Health Sector

Semi-Annual Budget Monitoring Report

Financial Year 2018/19

April 2019

Ministry of Finance, Planning and Economic Development
P.O. Box 8147, Kampala
www.finance.go.ug

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARVS	Anti-Retroviral
BoQs	Bills of Quantities
CHEWs	Community Health Extension workers
DHO	District Health Officers
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
LPO	Local Purchase Order
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

NDC	National Disease Control
NDP	National Development Plan
NMS	National Medical Stores
OPD	Out Patent Department
PBS	Program Budgeting Tool
PHC	Primary Health Care
RRH	Regional Referral Hospital
UBTS	Uganda Blood Transfusion Services
UCI	Uganda Cancer Institute
UHI	Uganda Health Institute
UHSSP	Uganda Health System's Strengthening Project.
UNMHCP	Uganda National Minimum Health Care Package
US$	United States Dollar
VAT	Value Added Tax

FOREWORD

Over the years, the Government has implemented a number of interventions that have led to substantial progress in economic growth and national development which is now projected at 6.3% this Financial Year 2018/19 up from 6.1% attained last Financial Year 2017/18. As Government continues to pursue strategies for sustained growth and development, we should step up efforts in monitoring government programs and projects, to ensure that they are implemented in time and cost and any obstacles identified and addressed.

This report from the Budget Monitoring and Accountability Unit points to fair performance among the sectors monitored. It shows that most sectors achieved between 60%-79% of their planned semi-annual output targets. The fair performance points to the need for proper planning and commencement of procurement processes in time. This has resulted in slow absorption of funds and ultimately inadequate service delivery.

The sectors now have a quarter of the financial year to make good the promises made in terms of output and outcome targets. This is to urge all sectors to review the report and take necessary corrective actions to ensure effectiveness by end of the financial year.

Patrick Ocailap
For Permanent Secretary/ Secretary to the Treasury

EXECUTIVE SUMMARY

The health of the Ugandan population is identified as a key priority in the medium term of the second National Development Plan (NDPII); and it contributes to the third objective of the plan 'to enhance human capital development'.

This report presents semi-annual performance for FY2018/19 of selected Health Sector programmes and sub-programmes for 22 out 25 central government votes (88%); 39 Local Governments (LGs) that benefited from the Primary Health Care Development Grant (PHC Transitional Adhoc Grant and Inter Fiscal Government Transfers).

Projects selected for monitoring were based on regional representation, level of capital investment, planned annual outputs, and value of releases by 31st December 2018. 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 targets by 31st December, 2018.

FINDINGS

The Health Sector's revised allocation for FY2018/19 excluding arrears is Ug shs 2,363.374 billion, of which Ug shs 1,296.871billion (54.9%) was released, and Ug shs 1,062.310[1] billion (81.9%) spent. Votes that effectively utilized released funds included; National Medical Stores (NMS) at 100%, Uganda Cancer Institute (UCI) at 95%, Uganda AIDS Commission (UAC) at 90%, Mulago National Referral at 89%, and Butabika at 83%.

Votes that registered poor absorption of funds included: Soroti 56%, Mbale Regional Referral Hospital (RRH) at 57%, and Uganda Virus Research Institute at 54%. The overall low absorption of funds was in part due to failure to utilize the wage bill especially at the Ragional Referral Hospitals (RRHs) where recruitment was still ongoing, low financial capacity of contractors, and late initiation of procurement.

Highlights of Sector Performance

Overall sector performance **was below average at 45%** achievement of semi-annual planned outputs. However, there were some good performing programmes contributing towards the **Inclusive and Quality Care Services Sector Outcome**. Pharmaceutical and other supplies under Ministry of Health (MoH) performed well, where Vaccines, Anti-Retroviral Therapy (ARVs), Artemisinin-based Combination Therapy (ACTs), Anti-Tuberculosis (TB) medicines, and other health products pharmaceutical, health products non-pharmaceutical, and health products equipment were provided. Vaccines and Medicines (ACTs, ARVs, and Anti-TB) were available at the health facilities 92% of the time.

The Clinical Health Services and Public Health Services Programmes similarly performed well as disease outbreaks such as Cholera, Rift Valley Fever, Crimean Congo Haemorrhagic Fever, Anthrax in Rhino Camp, and Ebola among others were contained. The Medical Services at some RRHs also recorded good performance where diagnostic investigations, out and inpatient services surpassed the

[1] The 81.9% expenditure excludes the detailed expenditure at local government level

semi-annual targets. This however had a budgetary implication and availability of essential medicines and other health supplies at such facilities. Health Infrastructure and Equipment Programme progressed well in implementation of rolled over or multiyear projects.

Fairly performing programmes included: Safe Blood Provision, Heart Services, National and Regional Referral Services. Poor performing programmes included Programme 81 (Primary Health Care) at all local governments).

Outstanding sub-programmes included: Global Fund for AIDS, TB and Malaria at 93%, the average availability of medicines was 91%. Global Alliance for Vaccines Initiative (GAVI) at 97% with availability of vaccines at 96%. The construction of the Maternal and Neonatal Hospital at 99%. The facility was completed and handed over. Operations had commenced, 80% of the equipment was delivered and installed by 31st December 2018.

The construction and equipping of Kawolo General Hospital was at 90% civil works, and 24% of the equipment targets achieved. The project was behind schedule and completion date extended to 26th April 2019. Some facilities like Male, Female, Paediatric, Maternity, Antenatal and Isolation wards; New Out-Patient Department were handed over and already in use. Rehabilitation works at Busolwe General Hospital did not commence.

The RRHs that performed well included: Hoima at 90% where the construction of the lagoon was at substantial completion, Fort Portal at 75% where construction of 16 staff housing units was at 50% against a target of 60%. Kabale was at 87% and the works on the interns' hostel were ahead of schedule at 65% against a 63% target.

Fairly performing RRHs included Arua at 68%**,** first phase for construction of the ground floor slab was 50% complete, and steel works in preparation for casting of the raft foundation in advanced stages. Masaka RRH at 69%, with works on the Maternity Ward Complex at 77%, while works on the staff hostel slab had resumed. Moroto RRH at 73%, with physical progress for the staff house at 45%. Rehabilitation of the maternity ward had just commenced with 20% substructure works done, against 30% financial progress.

Poorly performing RRHs were; Mubende at 12%, China Naguru Friendship Hospital at 40%, and Mbale RRH at 18%. Works on the Surgical Complex at Mbale RRH had stalled and the contractor abandoned site due to inadequate financial capacity. At Mubende RRH, no additional works were executed, allocated funds were used to pay arrears for previously completed works by the contractor, and the project had stalled at 60%.

Soroti RRH at 43% with development funds totalling to Ug shs 1,064,416,099 unspent by 31st December 2018. Procurements for FY2018/19 had not been initiated by 8th February, 2019. This was partly because the new Accounting Officer substantively started work in January 2019, and the hospital was re-orienting the new contracts committee.

Fairly performing sub-programmes included: The East Africa Public Health Laboratory Networking Project II at 60%. It collaborated with Clinical and Public Health programmes in management of outbreaks, in addition to provision of assorted diagnostic equipment such as Carbon Dioxide Incubator, Autoclave 75 liters, General-Purpose Laboratory Refrigerator, and Ultra-Low Temperature freezers among others to Moroto, Fort-portal, Mbale, Arua, Lacor and Mulago hospitals. Other equipment and the ambulances were however still under procurement.

Relatedly, the contracts for refurbishment and reconstruction of Arua, Mbale and Mbarara laboratories were signed and works commenced at some RRHs (Mbale, and Mbarara), while others were yet to commence (Arua, and Lacor). The works for the construction of Entebbe Isolation Center, Viral Haemorrhagic Fever (VHF) in Mulago, and Multi Drug Resistant Tuberculosis (MDR) treatment centre in Moroto were under procurement.

Other fairly performing sub-programmes included: Construction of the Regional and Paediatric Hospital in Entebbe, the project was on schedule with overall progress at 60%. The structure was roofed, rammed earth wall completed, while internal finishes, mechanical and electrical installations were ongoing.

Poorly performing sub-programmes included Institutional Support to MoH at 37%, laxity in development of Bills of Quantities (BoQs) for the planned civil works under the sub-programme was noted, however some funds were used for completion of a two storey staff house at Kapchorwa Hospital. The renovation, and expansion of Kayunga and Yumbe hospitals' project was at 30%, works at Kayunga were at 46% against a 50% target, while Yumbe was at 24.5% against 26.5%.

The Uganda Intergovernmental Fiscal Transfer sub-programme (UGFIT) was at 6% achievement of set targets. No contract was signed by any of the 124 beneficiary LGs by 31st December 2018. Maintenance of the infrastructure was also not executed in most LGs visited. Strengthening Capacity of Regional Referral Hospitals sub-programme was the worst performer at 0% achievement. The sub-programme was not ready for execution.

Competitive Health Centres of Excellence recorded fair performing programmes; for instance, construction of the radiotherapy bunkers under Uganda Cancer Institute Project was ongoing. External works, electrical installations and auxiliary works had commenced, while the manufacturing of the Linear Accelerator Machine had also commenced and was expected to be delivered in Uganda by May 2019. Conversely, the ADB Support to Uganda Cancer Institute poorly performed. The contract for the Oncology Institute was signed and site handed over on 14th December, 2018. Mobilization of both materials and workers was ongoing.

Uganda Heart Institute at 65%: Procurement of equipment and furniture was underway with some items like heat coolers, mobile x-ray, blood bank fridge delivered, while others like Fractional Flow Reserve (FFR) and Intravascular Ultrasound (IVUS) were under procurement. A laptop and printer were also procured.

Uganda Blood Transfusion Services (UBTS): Blood collection performed fairly with some blood banks, collection and distribution centers like Jinja, Masaka, Gulu, Fort-portal, Mbale nearly achieving their targets. Blood operations were affected by the lack of reagents to enable timely screening of Transfusion Transmissible Infections (TTIs). This led to blood shortage in various parts of the country. Late initiation of procurements was also noted under the UBTS development project leading to the poor (45%) overall performance of the safe blood provision programme.

National Referral Hospitals*:* At Butabika Hospital, the contract for construction of a three storey six unit house was signed on 15th November 2018. The contractor had fully mobilized and works commenced. Medical services were fairly achieved.

Inclusive Health Care Financing Sector outcome: Performance was still low, as the National Health Insurance Scheme (NHIS) regulations had not yet been developed, the bill was submitted to the First Parliamentary Council for comments. The operationalization of the scheme is taking a slow pace, albeit the high out-of-pocket expenditure and the poor functionality of the health delivery units.

Sector Challenges

i) Procurement delays with the Uganda Intergovernmental Fiscal Transfers Programme (UGIFT) and projects under entities like Uganda Cancer Institute (UCI), Uganda Heart Institre (UHI), and RRHs were behind schedule.
ii) Poor communication between the Districts Local Government (DLG) and MoH. Majority of districts (75%) had not formally received the PHC development guidelines from MoH, this

led to irregular implementation of projects. For example, Busia DLG locally procured a contractor contrally to MoH guidelines.

iii) Poor wage absorption due to delays in recruitment and deployment process of healthworkers.

iv) Inadequate alignment of strategic, policy and annual workplans together with allocations. Cabinet did not approve the planned Community Health Extension Workers (CHEW) strategy yet Ug shs 3billion had already been released to MoH to commence activities.

v) Stock out of medicines persisted and were worse in the last three weeks of every cycle due to increased demand for services resulting from the increasing population and limited budget ceiling for various facilities.

vi) Poor planning characterized prioritization of blood collection without corresponding processing allocations. This caused blood shortages in various blood banks and facilities visited.

Recommendations

i) The MFPED should issue sanctions against Accounting Officers that fail to absorb funds due to delayed procurement.

ii) The MoH should ensure that contractors execute works within the contracted schedule to enable absorption of allocated funds.

iii) The MoH should formally communicate the guidelines to LGs as soon as the Indicative Planning Figures are dispatched by MFPED.

iv) The MoH, Health Service Commission (HSC), Ministry of Public Service (MoPS) and District Service Commissions should work together regarding revision of advertising, recruitment and deployment timelines to ensure absorption of the allocated wage bill.

v) The UBTS, National Medical Stores (NMS), MoH and MFPED should ensure harmonized planning for both blood collection, processing, storage, transportation among others.

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:

- Accountability
- Agriculture
- Infrastructure (Energy and Roads)
- Industrialization
- Information and Communication Technology
- Social services (Education, Health, and Water and Environment)
- Public Sector Management; and
- Science, Technology and Innovation

1.2 Health Sector Mandate

The mandate of the health sector is to provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels.

The health of the Ugandan population is central to the socio-economic transformation of the country. It is identified as a key priority in the medium term of the second National Development Plan (NDPII); and contributes to the third objective of the plan *'to enhance human capital development'*.

1.3 Sector Priorities FY2018/19

- Mobilizing sufficient financial resources to fund the health sector programmes while ensuring equity, efficiency, transparency and mutual accountability.
- Addressing human resource challenges in the sector (attraction, motivation, retention, training and development).
- Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent health services to reduce on mortality, morbidity and improve their health status.
- Scaling up interventions to address the high burden of HIV/TB, Malaria, nutritional challenges, environmental sanitation and hygiene, immunization, Hepatitis B and Non Communicable Diseases by utilizing CHEWs.
- Improving Primary Health Care (functionalizing lower level health facilities, providing adequate resources for operations and non-wage functions, linking communities to health facilities using the CHEWs and encouraging them to use the services available.
- Reduction of referrals abroad by; training, recruitment and motivation of specialists and other staff; Improvement of health infrastructure and acquisition of specialized equipment and medicines.
- Enhancing blood collection by the Uganda Blood Transfusion Services by addressing staffing levels, funding gap and support by the Uganda Red Cross to mobilize communities.
- Control/preparedness for disease outbreaks including surveillance
- Improving health infrastructure with the key focus on lower level health facilities especially HCIII's and some General Hospitals.
- Enhance health education to ensuring that communities, households and individuals are empowered to play their role and take responsibility for their own health and well-being and to participate actively in the management of their local health services.
- Strengthening collaboration between the health sector, government ministries and departments and various Public and Private Institutions dealing with health and health related issues.
- Effective and well-structured support supervision to the local governments harmonized with the Regulatory Authorities including the Professional Councils.

1.4 Sector Votes

The Health Sector is comprised of 25 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); Fourteen Regional Referral Hospitals (Votes 163 – 176)[2]and all Local Governments (Vote 501-850).

[2] Gulu, Lira, Soroti, Mbale, Naguru, Mubende, Fortportal, Mbarara, Kabale, Jinja, Arua, Hoima, Masaka, Moroto

CHAPTER 2: METHODOLOGY

2.1 Scope

This report is based on selected programmes and sub-programmes in 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 had submitted Q1 and Q2 progress reports for FY2018/19 were followed up for verification of specified output achievements.
- Multi-year programmes that were having major implementation issues were also revisited.
- Potential of projects/programmes to contribute to sector and national priorities.
- For completed projects, monitoring focused on value for money, intermediate outcomes and beneficiary satisfaction. Table 2.1 summarises the content scope of the report

A total of 22 out of 25 central government votes (88%); and 39 LGs that benefited from the Primary Health Care Development Grant (PHC Transition Adhoc Grant and Inter Fiscal Government Transfers) were monitored. These are highlighted in Annex 1.

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 departments. 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 FY2018/19; National and Sector Budget Framework Papers; Sector project documents and performance reports in the Programme Based Budgeting System (PBS), Sector

Quarterly Progress Reports and workplans, 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 project managers, health facility managers and service beneficiaries among others at various implementation levels.
- Field visits to various health fcailities for primary data collection, observation and photography.
- Call-backs in some cases to triangulate information.

2.2.3 Data Analysis

The data was analyzed 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 2.1.

Table 2.1: Assessment Guide to Measure Performance of Projects Monitored in FY2018/19

SCORE	COMMENT
90% and above	Very Good (*Achieved at least 90% of outputs*)
70%-89%	Good (*Achieved at least 70% of outputs)*
50%-69%	Fair (*Achieved at least 50% of both outputs*)
49% and below	Poor (*Achieved below 50% of outputs*)

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 outcome targets for some programmes.
- Lack of disaggregated financial information by outputs, which affected the weighted scores.
- Incomplete financial information for donor funded projects, and private implementing firms.
- Incomplete information especially where respondents were new in offices or relevant documents were not readily available.

CHAPTER 3: SECTOR PERFORMANCE

3.1 Overall Sector Performance

Overall sector performance **was below average at 45%** achievement of semi-annual planned outputs against 76% absorption of funds. Largely, funds absorption was greater that achievement of the planned outputs except for the Uganda Heart Institute. This was partly due to some recurrent expenditures made (such as on allowances) during the procurement/implementation of some activities that had not been delivered.

The votes that fairly performed against absorption of the released funds included: Butabika at 68% against 83%; Uganda Heart Institute at 65% against 61%, Ministry of Health at 60% against 74%; and Regional Referral Hospitals at 56% against 73%. Poor performance was recorded under District Local Governments at 6% achievement of outputs; Health Service Commission at 18% against 69%, Uganda Blood Transfusion Services at 45% against 79%; and Uganda Cancer Institute at 43% against 95%.

Sector Financial Performance

The sector was allocated Ug shs 2,310.068 billion inclusive of donor funding excluding arrears, taxes, and Appropriation in Aid (AIA) in FY2018/19. This was 7.3% of the total National Budget, and a 1.3% increase in relation to last FY 2017/18. The GoU and development partners are expected to finance 54% and 46% of the budget respectively by end of the FY. By 31st December 2018, the sector had received Ug shs 7.77 billion as part of the supplementary budget to its various votes. The sector-revised budget by 31st December 2018 excluding arrears was Ug shs 2,363.374 billion.

The GoU allocation was 48% wage, non-wage 38%, and 14% development budget. The sector budget was shared as follows: MoH 49%; LGs 23.3%; National Medical Stores (NMS) 12%; RRHs 5.4%; Uganda Cancer Institute 3.9% Mulago Hospital Complex 2.7%, Uganda Blood Transfusion Service (UBTS) and Kampala Capital City Authority 0.8% respectively. The rest of the votes shared the remaining 2.1%.

A total of Ug shs 1,296.871billion (54.9% of the revised budget) was released, of which Ug shs 1,062.310[3] billion (81.9%) was spent. The GoU released 50% of wage and 94.4% was spent; 56.8% of non-wage and 92.25% was spent; 67.8% of GoU development and 60.8% spent; while Development Donor was at 55.9% released and 74.9% spent.

Votes that effectively utilized the released funds were NMS at 100%, UCI at 95%, UAC at 90%, Mulago National Referral at 89%, and Butabika Hospital at 83%, while those that registered poor funds absorption included: Mbale RRH at 57%, and Uganda Virus Research Institute at 54%. The overall low absorption of funds is in part due failure to utilize the wage bill for health workers especially at the RRHs where the recruitment process was still ongoing, low financial capacity of contractors and late initiation of procurement.

[3] The 81.9% expenditure excludes the detailed expenditure at local government level

Performance by Vote

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

3.2 Ministry of Health (Vote 014)

Monitoring covered four programmes and twelve sub-programmes *(See table 3.1)*. The MoH fairly performed achieving 60% of the semi-annual outputs. The good performing sub-programmes included; Global Fund for HIV, Malaria and TB achieving 93% of the semi-annual targets. GAVI at 97%, National Disease Control at 80%, Integrative Curative Services at 87%, and Shared National Services at 75%. The fair performers under MoH included Emergency Medical Services (60%), East African Public Health Laboratories Project (60%), Regional Hospital for Pediatric Surgery (Project 1394) at 60%; Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344) at 57%.

The poor performers were; Italian Support to Health Sector Development Plan (HSDP), and Peace Recovery and Development Plan (PRDP) where the Donor had not disbursed funds to complete the staff houses in Karamoja and had stalled for two years. Strengthening Capacity of Regional Referral Hospitals (Project 1519) achieved 0%. Procurement of specialized machinery for RRHs had not commenced. Detailed performance by programme and sub-programmes is presented below:

3.2.1 Health Infrastructure and Equipment (Programme 02)

Background

The programme contributes to **Inclusive and Quality Healthcare Services** 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.

During FY 2018/19, the MoH implemented nine sub-programmes. These were; Institutional Support to MoH (Project 1027); Construction of Specialized Neonatal and Maternal Unit in Mulago Hospital (Project 1315); Italian Support to HSSP and PRDP (Project 1185); Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344); Construction and Equipping of the International Specialized Hospital of Uganda (Project 1393); Regional Hospital for Pediatric Surgery (Project 1394). Others were; Support to Mulago Hospital Rehabilitation (Project 1187); Strengthening Capacity of Regional Referral Hospitals (Project 1519); Uganda Reproductive Maternal and Child Health Services Improvement Project (1440). Semi-Annual Monitoring focused on five out of nine (56%) sub-programmes (*Refer to table 3.1*). Detailed programme performance is highlighted hereafter.

Performance

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

Background

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

In FY 2018/19, the project was allocated Ug shs 12 billion, of which Ug shs 2.3 billion (19%) was released and Ug shs 2.1billion (89%) spent by 31st December 2018. Project expenditures included Ug shs 1.2billion (60%) transferred to NMS for procurement of medical stationery (HMIS Forms) and uniforms for health workers. Payment of Ug shs 780million (39%) to various LGs to clear outstanding obligations accumulated in the previous FYs. The funds were also used to pay for the completion of staff house at Kapchorwa Hospital.

Physical Performance

The overall project performance was poor at 37%, with most of the works under procurement. Rehabilitation of the Vector Control Unit was completed by the CARTER Centre with GoU co-funding of Ug shs 83 million. The two storey (4 units each of two bedrooms) at Kapchorwa Hospital was substantially complete at 97% physical progress. The key pending works at the staff quarters included; installation of power meters, and final fittings. The procurement of six double cabin Pickups was approved by Ministry of Public Service on 3rd December 2018, however the procurement process had not commenced.

Renovation of Block D had not started, the MoH was finalising the Bills of Quanties (BoQs) before commencement of the procurement proccess. A total of Ug shs 1.2billion was transferred to NMS for the procurement of uniforms and medical stationery which was ongoing. Doctors were also considered in the FY2018/19 procurements. Various health facilities received uniforms and medical stationery procured during FY2017/18 upon request. Summarized performance is highlighted in Table 3.1.

Nearly complete staff house at Kapchorwa Hospital

Implementation challenges

- The MoH noted a delay in submission of information and accountabilities for funds transferred to NMS.
- Late initiation of procurement process as by end of Quarter two, specifications for machinery to be procured and BoQs for the civil works had not been finalized.

Recommendations

- The NMS Project Manager should ensure timely initiation of procurement processes to avoid delays in project implementation.
- The MFPED should release funds for medical stationery and uniforms directly to NMS. Accountabilities should be sent directly to MFPED.

3.2.1.3 Italian Support to Health Sector Development Plan (HSDP) and Peace Recovery and Development Plan (PRDP)-Sub Programme 1185

Background

The first phase of project consisted of construction of 34 blocks of 2 bedroomed semidetached Staff Houses for 68 Staff at Health Centre IIIs in Karamoja sub region. M/S Zhonghao Overseas Construction Engineering Co. Ltd was awarded the contract to undertake the works and was supervised by M/S Joadah Consult Ltd. The entire project contract sum was US$ 5,592,885.18 (18% VAT Inclusive). Works commenced on 20th June 2016 and were expected to be completed by 12th December 2017. Beneficiary districts include Kaabong (3 No.), Kotido (8 No.), Abim (5 No.), Moroto (3 No.), Napak (7 No.), Amudat (4 No.) and Nakapiripirit (4 No.).

Physical performance

Project performance was poor with only 0.25% of the semi-annual targets achieved. The contractor had abandoned sites by close of FY 2016/17 due to financial constraints and had not yet resumed work. The MoH undertook stakeholder consultation meetings in preparation for start of phase II. No civil works had been undertaken since FY 2016/17, and the partially completed structures at Nyakea HCIII had started developing cracks. Summarized performance is highlighted in Table 3.1**.**

L-R: Abandoned Nyakea HCIII staff quarters in Abim District, and Loroo HCIII staff quarters in Amudat District

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

Background

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

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; and GoU at US$ 4.05 million. The loan was acquired in 2014 and its effectiveness began on 16 April 2015. It was initially expected to end on 28th February 2020; however, it was revised to 30th June 2021.

The project interventions fall under four broad components as follows: 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. 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. The contract for design and supervision for the rehabilitation and expansion of Kayunga and Yumbe Hospital was signed on 6th June 2016 with M/S Dar Engineering in association with Joadah Consult Ltd.

Performance

Cumulatively, development partners disbursed a total of US$ 7.672 (21%), 79% of the funds had not been disbursed. The GoU allocated Ug shs 15billion, of which Ug shs 7billion was released and Ug shs 6.4billion spent. In FY 2018/19, the project was allocated Ug shs 7.4 billion (Ug shs 50%) of which Ug shs 3.5 billion was released and 87% spent.

Physical progress averaged at 30%, with Kayunga at 37% and Yumbe at 23%. Generally, works at Kayunga were on schedule and, the following was achieved by February 2019: Main Building 51%; Patient wards at 50%; OPD block at 40%; Incinerator 22%; Power house at 50%, Attendants kitchen at 26%; Staff houses at 50%, and external works at 35% among others.

Physical progress at Yumbe Hospital as at 15th January 2019 was 24.5% against the planned progress of 26.5%. Construction of the doctor's houses was at ring beam level, while rehabilitation works for staff houses was in advanced stages. The rehabilitation works included construction of new floors with terrazzo, electrical and mechanical works, and ceiling with gypsum boards, new doors and conversion of servant quarters into standalone units. The construction of medical buildings, new staff quarters were at different levels of completion. Generally, works at Yumbe were three weeks behind schedule. This was partly due to difficulty in access to materials and the Christmas break. Detailed project performance is indicated in Table 3.1.

Medical Equipment & Medical Furniture is expected to include: Assorted medical equipment for the two hospitals; Two (2) ambulance vehicles; one for each hospital; Two (2) Mini- Buses; one for each hospital; Two (2) double cabin pick up vehicles; one for each hospital; Two (2)

double cabin vehicle and office equipment and furniture for the Project Management Unit. Only two, out nine items were procured and delivered in 2017. These were; two motor vehicles, office equipment and furniture. Procurement of assorted medical equipment had not yet commenced by 31st December 2018.




