accurate baseline data could not be established. They however performed very well attaining over 97% of their planned output targets. Detailed performance is highlighted hereafter.

3.10.1 Vote 163: Arua Regional Referral Hospital

Background

The hospital implements four sub-programmes, namely: Arua Referral Hospital Services (Sub-programme one); Arua Referral Hospital Internal Audit (Sub-programme two); Arua Regional Maintenance (Sub-programme three); Arua Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Arua Regional Referral Hospital (Project 1469). The annual monitoring focused on Arua Referral Hospital Services (Sub-programme one) and two development sub programs.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.22bn, of which Ug shs 9.24bn (100%) was released and Ug shs 9.18bn (99%) spent. Approximately 55% of the expenditures were on wage; 36.2% on nonwage operations, and 9% on construction of the 21-unit staff house and procurement of a generator.

Overall, the hospital performance was fair at 52%. The hospital achieved only one out of the three planned outcome indicators (bed occupancy rate at 83%), however a 35% decline in specialised outpatient attendances, and 22% for diagnostic investigations was noted. In terms of outputs, the hospital surpassed its targets by 114% under inpatient attendances, 137% under diagnostic services and 128% under prevention and rehabilitative services. Detailed hospital performance is highlighted hereafter.

³²

³³ Referral Hospital Services (Sub-programme one); Regional Maintenance (Sub-programme three); Rehabilitation of Regional Referral Hospitals (Project 1004); and Institutional Support to Regional Referral Hospitals (Retooling projects).



Arua Referral Hospital Services (Sub-programme one): A total of Ug shs 7.91bn was allocated to the sub-programme, Ug shs 7.91bn (100%) was released and Ug shs 7.86bn (99%) spent by 30th June 2020. The sub-programme recorded very good performance with inpatient attendances achieved at 114%, the hospital also undertook 5,706 minor and major surgeries; general OPD services were achieved at 190%, while specialised OPD clinic services were fairly achieved at 64%. Stockouts of critical items like Bupivacaine (Feb-March 2020), Mama Kits, Erythromycin tablets, Chlorpromazine were not supplied by NMS, and this affected medical services.

The hospital also surpassed targets under diagnostics investigations by 137% (planned 76,000 diagnostic investigations and achieved 104,147). Laboratory investigations were achieved at 80%; Ultra sound scans at 75%. Poor performance was noted under X-ray examinations with only 47% of the target achieved.

Arua Rehabilitation Referral Hospital (Project 1004): The project was allocated Ug shs 860 million, which was 100% released and spent by end of FY 2019/20. The hospital prioritised all the allocation towards completion of the staff house. M/s WAP Engineering Limited undertook construction of the 21-unit staff house project at a cost of Ug shs 8.503bn. The 21-unit staff project was divided into four phases and works commenced on 6th June 2018 and were expected to be completed in May 2021. M/s Quantum Associated Engineers was supervising works at a cost of Ug shs 850million (10% of the total works contract sum).

The first phase of construction involved foundation works, phase two involved raising columns. Works of the first phase were combined together with the third and fourth phase to include walling, installation of windows doors and general finishes. The first phase was completed at 100%, the combined phases (second, third and fourth) progressed to 30%. Walling was ongoing on the 3rd floor of the building. The contract was therefore behind schedule.



Front View of the Staff house under construction at Arua RRH

The monitoring team noted that the hospital signed a contract of Ug shs 8.5bn, this was way beyond the hospitals medium term allocations and led to cash flow challenges between the client (hospital) and the contractor. The contract will therefore not be implemented within the specified timelines.

Institutional Support to Arua Regional Referral Hospital (Project 1469): The project's annual approved budget for FY 2019/20 was Ug shs 200million, which was all released and spent by 30th June 2020. All expenditures were on procurement of a generator from Honda Uganda at a sum of Ug shs



198.9million. The generator was delivered and installed in December 2019, was in use by 30th June 2020, however, it needs a minimum of 200 liters to operate for only 15 hours making hospital operations and maintenance very expensive.

Table 3.13: Performance of the Arua RRH by 30th June 2020

Sub-programmes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Arua RRH	Slab for Floor 1, 2, 3 & 4 for the Storeyed staff house cast by end of the Financial Year.	860	860	100%	35%	18.45	Works were behind schedule. Works were done Limited
Project 1469: Institutional Support to Arua RRH	Specialized Machinery & Equipment procured	200	200	100%	100%	12.26	Achieved
Medical Services	Inpatient services provided	329	329	30,500	34,750	20.18	Surpassed Target
	Outpatient services provided	148	148	160,000	121,672	6.93	Good performance
	Diagnostic services provided	33	33	76,000	104,147	2.08	Surpassed Target
	Prevention and rehabilitation services provided	31	31	62,534	79,760	1.92	Targets achieved
	Immunization services provided	28	28	40,000	49,792	1.72	Targets achieved
Programme Performance (Outputs)		1,631	1,631	-	-	61.83	Fair performance
Outcome Indicator		Annual Target	Achieved	Score (%)	Outcome Performance (%)		
% increase in specialized outpatient attendances		2%	-35%	-	-	Decline in Performance	
% increase in diagnostic investigations carried out		3%	-22%	-	-	Decline in Performance	
Bed occupancy rate		85%	83%	98	98	Target achieved	
Average Outcome performance		30%	26%	98	33		
Overall Vote Performance		0%	0	33	52	Fair performance	

Source: PBS, IFMS, Field findings

3.10.2 Vote: 164- Fort Portal Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: FortPortal Referral Hospital Services (Sub-programme one); FortPortal Referral Hospital Internal Audit (Sub-programme two); Fort Portal Regional Maintenance (Sub-programme three); two development sub-programmes. These are - Rehabilitation of Fort Portal Referral Hospital (Project 1004), and Institutional Support to Fort Portal Regional Referral Hospital (Project 1470).

The annual monitoring focused on Fort Portal Referral Hospital Services and the two development sub-programmes. Planned outputs for FY 2019/20 are highlighted in table 3.14.



Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.935bn, of which Ug shs 10.01bn (99.2%) was released and Ug shs 9.67bn (97%) spent by 30th June 2020. Expenditures were mainly on wage (51%) and non-wage grant at (33.7%).

The hospital achieved 75.1% of the annual targets. This was mainly due to delayed completion of procurements under the development component, breakdown of imaging equipment such as X-rays and limited supply of laboratory reagents. Medical services under Inpatient, outpatient services and immunisation services however were achieved. The hospital declined in attainment of the outcome indicator on the percentage annual increase in specialised outpatient's attendance relative to FY2018/19. Detailed performance by sub-programme is highlighted hereafter.

Fort-Portal Referral Hospital Services (Sub-Programme one): The annual allocation for FY 2019/20 to the sub-programme was Ug shs 10.09bn, of which Ug shs 10.01bn (99%) was released and 96.6% spent by 30th June 2020.

The hospital achieved over 100% set outputs for inpatient, outpatient and immunisation services. The hospital received more referrals from lower facilities compared to last FY 2018/19 due to the availability of essential medicines and supplies, presence of medical officers and improved service delivery.

Prevention and rehabilitative services registered good performance with 81.9% of the annual targets. Frequent breakdown of the X-ray machine and lack of reagents for laboratory examinations contributed to poor performance of diagnostic services (48%).

Fort-Portal Rehabilitation Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 2019/20 was Ug shs 790million, which was all released and 98.7% spent by 30th June 2020. Construction of the wall fence had just started due to the delayed completion of the procurement process. The hospital made final payment and retention to Ms Aswangah Construction Services Limited for the construction of the staff house.

Institutional Support to Fort-Portal Regional Referral Hospital (Project1470): The approved budget under the sub-programme was Ug shs 270 million, which was all released and spent by 30th June 2020. Expenditures were mainly on procurement of two dental chairs and a compressor, ultra sound machine and mattresses for the private ward. The hospital achieved the set planned output targets under the sub programme. The summarised performance of Fort Portal Referral Hospital is highlighted in table 3.14.



Table 3.14: Performance of Fort Portal Regional Referral Hospital Services Programme as at 30th June 2020

Subprogramme	Output	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Fort portal Regional Referral Hospital Services	Inpatient Services	1,303.961	1,303.961	30,000	31,885	49.37	Target achieved
	Outpatient Services	116.884	115.884	250,000	304,450	4.43	Target achieved
	Diagnostics Services	84.1	84.1	274,800	131,533	1.52	Target not achieved
	Immunization	20.3	20.3	32,000	35,704	0.77	Target achieved
	Medicines and health supplies procured and dispensed	9.839	9.839	100%	1.00	0.37	The medicines were received as per allocated budget from NMS
Rehabilitation of the regional Referral hospitals	Wall Fence constructed and solar lights procured	540	540	100%	40%	8.18	Achieved
	Retention for the sixteen unit Staff quarters paid	250	250	100%	100%	9.47	Achieved
Institutional Support to FortportalRegional Referral Hospital	Medical equipment procured including patient mattresses, ultrasound machine, and two dental chairs	270	270	3.00	3.00	10.22	Achieved
Programme Performance (Outputs)						84.32	
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks
	% increase of specialized clinic outpatients attendances			0.05	-0.0212	-2.12	Declined in performance
	% increase of diagnostic investigations carried			0.1	0.31	100	Target Achieved
	Bed occupancy rate			0.85	0.564	66	Target Missed
	Programme Performance (Outcomes)						55
Overall Programme Performance						75.1	Good performance

Source: Field findings and IFMS



Clock wise: Installed solar light; procured mattresses, ultrasound scan, perimeter wall at foundation stage and dental chair at Fort Portal RRH

Challenge

- Inadequate capacity of the PDU due to understaffing leading to delays in completion of the procurement process and implementation of the planned projects. The framework contracts advertised in December 2019 were not concluded by 30th June 2020 and crossed into FY 2020/21.

3.10.3 Vote165: Gulu Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Gulu Referral Hospital Services (Sub-programme one); Gulu Referral Hospital Internal Audit (Sub-programme two); Gulu Regional Maintenance (Sub-programme three); Gulu Rehabilitation Referral Hospital (Project 1004); and Institutional Support to Gulu Regional Referral Hospital (Project 1468). In FY 2019/20, annual monitoring focused on Gulu Referral Hospital Services (Sub-programme one) and Project 1004.

In FY 2019/20, the hospital planned to increase specialised outpatient attendances by 12%; increase in diagnostic investigations carried out by 9%, and manage bed occupancy rate at 75%. The planned outputs for the FY are highlighted in table 3.15.

Performance

The hospital was allocated Ug shs 9.4bn, of which Ug shs 9bn (96%) was released and Ug 8.8bn (98%) spent by 30th June 2020. Approximately 51% of the expenditures were on wage, 32.5% on non-wage operations and 16% on the construction of the 54 staff units' houses, re-roofing the laboratory and procurement of solar pumps.



Overall, the hospital's performance was fair at 58%. The hospital satisfactorily achieved one out of the four planned outcome indicators. A 37% increment in provision of specialised services and 67% out of 75% planned under the bed occupancy target was achieved. The hospital however registered a 16% decline in provision of diagnostic services. This was attributed to lack reagents (the hospital reportedly did not receive CBC reagents from GoU for a period of one year); rehabilitation works at the laboratory; and limited staffing in the diagnostic department. The department had only one person undertaking both x-rays and ultrasounds leading to long waiting hours which affected the number of diagnostics undertaken per day.

The hospital surpassed targets of two medical services outputs - inpatient attendances at 127%, and prevention and rehabilitation services at 120%. Fair performance was recorded under the outpatient services department. Detailed performance by sub-programme is as follows.

Gulu Referral Hospital Services: The sub-programme was allocated Ug shs 8.2bn, of which Ug shs 7.9bn (96%) was released and Ug 5.7bn (73%) spent by 30th June 2020. Inpatient services were achieved at 127%, the hospital registered 508% major surgeries, outpatient services at 57%; specialised outpatient attendances at 54%, while the general outpatients were at 30%. This indicates that the hospital was slowly shifting from provision of basic OPD to specialised services.

The hospital undertook 73% of the planned diagnostic investigations. Very good performance 175% was recorded in the X-ray department, while 83% was achieved under Ultra Sound investigations. The hospital surpassed its antenatal visits and immunisation targets with preventive and rehabilitation services registering 135% and 111% respectively. This was attributed to intensified outreaches by the district and RRH with support from development partners like AVSI.

Gulu Rehabilitation Referral Hospital (Project 1004): The project's annual allocation for FY 2019/20 was Ug shs 1.488bn, which was 100% released spent by 30th June 2020.

Expenditures were on construction of the 54-unit staff house (73%), laboratory rehabilitation, and installation of solar lights at 14%. The hospital achieved two out of four planned outputs, while the rest was still ongoing by August 2020.

54 staff units constructed: M/S Block Technical Services was awarded the contract to undertake works at Ug shs 6.2bn. Works commenced on 26th April 2015 and were expected to end on 28th November 2017, however, the works were extended to 2021 with cost overruns of Ug shs 2bn. The project extensions were attributed to limited cash flows from both the contractor and GoU. The contractor had resumed works by August 2020 and finished the ring beam. Roofing works were expected to be completed by December 2020. Physical performance was estimated to be at 58%. The client was satisfied by the quality of works as supervised and endorsed by Gulu District Engineer.

Laboratory structure rehabilitated: M/s MKTE Technical Services at a sum of Ug shs 98million completed the works. Scope of works included reroofing, ceiling, floor, drainage, painting, and splash apron, door replacements, electrical and mechanical among others. Physical progress was estimated at 100%, handed over and in use by the hospital.

Water tank structure constructed and tank installed: The output was not achieved by 30th June 2020. By August 2020, works on the tank stand were completed, however, the tank had not been delivered and installed. There was a change in the capacity of the tank required from 144cc meters to 157cc meters. This translated into a variation of Ug shs 100million (from Ug shs 250 million to Ug shs 352 million). Detailed performance is highlighted in table 3.15.


Table: 3.15 Performance of Gulu RRH by 30th June 2020

Subprogrammes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Gulu Rehabilitation Referral Hospital	54 staff units constructed	1,048	1,048	100%	58%	18.83	Behind schedule
	Laboratory Block Rehabilitated	100	100	100%	100%	3.10	Achieved
	Machinery and equipment procured	90	90	100%	100%	0.00	Achieved
	Water tank structure constructed and tank installed	250	250	100%	100%	0.00	Not achieved
Medical Services	Inpatient services provided	1,467	1,524,	28,981	38,352	45.45	Surpassed target
	Outpatient services provided	230	214	293,524	157,147	4.11	Good performance
	Diagnostic services provided	42	42	135,542	98,789	0.95	Target not achieved due to lack of reagents
	Prevention and rehabilitation services. provided	35	35	62,534	75,177	1.08	Lack of rehabilitative supplies. plasters, bandage, cotton affected service delivery
Programme Performance (Outputs)						73.53	Good Performance
Outcome Indicator		Annual Target	Achieved	Score (%)	Outcome Performance (%)		
% increase in specialized outpatient attendances		0	37	100	100		Surpassed Target
% increase in diagnostic investigations carried out		0	(16)	100	-		Declined Performance
Bed occupancy rate		75.0	67	-	90		Good Performance
Total Outcome performance		0.96	88		50		
Average Outcome performance		0.32	29		58		Fair Overall Performance

Source: IFMS, PBS, Field findings

3.10.4 Vote: 166: Hoima Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Hoima Referral Hospital Services (Sub-programme one) Hoima Referral Hospital Internal Audit (Sub-programme 2); Hoima Regional Maintenance (Sub-programme 3); Hoima Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Hoima Regional Referral Hospital (Project 1480) sub-programme.

The annual monitoring focused on Hoima Referral Hospital Services (Sub-programme one), and the two development sub-programmes. Planned outputs for FY2019/20 are highlighted in table 3.16.



Performance

The programme was allocated Ug shs 9.29bn, of which Ug shs 8.57bn (92.2%) was released and Ug shs 8.29bn (96.73%) spent. The overall physical performance for annual targets was fair at 68.4%. The hospital did not achieve most of its outputs under medical services.

Performance of the development sub-programmes was however very good at 100% as all the planned outputs were achieved, however, some defects were identified by the monitoring team. The hospital declined in performance of the two key outcome targets relating to percentage increase specialised outpatients and percentage increase in diagnostic services.

Hoima Referral Hospital Services (Sub-Programme one)

The sub-programme annual allocation for FY2019/20 was Ug shs 8.43bn, of which Ug shs 7.7bn was released and 96.36% spent. The hospital achieved 79.7% targets under the sub-programme. This was attributed to the COVID-19 prevention interventions undertaken by the hospital in the fourth quarter. Inadequate staffing with the need to redistribute the available hospital staff between the COVID-19 Response Unit and normal hospital operations in provision of medical services.

The outpatient department services were the most affected achieving only 66.1% of the targets, while prevention and rehabilitation achieved 71.6% of the targets. On other hand, immunisation performed better than other services achieving 98.1% of the targets.

Hoima Rehabilitation Referral Hospital Project 1004: The project's annual allocation for FY 2019/20 was Ug shs 660 million, all of which was released and spent by 30th June 2020. The hospital's planned outputs were achieved with defects in some instances (table 3.16). Oxygen was piped to Neonatal Unit, Paediatric Unit, Accident and Emergency Unit and, the High Dependence Unit in the Theatre. The oxygen in the Paediatric Unit was later disconnected due to leakages in the multiple port valves. In the Kangaroo Unit, the installed multi-port system had several leakages and was disconnected.

Construction of the water system was complete, and it was reported that the system had reduced the hospital water bill by over 60%. Installation of the solar system on selected wards was also completed, however, it was noted to be weak, due to the smaller capacity of the solar charge controller compared to the installed capacity of the batteries. It could not support or not charge batteries fully.

Defects were further noted on the paediatric ward as one of the installed solar panel was blown off by the wind. The hospital also rehabilitated the Kangaroo Ward by installing a new metallic door and replacement of glasses in all windows.

