



# HEALTH SECTOR

## SEMI-ANNUAL BUDGET MONITORING REPORT

FINANCIAL YEAR 2019/20

APRIL 2020





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Ministry of Finance, Planning and Economic Development  
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## ABBREVIATIONS AND ACRONYMS

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



UHI	Uganda Health Institute
UHSSP	Uganda Health System's Strengthening Project.
UNMHCP	Uganda National Minimum Health Care Package
US\$	United States Dollar





## FOREWORD

The Government strategy this Financial Year 2019/20 is to promote import substitution and export promotion, and incentivize private sector development. It is envisioned that this will be achieved through industrialization anchored on agriculture and agro-industrialization, manufacturing, and mineral potential. This will also ensure inclusive growth and the creation of jobs, while promoting development of other key primary growth sectors.

According to findings shared by the Budget Monitoring and Accountability Unit (BMAU), majority of the sectors monitored got over 50% of their budget releases, however fair performance was noted in terms of service delivery. This is attributed to the persistent challenges of delayed procurement and poor planning which must be dealt with as the country moves to implement the third National Development Plan.

This report is produced at time when the whole world is affected by the novel coronavirus disease (COVID-19). It is prudent that the sectors devise cost effective means to ensure that their stakeholders will still benefit from the government programmes/projects.

Keith Muhakanizi

**Permanent Secretary and Secretary to the Treasury**



# EXECUTIVE SUMMARY

## Introduction

This report presents semi-annual performance for FY2019/20 for 93% of the Health Sector votes and 47 local governments that benefited from Uganda Intergovernmental Fiscal Transfer Programme (UgFIT), and Primary Health Care (PHC) Transitional Grant.

Projects selected for monitoring were based on regional representation, level of capital investment, planned annual outputs, and value of releases by 31<sup>st</sup> December 2019. 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 31<sup>st</sup> December, 2019.

## Overall Sector Performance

The overall sector performance was poor with only 47% of the semi-annual targets achieved by 31<sup>st</sup> December 2019. Uganda Blood Transfusion Services (UBTS) achieved good performance at 86%. The performance of Regional Referral Hospitals was fair at 69.4% with Kiruddu and Entebbe Hospital achieving 92% and 83% respectively. Ministry of Health (MoH) Headquarters 56%, Butabika Hospital 50%, and Uganda Cancer Institute (UCI) at 54%.

Poor performers included National Medical Stores (NMS) 47%; Uganda Heart Institute (UHI) at 42%; Mulago Hospital at 38%; Health Service Commission (HSC) at 23%; Uganda Virus Research Institute (UVRI) at 19%; and Uganda Government Inter-fiscal Transfers (UgFIT) Project at local governments at 17%. Delayed/prolonged procurement, inadequate planning and delayed access to released funds contributed to poor performance of the sector.

In relation to programme performance, **Health Infrastructure and Equipment Programme of MoH** attained 54% of the semi-annual targets. Examples of projects under the programme that progressed towards completion were:

- Regional Hospital for Pediatric Surgery at Entebbe achieved 90% of the set targets. Installation of biomedical equipment and furniture was ongoing and expected to be officially commissioned in April 2020.
- Support to Mulago Rehabilitation was substantially complete with some sections like the Outpatient Department (OPD) handed over to the Government.
- The Mulago Specialized Women and Neonatal Hospital (Vote 180) commenced full operations in all departments except for the In Vitro Fertilization (IVF) Unit. The hospital registered an increment in the number of patients in relation to last FY (2018/19). Antenatal attendances increased by 55%, deliveries by 88%, operations by 53%, inpatients attendances by 64%, while diagnostic investigations increased by 48.5% and 98% immunization.



- The construction of Kawolo General Hospital was completed while, equipping was at 85%. However, works at Busolwe Hospital had not commenced.
- Works at Kayunga Hospital were at 95% against 99% target, while Yumbe was at 92% against 96% target. However, all hospital equipment was still under procurement.

Poor performing Sub-programmes included: Strengthening Capacity of Regional Referral Hospitals (Project 1519) which did not achieve any of its outputs; Institutional Support to Ministry of Health (MoH) achieved 26%; and Uganda Reproductive Maternal and Child Health Services Improvement Project-URMCHIP (Project: 1440) at 41%.

**Pharmaceutical and Other Supplies under MoH achieved 50% of the planned targets:**

Procurement of equipment with support from Global Alliance of Vaccine Initiative (GAVI) was at varying levels of completion. A total of 408 motorcycles, 130 vaccine carriers, 67 solar fridges, three electricity fridges, among other assorted cold chain equipment were procured, other equipment was in transit, while specifications for the rest was still under review.