Clock wise: Senior staff house under construction, renovated Dr's House, Main medical building and OPD at Yumbe Hospital

Implementation challenges

- Failure to hand over the entire project area at Kayunga Hospital with part of the OPD and entire administration not handed over.
- Inadequate skilled labor in Yumbe Dsitrict amidst demands from district leaders and community to use unskilled local labour thus affecting progress.
- Delayed payments to the contractor due to the high bureaucratic tendencies in approving payments.
- Long haulage distances for Yumbe: Most of the materials used at the site, except sand are obtained from Kampala.

Recommendations

- The MoH should support the administration of Kayunga Hospital to relocate OPD services to enable timely execution of works in the mentioned facilities.

- The MoH and MFPED should expedite payments to the contractors to ensure smooth cash flows and avoid project implementation delays.

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

Background

The project is funded by the Uganda-Spanish Debt Swap Grant fund. 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 also expected to contribute towards staff motivation and retention through improvement, and provision of staff housing; improvement of accident and emergency services through provision of a new casualty ward with an emergency theatre, construction of the mortuary with a nine capacity body fridge; an ambulance; and improvement of 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 and works commenced on 26th May 2017, for a period of 18 months (up to 11th January, 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 11,884,379.70.

Performance

The overall project performance was fair at 57%. The Bi-National Committee had not yet approved works to be undertaken at Busolwe Hospital awaiting completion of Kawolo Hospital and designs for Busolwe Hospital. The consultant had completed site survey for Busolwe Hospital and the report was yet to be presented to MoH and the Development Partner. Thus by 31st December 2018, the allocation of US$ 6million remained utilized.

Civil works at Kawolo Hospital had progressed, achieving 90%, while procurement of medical equipment achieved only 10%. Some parts of the hospital were handed over and were in use. These were; New OPD, New Accident and Emergency Unit, Antenatal Ward, canteen, ART Clinic, Male Ward, Pediatric Ward, Female Ward, Maternity, Isolation Ward, laundry, attendant's kitchen, mortuary, Four-VIP Toilets, medical pit and placenta pit and a four-unit staff house. Pending activities included; final finishes on the theatre block, Private Ward, Old OPD, placenta pit, incinerator, stores and sinking two boreholes. The project completion date was revised to 26th April 2019.

The project had registered variations amounting to Euros 158,427.063; these resulted from hiring an additional consultant on the consultancy team costing approximately Euros 13,000; demolition and replacement of the septic tank Euros 3,832.20, incinerator US$ 50,000, and incinerator house Euros 346.87, retaining wall behind new OPD at Euros 90,342.05 among others. All these costs were covered under the Project Contingence Fund. Detailed project performance is indicated in Table 3.1.


L-R: The completed mortuary; and the Female Ward already in use at Kawolo Hospital

Intermediate outcomes

- Motivation of staff due to clean and bigger working space offering enough sitting area, triage, confidentiality to patients leading to effective consultation and treatment.
- Introduction and expansion of new services due to construction of the Accident and Emergency Block.
- Increased admission numbers due to willingness of patients to be admitted.
- Attraction of private wing patients.
- Increased access to maternal and child health services with over 450 mothers delivering from the facility on a monthly basis.

Implementation Challenges

- Delayed commencement of civil works at Busolwe General Hospital due to limited funds. A visit at the hospital indicated constrained service delivery with lack of running water in the entire facility.
- Lack of adequate operation and maintenance plans for the facility.
- High utility bills; that increased from Ug shs 800,000 to Ug shs 1.2million per month and from Ug shs 1,200,000 to Ug shs 7,300,000 per month for water and electricity respectively.
- Selective rehabilitation of the hospital with administration and staff houses for critical staff left out in the project implementation plan. This left some staff unsatisfied since 68% were not accommodated at the facility.
- Lack of adequate staff such as nurses, IT personnel, Biomedical Engineer, and plumbers among others.

Recommendations

- The National Steering Committee should approve commencement of some works at Busolwe Hospital within the available funds.

- The administrators of Kawolo Hospital should prepare clear budgets on maintenance and operations of the hospital before finalization and project handover to assist in planning and budgeting.
- The Project Manager and Hospital administration should devise water and energy saving options.
- The Government should increase funding to Kawolo Hospital to cater for the increased cost of utilites (power and water) as a result of the hospital expansion and acquisition of equipment.

3.2.1.6 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 Pediatric Surgery.

The network of the African health ministers who are part of the African Network of Medical Excellence conceived the project. The hospital will be the second network structure after the Salam Centre for Cardiac Surgery in Khartoum, Sudan. It is expected to contribute to both **inclusive and quality health care services** as well as **competitive health care Centers of Excellence** sector outcomes.

It is also referred to as the Emergency Hospital and 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 pediatric surgical procedures.

The project is funded by EMERGENCY (an Italian Non-governmental organization (30%) and GoU (20%). The two entities agreed to jointly source 50% of the project costs from major donors to cover all phases (design, construction and operation).

The financing Agreement was signed on 18th December 2018. The total project budget is Ug shs 117.9billion, of which Ug shs 90.5billion are project related costs and Ug shs 27.4billion are estimated tax costs. In FY 2018/19, the project was allocated Ug shs 1 billion, of which Ug shs 500 million was released and Ug shs 498billion spent by 31st December 2018. Funds were paid to EMMERGENCY for works executed; an additional Ug shs 1.5billion was reallocated from Kayunga-Yumbe Project to the EMERGENCY project as a payback for funds borrowed during FY 2017/18.

Physical Performance

The overall project performance was fair at 60%. The structure was roofed, rammed earth wall completed. Internal finishes, mechanical and electrical installations were ongoing. Development of equipment specifications had commenced and EMERGENCY was sourcing suppliers of various types of equipment. Summarised project performance is highlighted in Table 3.1.

Challenges

- Financing Gap of 11%; the GoU registered slow progress at implementation of the clause on 50% co-funding stipulated in the Memorandum of Understanding (MoU). EMERGENCY had already sourced 39% of the required funds.
- Delays in commencement of the equipment procurement process.

Ongoing works at the Regional Pediatric Surgery Hospital in Entebbe

Recommendations

- The MFPED and MoH should mobilize resources to meet the 11% funding gap to avoid project delays.
- EMERGENCY should expedite development of specifications to allow timely procurement, delivery, installation and use of equipment. These processes should be in tandem with work schedule submitted to both MFPED and MoH.

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

Background

Construction of the hospital commenced in February 2014 and was officially handed over to GoU in October 2017. The Defects Liability Period commenced in October 2018 and was expected to last 12 months. The hospital commenced its operations during FY 2017/18. The GoU and Islamic Development Bank (IsDB) financed the project at a cost of US$30.72 million. Construction works were undertaken by M/s Arab Contractors (Osman Ahmed Osman & Co) and works started on 15th May, 2015 at a sum of US$ 24,460,004.99 (VAT Inclusive). M/s Joadah Consults Limited at a sum of US$ 440,350 (VAT exclusive) supervised the works.

During FY 2018/19, the project was allocated Ug shs 10.8billion, of which Ug shs 8billion was released and 100% spent on payment of taxes to Uganda Revenue Authority (URA).

Performance

The overall project performed at 98%. The construction works were at 99.9%, while equipment delivery, testing and installation was at 90%. Addendum works were completed except modifications of the IVF room, which were ongoing. The initial completion date for all

addendum works, delivery and installation of equipment was September 2018, however by 10th January 2019, Achellis and Microhem Scientific had not completed their supplies.

Implementation challenges

- Outstanding contractual and tax obligations amounting to US$ 2.5million by the GoU. These included; Retention of US$ 611,500.13, Addendum works of US$ 1.3million and VAT of 669,174.44.
- Lack of a cost center for which outstanding obligations will be budgeted and paid since the project was slated to end on 31st March 2019 and exit the Public Investment Plan (PIP) during FY 2018/19.

Recommendations

- The MoH should prioritize payment of outstanding obligations to the contractor to avoid further cost overruns.
- The MoH should ensure that works in the IVF section are completed, equipment delivered, installed and tested in a timely manner.
- The Development Committee of MFPED should either extend the project for another 12 months or advise on a Cost Center where outstanding obligations will be budgeted and paid.

3.2.1.8 Strengthening Capacity of Regional Referral Hospitals (Project 1519)

Background

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

The DRIVE is a programme of the Netherlands Enterprise Agency that was initiated in June 2015 to facilitate private investment in infrastructure projects in developing countries through concessional finance. It is willing to finance 50% of project implementation, operation and maintenance in Uganda.

The entire project sum was estimated at EUR0 46million, of which GoU is expected to finance (50%) and the 50% by DRIVE. According to the Public Investment Plan (PIP) 2018/19 to 2020/21, The GoU 50% obligation can also be funded through a loan negotiated from the Netherlands subsidized by DRIVE, thereby enabling GoU to only pay half the actual interest.

During FY 2018/19, the project was allocated Ug shs 3billion, of which Ug shs 750million was released and 0% spent by 31st December 2018.

Performance

The overall project performance was poor at 0%. The project did not achieve any planned outputs as it was not ready for implementation at the beginning of FY2018/19. Its outputs included; Strengthening maintenance workshops; development of medical equipment maintenance protocols; procurement of design and supervision consultants to train (bio) medical

engineers. Others were capacity building of clinical staff; equipping the facilities with specialized medical equipment in the 18 zones located in the 14 RRHs and four General Hospitals; establishment of a testing and calibration center as well as training center for technical staff and users.

Implementation challenges

- Failure to absorb allocated funds; this is mainly because the project was not ready to start operations by 1st July 2018.
- Lack of clear targets in the Ministerial Policy Statement FY 2018/19, quarter one and two MoH performance reports under the project.

Recommendation

- The Development Committee of MFPED should strengthen the '*gate keeping role'* for admission of projects into the PIP to ensure that allocations and releases are made to projects with clear implementation plans

Table 3.1: Performance of the Health Infrastructure and Equipment Programme (MoH) by Sub-programme by 31st December 2018

Subprogrammes	Out put	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Italian Support to HSSP and PRDP	Monitoring, Supervision and Evaluation of Health Systems	120	45	4	0	0	The MoH held one meeting with stakeholders in Moroto District. No consultancy services were provided.
	Staff houses construction and rehabilitation	5,609	3,420	1	-	-	Stalled awaiting disbursements from the Italian Government.
Institutional Support to Ministry of Health (MoH) (1027)	Uniforms for medical staff procured	4,000	1,000	1	-	-	Funds were transferred to NMS to procure uniforms. The procurement process was ongoing.
	Medical stationery procured	1,000	250	1	-	-	Funds were transferred to NMS to procure medical stationery. Procurement was ongoing by 31st of December 2018.

Subprogrammes	Out put	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Renovation of two blocks at MoH Headquarter and vector control building undertaken. Repairs and maintenance of elevator at MOH undertaken	853	264	100%	0	0	BoQs for renovation of Block D were under development in December 2018. Procurement for works was due for commencement while the vector control building was completed with support from the Carter Centre.
	Two Vehicles for the Top Leadership (Hon. MoH and Hon. MSH (PHC) procured	720	-	100%	0	0	Clearance for six vehicles was received from MoPs on 3rd December 2018 and procurement was due to commence however, no funds were released during the first half of the FY.
	Machinery and equipment Procured	130	-	100%	1	0	No funds were released.
	Office and ICT equipment procured	55	-	100%	1	0	No funds were released.
	Furniture and fittings procured	100	-	100%	1	0	No funds were released.
	Health infrastructure in districts and Local Governments completed	1,610	785	100%	0	0	Works at the staff canteen were substantially complete and Ug shs 140million was paid. Local governments that benefited from the project were; Nakasongola, Luwero, Kayunga Mukono, Kapchorwa, for completion of civil works at various facilities.

Subprogrammes	Out put	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Regional Hospital for Pediatric Surgery(1394)	Hospital Constructed, monitored and supervised	1,000	500	30%	0.6	1.07605016	The structure was roofed; the rammed earth wall was completed. Internal finishes including tiling, installation of gypsum boards, mechanical and electrical installations were on going. Pending works mainly included external works.
Renovation and Equiping of Kayunga and Yumbe General Hospitals (1344)	Kayunga and Yumbe Hospitals Rehabilitated and Constructed	43,326	9,609	75%	0.3	46.6210655	The contractor was on site and performance was 46%, against 50% target for Kayunga while Yumbe was 24.5% against 26.5%.
	Specialized Machinery & Equipment Procured	5,000	5,000	1.00	0.00	0.00	Under procurement.
	Kayunga and Yumbe Hospitals Works monitored and supervised	2,625	900	0.75	0.30	2.83	M/S Dar Engineering in association with Joadah Consult Ltd supervised the works at the Kayunga and Yumbe Hospitals.
Kawolo and Busolwe Hospital Rehabilitated	Kawolo Hospital Rehabilitated and supervised	12,952	467	1.00	80.00	13.94	The construction and equipping of Kawolo General Hospital was at 90% civil works and 24% of the equipment targets achieved. Project was behind schedule and extended to 26th April 2019. Some facilities were handed over and already in use. Minor cracks were noted in some of the structures, however, the Project manager directed the contractor to correct all the defects before finalization and handover. Works at Busolwe had not started.

Subprogrammes	Out put	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Specialized Neonatal and Maternal Unit Mulago Hospital (1315)	Maternal and neonatal hospital construction undertaken	10,580	8,333	1.00	99.00	11.27	Works were under substantial completion. Equiping the facility was ongoing. It was expected to be opened up to only specialized cases at the end of FY 2018/19.
	Monitoring, supervision and evaluation of health systems	200	113	1.00	44.00	0.22	Monitoring and supervision was conducted.
	Specialized machinery and equipment procured	50	-	1.00	85.00	0.00	Rolled over activity with 90% of the equipment done.
Strengthening the capacity of RRHs	Specialized Machinery & Equipment	3,000	750	1.00	0.00	0.00	No works done.
Programme Performance outputs						**75.96**	**Good performance**

Source: Field Findings

Conclusion

Performance of the Health Infrastructure and Equipment Programme was good at 75% achievement of the semi-annual targets. However, the programme had drawbacks related to poor planning, delayed procurement and non-disbursements of funds from development partners. The Italian Government had not disbursed funds to complete staff houses in Karamoja, while MoH received funds for Strengthening Capacity of RRHs when they were not ready to implement planned activities.

Recommendations

- The MoH should prioritise planning, budgeting and submission of projects with interventions ready for implementation to avoid redundancy of committed funds.
- The MFPED, MoH should continue engaging the Italian government to disburse neccessay funds for completion of the staff houses in Karamoja.

3.2.2 Pharmaceutical and other supplies (Programme 05)

Background

The programme contributes to **Inclusive and Quality Healthcare Services** Sector Outcome. It consists of two sub-programmes with an overall objective of improving 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**).

Performance

The programme approved budget for FY2018/19 is Ug shs 843.49 billion, of which 58.4% was released and 86.9% spent. The disbursements to GAVI was low due to the delayed conclusion of the financing/disbursement modalities between GAVI and GoU. The MoU had not been signed by 31st December 2018 and the main expenditures were GoU financed.

The programme performance was very good as 97% of the semi-annual targets were achieved. In terms of **immunization:** The vaccines' availability was about 96% at the health facilities visited. Child health days were supported in 65 districts to further immunization; vaccine fridges were delivered to districts such as Kole, Oyam, Tororo, Bugweri, Lamwo among others.

HIV interventions: The percentage of HIV-positive pregnant women who received ART during pregnancy was at 110%, while percentage of people living with HIV currently receiving antiretroviral therapy was at 117% of the semi-annual targets. The percentage of HIV-positive new and relapse TB patients on ART during TB treatment was at 106%. The test and treat policy for HIV was under implementation and the availability of most ARVs except for children (Nevirapine syrup) was at 90%.

TB interventions, Treatment success rate-all forms: The percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated was at 92%. Availability of anti-TB drugs at the health facilities was estimated at 90% availability.

Malaria interventions: A total of 21,992 bales (878,695) of Long Lasting Insecticide Treated Nets (LLITNs) were distributed and balances left for continuous distribution to especially the pregnant mothers at health facilities such as RRHs. Proportion of confirmed malaria cases that received first-line anti-malarial treatment in the community was at 84%, stocks of ACTS were about 95% availability at the health facilities. The LLITNs distribution was about 97% across the country. The combination of LLITN distribution, test and treat policy significantly reduced on the stock out of medicines. Table 3.2 provides additional information.

3.2.2.1 Global fund for AIDS, TB and Malaria (Project 220)

Background

The project is structured into three grants. **HIV Grant:** Scaling up Prevention, Care, Treatment and Health Systems Strengthening for HIV/AIDS. **Health Systems Strengthening Grant (HSS)**: Strengthening the health and community systems for quality, equitable and timely service delivery **TB Grant:** Supporting Uganda's Tuberculosis reduction strategy Malaria Grant: Support for the Introduction of Highly Effective Artemisinin-Based Combination Therapy Malaria Treatment**.**

Performance

The GoU allocated Ug shs 4.28 billion, of which Ug shs 2.28 billion (53.3%) was released and Ug shs 1.78 (77.9%) spent. The sub-programme averaged at 93% of the planned targets. Artemisinin- based Combination Therapy (ACTs), Anti-Retroviral therapy (ARVs), Anti-Tuberculosis drugs, Long Lasting Insecticide Treated Nets (LLIN), Safety Boxes, lab supplies, condoms, Contrimoxazole, and one film van were procured to support the Behavioral Change and Communications intervention.

The additional two vans were still under procurement at bid submission stage, while the condom vending machines were scheduled for procurement in the second half of the FY2018/19. The construction of the Warehouse in Kajjansi was at 52% physical progress. Additional information presented in Table 3.2.

3.2.2.2 Global Alliance for Vaccine Initiative (Project 1436)

Background

The second phase of the GAVI grant is aimed at addressing among others; - a) Weak Exapanded Programme for Immunisation (EPI), Support Supervision coupled with inadequate outreaches: Nonexistent micro plans in some districts. b) Inadequate cold storage capacity at District Vaccine Stores (DVS) and health facilities to accommodate traditional and new vaccines by 2020 (12% of the 112 district vaccine stores, and 35% of health facilities have inadequate cold storage capacity against 2020 needs and more capacity gaps expected with the more vaccine introduction). c) Transport challenges affecting distribution of vaccines and other essential medical commodities especially within districts, including hard-to-reach areas

Performance

The sub-programme performance was very good at 97%. The sub-programme was allocated Ug shs 12.86 billion, of which Ug shs 12.83 billion was released and Ug shs 11.24 billion spent. The Project transferred Ug shs 12.6 billion to UNICEF for procurement of vaccines including; BCG, Measles, and Oral Polio, DTP-HepB-Hib. The availability of vaccines was approximately at 95% availability.

There were some observed stock outs lasting between one to two months particularly for Measles, Rota and BCG during the first half of the year. This partly led to outbreaks in most parts of the country in districts such as Zombo, Tororo, and Maracha. The sub-programme also provided cash grant for the Integrated Child Health Days (ICHD) for 65 districts in Uganda. The World Bank and UNICEF were to fund ICHD for the other districts.

The sub-programme also delivered vaccine refrigerators procured in FY 2017/18 to selected health facilities in some LGs. For instance, four solar fridges for Lamwo; six fridges for Tororo, while Bugweri, Kole, and Oyam received three fridges respectively. The other works such as construction of 30 districts vaccine stores, procurement of 57 vehicles had not commenced pending finalization of the discussions about funding modalities upon which disbursements will be made.

Table 3.2: Performance of Pharmaceutical and other Supplies as at 31st December 2018

	Out put/Subprogra mmes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target (%)	Cum. Achieved Quantity	Weighted Physical performanc e Score (%)	Remarks
	GoU Support to Global Fund made	4,275	1,775	100	35	0.74	Funds were used for procurement of medicines, payment of contract staff; while Ug shs 100m was transferred to partner institutions such as Uganda AIDS Commission, among others.
HIV Grant	Human Resources (HR) delivered	414	247	100	55	0.08	Staff undertook operational activities such project execution, monitoring and supervision.
	Travel related costs (TRC) done	3,269	2,410	100	73	0.67	
	External Professional services (EPS) hired	1,735	974	100	55	0.35	
	Health Products - Pharmaceutical Products (HPPP) procured	166,815	166,815	100	100	34.41	Medicines (Anti-Retroviral Therapy) various combinations procured.
	Health Products - Non-Pharmaceutical s (HPNP) procured	61,931	61,931	100	100	12.77	Diagnostic equipment including test kits procured and distributed.
	Health Products - Equipment (HPE) procured	155	155	100	100	0.03	Facilitating equipment such as condom vending machines procured while others were due for procurement in the second half of the

	Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target (%)	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
							FY2018/19.
	Procurement and Supply-Chain Management costs (PSM) incured	54,780	36,869	100	60	10.07	Costs under taken to facilitate procurement.
	Non-health equipment (NHP)	917	237	100	20	0.15	Van procured for Behavioral Change and Communications (BCC) interventions.
	Communication Material and Publications (CMP) developed	806	10	100	1	0.06	Communication materials such as fliers, banners about HIV/AIDS developed.
	Programme Administration costs (PA) incured	171	171	100	100	0.04	Administrative costs including allowances incurred.
	Living support to client/ target population (LSCTP) provided	1,285	1,271	100	96	0.26	Psychosocial Support provided to clients living with HIV/AIDS.
Malaria Grant	Human Resources (HR) delivered	1,388	1,388	100	98	0.28	Staff undertook operational activities such project execution, monitoring and supervision.
	Travel related costs (TRC) incurred	7,604	7,604	100	98	1.54	
	External Professional services (EPS) hired	4,045	4,045	100	98	0.82	
	Health Products		97,521	100	99	19.91	Medicines (ACTS)

	Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target (%)	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	- Pharmaceutical Products (HPPP) procured	97,521					procured and distributed by the NMS.
	Health Products - Non-Pharmaceuticals (HPNP) procured	27,356	27,356	100	98	5.53	LLINs procured and disseminated.
	Procurement and Supply-Chain Management costs (PSM) incurred	31,253	31,253	100	100	6.45	Costs undertaken to facilitate procurement.
	Communication Material and Publications (CMP) made	6,161	6,161	100	100	1.27	Various publications related to Malaria control were disseminated.
	Programme Administration costs (PA) incurred	80	80	100	100	0.02	Administrative costs incurred.
GAVI (Project 1436	Preventive and curative Medical Supplies (including immunization) provided	12,600	11,087	100	100	2.60	Funds transferred to UNEPI and vaccines such as BCG, Measles, DPT, Rota procured and distributed.
	Medical and Evaluation Capacity Improvement done.	258	151	100	100	0.05	Operational activities carried out including payment of salaries.
	Programme Performance (Outputs)					**97.35**	

Source: Field Findings

***** The TB and HSS interventions were not fully analyzed because the financials were NOT readily available.***

Programme Challenges

- The Global Fund utilization process is highly consultative and therefore time consuming. This affects timely implementation of planned outputs.
- Differences in reporting formats for different government agencies such as MFPED, OPM among other interested stakeholders thus consuming time potentially for other activities.
- Delays in conclusion of the financing modalities between GAVI and GoU affected service delivery due to inability to procure key items such as transport equipment and additional vaccine fridges.
- Vaccine stock outs particularly for traditional GoU funded vaccines. This was attributed to insufficient budgetary allocations made to the sub-programme.

Conclusion

The performance of the Pharmaceutical and other supplies programme was very good at 97%. Vaccines and Medicines for Malaria, TB and HIV patients were available most of the time. Delayed conclusion of the financing/disbursement modalities between GAVI and GoU, and the bureacratic processes of accessing Global fund continued to affect health service delivery.

Recommendation

- The MFPED, MoH should engage the GAVI to expeditiously conclude the modalities to enable timely implemetation of activities.

3.2.3 Public Health Services (Programme 06)

Background

The programme directly contributes to **Inclusive and Quality Healthcare Services (Sector Outcome)** through improvement of quality and accessibility of clinical and public health services in Uganda. Programme outcomes are integrated public health services in Uganda; Controlled epidemic and endemic diseases; well-coordinated infrastructure development; Pharmaceutical Policy implemented; Supply chain planned and managed; and curative services interventions integrated.

Programme 06 is comprised of four sub-programmes and two development projects. These are: Community Health (Sub-Programme 06); National Disease Control-NDC (Sub-Programme 08), Health Promotion, Communication and Environment Health (Sub-Programme 13), Maternal and Child Health (Sub-Programme 14); Projects are: Uganda Sanitation Fund Project (Project 1441) and East Africa Public Health Laboratory Network Project Phase II (Project 1413).

During FY2018/19, the planned programme outcome indicators were; 100% of epidemics/disease outbreaks contained; 4,500,000 Couple Years of protection (Estimated number of couples protected against pregnancy during a one-year period); 95% DPT3 Coverage.

Semi-annual budget monitoring focused on one sub-programme; National Disease Control (Sub-Programme 08), and one development project -East Africa Public Health Laboratory Network Project Phase II (EAPHLNP).

Performance
The approved budget for the programme in FY2018/19 was Ug shs 31.59 billion, of which Ug shs 18.52 billion (58.4%) was released and Ug shs 9.47 billion spent. Expenditures were mainly made under National Disease Control for Management of Public Health Emergencies. The programme achieved 75% of the planned targets. DPT coverage was at 95%, and 87% of the epidemics or diseases outbreaks were contained. These included; Ebola, Cholera, Rift Valley fever, Congo, Crimean Congo Hemorrhagic fever among the Congo boarder districts.

National Diseases Control Programme in partnership with the East Africa Public Health Laboratory Networking Project II collaborated in management of outbreaks such as Crimean Congo Hemorrhagic fever, Rift Valley fever, Anthrax in Rhino Camp, Ebola, and Cholera among others. Key assorted diagnostic equipment such as the carbon dioxide incubator, autoclave 75 liters, general-purpose laboratory refrigerator, and ultra-low temperature freezers among others were delivered at Moroto, Fortportal, Mbale, Arua, Lacor and Mulago hospitals. Three temperature scanners were procured and installed at Entebbe Airport. Other equipment including ambulances were under procurement.

Contracts for refurbishment and reconstruction of Arua, Mbale and Mbarara laboratories were signed. Entebbe Isolation Center, Viral Hemorrhagic Fever (VHF) in Mulago, Multi Drug Resistant Tuberculosis (MDR) Unit in Moroto were still under procurement. **The detailed sub-progamme performance is presented below.**

3.2.3.1 National Disease Control (Sub-Programme 8)

The sub-programme was allocated a total of Ug shs 5.66 billion, of which Ug shs 2.95 billion was released and Ug shs 2billion spent. The sub-programme undertakes coordination of national endemic and epidemic disease control services; Immunization services; Indoor Residual Spraying (IRS) services. Coordination of clinical and public health emergencies including the response to Nodding Syndrome.