Institutional Support to Hoima Regional Referral (Project 1480)

The project's total allocation for FY2019/20 was Ug shs 100million, all of which was released and spent by the end of the FY. The expenditures were mainly on assorted medical equipment including CCTV monitors and camera, and some electrical supplies. The hospital procured an operating table for the obstetric theatre. The operating table was installed and was in use by August 2020. Detailed performance is highlighted in table 3.16.


Table 3.16: Performance of Hoima Regional Referral Hospital Services Programme by 30th June 2020

Subprogrammes	Output	Annual Budget (millions Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks	
Regional Referral Hospital Services	Inpatient Services	341.156	341.156	30,000	24,919	17.61	Targets missed due to COVID-19 lockdown	
	Outpatient Services	304.156	304.156	250,000	165,220	12.49		
	Diagnostics Services	18.600	18.600	146,000	116,025	0.92	Inadequate supplies like reagents and X-ray films, and breakdown of the ultrasound scan and COVID-19 effects.	
	Prevention and rehabilitation services	139.300	139.300	27,000	19,327	6.20	Target missed due to COVID-19 effects	
	Immunization	46	46	32,000	31,517	2.82	Target missed	
Rehabilitation of the regional Referral hospitals	Renovations and rehabilitation of various hospital infrastructure.	50	50	5.00	5.00	3.11	Target achieved	
	Water piping system in the hospital; solar installations of and oxygen piping in selected critical areas	610	610	3.00	3.00	37.91	Target achieved with several defects	
Institutional Support to Hoima Regional Referral Hospital	Procurement of machinery and equipment	100	100	100%	100%	6.21	Equipment was procured	
	Programme Performance (Outputs)					87.26	Good performance	
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks	
	% increase of specialized clinic outpatients attendances			0.1	-0.63	-63	Declined in performance	
	% increase of diagnostic investigations carried			0.15	-0.34	-34	Declined in performance	
	Bed occupancy rate			0.85	0.85	100	Target achieved	
	Programme Performance (Outcomes)						33	Poor outcome performance.
	Overall Programme Performance						68.4	Fair overall performance

Source: Field findings and IFMS



3.10.5 Vote 167: Jinja Regional Referral Hospital

The hospital implements four sub-programmes, namely: Jinja Referral Hospital Services; Jinja Referral Hospital Internal Audit; Jinja Regional Maintenance Jinja Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Jinja Regional Referral Hospital (Project 1469). The annual monitoring focused on Jinja Referral Hospital Services (Sub-programme one), and two development sub-programmes (1004 and 1469).

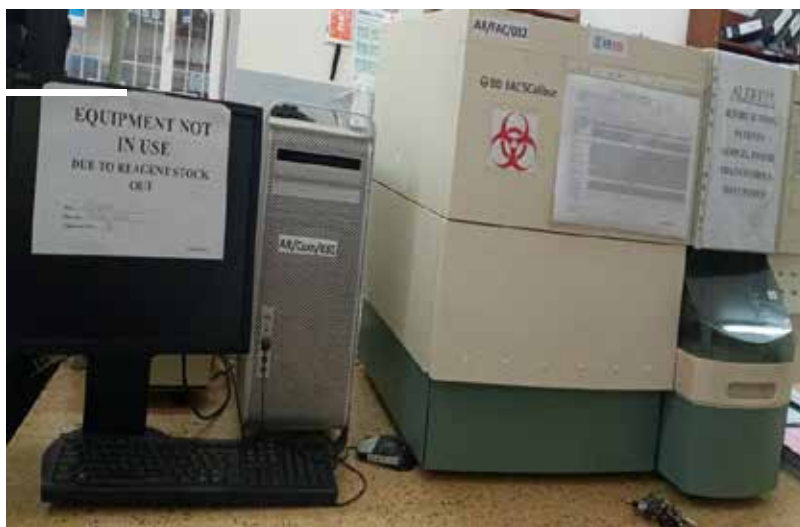
The annual planned outcome targets were: Specialised outpatient attendances increased by 5%; diagnostic investigations increased by 5%, and 85% bed occupancy rate attained by 30th June 2020. The planned outputs for FY 2019/20 are highlighted in table 3.17.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 12.2bn, of which Ug shs 11.1bn (90%) was released and Ug shs 10.9bn (99%) spent. The hospital spent 52% on wage, 35% on non-wage operations, and 12.1% on development outputs.

Overall, the hospital's performance was good, 72% of the planned targets were achieved. The hospital attained two out of the three planned outcome indicators - specialised output attendances and bed occupancy rate 80% respectively. However, it recorded a 36% under diagnostic investigations in relation to last FY 2018/19. Output performance was very good, 89% of the set outputs for FY 2019/20 were achieved. The Outpatient Department surpassed its targets and achieved 119%, while two of the development outputs were satisfactory achieved save for the planned targets for civil works at the staff houses that attained at 40%. Detailed performance by sub-programme as follows:

Jinja Referral Hospital Services (Sub-programme one): The sub-programme was allocated Ug shs 11.1bn, which was 100% released and 99% spent by 30th June 2020. Inpatient service attendances were attained at 92%, the hospital also undertook 64% of the planned major and minor operations. Prevention and rehabilitation services were attained at 72%. These included attendance to 8,230 clients in the antenatal clinics, immunisation of 17,376 children and provision of family planning services to 2,139 people.



The hospital attended to 158% of general OPD attendances, 93% specialized OPD clinic and diagnostic targets respectively. Frequent breakdown of the X-ray machine led to frequent referrals to other facilities for diagnostics.

It is important to note that the hospital did not have an explicit budget for diagnostics yet it was a key performance indicator.

Jinja Rehabilitation Referral Hospital (Project 1004): The project's allocation for FY 2019/20 was Ug shs 1.8bn, which was 100% released and spent by 30th June 2020. Approximately 95% of the



expenditures were on construction of the 16 staff quarters and 5% on monitoring and supervision of the project.



In FY2019/20, the hospital planned to complete the second floor slab casting and brick works at the staff house under construction. Works were awarded to M/s MUGA Services Limited at a contract sum of Ug shs 3.205bn VAT inclusive.

M/s Quantum Associated Engineers was contracted to monitor and supervise works at Ug shs 208million. Works commenced on 4th April 2019 and expected to end on 14th October 2021. The hospital achieved the planned set target for FY 2019/20. The second floor slab was cast and brick works commenced for second and third floor, cumulatively, physical progress was estimated at 40% against financial progress of 36%. The hospital was satisfied with the quality of works by the contractor.

Table 3.17: Performance of Jinja Regional Referral Hospital as at 30th June 2020

Subprogrammes	Out put	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004	Casting the slab of second floor completed	1,100	1,100	100%	40%	19.76	Works ongoing
Project 1481	Solar security lights for the Children's ward at Nalufenya and Camera's in the laboratory procured and installed	38	38	100%	100%	0.85	Achieved
	Dental chair procured	50	50	1	1	1.12	Achieved
	Inpatient services provided	2,592	2,585	50,000	45,618	53.25	91% achieved
Medical Services	Outpatient services provided	448	478	269,000	342,039	10.08	127% achieved
	Diagnostic services provided	-	-	160,000	148,942	0.00	No budget allocated to the output
	Prevention and rehabilitation services provided	224	224	38,230	27,745	3.66	73% achieved
	Immunization services provided	1	1	12,300	17,376	0.03	Surpassed targets
Programme Performance (Outputs)						88.72	Good performance
Outcome Indicator		Annual Target	Achieved	Outcome Performance (%)		Remarks	
% increase in specialized outpatient attendances		5	4	80		Achieved	
% increase in diagnostics investigations carried out		6	(36)	-36		Decline in performance	
Bed occupancy rate		85	80	80		Achieved	



Subprogrammes	Out put	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Average Outcome performance		1	48	41			
Overall Outcome performance		0	16	72			Fair performance

Source: IFMS, PBS, Field findings

Institutional Support to Jinja Regional Referral Hospital (Project 1469): The project allocation was Ug shs 88million, which was 100% released and spent by 30th June 2020. All the planned activities were achieved (*table 3.17 for outputs planned and achievements*). The solar security lights for the Children's Ward at Nalufenya, cameras in the laboratory and the dental chair were all procured and installed. All items were already in use.

3.10.6 Vote 168: Kabale Regional Referral Hospital

The hospital implements five sub-programmes, namely: Kabale Referral Hospital Services (Sub-programme one); Kabale Referral Hospital Internal Audit (Sub-programme two); Kabale Regional Maintenance (Sub-programme three); Kabale Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Kabale Regional Referral Hospital (Project 1473).

The annual monitoring focused on Kabale Referral Hospital Services, and the two development sub-programmes. Planned outputs for FY 2019/20 are highlighted in table 3.18.

Performance

The annual approved budget for the programme was Ug shs 8.58bn, of which Ug shs 8.69bn (101.28%) was released. The excess release was attributed to the supplementary allocation of Ug shs 112 million for pension gratuity.

A total of Ug shs 8.03bn (92.4%) was spent. The hospital registered good performance of 82.1% of the annual targets. The hospital achieved most of medical services except diagnostics and prevention and rehabilitation services, the major capital development project was behind schedule by 20%.

Detailed performance by subprogramme as follows: **Kabale Referral Hospital Services.** The sub-programme allocation was Ug shs 6.81bn, of which Ug shs 6.92bn (101.7%) was released, and Ug shs 6.54bn (94%) spent.

The sub-programme registered very good performance at 91% achievement of medical services with immunisation, inpatient, and outpatient achieving over 100% of the set targets, while diagnostics services, and prevention and rehabilitation services achieved 79% of the set annual targets. This performance was attributed to fewer patients who turned up at the hospital requiring these services due to the COVID-19 lockdown.

Kabale Rehabilitation Referral Hospital (Project 1004): The project was allocated Ug shs 1.34bn, which was all released and Ug shs 1.06bn spent (79%). Expenditure was mainly on construction of intern's hostel; supervision of civil works; completion of the attendant shed and washing area; remodelling and renovation of medical records building; renovation of the surgical ward, laundry and the staff quarters; and fencing of the adolescent clinic among others.

The sub-programme achieved 96% of the set targets. Construction of the intern's hostel was at 80%



physical progress, against the targeted 100% by 30th June 2020, while the rest of the planned outputs were completed. The delayed completion of the intern’s hostel was attributed to poor mobilisation of materials and labor on part of the contractor during the lockdown and the heavy rains that led to loss of construction time.

The hospital received a donated of an incinerator from World Health Organisation through BAYLOR Uganda and therefore did not undertake procurement of an incinerator as earlier planned. The funds were reallocated towards the kitchen and laundry renovation works.

Institutional Support to Kabale Regional Referral Hospital (Project 1473): The sub-programme was allocated was Ug shs 151million for FY 2019/20, which was all released and spent by the end of the FY. Expenditures were mainly on procurement medical equipment, which was installed and in use by end of August 2020.

The equipment included two patient monitors, autoclave, pulse oximeter, infant phototherapy unit among others while the furniture included office chairs, executive office chairs, sofa leather, wooden stool and shelves, filing cabinets. All these were delivered and in use by end of August 2020.



Clockwise: Rehabilitated staff house, Interns Hostel, some of the furniture, patient monitor, and rehabilitated kitchen and laundry at Kabale RRH

**Table 3.18: Performance of Kabale RRH as at 30th June 2020**

Output/ Subprogrammes	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Inpatient services	2,107.77	2,107.77	14,950	16,087	54.75	Suprased target
Outpatient services	131	131	101,530	148,157	3.40	Achieved
Diagnostics	66.75	66.75	109,230	86,318	1.37	Target not achieved
Prevention and Rehabilitation services	46.036	46.036	14.845	11,711	0.94	Target not achieved.
Immunization	10.495	10.495	19,000	39,249	0.27	Target was achieved
Monitoring and supervision of capital development projects	100	100	100%	100%	2.08	Fencon Consulting Engineers supervised the civil works
Construction of the nurses hostel	900	900	100%	80%	23.38	Construction works was 20% behind schedule partly due COVID-19 disruptions
Staff toilet constructed, and staff quarters, kitchen and laundry renovated	120	120	100%	100%	3.12	Outputs achieved
Other structures	171	171	3	3	4.44	The medical records were renovated and remodelled; the adolescent area was fenced off, while the attendant shelter and kitchen were completed.
Purchase of Specialized Machinery & Equipment	41	41	100%	100%	1.06	Incubators, an Autoclave, phototherapy unit patients' monitors were procured. Office furniture and fixture were procured
Procurement of assorted medical equipment	110	110	100%	100%	2.86	Incubators, Autoclaves, pulse oximeters, patient monitor and other assorted equipped were procured and installed.
Programme Performance (Outputs)					97.67	Very Good output performance
Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks
% increase of specialized clinic outpatients attendances			15%	100%	100	Achieved
% increase of diagnostic investigations carried			15.80%	-0.19	-19.6	Declined in performance
Bed occupancy rate			80%	42%	52.5	Target missed
Programme Performance (Outcomes)					51	Poor outcome performance
Overall Programme Performance					82.1	Good performance

Source: Field Finding



3.10.7 Vote: 169- Masaka Regional Referral Hospital

Background

The hospital implements three sub-programmes, namely: Masaka Referral Hospital Services (Sub-programme one); Masaka Referral Hospital Internal Audit (Sub-programme two); and Masaka Rehabilitation of Regional Referral Project (1004).

The annual monitoring focused on Masaka Referral Hospital Services and Masaka Rehabilitation Referral Project (1004) sub programmes. Planned outputs for FY 2019/20 are highlighted in table 3.19.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 9.184bn, of which Ug shs 8.9bn (96.9%) was released and Ug shs 8.88bn (99.7%) spent by end of the FY.

Overall, physical performance of the hospital was good at 76%. The hospital met targets for inpatient services, outpatient, immunisation and prevention and rehabilitation services. Targets for diagnostic services were however not met due to absence of some reagents in part, and setting of the target too high during the planning process. Construction of the Maternity and Children's Ward Complex was four years behind schedule. Detailed performance by sub-programmes is highlighted hereafter.

Masaka Referral Hospital Services (Sub-Programme one): The sub-programme was allocated Ug shs 7.43bn, of which Ug shs 7.15bn (96%) was released and Ug shs 7.14bn (99.86%) spent by end of the FY. The overall performance of the sub-programme was good at 82% with outpatient services, prevention services and immunisation services achieving their targets. Diagnostic services did not achieve their targets mainly due to absence of some reagents and setting of very high targets due to poor planning.

The outpatient services performed good at 85% while the diagnostic services performed poorly at 31%. The inadequate supply of laboratory reagents, breakdown of the cell blood count machine, and closure of the X-ray Unit due to radiation leakages in quarter one FY 2019/20 contributed enormously to the poor performance of diagnostic services. In addition, targets for the output were set too high.

Masaka Rehabilitation Referral (Project 1004): In FY2019/20, the sub-programme was allocated Ug shs 2.06bn, all of which was released and spent by end of the FY. The hospital planned to complete the Maternity and Children Ward Complex, procure and install solar inverter power back up system with automatic changing system, procure and install the incinerator. The overall performance of the sub-programme was very good at 95% of the set targets.

Construction of the Maternity Ward was 93% complete and was four years behind schedule. M/s Joadah Consult supervised the Complex, it had been roofed, inside plastering, carpentry works and brick works were complete. Ongoing works were terrazzo and tiling works at level two.

The hospital procured and installed solar power inverters in critical units like Accident and Emergency, Operating Theatre, and Private Wing among others from St. Jude Electrical and Medical Equipment Limited.

The hospital deferred procurement and installation of the incinerator after the Centre for Disease Control (CDC) donated one through the Rakai Health Services Program. The hospital therefore re-prioritised the funds towards fencing, construction of walkway from the hospital to the incinerator and procurement of an industrial 50kg laundry washing, dryer and pressing machine. The hospital also procured assorted



medical equipment including 10 patient monitor, six ECG and five infusion pumps.

Table 3.19: Performance of Masaka RRH by 30th June 2020

Subprogram	Output	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks	
Masaka Regional Referral Hospital Services	Inpatient Services	2,251.019	1,436.881	37,140	34,217	38.24	Target achieved	
	Outpatient Services	199.522	199.521	214,500	183,610	2.90	target not achieved	
	Diagnostics Services	109	109	418,600	131,513	0.58	Target not achieved	
	Prevention and rehabilitation services	49.872	49.871	19,543	21,917	0.85	Target achieved	
	Immunization	19.380	19.380	40,100	43,182	0.33	Target achieved	
	Medicines and health supplies procured and dispensed	1,200	1,200	100%	100%	20.38	Target Achieved	
Rehabilitation RRH (Project 1004)	Maternity and Children's Complex supervised	30	30	100%	93%	0.46	Target not achieved	
	Maternity and Children's Complex completed	1,570	1,570	100%	93%	24.00	Target not achieved	
	Incinerator procured and installed	400	400	100%	100%	6.79	Supported by CDC and funds reprioritized	
	Inverters for power back up procured and installed	58	58	1.0	1.0	0.99	Target achieved	
Programme Performance (Outputs)						95.52		
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remark	
	Bed occupancy rate			85%	70%	82	Target not achieved	
	% increase of specialized clinic outpatients attendances			10%	0%	0	There was no change relative to FY2018/19	
	Programme Performance (Outcomes)						41	
	Overall Programme Performance						76	Good performance

Source: Field findings and IFMS

3.10.8: Vote 170 - Mbale Regional Referral Hospital

Background

The hospital implemented five Sub-programmes, namely: Mbale Referral Hospital Services (Sub-programme one); Mbale Referral Hospital Internal Audit (Sub-programme two); Mbale Regional Maintenance (Sub-programme three); Mbale Rehabilitation Referral Hospital (Project 1004); and Institutional Support to Mbale Regional Referral Hospital (Project 1478). Annual monitoring focused on Mbale Referral Hospital, Project 1004 and 1478.