Diphtheria Pertussis Tetanus 3<sup>rd</sup> dose (DPT3) coverage was at 87% as at 31<sup>st</sup> December 2019. The Measles-Rubella campaign was successfully concluded and led to a remarkable decline in measles cases from an average of 110 in July to only three cases in December 2019.

**Pharmaceutical and Medical Supplies under National Medical Stores (NMS):** The NMS delivered supplies between 30% to 47% of the budgetary allocations to National and RRHs.

Enormous stock outs of drugs were realized in all health facilities monitored at national, regional referral level and lower health units. This was partly attributed to delayed deliveries, majority (80%) of the health facilities were behind schedule in relation to the expected delivery cycles. The NMS attributed the delays to failure to access funds on the Integrated Financial Management System (IFMS), and the Treasury Single Account (TSA) in a timely manner.

**Public Health Services attained 65% of the semi-annual targets.** Major outbreaks like Ebola were contained and immunization services were on track. Health promotion and prevention of diseases was undertaken with support from various development partners.

Construction works at Mbarara Hospital Laboratory were at 80%, and 85% at Mbale Hospital while others were behind schedule and registered poor performance. These were: Arua Laboratory, Entebbe Isolation Center, and Multi Drug Resistant Tuberculosis (MDR) Unit at Moroto Hospital. All of them achieved 40% of the planned targets. Viral Hemorrhagic Fever Unit (VHF) in Mulago had just commenced.

**Blood Transfusions Services achieved 86%:** The Uganda Blood Transfusion Services (UBTS) collected 101% of the planned semi-annual units of blood, although their target stagnated at 300,000 units of blood<sup>1</sup>. The UBTS honoured 66% of blood orders for various health facilities.

<sup>1</sup> Same target as that of FY 2018/19



Development projects at UBTS performed fairly, with civil works ongoing and procurements at various levels of completion. At regional level, blood collection registered good performance with Nakasero Regional Blood Bank (RBB) performing at 116%, Fort Portal at 115%, Mbale 102%, and Masaka/Kitovu 99%. Arua RBB lagged behind at 83%.

**National Referral Services:** Butabika National Referral Hospital achieved two out of three planned targets under medical services. The contract for supply and installation of Magnetic Resonance Imaging (MRI) equipment was still under procurement while works at the female admission ward were at preliminaries level.

Mulago National Referral Hospital performed poorly with the major capital development project (Construction of the additional 100 units and internal medicine wards) not commenced as planned. Designs and procurement had not commenced by 31<sup>st</sup> December 2019. The hospital had however undertaken minor renovation works and also provided medical services.

**Cancer Services:** Performance of the Uganda Cancer Institute (UCI) was fair. Medical Services (inpatients, outpatient attendances, investigations, registration of new cancer cases) achieved at least 84% of the semi-annual targets. The western regional cancer centre in Mbarara commenced operations and received 316 new cancer patients.

Construction of the radiotherapy bunkers was in advanced stages of completion, however lacked sufficient power supply to enable timely installation and testing of the Linear Accelerator machine.

Targets related to construction of the Multipurpose Oncology Centre at the UCI, establishment of an Oncology Centre in northern Uganda, and procurement of assorted medical equipment were not achieved.

**Heart Care Services:** Overall performance of the Uganda Heart Institute (UHI) was poor at 42%. Works at the Intensive Care Unit (ICU) ward, which carried the bulk of the development budget had just commenced. However, good performance was recorded on all medical service outputs with 255 heart operations, 187 catheterization procedures, 10,434 outpatient attendances; 5,783 Echocardiography (ECHOs), 4,506 Electrocardiogram (ECGs) tests, 495 x-rays and 54,373 laboratory tests performed.

**Human Resource Management for Health:** The Health Service Commission (HSC) had not finalized any recruitment for FY2019/20; however the commission completed recruitment of 230 health workers and validation of 187 staff for newly upgraded hospitals including Entebbe Regional Referral Hospital. The recruitment process for the 230 health workers had commenced in the previous FY (2018/19).

**Virus Research:** The UVRI achieved only 20% of the planned development targets. Procurement was ongoing for works on the staff houses. Issues related to limited staff accommodation, transport and equipment affected the Institute's operations. The need to fast track works at the staff houses, procurement of vehicles and equipment is key for improved service delivery in virus research.



**Regional Referral Services** achieved 69% of the planned targets. Overall medical services including general and outpatient attendances, diagnostic investigations, preventive and rehabilitation services such as antenatal services, immunisation, and family planning contacts performed better than the development projects. Delayed procurements and limited cash flows to complete the multiyear development projects at various hospitals.