The sub-programme achieved 80% of the semi annual targets with immunization coverage at 95%, National endemic and epidemic disease control services controlled up to 87%. Coordination of clinical and public health emergencies at 93%. IRS services under GoU poorly performed at (30%). The MoH did not spray but held IRS gains sustainability workshops for beneficiary districts (Lamwo, Kitgum, Kole, Gulu, Amuru, Omoro, Apac, Lira, and Oyam).

Photo-Biological Control of Malaria performed at 66%. An MoU between Uganda and Egypt regarding support to laviciding was signed on 24th January 2019. The support includes technical and provision of safe larvicide. The contract for larviciding was sent to the Solicitor General for clearance. Additional information in Table 3.3.

Other disease control interventions included; Response to Nodding Syndrome. These interventions were assessed in the districts of; Kitgum, Lamwo, Pader, and Gulu that received

funding towards end of FY2017/18 and used the funds in FY2018/19. The following was established;

*Gulu Regional Referral Hospital***:** Received and spent Ug shs110,628,000 on software activities (mainly community sensitization, and trainings) of Nodding Syndrome response. The hospital poorly managed the finances as the funds were disbursed to individual accounts of hospital staff to carry out the assignment. The accountabilities could therefore not easily be verified; and for that matter were doubtful.

Gulu District Health Office: The district had 92 Nodding Syndrome victims and had not recorded any new cases by 31st December 2018. The district received Ug shs 78,470,000, which was used to purchase food (150 bags of beans and 150 bags of maize flour and non-food items such as 60 mattresses, 60 blankets, 60 pairs of bedsheets, and community dialogues for the affected children. Referrals (16 children) to Gulu RRH and back to their homes.

Kitgum District: The district had 406 cases of Nodding Syndrome with Kitgum General Hospital receiving cases from various districts including Pader, Lamwo, and Kitgum among others. The facility at the General Hospital had not received any new cases. The district received Ug shs 267,292,000 for the Nodding Syndrome response and used the funds to purchase food (26,125kgs of posho, 9,792kgs of yellow beans, 544 blankets, and 544 pairs of bedsheets. These were all distributed by October 2018.

Lamwo District: The district had 309 persons affected by Nodding Disease by end of FY 2017/18 and had not recorded any new cases in FY2018/19. The district received Ug shs 175,151,000 in June 2018 and was spent on procurement of food items (13,261.8kgs of posho and 5,260.07kgs of beans). The district also procured non-food items such as mattresses and blankets.

Omoro District: The district received Ug shs 229,766,400 which was used for procurement of mattresses, and food for the affected children. The procured items were delivered at Aromowanylobo village, Odek sub-county that hosts the centre for Nodding Syndrome formerly known as: **Hope for Human Centre/Nodding Syndrome Centre.** The centre was officially re-opened on 6th July 2018 however, by 21st January 2019, the centre was closed again due to compensation disputes between community and the LG.

The community, which had initially given the land freely for setting up the Syndrome Centre required compensation before the government could take over the land and the existing structures. The 400 households each required 30 iron sheets as compensation. The standoff between the DLG and the landowners resulted into unending closure of the facility. On 8th January, 2019 when the children reported to the site; the landowners declined to accept resumption of its operations until receipt of the compensations.

The affected children were given some medicines, food supplements (Replenish- Immune booster) and sent back home pending the settlement of the standoff. The children are discriminated at their home, poorly feed, and live in a poor hygiene condition. The task force was due to meet in the week of 21st to 25th January 2019 to find a solution.

Box: 3.1: Key findings on Nodding Syndrome Disease in various districts

- *Lack of clear accountabilities for the nodding diseases funds rleased in FY2017/18.*
- *No new cases were detected.*
- *The key informants advocate for a rehabilitation centers in the affected districts as the children have special needs.*
- *The most affected are 5 to 15 years and these need to attend education training.*
- *There was a general improvement among the patients upon provision of food, and non-food items and with NMS supply of Sodium Valproate 500mg, and recent supply of Replenish- a plant based vegetarian capsule that boosts the patients' immunity.*
- *Medicines must be accompanied by a good diet.*
- *There is need for Operation Wealth Creation (OWC) to target these communities with drought and pest resistant varieties of crops to ensure food security for the families.*

Source: Field Findings

Challenges

- Food insecurity among the communities/patients further compromising response to the supplied medicines.
- Inadequate funding for outreaches such as fuel funds to ferry patients from villages to the treatment facility in Kitgum District.
- Stock out of anti-convulsants in the treatment facilities
- Lack of functional rehabilitation centres in the affected districts. The Omoro centre was non-functional due the demand for compensations from the community.
- Lack of clear accountabilities for the Nodding Disease funds released in FY2017/18.

Recommendations

- The MoH, OWC, and Minsitry of Agriculture, Anial Industry and Fisheries (MAAIF) should target the nodding syndrome affected areas to assist in enhancing food security.
- The DLGs with support from MoH should train health workers in psychosocial support skills in management of Nodding Disease victims.
- The MoH, NMS should ensure continuous supply of food supplements and anti-convulsants.
- The MoH should verify all accountabilities from various entities that received Nodding Disease funds.

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

The World Bank at a tune of US$ 15million funds the project. Financing became effective on 31st March 2016 with an expected completion date of 31st March 2020.

The project aims to establish a network of efficient, high quality, accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases. This project is implemented in the five East African countries including Uganda, Kenya, Tanzania, Rwanda, and Burundi. The project had improved laboratory services at various sites through provision of laboratory equipment, reagents, routine servicing, and adequate support supervision.

The project implements three components. These are: Regional Diagnostic and Surveillance Capacity (component one), Training and Capacity Building (component two), Joint Operational Research and Knowledge Management (component three). The annual monitoring focused on all components.

Performance

Cumulatively, a total of US$ 4,895,930.07(32%) disbursement was made. The disbursement has mainly been for procurement of equipment for laboratories. The overall project performance was fair averaging at 60% of the semi-annual targets achieved. Overall, physical progress for construction works was at 5%. Construction works had commenced in September 2018 (Mbale, and Mbarara) while others (Lacor, and Arua) had not commenced. By January 2019, however, the contractor at Mbale had abandoned site-awaiting instructions from the consultant to commence works for the substructure.

The contract for supply, installation, test and training for equipment was signed with M/s PALIN Cooperation in two lots. Lot 1 and 2 were costed at US$188,023.88 and US$44,749.33 respectively. By 31st December 2018, selected RRHs had received assorted equipment: Fort Portal and Moroto each received; Anaerobic Jar, a Biological LED microscope, a laboratory oven; a carbon dioxide incubator, an autoclave 75Litres, a general purpose laboratory refrigerator; pipettes single channel, adjustable, and a water distiller.

The equipment provided to Mulago, Fort portal, and Moroto were freezer, thermometer, min/max thermometer each. Other hospitals that received were Lacor and Arua (anaerobic jar, min/max thermometer, biological led microscope). The hospitals noted that the equipment had greatly improved their performance. Some equipment was in use, while others awaited to use them after the renovation works (Arua and Fort Portal RRH).

Other equipment procured included: temperature scanners for Entebbe International Airport at a cost of US$ 187,840.1 supplied by M/s Rima EA Limited, temporarily isolation units were also delivered at US$189,000 by VVSOAR Enterprises to NMS. Procurement of two ambulances through United Nations Office for Project Services (UNOPS) was ongoing at the cost of Japanese Yen 12,389,017.69. Procurement of infection prevention materials for the Viral Hemorrhagic Fever (VHF) was at approval stage of the procurement process. The project also provided supplies and operational funds to the regional centres. Detailed performance in Table 3.3.

Table 3.3: Semi-annual Performance of Public Health Services Programme for FY2018/19

	Output/Subprogrammes	Annual Budget (Ugshs Million)	Cum. Receipt (Ugshs Million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
National Disease Control	Coordination of Clinical and Public Health emergencies including the Nodding Disease	367	257	100.	65	4.78	The MoH carried out support supervision to the districts managing cases of Nodding Diseases Syndrome. Mattresses and food items (beans and posho) were procured and distributed to the affected families in the districts of Omoro, Kitgum, Lamwo, and Gulu. There was an observed improvement in the welfare of the patients with provision of **medicines, nutritional supplements, and food**. The districts noted that presence of the threefold elements could assist in keeping the effects of the syndrome at bay (***Highlight from key informants in Box 1***).
	Immunization services provided	795	366	100	44	10.62	Routine and static immunization were carried out at various health facilities countrywide. DPT3 coverage was at 95%, while measles immunization was at 88%. The MoH also supported 65 districts including Bugiri, Budaka,Gulu, Kabalore for the Integrated Child Health days.
	IRS done	417	135	100	10	1.80	IRS Gains Sustainability workshops for IRS districts held. The MoH also implemented an entomological monitoring exercise.
	National Endemic and Epidemic Disease Control	2,864	1,643	100	50	34.87	The MoH held two Uganda –Congo cross border meetings held as planned.
	Photo-biological Control of Malaria	1,218	547	100	30	11.37	The MoH continued support to VHF, Crimean Congo Haemorrhagic Fever (CCHF), Rift Valley Fever (RVF) preparedness and response in the affected districts.

East African Public Health Laboratories Project	Regional Diagnostics Surveillance Capacity Enhanced	524	524	100	5	0.37	Overall, physical progress was 5%. Construction works had commenced in September 2018 (Mbale, and Mbarara) while others (Lacor, and Arua,) had not commenced. By January, 2019, the contractor at Mbale was not on site. Contracts for various works were as follows: M/s Moga at Ug shs 1,925,992,914 for a period of 12 months at Mbarara RRH; M/s EGSS Engineering contractors at Ug shs 1,935,225,818 for 12 months at Mbale RRH; Lacor hospital is expected to procure their contractor for the remodeling of the laboratory at Ug shs 369,027,298. At Moroto RRH, Environmental Social Impact Assessment was completed by 31st December 2018. The contractor was JBN consults limited at a contract sum of Ug shs 79,897,800 The contract for the supervising consultant was signed on 13th August 2018 with M/s PAN Modern Consult Limited at the contract sum of Ug shs 1,207,830,000 for a period of 18months.
	Joint Training & Capacity Building	135	135	100	90	1.70	Training of Trainers was conducted. Satellite laboratory staff were also trained.
	Joint OR & Knowledge Sharing & Regional Coordination & Program Mgt	834	834	100	85	9.91	Involved management, training and recruitment of staff. Training of satellite sites in research was done.
	Programme Performance (Outputs)					**75.42**	**Good Perfomance**

Source: Field Findings

Challenges

- Internal delays within the MoH during procurement and funds requisition. This delays implementation of planned outputs.
- Variations in civil works due to the unanticipated geology in Moroto Dsitrct. The cost variation increased from US$150,000 to US$200,000.

Conclusion

The performance of Public Health Services was good (75%), with a number of disease outbreaks contained because of timely surveillance and response to outbreaks. Efforts to deal with Nodding Diseases Syndrome and provision of key diagnostic laboratory equipment to enhance service delivery were underway. The programme is however affected by lack of functioning Nodding Syndrome Centres in affected districts and slow pace of construction of the Multi Drug Resistant TB (MDRT) satellite laboratories and Isolation Units at selected RRHs.

Recommendations

- The MoH, and DLG should establish functional Nodding Syndrome response centres in the affected districts.
- The Accounting Officer of MoH should fast track all procurements and ensure that the project is implemented in a timely manner to avoid further delays, time and cost overruns.
- Additionally, the MoH and Project Manager of EAPHLP should prevail on the contractors and consultant to ensure the projects are completed in time.

3.2.4 Clinical Health Services (Programme: 08)

Background

The programme directly contributes to **Inclusive and Quality Healthcare Services (Sector Outcome)** through improvement of quality and accessibility of clinical and public health services in Uganda. Programme outcomes are integrated public health services in Uganda; Controlled epidemic and endemic diseases; well-coordinated infrastructure development; Pharmaceutical Policy implemented; Supply chain planned and managed; and curative services interventions integrated.

Programme 08 is comprised of five sub-programmes. These are: Shared National Services (Sub-Programme 09), Nursing Services (Sub-Programme 11), Integrated Curative Services (Sub-Programme 15), Ambulance/Emergency medical services (Sub-Programme 16), and Health Infrastructure (Sub-Programme 17).

During FY 2018/19, the planned programme outcome indicators were; Institutional/Facility based Maternity Mortality 102 per 100,000 facility-based deliveries; Institutional/Facility based Infant Mortality rate at 52 per 1000; Institutional/Facility based perinatal Mortality rate at 12 per 1000.

Semi-annual budget monitoring focused on four sub-programmes of; Shared National Services (Sub-Programme 09), Integrated Curative Services (Sub-Programme 15), Ambulance services (Sub-Programme 16), and Health Infrastructure (Sub-Programme 17).

3.3.4.1 Shared National Services (Sub-Programme 8)

The sub-programme implements activities in relation to payment of medical interns, senior house officers, transfers to international institutions, and to LGs, National Health Insurance Scheme

among others. The sub-programme performance averaged at 75% of the semi-annual targets. Allowances were paid to both the interns and the senior house officers. The sub-programme was allocated Ug shs 38.01billion, of which Ug shs 19.33billion was released and Ug shs 12.35 billion spent. Highlights are presented below and details in Table 3.4.

Medical Intern Services: The MoH deployed 1,048 interns to 34 training centres. The interns comprised of 604 medical doctors, 20 dentistry, 109 pharmacies, 41 midwives, 274 nurses. These received their allowances up to 31st December 2018. There was an observed delay in the payment of the interns' allowances as by mid-February, the funds for Q3 had not been paid to the interns. Interns' representatives noted that the late payments have a strong negative effect on the wellbeing of interns who do not receive accommodation and meals at the hospital.

In terms of learning, the MoH changed the rotation policy from three to six months' rotation per discipline to enhance learning. The interns are expected to be rotated twice for the major disciplines. The interns observed that supervisors were available to train them except for Lira and Soroti where the new universities were affecting the availability of the consultant and senior consultants. These were attracted to higher pay at the university. The intermittent stock out of supplies such as sundries, and reagents and other, medicines partly affected their learning.

Recommendations

- The training institutions should prioritize provision of accommodation and meals to the interns to enhance the learning outcomes. Interns' representatives noted that the late payments have a strong negative effect on the wellbeing of interns who do not receive accommodation and meals at the hospital.
- Training insitutions should ensure availability of medical supplies especially those essential for theatre procedures to enhance practical learning skills.
- The MoH should ensure that the interns' allowances are paid in time to enhance their welfare and learning.

National Health Insurance Scheme (NHIS): The NHIS regulations were not developed, the bill was submitted to the first Parliamentary Council for comments. The operationalization of the scheme is taking a slow pace albeit the high out-of-pocket expenditure and the poor functionality of the health delivery units.

Recommendation

- The MoH should fast track the operationalization of the NHIS and the complementary resources such as human resources, equipment, and other health infrastructure.

3.2.5 Integrated Curative /Clinical Services (Sub-Programme 15)

The sub-programme mainly coordinates clinical and public health emergencies; including support supervision to the DLGs. The approved budget for the sub-programme in FY2018/19 is Ug shs 2.36 billion, of which Ug shs 1.38billion was released and Ug shs 0.88billion spent.

Physical performance averaged at 87%. Mass adolescent and adult screening for Hepatitis B was carried out for those aged 17 years and above in Busoga and Bugisu regions. The DHOs, CAOs, secretary for health, health workers, were trained in Hepatitis B case management. The MoH also provided technical support supervision to the DLGs. Table 3.4 provides additional details.

3.2.5.1 Emergency Medical Services (Sub-Programme 16)

The sub-programme is mandated to establish functioning national referral services with a call centre and effective and reliable transport for referral. The approved budget for the sub-programme in FY2018/19 is Ug shs 0.96 billion, of which Ug shs 0.48 billion was released and Ug shs 0.28 billion spent. Programme performance was fair at 60% of the semi-annual targets achieved.

The sub-programme conducted consultative stakeholder meetings with regional health managers and Private Health Providers to review the draft policy of Emergency Medical Services Policy (EMS). Standard operating procedures, ambulances protocols and a curriculum to train ambulance drivers was developed. The EMS policy and strategy was due for presentation to be presented to cabinet. Details are presented in Table 3.4.

3.2.5.2 Health Infrastructure (Sub-programme 17)

The sub-programme mainly coordinates maintenance of medical equipment and solar installations in the health facilities. It is also mandated to supervise, monitor and mentor the biomedical engineers and other staff in the regional maintenance workshops.

The approved budget for the sub-programme in FY2018/19 is Ug shs 3.76 billion, of which Ug shs 1.89 was released and 61% spent. Physical performance averaged at 65%. A total of 611 solar systems were maintained in 167 selected heath facilities. In Unyama HCII, Gulu District, the contractor for MoH visited the facility and maintained the solar system. The solar maintenance involved replacement of batteries for the staff house, solar panel for the OPD. By the 22nd January 2019, the solar system was working well. At Awach HCIV, the MoH contractor identified the inverter to be faulty but this had not yet been replaced.

A few health facilities (those whose installation was funded by the Nordic Development Fund) received new batteries and other accessories. In terms of the imaging equipment, 28 out of the 49 ultrasound scanners, 17 out of the 42 x-ray machines and three out of six PCR printers were maintained in selected RRHs, GHs, and HCIVs. The MoH monitored and mentored staff at the Regional Maintenance Workshops at Jinja, Moroto, Kabale, Mbale, Fort Portal, Soroti, Lira, Gulu, Hoima, Arua, Mubende and Wabigalo central workshop. Details in Table 3.4.

Table 3.4: Performance of the Clinical Health Services Programme (0808) as at 31st December 2018

Subprogramme	Out put/Subprogrammes	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Shared National	GoU contribution to Global	1,500	1,500	100	50.00	1.66	GoU contribution to Global Fund partly made.

Subprogramme	Output/Subprogrammes	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Services	Fund made						
	Medical Intern services provided	11,430	6,215	100	54.40	25.35	A total of 1,048 interns were deployed to the 34 training centres. The internship policy was also drafted and awaiting Cabinet approval. The intermittent supplies of sundries, and reagents and other, medicines partly affected their learning.
	Senior House Officer Services provided	4,180	2,090	100	50.00	9.27	Allowances for 395 Senior House Officers (SHO) were paid. The SHO Policy was concluded awaiting Cabinet approval. The guidelines for the SHOs were also in draft form.
	National Health Insurance Scheme regulations developed	2,000	771	100	10.00	1.15	The NHIS regulations were not developed, the bill was submitted to the first Parliamentary Council for comments.
	Provision of local government services supported	18,900	8,750	100	46.00	41.65	Funds were transferred to Kawempe and Kiruddu hospitals to cater for their operational costs. MoH also contributed to Red Cross to support blood collection; and paid for medicines and health supplies for PNFPs to JMS[4].
Integrative Curative Services	Coordination of clinical and public health emergencies	1,663	940	100	45.00	2.93	Mass adolescent and adult screening for HEP B was carried out for those aged 17 years and above in Busoga and Bugisu regions. All RRHs, General Hospitals and HCIVs were designated care and treatment centers for HEP B. Training of health care workers across districts (Busoga, and Bugisu) where control activities have been rolled out.

[4] The disbursements were not verified.

Subprogramme	Output/Subprogrammes	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Support Supervison provided to the DLGs	700	441	100	60.00	1.48	District Health Educators of five districts of Kabale, Kisoro, Rukungiri, Kanungu and Rubirizi supervised and mentored on risk communication for disease outbreak preparedness. Community knowledge on Ebola in 4 districts of Arua, Pakwach, Nebbi and Zombo assessed and results used to inform planning.
Health Infrastructure	Medical and Solar equipment maintained	2,316	1,165	100	20.00	2.04	A total of 611 solar systems maintained in 167 heath facilities in selected districts. The contractors did not carry out maintenance in some districts due to delayed payment from MoH.
	Technical Support Supervision provided to the DLGs	1,443	719	100	45.00	2.89	MoH visited the regional maintenance workshops for mentorship, appraisal and technical support supervision
Emergency medical services	Emergency medical services provided	957	477	100	30.00	1.28	Fair performance
Programme Performance (Outputs)						**89.70**	**Good Performance**

Source: Field findings

Conclusion

Performance of Clinical Health Services was good at 89% achievement. This was mainly occasioned by payments of interns and senior house officers' allowances. Some efforts were also made to maintain equipment and establish the National Health Insurance Policy. The programme was mainly affected by partial maintainance of health equipment, delayed operationalization of the ambulance services and Health Insurance Scheme.

Recommendations

- The MoH should allocate funding for maintainance of the diagnostic and imaging equipment.

- The MoH should expedite the operationalization of the National Health Insurance to attain full functionality of the Health Systems Building Blocks.
- The MoH and Cabinet should fast track inactment of the National Health Insurance bill.

3.3: 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 the 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 **Inclusive and Quality Healthcare Services** outcome through implementing Program (52) - Human Resource Management for Health[5]. The ultimate program outcome is improved status of human resources for health in the health service. The program outcome indicator was the proportion of qualified health workers recruited against the annual recruitment plan at national level[6]. The program objective was expected to be achieved through provision of strong and competent human resources for efficient and effective health service delivery in line with Human Capital Development as stated in NDPII.

The semi-annual monitoring FY 2018/19 focused on two sub-programmes; Human Resource Management (HRM), and the Health Service Commission Development Project.

Financial Performance

During FY 2018/19, the annual revised programme budget was Ug shs 6.4billion, of which Ug shs 3.3billion (52%) was released and Ug shs 2.2billion (69%) spent by 31st December 2018. Unspent balances were recorded under contract staff salaries with only 36% spent and gratuity (50%) among others.

Performance

Performance was poor as 18% of the semi-annual targets were achieved. The recruitment interviews had not commenced. Only one out three development targets was partially achieved by 31st December 2018. Detailed performance by sub-programme is presented below.

3.3.1 Human Resource Management (Sub-Programme: 02)

The sub-programme was allocated Ug shs 1billion, of which Ug shs 518million (50%) was released and Ug shs 984million (77%) was spent. Only five entities had submitted their recruitment requisitions to the Health Service Commission by 14th December 2018. These were; Uganda Virus Research Institute (UVRI), Mulago NRH; Uganda Blood Transfusion Services (UBTS); Moroto and Jinja RRH. The advertisement for FY 2018/19 recruitments was done in January 2019.

[5] MoH, MFPED, MoPs (Ministry of Public Service), RRHs and specialized institutions contribute to performance of the Programme. MoH is responsible for deployments, 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.

[6] The indicator was set as an output indicator.

3.3.2 Health Service Commission (Project 0365)

The project was allocated Ug shs 263million during FY 2018/19, 100% of the funds were released and 9% spent by 31st December 2018. Office furniture was procured and the motor vehicle was still under procurement. Detailed performance of the commission is highlighted in table 3.5.

Table 3.5: Detailed Performance of Health Service Commission by 31st December 2018

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target #	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Sub Programme: 02 Human Resource Management	Health Workers recruited in Central Government Health Institutions	1,033	518	850	0.00	0.00	The HSC appointed 681 health workers by 14th December 2018. These were mainly for Kawempe and Kiruddu hospitals. Recruitment had commenced the previous FY and completed during FY 2018/19. Recruitment for FY 2018/19 had not commenced.
		180	88	56	24.00	10.70	Kiboga, Kikube, Mbarara, Rukungiri, Kanugu, Agago, Pader, Kalungu, Gomba, Bukomansimbi, Nwoya, Lira, Oyam, Kole, Kakumiro, Kasese, Kasanda, Amudat, Nakapiripirit, Nabilatuk and 7 RRH (Mbarara, Hoima, FortPortal, Moroto, Lira, Gulu and Masaka) received support. Technical support was also provided to selected District Service Commissions.
Health Service Commission	Transport equipment procured	183	183	1	0.40	4.97	Under procurement.
	Machinery and Equipment procured	40	40	1.00	0.20	0.54	Under procurement.
	Office furniture procured	40	40	28.00	14.00	1.35	14 executive chairs for members of the commission were procured.

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target #	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Programme Performance (Outputs)					**17.56**	**Poor Performance**

Source: HSC, IFMS, Field findings

Implementation Challenges

- Delays in submission of recruitment requests from Central Government Votes translated into delays in advertising jobs in both print and social media.
- Variances between planning tools and actual implementation plans and budgets: The sector's annual recruitment plan for central government votes in the Approved Annual Ministerial Policy Statement (FY 2018/19) indicated 1,487 health workers cleared for filling by MoPs by April 2018. However, the HSC planned to recruit only 850 health workers.
- Unclear unit cost of recruitment of health workers. Efforts to get a clear and detailed cost were futile, yet HSC continues to lobby for budgetary increments in addition to supplementary budgets. The unit cost is key for planning and budgeting for adequate staff within the health sector.

Conclusion

Although, the HSC recruited 681 health workers during the first half of the FY. This was majorly because the processes had commenced last FY 2017/18. This method should be adopted, targets of the subsequent FY should be planned, budgeted in current FY. This will enable timely deployments and absorption of the Wage Bill.

Poor performance (18%) was registered regarding outputs for FY 2018/19. Only five votes had submitted their recruitment needs to HSC. Ou puts under the development grant were still under procurement. The need to plan and commence recruitment processes for subsequent FYs in a timely manner is key to reduction of staffing gaps and absorption of wage allocations by various health facilities.

Recommendations

- The HSC should come up with the unit cost of recruitment and disseminate it to relevant stakeholders, this should be tagged to recruitment expenses during planning and budgeting to enable GoU finance activities with clear and measurable targets.
- The HSC, MoPS and MoH should ensure harmonization of staff recruitment plans with annual planning, budgeting and implementation tools.
- The above recommendations call for the MoH and HSC to initiate the processes of amending the law in relation to timelines required for recruitment of health workers.

3.4 Uganda Cancer Institute (Vote 114)

Background

The Uganda Cancer Institute (UCI) offers super specialized 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 inclusive and quality healthcare services.

Performance

The UCI budget in FY2018/19 is Ug shs 93billion, an increment of Ug shs 41billion over the FY 2017/18 budget. A total of Ug shs 30billion was released (32%) and Ug shs 28billion (93%) spent by 31st December 2018. Approximately, 68% of the funds were allocated to construction of the multipurpose building under African Development Bank (ADB) Support to UCI Project. Works had just commenced and the contractor had not submitted any interim certificates for payment.