The hospital planned to implement one outcome indicator which was to increase specialised outpatient attendances by 5%. The planned outputs for FY 2019/20 are highlighted in table 3.20.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 14.55bn, of which Ug shs 13.54bn (93%) was released and Ug shs 13.35bn (91%) spent by 30th June 2020. The hospital registered poor performance (40%). There was a 58% decline under specialised outpatient attendances. Although the hospital's plan was silent on the plan for the outcome indicator for FY2019/20, a 31% decline in terms of diagnostic investigations was noted.

The hospital undertook 229,995 diagnostic investigations in FY2018/19, however, it declined to 157,180 were done during the period under review. This performance was attributed to COVID-19 which affected movement of patients, lack of reagents and frequent breakdown of equipment including the Complete Blood Count (CBC) machine.

In terms of output targets, the weighted hospital performance on outputs was fair (62%). Works on the Surgical Complex were at 18% since FY2017/18. Medical services registered very good performance with immunisation at 97%, laboratory tests at 95%, and inpatient attendances at 88%, however, prevention and rehabilitation services recorded poor performance at 46%. Detailed performance highlighted in the table 3.20.

Mbale Referral Hospital Services (Sub-programme one)

The sub-programme is comprised of outputs under inpatient, outpatient, diagnostic, prevention and rehabilitation services. The sub-programme was allocated Ug shs 11.11bn, of which Ug shs 10.34bn (93%) was released and Ug shs 9.99bn (89.9%) spent by end of FY2019/20. The hospital did not achieve all the planned targets during the FY.

Inpatient service attendances were achieved at 88% with 5,127 major and minor surgeries; Outpatient attendances at 77%, the hospital attended to more general outpatients (65,207) than those planned under specialised clinics (19,213); Diagnostic investigations and immunisation at 96% respectively. The hospital undertook 98% of the planned x-rays and 93%ultra sound scans. Only 46% of the targets under prevention and rehabilitation services were achieved. A total of 3,593 out of 5,600 (64%) women under the antenatal services, and 1,063 out of 1,600 (66%) family planning contacts were attended to.



Surgical Complex under construction at Mbale RRH

Mbale Rehabilitation Referral Hospital (Project 1004): The project was allocated Ug shs 2bn for FY 2019/20, which was 100% released and spent. Expenditures were on one output (Surgical Complex completed). The hospital prioritised completion of the second floor suspended slab, flame for columns and casting third floor slab.

By 30th June 2020, the hospital had successfully terminated the first contracts and signed another contract with M/s Zhogmei Engineering Group Ltd on 17th April 2020. The new contract sum was Ug shs 6.1bn and expected to be completed



within three years. M/s Fencon Consulting Engineering Ltd was contracted to supervise works at a sum of Ug shs 560 million.

The scope of works involved finishing the structural frame up to roofing level. General finishes, painting, plastering, mechanical and electrical works will be considered in Phase three estimated at Ug shs 11bn. Construction works were ongoing, works on casting the slab for the second floor had commenced. The contractor had achieved 8% physical progress. Cumulatively, physical progress was estimated at 25% by 30th June 2020. The new contractor had mobilised both materials and workers onsite.

Mbale Surgical Complex Project (2016-2020)

The first contract was signed in FY2015/16 with Global Networks Limited at a sum of Ug shs 20.7bn and approximately 5% (Ug shs 930million) of the contract sum covered preliminaries. This covered payments like a monthly salary of the project manager of Ug shs 10million yet M/s Fencon Consulting Engineers together with Joadah Consult were also contracted to do the same at Ug shs 1.8bn.

The contract stalled at 18.6% for two FYs (FY 2017/18 and 2018/19) against total payment of Ug shs 8bn (40%) and terminated in FY 2019/20. The hospital however recovered Ug shs 1bn from cashing the Performance Guarantee submitted by M/s Global Networks Ltd. Another contract worth Ug shs 6.1bn was signed between the hospital and M/s Zhogmei Engineering Group Ltd in FY2019/20. It is estimated that completion works will cost Ug shs 11bn.

This means that works on the Surgical Complex will cost a minimum of Ug shs 25bn. The project has therefore registered cost and time overruns. Only Ug shs 550million was allocated towards project implementation in the coming FY2020/21. This is expected to affect project implementation and will therefore not be completed as scheduled.

- The MoH should invest in capacity building of all planners in the health sector to avoid planning and budgeting beyond medium term allocations.
- The MoH should fasttrack the decision to complete works at various hospitals in a phased manner starting from those likely to attract interest, cost and time overruns.

Institutional Support to Mbale Regional Referral Hospital (Project 1478): The project was allocated Ug shs 1.06bn, which was 100% released and Ug shs 850million (80%) spent by end of FY 2019/20. Expenditures were on completion of stores and registry, purchase of medical equipment and asbestos sheets replaced on 20 units of staff quarters.

Planned outputs are highlighted in table 3.20. In terms of progress, the asbestos sheets on the 18-unit staff quarters were replaced by M/s Bilime Construction Limited at a sum of Ug shs 309 million. Construction started in January 2020, physical and financial progress was at 100%, and the facility was in use.

The stores and registry were completed and in use. The hospital also procured assorted medical equipment at Ug shs 200million. This included a mortuary fridge, autoclave (for 80 liters), hospital beds and mattresses, 10 plastic water tanks of 10,000litre capacity.

**Table 3.20: Performance of Mbale Regional Referral Hospital by 30th June 2020**

Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
2nd floor suspended slab done. Flame for columns done. Casting for third floor slab done	2,000	2,000	100%	14%	6.60	Works commenced in May 2020
Asbestos sheets replaced on 20 Units of staff quarters.	200	200	100%	100%	4.71	Completed and in occupied
Stores and registry completed and equipped	550	550	100%	95%	12.31	Completed and in use
Equipment procured	308	308	100%	100%	7.26	Achieved.
Diagnostic services provided	159	159	164,400	157,180	3.59	Lack of reagents and equipment breakdown affected the output
Inpatient services provided	475	475	68,000	60,062	9.90	Target not achieved
Outpatient services provided	369	369	110,000	84,420	6.68	Target not achieved
Prevention and rehabilitation services. provided	62	62	70,000	32,392	0.68	Target not achieved
Immunisation	119	119	33,220	14%	2.74	Target not achieved
Programme Performance (Outputs)				59.27		Fair output performance
Outcome Indicator	Annual Target		Achieved	Outcome Performance (%)		
% increase in specialized outpatient attendances	5		(58)	0.00		Decline in performance
Overall Programme Performance				38.52		Poor Performance

Source: IFMS, PBS, Field findings

3.10.9: Vote 171: Soroti Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Soroti Referral Hospital Services (Sub-programme one); Soroti Referral Hospital Internal Audit (Sub Programme two); Soroti Regional Maintenance (Sub-programme three); Institutional Support to Soroti Regional Referral Hospital (1471); and Rehabilitation of Regional Referral Hospital (Project 1004). Annual monitoring focused on Sub-programme one, Project 1004 and 1471.

The hospital planned to achieve the following outcome indicators: 8% increase in specialised outpatient attendances; 8% increase in diagnostic investigations carried out, and 93% bed occupancy rate. The planned outputs for FY 2019/20, are highlighted in table 3.21.

Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 8.4bn, of which Ug shs 8bn (95%) was released and Ug shs 7.8bn (98%) spent by 30th June 2020. Expenditures were mainly on wage 51%, non-wage operations at 35%, and 15% on development outputs including rehabilitation works on the interns' mess, procurement of assorted medical equipment and furniture.

Overall, the hospital's performance was fair at 50%. It achieved two of the three planned outcome indicators. These were an increment in specialised outpatient attendances by 16% and 87% bed occupancy



rate. The hospital however registered a 25% decline in undertaking diagnostic investigations.

In terms of outputs, the hospital registered very good performance at 84%. All the development outputs were substantially achieved, while fair performance was recorded in the outpatients and diagnostics department. Prevention and rehabilitation services registered 131%. Poor performance was however recorded under immunisation at 42%. Detailed performance by sub-programme was as follows:

Soroti Regional Referral Hospital Services: The sub-programme was allocated Ug shs 7.5bn, of which Ug shs 6.9bn (92%) was released and Ug shs 6.6bn (96%) spent by 30th June 2020. Inpatient services were achieved at 72% with 2,752 minor and major operations. The hospital registered 86% attendances to specialised cases and 50% general OPD attendances. Fair performance (61%) was achieved in attainment of diagnostic investigations like laboratory investigations.

The hospital did not achieve its X-rays and Ultrasounds targets. The X-ray machine broke down in November 2019 and was not repaired by June 2020. The hospital recorded very good performance under prevention and rehabilitation outputs at 131%, a total of 3,388 Physiotherapy outpatients and 5,518 antenatal cases were handled by 30th June 2020.

Soroti Rehabilitation of Regional Referral Hospital (Project 1004): The project allocation for FY 2019/20 was Ug shs 1.3bn, which was 100% released and spent by 30th June 2020.

Interns' mess renovation and works on the hospital plumbing: The contract to renovate the plumbing system in the hospital/mess was awarded to Angatel Investments Limited at a sum of Ug shs 92million. Works started on 8th August 2019 and were completed on 19th November 2019. The hospital renovated two houses instead of the planned 10 due to inadequate funds. The hospital also paid retention worth Ug shs 246million to M/s Nicole Associates Limited on 23rd June 2020 for completion of the 24unit staff houses at the hospital.

Medical ward, main operating theater, psychiatry and private wing rehabilitated (other structures): Works were completed by 16th June 2020 at a sum of Ug shs 153million by M/s Sitetech Uganda Limited.



Newly Procured Dental Chair at Soroti RRH

Institutional support to Soroti Regional Referral Hospital (Project 1471): The hospital was allocated a total of Ug shs 138million, which was 100% released and spent by 30th June 2020. The planned outputs are highlighted in table 3.21. All the planned outputs were achieved by 100%. These were:

Office and residential furniture and fittings procured: These were procured by M/s Sitetech Uganda Limited. They included visitors' chairs, woolen carpet, filing cabinets, bookshelf and reading tables, sofa sets, long tables among others. The furniture was already in use in various offices. The supplier was paid 100%.

Office Equipment procured: M/s Sitetech (U) Limited on 28th May 2020 supplied a printer at Ug shs 5.6m and a laboratory backup system worth Ug shs 19m. Other equipment procured included a heavy-duty photocopier and a smart UPS.



Assorted medical equipment procured: These were procured from both Medequip Limited and Crown Healthcare (U) Limited. Equipment procured included: a dental chair, refrigerators, patients’ beds, autoclave, patient monitor, skeletal traction kits and assorted diagnostic equipment like BP machines, thermometers, operating table, vaccine refrigerator, diathermy table, retractor abdominal blades for adults and children, forceps, ophthalmic operating microscope, scissors blunts, lens manipulator among others. All the equipment was received by March 2020.

However, part of the release for medical equipment was used to procure medical supplies worth Ug shs 4.4m from JMS. These included: Ampicillin 500mg, water for injection, iv giving sets, amoxicillin, cotton wool, oxytocin, gentamicin, dextrose, gloves among others. This was attributed to stock outs of medical supplies in the hospital.

Table 3.21: Performance of Soroti Regional Referral Hospital during FY 2019/20

Subprogrammes	Out put	Annual Budget (Ug shs)- Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Soroti Rehabilitation Referral Hospital	Interns Mess Renovated and plumbing system	400	400	100%	100%	22.25	Achieved
	Medical Ward, main operating theater, psychiatry and private wing rehabilitated	308	308	100%	80%	13.71	Substantially completed
Institutional Support to Soroti Regional Referral Hospital (Project 1471)	Office and Residential Furniture and Fittings procured	130	130	100%	100%	7.23	Achieved
	Office Equipment procured	30	30	100%	100%	1.67	Achieved
	Assorted Medical Equipment Procured	270	270	100%	100%	15.02	Achieved
Medical Services	Inpatient services procured	243	243	32,000	24,930	10.54	72% of the planned outputs achieved
	Outpatient services procured	165	165	110,000	73,854	6.20	67% targets achieved
	Diagnostic services procured	165	165	199,000	120,666	5.61	61% targets achieved
	Prevention and rehabilitation services procured	41	41	9,000	11,757	2.31	130% achieved
	Childhood Vaccinations given	43	43	21,000	9,002	1.03	43% achieved
Programme Performance						84.53	
Outcome Indicator	Annual Target	Achieved	Outcome Performance (%)	Remarks			
% increase in specialized outpatient attendances	8	16	205	Achieved			
% increase in diagnostic investigations carried out	8	(25)	-313	Decline in performance			
Bed occupancy rate	93	87	93	Achieved			
Overall Vote performance	36	26	50	Fair performance			

Source: IFMS, PBS, Field findings



3.10.10: Vote 172: Lira Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Lira Regional Referral Hospital Services (Sub-programme one); Lira Referral Hospital Internal Audit (Sub-programme two); Lira Regional Maintenance (Sub-programme three) and two development Sub-programmes (Lira Rehabilitation Referral Hospital-Project 1004 and Institutional Support to Lira Regional Referral Services-Project 1477).

Annual monitoring focused on Lira RRH Services Sub-programme and the two development projects (1004 and 1477). Planned outcome indicators for FY 2019/20 were: 3% increase in specialised outpatient attendances and diagnostic investigations registered by 30th June 2020; 85% bed occupancy rate registered. The outputs for the same period are highlighted in table 3.22.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 9.5bn, of which Ug shs 9bn (95%) was released and Ug shs 8.9bn (99%) spent by 30th June 2020.

The hospital registered fair performance at 60%. It surpassed its targets under specialised outpatient attendances by 125%, and recorded a 7.6% decline in diagnostic investigations in the FY2019/20 compared to FY2018/19. The bed occupancy rate was achieved at 72%. Fair performance was recorded on medical outputs under inpatient services and immunisation, while significant progress was made in construction of the staff house, which carried a bulk of the funds (over a billion). Detailed performance by sub-programme is as follows:

Lira Referral Hospital Services: The sub-programme was allocated Ug shs 8bn, of which Ug shs 7.5bn (91%) was released and Ug shs 7.4bn spent by 30th June 2020. The hospital achieved the following under the sub-programme.

Inpatient services were achieved at 63%, the hospital recorded poor performance in relation to major and minor surgeries at 29%, specialised attendances at 61% and 323% outpatient attendances. This indicates that during FY 2019/20 the hospital surpassed its general OPD targets.

Although the hospital registered a decline in the diagnostic outcome indicators, it achieved its annual outputs by 115%. X-rays were achieved 422%, ultra sounds at 110% and laboratory investigations at 113%. The hospital achieved 192,977 investigations inclusive of X-rays and ultra sounds during FY 2018/19, however by end of FY 2019/20, it had attained 178,288 investigations registering a 7.6% decline. Prevention and rehabilitation services achieved 70% of the planned targets while immunisation fair performed at 53%.

Lira Rehabilitation Referral Hospital Project (1004): The project was allocated Ug shs 1.48bn, which was 100% released and spent by 30th June 2020. All the planned development outputs were achieved by over 80%.

Internal, mechanical, electrical, and external works completed for the staff house completed: M/s Block Technical Services undertook works at a cost of Ug shs 2,740,800,855 for a period of 18months ending January 2020. The facility is expected to house more than 16 staff at the hospital. The contractor was on site doing general finishes by September 2020. Cumulatively, the contractor had achieved 98%, however, by 30th June 2020, 90% of the physical works were attained against financial performance of



81%. The facility was plastered, tiled, mechanical and electrical fitting were installed. Pending works included installation of sanitary ware and glassing. The client was satisfied with the quality of works.

Perimeter wall constructed (Phase I): M/s Omegan Jap Enterprises undertook works at a sum of Ug shs 346,652,872 and supervised by Zambe Company Uganda Limited at Ug shs 37.9million. The two contracts were signed on 26th November 2019 and implementation to be undertaken within 12 months (end by 20th March 2020). The contractor had attained 90% of the works. The project enhanced security of both the hospital and patient property. The contractor was paid 97% of the contract sum, while the consultant was paid 78%.

Institutional Support to Lira Regional Referral Hospital (Project 1477): The annual project allocation was Ug shs 138million, which was 100% released and spent. All the planned outputs were procured, delivered and installed by January 2020 (table 3.22 for details). These included: A 75 vertical autoclave and seven sets of solar lights procured from M/s St Jude Electrical and Medical Equipment at 24.7million and 70million respectively.

The hospital also procured 100 mattresses covered with mackintosh from M/s Hadaway Holdings Limited at Ug shs 15million. These were delivered and in use by January 2020. M/s Oyam Construction and Trading Co. Limited at a sum of Ug shs 23.1million supplied water-harvesting equipment. Detailed information highlighted in table 3.22.

Table 3.22: Performance of Lira Regional Referral Hospital by 30th June 2020

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Lira RRH	Staff houses completed	900	900	1	1	34.44	At substantial completion
	Monitoring and Supervision	90	90	1	1	3.44	At substantial completion
	Perimeter wall constructed	360	360	1	1	12.24	Achieved
Project 1477: Institutional Support to Lira RRH	Specialized Machinery & Equipment procured	100	100	1	1	4.25	Achieved
	Mattresses procured	15	15	1	1	0.64	Achieved
	Medical Equipment procured	23	23	1	1	0.98	Achieved
Medical Services	Inpatient services Provided	579	579	38,243	24,165	15.56	Under performed
	Outpatient services Provided	79	79	244,419	222,831	3.06	Target not achieved
	Diagnostic services Provided	71	71	154,582	178,288	3.02	Surpassed the target
	Prevention and rehabilitation services Provided	100	100	14,561	10,312	3.01	Target not achieved
	Immunisation services Provided	35	35	43,283	23,251	0.80	Under performed
Programme Performance (Outputs)						81.44	Good performance
Outcome Indicator		Annual Target	Achieved	Outcome Performance (%)	Remarks		



% increase in specialized outpatient attendances	3	4	125	Very Good Performance
% increase in diagnostic investigations carried out	3	(8)	(253)	Decline in performance
Bed occupancy rate	85	72	85	Very Good Performance
Total Outcome performance	91	68		
Average Outcome performance	61	21		
Overall Vote Performance			60	Fair Performance

Source: IFMS, PBS, Field findings

3.10.11 Vote: 173- Mbarara Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Mbarara Referral Hospital Services (Sub-programme one); Mbarara Referral Hospital Internal Audit (Sub-programme two); Mbarara Regional Maintenance Workshop (Sub-programme three) and two development sub programmes: Mbarara Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Mbarara Regional Referral Hospital (Project 1469).