**Primary Health Care at the Local Government Level:** Upgrading of HCIs to IIIs under the Uganda Inter Fiscal Government Transfer (UGFIT) Project recorded slow progress. None of the districts monitored had completed FY 2018/19 construction works, while majority had not commenced FY 2019/20 planned targets by 31<sup>st</sup> December 2019.

There was an attempt towards health promotion and disease prevention at the local government level through deliberately allocating 20% of the district or facility non-wage budget. Some local governments adhered, while others did not and spent much of their allocations on travels to Kampala. Efforts towards developing clear and measurable prevention targets at various levels were minimal.

## Key Sector Challenges

- Delays at various procurement levels affected timely implementation of planned outputs by over 80% of the sector votes.
- Poor wage absorption due to delays in recruitment and deployment of health workers.
- Unsustainability of initiatives geared towards disease prevention due to lack of clear targets and budgets at local government level.
- Inadequate budget alignment towards service delivery in some RRHs with over 71% of the expenditures on general staff salaries, pension for general civil service and gratuity expenses.
- Stock out of medicines in the last three weeks of every cycle exacerbated by delays in delivery of supplies by NMS greatly affected service delivery.
- Inadequate planning for effective utilization, maintenance and consolidation of health initiatives.
- Mischarge and diversion of funds to unplanned activities affected performance of the Uganda Cancer Institute.

## Key Recommendations

- The MFPED should issue sanctions to accounting officers who fail to absorb funds due to delayed procurement.
- The MoH, Health Service Commission (HSC), Ministry of Public Service (MoPS), and District Service Commissions should work together and revise the timelines on advertising, recruitment and deployments of health workers to ensure absorption of the allocated wage bill in a timely manner.
- The MFPED should provide a clear budget line for entities with clear targets on health promotion, prevention and rehabilitation services.



- The MoH should strengthen planning, budgeting and forecasting for newly completed projects to enable smooth operationalization of the entities and enhanced service delivery.
- The NMS and MFPED should agree on system modalities in relation to engagements with development partners, collection, release and timely access to funds. This will translate into timely delivery of supplies to health facilities.
- The Office of Auditor General should carry out forensic audit on the operations of Uganda Cancer Institute for both the development and recurrent budget.



# CHAPTER 1: INTRODUCTION

## 1.1 Background

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

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

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

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

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



## CHAPTER 2: METHODOLOGY

### 2.1 Scope

This report is based on performance of selected programmes and sub-programmes in the Health Sector from 1<sup>st</sup> July to 31<sup>st</sup> December, 2019. Their selection 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 FY2019/20 were followed up for verification of specified output achievements.
- Multi-year programmes that received funds during FY 2019/20 were revisited.
- Projects/programmes prioritized to contribute towards national and sector priorities.
- For completed projects, monitoring focused on value for money and intermediate outcomes.

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

**Table 2.1: Scope of Semi-Annual Monitoring for FY 2019/20**

Vote Code	Vote	Programmes monitored	Sub-Programmes monitored	Location
014	MoH	Health Infrastructure and Equipment	Institutional Support to MoH (Project 1027); Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344); Regional Hospital for Paediatric Surgery (Project 1394); and	MoH, Mulago, Kayunga, Yumbe, Kawolo, Kayunga, Entebbe.
		Pharmaceutical and other Supplies	GAVI Vaccines and Health Sector Development Plan (1436).	MoH, NMS, Butabika, local governments
		Public Health Services	National Disease Control, Health Education, Promotion and Communication, and East Africa Public Health Laboratory Network Project Phase II (1413)	Butabika, MoH, Fort Portal, Mbarara, Arua, Mbale, Mulago
114	Uganda Cancer Institute (UCI)	Cancer Services	Medical Services (02); Radiotherapy (04); UCI (Project 1120); Institutional Support to UCI (1476); African Development Bank (ADB) Support to UCI (Project 1315), Oncology Centre established in Northern (Project: 1527)	UCI-Mulago, Arua, Mbarara, Gulu, Jinja