The UCI achieved 43% of the set targets for FY 2018/19. Good performance was noted under Medical Services with inpatients and outpatient attendances, investigations, new cancer cases registered achieved by over 100%. Radiotherapy targets at 77%; Uganda Cancer Institute (Project 1120) at 53%; Poor performance was registered under Institutional Support to UCI (1476) with only one out of nine planned outputs (11%) achieved by end of quarter two FY 2018/19. Under performance of the ADB Support to UCI project was noted with construction works at less than 10%. Works had just commenced and procurement of equipment was ongoing. Detailed performance is highlighted below.

3.4.1 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. Programme indicators were; Percentage of patients under effective treatment; Percentage reduction in cancer incidence; Percentage change in disease presentation (from stage III & IV to II & I).

During FY 2018/19, the UCI is implementing seven 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). Semi-annual monitoring focused on: Sub-programme 02 (Medical Services); Radiotherapy (Sub-Programme 04); The Uganda Cancer Institute Project (1120); African Development Bank (ADB) Support to UCI and Institutional Support to UCI.

Performance

Medical Services (Sub-programme 02): The sub-programme was allocated Ug shs 8.6billion, of which Ug shs 4.3billion was released (50%) and Ug shs 2billion (48%) spent by 31st December 2018. Only 37% of the released funds on procurement of medical supplies was spent.

Some planned outputs under medical services were achieved beyond target, while others were not. Those that surpassed their target were diagnostic investigations at 222% and outpatient's services at 132%. New cancer cases registered were 2,313 out of 5,000 target (49%). These numbers point towards the increasing cancer burden to both the hospital budget and that of GoU. Table 3.6 highlights programme performance by service output.

Table 3.6: Perfomanance of Medical Services Sub-programme by 31st December 2018

Service	Annual Planned Target	Achievement	%	Remarks
New cases Registered	5,000	2,313	46	Efforts should be geared towards preventive aspect of cancer
Inpatient Attendances	40,000	19,626	49	Not Achieved
Investigations	179,144	398,145	222	Surpassed target
Outpatients Attendances	20,000	26,332	132	Surpassed target

Source: Uganda Cancer Institute

Under the Outreach Programme: Over 66,000 people were educated about cancer through static, long and short distance awareness programmes. Over 20,000 people were screened. The Research Committee under cancer research reviewed 28 research proposals. Two studies were reviewed and a number of meetings undertaken. The targets and timelines under the Cancer Research Sub-progarmme were not clearly defined by the UCI.

Radiotherapy (Sub-Programme 04): Good performance was noted with 77% of the semi-annual targets achieved. Over 62% of the treatment sessions were done with the Cobalt 60 machine, 799 new patients were treated in the Radiotherapy Unit. Under performance was recorded in relation to number of brachytherapy insertions done, only 26% of the target was achieved; 42% radiation therapy patients using CT-Simulator were treated. Details in table 3.7

3.4.2 Uganda Cancer Institute (Project 1120)

The project commenced in 2010 and is expected to end in June 2020. It is contributing to two sector outcomes. These are inclusive and quality health services as well as competitive health care centers of excellence. The main objective of the project is to transform the existing UCI into a Regional Cancer Center of Excellence. In order to increase accessibility to cancer services, the UCI intends to establish and equip Regional Cancer Management Centers.

During FY 2018/19, the project was allocated Ug shs 8.8billion, of which 4.9billion was released and 96% spent by 31st December 2018.

Physical progress of the radiotherapy banker stagnated since FY2017/18 at 97% against 52% financial progress. However, auxiliary buildings had progressed up to 60% from 35% of FY2017/18. Painting, electrical installations and mechanical works were ongoing. Completed works included structural and floor works, LED doors fixed, Cobalt machine (donation from the Republic of India) was already fixed and tested. Floor polishing was ongoing. Pending works included final finishes. External and auxiliary works had commenced and the contractor expected to handover the facility in April 2019. Summary of performance is highlighted in Table 3.7.

Left: Part of the Radiotherapy bunker under construction. Right: Ongoing external works at the Radiotherapy Bunker Structure-Uganda Cancer Institute, Mulago

3.4.3 ADB Support to UCI (Project 1345)

The project commenced in July 2015 and is expected to end in June 2019. 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 Centers of Excellence.**

The project was allocated Ug shs 66billion, of which only Ug shs 16billion (24%) was released and Ug shs 12.5billion (80%) spent. Direct payments totaled to US$600,148 and made on consultancies and design works. The ADB released US$ 2.5million to UCI to facilitate operations, trainings and allowances to sponsored students benefiting from the training component of the project. The GoU funding alone was Ug shs 1.99 billion, of which Ug shs 1.06 billion (53%) was released and 91% spent. Expenditures on the GoU funding was mainly on allowances 54%, 28% on construction of multipurpose building and the rest on other recurrent expenses. Efforts made by the monitoring team to verify payment vouchers for the various allowences and recurrent expenses were futile.

The sub-programme achieved less than 10% of the semi-annual planned outputs. The contract for the Multipurpose Oncology Unit was signed between UCI and Roko Construction Limited on 28th November 2018 at a sum of US$ 13.62million. Works commenced on 14th December 2018 and were expected to last 18 months. The contractor had hoarded the site, mobilization and preliminary works were ongoing. A total of US$ 2.7million (20%) was advanced to the contractor at commencement of works.

There are observed delays in project implementation leading to low a disbursement rate (only 26% was disbursed since approval of the ADB Project loan in 2014). The project was slated to end in June 2019 yet the contract for the multi-purpose building was 12 months, there is need to extend the project to fit within contractual obligations of the multi-purpose building. Additional information is in Table 3.7.

3.4.4 Institutional Support to Uganda Cancer Institute (Project: 1476)

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

The project was allocated Ug shs 1.13billion, of which 82% was released and 39.7% spent by 31st December 2018. Only one (procurement of computers) out of the nine targets was achieved. Barcode reader, Patient Monitors, Pulsoximeters, Infusion Pump, Sevoflurane Evaporizers, Oxygen Concentrators, Anesthetic Machine among others were under procurement (Details in Table 3.7).

Table 3.7: Performance of Uganda Cancer Institute by 31st December, 2018

Subprogrammes	Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Millio)	Annual Target	Cum. Achieved Quantity	Weighted performance Score (%)	Remarks
Medical Services (02	Cancer care services provided (inpatients, investigations, outpatients and New cancer cases registered)	7,424	3,679	244,144	446,416	14.62	Investigations were achieved at 222% while outpatients services achieved 132%.
	Cancer outreach services provided (Clients examined and screened)	178	88,746	61,600	22,434	0.26	Not achieved.
	Cancer Research (Studies initiated and conducted, peer reviewed publications and presentations, trainings done)	1,087,933	541	42.	31	2.14	Targets not clearly set.
	Radiotherapy Services provided. 2400 Brachytherapy insertions, 2000 new patients attended, 350000 treatment sessions, 2,000	115	60	69,424	28,271	0.18	62% treatment sessions were done with the new cobalt 60 machine. Under performance was recorded on brachytherapy insertions (26%); 42% radiation

Subprogrammes	Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Millio)	Annual Target	Cum. Achieved Quantity	Weighted performance Score (%)	Remarks
	patients for radiation therapy using CT Simulator, 260 radiation education sessions, 4160 patients completed treatment and followed, 2,000 on treatment patients reviewed, 4 Radiation equipment maintenance session						therapy patients using CT-Simulator.
Uganda Cancer Institute (Project 1120)	Complete construction of the radiotherapy bunkers. Interim Certificates for the bunkers paid. Service support building for the radiotherapy bunkers and nuclear medicine constructed. Second Phase of water pipeline channeling streamlining and plumbing for UCI Land for the Regional Cancer Center in Mbarara. fenced	8,809	4,967	1.00	53	17.35	At substantial completion. Delays in project completion were noted.
Institutional Support to UCI (1476)	Procurement of a Barcode reader, Patient, Monitors, Pulsoximeters , Infusion Pump, Sevoflurane Evaporizers, Oxygen Concentrators, Anesthetic Machine procured; Service and Maintenance of specialized Medical; Equipment and Machines at UCI	1,131	931	9.00	1.00	0.30	ICT equipment procured included 10 computers. All machinery and equipment was under procurement.
ADB	Advance payment for	652	38	1.00	0.33	0.71	Behind schedule.

Subprogrammes	Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Millio)	Annual Target	Cum. Achieved Quantity	Weighted performance Score (%)	Remarks
Support to UCI	the construction of the Multipurpose building for the East Africa Oncology Institute; Interim Certificates (three certificates) paid, at different stages of construction Construction and supervision of the construction works						
	Cancer Support Services	7,336	4,810	1.00	0.40	7.22	Ongoing
	Linear Accelerator for Cancer treatment procured Magnetic Resonance Imaging Machine for Cancer diagnosis procured	24,050	1,872	1.00	0.00	0.33	Manufacturing of the machine had commenced and the first component is expected in May 2019.
	Programme Performance (Outputs)					**43.11**	

Source: Field Findings, IFMS

Implementation challenges

- Limited availability of equipment to fully operationalize the bunker. Apart from the Linear Accelerator by ADB and donations from India, other equipment necessary to operationalize the bunker had not been prioritized yet the infrastructure was expected to be handed over in FY 2018/19.
- Lack of clear maintenance and operationalization plans for the ADB Support Project. These were not available by 31st December 2018.
- Outstanding payments to both the contractor and consultant yet the UCI continued to undertake new contracts without corresponding MTEF ceiling.

Conclusion

Overall UCI achieved 43% of the planned targets by 31st December 2018. Medical services were on track, however the development projects particularly ADB support and Institutional Support under performed. The institute should step up implementation and achievement of planned outputs by end of FY 2018/19.

Recommendations

- The UCI should prioritize equipment, staffing, operations and maintenance of the bunker infrastructure before completion and handover for efficient and effective utilization.
- The UCI should ensure that project implementation is phased in line with availability of funds as opposed to signing multibillion projects without corresponding MTEF allocations.
- The UCI should hasten processes related to project renewal with the Development Committee of MFPED concerning ADB support Project for harmonisedplanning, budgeting and implementation.

3.5 Uganda Heart Institute (Vote 115)

Background

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

The main objectives of this programme are; to enhance health promotion and prevention of cardiovascular; to increase institutional effectiveness and efficiency in delivery of cardiovascular services; to provide quality, equitable and accessible cardiovascular services to both local and international clients; to regulate quality of cardiovascular care in Uganda.

The programme is comprised of four sub-progammes. These are: Management (Sub-progamme 01); Medical Services (Sub-progamme 02); Internal Audit (Sub-progamme 03); and 1121 Uganda Heart Institute Project. Semi-annual monitoring focused on sub-programmes (Medical Services) and Uganda Heart Institute Project (1120). During the period under review, the programme was allocated Ug shs 19 billion, of which Ug shs 9.8billion (50%) was released and Ug shs 6billion spent (69%).

Performance

Heart Services (Programme 58)

The programme performed fairly, 65% of the planned outputs were achieved. Closed and Open Heart Surgeries were achieved at 52%, while 50% of the heart outpatients were treated. However, Project (1121) underperformed with the most critical equipment under procurement. Detailed performance is highlighted below.

3.5.1 Medical Services (Sub-progamme 02)

The sub-programme was allocated Ug shs 4billion, of which Ug shs 2billion released and 85% spent by 31st December 2018. The institute carried out only 41 out 100 open heart surgeries (41%); 272 out 500 thoracic and closed surgeries (54%). The hospital attended to 10,192 out of 20,000 general outpatients. Detailed performance is highlighted in Table 3.8.

Under Heart Research; Four research papers on Rheumatic Heart Diseases were published and reviewed, seven staff were undergoing specialist training, while others were undertaking a

number of research activities on Rheumatic and coronary artery heart diseases. Detailed performance highlighted in Table 3.8.

Heart Outreach Services: UHI participated in the National Fitness Day organized MoH, the Taxpayers Appreciation week organized by Uganda Revenue Authority and a number of awareness campaigns in both print and social media were done. Detailed performance highlighted in Table 3.8.

3.5.2 Uganda Heart Institute Project (Project 1121)

The project commenced in July 2010 and is expected to end in June 2020. The project's main objective is to provide necessary infrastructure for comprehensive clinical care, teaching/training, research and visiting faculty. All these are all necessary to enable the Institute exercise its mandate as a Center of Excellency expected to reverse the trend of referrals. The sub-programme was allocated Ug shs 4.5billion, of which 50% was released and 40% spent by 31st December 2018.

An assortment of medical equipment was planned to be procured in FY 2018/19. These included; one ECMO machine, one Fractional Flow Reserve (FFR) and Intravascular ultrasound (IVUS), two Electrocardiography (ECG) machines, one sternal saw, one pediatric and neonatal ventilator, one operating table, syringe pumps, one stress test machine, one ultrasound machine, one laboratory scientific refrigerator and one water deionizer machine.

New laboratory scientific Refrigerator at UHI, Mulago

By 31st December 2018, procurement of equipment and furniture was underway with some items like heat cooler machines, mobile x-ray, blood bank fridge, one laptop and a printer delivered while others like the Fractional Flow Reserve and Intravascular ultrasound were under procurement. Detailed performance is highlighted in Table 3.8.

Table 3.8: Performance of Uganda Heart Institute by 31st December 2018

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Heart Care Services (02)	Heart operations	4,000	2,054	600	313	46.68	Fairly achieved.
	Heart Research done	34	34	20	16	0.32	Ongoing
	Heart Outreach Services	34	17	30	5	0.14	Ongoing, however the UHI should intensify the prevention aspect of health care.
	Purchase of Specialized Machinery & Equipment	4,500	2,158	1.00	0.16	17.52	Two heat cooler machines worth Ug shs 616million, one mobile x-ray worth Ug shs 170million, laboratory refrigerator worth Ug shs 58million were procured and delivered, while the rest of the equipment was still under procurement.
	Programme Performance (Outputs)					**64.65**	

Source: UHI, IFMS, Field Findings

Implementation challenges

- High staff turnover amidst failure to attract high cadre staff.
- Limited availability of specialized supplies due to budget inadquecies.
- Delayed recruitment of staff by the UHI Board.
- Lack of space in both the Intensive Care Unit (ICU), theaters and general wards.

Conclusion

The UHI achieved 65% of its semi-annual planned outputs. Fair performance was recorded on open and closed heart surgeries with 41% and 50% achievements respectively. The need for staffing, medical supplies and space in the ICU is critical for improved service delivery at the UHI.

Recommendations

- The MoPs and UHI should consider recognition of super-specialized staff in line with other cadres as a motivation strategy to facilitate retention of critical cadres.
- The UHI Board should ensure timely recruitments and deployment of staff at the Institute.
- The MoH, MFPED and Mulago Hospital should explore various funding options to ensure that the contractor (M/s ROKO) gets adequate resources to fast track completion of works to aid service delivery at both the UCI and entire hospital.

3.6 Vote 151 - Uganda Blood Transfusion Services

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 six Regional Blood Banks: Gulu, Mbale, Mbarara, Fort Portal, Arua, Nakasero and 7 collection centres at the RRHs of Jinja, Soroti, Masaka, Lira, Hoima, Rukungiri, and Kabale.

The UBTS contributes to **Inclusive and Quality Healthcare Services** sector outcome through making safe and adequate quantities of blood to all health facilities for the management of patients in need of blood transfusion. The UBTS implements Programme 53 (Blood Provision).

3.6.1 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 a number 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).

Performance

Semi-annual monitoring focused on performance of sub-programme two; Regional Blood Banks and Uganda Blood Transfusion Service (Project 0242). The Programme was allocated Ug shs 19.12 billion, of which Ug shs 10.08 billion was released and Ug shs 7.97 billion spent. The UBTS requested for additional financing (a supplementary budget) of Ug shs 19.4 billion which had not been approved by 31st December 2018.

Overall, physical performance of the programme was poor, with only 45% of the planned targets achieved. Development targets such as remodelling of the cold room was still under procurement, while the ICT equipment such as desktops and zebra printers, hard disk service station, printers and rack brush panel were procured and in use.

Performance of Regional Blood Banks

The five Regional Blood Banks monitored were; Arua, Fort Portal, Gulu, Mbarara and Mbale. None of the blood banks achieved their semi-annual targets 100%. Mbale Regional Blood Bank performed better than all the blood banks at 91%. Fair performers were Masaka at 51% and Fort

Portal at 62%. The low performance of some regional blood banks was due to inadequate budget for blood processing, personnel and equipment characerised by frequent breakdowns. This had affected morale of some staff at RBBs. Detailed performance by region is highlighted in table 3.9.

Table 3.9: Performance of Regional Blood Banks by 31st December 2018

Regional blood bank	Target Units	Collected Units	Processed Units	Issued Units	Percent collection against target (%)
Arua	110,00	8,431	***	4,341	77
Fort portal	12,000	7,472	***	5,241	62
Gulu	18,000	14,930	14,832	1,884	83
Masaka blood collection centre	12,000	6,077	***	4,482	51
Mbale	18,000	16,440	16,440	7,001	91
Mbarara	24,000	21,129	***	19,254	88

Source: Field findings *** **Information not readily available**

The Regional Blood Banks got the following supplies and materials; Arua received vacutainers, registration cards, cotton wool, gloves, lancets, capillary tubes, plaster, gauze, sharps container, aprons, bin-liners, Jik, donor pens, donation posters, pasteur pipettes, micro plates, copper sulphate, test tubes, liquid soap, industrial alcohol, BP machine, donor weighing scale, cool boxes, and a pair of scissors among others.

Gulu got equipment such as incubator, automated micro plate washer, micro plate scanner, and UPS among others, and funds for training of health workers on the usage of blood in health facilities, monitoring and evaluation of the blood transfusion services in Acholi and Lango sub regions.

Mbale Regional Blood Bank received training funds from UBTS for the health workers on improving blood usage in health facilities, clinical interface in blood, health workers from transfusing facilities within the Mbale and Soroti sub-regions. Details of overall performance of Programme 53 are presented in table 3.10.

Table 3.10: Performance of the Blood Provision Programme by 31st December, 2018

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Milllion)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Units of blood collected, tested and issued	7,708	4,073	300,000	65,318	24.41	The planned target was not achieved.
Blood operations monitored and evaluated	49	20	4	2	0.38	Target achieved.
Laboratory services provided (cleaning, travel inland and maintenance of machinery) provided	2,385	1,237	100	5	17.66	Machine consumables, repairs and services of IT equipment was done by M/s Twincom Technologies Ltd.
Office and ICT Equipment, including Software procured	270	270	100	100	2.07	M/s Linix Info Systems Ltd at Ug shs 133,118,095, supplied desktops and zebra printers, while M/s Kata Technologies and Logistics Ltd at a total of Ug shs 81,971,175 supplied server upgrade equipment, rack brush panel, and tonners. Other items procured were archtech machine consumables, hard disk service station, 2computer printers at Ug shs 27,305,000.
Office and Residential Furniture and Fittings	1,500	375	100	0	0.00	Cold room repairs by M/s M&K Electrical and Plumbing Services at Ug shs 39,648,000.

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Milllion)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
procured						Procurement of a contractor for remodeling the cold room was pending.
Station field blood collection vehicle procured	1,000	823	100	0.00	0.00	The Ug shs 90,271,512 was spent on car repairs. Procurement of station blood collection vehicle was ongoing.
Medical equipment procured	100	100	100	60	0.46	A total of Ug shs 64,264,000 was spent on procurement of medical equipment including blood pressure machines, cool boxes, thermometers, kidneys dishes, weighing scales, bowls with covers.
Programme Performance (Outputs)					**44.98**	**Poor performance**

Source: Field Findings

Challenges affecting UBTS

- Blood shortages due to budget inadequacies: There was a mismatch between allocations to blood collection and processing. This led to lack/inadequate screening reagents and other supplies affecting timely processing of blood.
- Faulty or nonfunctional equipment affected blood processing and timely availability. At Mbale Regional Blood Bank the archtech machine i2000 was faulty.
- Inappropriate work environment due to incomplete infrastructure/civil works led to non-use of some equipment. For example, at Arua RBB, the archtech machine could not be reinstalled and used due to its sensitivivity to dust.
- Mismatches between blood demand and supply: Several transfusing facilities requested for blood but were given less units than required. For example Mbarara RRH requested for 3,631 units and received 2,007 units; Mubende RRH requested for 1,334 units and received 787 units; Fort Portal RRH requested for 2,134 units and received 1,449 units. Hoima RRH requested for 2,182 units and received 1,980 units in the period under review.
- Unstable power supply leading to over reliance on the generator hence high operation and maintenance costs at Arua Blood Bank.
- Delayed receipt of funds at the regional blood banks with majority receiving funds at the end of the first month of the quarter. This affects blood collection drives in various areas.

- Lacks of critical equipment like fridges, weighing scales, centrifuges and tube sealers, those available were very old and frequently broke down. Lack of enough storage capacity often led to blood expiries in various RBBs.
- Shortage of staff at the blood banks: Most blood banks were under-staffed and mostly supported by volunteers in critical positions. Staff shortage is occasioned by inadequate wage bill to enable recruitment of the necessary staff to fill the vacant positions.
- Lack of well-functional transport equipment: The vehicles for blood collection are too old and frequently break down, this increased the maintenance cost and constrains routine blood collection activities. The fleet of vehicles havd moved for more than 400,000km and were overdue for write off.
- Delays initiation of procurement under the development grant.

Conclusion

The UBTS overall performance was poor at 45% achievement of semi-annual targets. Delayed initiation of procurement affected the development grant, while timely availability of safe blood was mainly affected by inadequate funds for processing and storage. Since blood provision is a preserve of UBTS, there is urgent need to prioritize the required funding to ensure reliable and efficient blood provision to improve the health outcomes. There is also need to fully institutionalize the distribution function to the blood banks as many health facilities lack blood due to lack of transport means to collect the blood.

Recommendations

1. The UBTS, NMS, MoH and MFPED should ensure harmonized planning for blood collection, processing, storage, and transportation among others.
2. The UBTS should roll out the piloted blood distribution method to curb the constant blood shortages and wastage of blood.
3. The UBTS should prioritize procurement of blood collection vehicles in a phased manner to have a sufficient and sustainable fleet for improved collections and distribution.
4. The MoPS, HSC and UBTS should work together and ensure review of the staffing structure to match new demands, recruitment and deployment of critical staff for blood collection should be prioritised.
5. Blood collection and Transfusion committees should be re-introduced and strengthened to monitor blood operations in various health facilities to avoid wastage of blood.

3.7 Butabika National Mental Referral Hospital (Vote 162)

Background

The hospital is mandated to; provide super specialized tertiary health care, train health workers and conduct mental health research as per the requirements of the MoH. The hospital implements only one Programme-Provision of Specialized Mental Health Services and two sub-programmes. These are; Management and Internal Audit.

Semi-annual Monitoring focused on the two projects implemented under Sub-Programme One-Management. These were: Butabika Remodeling Project (0911) and Institutional Support to Butabika Hospital (1474).

The vote /programme was allocated Ug shs 14.752 billion, of which Ug shs 7.670 billion (52%) was released and Ug shs 6.427 billion (83.8%) spent by 31st December, 2018. The allocation was Ug shs 4billion over and above the previous allocation of Ug shs10.9billion in FY 2017/18. Detailed programme performance is highlighted below;

Performance

3.7.1 Management (Sub-Programme 01)

This includes Administration and Management and of all Medical Services under Inpatient, Outpatient, and Community Health Services Departments.

During FY 2018/19, the Sub-programme was allocated Ug shs11.21billion, of which Ug shs 5.84 billion was released and Ug shs 5.05billion (86.3%) spent. Unspent balances were recorded on staff salaries, gratuity expenses, allowances, special meals and drinks among others.

The hospital registered good performance in achievement of targets set under mental health Inpatient Services provided, which were: Investigations, Admissions, X-rays and Ultra Sounds. These were achieved at 89%, 0% was recorded under X-ray investigations due to lack of an x-ray machine; Ultra-Sound investigations at 34% due to frequent breakdown of the machine; Specialized Outpatient and Primary Health Care (PHC) services achieved at 93% while Specialized Outpatient and PHC Services were achieved at 125%.

Areas of Nkokonjeru, Nansana, Kitetika, Kawempe Katalemwa and Kitebi were covered during the outreach programme and 2,624 mental patients were seen. Detailed performance of the sub-programme are highlighted in Table 3.11.

3.7.2 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 utilization of promotive, preventive and rehabilitative services. The project registered a number of achievements including procurement of specialized medical equipment, construction of a private wing, and an Alcohol and Drug Unit (ADU) among others.

In FY 2018/19, the project was allocated Ug shs 1.30 billion, of which Ug shs 0.65 billion (50%) released and Ug shs 0.43 billion (66%) spent. The hospital planned construction of a three storey six-unit staff house and the 12-month contract was awarded to M/s Alliance Technical Services at a sum of Ug shs 1.4billion and agreement signed on 15th November 2018. In terms of progress, the contractor had fully mobilized, works had commenced and were at foundation level by 31st December 2018. Advance payment of Ug shs 432million was paid to the contractor during the period under review. Details in Table 3.11.


Left: Ongoing construction works on the six unit staff house. Right: Newly procured furniture at Butabika Hospital

3.7.3 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 expected to run up to June 2022. It is also expected to contribute towards increased access to quality mental health services.

In FY 2018/19, the project was allocated Ug shs 508million, 100% of the budget was released and 70% spent. Expenditures were mainly on construction of kitchen stoves, and equipping the newly constructed Alcohol Drug Unit (ADU). Other outputs like procurement of computers and medical equipment were ongoing. The project achieved two out four set targets. Details in Table 3.11.