Annual monitoring focused on Mbarara Referral Hospital Services, and the two development sub-programmes. Planned outputs for FY 2019/20 highlighted in table 3.23.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 11.89 bn, of which Ug shs 11.56bn (97.2%) was released and Ug shs 11.06bn (95.7%) spent. The hospital registered good performance (82%). Most of the medical services surpassed set targets achieving over 100% of the annual targets, except for outpatient services which achieved 85.6% of the targets due to the effects of COVID-19. Mbarara Rehabilitation Project (1004) registered good performance at 75.4%, while Institutional Support to Mbarara achieved 100% of their planned targets. Detailed performance by sub-programme is as follows.

Mbarara Referral Hospital Services (Sub-Programme one)

The sub-programme was allocated Ug shs 10.14bn, of which Ug shs 9.81bn (96.7%) was released and Ug shs 9.3bn (94.8%) spent by end of the FY. The hospital surpassed most of its output targets regarding medical services except for outpatient services, which also registered a very good performance at 85.6%.

The OPD services were partly affected by the renovation works on the OPD, and the COVID-19 lockdown effects, including postponement of some specialised clinics due to the need to observe social distancing in the clinics.

Availability of critical and committed staff including Mbarara University lecturers and consultants contributed to the very good performance of medical outputs at the hospital. Inpatient services, diagnostic services, prevention and rehabilitation services, immunisation services surpassed set targets achieving over 100% of the annual targets.

The change in policy, which required mothers to make eight antenatal visits instead of four and closure of the voucher system in lower health facilities where most mothers accessed maternal and child health services contributed to the increased number of hospital deliveries and increased number of children immunised. Deliveries were further improved by the availability of ambulances to transport mothers to



and from the hospital. Family planning contacts also increased due campaigns to involve male partners in child spacing. Prevention and rehabilitative services therefore achieved 112.1% of the planned targets.

Rehabilitation of Mbarara Referral Hospital (Project 1004): The project was allocated Ug shs 1.28bn, of which Ug shs 1.28bn (100%) was released and spent by the end of the FY. The sub-programme performance was fair at 66.7%, with two of the three targets achieved. The key planned output – construction of phase one of staff quarters had not started, however, the hospital procured a consultant who produced the architectural drawings and BoQs for 32 units. Under the sub-programme, the hospital co-funded the construction of the isolation unit with support from USAID.

The construction of the perimeter wall was 90% complete, ongoing works included construction of the gates and installation of solar power, outstanding works included installing the CCTV cameras and final finishes. The works slowed down during the COVID-19 lockdown.

Rehabilitation of the medical ward was 98% complete. The works included terrazzo flooring, painting, replacement of flush door, toilets, laundry, electrical and plumbing works. Renovation of the OPD was completed; the works included electrical, fitted burglar proof, painting and repairs of the doors. Both the OPD and medical ward were in use.

Institutional Support to Mbarara Regional Referral Hospital (Project 1479): The project's allocation for FY2019/20 was Ug shs 400m, all of which was released and spent by the end of the FY. The hospital planned to procure assorted medical equipment including High Dependence Units machines, ventilators, laundry and sterilisation equipment.

By end of the FY, the hospital had procured equipment worth Ug shs 400m and this included: A central monitoring system, temperature probe, patient monitors, lector cardiogram, trolley, bacterial filters, electric ICU bed warmer machines, and central venous catheters kit, films and contrast for the CT scan among others. The hospital also paid for furniture supplied by Ms Kosh-Eve Food dealers in FY2016/17 totaling to Ug shs 7.3m. Detailed performance is highlighted in table 3.23.



L-R: Rehabilitated OPD, Rehabilitated Medical ward and Perimeter wall at Mbarara RRH

**Table 3.23: Performance of Mbarara RRH as at 30th June 2020**

Subprogram	Output/ Subprogramme	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remarks	
Mbarara Regional	Inpatient Services provided	360.82	360.82	30,000	33,826	13.07	Target Achieved	
Referral Hospital Services	Outpatient Services provided	248.86	24,886	168,000	119,847	6.43	Target not achieved	
	Diagnostics Services provided	229	229	115,960	177,932	8.30	Target achieved,	
	Prevention and rehabilitation services provided	177.6	177.6	8,400	16,941	6.43	Target achieved	
	Immunization services provided	65.706	65.706	15800	21593	2.38	Targets achieved	
Rehabilitation of the regional Referral hospitals	Completion of the perimeter wall phase II	300	300	100%	90%	9.78	Target not achieved	
	Renovation of the medical ward, r OPD, and other Civil works in the hospital	378	378	100%	100%	13.70	Target achieved	
	Construction of the four storied 56 unit staff house	600	600	100%	36%	7.85	Not Achieved	
Institutional Support to Mbarara RRH	Purchase of Medical Equipment	400	400	100%	100%	14.49	Target achieved	
Programme Performance (Outputs)						82.44	Good Performance	
Outcome Performance	Outcome Indicator			Annual Target	Achieved	Score (%)	Remarks	
	% increase of specialised clinic outpatients attendances			0.7	-0.220514	-22	Declined in performance	
	% increase of diagnostic investigations carried			0.1	0.062689	63	Target missed	
	Bed occupancy rate			0.85	0.845	99	Target Missed	
	Programme Performance (Outcomes)						54	Fair outcome performance
	Overall Programme Performance						72.5	Good overall performance

Source: Field findings and IFMS

3.10.12 Vote: 174-Mubende Regional Referral Hospital

Background

The hospital implements five sub-programmes, namely: Mubende Referral Hospital Services (Sub-programme one); Mubende Referral Hospital Internal Audit (Sub-programme two); Mubende Regional Maintenance (Sub programme three) and two development sub programmes. These are Mubende Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Mubende Regional Referral Hospital (Project 1469).

The annual monitoring focused on Mubende Referral Hospital Services and the two development sub programmes. Planned outputs for FY 2019/20 are highlighted in table 3.24.



Performance

The hospital was allocated Ug shs 8.269bn, of which Ug shs 8.243bn (99.68%) was released and Ug shs 7.435bn (90.1%) spent by 30th June 2020. Expenditure included payment for construction of the paediatric and surgical ward, supply and installation of solar security lights, construction of covered walkways and supervision of the construction works among others.

The hospital registered good performance at 75.2%, with medical services achieving 92%. Inpatients and outpatients targets were achieved, while the rest of the medical services were not achieved. Poor performance was registered under outcomes, the hospital registered a decline in achievement of the key indicators in relation to last FY. Detailed performance by sub-programme is highlighted in table 3.24.

Mubende Referral Hospital Services (Sub-programme One): Allocation for the sub-programme in FY2019/20 was Ug shs 7.12bn, of which Ug shs 7.09bn (99.5%) was released and Ug shs 6.28bn (88.6%) spent by 30th June 2020. The performance of the sub-programme was very good at 92% with inpatients, outpatients, and diagnostics achieving their set targets. Prevention, rehabilitation and immunisation did not achieve their annual targets.

Mubende Rehabilitation Referral Hospital (Project 1004): The project annual allocation for FY 2019/20, was Ug shs 890million, which was 100% released and spent by end of the FY 2019/20. Expenditures were mainly on works at Surgical and Paediatric Complex, solar security lighting and construction of the covered walkways. The sub-programme achieved all its set targets.

Construction of the covered walkways was completed. The Surgical and Paediatric Complex was behind schedule mainly due to low cash flows from the hospital to the contractor. The project had faced several extensions since commencement on 1st July 2014. It was initially expected to be completed in 18 months, however, this was not achieved and further extended to 23rd February 2021. By end of the FY, the building was at roofing stage.

The project has overstayed and attracted a cost variation of 30% due to changes in cost of inputs. Design changes have also compounded the problem. Costs related to design changes were noted with the latest proposed change to extend the ramp to the fourth floor causing a new variation of at Ug shs 283,493,800.

Drilling of the borehole was also completed in February 2020 and had subsequently reduced the water bills by 25%. However, it was reported that the battery installed cannot store enough power to run the solar pump at night.



Pathology and Paediatric Complex under construction, solar security lights and Submersible bore hole procured and installed at Mubende RRH



Institutional Support to Mubende Regional Referral Hospital (Project 1482)

The project was allocated Ug shs 170million, which was all released and Ug shs 169.798 million spent by 30th June 2020. Expenditures were mainly on supply and installation of solar security lights within the hospital, which was the only planned output. Installation of solar lights was undertaken by M/s Sseka Group of Companies and had improved security and lighting in the hospital. The sub-programme performance was very good, with 88.5% of the set targets achieved. Summarised performance is in table 3.24.

Table 3.24: Performance of Mubende RRH as at 30th June 2020

Sub program	Output	Annual Budget (Ug shs mill)	Cum. Receipt (Ug shs mill)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks	
Mubende Regional referral hospitals services	Inpatient Services services provided	587.111	587.111	16,000	18,523.	29.27	Surpassed target.	
	Outpatient Services services provided	107.580	107.580	102,500	106,239	5.36	Surpassed target	
	Diagnostics Services services provided	55.294	55.294	79,735	79,041	2.73	Achieved but affected by of x-ray films and running ultra sound machine.	
	Prevention and re-habilitation services services provided	150.112	150.112	15,250	12,131	5.95	Target not achieved	
	Immunization services provided	46.044	46.044	35,300	29,128.	1.89	Target not achieved	
Rehabilitation of regional referral hospitals	The Surgical/Pediatric Complex roofed and plastered , walk ways completed	890	890	100%	100%	44.36	Walk ways were completed and roof trusses mounted on the building.	
Institutional support to Mubende regional referral hospital	Solar power installed, and production well drilled and installed with solar power	170	170	100%	100%	8.47	Achieved	
Programme Performance (Outputs)						98.04	Very good output performance	
Outcome Performance	Outcome Indicator			Annual Target (%)	Achieved (%)	Score (%)	Remarks	
	% increase of specialised clinic outpatients attendances			0.05	-0.0037	-37	Declined in performance	
	% increase of diagnostic investigations carried			0.1	-0.1565	-15	Declined in performance	
	Bed occupancy rate			0.7	0.687	98	Target Missed	
	Programme Performance (Outcomes)						33	Poor outcome performance
	Overall Programme Performance						75.2	Good overall performance

Source: Field findings and IFMS



3.11.13: Vote 176: China-Uganda Friendship Referral Hospital (Naguru Hospital)

Background

The hospital implements four sub-programmes, namely: Naguru Referral Hospital Services (Sub-programme one); Naguru Referral Hospital Internal Audit (Sub-programme two); Naguru Rehabilitation Referral Hospital (Project 1004); and Institutional Support to Naguru Regional Referral Hospital (Project 1475).

Annual monitoring focused on Naguru Referral Hospital Services and two development projects (1004 and 1475). Planned outcome indicators for FY2019/20 were: 85% for Bed Occupancy Rate (BOR), 10% increase of specialised clinics outpatients' attendances, and 5% increase in diagnostic investigations carried. Outputs for the same period are highlighted in table 3.25.

Performance

Naguru Referral Hospital Services was allocated Ug shs 9.2bn, of which Ug shs 8.1bn was released and spent by 30th June 2020. Overall, the hospital registered fair performance (55%) of the outcome indicators. It achieved 120% of its targets under Bed Occupancy Rate (BOR) by 120%, however it registered a 33% decline in specialised clinics outpatient attendances, and 5% under diagnostic investigations.

In terms of output performance, the hospital registered very good performance with 84% of the planned outputs achieved. It surpassed its targets for three medical service outputs. Detailed performance by sub-programme is highlighted below:

Naguru Referral Hospital Services: The sub-programme was allocated Ug shs 8.3bn, of which Ug shs 7.3bn (88%) was released and Ug shs 7.2bn (99%) spent by 30th June 2020. The hospital achieved the following under the sub-programme.

Inpatient services at 111%, Prevention and rehabilitation services at 112%, Immunisation at 359%, diagnostic services at 99%, and Outpatient services at 74%. The good performance was attributed to closure of surrounding facilities during the COVID-19 lockdown.

Naguru Rehabilitation Referral Hospital Project (1004): The project was allocated Ug shs 900m, which was 100% released and spent by 30th June 2020. Phase three of the staff house construction was awarded to M/s Happiness Limited at a sum of Ug shs 514m. The contract was signed on 1st November 2019 and expected to end within six months, however this was not achieved. The scope of works involved plastering, installation of windows and doors as well as general finishes. *The contractor was paid for 16 housing units; however, it was established that he had constructed only 12 units. Works were at 80% completion.*

Strategic Plan developed: The contract to undertake establishment of a strategic plan was awarded to M/s Abias Katesigwa Asiimwe on 31st March 2020 at a sum of Ug shs 200m. Works had commenced, however were not completed within the FY due to the requirement to integrate development of the National Ambulance Call Centre into the Hospital Strategic Plan. This was initially not part of the terms of the contract.

Wall fence constructed: Construction of the 1.23-acre wall fence contract was awarded to M/s Mercy Commercial Agencies Ltd at Ug shs 100m on 30th December 2019. Works included excavation of wall



trenches for wall foundation, ground beam and substructure. The works had commenced and achieved 80% physical progress.

Master Plan for expansion and rehabilitation of Naguru National Trauma Centre: The contract was awarded to M/s ACE Policy Research Institute at Ug shs 198m. The plan was completed and submitted to hospital management for approval.

Institutional Support to Naguru Referral Hospital (Project 1475): The project was allocated Ug shs 155m, which was 100% released and Ug shs 129m (83%) spent. Medical equipment was supplied by M/s Medequip Ltd at a contract sum of Ug shs 49m, of which Ug shs 41m was paid. Equipment procured included: patient trolley stretchers, patient monitor batteries, medicine trolley casters. All the equipment was in use except for the X-ray parts including the lead sheets, protection screen and, doors which were in stores and awaiting approval from the Atomic Energy to be installed and used.

ICT equipment including desktop computer sets, office UPS, laptops, laminators were supplied by Ms Deluxe Computers Enterprises Ltd at Ug shs 40m and Ug shs 38m. All the items were in use.

Table 3.25: Performance of Naguru Regional Referral Hospital by 30th June 2020

Subprogramme	Output/s	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Naguru RRH	Continuation of Staff House construction and Strategic plan developed for 2020/2021-2024/2025	700	700	100%	80%	32.59	Works ongoing
	Perimeter wall at Staff residence constructed	200	200	100%	80%	8.73	Works ongoing
Project 1475: Institutional Support to Naguru RRH	Medical Equipment procured	50	50	100%	90%	2.62	
	Office and ICT Equipment, including Software procured	55	55	100%	100%	2.26	Achieved
	Engineering and Design Studies & Plans for capital	50	49	100%	100%	2.33	Achieved
Medical Services	Inpatient services provided	432	432	19,529	21,811	25.17	Surpassed Target
	Outpatient services provided	98	98	272,218	201,883	4.23	Good performance
	Diagnostic services provided	76	76	150,241	127,204	3.74	Target not achieved
	Prevention and rehabilitation services provided	52	52	31,497	35,485	3.03	Surpassed target
	Immunisation services provided	4	4	10,000	35,936	0.26	Surpassed target
	Programme Performance (Outputs)					84.95	Very good performance
Outcome Performance Analysis							
Outcome Indicator		Annual Target	Achieved	Outcome Performance (%)		Remarks	
Bed Occupancy Rate (BOR)		85%	102	120		Surpassed target	
% increase of specialized clinics outpatients attendances		10%	-33	(330)		Declined in performance	
% increase in diagnostic investigations carried		10%	-5	(104)		Declined in performance	
Average Outcome performance		1	64	(105)			
Overall Performance e		0	21	55		Fair Performance	

Source: IFMS, PBS, Field findings

**3.11.14: Vote 177: Kiruddu Regional Referral Hospital****Background**

The health facility was upgraded to a Regional Referral Hospital in FY2019/20 and it implemented two sub-programmes, namely: Kiruddu Referral Hospital Services (Sub-programme one), and Kiruddu Referral Hospital Internal Audit (Sub-programme two).

Annual monitoring FY 2019/20 focused only on outputs for sub-programme one. This was because the hospital had only attained vote status in July 2019 and therefore did not have baseline data for their planned outcome indicators.³⁴ Planned outputs for FY2019/20 are highlighted in table 3.26.

Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 12bn, of which Ug shs 8.9bn (74%) was released and Ug shs 8bn (89.8%) spent by 30th June. Expenditures were mainly on wage 44.3%, non-wage operations including dialysis consumables and sessions at 56%.

The hospital achieved 98% of the planned outputs. Very good performance was recorded under inpatient services at 104%, outpatient services attendances at 100% and 97% under dialysis services. Diagnostics attained 79%. This was attributed to breakdown of the CT scan, X-ray, shortage of medicines and reagents. Prevention and rehabilitation services including immunisation, health talks, quarterly community engagement meetings, and specialist support supervision were undertaken. Detailed sub-programme performance is highlighted in table 3.26.

Table 3.26: Performance of Kiruddu Regional Referral Hospital as at 30th June 2020

Sub-programmes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	1,880	1,880	20,000	20,893	29.24	Surpassed target
	Outpatient services provided	990	990	91,300	91,330	15.40	Achieved
	Dialysis services provided	3,130	3,130	12,000	11,673	47.35	97% achieved.
	Diagnostic service's provided	120	120	98,600	78,600	1.49	Equipment breakdown affected the output
	Prevention and rehabilitation services provided	270	270	20	20	4.20	Target achieved
	Immunisation services provided	40	40	6,720	22,219	0.62	Surpassed the target (330%) achievement.
Programme Performance (Outputs)						97.67	Very good output Performance

Source: IFMS, PBS, Field findings

Kiruddu is one of the new hospitals in the health sector (opened to the public in FY2015/16), however, a number of snags were not rectified in a satisfactory manner. These included: cracks in both the floor and walls of some sections, paint peel off in some places while some doors had fallen out and beds already broken. The terrazzo floor in some places was vile. The hospital already needs approximately Ug shs 2bn to repair, operate and maintain the facility.

³⁴ Planned outcome indicators for FY 2019/20 were: 3% increase in specialised outpatient attendances; 3% increase and diagnostic investigations registered and 85% Bed occupancy rate registered.



Left: Already cracked floor in the laundry room. Right: Some of the doors that fell off and not replaced at Kiruddu Regional Referral Hospital



L-R: Floor in Laboratory and Radiology Department; Already broken bed at Kiruddu RRH

Challenges affecting Regional Referral Hospitals

- Under staffing partially due to delays in the entire recruitment process. This was partially attributed to delays by RRHs to submit timely recruitment requisitions.
- Lack of specialists affected service delivery and attainment of key outcome targets under specialised clinics. The discrepancy between earnings of hospital-university lecturers and consultants in RRHs attracted many of them out of RRHs.
- Inadequate reagents, X-ray films and frequent break down of diagnostic equipment such as the x-ray, ultra sound and CBC machine affected operations of various hospitals.
- Drug stock-outs partially due to budget limitations, intermittent delivery of medicines by NMS and overprescription by some clinicians.
- Delayed initiation of procurement processes leading to poor absorption and execution of the development budget. Fort Portal RRH had not completed the procurement process for the wall fence in May 2020 just one month to the end of the FY.



- Lack of a development budget for the newly upgraded RRH constrained meeting of the infrastructure development needs in the hospitals.
- Lack of Isolation Units at most of the RRHs. RRHs resorted to use of the Psychiatric Units to isolate COVID-19 patients, thus constraining mental health services. The mental units were noted to be small compared to the surging numbers of COVID-19.

Conclusion

The Regional Referral Hospital Services Programme achieved 60% of its annual targets. Medical services generally performed well except for diagnostics investigations constrained by lack of necessary reagents and frequent breakdown of machines. All hospitals did not achieve their development targets occasioned by delayed procurements. There was a weak link between outputs and outcome performance with majority of the hospitals achieving their output targets and failing to achieve their outcome indicators. Inadequate staff, supplies, medicines, equipment, poor procurement planning and management continued to affect general service delivery of various hospitals.

Recommendations

- The HSC, MoPS and MoH should ensure harmonisation of staff recruitment plans with annual planning, budgeting and implementation tools. Approvals for recruitment should be obtained by February of a given year to enable recruitment and deployment by the beginning of the FY.
- Accounting Officers should adhere to their approved procurement plans and prevail on the PDUs and Heads of Departments that fail to initiate the procurements in a timely manner.
- The MoPS, Cabinet and relevant stakeholders should work towards closing wage differential gaps amongst equally qualified professionals in the medium term for improved service delivery.
- The Accounting Officers of the newly created votes should fasttrack preparation and submission of retooling and development project profiles to MFPED for review and consideration to enhance service delivery.

3.12: Vote: 180- Mulago Specialised Women and Neonatal Hospital

The vote was established in FY2019/20 and its strategic objective is to increase the range and quality of super-specialised maternal and neonatal healthcare services thereby reducing referrals abroad. It is expected to conduct super-specialised training to health workers and promote evidence-based research to guide practice in all areas of reproductive and neonatal health.

The hospital implements Programme 60 (Mulago Specialised Women and Neonatal Hospital Services) and contributes to the improved Quality and Accessible Regional Referral Hospital Services Programme in Uganda. The Programme is composed of two sub-programmes: Management (Sub-programme 01), and Medical Services (Sub-programme 02). The newly established vote did not have baseline outcome indicators.

Performance

The annual planned budget for the hospital was Ug shs 9.4bn, of which Ug shs 13.7bn (146%) was released and Ug shs 13.6bn (99%) spent. The hospital received a supplementary of Ug shs 5bn to cater for the hospital's recurrent activities. Expenditures (50%) were on Human Resources Management



Services including utilities, waste disposal, security and maintenance among others. Approximately 24% on Inpatient services, Outpatient services (12%), Hospital Management and Support services (10%) including payment of salaries to staff. The rest was spent on diagnostic, finance and administration among others.

By 30th June 2020, the hospital had surpassed its targets for FY2019/20 by 100%, thus attaining a very good performance. Inpatient services attained 153%, outpatients at 398%, referrals at 470%, and diagnostics services at 103%. This performance was attributed to increased awareness campaigns and adverts about hospital services to the general public, good services offered to the public and Corporate Social Responsibility activities carried out by the hospital. The hospital carried out a Women's Day Health Camp that attracted over 400 women. Under diagnostics, a total of 5,335 mammography and fluoroscopy were carried out, 10,000 laboratory tests and 1,500 X-rays were also conducted. Detailed performance is highlighted in table 3.27.

Table: 3.27 Performance of Mulago Specialised Women and Neonatal Hospital by 30th June 2020

Subprogrammes	Out put	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	3,294	3,294	2,500	3,840	67.09	Surpassed target.
	Outpatient services provided	1,616	1,616	4,000	15,938	32.91	Surpassed Target
	Diagnostic services (MRI and Laboratory investigations done)	0	442	11,000	11,425	0.93	The output had no allocation at the beginning of the FY, however received Ug shs 442million as part of the supplementary budget
Programme Performance (Outputs)		4,910	5,352	-	-	100.93	Very Good Performance

Source: IFMS, PBS and Field Findings

Service delivery challenges

- Low staffing levels affecting full operationalisation of the hospital. Only four out of ten theatres were operational amidst high demand for the services.
- The COVID-19 pandemic affected access to hospital services in April and May 2020.
- Drug stockouts of specialised medical supplies for critical care medical patients at the hospital.
- Inadequate supply of blood products like platelets key for specialised care.
- High cost of maintaining the hospital in relation to the available budget. Maintenance requirements include the generator, oxygen plants, hospital equipment and machinery.
- Limited operation and maintenance of hospital equipment leading to breakdown and interruptions in service delivery. Two hospital oxygen plants broke down due to lack of service.
- Infrastructure challenges, the hospital faces a number of defects with many joints leaking, thus affecting hospital operation on various floors.
- Lack of adequate staff training to undertake operations in the InVtiro Fertilization (IVF) department.



Recommendations

- The MoPS, MFPED and HSC should ensure that staffing gaps of critical staff are filled to enhance performance of the hospital.
- The MoH and Mulago Specialised Women and Neonatal Hospital should fasttrack development of the policy and guidelines regarding IVF and fertilisation treatment to ensure effective use of the facility.
- The MFPED should prioritise consolidation and maintenance of newly constructed facilities including hospitals through allocation of adequate funds under Operations and Maintenance (O&M).
- The hospital should fast track efforts to collaborate with international experts to undertake Training of Trainers to enable sustainable use of the facility.
- The Mulago Specialised Women and Neonatal Hospital and NMS should ensure that the EMHS and specialist medicines are balanced in both requisitions and deliveries.

3.13: Vote 304: Uganda Virus Research Institute (UVRI)

Background

To enhance health sector competitiveness in the East African region, the NDPII acknowledges the importance of research in development. Strengthening research organisations and institutes like UVRI is key for enhanced innovations, inventions and applications.

In a bid to achieve the NDP II objectives, UVRI implemented one Programme (Virus Research) during the period under review. The main objective of this programme is to conduct scientific investigations on viral and other diseases for prevention, management, and policy and capacity development. This is expected to translate into quality and accessible virus research services in Uganda.

Virus Research Programme is composed of five sub-programmes, namely: UVRI Headquarters (Sub-programme one); UVRI Health Research Services (Sub programme two); UVRI Internal Audit (Sub-programme three). Institutional Support to UVRI (Project 1437) and UVRI Infrastructural Development Project (Project 1442). Annual monitoring of FY 2019/20 focused on Sub-programme two, Project 1437 and 1442.

In FY2019/20, the UVRI planned to achieve two outcome indicators - 25% of research policies and guidelines informed by research, and 50% of the research planned activities undertaken.

In terms of outputs, the institute planned the following: Arbovirology, Emerging and Remerging Disease Research done; Ecology/Zoology Research done; Immunology Research done; General Virology Research done; Internet connectivity and procurement of computers under project 1437; and three staff houses, re-roofed to remove asbestos under Project 1437.

Performance

The programme was allocated Ug shs 9.069bn, which was all released and spent by 30th June 2020. The UVRI achieved 95% of its planned targets. The UVRI undertook 96% of the research planned activities during the FY, some of the research conducted informed policies and guidelines on a number of policies and initiatives. The Measles Rubella Campaign was partially guided by UVRI research, and so were HIV control, treatment, and counselling guidelines among others.



The institute achieved all the outputs planned under the development projects, however, output targets under the research component were not clear and therefore could not be measured. The UVRI was at the centre stage for COVID-19 testing towards the end of FY 2019/20 with over 200,000 samples of COVID-19 tested by 30th June 2020. Detailed performance by sub-programme as follows.

UVRI Health Research Services: The UVRI did not have clear and measurable targets under all the planned research outputs. Actual performance could therefore not be rated. A number of activities outside the planned targets were also implemented under the different research components. For example, under Zoology Research, a number of activities in relation to HIV, and immunisation were undertaken.

Arbovirology, Emerging and Remerging Disease Research done: This involves studies of viruses transmitted by arthropods such as mosquitoes and ticks among others. A number of activities were undertaken during the first three quarters of the FY. These included Surveillance for VHF among samples from Masaka, Kasese and Koboko districts carried out. The UVRI explored species distribution of main arboviral vectors in Western Uganda districts of Kasese and Bundibudyo; Influenza surveillance activities carried out in seven sites of Kiswa, Kitebi, Nsambya, Entebbe, Tororo, FortPortal, and Mbarara hospitals. The UVRI concentrated on testing samples for COVID-19 pandemic in the last quarter of the FY.

Ecology/Zoology Research done: This involves scientific study of animals, animal anatomy, physiology, biochemistry, genetics, evolution, ecology, behavior and conservation among others. The UVRI planned to undertake studies on small animals as reservoirs of viral diseases. It was done together with other activities in relation to HIV, immunisation, and clinical studies.

Immunology Research done: The study of the immune system and a number of activities were undertaken. These included: Collection of samples from all consenting patients for subsequent immune evaluations conducted; Screening of stored specimens for HIV neutralism antibodies and further assessments of immune responses; Recruitment, follow up and evaluation of superinfected HIV infected individuals carried out. Immune response profile to plague, Yellow Fever and other Viral Hemorrhagic Fever (VHF) established; Trainings were conducted on Good Clinical Laboratory Practice (GCLP).

General Virology Research done: This involves the study of viruses and virus-like agents, including (but not limited to) their classification, disease-producing properties, cultivation and genetics. A number of activities were undertaken. These included - Enrollment of RRHs in External Quality Assessment (EQA) scheme for Chemistry and Hematology, and capacity building in HIV testing prevalence and Syphilis. Received 344 samples for patients failing on second-line Antiretroviral Therapy for HIV drug resistance testing; Mentorship provided internal quality control checks prior to performing HIV tests for 178 testers in 52 facilities located in 13 districts in East, Central and West Nile regions; 272 samples were genotyped to check drug resistance mutation to protease inhibitor drugs

UVRI Infrastructural Development Project (Project 1442): The project was allocated Ug shs 2.250bn, which was 100% released and spent by 30th June 2020. Expenditures were to the Conveyor Construction Company Ltd for completion of two staff houses at UVRI.

The project-planned output was removal of asbestos and re-roofing of 42 staff houses at UVRI. The National Environment Management Authority (NEMA) cleared the National Enterprise Corporation (NEC) to remove and dispose-off asbestos from the “*Namibia*” staff houses and re-roof them with iron sheets. The UVRI signed a Ug shs 2.2bn contract with NEC on 17th January 2020 to undertake the works



within six months. Works involved demolitions, brick works, reroofing, ceiling works, installation of new windows and doors, general finishes, plumbing and sewerage system works. The unit cost for renovating each house was Ug shs 107.7million.

By the end of the FY, the contractor was paid 87% of the contract sum and physical progress was 95% of the work done. The client was satisfied with the quality of works, however the contractor had undertaken a number of variations works, which were not yet costed and approved by the client. These included installation of kitchen worktops, wardrobes and water supply tanks in all the houses.



Left: State of the staff houses at UVRI. Right: Newly rehabilitated staff housed at UVRI Entebbe

Institutional Support to UVRI (Project 1437): The project’s annual allocation for FY 2019/20 was Ug shs 30m, which was 100% released and Ug shs 26m (88%) spent by 30th June 2020. The project planned to undertake internet connectivity and procurement of a computer during the FY.

The UVRI signed a contract worth Ug shs 49,962,050 with Ultimate Communications Ltd to undertake connectivity works. The activity was completed by end of quarter two and Bilmart Investments supplied a computer worth Ug shs 4,786,181. Completion of payments to the service provider were mischarged from the main development project budgetline. Detailed performance is indicated in table 3.28.

Table 3.28 Performance of the UVRI by 30th June 2020

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted physical performance	Remarks
Health Research Services	Arbovirology, Emerging and Remerging Disease Research done	244	244	100%		-	Targets not clear
	Ecology / Zoology Research done	244	244	100%		-	Targets not clear
	Immunology Research done	244	244	100%		-	Targets not clear
	General Virology Research done	244	244	100%		-	Targets not clear
Project 1437	Internet connectivity and procurement of computer	30	30	100%	100	1	Target achieved
Project 1442	Three staff houses, re-roofed to remove asbestos.	2,250	2,250	100	95	94	At Substantial completion
Programme Performance (Outputs)						95.07	Very good Performance
Outcome Indicator		Annual Target	Achieved	Score (%)			
Proportion of informed research policy and guidelines.		25	23	92	Achieved		
Proportion of Research planned activities		50	48	96	Achieved		
Overall Programme Performance		75	71	95	Very good performance		

Source: PBS, IFMS, UVRI, Field findings



Implementation challenges

- High cost of equipment maintenance and servicing in relation to available resources.
- Inadequate laboratory space and equipment including a Nitrogen Production Plant estimated at Ug shs 600m. Limited transport to aid collection of samples.
- Limited laboratory reagents.

Conclusion

The UVRI undertook a number of Virus Research initiatives in line with the NDPII interventions, however, the Institute lacked a plan with clear and measurable research targets under various departments. Overlapping of research targets was noted under Zoology and Immunology and Virology. The UVRI achieved its development targets by over 90%. The COVID-19 pandemic affected attainment of several research outputs UVRI geared most of its efforts and budgets towards testing of samples for COVID-19.

Recommendations

- The UVRI Accounting Officer should ensure that their planning section develops plans with clear and measurable targets to enhance monitoring, evaluation and budget tracking.
- The UVRI should prioritise increasing laboratory space under the newly approved development project.
- The MFPED, UVRI, MoH and development partners should prioritise support towards sample collection and testing through allocation of funds to transport equipment and laboratory reagents.

3.14 Primary Health Care at Local Government level

The programme contributes to the sector outcome of “*inclusive and quality health care services*”. The main objective is to offer quality primary health care services to Ugandan population. The programme consists of one sub programme (Health Development).

3.14.1 Health Development- Construction and Rehabilitation (Sub-Programme 1385)

The Inter Fiscal Government Transfer Project commenced in June FY2018/19 at a total project cost of US\$200 million for four years (FY2018/19- FY2021/22). It is jointly funded by GoU and World Bank. The main objective of the sub-programme is to improve quality of health facility infrastructure in all districts with 331 health centers IIs upgraded to HCIIIs starting with 124 in the first year (FY2019/20) and 62 Health Centres in 50 districts and Municipal Councils in the second year (FY2019/20).

In the first year of operation, the scope of works per health facility included construction of a maternity ward, medical and placenta pit, two-stance VIP latrine and in some instances refurbishment of OPDs. The MoH expanded the project scope in the second year to include a staff house at to address the constraints related to accommodation of health workers.

In FY 2019/20, the allocation towards the Health Development Grant was Ug shs 58.9bn, of which Ug shs 56.3bn was released. Expenditure performance varied from 30% to 75% among the monitored LGs.

Annual monitoring focused on 47 districts (94%). Overall, physical performance was fair at 66% achievement of annual targets and the following was established:



- Maintenance of health infrastructure works was at various levels of completion (table 3.30).
- Construction works to upgrade HCII to HCIII in FY2019/20 generally progressed better than those that commenced in FY2018/19. Average performance for works undertaken in FY2019/20 was 65%. Amongst the very good performing districts were Apac at 98%, Omoro and Agago districts at 80% and 85% respectively. The good performers were Moyo and Oyam districts both at 70%, fair performers included Namayingo and Maracha districts at 60% and 66% respectively.
- The average performance for works that commenced during FY2018/19 was 80%. Some stagnated and in some instances contractors abandoned site or progress continued to be slow. These were: Ariba HCII and Atura HCII in Oyam District stalled at 50% physical progress; Arinyapi HCII in Adjumani at 55%; Nalubembe HCII in Kibuku District, Terenboy HCII in Kween, Aweri HCII and Angeta HCII in Alebtong at 50%, as well as Nakatiti HCII in Amolatar District.

Other swere: Katugo HCIII in Luwero, Nyakimasa HCII in Kasese, Kiziba HCIII in Rakai, Ruhoko HCII in Ntungamo Municipality at 80%, Karuruma and Kyamwasha HCII in Ntungamo District at 70%. Mushasha and Engaju HCII in Buhweju at 40%, Kitojo HCII in Sheema Municipality at 75%, Kasheregyenyi HC II in Kabale at 78%, Ntoroko at 60%, Butiaba and Avogera HCII in Bulisa at 60%. The abandonment of site was attributed to limited financial capacity of the contractors to continue with works as they awaited revoting of funds from MFPED. Even after receipt of the funds, construction pace remained slow partly due to COVID-19 travel restrictions and limited capacity of the contractors.