Table 3.11: Performance of Butabika Hospital as at 31st December 2018

Subprogramme	Output	Annual Budget (Ug shs)- Mill	Cum. Receipt (Ug shs)- Mill	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Management Services	Mental Health inpatient Services provided	2,893	1,446	45,100	19,952	51.66	Admissions 39%; Investigations in the Lab 51%; X-rays 0%; and Ultra Sounds 34%.
	Specialized Outpatient and PHC Services	108	54	79,202	36,665	2.03	Mental Health attendances 56%; Child Mental Health Clinic attendances 54%; Alcohol and Drug Unit

Subprogramme	Output	Annual Budget (Ug shs)- Mill	Cum. Receipt (Ug shs)- Mill	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Provided						Attendances 32%; General Mental Attendances 39%.
	Community Mental Health Services and Technical Supervision	145	72	4,503	2,829	2.94	Outreach clinics conducted in the areas 50%; Male and female patients seen 75%; Regional Referral Hospitals visits 33%; Patients resettled 19%.
Institutional Support to Butabika Hospital (1474)	Other structures- Kitchen stoves constructed	50	50	2	2	1.01	Works were completed and handed over.
	Medical Equipment procured	100	100	1	0	0.00	Under procurement.
	Furniture and fixtures for ADU procured	300	300	122	122	6.05	Furniture was procured from M/s Josu Limited at Ug shs 192.4million. It included 70 hospital beds, 50 bedside lockers and two medicine trolleries.
	ICT Equipment procured	58	58	1.00	0	0.00	Under procurement.
Butabika and health center remodeling/construction	Staff houses constructed	1,300	650	1.00	0.08	4.20	Contract signed and works ongoing.
Programme Performance (Outputs)						**67.89**	**Fair Performance**

Source: IFMS, Field findings

Challenges to service delivery

- Inadequate staffing due to delays in approval of the revised staffing structure. This leaves the hospital lacking critical staff like Social workers, Psychologists, Counselors among others.
- Frequent breakdown of machines like the Ultra Sound Machine affecting diagnostic services. Service delivery was heavily affected by lack of an X-ray machine, which had not been in place for the last three years and the hospital continued to refer patients to Naguru and other private facilities for X-ray investigations.

Recommendations

- The Cabinet and MoPS should fast track the approval and allow implementation of the new structure for both National and Regional Referral Hospitals for effective service delivery.
- The admnistration of Butabika Hospital should prioritize procurement of an X-ray equipment on their development budget to improve diagnostics at the hospital.

Conclusion

The overall performance of the hospital was fair at 68%, with a contract for staff houses signed and works commenced, procurement of furniture for the Alcohol and Drug Unit finalized. The hospital registered good performance in achievement of inpatient, specialized outpatient attendances and outreach programs. Challenges related to lack of equipment and adequate staff continued to undermine health service delivery at the hospital.

3.8 Regional Referral Hospitals (Vote 163- 176)

Background

Regional Referral Hospitals 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). The programme is expected to contribute towards provision of quality, inclusive and accessible services through provision of specialized curative, preventive, promotive and rehabilitative health services. Performance of the programme is detailed below.

Regional Referral Hospital Services (Programme 56)

The main programme objective is to ensure **quality and accessible** referral hospital services countrywide indicated by an annual increase in specialized clinic outpatient attendances; percentage increase in diagnostic investigations carried; Average length of stay and the bed occupancy rate.

In order to attain the above, RRHs implement four sub-programmes. These include; Referral Hospital Services (Sub-programme one), Referral Hospital Internal Audit (Sub-programme two),

Regional Maintenance (Sub-programme three), Rehabilitation Referral Hospital and Institutional Support to Regional Referral Hospitals (Sub-programme four).

The semi-annual monitoring focused on assessment of Referral Hospital Services (Sub-programme one); two development Grants-Rehabilitation of Regional Referral Hospitals (Project 1004) and Institutional Support to Regional Referral Hospitals (Retooling projects) in achievement of set outputs for all the 14 RRHs.

All hospital Rehabilitation Projects (Project 1004) commenced in July 2015 and were expected to be completed in June 2020. They all contribute **to improved quality, inclusive and accessible services** sector outcome through construction and rehabilitation of the health infrastructure. Institutional Support Projects (Retooling) commenced in July 2017 and were expected to end in June 2020. The main objective is to improve hospital support services for improved service delivery.

Performance

The RRHs were allocated a total of Ug shs 125.7billion, of which Ug shs 71billion (56%) was released and Ug shs 57billion (62%) spent by 31st December 2018. Unspent balances were mainly on the wage component of the budget.

Overall, the regional referral performance was fair at 56% achievement of the semi-annual targets. Good performers among RRH were; Hoima 90%, Fort Portal at 75%, Moroto 73%, Gulu 74% and Kabale 87% RRH, which were implementing rolled over projects. Fair performers were Masaka RRH 69%, Mbarara RRH 50%; Arua RRH 68%; with the first phase for construction of the Ground floor slab for staff houses at 50% complete.

Poor performing Regional Referral Hospitals were; Lira at 38%, Mbale at 22%, Soroti at 43%, Mubende 12% and China Naguru Friendship Hospital (40%). Detailed performance is highlighted hereafter.

3.8.1 Vote 163 - Arua Regional Referral Hospital

Background

The hospital implements four Sub-programmes. These are: 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 semi-annual monitoring focused on Arua Referral Hospital Services (Sub-programme one) and two development projects.

Performance

Overall, the hospital's performance was fair at 68.4% of the semi-annual targets achieved. The hospital planned to implement majority of development outputs in the third and fourth quarters. The programme/vote was allocated Ug shs 9.483 billion, of which Ug shs 5.008 billion (52%)

was released and Ug shs 3.650 billion (72%) spent. Detailed performance by sub-programme is highlighted below.

Arua Referral Hospital Services (Sub-programme one)

The Inpatient, Outpatient, Diagnostic, Prevention and Rehabilitation Services were monitored. The sub-programme was allocated Ug shs 8.03billion, of which Ugshs 4.01billion was released and Ug shs 3.30 billion (82%) spent by 31st December 2018. Physical performance score on the above services was good at 89%. The targets on inpatients, prevention, rehabilitation and diagnostic services were 100% achieved. Detailed performance is indicated in Table 3.12.

Arua Rehabilitation Referral Hospital (Project 1004)

The project commenced in July 2015 and is expected to be completed in June 2020. It contributes to improved quality, inclusive and accessible services sector outcome through construction and rehabilitation of staff accommodation. This is expected to translate into attraction, retention and duty attendance especially emergencies by health workers.

The project was allocated Ug shs 940 million, of which Ug shs 800million was released and Ug shs 226.45 million spent. The hospital had commenced foundation works for a seven-storey staff house. The project was behind schedule with overall physical progress of 4% against the planned 6%. This was partly due to the heavy rains that disrupted the excavation of the foundation and other substructure works.

The construction works were contracted to M/s WAP Engineering Limited at a cost of Ug shs 8.503billion. The project is divided into four phases for a period of three years ending May 2021. M/s Quantum Associated Engineers are supervising the works at a cost of Ug shs 850million. Both the contractor and consultant were on site at the time of the monitoring visit in January 2019. Detailed project performance is highlighted in Table 3.12.

Institutional Support to Arua Regional Referral Hospital (Project 1469)

The project was allocated Ug shs 120 million, of which 20% was released and non-spent by 31st December 2018. However, the hospital had received 18 solar batteries of 200Ah 12volts supplied by OS power through a framework contract. These were to be installed in the Ear, Nose and Throat unit, Maternity and Peadiatric units. Other planned outputs under the project were planned in the third and fourth quarters. Detailed performance is highlighted in Table 3.12.

Table 3.12: Performance of Arua RRH by 31st December, 2018

Sub programme	Output	Annual Budget (millions Ug shs)	Cumulative Receipt (Millions Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remark
Arua Referral Hospital Services	Inpatient Services	329.198	164.509	29,085	13,933	19.35	Performance affected by under staffing, un availability of chemistry reagents, and medical supplies.
	Outpatient Services	148.586	74.494	197,000	81,181	7.49	
	Diagnostics Services	33.949	18.253	169,500	73,641	1.68	
	Prevention and rehabilitation services	31.306	15.563	91,500	48,775	1.92	
	Immunization services	28.017	14.008	54,000	32,186	1.72	
Rehabilitation of the regional Referral hospitals	OPD and other ward construction and rehabilitation	137	00	00	00	0.00	Demolition of the OPD had not started.
	Staff house construction and rehabilitation	800,	800	0.7	0.5	36.25	The project was behind schedule at 4% physical progress.
Institutional Support to Arua Regional Referral Hospital	Purchase of specialised Machinery and equipment	80	00	1.0	00	0.00	Output planned for Q3.
	Purchase of medical equipment	18	00	1.0	00	0.00	Not undertaken.
	Purchase of medical equipment	25	25	1.0	00	0.00	Procured 18 solar batteries
Programme Performance (Outputs)						**68.41**	**Fair performance**


L-R: Construction of the substructure for the staff houses; Batteries procured

Challenges faced by the hospital

- Unavailability of laboratory reagents and accessories used for chemistry analysis making some vital tests like Cell Blood Count, Blood Culture, and Hormonal Level Test impossible to be undertaken.
- The hospital is grossly understaffed in all cadres, for example there are only two consultants out of 11, three medical officers' special grade out of 14, and a lot of positions remained vacant in the nursing and Allied Health Workers categories. This constrains service delivery and causes health workers burn out due to the large volume of patients attended to every day.
- Unstable power supply causing over reliance on the generator with its high operation costs, the problem is worsened by limited allocations to utilities to meet the consumption requirements.
- Inability to provide food to psychiatric patients due to inadequate budget provisions. The hospital was feeding only those without attendants (patients are picked from the streets).

Recommendations

- The MEMD/UETCL should fast track the construction of the transmission lines to West Nile areas to enhance power quality and reliability.
- The hospital should prioritise utility saving options to enhance health service delivery in the region.

3.9.2 Vote 164 - Fort Portal Regional Referral Hospital

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

The semi-annual monitoring focused on Fort Portal Referral Hospital Services (Sub-programme one) and the two development projects. The programme was allocated Ug shs 9billion, of which Ug shs 4.6billion (51%) was released and Ug shs 3.3billion (71%) spent. Overall, the hospital's performance was good 75%. Good performance was registered in construction of staff houses. These were at substantial completion. Poor performance was however noted on the provision of medical services and retooling Subprograms. Performance is detailed in Table 3.13.

Performance

Fort Portal Referral Hospital Services (Sub-Programme one)

The average performance for Medical Services was poor at 43% with Inpatient services achieving 84.2%; Out Patient attendance at 32%; Diagnostic Services 56.8%; Immunization Services 40.9%; and Prevention and Rehabilitation Services (Family Planning and ANC visits) at 9.7%. The hospital under performed on all the indicators except inpatient services. Reduction in the outpatient numbers was attributed to distribution of mosquito nets, which led to reduction in malaria cases and thus OPD attendances. Additional information in Table 3.13.

Fort-Portal Rehabilitation Referral Hospital (Project 1004)

The project was allocated Ug shs 1billion, of which Ug shs 610million (57%) was released and only Ug shs 240million (39%) spent by 31st December 2018. M/s Aswangah Construction Services Limited is undertaking the works at a sum of Ug shs 2.5billion. Civil works commenced on 3rd July 2017 and were expected to be completed within 20 months (to 3rd March 2019).

Staff hostel at substantial completion at Fort Portal RRH

Works had progressed well and physical performance was at 81% against 50.4% financial progress. In terms of time progress, 18.2 out of 20 months had elapsed (91%). The project was at finishes level, tiling, electrical installations, internal painting and external works were ongoing. During FY 2018/19, the contractor was paid Ug shs 240million. Additional information in Table 3.13.

Institutional Support to Fort-Portal Regional Referral Hospital (Project 1470)

The approved budget was Ug shs 160 million, which was all, released and 0% spent. Planned outputs included purchase of laundry equipment at a cost of Ug shs 120million, and assorted medical equipment at Ug shs 40million. The outputs were not achieved by 31st December 2018, however the procurement process had commenced. Table 3.13 highlights summarized performance of selected subprograms.

Table 3.13: Performance of Fort-Portal RRH by 31st December 2018

Subprogramme	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Fort Portal Rehabilitation Referral Hospital	Construction of the staff hostel	900	450	0.80	0.81	45.68	On course with general finishes ongoing.
Institutional Support to Fort-Portal Regional Referral Hospital (Project 1470).	Purchase of Medical Equipment	160	160	1.00	-	-	Under procurement
Medical Services	Inpatient services	524	246	30,000	11,847	22.43	Good performance
	Out Patients	233	233	300,000	95,481	3.77	Not Achieved
	Diagnostic services	81	81	270,000	153,350	2.34	Not Achieved
	Immunization Services	31	30	40,000	15,947	0.64	Not Achieved
	Prevention and Rehabilitation Services	40	40	60,000	5,833	0.20	Not Achieved
Programme Performance (Outputs)						**75%**	**Fair performance**

Source: Field findings, IFMS

Implementation Challenges

- Lack of reagents coupled with inadequate staffing in the laboratory contributed to poor performance of diagnostics
- Drug stock outs partially due to limitations in the budget.

3.8.3 Vote 165: Gulu Regional Referral Hospital

The hospital implements five Sub-programmes. These are: 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). The semi-annual monitoring focused on Gulu Referral Hospital Services (Sub-programme one), and the two development projects.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 8.64 billion, of which Ug shs 74.74 billion (54.8%) was released and Ug shs 4.18 billion (88.2%) spent by 31st December 2018. Overall, the hospital's performance was fair at 68.5% of the semi-annual targets achieved. Detailed performance by subprogram is highlighted below.

Gulu Referral Hospital Services

Outputs monitored under the sub-programme are: Inpatient, Outpatient, Diagnostic, Prevention and Rehabilitation Services. The sub-programme was allocated Ug shs 6.97 billion, of which Ug shs 3.56 billion (51%) was released and Ug 3.01 billion (84.7%) spent. The targets on inpatients, outpatients and prevention rehabilitation services performing above 90%. Targets for diagnostics were poorly achieved; this was attributed to unavailability of laboratory reagents and a faulty chemistry analyzer.

Gulu Rehabilitation Referral Hospital (Project 1004)

The project commenced in July 2015 and is expected completion is June 2020. It contributes to improved quality, inclusive and accessible services sector outcome through construction and rehabilitation of staff accommodation.

The project was allocated Ug shs 1.24billion, of which Ugshs 0.94billion was released and Ug shs 0.93billion spent by 31st December 2018. The hospital planned to continue with construction works on the second and third slab of the 54-unit staff house. M/S Block Technical Services was awarded the contract to undertake works at Ug shs 6.2billion. Works commenced on 26th April 2015 and were expected to end on 28th November 2017. The project has faced a number of extensions due to limited funds. The contractor has enormously been constrained by limited financing to complete works in scheduled time. By January 2019, the physical progress of works was estimated at 45%. Detailed sub-programme performance is shown in table 3.13.

Institutional Support to Gulu Regional Referral Hospital (Project 1468)

The project was allocated Ug shs 250million, of which Ugshs 150million was released and 100% spent by 31st December 2018. Expenditures were mainly on the purchase of assorted medical equipment from St. Jude Electrical and Medical equipment workshop; Overhaul and repair of the 50kVA generator and construction of the generator house. Among the equipment procured included the oxygen regulators, patient trollies, trash bins, glucometers, nebulizers, suction

machines, oxygen concentrators' diathermy machine, and weighing machines among others. Detailed sub-programme performance is shown in table 3.13.

Table 3.13: Performance of Gulu RRH by 31st December 2018

Sub programme	Output	Annual Budget (millions Ug shs)	Cumulative Receipt (millions Ug shs)	Annual Target	Cumulative Achieved	Weighted Physical performance Score (%)	Remarks
Gulu regional referral hospital services.	Inpatient services	320.937	160.468	24,000	13,091	14.30	This performance is attributed to understaffing, absence of reagents and breakdown of the chemistry analyzer.
	Outpatient services	358.886	179.442	21,010	143,617	15.99	
	Diagnostic services	42	21	18,750	10,936	0.22	
	prevention and rehabilitation services	35	17.5	105,000	51136	1.52	
Rehabilitation of regional referral hospitals project	Hospital construction /rehabilitation	300	300	5	2	5.35	Sewerage system was rehabilitated.
	Staff house construction and rehabilitation	600	300	1	0.45	24.06	Civil works were behind schedule.
	Purchase of Motor Vehicles and Other Transport Equipment	300	300	1	0.00	0.00	Money was paid before delivery of the motor vehicle.
	Purchase of Specialised Machinery & Equipment	40	40	1	1.	1.77	The generator was overhauled and repaired but was not tested.
Institutional support to Gulu regional referral hospital	Purchase of Specialised Machinery & Equipment	248	148	1	0.60	11.04	Assorted medical equipment was procured.
Programme Performance (Outputs)						**74.23**	**Good performance**

Source: Field findings and IFMS

Challenges

- Poor planning as the project cost was higher than the MTEF ceiling within the contract period resulting into endless contract extensions.
- Inadequate staff accommodation facilities with only 18% of health workers accommodated at the hospital. It was observed that the hospital experiences high staff turnover partly due to lack of accommodation. For example, three staff from the radiology unit left causing the closure of the Radiology Department.
- Stock out of the laboratory reagents affected service delivery.
- Inadequate PHC non-wage to enable the hospital to offer meals to the mentally ill patients who require proper feeding to attain fast healing.
- Lack of an efficient ambulance for referral. The existing one is old with very high maintenance costs.

3.8.4 Vote 166 - Hoima Regional Referral Hospital

The hospital implements four Sub-programmes. These are: Hoima Referral Hospital Services (Sub-programme one); Hoima Referral Hospital Internal Audit (Sub-programme two); Hoima Regional Maintenance (Subprogramme three); Hoima Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Hoima Regional Referral Hospital (Project 1480). The semi-annual monitoring focused on Hoima Referral Hospital Services (Sub-programme one), and the two development projects.

Performance

The programme was allocated Ug shs 9.2billion, of which Ug shs 4.6billion (50%) was released and Ug shs 3.9million (85%) spent. The overall physical performance for set targets was very good at 90%. The hospital surpassed targets under Medical Services. Good performance was noted at the development project with the lagoon at substantial completion. Walk way constructed and toilets renovated at the Maternity and Gynecology wards. Medical equipment under the Institutional Support to Hoima Regional Referral Hospital was still under procurement. Detailed performance of the hospital is highlighted in Table 3.14.

Hoima Referral Hospital Services (Sub-Programme one)

The sub-programme was allocated Ug shs 7.83billion, of which Ug shs3.9billion (108%) was released and Ug shs 3.14billion (79.6%) spent. Diagnostic Services were achieved at 97.1%; Immunization Services at 100%; Inpatient Services at 100.3%; Outpatient Services at 137.8%; Prevention and Rehabilitation Services at 184.9%. Additional information is in Table 3.14.

Hoima Rehabilitation Referral Hospital Project 1004)

The hospital planned to complete its fencing, and construction of the lagoon; Construction of the walkway from Maternity Wards to Main Operating Theater; Renovation of the Maternity and Gynecology Ward toilets. The overall physical performance of the fence remained at 95% since FY 2017/18, the contractor M/s Davrich Company (U) Limited abandoned site. Efforts to have

them complete works were futile, although they were paid 90% of the contract sum.[7]Pending works included; electrical works, installation of a closing off gate and other finishes.

The construction of the lagoon was awarded to M/s Techno Three (U) Limited for a period of 13 months ending September 2018. The works were contracted at a sum of Ug shs 1.2billion and supervised by M/S Joadah Consult. By 31st December 2018, overall physical progress was 92%. Cumulatively, the contractor was paid Ug shs 607million. Pending works included landscaping and connections to the main hospital system. Works weree expected to be completed in March 2019.

M/s Byonta Construction Company Limited constructed the walkway from the Maternity Wards to main Operating Theater; and renovated the Maternity and Gynecology Ward toilets at a sum of Ug shs 18million and Ug shs 26million respectively. Works started on 28th May 2018 and were completed on 2nd August 2018. Works for the walkways were completed and 100% of the payments made on 20th December 2018. A total of Ug shs 21million was paid for the Maternity and Gynecology toilets where physical progress was at 75%. Additional information in Table 3.14.

Lagoon at Substantial Completion at Hoima RRH

Institutional Support to Hoima Regional Referral (Project 1480)

The project was allocated Ug shs 100million, 50% was released and Ug shs 17.1million spent by 31st December 2018. Expenditures were made on procurement of furniture and computers. Furniture worth Ug shs 12million, and computers worth Ug shs 5.1million were procured and delivered from M/s Johns Stores Limited. These included 10 chairs, filing cabinets and waiting chairs. Summarized performance is indicated in Table 3.14.

[7] Contract sum was Ug shs 887.259million

Table 3.14: Performance of Hoima RRH by 31st December 2018

Subprogrammes	Out put	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Hoima Rehabilitation Referral Hospital	Construction of a perimeter fence completed	450	165	0	0.00	0.000	Contractor had abandoned site, 5% of the works were not yet done.
	Construction of a lagoon completed	510	315	0	0.10	5.334	At substantial completion.
Institutional support to Hoima RRH	Purchase of medical equipment	100	50	1	0.24	0.620	Medical equipment was still under procurement.
Medical Services	Diagnostic services	18	9	110,100	53477	0.233	Good performance at 97%.
	Immunization Services	46	46	32,000	32,000	0.594	Good performance, this was attributed to supply of Hepatitis B vaccines.
	Inpatient services	6,285	3,142	24,400	12,231	81.201	Good performance, the hospital surpassed target.
	Outpatient services	191	95	240,000	165,363	2.470	Good performance, the hospital surpassed target.
	Prevention and Rehabilitation Services	139	69	34,000	31,317	1.800	Good Performance, the hospital surpassed target.
	Programme Performance (Outputs)					**90.453**	**Very Good performance**

Source: Field findings, IFMS

3.8.5 Vote 167 - Jinja Regional Referral Hospital

The hospital implements five Sub-programmes. These are: Jinja Referral Hospital Services (Sub-programme one); Jinja Referral Hospital Internal Audit (Sub-programme two); Jinja Regional Maintenance (Subprogram three); Jinja Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Jinja Regional Referral Hospital (Project 1481). The semi-annual monitoring focused on Jinja Referral Hospital Services (Sub-programme one), and the two development projects.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 11.64billion, of which Ug shs 7.06bilion was released and Ug shs 4.43billion spent by 31st December 2018. Overall, the hospital's performance was poor at 40.6%. The fair performance was attributed to delayed start of the development planned projects. Detailed performance by subprogramme is highlighted below.

Jinja Referral Hospital Services

The sub-programme is comprised of six outputs of which four were monitored these included; Inpatient, Outpatient, Diagnostic, Prevention and Rehabilitation Services. The sub-programme was allocated Ug shs 9.98billion, of which Ug shs 5.60billion was released and Ug shs 4.05billion spent by 31st December 2018. The targets for inpatients, outpatients and diagnostic services were 100% achieved. Detailed performance is indicated in table 3.15.

Jinja Rehabilitation Referral Hospital (Project 1004)

The project commenced in July 2010 and its expected completion is June 2020. The main project objective is to improve health care and patient safety, to motivate staff to work in a better environment, to improve effective and efficiency of hospital service hence improving quality of services at Jinja RRH.

The project was allocated Ug shs 1.36billion, which was 100% released and Ug shs 0.36billion spent by 31st December 2018. The project performance was poor with the major planned outputs under procurement. However, the hospital completed works rolled over at the children's ward. These included partial wall fence construction, tarmacking of the parking and driveway, and construction of external toilets by M/s Mercy Commercial Agencies Limited. Works were at substantial completion with outstanding works on the toilets and wall fence. Detailed performance is indicated in table 3.15.

Institutional Support to Jinja Regional Referral Hospital (Project 1481)

The project was allocated Ug shs 190million, of which Ug shs 90million was released and Ug shs 28.55million spent by 31st December 2018. Expenditures were mainly on payment for equipment that had earlier been procured (in FY2017/18) but Crown Health Care had not delivered them. These included 20 pieces of ward screens, electrical centrifuge and wall mounted otoscope. Detailed performance is indicated in table 3.15.

Table 3.15: Performance of Jinja RRH by 31st December 2018

Subprogram	Output	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Regional referral hospital services	In Patients Services	356.1	191.603	30,071	23499	16.564	Targets achieved
	Outpatients services	120.9	59.96	252,528	129499	5.623	
	Diagnostics services	97.35	21.3375	156,102	113085	4.528	
	Prevention services	22.45	0	37,439	15309	0.854	
Rehabilitation of regional referral Hospitals	Consultancy services for the construction of the staff quarters provided	100	100	1.00	0.80	3.72	The consultant to supervise the works was procured.
	Hospital construction and rehabilitation	200	200	1.00	1.00	9.30	Renovation of Nalufenya Children's Ward was undertaken, and renovation of terrazzo for the psychiatric ward.
	Staff house construction and rehabilitation	1,000	1,000	1.00	0.00	0.00	Advertised, bid opening was expected on 21st February 2019.
	Arrears	64.933	64.933	1.00	0.00	0.00	Retention for the private wing was paid in January 2019.

Subprogram	Output	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Institutional Support to Jinja Regional Hospital	Purchase of specialised equipment	188	94	1.00	0.00	0.00	The hospital finalized procurement contracts from FY17/18 by procuring 20 ward screens, one electrical centrifuge and a wall mounted otoscope.
Programme Performance (Outputs)						**40.60**	**Poor performance**

Source: Field findings and IFMS

Left: Wall fencing and right substantially completed toilets at Nalufenya Children's Ward

Challenges

- Late initiation of procurement for the staff house and other projects under institutional support due to poor planning. The bid closure date for construction of staff house was for instance on 21st February 2019.
- High operational costs at Jinja RRH for its two campuses ***(****Nalufenya Children's Hospital and the main Regional Referral Hospital)*. Available resources are divided between the two entities that operate as two fully fledged hospitals.
- Understaffing due to inadequate and outdated staffing structure. In addition, the staffing structure does not provide for super specialized cadres who have completed medical fellowships.
- Inadquate space: The children's ward at JRRH is too congested, and this might cause re-infections among the children.

- Limited operation budget where over 50% of the non-wage recurrent budget is meant for the payment of utilities, pensions and gratuity leaving other budgetlines constrained.

3.8.6 Vote 168 - Kabale Regional Referral Hospital

The hospital implements five Sub-programmes. These are: 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 semi-annual monitoring focused on Kabale Referral Hospital Services (Sub-programme one) and the two development projects.

Performance

The programme was allocated Ug shs 8billion, of which Ug shs 4.4billion (55%) was released and 68% spent. The hospital registered good performance in achievement of set targets (87%). The works at the intern's hostel were ahead of schedule, while medical services were fairly achieved. Detailed programme performance is highlighted below and in Table 3.16.