Left: Ongoing construction of the three staff houses and the OPD at Laita HCIII in Agago District. Right: Ongoing works at Cherube HCIII in Maracha District



L-R: Maternity Ward, assisted bathroom/toilet completed in Kabale District for works that commenced in FY2018/19

Table 3.29: Performance of Health Development Sub-Programme by 30th June 2020

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks	Output
PHC	Retention for works at Apac Hospital paid and DHO's office renovated, Apac District.	122	122	100	98	1.16	M/s Robling Engineering Services renovated the DHO's office block at Ug shs 32m, retention of Ug shs 90m was paid for the maternity ward that was renovated at Apac Hospital which was in use.
	Loro and Iceeme HCIIIs upgraded to HCIII, and Agulurude HCIII OPD expanded and reroofed Oyam District	1,424	1,424	100	70	9.62	Agulurude HCIII OPD was expanded and reroofed by M/s Mi Romi General Supply and Contractors Ltd at Ug shs 103m. The structure was completed and in use. The contract to upgrade Loro HCII and Iceeme HCII was awarded to M/s Arindua Contractors. Works at both sites were at 70% completion level, pending works ceiling works, glazing of windows, electrical works, plumbing works, painting and tiling.
	Lwakatomer HCII and Acet HCII upgraded to HCIII in Omoro District	1,338	1,338	100	85	10.98	M/s Zimu Construction Company Ltd constructed both facilities at a sum of Ug shs 635m and Ug shs 634m respectively. Both sites were at 85% completion level. Ug shs 266,7222,721 was returned to Consolidated fund.
	Omot and Layitta HCIIIs upgraded to HCIII, Lirapalwo HCIII renovated, DHO's laptop procured, a pit latrine at Kwonkic HCII constructed and solar at DHO's office in Agago District repaired	1,365	1,365	100	80	10.54	M/s ZIMU Construction Company Ltd was awarded the contract to upgrade Omot HCII and Laita HCII at Ug shs 1.2bn. By 30 th June 2020, physical progress of works was at 60%. Changes in the scope of works was noted at Laita HCII to three staff houses and a smaller OPD compared to the original contract. Ug shs 395m was returned to Consolidated Fund.
	Bugana and Siguru HCII upgraded to HCIII in Namayingo district	1,353	1,353	100	60	3.92	M/s Tono Uganda Ltd was contracted to upgrade both facilities at Ug shs 1.3bn. A 30% advance payment of Ug shs 406,027,745 was made. Physical progress of both sites was at 30%. Works delayed because of the flooding at the Island. Assumption date of completion was October 2020.
	Curube HCII upgraded to HCIII in Maracha district	641	641	100	66	4.09	Ms Ms Aridua Investment Company Ltd upgraded Curube HCII. Works included construction of the ward, twin staff house and a pit latrine. By 30 th June 2020 works were ongoing. The contractor was paid 88% of the contract sum, against 66% of the actual works.
	Aya HCII upgraded to HCIII in Moyo district	487	487	100	70	3.29	M/s Arindua Investment Co (U) Ltd was contracted to upgrade Aya HCII at Ug shs 487m. Works were at 89% as fittings were completed, finalising plastering, and other construction works.
	Kasoozo HCII upgraded in Wakiso District	650	650	100	35	2.19	Ms Muga services Ltd upgraded Kasoozo HCII. Works included construction of the ward, twin staff house and a pit latrine. By 30 th June 2020 works were ongoing. The contractor was paid 56% of the contract sum against 35% of the actual works.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks	Output
	Construction of lined pit latrine at Nakitokolo and Kyengeza HCs. Renovation of senior quarters and staff houses at Nakawuka HCIII and renovation of Kiziba HCIII	195	195	100	95	1.79	All the planned works were completed by 30 th June 2020.
	General ward for Kasana GH constructed in Luwero District	720	720	100	83	5.77	Ms Dala ware U Ltd under took the construction works at Kasana GH. Works included construction of the general ward. By 30 th June 2020 works for the Phase VII were completed. The contractor was paid 99% of the contract sum against 100% of the actual works. The works were observed to be of fair quality
	5 stance pit latrine constructed at Kayenda HCII,Kasozi,Kimoma,Zirobwe and Solar installed at Butuntumula,Bombo,Nyimbwa,Kasozi, Kibenga, Kamira,Sekamuli, and Zirobwe	45	45	100	95	0.42	All the planned works were substantially completed by 30 th June 2020.
	Bwesumbu HCII upgraded to HCIII in Kasese	650	650	100	80	5.02	Ms Mariam and Brothers Trading Co Limited Ltd upgraded Bwesumbu HCII. Works included construction of the ward, twin staff house and a pit latrine. By 30 th June 2020 works were ongoing. The contractor was paid 80% of the contract sum against 75% of the actual works.
	Staff house completed at Kahokya HCII,DHOS office rehabilitated in Kasese District	73	73	100	80	0.57	Works were completed by 30 th June 2020
	DHOS office rehabilitated, Latrine at Kinuka HCII constructed in Lyantonde DLG	40	40	100	95	0.37	Works were completed by 30 th June 2021
	Buramba HCII upgraded to HCIII in Kabale DLG	650	650	100	39	2.45	Ms SAGMA Technical Services Ltd upgraded Buramba HCII. Works included construction of the ward, twin staff house and a pit latrine. By 30 th June 2020 works were ongoing. The contractor was paid 42% of the contract sum against 39% of the actual works.
	Rubaya HCIV renovated in Kabale DLG	300	300	100	62	1.79	Ms Bonnar Company Ltd upgraded Rubaya HCIV. W by 30 th June 2020 works were ongoing. The contractor was paid 57% of the contract sum against 62% of the actual works.
	Works at Kakoomo HCIV completed in Kabale DLG	220	220	100	95	2.02	Ms Geses U Ltd executed the works at Kakomo HCIV. By 30 th June 2020 works were substantially complete. The contractor was paid 95% of the contract sum against 70% of the actual works. The works done were observed to be of poor quality



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks	Output
	Rehabilitation works at various health facilities and construction of Pit latrines in Kabale DLG	37	37	100	97	0.35	Works were completed by 30th June 2021
	DHOS office rehabilitated, Latrine at Butiti HCII constructed in Rakai DLG	49	49	100	95	0.46	Works were completed by 30th June 2021
	Programme Performance (Outputs)	10,364	10,364	-	-	66.77	Good performance

Source: *Field findings FY2019/20*

Implementation challenges

- Delays in timely completion of projects for example cumulatively, only 55 out of 124 health facilities were completed and handed over by 30th June 2020.
- Laxity in commencement of procurement processes and signing of contracts at various districts. Contracts were signed between January and March 2020.
- Failure to prioritise some project components in some districts, for example upgrading of Aya HCII in Moyo District excluded a staff house yet it was considered to be hard to reach area by both the district and health workers.
- Delays in procurement attributed to late initiation of processes, administrative reviews, and delayed signing of contracts led to late commencement of civil works in various districts.
- Poor resource absorption in 70% of districts monitored.
- Limited technical and financial capacity of contractors leading to abandonment, stagnation and slow implementation of UgFIT projects that commenced in FY2018/19 and failure to complete the works that commenced in FY2019/20.
- Inadequate monitoring and supervision of works by district technical and political leadership.

Conclusion

The sub-programme registered fair physical and financial progress. The DLGs registered an improvement in achievement of annual targets from 17% in December 2019 to 66% in June 2020. The improvement was attributed to fairly better contractors obtained to undertake the FY2019/20 works that generally performed better than the ones contracted in FY2018/19. The sub-programme however continues to be constrained by inadequate planning, procurement delays and limitations in capacity of some local contractors. The intervention is expected to go along way in improving access to maternal and child health services in beneficiary districts.



Recommendations

- The MFPED and PPDA should reprimand Accounting officers and project managers that fail to commence procurements as well as signing contracts in a timely manner to avoid the frequent requests to of re-voting of the health development funds.
- The MoH should undertake thorough due diligence on various contractor's contracts to verify their capacity prior to contract awarding.
- The PPDA should develop a data base and also publicize contractors that fail to execute projects in a timely manner.



CHAPTER 4: CORONA VIRUS DISEASE (COVID-19) PREPAREDNESS AND RESPONSE

4.1 Introduction

In Uganda, the first case of the 2019 Coronavirus Disease (COVID-19) was identified on 20th March 2020. This was preceded by a Presidential address on 18th March 2020, where H.E President Yoweri Kaguta Museveni with the approval of Cabinet and the National COVID-19 Taskforce imposed restrictions which included: Closure some of its borders with other countries, schools and all other education institutions, stopped religious gatherings of any form, closed business operations that were categorized as non-essential, imposed travel restrictions both internally and internationally.

In F 2019/20 annual budget monitoring, the BMAU undertook an assessment on performance of the health sector in response to the COVID-19 pandemic in selected treatment centres including Mulago National Referral Hospital, RRHs, some LGs that housed quarantine centres or had Points of Entry.

In total, 90 COVID-19 key informants were interviewed with 13 from the MoH, 36 from LGs, 35 from RRHs, four from Mulago Super Specialised hospital, three from Uganda Virus Research Institute.

This section highlights findings in relation to GoU supplementary allocations to the Health Sector initiatives towards COVID-19 prevention and response in FY 2019/20. The team reviewed expenditure of Ug shs 119bn and contracts for the Ug shs 89bn commitment, which was in the pipeline. The GoU supported activities and contracts executed between March-3rd September 2020 were reviewed.

4.2 Financial Performance

Overall, the budget for the Multi-sectoral COVID-19 Response (March 2020 to June 2021) was Ug shs 2,221,990,315,936. By 30th June 2020, a total of Ug shs 766,732,429,404³⁵ was received and committed towards COVID-19 prevention and response interventions. These funds included Ug shs 386,608,640,216 already disbursed by the GoU to the various sectors, on-budget support by development partners and contributions from individuals and private sector and individuals was committed. This left a gap of Ug shs 1,454,961,814,164.

Expenditure commitment were as follows: Approximately 35% on supply chain management, 15% on health infrastructure, 12% on leadership, coordination and stewardship, 10% on community engagement and social protection, 7% on surveillance and laboratory, as well as logistics and operations respectively. The rest was spent on human resource, case management, and risk communication among others. The MoH disbursed Ug shs 270m to 16 RRHs, while LGs also received direct releases from MoH amounting to Ug shs 165m in response to COVID-19.

By 30th June 2020, the MoH had received and spent a total of Ug shs 264bn from both the GoU and development partners as budget support. Annual physical monitoring and verification focused on GoU allocations to MoH (Ug shs 208bn). The Contingency Emergency Response Component (CERC) by the UMCHIP under section 3.3.1.7 of this report is also discussed here. Table 4.1 indicates allocations to the MoH by source.

35 US\$ 207,224,981 at an exchange rate of Ug shs 3,700

**Table 4.1: COVID-19 On-budget Support and Commitments (Ug shs) to MoH by 30th June 2020**

Source	Received	Pipeline	Total
GOU / MoH	119,188,234,110	89,000,000,000	208,188,234,110
GOU/WB CERC	55,500,000,814	-	55,500,000,814
Islamic Dev't Bank	51,023,000,000	-	51,023,000,000
GFTAM	28,033,934,300	-	28,033,934,300
GAVI	10,418,249,100	-	10,418,249,100
GFTAM C19RM		69,624,983,100	69,624,983,100
GOU / WB UCREPP		56,561,515,200	56,561,515,200
Total	264,163,418,324	215,186,498,300	479,349,916,624

Source: MoH

Planned Interventions: According to the COVID-19 Preparedness and Response Plan (March 2020 -June 2021), the MoH planned a number of interventions under the following pillars. Leadership, Stewardship, Coordination and Oversight provided to all sector players; Surveillance and Laboratory services provided; Case Management at selected facilities; Strategic Information, Research and Innovation (SIRI) undertaken; Risk Communication and Social Mobilization (RCSM) undertaken;

Others were: Community Engagement and Social Protection initiatives undertaken; Logistics; Essential Health Services continued in various facilities; Risk and Hardship allowances paid to surveillance teams and drivers, Airport staff, Points of Entry staff and case management teams in hospitals. The broad interventions resulted into more specific outputs listed below under the GoU support and the World bank support:

Planned outputs under the GoU support to MoH included: Ambulances procured; Specialised medical equipment including ICU machines procured. Accommodation hired to quarantine abroad returnees and quarantined suspects. Transfers made to RRH treatment centers for case management. Mobile health facilities established at Border Points. Personal Protective Equipment (PPEs) procured and distributed. Non-medical masks procured and distributed. Blood collection materials for UBTS. Test kits procured. Allowances and contract staff salaries paid; Spray pumps procured; Megaphones procured. Operationalisation of testing laboratory at the Boarder points among others.

4.3 Overall performance

The sector registered over 47% recoveries out of the 3,288 confirmed cases by 3rd September 2020; conducted and released over 395,875 sample results, following up over 17,888 contacts, procurement and distribution of 13,455,657 by 4th August 2020. Sensitised Ugandans on Prevention of COVID-19 with support from GoU, private sector and development partners. The sector also operationalised testing laboratories at the boarder points such as Mutukula, Elegu, and Malaba to enhance effectiveness and improve turnaround time.

The World Health Organization (WHO) and Africa Centre for Disease Control (CDC) accredited UVRI as the Regional Reference Laboratory for COVID-19. The Institute had undertaken over 200,000 tests by 27th August 2020. The sector also established and reactivated with support from the development partners' effective surveillance system in the fight against the pandemic



4.4 Detailed Performance by output

Emergency ambulance and boats procured: The planned 38 ambulances were still under procurement. M/s AutoZone Armor Processing Cars L.L.C through M/s City Ambulance Limited was contracted to supply the ambulances at Ug shs 11bn. All funds (100%) were uploaded onto a Letter of Credit at BoU by 30th June 2020. Actual payments to the service provider will be done upon delivery. The initial delivery date was 30th July 2020, this was not achieved by 3rd September 2020 and was further extended to November 2020.

Specialised machinery and equipment procured: The MoH was allocated a supplementary of Ug shs 42.3bn for procurement and installation of emergency Intensive Care Unit (ICU) equipment in RRHs. A number of contracts were signed in this regard. These were:

- M/S Elsmeed EA Ltd was contracted to supply equipment worth Ug shs 26bn on 18th June 2020. Initial deliveries were expected in August 2020, however due to high demand of the same equipment internationally, delivery period was extended to December 2020. The supplier was expected to supply 1,553 units of equipment to 17 rrhs. these included; defibrillators, suction and infusion pumps, nebulizers, mobile X-rays, oxygen concentrators, weighing scales, portable ultrasounds, patient trolleys, ventilators, ICU beds among others.
- The second contract was signed between MoH and Joint Medical Stores (JMS) to procure ICU equipment worth Ug shs 10.5bn on 24th May 2020. The JMS was expected to deliver 388 pieces of ICU equipment comprised of 28% ventilators, 25% patient monitors, 24% oxygen therapy apparatus while the rest (22%) were ICU beds. The equipment was expected to be delivered in six weeks. This was not achieved within the contract period. However, by 2nd September 2020, the JMS had delivered equipment to only six hospitals - Naguru, Entebbe, Jinja, Mbale, Lacor and Lira. Deliveries and installations were expected to be completed by December 2020. *It was noted that some hospitals like Gulu and Arua did not have adequate space for the ICU equipment.*
- In total, two contracts to supply 145 ventilators, 143 ICU beds, 137 patient monitors, and 150 oxygen therapy apparatus to various hospitals were signed. Regional disparities were noted in terms of the ICU equipment under procurement. RRHs in central will receive more equipment at 34%, while those in the North, West Nile, Karamoja will share 26%, RRHs in the West at 25% and only 16% in the East. There is need to harmonise the distribution list for equipment in line with availability, need and regional parity.
- The contract for megaphones worth Ug shs 2.9bn was signed on 11th May 2020. These are meant to ease communication of COVID-19 message within the Parishes and Sub-counties. The MoH bought 108,863 megaphones at a unit cost of Ug shs 230,000 and 43,450 pieces of dry cells at Ug shs at 10,000 each. *The megaphones were delivered on 22nd June 2020, however, districts visited by the monitoring team in July, August upto 3rd September 2020 had not received these items. These included: Oyam, Omoro, Apac, Agago, Gomba and Butambala among others.*

M/s Silver Bucks Pharmacy Ltd was contracted to supply and install oxygen plants for Mulago and Entebbe hospitals at a cost of Ug shs 6.4bn. They were to supply 450 cylinders including regulators, humidifier bottles, and cannula among others. The contract was signed on 6th May 2020, it provided a two-year warranty including spare parts. Although 100% of the invoice value of number R1658/MAY20/01 was paid by 30th June 2020, deliveries and installations had not commenced by September



2020. Notably, the same supplier M/s Silver Bucks Phamarcy installed oxygen plants in 13 RRHs at the same cost three years ago (FY 2016/2017³⁶) However, variations in capacity were noted with the contractor providing two plants with a capacity of approximately five plants. These are; Mulago Hospital plant at 125 cubic meters per hour translating into capacity of approximately four RRHs plus Entebbe of 16cubic meters per hour.

Furniture and Fixtures procured: The MoH signed three contracts with M/s JMS worth Ug shs 1.3bn to supply 1,000 beds and mattresses, 2,000 blankets and 2,000 bed sheets and (Ug shs 1bn, Ug shs 282m and Ug shs 103m respectively). The unit cost of each bed was Ug shs 890,000 and 119,491 for a mattress covered with PVC. The JMS supplied 2,000 single size bed sheets at a cost of Ug shs 51,500 each on 23rd June 2020. M/s Global Center Limited also supplied 2,000 single size bed sheets with each costing Ug shs 51,500. Deliveries were made on 23rd June 2020 and a total of Ug shs 103m paid to the supplier. All the beds and mattresses were reportedly delivered. The monitoring team verified delivery of only 331 beds and mattresses.

The Monitoring team visited Namboole Quarantine Centre on 3rd September 2020 and found the facility under renovation by the Catholic Relief Services (CRS), all beds were reportedly moved back to Mulago Hospital save for the three broken ones that remained behind. A visit to Mulago Hospital Treatment Centre on the same date indicated that 290 beds were received in August 2020. The hospital acknowledged receipt of 108 mattresses which were not commensurate to the beds provided. It also got one TATA pickup, 64 cylinders with 50 regulators, support towards waste management, cleaning, and security services, health workers, Ug shs 206m and an assortment of medical supplies including PPEs. The hospital had not received any blankets and spray pumps by the time of monitoring

20 sleeper tents procured: Sleeper tents worth Ug shs 3.8bn were procured from M/s Lumious Uganda Limited. Each of the 100 capacity tents was procured at a sum of Ug shs 163m. Although the contract stipulated 20 tents, only 13 were delivered and installed at Namboole by time of monitoring on 3rd September 2020.

All the tents were reportedly blown by the wind upon a heavy storm since they couldnot be supported by the stadium turf. They were all folded and stored within the stadium, a verification assesement on the capacity of the tents was done and discussions in relation to moving the tents to other treatment centres/ RRHs were underway. Interactions with users and MoH technical engineers indicated that thourough needs assesement and technical consultations were not effectively done.



Some of the beds delivered at Mulago Hospital in August 2020



Some of the broken beds delivered by JMS at Namboole Case Management Center

36 Contract of US\$ 1,800,347 between Silver Bucks Phamarcy and Naguru Hosital, this translated into Ug shs 6.0bn at a then going exchange rate of Ug shs 3,370



The Ug shs 3.8 bn sleeper tents folded and stored at Namboole Stadium

ICT and equipment including software procured: The MoH renewed the Anti-Virus Licenses for 450 users from Tech Man Computer Solutions Limited on 28th May 2020. Five desktop computers were procured from M/s Kamage Enterprises Limited at Ug shs 24.3m. ICT equipment was also procured for Points of Entry at boarder facilities by Nutu Investments Limited. Development of E-card for fleet management was also done. Mutukula and Katuna Points of Entry confirmed receipt of ICT supplies from the MoH.

Mobile Health Facilities established at Border Points: M/s Modula House Engineering and Construction Company Limited was contracted to establish fabricated health facilities at selected border points at a sum of Ug shs 7.5bn. These were: Elegu, Malaba, Mirama Hills, Mutukula, Katuna and, Mpondwe. Each facility was estimated to cost Ug shs 533m. The scope of works involved: Pre cast reinforced concrete placed on situ concrete foundation slab. Partitioned using concrete block walls, roofed with iron sheets. Installation of aluminum windows and doors including internal wooden doors. The facilities were expected to have a laboratory and a staff house.

A lumpsum contract was signed works expected to begin 14 days upon contract signature on 16th June 2020 and end by 16th September 2020. However, by September 2020, the contractor had fabricated 50% of the mobile facilities required. They could not install any of the fabricated facilities for lack of land at the designated places. Confirmation of land availability was not done prior to contract signature leading to resource (time) overruns. Equipment and human resource to run these facilities was also not planned for. An explicit plan for both items could not be traced by time of monitoring.

Accommodation hired to quarantine abroad returnees and COVID-19 suspects: The MoH had accommodated over 2,500 COVID-19 suspects and returnees in various institutions by time of Monitoring in August 2020. The institutions included: Fisheries Training Institute, Dairy Development Authority (DDA) Training Institute, Institute of Surveys and Land Management, and National Metrological Training School among others. Others were accommodated at hotels like Grand Global Hotel Ltd, Central INN Hotel Ltd, Emburara Safari Limited trading as Nyumbani Hotel, and Kirigime Guest House among others.

Although there was a guideline that travelers from abroad should cater for their accommodation costs, the MoH incurred costs for a number of people. The MoH noted that the decision was reached upon receipt of clearance from Cabinet to pay for all Ugandans under quarantine. The selection criteria regarding the beneficiaries of this service in relation to the type, category and cost of accommodation facility hotel remained unclear. The cost of accommodating some Ugandans ranged from Ug shs 60,000 to Ug shs 250,000.



The MoH paid M/s Kirigime Guest House over Ug shs 170m for quarantine services rendered to 86 travellers. The cost per room at Kigirme Guest House was Ug shs 60,000 exclusive of meals of Ug shs 50,000 (breakfast and evening tea at Ug shs 10,000 respectively; lunch and dinner at Ug shs 40,000). However, other districts with Points of Entry (POE) did not receive such services; they were guided to accommodate returnees and suspects in schools among other facilities. The reasons for the selection criteria for POE districts like Kabale that received such support also remained unsatisfactory, evidence from monitoring indicated that Kabale District also had a nursing school, which was later utilised for the same.

Transfers made to RRH treatment centers for Case Management: A total of Ug shs 4,088,640,000 was transferred to 16 RRHs for COVID-19 case management. Each hospital received Ug shs 270,000,000 except for Entebbe RRH that received an additional allocation of Ug shs 38m to cater for food and risk allowances of health workers, their total allocation was therefore Ug shs 308.6m. By the end of August 2020, Entebbe Hospital had registered more COVID-19 cases followed by Gulu Hospital. Entebbe discharged more patients compared to the rest of the hospitals. Masaka RRHs recorded the highest recoveries at 94%, Gulu at 90%, while Hoima had the lowest recovery rates at 32%. Table 4.2 highlights performance of hospitals in Case Management of COVID-19.

Inefficiency in utilisation of COVID-19 funds by RRHs characterised by varying unit costs of food served to the patients, mischarges, lack of accountabilities, duplicated activity reports, doubtful burials of COVID-19 cases, and domestic arrears for hospitals like Gulu and Arua among others were noted. By 17th August 2020, Arua RRH had accumulated arrears of Ug shs 278m on food, refreshments, allowance, and accommodation of health workers.

Arua RRH hired M/s Family Investment Uganda Limited, dealers in phone selling, phone charging MTN services, construction, revenue collection, whole sale and deport services to undertake patient referrals, collection of suspects, trace contracts. Details of procurement of ABS firm could not be traced by 17th August 2020.

Lack of receipts and unclear accountabilities with expenditures on coordination activities lacking supporting documents in relation to number of days and cadres of health workers paid for Gulu RRH were noted.

Table 4.2: Performance of the N&RRHs in COVID-19 Case Management March-August 2020

Date	Hospital	Budget	COVID 19 Cases Handled	Number Discharged	% Performance	
12/8/2020	Mbale	270 Million	146	106	76	
21/8/2020	Gulu		209	189	90.4	
24/8/2020	Jinja		103	80	78	
25/8/2020	Soroti		39	33	85	
26/8/2020	Lira		85	67	79	
19/8/2020	Fort portal		13	7	53	
12/8/2020	Hoima		68	22	32	
17/8/2020	Kabale		56	49	87	
25/8/2020	Masaka		85	80	94	
26/8/2020	Mbarara		58	39	67	
27/8/2020	Entebbe		308 Million	332	199	60
3/9/2020	Mulago NRH		206million (Received 1 st Sept 2020)	1,037	614	59

Source: Field Findings



Meals provided for quarantined individuals, COVID-19 suspects and patients: Special meals and drinks were allocated a supplementary of Ug shs 4.3bn. The MoH contracted M/s Keba Investments Limited to provide food for the National Taskforce, quarantine and treatment centers through a framework contract. The terms of the contract included provision of breakfast at Ug shs 5,000; lunch and dinner at Ug shs 20,000 respectively.

The contractor provided food for quarantined people and health workers at Entebbe RRH, MoH Call Centre, Fisheries Training Institute, DDA Training Institute, National Meteorological Training School, Institute of Surveys and Land Management among others. M/s Keba also provided meals and breakfast to the National Taskforce at Ug shs 18,000 and Ug shs 6,000 respectively. By 25th June, 2020 the contractor had issued invoices for food worth over Ug shs 3.3bn.

Variances as a result of miscalculations and omissions on the side of service providers were noted. For example, MoH commissioned KPMG to undertake an audit and it established a variance of over Ug shs 65m in relation to catering services offered by M/s Keba Investments Ltd in May 2020. Payments were therefore made in relation to the audit recommendations.

The unit cost of food varied greatly, for example in Arua RRH, meals for COVID-19 patients cost a Ug shs 62,000, Ug shs 15,000 in Jinja, while Ms Keba provided food to Entebbe RRH, selected quarantine and treatment centers at Ug shs 45,000. It was also established in some cases it went as high at Ug shs 105,000 in Kampala (The Grand Global Hotel) for quarantined COVID-19 suspects.

In terms of beneficiary satisfaction, a number of the discharged patients appreciated the special meals provided by the MoH, however, others complained about adequacy and lack of Vitamin C foods like fruits on the menu to recuperate faster and leave space for other patients.

Personal Protective Equipment (PPEs) procured and distributed: Contracts worth Ug shs 3.9bn³⁷ were signed in May 2020 with various service providers to provide PPEs. By September 2020, the items were procured and delivered. Service providers included: NMS, Joint Medical Stores (JMS) at Ug shs 2.3bn, SA Field Industrial Logistics at Ug shs 136.3m, and N2M Company Ltd at Ug shs 1.5bn.

The contract to supply PPEs (Examination gloves and protective goggles) by SA Field Industrial Logistics



Some of the PPEs worn by health workers at Soroti RRH to disinfect a truck

was signed on 06th May 2020. However, review of the contract document indicated that there was no witness to contract signature. Errors in expression of the contract currency were also noted.

N2M Company Ltd delivered 3,200 surgical masks, each packet containing 50 masks at Ug shs 247,343 translating into Ug shs 4,946 per mask in March 2020. Review of the contract document indicated that there were no witnesses to the contract signed.

Variaitions between GoU procurements and those supported by development partners were noted. The MoH procured 1,000 packets of N95 masks (each packet had 20 masks) at a sum of Ug shs 413m from JMS. This translated into a unit cost of Ug shs 20,650 under the GoU allocation. The MoH signed a

37 Contracts for other PPEs procured under GoU were not reviewed.



contract to procure the same masks (N95) at a unit cost of Ug shs 16,858 and surgical masks at Ug shs 2,409 under Project 0220-Global Fund from the same supplier (JMS) in April 2020. However, due to global shortages and travel restrictions, JMS sought for clearance to procure K95 masks instead of N95, which were relatively cheaper cost of Ug shs 13,690. This increased the supplies by 2,482 packs of 20 masks. The need to harmonise procurements by both GoU and development partners is paramount.

Non-medical masks procured and distributed: The GoU allocated Ug shs 35bn to the MoH to procure and distribute non-medical masks to all people beyond six years in Uganda. On 9th July, 2020, the MoH signed contracts worth Ug shs 32,579,145,600 with various suppliers to produce 11,000,000 masks in various Lots. The contract value has since increased in relation to additional demand requests from MoH to selected service providers. Table 4.3 highlights details of lots, suppliers, contract amounts as well as payments per service provider.

Table 4.3: Contract Details for Non-Medical Masks Procured by the MoH, August 2020

Lot Number	Supplier	Initial Quantity	Revised Mask quantity	Contract Sum	Quantity of Masks Delivered	Actual Paid
Lot 1	Fine Spinners Ltd	3,000,000	8,500,000	20,400,000,000	6,100,000	7,200,000,000
Lot 2	Southern Range Nyanza	3,000,000	7,500,000	18,000,000,000	6,647,064	7,200,000,000
Lot 3	Graphic Systems Ltd	787,065	3,107,065	6,448,956,000	1,248,065	6,448,956,000
Lot 4	Mmacks Investment Ltd	310,464	650,464	1,561,113,600	310,464	1,561,113,600
Lot 5	Big Concepts Ltd	184,800	334,800	600,000,000	136,000	600,000,000
Lot 6	Tenge Collection Limited	155,232	155,232	372,556,800	-	-
Lot 8	Fundi Building Centre	155,232	230,232	552,556,800	155,232	552,556,800
Lot 9	EX-KEN U Ltd	139,524	389,524	1,060,800,000	342,000	460,800,000
Lot 10	Christex Garment Industry	108,108	188,108	451,459,200	108,108	451,459,200
Lot 12	Silk Events Ltd	77,616	117,616	282,278,400	82,616	282,278,400
Lot 15	Ever Green Safaris Ltd	46,200	86,200	206,880,000	33,000	206,880,000
Lot 16	Winfred Fashion Ltd	30,492	130,492	313,180,800	40,492	313,180,800
Lot 18	Youth Save the Nature Uganda Ltd	5,267	35,267	84,640,800	7,267	84,640,800
Lot 20	UIRI	3,000,000	3,000,000	7,200,000,000	761,500	7,200,000,000
	FINE Media		145,500	349,200,000	145,500	
	KCCAs		2,750,000	6,600,000,000		-
	Total	11,000,000	21,425,000	57,534,422,400	16,117,308	25,361,865,600

Source: PDU

Key findings on non-medical masks

- The MoH had distributed 13.4 million masks by 4th August 2020, while a total of 16 million masks had been delivered by 28th August 2020.
- By August 2020, the need for masks had increased from 11 million to 21.4million (190% over the initial plan).
- The increase led to a variation and budget supplementary requirement of over Ug shs 25bn to cover the gap.
- Inadequate planning, prioritisation and budgeting for masks translated into unending requests for supplementary budgets for masks. The initial plan of 11million masks and later 21million is still inadequate to cover the entire population above six years.



Left: Tailoring Works. Right: Already made masks ready for distribution at UIRI, Kampala offices

- The allocation of Ug shs 6.6bn to KCCA to empower women groups to make face masks was a very good initiative, however, the cost-benefit, timeliness and sustainability of the investment needs to come out clearly to avoid short-term and long term losses. Relevant stakeholders should clarify questions related to the mandate of MoH to provide empowerment funds.
- The unit cost of facemasks increased from Ug shs 1,000 to Ug shs 2,400, which affected total number of masks to be procured.
- All service providers produced masks at the same unit cost regardless of quality.
- The monitoring team established that some providers enlisted had the capacity to produce bigger quantities of masks than some of the selected entities. The PPDA should undertake a procurement audit to establish whether the right procedures were taken in the procurement of masks.
- Delays in distribution of masks rendering prevention and containment of the disease difficult.
- Various stakeholders also raised questions related to the actual need. These included; Was the mask the most important needed especially to the urban residents who could afford to buy or tailor make a mask? Why didn't the ministry categorise distribution to the most vulnerable? Was there value for money?
- Low use and uptake of GoU masks by the population especially Kampala, Wakiso and Mukono districts. Field findings indicated that a good number of people preferred to use their own masks than the ones provided by GoU citing issues related to comfort and quality.

Blood collection materials for UBTS: M/s Medical Solutions Uganda LTD was contracted to supply medical supplies worth Ug shs 2.2bn to ease blood collection by the Uganda Blood Transfusion Services. These were supplied and included hand gels, blood collections bags, hand sanitiser, liquid soap, and cotton wool among others. The additional supplies partly improved collections from 152,757 units collected in December 2019 to 288,663 units collected in June 2020. The UBTS also managed to achieve its outputs and outcomes to 71% and this is partially attributed to the additional blood collection supplies and payment of allowances to UBTS staff by MoH. The pandemic affected the UBTS due to bans on large gathering, travel restrictions, closure of all schools and other social institutions.

Test kits procured and distributed: Test kits worth Ug shs 11.2bn were procured from Africa Bio System Uganda Limited and Microheam Scientifics and Medical Supplies Ltd. The former procured kits



worth Ug shs 4.6bn and delivered to UVRI and the latter procured kits worth Ug shs 6.6bn, part of the deliveries were used to test samples collected from the Community Transmission Survey. The UVRI confirmed receipt of testing kits from MoH and had tested over Ug shs 200,000 samples for COVID-19.

Allowances and contract staff salaries paid: A total of 250 staff including epidemiologists, doctors, anesthetists, nurses, laboratory technologists, psychiatric clinical officers, ambulance assistants, drivers, emergency care assistance among others were recruited on contract for six months and deployed to the COVID-19 treatment centers and to support districts and Points of Entry in surveillance. Allowances of over Ug shs 10bn were paid to various health workers in response to the pandemic. Table 4.4: highlights some of the expenditures made on the allowance's budget line by 30th June 2020

Table 4.4: COVID-19 Allowances in Prevention and Response by MoH by 30th June 2020

Item	Expenditure (Ug shs)
National Sensitization Programme on Wearing Masks for prevention of COVID- 19 for MoH staff	49,630,000
Hardship Allowance (UPDF medical team and others)	2,883,654,035
Mulago Response Team and NTF	567,252,836
Preparation and Response by MoH staff	249,100,000
Quarantine follow ups by MoH staff	646,473,634
Contact Tracing by MoH	462,477,609
Sitting Allowances for various committees	448,867,070
Perdiem to follow up COVID and assessment of Aki-Bua stadium	3,760,000
Travel to discharge, document COVID stories and response	171,613,999
Functionalize Points of Entry (POES)	631,670,820
Deposit of funds to Accountant General for various response activities	439,772,223
Screening Track DRIVERS by Laboratory personal	131,269,723
Regional Teams for Rapid response	450,626,202
Meals, accommodation, Support supervision, Assessment of human resource at POEs	2,905,633,161
Tracking team	94,023,171
Dissemination and distribution of COVID-19 IEC Materials to all 14 Regions of the Country	103,965,015
Total	10,239,789,498

Source: MoH

Spray Pumps Procured: The contract was awarded to M/s N2M Company Limited at a sum of Ug shs 530m in June 2020. The pumps were meant to aid disinfection of places, materials of COVID-19 confined places, treatment centers, homes, ambulances among others. These included: 80 mist sprayer, 99 power sprayers and 19 transport jet pump. By time of monitoring in August and September, none of the treatment centers visited had received the spray pumps except for Entebbe Regional Hospital.