Kabale Referral Hospital Services (Sub-Programme one)

The Sub-programme was allocated Ug shs 1.2billion, of which Ug shs 600million was released (50%) and Ug shs 399million (67%) spent. The hospital spent only 19% of the gratuity allocation, the rest remained unutilized. The sub-programme registered very good performance in achievement of medical services with Immunization, Inpatient and Outpatient services achieving by over 100%. Diagnostic Services at 95%. Fair performance was recorded on prevention and rehabilitation services 62%. Additional information is in table 3.16

Kabale Rehabilitation Referral Hospital (Project 1004)

The project was allocated Ug shs 1.1billion, of which Ug shs 915million (77%) was released and only Ug shs 232milion spent (25%). This was paid to M/s Musuuza Building Contractors Limited and Fencon Consulting Limited for construction and supervision services at the intern's hostel. During FY 2018/19, the construction of the intern's hostel was prioritized again. All works were contracted at a sum of Ug shs 7.074billion and implementation was phased. The current phase (under review) was awarded at Ug shs 3.8billion, others had not commenced.

Civil works were ongoing and ahead of schedule by 6%. In terms of time progress, the contractor had worked for 20 out of 36 months (57%). Variations due to changes in the concrete requirements were noted. These were estimated at 25% of the item budget. The client disagreed with the variation costing and sought legal advice from the Office of the Solicitor General (SG), which had not been received by 31st December 2018.

Other works under Project 1004 included; Renovation of the Medical Ward. Works were done by M/s Gist Technologies Limited at as sum Ug shs 32million, and these commenced in November 2018. By 24th January 2019, 80% of the works were completed including painting, ceiling works, gutters, doors, floor renovations among others.

M/s Masa Contractors Limited at a sum of Ug shs 10million constructed the security guard house. The house was completed and handed over to the hospital. No payments were paid for both projects by 31st December 2018. Additional information is in table 3.16.

Implementation Challenges

- Erratic weather conditions affected progress of works.
- Unavailability of some construction materials, some of which had to be purchased from Kampala.

Institutional Support to Kabale Regional Referral Hospital (Project 1473)

The project was allocated Ug shs 323million, of which Ug shs 235million was released and only Ug shs 4.6million spent. M/s Denlyn Limited was paid for construction of the sluice in the theater. Works were completed and the sink was in use. Other project outputs were under procurement process as highlighted in table 3.16.

Table 3.16: Performance of Kabale Regional Referral Hospital Services Programme by 31st December 2018

Subprogramme	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighte Physical performance Score (%)	Remarks
Project 1004 Kabale Rehabilitation Referral Hospital	Interns hostel constructed	1,165	915	0.57	63	40.83	Ahead of schedule.
	Monitoring and supervision of the interns hostel	100	100	0.57	63	3.50	Works were supervised by M/s Fencon Consulting Limited. The consultant was paid Ug shs 96million. Good progress was noted.
	Renovation of the Medical Ward and other structures	35	35	2.00	1.80	1.10	Works at substantial completion with the guard house handed over to hospital and in use
Institutional Support to Kabale Regional Referral	Specialised Machinery & Equipment procured	120	120	1.00	0.00	0.00	Under procurement.

Subprogramme	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighte Physical performance Score (%)	Remarks
Hospital (1473)	Medical Equipment Procured	93	5	1.00	0.01	0.61	Sluice was constructed and connected to the theatre. Works were completed and the facility was in use
	Furniture & Fixtures procured	60	60	1.00	0.00	0.00	Under procurement.
Medical Services	Diagnostic services	35	17	47,500	22522	1.17	Fairly achieved at 47%.
	Prevention and rehabilitation services	78	39	16,800	5243	1.73	Not achieved. Targets under Physiotherapy were not achieved.
	Inpatient services	878	439	13,000	7066	30.77	These targets were affected by staff transfers with few replacement in the hospital.
	Outpatient services	174	87	69,000	50710	6.11	Fairly achieved at 77%.
	Immunisation	33	16	25,000	14201	1.19	Fairly achieved, 57% of the targets were achieved
Programme Performance (Outputs)						**87.01**	

Source: Field Findings, IFMS

3.8.7 Vote 169 - Masaka Regional Referral Hospital

The hospital implements three Sub-programmes. These are: Masaka Referral Hospital Services (Sub-programme one); Masaka Referral Hospital Internal Audit (Sub-programme two); and Masaka Rehabilitation Referral Project (1004). The semi-annual monitoring focused on Masaka Referral Hospital Services (Sub-programme one), and the development projects.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 8.8billion, of which Ug shs 5.3billion (60%) was released and Ug shs 3.9billion (74%) spent. Overall, physical

performance of the hospital in relation to outputs was fair at 69%. The hospital surpassed targets on some of the medical service outputs like outpatient attendances, prevention and rehabilitation services. Some equipment was procured, delivered and payments made. Both construction projects were ongoing and behind schedule. Detailed performance of sub-programmes is highlighted below; and details presented in Table 3.17.

Masaka Referral Hospital Services (Sub-Programme one): The sub-programme was allocated Ug shs 6.2billion, of which 3.32billion (53%)was released and Ug shs 2.78billion (70%) spent by 31st December 2018. Inpatient services were achieved at 68%; Outpatient services at 196%; Diagnostic Services 48%. Immunization Services at 111%; Prevention and Rehabilitation Services 107%. Targets under Diagnostic Services were not achieved and this was attributed to lack of reagents and breakdown of the diagnostic equipment. The issue had persisted since FY 2017/18. Details presented in Table 3.17.

Masaka Rehabilitation Referral (Project 1004)

The project commenced in July 2008 and its expected completion is June 2020. Its main objectives are; to provide a quality maternal and child health services through construction of better Maternity and Children's Complex; improve attraction and retention of staff especially doctors. Construction works commenced in FY 2014/15 and were expected to end in July 2017, it was however extended by one year (July 2018). This was also not achieved, so completion was extended to FY 2018/19.

The project was allocated Ug shs 2.058billion, of which Ug shs 1.9billion (93%) was released and Ug shs 1.1billion (61%) spent by 31st December 2018. Planned outputs for FY 2018/19 were; continued construction of senior staff 40 units' quarters, Maternity and Children Ward Complex as well as procurement of medical equipment procured.

Maternity and Children Ward Complex; the contractor for works is M/s Tirupati Development (U) Limited at a sum of Ug shs 10.612billion.

Ongoing works at the Maternity and Children Ward Complex, Masaka RRH

The supervising consultant is M/s Joadah Consult (U) Limited at a sum of 328million. Roofing works were ongoing. Cumulatively, the contractor had been paid Ug shs 7.4billion (74%), while the consultant was paid Ug shs 299million out Ug shs 320 million-contract sum. Works were 87% complete. Plastering, floor works, electrical and mechanical were at various levels of completion. External works had not commenced. The hospital administration was satisfied with the works done by the contractor.

Senior staff quarters constructed (40 Units); M/s Block Technical Services was awarded the contract for construction of the 40-unit staff hostel at Ug shs 9.8billion. Works were phased with the first phase aimed at completing the foundation, while second phase is expected to erect a four block structure.

The project commenced on 23rd September 2015 and was expected to end in June 2017. This was not achieved and extended for another 12 months (June 2018). The process for further extension extend had commenced. The project was therefore enormously behind schedule and this attracted a price variation claim of 41% from the contractor citing increased costs of materials like steel, cement and fuel among others. Cumulatively, the contractor was paid Ug shs 2billion (20%). Works were supervised by Engineers from MoH and were ongoing.

Ongoing foundation works at the 40Unit staff quarters at Masaka RRH

Medical equipment procured; an assortment of equipment was procured from M/S St. Jude Electrical and Medical Equipment. These included X-ray printing machine, X-ray film printer, vertical autoclave shakers, patient monitors, Pulse Oximeter flow meter, oxygen concentrators, and infusion pumps among others. Summarized performance is highlighted in table 3.17.

Table 3.17: Performance of Masaka Regional Referral Hospital by 31st December 2018

Subprogramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Masaka Rehabilitation Referral Hospital	Construction of the maternity ward complex continued	995	984	1	0.86	26.36	At substantial completion, roofing, floor works internal and external plastering ongoing.
	Construction of the staff hostel continued	820	760	0	0.17	15.27	Works behind schedule, project was still underfunded.
	Procurement of medical equipment/extension of power	243	170	1	0.75	0.00	Medical equipment procured and in use.
Masaka	Inpatient services	840	600	36,677	17,800	17.38	Fair Performance. The

Subprogramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Referral Hospital Services							hospital admitted 68% of the planned target.
	Outpatient services	205	107	105,224	108,104	6.26	Surpassed target
	Diagnostic services	109	55	522,345	127,093	1.59	Target not achieved
	Immunization Services	19	9	40,100	22,307	0.59	Surpassed target
	Prevention and rehabilitation services	49	24	34043	18,230	1.52	Surpassed target
Programme Performance (Outputs)						**68.98**	**Fair performance**

Source: Field Findings, IFMS

3.8.8 Vote 170 - Mbale Regional Referral Hospital

The hospital implements five Sub-programmes. These are: 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). The semi-annual monitoring focused on Mbale Referral Hospital Services (Sub-programme one) and the two development projects.

Performance

Regional Referral Hospital Services programme was allocated Ug shs 13.02 billion, of which Ug shs 7.92 billion (60.9%) was released and Ug shs 4.41billion (55.7%) spent by 31st December 2018. Overall, the hospital's performance was poor 22.89%. This poor performance was attributed to slow progress in implementing the development sub-programmes. Detailed performance by sub-programme is highlighted below.

Mbale Referral Hospital Services

The sub-programme is comprised of outputs under inpatient, outpatient, diagnostic, prevention and rehabilitation services. The sub-programme was allocated Ug shs 9.58billion, of which Ug shs 4.87billion was released and Ug shs 4.28billion spent by 31st December 2018. The targets for outpatients, and diagnostic services were achieved, while targets for inpatients and preventive services were not achieved by half year. Detailed performance is indicated in Table 3.18.

Mbale Rehabilitation Referral Hospital (Project 1004)

The project commenced in July 2007 and expected completion is June 2020. The main project objective is to establish an Accident and Emergency Unit, equip it with modern medical

equipment to handle emergency surgeries and other critically ill patients. Construction of the Surgical Complex was prioritized in FY 2017/18.

The project was allocated Ug shs 2billion for FY 2018/19, which was 100% released and non-spent by 31st December 2018. The zero expenditure on the project was attributed to the contractor not issuing any interim payment certificate because no construction works took place. The project performance was poor with completion works on the Surgical Complex stagnating at 18.6%.

Institutional Support to Mbale Regional Referral Hospital (Project 1468)

The project was allocated Ug shs 1.06billion, of which Ug shs 900million was released and Ug shs 25million spent by 31st December 2018. The expenditure was for processing a hospital land title (Ug shs 16.5m), and designs and drawings for the new hospital store and registry (Ug shs 8.54 million). The planned outputs were still at procurement stage. These were purchase of transport equipment, construction of new stores and records; and procurement of medical equipment. Detailed performance is indicated in table 3.18.

Table 3.18: Performance of Mbale Regional Referral Hospital as at 31st December 2018

Programme	Output	Annual Budget (million Ug shs)	Cum. Receipt (Million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Mbale referral hospital services	Inpatients Services	485.837	242.918	69,000	25,316	8.68	Lack of consultants and senior consultants affected performance.
	Outpatients Services	389.526	170	164,800	80,578	9.49	Target achieved
	Diagnostics Services	109.547	54.772	234,000	121,551	2.67	Target achieved
	Prevention Services	62.361	35.166	101,500	37,180	0.99	Low performance due to lack of senior consultants.
Rehabilitation of regional referral hospitals	OPD and other ward construction and rehabilitation	2,000	2,000	1.00	0.00	0.00	Stalled due to financial challenges of the contractor.
Institutional support to Mbale regional referral hospital	Other structures	658	496.500	1.00	0.05	1.06	Paid for technical drawings for the new store, records and surveying hospital land
	Transport equipment	300	300	1.00	0.00	0.00	Awaiting delivery of procured car.

Programme	Output	Annual Budget (million Ug shs)	Cum. Receipt (Million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Medical equipment	100	100	1.00	0.00	0.00	Procured a dental chair/unit.
	Programme Performance (Outputs)					**22.89**	**Poor performance**

Source: Field Findings

The stalled Surgical Complex at Mbale RRH

Service Delivery Challenges

- Inadequate staff accommodation as only 20% of the staff are accommodated affecting timely attendance to emergences.
- Unfavorable electricity tariff band: The electricity cost includes the maximum demand charge which greatly leads to budget exhaustion on the utility line.
- Inadequate wage bill to fill the vacant posts at the regional hospital amidst constrained service delivery due to high demand for services at the hospital.
- Poor planning: The inception of the surgical ward was based on an understanding that government would meet its costs, however the budgetary allocations to the hospital is too low to meet the contractual obligation of government of Ug shs 22billion.
- Inadequate supply of laboratory reagents. Only eight out of the 22 parameters for chemistry tests are investigated due to reagents shortage.

Recommendations

- The hospital should explore various energy saving options like revamping their solar systems or investing in power factor correction equipment.

- The MoH, MFPED and RRHs should work together and negotiate exemption of maximum demand charge from hospitals by the Electricity Regulatory Authority.

3.8.9 Vote 171: Soroti Regional Referral Hospital

The hospital implements four Sub-programmes. These are: Soroti Referral Hospital Services; Soroti Referral Hospital Internal Audit two; and Soroti Rehabilitation Referral Hospital (Project 1004). The semi-annual monitoring focused on Soroti Referral Hospital Services, Soroti Rehabilitation Referral Hospital, and Institutional Support to Soroti Regional Referral Services sub-programmes.

Performance

Regional Referral Hospital Services sub-programme was allocated Ug shs 8.10billion, of which Ug shs 2.25billion was released, and Ug shs 1.27billion spent by 31st December 2018. Overall, the hospital's performance was poor at 43.14%. Detailed performance by sub-programme is highlighted below and in Table 3.19**.**

Soroti Referral Hospital Services

The outputs monitored include inpatient, outpatient, diagnostic, prevention and rehabilitation services. The sub-programme was allocated Ug shs 6.46billion, of which Ug shs 1.62 billion was released, and Ug shs 1.26billion spent by 31st December 2018. The sub-programme performance was fair at 66%, this was mainly due to staff shortages and season variations with the dry season registering few incidences of infection.

Soroti Rehabilitation Referral Hospital

The project commenced in July 2015 and its expected completion is June 2020. The project was allocated Ug shs 0.74billion, of which Ug shs 0.34billion was released and none spent by 31st December 2018. Planned outputs included; renovation and extension of the medicine store and fencing of the hospital land.

These works had not started by 31st December 2018 partly due to absence of a contracts committee in the hospital, and absence of a substantive accounting officer in the first half of the financial year.

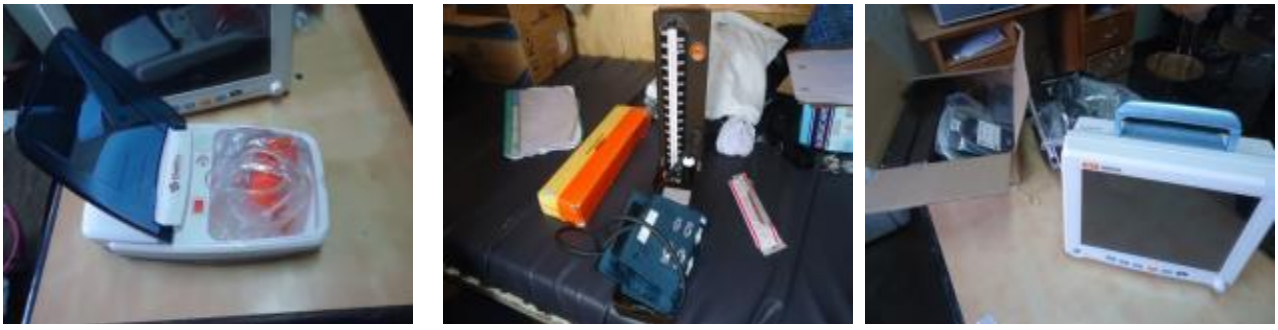
Institutional Support to Soroti Regional Referral Hospital

During FYFY2018/19, planned outputs included, procurement of assorted medical equipment and a double cabin pick up. By 31st December 2018, assorted equipment worth Ug shs 123.58 million had been procured from Joint Medical Stores. These included the examination couches, mobile suction machine, blood pressure machines, nebulizers, wheel chairs, trollies, patient monitors and microscopes among others. The hospital had received clearance from MoPS to procure the pickup.

Table 3.19: Performance of Soroti Regional Referral Hospital by 31st December 2018

Sub Programme	Output	Annual Budget (million Ug shs)	Cum. Receipt (Million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Regional referral hospital services	Inpatient Services	243.211	141.649	33,000	14,206	8.54	Targets not achieved.
	Outpatient Services	165.996	82.998	110,000	31,096	4.46	Targets not achieved.
	Diagnostics Services	165.996	82.996	262,550	93,166	5.60	Season variation with dry season registering few incidences of infections.
	Prevention and rehabilitation services	41.499	20.750	30,000	9,597	1.26	Targets not achieved.
Rehabilitation of regional referral hospitals	Renovation and expansion of the medicine stores	488	488	2.00	0.00	0.00	Delayed procured due to absence of a contracts committee.
	Other structures	250	200	1.00	0.00	0.00	
Institutional support to Soroti regional referral hospital	Transport equipment	250	250	1.00	0.00	0.00	Permission granted by MoPS and procurement process was initiated.
	Medical equipment	500	250	1.00	0.49	23.28	Assorted medical equipment worth Ug shs 123.85million was procured from Joint Medical Stores.
Overall Performance		**2,104**	**1,516**	**0.00**	**0.00**	**43.14**	**Poor Performance**

Source: Field findings and IFMS



Some of the equipment procured at Soroti RRH

Challenge

- The hospital is understaffed with only 76% of the posts filled. The most affected areas include surgery, radiology, internal medicine, obstetrics and gynecology, ophthalmology, and public health among others. The consultants who had earlier been recruited resigned and joined Soroti University.

3.8.10 Vote 172 - Lira Regional Referral Hospital

The hospital implements four Sub-programmes. These are: Lira Referral Hospital Services (Sub-programme one); Lira Referral Hospital Internal Audit (Sub-programme two); Lira Regional Maintenance (Sub-programme three); and Lira Rehabilitation Referral Hospital (Project 1004). The semi-annual monitoring focused on Lira Referral Hospital Services sub-programme, Lira Rehabilitation Referral Hospital sub-programme and Institutional Support to Lira RRH Services sub-programme.

Performance

Regional Referral Hospital Services Programme was allocated U gshs 8.81billion, of which Ug shs 5.04billion was released and Ug shs 3.8 billion spent by 31st December 2018. Overall, the hospital's performance was poor at 38%. Detailed performance by sub-programme is highlighted hereafter.

Lira Referral Hospital Services

The sub-programme is comprised of six outputs of which three were monitored. These include; inpatient, outpatient, diagnostic, prevention and rehabilitation services. The sub-programme was allocated Ug shs 7.17billion, of which Ug shs 3.93billion was released and Ug shs 3.28billion spent by 31st December 2018.

The sub-programme performance was good at 85%, however acute understaffing affected provision of specialized medical services. The relocation of the OPD services to lower health units to pave way for the JICA project also affected the diagnostic services. Detailed performance is indicated in table 3.20.

Lira Rehabilitation Referral Hospital

The project commenced in July 2015 and its expected completion is June 2020. The project was allocated Ugshs 1.41billion, of which Ug shs 0.96billion was released and Ug shs 0.45billion spent by 31st December 2018. Planned outputs included; construction of a 16-unit staff house, construction of walkways with underground cabling, procurement of motor vehicle materials and supplies, purchase of equipment and furniture among others.

However, in November 2018, planned outputs were revised from construction of walkways with underground cabling to renovation of the laundry, construction of the mortuary and procurement of a nine-body mortuary fridge. The MFPED approved these changes.

Construction of the staff house was ongoing; the works were awarded to Ms Block Technical Services at a cost of Ug shs 2,740,800,855 for a period of 18months (to end by January 2020). The construction of the staff house was 29% at against the time progress of 39%, works were behind schedule due to the heavy rains experienced in July 2018. Ms. 2AME Company (U)

Limited was awarded the contract to design and supervise works. Renovation of the laundry had started with outside painting ongoing. Detailed performance is shown in table 3.20.

Institutional Support to Lira Regional Referral Hospital (Project 1477)

Planned outputs for FY 2018/19 were; procurement of tyres for the staff shuttle, administrative pick up and director's car, spare parts for the ambulance and director's car, furniture, machinery and equipment. By 31st December 2019, the tyres and spare parts had been bought. The hospital had signed contracts for the procurement of specialised equipment. Detailed performance is shown in table 3.20.

Table 3.20: Performance of Lira Regional Referral Hospital by 31st December 2018

Sub programme	Output	Annual Budget (Millions Ug shs)	Cum. Receipt (Millions Ugshs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Lira Regional Referral Hospital Services.	Inpatient Services	254	126.147	36,947	16536	11.88	Performed fairly due to lack of medical officers and specialists in the hospital. and the relocation of the OPD services to Obel HCIII.
	Outpatient Services	79	40.3	258,300	109507	3.41	
	Diagnostics Services	70	36.32	150,100	76394	3.56	Low due to transfer of the OPD services.
	Prevention and rehabilitation services	36	19	16441	5960	1.28	High performance due to availability of functional imaging equipment.
Rehabilitation of regional Referrals Hospitals	Monitoring, supervision and appraisal of capital projects	55	55	1	0.95	2.71	Consultancy services for the staff house were provided.
	Residential buildings	600	600	0.67	0.29	13.48	Ongoing but behind schedule.
	Construction of the 16 unit staff quarters	750	300	1.00	0.00	0.00	Renovation of the laundry was ongoing.
Institutional support to Lira Regional referral hospital	Machinery and Equipment	33	33	1.00	0.50	0.86	Computer cartridges were procured.
	Furniture and Fixtures	10	10	1.00	0.00	0.00	To be implemented in Q3 and Q4
	Procurement of tyres and spare parts	40	40	1.00	0.40	0.83	Tyres were procured for three vehicles and spare parts for the ambulance.
Programme Performance (Outputs)						**38.01**	**Poor performance**

Source: Field findings and IFMS

L-R: Sixteen-unit staff house under construction and renovation of the laundry ongoing at Lira Hospital

Challenges

- Demolition of the OPD, therapeutic feeding centre and neonatal intensive care unit to pave way for the new infrastructure affected service delivery in the hospital.
- The hospital is understaffed with virtually no medical officers and consultants. This was caused by the resignation of consultants who joined Lira University.

3.8.11 Vote 173 - Mbarara Regional Referral Hospital

The hospital implements four sub-programmes. These are: Mbarara Referral Hospital Services (Sub-programme one); Mbarara Referral Hospital Internal Audit (Sub-programme two); Mbarara Rehabilitation Referral Hospital (Project 1004) and Institutional Support to Mbarara Regional Referral Hospital (Project 1469). The semi-annual monitoring focused on Mbarara Referral Hospital Services (Sub-programme one) and the two development projects.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 10.6billion, of which Ug shs 5.5billon (55%) was released and Ug shs 3.9billion (70%) spent. The hospital registered fair performance (50%); most of the planned development outputs were under procurement. Good performance was however recorded on achievement of medical services, most of them achieved over 90%. Detailed performance by subprogram is highlighted below and in Table 3.21.

Mbarara Referral Hospital Services (Sub-programme One)

The sub-programme was allocated Ug shs 7.2billion, of which Ug shs 3.7billion (51%) was released and Ug shs 2.7billion (73%) spent by 31st December 2018. The hospital surpassed its targets on most of its medical indicators. Outpatient Services 156%; Diagnostic Services 143%; Immunization Services 81%; Prevention and Rehabilitation Services 240%. This performance was attributed to availability of medical supplies and reagents, commitment of health workers and inadequate functionality of lower health facilities.

Rehabilitation of Mbarara Referral Hospital (Project 1004)

The project was allocated Ug shs 1.9billion, of which Ug shs 1.3billion was released and only 36% (Ug shs 479million) spent. Planned outputs included; construction of the fence, completion of staff houses, rehabilitation of the canteen and orthopedic workshop.

All planned new works were under procurement, designs for the wall fence were approved, and review of BoQs was ongoing. The staff house was completed; however, it had not been occupied.

Completed staff house at Mbarara RRH

The hospital accommodation committee was in the process of allocating houses to various staff. Hospital administration was satisfied with quality of works done. Works on other structures were at various levels of implementation.

These were rehabilitation of orthopedic workshop 45%; canteen 95%; walkways 70%; and installation of the isolation wing 80%. A summary of outputs is highlighted in table 3.21.

Institutional Support to Mbarara Regional Referral Hospital (Project 1479)

The project was allocated Ug shs 400millon, which was 100% released and only 12% spent by 31st December, 2018. Planned outputs included purchase of medical equipment. This was under procurement. However, the hospital had procured ICT equipment including laptops, photocopier and printer from Ms Wills Victor Limited on 20th September 2018. A total of Ug shs 10.7million was paid to Appliance World for delivery and installation of laundry driers.

Table 3.21: Performance of Mbarara Regional Referral Hospital by 31st December 2018

SubProgramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performanc e Score (%)	Remarks
Medical Services	Inpatient Services Provided	350	175	29,400	13,423	11.19	Good performance.
	Outpatient Services Provided	183	91	165,900	80,228	6.20	Fair performance (50%) in relation to specialised outpatient attendances and 43% of general outpatients were seen.

SubProgramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performanc e Score (%)	Remarks
	Diagnostic Services Provided	169	84	102,800	73,725	5.90	75% lab examinations and 65% of X-rays examinations were achieved.
	Immunization Services Provided	65	32	15,424	6,156	1.85	Poor performance with only 40% achieved.
	Prevention and Rehabilitation Services	117	58	5,300	6,365	4.10	138% antenatal attendances were achieved and 98% of family planning users attended to.
Rehabilitation of Regional Referral Hospital (Project 1004)	Staff quarters completed	178	114	100	99	6.21	M/s Block Technical Services was paid Ug shs 114 million on 30th November 2018 as a last certificate for completion of the staff house.
	Motor vehicle and other transport equipment procured	400	64	100	10	8.73	An ambulance for emergency response with all its accessories was under procurement. However, a total of Ug shs 64 million was paid to M/s Toyota Uganda Ltd as balance on a staff bus procured in FY2017/18.
	Hospital rehabilitated	1,000	750	100	10.	4.65	The rehabilitation of orthopedic workshop was at 45%, construction of the staff canteen was at 95%; construction of the walk ways was at 70%; and installation of the isolation wing was at 80%. Procurement for works on the wall fence was underway.
Institutional support to Mbarara Regional Hospital (1479)	Medical equipment purchased	400	400	100	10	1.40	Laptops, printer and photocopier were procured. Payments for the laundry drier were made. Other medical equipment was under

SubProgramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
							procurement.
Programme Performance (Outputs)						**50.24**	**Fair performance**

Source: Field Findings, IFMS

Challenges

- Delayed initiation of procurement processes for FY 2018/19 planned outputs.
- Inadequate operation and maintenance budget for infrastructure hence accumulation of over US$ 10,000 arrears on the oxygen plant.
- Inadequate staffing coupled with low absorption of the wage bill for FY 2018/19.