Other interventions undertaken by the MoH included: payment for cleaning services at Mulago Hospital, clearance, transportation and distribution of donated materials including vehicles, motorcycles, ambulances, hand washing facilities among others; printing and distribution of health education and promotion materials; laptops and printers procured for border points, support to the call centre among others.

Operationalisation of testing laboratories at the border points: The sector operationalised testing laboratories at the border points such as Mutukula, Elegu, and Malaba to enhance effectiveness and improve turnaround time. The monitoring team visited Katuna and Mutukula Port Health Laboratory and established the following:



The Port Health Laboratory was the 5th COVID-19 testing centre and the first Gene Expert Testing Technology Centre in Uganda using *Expert Express SARS COV2 molecular technology*. The MoH carried out modifications in the existing laboratory to make it appropriate for testing COVID-19. The modifications included infrastructure adjustments, installation of biosafety cabinet, administration controls, and Standard Operating Procedure (SOPs) Bio Safety Manual.

The facility was launched by the Minister of Health on 15th May 2020 at Mutukula border post upon completion of the modifications and training of the health workers. The testing facility serves laboratory requests from Bunagana, Kyanika, Kasensero, Mirama Hills, Kyeshero, Masaka and Mbarara RRH, Nyarutuntu, Rakai and Kalisizo Hospital, Ishasha Point of Entry.

Interactions with beneficiaries indicated that they were very satisfied with the services at the port laboratory noting that the sensitivity and specificity of results from the Gene Expert were consistent with the PCR technology used by the UVRI making the technology efficient and safe for use. The African Society for Laboratory Medicine and reviewed and rated the facility as a three-star laboratory.

In terms of Logistics, the MoH provided testing reagents, test kits, PPEs, furniture, computers, and allowances to staff. The WHO also provided ambulances that supported emergency transportation of the samples to EAPHL in Butabika upon shortages of testing kits at the facility. In response to shortages and stock outs of laboratory reagents. Testing operations were suspended as follows: 2nd July 2020, the entity suspended testing for non truck drivers; on 30th July 2020, testing was limited to Mutukula Border Point samples only and 31st July 2020, a few selected truck drivers were tested. All testing operations were suspended on 17th August 2020 and had not resumed by 2nd September 2020.

In terms of number of samples tested, the Port Laboratory utilised approximately 287 boxes of cartridges for the Gene expert machine and tested over 17,000 samples. They recorded a number of positive results including presumptive positives due pre and post analytical errors. The table 4.5 summarises the statistics for the testing at the port laboratory.

Table 4.5: Testing Statistics for Mutukula Port Laboratory as at 17th August 2020

Category	Number
Total samples tested	17,132
Positive	731
Negative	15,882
Errors (due to presence of inhibitors in the sample including power surges etc)	399
Kits not appropriate for use(Factory errors)	75
Presumptive positives	45
Diagnostic Totals	
Positive	686
Negative	15,882

Source: *Field Findings*

Challenges faced by Port Health Laboratory Facilities

- Stock out of appropriate PPE such as N95 masks for front line health workers taking samples.
- Stock out of cartridges for the Gene Expert Machine, and reagents affected timely testing of COVID-19 samples.
- Limited and unclear communication between the MoH and border points regarding introduction of testing fees.



- Limited means to transport samples to other testing facilities.
- Poor attitude towards Infection Prevention and Control (IPC) measures such as wearing of masks. This was common among truck drivers from Tanzania.
- Inadequate laboratory space at the facility posing an infection threat to both health workers and other users.
- Management of Ugandan returnees without money for accommodation and testing.
- Delayed conclusion on use of East African COVID-19 results certificate led to congestion of border points by people waiting for their results. It also created a loophole for forging of results by Ugandans and people from other countries.
- Lack of autoclaves for sterilisation of waste before being taken to Kampala for incineration. The waste was transported by the same vehicles taking samples to Kampala This was not only expensive but also caused a health risk to health workers.

Key Challenges in the management and response to COVID-19 at RRHs

- Inadequate space: All RRHs lacked sufficient space for case management. Fortportal for example could only admit six patients. Similarly, none of the RRHs visited had a standard isolation unit.
- Inadequate PPEs: Most RRHs lacked sufficient PPE partially due to inadequate supply. Although the WHO recommended use of N95 for frontline staff, these were out of stock and health workers resorted to use of KN95 which was observed not to offer sufficient protection.
- Long turn around time: The turnaround time for the COVID-19 results from the center took too long ranging from four to fourteen days and at times one had to repeat testing. This caused unnecessary anxiety for the suspects and patients. The hospitals had to continue managing patients that would otherwise have been discharged leading to unnecessary expenditure in feeding among others.
- Inadequate human resources: Although the MoH recruited emergency staff for the COVID-19 response and management at the regional referrals, they were not sufficient as the hospital had to supplement them with own staff, this affected the continued provision of services within the hospitals. The contracts for the emergency health workers were also coming to an end and the MoH had not communicated the fate of these health workers to RRHs.

Key recommendations

- Decentralise the COVID-19 testing to RRHs by supplying the cartridges and Gene Experts machines to reduce the turn around time for results.
- The MoH should support the construction and equipping of standard isolation units in all RRHs including fast-tracking the planned remodeling and equipment of Intensive Care Units.
- The MoH, HSC and MoPS should fast track absorption of emergency health workers and recruitment of more health workers including intensivists to enable effective operationalisation of the ICUs at all RRHs.

Source: Field findings



Key issues in District Local Governments

- All districts received equal allocations irrespective of the burden of disease and size of the district. For example, districts like Wakiso which were bigger, had many response teams and health sub-districts were heavily constrained.
- Inefficiencies in management of quarantine centers in some districts.
- Closure of institutional quarantines centers in LGs by August 2020 due limitations in funds was likely to increase community transmissions.
- Inadequate and late distribution of PPEs across districts.
- Attitude and stigmatisation during the contact tracing made some suspects to either hide or conceal their identity and location.
- All the districts were not able to utilise the funds that were returned by the Members of Parliament as this had not been re-disbursed to the districts from the Consolidated Fund.

Recommendations

- The MFPED and MoH should prioritise the procurement of adequate PPEs for the frontline health services providers at the LGs.
- Improved planning in relation to burden of disease and size of various districts should be considered by both the MoH and MFPED before disbursements to LGs are made to ensure attainment of the purpose for allocation across the country.
- MoH and partners should devise ways of picking suspects without causing stigmatisation.

Source: Field findings

4.5 Contingency Emergency Response Component (CERC) towards COVID-19 by the World Bank

Introduction

The Component is implemented under URMCHIP. The World Bank committed a total of US\$15million and disbursed US\$12million (80%), approximately 84% of the expenditures were on logistics, and the rest shared among Coordination (2.3%), Risk Communication and Community Engagement (3%), ICT and Innovation (2.3%), Case Management (3%), Mental Health and Psychosocial Support (0.4%) and Surveillance and Laboratory (5%).

The MoH planned a number of outputs under various pillars. Table 4.7 highlights performance against planned outputs. The MoH had achieved 59% of the planned outputs by 16th September 2020 (detailed performance in table 4.7).

Coordination Pillar: The MoH commenced implementation of three out of ten planned targets. These were: National Taskforce, District Taskforce and sub-committees activated; implementation of the plan by the national level monitored and supervised; and the National Response Team deployed. The rest was still pending. These included: Multi-stakeholder advocacy meetings at national level supported; Accountability for COVID-19 improved; Information, Education and Communication (IEC) materials developed and disseminated; Surge staff oriented and deployed; Remuneration and compensation of



responders done; multi sectoral and multi-disciplinary coordination at national and subnational level teams coordinated

Risk Communication and Community Engagement: Only two out of four planned targets had commenced. These were: Precautionary advocacy and orientation of mass media practitioners at national and district levels, as well as communication of key messages to the general public. The rest including campaigns through branding of public passenger vehicles; strengthening multi-sectoral team of risk communicators on COVID-19 had not commenced.

ICT and Innovation: Two out initiatives had commenced. These were digitalise mechanisms for self-follow-up for those under home isolation, as well as widening the scope of implementation for eMeetings. Others like digitalisation of mechanisms for self-declaration of travelers at PoE and implementation of telemedicine were underway.

Case Management: Three out of eight interventions had commenced. Food assistance and/or specialised nutrition foods for suspects and health workers in isolation was provided. Deployment of surge capacity staff and activation of ambulance services to aid referral of suspected cases from community and holding facilities to COVID-19 isolation facilities was done.

Others like orientation of health care workers in Regional Referral Hospitals, Severe Acute Respiratory Illness (SARI) sentinel sites on management of suspect and confirmed cases established; Orientation of high volume private facilities on detection and linking of suspect and confirmed cases to the designated isolation facilities; Assess public and private health facilities for COVID-19 readiness on a quarterly basis; Facilitate the setting up and decommission of waste disposal systems (waste pits, incinerators, soak away pits) were not yet done.

Mental Health and Psychosocial Support: The MoH supported deployment of counsellors to communities and affected families to mitigate psychosocial effects of coronavirus. Support to supervision and monitoring of psychosocial services in the affected communities by the central team, as well as train health workers and community resource persons psychosocial support service provision skills was still pending.

Surveillance and Laboratory: The MoH made progress in implementation of the surveillance pillar, with six out of seven planned outputs ongoing. These included: national, regional and district level capacity on COVID-19 surveillance; Development and implementation of the PoEs public health emergency plan; Intensification of screening and monitoring of alerts at designated PoEs; Development of surge capacity plans for surveillance and laboratories; Training on specimen collection and packaging conducted, as well as facilitation of PoE supervisors undertaken. District level risk and capacity assessments at critical point of entry and points of congregation had not been conducted.

Logistics: The MoH planned 27 interventions under the logistics pillar, 16 were successfully completed, while and nine procurements were on track. See table 4.6 for details on performance.

**Table 4.6: Performance of the CERC September 2020**

Planned outputs	Progress
1. Personal Protective Equipment (PPE) - Full kit including medical protective gown, PR Head Protective hood, PR shoe covers, eye goggles, eye shields, medical protective suits	Procurement ongoing
2. Respirator Masks procured	Procurement completed
3. Gene pert Cartridges POC procured	Procurement cancelled
4. 100 motorcycles for the health regions procured	Procurement completed
5. RDT Standard Q COVID-19 procured	Procurement completed
6. Abbott RTDs procured	Procurement completed
7. Two Double Cabin Pickup Motor Vehicles for sample transportation procured	Procurement completed
8. Beds and Mattress for Isolation units procured	Procurement completed
9. Universal Transport Media procured	Procurement completed
10. Sample cool boxes for transportation of samples for COVID 19 procured	Procurement completed
11. Collection materials (Swabs) for COVID-19 laboratory testing procured	Procurement completed
12. Bio-hazard bags for waste management procured	Payment completed
13. Laboratory supplies for COVID-19 Plasma samples procured	Procurement completed
14. laboratory sample collection supplies and consumables for COVID-19 Plasma samples procured	Procurement completed
15. Single use sterilized ethylene oxide gas - nasopharyngeal swabs procured	Procurement completed
16. Thermal Scanners for State House procured	Procurement completed
17. Bar Code Labels for Samples to Support Tracking and Results Issuance procured	Procurement ongoing
18. Printing of COVID-19 Guidelines for the use of Facemasks procured	Procurement ongoing
19. ICT Equipment to support COVID-19 Results Printing procured	Procurement ongoing
20. Documentary on the COVID-19 Response procured	Procurement ongoing
21. Five Thermal Scanners for Covid-19 Emergency response procured	Procurement ongoing
22. Two Thermal Scanners for Covid-19 Emergency response procured	Procurement ongoing
23. IT equipment (Desktops, Laptops ,tablets , Printers and Video conference facilities) for Surveillance Regional Referral Hospital (consolidated) procured	Procurement ongoing
24. Triple packaging materials procured	Procurement ongoing
25. Zoom Connection services to Widen Scope of implementation of eMeeting procured	Procurement ongoing

Source: MoH-World Bank Report

Overarching implementation challenges in response towards COVID-19

- Increasing COVID-19 cases countrywide vis-à-vis available resources including infrastructure and equipment
- Inefficiency in utilisation of COVID-19 funds characterised by varying unit costs of food served to COVID-19 patients, mischarges, lack of accountabilities, domestic arrears for hospitals like Gulu and Arua among others.
- Inadequate planning highlighted by signing of contracts without land for mobile health facilities at border points, allocation of the same amount of funds to COVID-19 treatment centers and districts yet they had varying burden in terms of case management, limited needs assessments and due diligence.
- Inadequate involvement of key stakeholders in development of specifications, for example the sleeper tents in Namboole could not be used by end of August 2020.
- Varying guidelines on utilisation of COVID-19 funds by MoH, MFPED, and MoLG to various LGs.
- Test and results turnaround time affected timely response and case management. Some facilities reported to have received their test results after four days.
- Reinfection was occurring in some facilities like Entebbe and Mulago Hospital.



- Lack of clear contracts with COVID-19 food service providers in some RRHs like Gulu. Addendums to framework contracts could not be traced.
- Late deliveries of COVID-19 supplies in relation to contracts signed. These procurements therefore ceased to be emergency response contracts due to enormous delays in execution.
- Lack of adequate technology in tracking and following up of contacts lead to more COVID-19 infections at community level.

Conclusion

The GoU was applauded across the continent for its significant role played in prevention and response towards the COVID-19 pandemic. This is evidenced by the number of confirmed cases, discharged and deaths in relation to its counterparts in the region. This is attributed to the surveillance and timely response to identified cases. In the fight against the pandemic, the MoH planned a number of interventions in line with the eight pillars. These included motivating health workers by paying hardship allowances, procurement of masks, ambulances, ICU equipment, setting up quarantine centers among others.

The MoH achieved most of the planned interventions in line with the COVID-19 response plan in the period under review, however challenges in relation to adequacy, availability and timely deliveries, high and varying unit costs. Lack of accountabilities, duplication of efforts, and laxity in wearing masks, planning and equitability of resources emerged and are already affecting some the gains registered by the sector. The need to review the Emergency Plan in relation to challenges identified and resources available is paramount in consolidating the gains achieved by the sector.

Recommendations

- The MoH should fast track all procurements including equipment, ambulances and infrastructure to enable the different players undertake their mandate in a timely manner.
- The Cabinet, MFPED, MoH, private sector and other stakeholders should review the need for additional masks in relation to the population segments, social classes and use of the already distributed masks.
- The MoH should ensure involvement of key stakeholders in development of specifications to avoid losses in terms of costs and time. The engineering department should have adequately been involved in development specifications for the Namboole tents.
- The PPDA should undertake a Procurement Audit on all direct procurements undertaken by the MoH.
- The Office of the Auditor General should undertake a Forensic Audit in relation to all expenditures made in response to the pandemic. This will guide entities on utilisation of funds for future emergencies.



CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The sector's overall performance was fair with 59% of the sector targets achieved. The sector contained outbreaks like Ebola, Presumptive Multi Drug Resistant TB Cases, Severe Acute Respiratory Infection (SARI), Crimean-Cong Haemorrhagic Fever, and Acute Flaccid Paralysis among others in Uganda at 95%. The sector also performed well in response to the COVID-19 pandemic with a robust surveillance system, infection prevention and control, case management and partially on preparedness.

Other sector programmes like Health Infrastructure and Equipment, and Pharmaceutical and other Supplies achieved 61% and 66% of their targets respectively. Hospitals like Mulago, Kawolo, Kayunga and Yumbe were at substantial completion. Mulago Hospital registered poor performance, while average performance for other RRHs was at 60%. Access to health services through functionalising HCIIIs in all sub-counties was on course, however a number of construction works were still behind schedule.

The sector continued to be affected by inadequate planning and sequencing of interventions, procurement delays, inadequate capacity of contractors, stock out of medicines and reagents, and poorly defined and ambiguous targets among the sector institutions affected attainment of the NDPII targets.

Table 5.1: Summarised performance by Vote for FY2019/20

Vote	Outputs and Outcomes (%)	Vote Achievement Outputs (%)
MoH	69	65
HSC	66	50
UCI	43	62
UHI	65	52
UBTS	71	86
MNRH	44	58
Butabika	80	70
RRH	60	83
Mulago Specialised Hospital	0	100
UVRI	95	95
LGs	66	66
Mean Score	59.9	71.5

Source: Authors compilation

5.2 Sector challenges

- Poorly defined and ambiguous targets affected achievement of the NDPII targets.
- Poor planning, prioritisation and sequencing of projects and interventions. Some projects such as Strengthening Capacity of Regional Referral Hospitals (Project 1519) were still not ready for implementation yet they continued to receive funds from GoU.
- Procurement delays coupled with inadequate capacity of contractors affected timely completion of planned works under the Uganda Intergovernmental Fiscal Transfers Program (UgIFT).
- Inadequate specialised human resource, tools, medical supplies including laboratory reagents greatly affected performance of RRHs to offer specialised services including diagnostics to the population.



- Delays in commencement of the recruitment process, partially attributed to late submission of recruitment requests to MoPS and HSC. The guideline to first analyse the wage bill of the first two or three months of FY greatly contributed to the anomaly.
- Stock out of medicines and supplies in health facilities especially in the last three weeks of the cycle affected service delivery.
- Delays in project implementation led to time and cost overruns, for example the East Africa Public Health Laboratories Project (EALPII) Project lost over US\$304,070 in exchange losses.

5.3 Recommendations

- The Accounting officers of MDAs and the Programme Working Group should make deliberate effort to ensure all planners in the sector are empowered with proper planning and sequencing skills to ensure projects follow a proper result chain in order to achieve the overarching development goals of the sector.
- The MoPS guideline on compulsory scrutiny and submission of wage for the first two or three months of the FY before approving recruitment request of Votes should be revised and take into consideration scrutiny of the wage MTEF and projections to allow for timely recruitment of health workers and wage absorption in a timely manner.
- The MFPED, MoH and NMS and other related stakeholders should empower RRHs to undertake their mandate to provide specialised services in bid to strengthen and attain a strong and resilient referral system.



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