Recommendations

- The Accounting Officer for Mbarara RRH should ensure that procurements are initiated and implemented in a timely manner to avoid delays.
- The Accounting Officer should also ensure that recruitment plans are followed with timely submissions to MoPS and HSC for clearance and recruitment.
- The Accounting Officer should prioritize payment of domestic arrears as guided by the Budget Call Circular of FY 2018/19.

3.8.12 Vote 174 - Mubende Regional Referral Hospital

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

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 7.6billion, of which Ug shs 4.7billion (62%) was released and Ug shs 3.7billion (79%) spent. The hospital registered poor performance (13%), most of the planned outputs were not achieved. Works at the Surgical Complex had stalled due to limited funds. None of the medical services was achieved by 50%. Detailed performance by sub-programme is highlighted below.

Mubende Referral Hospital Services (Sub-programme One)

The sub-programme was allocated Ug shs 6.4billion, of which Ug shs 3.32billion (51%) was released and Ug shs 2billion (61%) spent by 31st December 2018. Poor performance was recorded with Inpatient Services achieved at 46.7%; Outpatient Services 37.3%; Diagnostic Services 34%; Immunization Service; Prevention and Rehabilitation Services 35%. The underperformance was attributed to low turn up of patients.

Mubende Rehabilitation Referral Hospital (Project 1004)

M/s ACE Consult Limited undertook the construction of the Pediatric and Surgical Building at a sum of Ug shs 7.4billion. M/S Envision Design Architects supervised the works at a sum of Ug shs 182,000,000. The project commenced on 1st July 2014 and expected to be completed in 18 months. Works progressed well in the initial years of the contract and stalled at 60% in August 2017. Delays in execution were attributed to limited cash flows to the project. Cumulatively, the contractor was paid Ug shs 3.7billion (50%).

During FY 2018/19, the project was allocated Ug shs 900 million, 100% of the allocation was released and spent by 31st December 2019. All funds were spent on clearing outstanding obligations to the contractor.

Institutional Support to Mubende Regional Referral Hospital (Project 1482)

The project was allocated Ug shs 152million, which was 100% released and only 7% spent by 31st December 2018. Planned outputs included procurement of medical equipment and furniture, as well as construction of a walkway from Administration Block to various Wards.

Office furniture was procured, while works on the walkways and procurement of assorted medical equipment for maternity ward were underway. Delays in commencement of procurement were noted. Summarized performance by sub-programme is highlighted in Table 3.22.

Table 3.22: Performance of Mubende Regional Referral Hospital by 31st December 2018

Sub-Programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	In patients services	241	127	16,000	3,953	6.80	Poor performance
	Out patients services	106	51	112,500	20,236	2.39	Poor performance
	Diagnostic services	55	28	115,500	20,348	0.00	Poor performance.
	Prevention and rehabilitation services	150	78	14,700	2,694	3.16	Low client turnup for antenatal attendances.

Sub-Programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Mubende Rehabilitation Referral	Pediatrics and surgical building constructed	908	908	100	0.00	0.00	Works stagnated for lack of funds.
Institutional Support to Mubende	Medical equipment procured	90	90	100.	0.00	0.00	Under procurement
	Office furniture purchased	10	10,	100	0.99	0.01	Furniture for the offices of new staff and board room was procured and was in use.
	Walkway constructed	52	52	100	0.00	0.00	Construction of a walkway from the Administration Block to various wards was under procurement.
	Programme Performance (Outputs)					**12.36**	**Poor performance**

Source: Field Findings, IFMS

Implementation challenges

- Delays initiation of procurement by user departments led to failure to achieve set targets under the retooling project.
- Poor planning and over commitment of government beyond Medium Term Expenditure Framework (MTEF) allocations led to stalling of the Surgical Complex.
- Low demand for health services

Recommendations

- The Accounting Officer of Mubende RRH should ensure that the Procurement Department initiates procurement processes in a timely manner to facilitate timely absorption of funds.
- All RRHs should improve their planning through taking a phased approach to project implementation. Contracts should be phased in relation to allocations to avoid delayed implementation of rehabilitation projects due to lack of funds.

3.8.13 Vote 175 - Moroto Regional Referral Hospital

The hospital implements five Sub-programmes. These are: Moroto Referral Hospital Services; Moroto Referral Hospital Internal Audit; Moroto Regional Maintenance; Moroto Rehabilitation Referral Hospital; and Institutional Support to Moroto Regional Referral Hospital. The semi-

annual monitoring focused on Moroto Referral Hospital Services, and the two development projects.

Performance

The hospital was allocated Ug shs 6.77billion, during FY 2018/19, of which Ug shs 3.73billion was released, and Ug shs 2.85billion spent by 31st December 2018. The performance was fair at 73% of the set targets achieved. Detailed performance by sub-programme is highlighted below and in table 3.23.

Moroto Referral Hospital Services

The sub-programme is comprised of outputs under inpatient, outpatient, diagnostic, prevention and rehabilitation services. The sub-programme was allocated Ug shs 5.15billion, of which Ug shs2.57billion was released and Ug shs 2.12 billion spent by 31st December 2018. Overall, the sub-programme achieved 71% of the semi-annual targets. This performance was attributed to absence of space, specialists and breakdown of the imaging equipment. Detailed performance is indicated in Table 3.23.

Moroto Rehabilitation Referral Hospital (Project 1004)

The project commenced in July 2010 and expected completion is June 2020. The main project objective is to provide comprehensive, super specialized health service, conduct tertiary health training, research and contribute to health policy and planning.

The project was allocated Ug shs 1.39billion, of which Ug shs 1.04 billion was released and Ug shs 0.62 billion spent by 31st December 2018. Outputs planned under the project during FY 2018/19 were; rehabilitation, construction of the ten-unit staff house and maternity ward.

The construction of the staff house was awarded to M/s Musuuza Building Contractors at Ug shs 2.494billion, while construction and expansion of the maternity ward was awarded to M/s BMK (U) Limited at a cost of Ug shs 2.0billion for a period of 18 months. Works started in December 2018. The construction of the staff house was 45%, complete while works at the maternity ward were at foundation excavation. Detailed output performance is shown in table 3.23.

Institutional Support to Moroto RRH (Project 1472)

The project was allocated a total of Ug shs 100 million, of which Ug shs 50 million was released and spent by 31st December 2018. Expenditures were on purchase of residential furniture. Detailed performance in Table 3.23.

Table 3.23: Performance of Moroto Regional Referral Hospital by 31st December 2018

Sub programme	Output	Annual Budget (million Ugshs)	Cum. Receipt (million Ugshs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Moroto regional referral hospital services	Inpatient Services	199.397	100.485	21,530	5,035	6.22	The targets were overestimated; the hospital lacks adequate space and beds to admit.
	Outpatient Services	144	74.415	98,600	53,588	9.68	Target not achieved

Sub programme	Output	Annual Budget (million Ugshs)	Cum. Receipt (million Ugshs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Diagnostics Services	91	41.500	104,493	55,864	6.12	Absence of laboratory reagents and breakdown of the imaging equipment affected the output.
	Prevention and rehabilitation services	119.303	52.901	36,411	6539	3.25	There is negative attitude of locals towards rehabilitative services.
Rehabilitation of regional referral hospitals	Maternity ward construction and rehabilitation	400	300	0.44	0.04	3.26	Excavation complete.
	Staff House construction and rehabilitation	988	741	0.52	0.45	66.40	Construction works were ongoing with the contractor ahead of schedule
Institutional support to Moroto Referral hospital	Furniture and fixtures	50	50	1.00	1.00	3.36	Furniture was procured.
	Medical Equipment	50	50	1.00	0.00	0.00	To be implemented in Q3 and Q4.
	Programme Performance (Outputs)					**73.02**	**Good performance**

Source: Field findings and IFMS

L-R: Staff quarters under construction and excavated foundation for the maternity ward

Challenges

- Intermittent power supply leading to over reliance on the generator with high operational costs.
- Outdated laboratory equipment characterized by regular breakdowns and very high maintenance costs.

Recommedation

- The Accounting Officer should prioritise procurement of laboratory equipment to enhance service delivery.

3.8.14 Vote 176 - China-Uganda Friendship Referral Hospital (Naguru)

The hospital implements four Sub-programmes. These are: 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 1469). The semi-annual monitoring focused on Naguru Referral Hospital Services (Sub-programme one), and the two development projects.

Performance

The hospital registered poor performance with only 40% of the set outputs achieved during FY 2018/19. All outputs planned under the Institutional Support Project were not achieved during the first half of the FY and funds were not released. Activities under the development projects were not achieved as well. Works at the staff house had just commenced, while others were under procurement. All medical services under review were achieved by over 100%. Detailed performance by sub-programme is highlighted below.

Naguru Referral Hospital Services (Sub-Programme one)

The sub-programme was allocated Ug shs 7.3billion, of which was Ug shs 3.6billion was released (50%) and Ug shs 2.6billion (74%) spent. Expenditures were mainly for salaries, gratuity, pension, maintenance of equipment, utilities among others.

In-patient services were achieved at 516%, and the hospital attributed this performance to reduced referrals out of the hospital, as most of the cases were managed at the hospital. This was due to availability of necessary supplies. The Cholera outbreak from various parts of Kampala partially contributed to the number. Outpatient Services at 60%; Diagnostic Services 56%; Prevention and Rehabilitation Services 25%, while Immunization was achieved at 250%. The over performance was partly attributed to low targets set during the planning and budgeting phase, and high demand for services during the Cholera outbreak in Kampala.

Naguru Rehabilitation Referral Hospital (Project 1004)

The project was allocated Ug shs 900 million, of which 100% was released and none spent by 31st December 2018. Planned outputs included; Resource Center expansion, gatehouse and maintenance workshop constructed, staircase space created for records, laboratory for pathology service expanded and continued construction of the 16-unit staff house.

In terms of performance, phase two contract of the staff houses was awarded to M/s Happiness Limited at a sum of Ug shs 500million. The activity commenced and registered physical progress of 10%. Other works were still under procurement. Discussions on whether the hospital should undertake refurbishment works on the gate, staircase, ramps, parking and water trenches were ongoing since the grant to refurbish the entire hospital from the People's Republic of China was under consideration by Development Committee of MFPED. The hospital was therefore skeptical about signing refurbishment contracts under GoU.

Delays in seeking approval from MoH and MFPED regarding reallocation of development funds from the refurbishment activities to completion of staff houses was noted. Summarized financial and physical performance per output are highlighted in table 3.24.

Institutional Support to Naguru Regional Referral Hospital (Project 1479)

The project was allocated Ug shs 155million, no releases and expenditures were made by 31st December 2018. However, the hospital had planned to procure medical equipment and procurement had commenced. Detailed performance by sub-programme is highlighted in table 3.24.

Table 3.24: Performance of China-Uganda Friendship Hospital by 31st December 2018

Sub-programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Medical Services	In patient services Provided	300	144	15,213	78,608	1.23	Surpassed target
	Outpatient services Provided	202	101	272,218	165,023	3.06	A total of 94,819 specialized clinic attendances were achieved; 166 referrals cases in; 70,204 total general outpatients attendance.
	Diagnostic services Provided	20	10	150,707	85,025	0.31	Limited supply of x-ray films and lack of Digital Video Effects(DVE) digital imaging films for CT impeded the delivery of CT scan services.
	Prevention and rehabilitation services	50	23	31,497	7,743	-	Not achieved.
	Immunisation	5	2	10,000	25,075	0.06	Target achieved.
Institutional support to Naguru	Medical Equipment	155	-	100	0	35.42	Under procurement, however no funds were released for the activity.

Sub-programme	Output	Annual Budget (Ugshs)-Mil	Cum. Receipt (Ugshs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
RRH							
Rehabilitation of Naguru RRH	Continued construction of staff house and other structures	900	900	100	0	-	Behind schedule, works on the staff house had just commenced while others were still under procurement.
Overall OutPut Performance						**40.07**	**Poor performance**

Source: Field Findings, IFMS

Implementation Challenges

- Delayed initiation of procurement processes.
- Non-release of allocated funds by MFPED.
- Frequent breakdown of equipment like x-rays.
- Congestion of the hospital leading to inadequate medical supplies hence frequent stock outs.

Conclusion

The Regional Referral Hospital Services registered fair performance with 56% of the planned targets achieved. Provision of medical services generally performed better than development projects except in instances where some hospitals were implementing rolled over projects or multiyear projects. The downside of regional referral services is poor planning characterised by late initiation of procurement, delays in submitting requests to MoH, HSC, and MoPS for recruitment.

Recommendations

- The MoH should sanction hospital directors whose entities fail to initiate procuremernt in a timely manner hence inability to absorb released funds.
- All hospital directors should ensure timely submission of recruitment requests to enable recruitment of health workers and absorption of the wage bill within the FY.

3.9 Votes 501 – 850 Local Governments: Primary Health Care (PHC)

Background

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 Ugandans. The programme consists of one sub programme (Health Development).

3.9.1 Health Development (Sub-Programme 1385)

Background

The main objective of the sub-programme is; to improve quality of health facility infrastructure in all districts. In FY 2018/19, the GoU and World Bank jointly fund the sub-programme. The total allocation is Ug shs71, 560,894,450. The GoU contributed Ug shs 2,200,000,000 for PHC Transition Adhoc Grant for rehabilitation of selected health facilities, while the World Bank contributed Ug shs 69,360894,450.

The World Bank fund was allocated for maintenance of the districts infrastructure (Ug shs 7,360,894,450) and upgrading of the Health Centre II to IIIs (Ug shs 62 billion) under the Inter Fiscal Government Transfers sub-programme. The total project cost is US$200 million for four years (FY2018/19- FY2021/2022). The project objective is to upgrade 331 health facilities starting with 124 in the first year.

Performance

The sub-programme in FY2018/19 was allocated Ug shs 71, 560,894,450, of which 67% was released by 31st December 2018. Expenditure performance was poor, only service costs including per diem for evaluation of bids was incured.

Physical performance for the sub-programme was poor and behind schedule at 6% of the set targets by 31st December 2018. Civil works had not commenced yet average disbursements were amounting to 67%.

Local governments that fairly performed were either completing rolled over projects or initiated procurement of projects under maintenance component in a timely manner. These included: Kiruhura, Mbarara, Sheema, Rukungiri, Mpigi, Kyenjojo, Kasese, Yumbe, and Maracha districts. The rest of the districts projects were still under procurement at various levels of progress (Table 3.25).

Allocative **inefficiency** was observed in the project design as Ug shs 12.5 million was quoted for LG supervision in the BoQs in addition to the 5% or 2.5% provided for in the grant guidelines (***Some DLGs had guidelines that stated 2.5%, while others had those that allowed for 5%).*** This translates into Ug shs 25 million or Ug shs 37.5 million respectively spent in monitoring and supervision.

The poor physical performance was in part due to the sub-programme design where procurement was largely centrally managed. Signing of contract agreements mainly commenced in January

2019, however, some contractors possessed site before finalization of the contract agreement and official site hand over. These included Oyam and Kole districts.

This was an indicator of non-compliance of some contractors to execution modalities of the project, where the district engineer as the technical representative of the district and works supervisor issues commencement orders to the contractor after handing over the sites.

In districts where work had commenced, there was a general complaint of the structural design, some contractors were using block work for the plinths wall/foundation walls. The concrete blocks form a weak foundation since they tend to absorb water in areas with a high water table which affects the strength of the building and hence its durability.

The performance of the PHC Transitional Grant and the maintenance UGIFT component were poor with most of the works either at contract signature while others were still at initiation stage by the end of January 2019. However, works had begun at a few facilities at various levels of completion. The details of performance are discussed in table 3.25.

Table 3.25: Performance of Health Development Sub-Programme by 31st December 2018

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
General Ward constructed at Wielela HCII, Magaga SC in Abim district	300	200	100	0.00	0.00	Physical progress was 0% against 67% release. The district advert inviting bidders was expected in January 2019. The funds allocated for Abim Hospital rehabilitation were re-allocated towards upgrading Wielela HCII to HCIII contrary to the PHC guidelines.
Arinyapi HC II upgraded to HCIII in Adjumani district;	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. By 22nd January 2019, the district was still awaited the evaluation report from MoH.
Selected health facilities rehabilitated in Adjumani district;	54	36	100	0.00	0.00	Physical progress was 0% against 66% release. Procurement process was ongoing and was at award stage.
Namusita (Budaka) HC II upgraded to HCIIII in Budaka district	500	335	100	0.00	0.00	Physical progress was 0% against 66% release. The contract was submitted to the Solicitor General for clearance. The Best Evaluated Bidder (BEB) was Geomax Engineers Limited and site hand over was expected in January 2019.

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
OPD Celing at Sapiri HCIII rehabilitated, Fencing completed at Katira HCIII,4 Stance pit latrine at Kaderuna HCIII in Budaka district	60	40	100.00	0.00	0.00	Physical progress was 0% against 66% release. The contracts were signed on 10th January 2019 with site hand over expected on 14th January 2019. There was a general delay from the user department to initiate procurement.
Ther-uru HC II upgraded to HCIII in Zombo Disitrict	500	335	100	0.00	0.00	Physical progress was 0% against 66% release. Display of the BEB was closing on 17th January 2019 upon which the contract would be submitted to the Solicitor General for clearance. The BEB was Abude Construction Co Limited at the contact sum of Ug shs 481,001,700.
Retention wall costructed at Warr HCIII, and Latrine Constructed at Atyak HCII in Zombo district	36	24	100	0.00	0.00	Physical progress was 0% against 66% release. The procurement for works was at award stage.
Ajikoro HC II upgraded to HCIII in Maracha District	500	335	100.00	0.00	0.00	Physical progress was 0% against 66% release. The Solicitor General cleared the contract with Abude Construction company limited on 11th January 2019 and final contract signing was due by the 15th January 2019. The contract sum is Ug shs 487,928,835 including Ug shs 12,500,000 for LG supervision.
Retention for OPD, and Land title proccessing for Maracha HCIV paid; Maintainance of Solar system at Ovuju,Oleba,Tara,Oluvu, Eliofe, and Kamaka HCIIIs in Maracha District	54	36	100	0.00	0.00	The retention had not yet been paid just as funds for title processing for selected facilities. The land title processing for Maracha HCIV was halted pending conclusion of the negotiations with the National Forest Authority. The facility is currently located on the National Forest Authority Land. On the other hand, the contract for the solar maintenance was due for signing with the BEB (Global solar systems) at a contract sum of Ug shs 19,869,260. The contract is for equipment supply, installation and testing).
Maternity Ward completed; and Doctors	200	133	100	10.00	0.10	The contractor for Maternity ward completion (M/s Bomak traders limited)

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
House constructed at Maracha HCIV- PHC Transitional grant						signed the contract on 4th December 2018 at Ug shs 133,888,700 and works commenced on 7th December for a period of 4 months. By 15th January 2019, the contractor was on site and works had resumed at 10% physical progress. Conversely, the contract for the construction of the doctor's house (M/s Multi-Space Bureau Uganda Limited) had not been concluded, as negotiations were ongoing with the BEB whose cost (Ug shs 102,415,950) was higher than the allocation (Ug shs 80,000,000).
Koboko Police HC II upgraded to HCIII in Koboko Municipality	500	335	100	0.00	0.00	The physical progress was 0% against 67% release. The Ministry of Internal Affairs (Police) directly manages the selected facility. This affected works and plans to channel funds to the local government were underway. This situation pointed to poor planning
Selected health facilities rehabilitated in Koboko Municipality;	6	4	100.00	0.00	0.00	The physical progress was 0% against 67% release. The maintenance funds faced a similar predicament as above
Mocha HC II and Kerwa HC II upgraded to HCIII in Yumbe district	1,000	670	100	0.00	0.00	The physical progress was 0% against 67% release. By 16th January 2019, the due diligence had not been concluded by Ministry of Health.
Doctor's house at Midigo HCIV renovated in Yumbe District	68	45	100	10.00	0.04	Physical progress was 10% against 67% release of funds. The contractor (M/s. Kumia Group Association Limited) commenced works on 12th January 2019. Ceiling works and wall hacking works were ongoing. The HCIV is housing the only functioning theatre in the district and therefore faced very high volumes of patients.
Loyoajonga HC II upgraded to HCIII in Omoro district	500	335	100.00	0.00	0.00	Physical progress was 0% against 67% release of funds. The contract was awarded to the BEB (M/s KAST Engineering Works Limited). The BEB had quoted above the budgeted amount

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
						and therefore negotiations were ongoing by January 2019. The district observed that the project should have included staff houses to accommodate the health staff that will be required to serve the population at the new level of service delivery.
Lela obaro, Lujorongole,Odek,Dino, Bobi, Alokolum, and Acet HCII renovated to control Bats infestation in Omoro District maitenained/rehabilitated	36	24	100	0.00	0.00	Physical progress was 0% against 67% release of funds. Procurement had not commenced awaiting the finalization of the BoQs from the district engineers.
Katum HC II Upgraded to HCIII in Lamwo district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (3 M/s Investment Limited) quoted (Ug shs 596,000,000) which was higher than the allocation (Ug shs 500,000,000). The MoH advised the LG to negotiate with the contractor and reduce scope to exclude placenta pit which was costed at Ug shs 18,000,000. Thus the negotiation may not yield much except if the scope of works are extensively reduced which again will defeat the purpose of the project.
Selected health facilities rehabilitated in Lamwo district	60	40	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement process was by 23rd January 2019 at evaluation stage and award was expected in the week of 28th – 1st February 2019.
Pandwong HC II upgraded to HCIII in Kitgum Municipality	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (3 M/s Investment Limited) quoted (Ug shs 599,918,198) which was higher than the allocation (Ug shs 500,000,000). The MoH advised the municipality to negotiate with the BEB and the negotiation committee was expected to meet on 25th January 2019.
Selected health facilities rehabilitated in Kitgum	0.09	0.06	100	0.00	0.00	Physical progress was 0% against 67% release. The municipality was yet to decide what to use the Ug shs 92,049

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Municipality						provided at the existing facility.
Kagumba HC II upgraded to HCIII in Kamuli district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (Green Heat Uganda Limited) quoted higher than the budget and contracts committee by 28th January 2019 had not yet awarded the contract. The final contract value was expected upon conclusion of the negotiations.
Selected health facilities rehabilitated in Kamuli district	78	52	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement process was by 28th January 2019 at evaluation stage and award was expected in the week of 4th – 8th February 2019.
Busota HC II upgraded to HCIII in Kamuli Municipality	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (Green Heat Uganda Limited) was displayed and display expiry date was 4th February 2019. Works were costed at Ug shs 476,505,577
Selected health facilities rehabilitated in Kamuli Municipality	0.09	0.06	100	0.00	0.00	Physical progress was 0% against 67% release. No works had commenced by 31st December 2019. The municipality was yet to decide what to use the Ug shs 92,049 provided at the existing facility.
Bukendi HC II upgraded to HCIII in Luuka district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (Green Heat Uganda limited) was displayed. The closing date for the display was 2nd February 2019 and the award price was Ug shs 476,505,577 after negotiations where scope of works equivalent to Ug shs 14,000,000 was excluded from the BoQs
Selected health facilities rehabilitated in Luuka district	42	28	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (Mwayi Investment limited) was due to sign the contract after the mandatory display period of the BEB.
Nawangisa HC II upgraded to HCIII in	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The DLG and M/s VISVAR

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Bugweri district						Investments Limited signed the contract for works at Ug shs 474,529,863. By 29th January 2019, the district was verifying the bank guarantees before disbursement of the 30% advance payment.
Selected health facilities rehabilitated in Bugweri district	30	20	100	0.00	0.00	Physical progress was 0% against 67% release. The district engineer was still preparing the BoQs for works. The district was to engage prequalified bidders to save time for open domestic bidding. The delay in commencement of procurement was due to the need to engage the District Procurement Committee that was put in force in October 2018.
Bugiri Town Council HC II(Naluwelele HCII) upgraded to HCIII Bugiri Municipality	500	335	100.00	0.00	0.00	Physical progress was 0% against 67% release. The contract for works between Municipality LG and M/s VISVAR Investments at Ug shs 474,529,863 was ready for signing by 29th January 2019; however, the contractor had not reported to the district for signing and final hand over of construction site. The Municipal Authorities anticipated that works would commence in February 2019.
Selected health facilities rehabilitated in Bugiri Municipality	0.09	0.06	100.00	0.00	0.00	Physical progress was 0% against 67% release. The municipality is to use the maintenance fund at the same facility that is under upgrade.
Jagusi HC II and Busaala HC II upgraded to HCIII in Mayuge district	1,000	670	100	0.00	0.00	Physical progress was 0% against 67% release. The BEB (Green Heat Uganda Limited) costed the project at Ug shs 995,778,045 by 28th January 2019, the BEB was displayed on the notice board till 8th February 2019 before request for clearance from the Solicitor General and contract signing. The works were expected to commence in February 2019.
Selected health facilities rehabilitated in Mayuge	62	41	100	0.00	0.00	The districts was yet to initiate the procurement for maintenance of the selected facilities. The absence of the

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
district						substantive DHO, with the incumbent bring on interdiction pending investigations in the murder of the medical officer at Kigandalo HCIV affected progress of works.
Buwembe HC II, and Majanji HC II upgraded to HCIII in Busia District	1,000	670	100.00	0.00	0.00	The MoH selected facilities (Buwembe and Majanji) that had benefitted with the construction of the maternity wards (Not according to the new MoH 2018 structural design and guidelines) under the funding from the District Discretionary Equalization grant in FY2016/17 and 2017/18 & 2018/19 respectively. The DLG upon receipt of the IPFs of FY2018/19 initiated procurement on the 7th of June 2018, and signed contracts in August 2018 before receipt of clear guidelines on the utilization of the PHC funds. At Siduka HCII, physical progress was 68% against 0% financial progress; at Busime HCII, physical progress was 29% against 0% financial progress; while at Bumunji HCII, and the physical progress was 46% against the 0% financial progress. At Majani HCII, the completion works for the maternity ward were at 39% physical progress however, the contractor was last on site on the 22nd December 2018. By 30th January 2019, no payments were made pending the settlement of the matter with the MoH. The total allocation at the four sites was amounting to approximately Ug shs 490,652,986 out of the allocated Ug shs 1000,000,000 for the upgrade. Generally, the constructed maternity wards fall short in strength, because of the difference in designs (quality and materials) used for construction. Cement screed was being used

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
						compared to terrazzo in most of the areas. The BEB M/s VISVAR investments for the lot had not signed the contract with Busia DLG.
Selected health facilities rehabilitated in Busia district	68	45	100	0.00	0.00	Physical progress was 0% against 67% release. The DLG had halted utilization plans for the funds pending settlement of flouted utilization guidelines of IGFT funds.
Sop Sop HC II upgraded to HCIII in Tororo district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed on 21st January 2019 between the DLG and M/s VISVAR Investments Limited. The contract sum is Ug shs 474,529,863 for a period of six months. The contractor is unlikely to complete the project in time as the site was handed over to the contractor on 31st January 2019.
Selected health facilities rehabilitated in Tororo district	114	76	100	0.00	0.00	Physical progress was 0% against 67% release. Procurement of contractors was ongoing and bid closure and opening was 31st January 2019.
Fittings and Fixtures in the new male Ward completed, Walkway to the new ward at Totoro General Hospital- PHC Transitional	250	166	100	0.00	0.00	Physical progress was 0% against 36% financial progress. The district paid for works relating to FY2017/18 at the maternity ward. The procurement for FY2018/19 works was ongoing. The bid closure and opening for the walkway and finishes was 6th February 2019.
Bundege HC II upgraded to HCIII in Sironko district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed on 31st January 2019 between the DLG and Geomax Engineering Limited. The contract value is Ug shs 471,644,930 for a period of 4 months. The contractor had commenced with site lay out and excavation of the foundation however the contractor was by 6th February 2019 not on site.

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Selected health facilities rehabilitated in Sironko district- (Private wing and 5 stance pit laterine constructed at Budadiri HCIV, Maternity Ward renovated at Bumumulo HCIII, Staff House renovated at Buyaya HCII, Gas Cylinders procured for the district stores, 3 stance pitlatrine constructed at Bubbeza HCII in Sironko district	84	56	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement process was at display stage of the Best Evaluated Bidders (BEB) for the different contracts and was due for expiry on 7th February 2019.
Terenpoy HC II upgraded to HCIII in Kween district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed on 17th January 2019 between the Sironko DLG and Geomax Engineering Limited. The contract value is Ug shs 473,936,923 for a period of 5 months. The contractor had commenced with site lay out and excavation for the foundation however he was not onsite by 7th February 2019. The contractor had requested the DLG for 30% of contract value as advance payment and processing was ongoing.
Selected health facilities rehabilitated in Kween district	60	40	100	0.00	0.00	The Health Department had not initiated procurement for works. There was clear information gap between the CFO, CAO and the DHO. The latter did not know that the DLG rectified the warranting challenge and had access to maintenance funds. By 7th February 2019, the DHO still observed inability to access funds following an error commission during warranting process.
Chemosong HC II upgraded to HCIII in Kapchorwa district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed on 18th January 2019 between the DLG and Geomax Engineering Limited. The contract value is Ug shs 473,363,925 for a period of 6 months. The contractor had commenced with site lay out and

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
						foundation excavation and had commenced on the plinth works. The contractor was on site; however, it was noted that the contractor was using equipment that was locally mobilized by the locals therefore his capacity to manage the lot was questionable. The contractor had also requested the DLG for 30% of contract value as advance payment and processing was ongoing.
Selected health facilities rehabilitated in Kapchorwa district(DHO's rehabilitated, Solar system installed at the DHO's office, and Furniture procured)	36	24	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement was at initiation stage. The district engineer was finalizing the BoQs for the civil works.
Upgrading of Kimaka HCII Mpumudde division	500	335	1	0.00	0.00	Displayed the best evaluated bidder, signing of the contract was expected by mid-February 2019. There was lack of clarity on what percentage was allocated for monitoring and supervision of the project by stakeholders.
Sebei College Sick Bay HC II upgraded to HCIII in Kapchorwa Municipality	500	335	100	0.00	0.00	Planned works had not started. The site was handed over to the contractor and the Municipality was verifying the advance payment guarantee to process advance payments as requested by the contractor.
Selected health facilities rehabilitated in Kapchorwa Municipality	6	4	100	0.00	0.00	Procurement had not been initiated.
Olelpek HC II upgraded to HCIII in Apac district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed between DLG and M/s KAST Engineering Works Limited. The works had not commenced. The contract amount for works is Ug shs 479,489,811 with a contract duration of four months.
Selected health facilities rehabilitated(Staff house renovated) in Apac	30	20	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement for works had by 18th February 2019 not been

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
district						initiated.
Apac district Hospital rehabilitated	300	200	100	0.00	0.00	Physical progress was 0% against 67% release. The works had not commenced pending relocation of patients from the female ward.
Ayer HC II upgraded to HCIII in Kole district	500	335	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was awarded to M/s KAST Engineering Works Limited and was submitted to the Solicitor General on 19th February 2019. The contractor had cleared site before official site hand over and final contract signing. The contract amount for works is Ug shs 475,000,000 with a contract duration of four months.
Selected health facilities rehabilitated (Renovate office block, Repair of DHOs office, 3 stance pit latrine) in Kole district	36	24	100	0.00	0.00	Physical progress was 0% against 67% release. The procurement was by the 19th February 2019 still at initiation. The district engineer had not finalized the BoQs for the required works.
Atura HC II and Ariba HC II upgraded to HCIII in Oyam district	1,000	670	100	0.00	0.00	Physical progress was 0% against 67% release. The contract was signed on 19th February 2019 between the DLG and M/s KAST Engineering Works Limited at a contract sum of Ug shs 993,290,981. The contractor was on site and had commenced excavation works without official contract and site hand over. The conduct of the contractor undermines the role of the project manager at the district.
Selected health facilities rehabilitated in Oyam district	50	33	100	0.00	0.00	Physical progress was 0% against 67% release. The district did not know about the funds for maintenance of district infrastructure. The DHO observed that his office was to follow up on the available funds so that they are used for maintenance.
OPD at Mpumudde HCIII maintained in Lyantonde district	30	20	100	0.00	0.00	Physical progress was at 0% against 67% financial release. By 31st December 2018, works were under procurement.

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Lyakajura HCIII rehabilitated in Lyantonde district	500	335	100	0.00	0.00	Overall, the physical progress was 0% against 67% release. The DLG was awaiting the due diligence report from MoH. The district had spent Ug shs 4,100,000 on the evaluation process. The BEB for works was M/s P&D Traders at a contract sum of Ug shs 462 million.
Rweshande HCII and Rwakitura HCII upgraded in Kiruhura district.	1,000	670	100	0.00	0.00	Physical progress was 0% against 67% release. By 14th January, 2019, the DLG was awaiting the due diligence report from MoH. The district had spent Ug shs 9,985,000 on bid evaluation and monitoring processes.
Burunga HCIII OPD completed, office equipment procured, medical equipment procured in Kiruhura district	104	70	100	40.00	0.49	The site at Burunga HCIII was handed over to M/s Byaahi Technical Services Ltd on 4th January 2019 and by 14th January 2019, the construction works had not commenced. The contract sum is Ug shs 44,416,083 for a period of 15 weeks. M/s Virika Pharmacuticals Ltd procured one generator for Kazo HCIV at Ug shs 12 million, a solar system for the DHOs office at ug shs 7 million and, assorted medical equipment at Ug shs 6,805,077, Two office laptops at Ug shs 6 million and 2 printers at Ug shs 2 million were still under procurement.
Maternity ward at Rubaya HCIII completed,staff houses at Nyabikungu HCII completed in Mbarara district	72	72	100	100.00	0.57	Overall 72% of the maintenance funds were paid as retention for the completion of a maternity ward at Rubaya HCIII to M/s Yeewa Enterprises Ltd. Works for staff house completion at Nyabikungu HCII at Ug shs 19,270,580 by M/s JB Kabuyanda Ltd. were ongoing.
Health department block completed, 3 stance VIP latrines constructed at Kasaana HCII in Sheema	50	33	100	20.00	0.12	M/s Mutara Works Enterprises at Ug shs 26,285,240 had done 60% of works on the district health department block. Works started on 12th December 2018

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
district						for a period of 2 months. Construction of three stance VIP latrines at Kasana HCII works were awarded to M/s Kosail Team Ltd at Ug shs 16,500,000 works were scheduled to start on 17th December 2018. By 16th January 2019, no works had commenced. Drawing of building plans for Kasana HCII VIP toilets and preparation of BoQs for the health block was done at Ug shs 2,740,000.
Kyeihara HCII and Mabare HCII upgraded in Sheema district	1,000	670	100.00	0.00	0.00	Physical progress for upgrading Kyeihara HCII and Mabare HCII was at 0% against 67% release. The contract for works was awarded to M/s B&D International Company Ltd at Ug shs 934,135,938 on 16th January 2019. Ug shs 2,250,000 was spent on the evaluation process. Development of the master plan for Kyeihara and Mabare HCII was done and securing of the land title was ongoing for which Ug shs 2,740,000 was spent.
2 VIP lined pitlatrines constructed at Nyarwimuka HCII and Musya HCII in Rukungiri district	72	48	100	95.00	0.57	M/s Rugunika Investment Ltd, constructed 2No. Two stance VIP lined latrines with urinals at Nyamwiruka HCII in Ruhindi S/C at a cost of Ug shs 41,019,010. By16th January 2019, the project had not been handed over to the users. Two stance VIP lined latrines with urinals and screen walling at Musya HCII was completed by M/s Namara Trust General Contractors Ltd at Ug shs 26,859,000. However, the project had not been handed over to the facility.
Karuhembe HCII upgraded in Rukungiri district	500	335	100	0.00	0.00	Physical progress was at 0%. The contract was awarded to M/s Riky Building Materials Ltd at a sum of Ug shs 563,334,452. Commencement of works was awaiting MoH due diligence

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
						report.
Two ecosan toilets constructed at Kanungu HCIV and Kihihi HCIV in Kanungu district	72	72	100	50.00	2.26	Physical progress for construction of 2 eco-san toilets at Kanungu HCIV and Kihihi HCIV was at 0%. The contract was awarded to M/s Mushabe General Contractors at Ug shs 36 million. Overall, 5% was achieved of the planned outputs. This basically covered the benchmarking tours, procurement of laptops, desktops, furniture, equipment and maintenance of door locks at the health departments which costed Ug shs 32,913,000.
Matanda HCII upgraded in Kanungu district	500	335	100	0.00	0.00	Upgrading works for Matanda HCII were awarded to M/s Riky Building Materials Ltd at Ug shs 563,334,442. The district was awaited the due diligence report from MoH and had only spent Ug shs 2,655,000 on the evaluation process.
Completion of the theatre at Mpigi HCIV and completion of a maternity ward at Nindye HCIII in Mpigi district- PHC transition grant	372	372	100	0.00	0.00	Physical progress of works for completion of the general theatre at Mpigi HCIV was at 80% by M/s JES&E Technical Services. Pending works included final painting, external works and terrazo works for some rooms in the theater. The contract sum was Ug shs 300 million. Works started in May 2018 and completion date was November 2018. However, the contractor was behind schedule and was given three months' extension up to 8th February 2019. Completion of a maternity ward was at 0% physical progress as procurement for construction was ongoing. The master plan to upgrade Nindye HCIII to HCIV level was contracted to M/s Pan Modern Consult Ltd. The inception report, engineering designs, and final report had been completed.
Up grading of Nyendo HCII in Masaka	500	500	100	0.00	0.00	Physical progress was at 0%. The contract was awarded to M/s Haso

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Municipality						Contractors and Engineers. Delays to start works were attributed to MoH that had not sent the due diligence report by mid-January 2019.
Maintenance of Kalisizo hospital in Kyotera district- PHC transitional	272	224	100	1.00	0.03	A placenta pit was constructed and was in use. The contractor was M/s Kasase Contractors at Ug shs 18 million. Other works had not started. These included general hospital fencing, renovation of the TB isolation ward, renovation of two staff houses, painting of the five roofs for the 5 staff houses and HMIS office, water and plumbing works for the entire hospital, repair of cracks on the UNEPI and theatre verandas. Start of works was awaiting approval of BoQs by the district engineer.
Up grading of Kyamwashya and Nyabushenyi HCII in Ntungamo district	1,000	670	100	0.00	0.00	Contracts for upgrading the two health centres were at the Solicitor General for clearance.
Payment of retention for FY2 2015/16, FY 2016/17, Renovation of Rubare HCIV OPD in Kabale district	104	70	100	5.00	0.06	Works for FY2018/19 had not commenced. The district paid 40% of the receipts for retention for the completed constructions of FY 2015/16 and 2016/17. Ug shs 60 million was allocated for renovation of Rubare HCIV and works had not started.
Maintanance of selected facilities in Kabale district(Theatre renovate at Rubaya HCIV,VIP latrine constructed at Kaharo HCIII, OPD at Kamugaru HCIII renovated, Kabindi and Nyakashara HCII renovated	54	36	100	0.00	0.00	Physical progress was 0% against 68% release. The procurement was ongoing at contract award stage.
Kasherengeyi HCII upgraded in Kabale district	500	500	100	0.00	0.00	Civil works had not started. The district awaited the due diligence report from MoH. The evaluation meeting was held. No funds were spent.
Kyakasa HCII staff house	68	45	100	0.00	0.00	All works were still at procurement level

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
renovated in Mubende						BoQs were finalized. The district planned to renovate Kyakasa HCII staff house at UG shs 30million and renovate the DHO's office at Ug shs 40million.
Butawata and Butologo HCII Up graded in Mubende district	1,000	670	100	0.00	0.00	Planned works had not started. The contracts were still at Solicitor General`s office for clearance. The contract to upgrade Butawata and Butologo HCIIs was awarded to M/s Nicole Investments Ltd.
Two HCIIs Up graded in Kyenjojo district	1,000	670	100	0.00	0.00	Physical progress was at 0% against 67% financial release. The MoH had just sent the due diligence report to the district.
Payment of retention for kyenjojo ART Unit and admiistration block	80	53	100	100.00	0.64	All funds were utilized for payment of retention for Anti-Retroviral Therapy Unit and Administration block at Kyenjojo hospital to M/s CK Associates.
Renovation of staff house at Nyabuswa HCIII in Kabalore district	72	48	100	0.00	0.00	Procurement was still ongoing.
Nyantaboma HCII up graded in Kabalore district	500	335	100	0.00	0.00	Up grading works had not started at Nyantaboma HCII and the contract had just been awarded to M/s Kdavid and Friends.
Nyamirama HC completed, DHOs office renovated and the district drug store reroofed in Kasese district	134	90	100	80.00	1.06	Overall progress was 81%. Construction of a generator house was at 95% completed, renovation of the district health office at 60% and the district drug store was at 90% physical progress. Construction of the walkway and completion of the laundry at Nymirama HCIII was under procurement.
Yyampara HCII and Nyakimasa HCII upgraded in Kasese District	1,000	670	100	0.00	0.00	Works had not started at Kyampara HCII and Nyakimasa HCII.
Kamara HCII and Kabandiri HCII upgraded in Kamwenge district	1,000	670	100	0.00	0.00	Works had not started, waiting the Solicitor General's clearance

Out put/Subprogrammes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
5 stance VIP latrine constructed at Nyabanni HCIII, doctors house constructed at Rukunyu HCIV in Kamwenge district	86	57	100	0.00	0.00	Physical progress of construction works for the 5 stance VIP latrines was at 75% completion and undertaken by M/s Galizooka Mutegyeki Tom and Co. Ltd. However, no payments were made. Construction of a doctor`s house at Rukunyu HCIV started in January 2019 by M/s Sky Limit Engineering Ltd at Ug shs 126 million.
Kihukya HCII upgraded in Hoima district	500	335	100	0.00	0.00	Overall physical progress was at 0%. The contract was at Solicitor General`s office for clearance and was awarded to M/s Gilal Co. Ltd.
Selected health facility maintained in Hoima municipality	18	12	100	0.00	0.00	Overall, projects were at 0%. The health department undertook a needs assessment on the peculiar needs of each facility and presented to the Town Clerk to agree on which facility needed support.
Programme Performance (Outputs)					**5.93**	

Source: Field Findings

Clock wise: Construction of the maternity ward at Maracha HCIV, Marcha District. Maternity ward at Sikuda HCIII in Busia District, rehabilitation of DHO's office at Kasese District, and Operating theatre Mpigi HCIV, Mpigi District

Box 3.2: Key issues to note under the Sub-programme for Upgrading HCIIs to IIIs

- ***Uniform allocation for the upgrade of all health facilities:*** *Each facility was allocated Ug shs 500million regardless of regional and geological (soil structure) differences. The funds allocated to facilities in Bundibugyo, Kisoro, Lamwo were the same funds allocated to facilities in Wakiso or Mpigi. This led to revision of scope and elimination of some crucial components such as placenta pits, latrines and medical waste pits due to inadequate allocations in some districts. This undermines the effective functionality of the upgraded Health centres.*
- ***Differences between contract and FY 2018/19 timelines****: The contract end dates for most (95%) of the districts are after June 2019. This implies that districts would not have expended the released funds before end of FY2018/19. Most of the contracts were signed in January, while others had not been signed by end of February 2019.*

Source: Field Findings

Service delivery challenges in local governments

- The MoH delays to budget; code and enroll health facilities constructed by development partners, or community driven initiatives especially refugee settlements. These fail to receive medicines and other supplies. Examples include; Arembwola HCII in Abim, Kosoroi HCIII in Acherere, and Kodonyo HCII, Kalemungole in Moroto District.
- Poor communication between the DLG and MoH. Majority of districts (75%) had not formally received the PHC development guidelines from MoH. Busia DLG for instance locally procured a contractor contrary to the guidelines. Abim DLG similarly planned to use the transitional funds meant for the hospital to upgrade Wielela HCII to HCIII.
- Under staffing amidst the constricted staffing norms. The MoH and MoPS had not revised the staffing norms for over five years. The health workers are heavily constrained to provide the new wide range of services for Maternal, Child Health and HIV and increasing number of non-communicable diseases such as diabetes, hypertension among others.
- Delays from the user departments to initiate procurement. Some LGs like Maracha initiated procurement in October 2018 yet over 25% of budgeted funds had been released by the first quarter FY 2018/19.
- Centralization and or implementation of the hybrid procurement that is not in line with the PPDA regulations undermines decentralization and fuels exclusion of the user needs.
- The exclusion of the DHOs, including the assistant DHOs (Environment and Maternal Child Health) from salary enhancement demotivates them and undermines the public standing orders where superiors are paid better than their juniors.
- Inadequate accommodation of health workers leading to late arrivals and early depatures. In Yumbe District for instance, 40% of the health workers were accommodated; while in Luuka District only 20% were accommodated.

- Low access to health facilities with Yumbe District at 55% of population accessing heath facilities in the 5Km radius.
- Inadequate transport means particularly for support supervision, outreaches and other administrative works for both the DHO's office and health facilities.
- Planning in the health sector is **NOT** fully addressing the gender and equity concerns. The delivery and examination beds for the disabled are conspicuously missing in Uganda's health facilities.
- Inadequate wage bill to fill up the vacancies.
- Inadequate funding to facilitate the follow up of the HIV patients.
- Theater at Busolwe GH lacks functioning theatre lights and running water for infection control. Busesa HCIV in Bugweri District is operating without proper theater lights.
- Lack of critical cadres such as radiographer at the Tororo Hospital; Sonographer at Mukunyu HCIV.

Conclusion

The performance of LGs was dismal at 6% of the semi-annual target achieved. Majority of LGs initiate procurements late (between second and third quarter) partly due to poor planning and limited confidence in MFPED to release funds as provided for in the Indicative Planning Figures (IPFs). There is also a communication gap between the MoH, and LGs on the utilization guidelines for the allocated funds. In addition, there is a large response time (lasting for more than a month) when local governments write to the MoH. The identified challenges are solvable to aid better service delivery.

Recommendations

- The MFPED and PPDA should build planning, budgeting capacity and confidence of the districts local governments to start early initiation of procurements.
- The MoH should improve and harmonise communication processes to LGs. The response time should be shorted to maximum two weeks to avoid unnecessary delays in project implementation
- The MoH and MoPS should hasten the revision of the staffing norms and structure to improve service delivery in the health sector.
- The MoH should ensure that all procurements for medical equipment are gender and equity sensitive.

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusion

The overall performance was below average at 45% achievement of the output targets. However, some programmes performed well including; Pharmaceutical and other supplies where vaccines, ARVS, ACTS, among other health supplies were provided. Clinical Health Services Programme and Public Health Services equally performed well as public health emergencies were contained by 31st December 2018.

In relation to Votes; the MoH achieved 60% of set targets; Butabika Hospital 68%, Health Service Commission 18%, Uganda Heart and Cancer Institutes at 65% and 43% respectively, RRH at 56% and UBTS at 45%. The worst performance was recorded under LGs (6%) Primary Health Care Development grant.

Good performance was occasioned by early initiation of procurement, timely availability of funds, and vigilance of the project implementers. On the other hand, poor performance was occasioned by late initiation of procurements, poor communication between the MoH and LGs on guidelines for utilization of funds as well as late submission of recruitment requisitions to MoPs, MoH and Health Service Commission, plus inadequate funds for safe blood collection, processing, storage and distribution.

The Health Sector absorption trends especially for the development grant and wage remain low. Planning and prioritization is weak evidenced by a shortfall of funds for some entities while others return funds to the Consolidated Fund. The key inputs of service delivery including; safe blood availability and other health supplies, human resources, equipment, health infrastructure are improving but at a slow pace.

The MoH and other sector votes should expeditiously address challenges related to late procurements, delays in seeking approvals from MoPS, submissions to MoH and HSC for timely recruitment and deployment of health workers, prioritization in funding, and communication between MoH and LGs.

4.2 Recommendations

i) The MoH should ensure that contractors execute works within the contracted schedule to enable absorption of allocated funds.

ii) The MFPED should issue sanctions to Accounting Officers that fail to absorb funds due to delayed procurement.

iii) The MoH should formally communicate the guidelines to the DLGs as soon as the Indicative Planning Figures are dispatched.

iv) The MoH, HSC, MoPS and District Service Commissions should work together regarding revision of advertising, recruitment and deployment timelines to ensure absorption of the allocated wage bill.

v) The UBTS, NMS, MoH and MFPED should ensure harmonized planning for blood collection, processing, storage, and transportation among others.

References

Integrated Financial Management System semi annual Data FY 2018/19

MFPED, 2018. Public Investment Plan (PIP) FY 2018/2019 – 2020/2021. Ministry of Finance, Planning and Economic Development.

MFPED, 2018 Budget Speech FY 2018/19. Ministry of Finance, Planning and Economic Development, Kampala.

MFPED, 2018. Approved Estimates of Revenue and Expenditure (Recurrent and Development) FY 2018/19. Volume I: Central Government Votes for the year ending 30th June 2019.

Ministry of Finance, Planning and Economic Development (2018) National Budget Framework Paper FY 2018/19

Ministry of Health (2018) Health Management Information System annual data FY 2017-18

Ministry of Health (2015) Health Sector Development Plan FY 2015/16-FY 2019/20

Ministry of Health (2017/18) Quarter 2 FY 2018/19 Progress Reports

Ministry of Health,2018, Ministerial Policy Statement for FY 2018/19

Mulago National Referral Hospital Quarter 1&2FY 2018/19 Progress Report.

National Planning Authority (2015), Second National Development Plan (NDPII) 2015/16 – 2019/20

National Medical Stores Quarter 1&2 FY 2018/19 Progress Report

Regional Referral Hospitals Quarter 1&2 FY 2018/19 Progress Reports

Uganda Blood Transfusion Services, Quarter 1& 2 FY 2018/19 Progress Reports

Uganda Cancer Institute, Quarter1& 2 FY 2018/19 Progress Reports

Uganda Heart Institute, Quarter 1&2 FY 2018/19 Progress Reports

Annex

Annex 1: Votes, Programmes and Sub-programmes selected for Semi-annual Monitoring FY 2018/19

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 Pediatric Surgery (Project 1394); and Strengthening Capacity of Regional Referral Hospitals (Project 1519);	MoH, Mulago, Kayuga, Yumbe, Kawolo, Entebbe.
		Public Health Services	National Disease Control and East Africa Public Health Laboratory Network Project Phase II (1413)	Butabika, MoH, FortPortal, Mbarara, Arua, Mbale.
		Clinical Health Services	Shared National Services, Integrative Curative/Clinical Services; Emergency Medical Services, and Health Infrastructure.	MoH, Wabigalo, 39 local governments
		Pharmaceutical and other Supplies	GAVI Vaccines and Health Sector Development Plan (1436). Global Fund for AIDS, TB and Malaria(220)	MoH, NMS, Butabika, 28 local governments
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	UCI-Mulago, Arua, Mbarara
115	Uganda Heart Institute (UHI)	Heart Services	Medical Services (02); UHI -Project 1121)	UHI-Mulago
134	Health Service Commission (HSC)	Human Resource Management for Health	Human Resource Management for Health, HSC (0365)	HSC, 14RRHs
151	Uganda Blood Transfusion Services (UBTS)	Safe Blood Provision	Regional Blood Banks, UBTS	UBTS-Blood Banks and Collection centres; , 14 RRHs
162	Butabika Hospital	Provision of specialized mental	Management; Butabika and health center remodeling/construction.	Butabika Hospital

Vote Code	Vote Selection	Programmes monitored	Sub-Programmes monitored	Location
		health services	Institutional Support to Butabika Hospital	
163-176	14 Referral Hospitals	Regional Referral Services	Hospital Services, Project 1004 and Institutional Support projects	14RRHs
501-850	Local governments	Primary Healthcare	Uganda Intergovernmental Fiscal Transfer Programme (UGFIT)	Kabale, Kabarole, Kagadi, Kamwenge, Kanungu, , Kyenjojo, Kyotera, Luwero, Lyantonde, Mpigi, Oyam,(Table 3.26 for full list and their performance)

Source: Author's Compilation