Vote Code	Vote	Programmes monitored	Sub-Programmes monitored	Location
115	Uganda Heart Institute (UHI)	Heart Services	Medical Services (02); UHI -Project 1121), Uganda Heart Institute Infrastructure Development Project (Project 1526):	UHI-Mulago
116	National Medical Stores	59 Pharmaceutical and Medical Supplies	Pharmaceuticals and Other Health Supplies	NMS-Entebbe, 15 RRH and 2 NRHs,
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, Collection Centres
161	Mulago Hospital Complex	National Referral Hospital Services	Medical Services, Mulago Hospital Complex	Mulago Hospital
162	Butabika Hospital	Provision of specialized mental health services	Management; Butabika and health centre remodelling/construction. Institutional Support to Butabika Hospital	Butabika Hospital
163-176	Referral Hospitals	Regional Referral Services	Hospital Services, Project 1004 and Institutional Support projects	17RRHs
501-850	Local governments	Primary Health Care	Uganda Intergovernmental Fiscal Transfer Programme (UGFIT) and PHC Transitional development Grant (Sanitation ), Health promotion and Disease prevention	Table 3.30 for full list and their performance)

Source: Author's Compilation

## 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 (MPSs) and progress reports of the respective Ministries, Departments Agencies (MDAs) and Local Governments (LGs). Priority was given to monitoring outputs that were physically verifiable. In some instances, multi-



stage sampling was undertaken at three levels: i) Sector programmes and projects ii) Local governments and iii) project beneficiaries.

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

### **2.2.2 Data Collection**

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

- Review of secondary data sources including: Ministerial Policy Statements for FY2019/20; National and Sector Budget Framework Papers; Sector project documents and performance reports in the Programme Based Budgeting System (PBS), Sector Quarterly Progress Reports and work plans, District Performance Reports, Budget Speech, Public Investment Plans, Approved Estimates of Revenue and Expenditure, and data from the Budget website.
- Review and analysis of data from the Integrated Financial Management System (IFMS) and legacy system; Health Management Information System (HMIS); Program Budgeting System (PBS); Quarterly Performance Reports and bank statements from some implementing agencies.
- Consultations and key informant interviews with project managers, health facility managers and service beneficiaries among others at various implementation levels.
- Field visits to various health facilities for primary data collection, observation and photography.
- Call-backs in some cases to triangulate information.

### **2.2.3 Data Analysis**

The data was 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 2.2.



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

SCORE	COMMENT
90% and above	Very Good (Achieved at least 90% of outputs)
70%-89%	Good (Achieved at least 70% of outputs)
50%-69%	Fair (Achieved at least 50% of 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 targets for some programmes.
- Lack of disaggregated financial information by outputs, which affected the weighted scores.
- Incomplete financial and information for donor funded projects.
- Incomplete information especially in entities where respondents were new or in acting positions hence relevant information was not readily available.



## CHAPTER 3: SECTOR PERFORMANCE

### 3.1 Introduction

The Health Sector is in the last year of implementing the Health Sector Development Plan (HSDP) 2015/16 - 2019/20 and has registered a number of achievements. These included; high coverage of HIV positive women receiving ARVS for the dual elimination of mother-to-child transmission (eMTCT) of HIV at 94%; Improvement in the contraceptive prevalence rate from 30 to 39%; increased proximity of the population to health facilities with 86% living within a distance of 5km; Improvement in approved staffing posts in public facilities (69 to 73%); Reduction in the proportion of children who are stunted (33% to 29%) and underweight (14% to 11%) among others.

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

#### 3.1.1 Sector Priorities 2019/20

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

#### 3.1.2 Sector Votes

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

2

Gulu, Lira, Soroti, Mbale, Naguru, Mubende, Fort portal, Mbarara, Kabale, Jinja, Arua, Hoima, Masaka, Moroto



## 3.2 Overall Sector Financial Performance

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

The budget was comprised of 26% non-wage grant, 24% wage and only 7% development grant to all sector votes. A total of Ug shs 1,108billion (43%) was released and 902billion (81%) spent by 31st December 2019. Expenditures were mainly on; non-wage at 42%, wage at 34%; development grant 23.5% and arrears at 0.5%.

### Performance by Vote

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

## 3.3 Ministry of Health (Vote 014)

Three programmes and ten sub-programmes were monitored (*see table 2.1*). The MoH fairly performed achieving 56% of the semi-annual targets. The three programmes performed as follows:

**Public Health Services** (Programme 06) achieved 65% of the set targets, 54% for **Health Infrastructure and Equipment** (Programme 02) and 50% for **Pharmaceutical and other Supplies** (Programme 05). Sub-programmes whose projects were at substantial completion included Support to Rehabilitation of Mulago at 96%, Regional Hospital for Paediatric Surgery (Project 1394) at 90% and Kawolo-Busolwe Project at 92%. Kayunga Yumbe at 87% and East Africa Public Health Laboratory Network Project Phase II (Project 1413) at 81%.

Fair performing sub-programmes included Global Alliance for Vaccine Initiative (Project 1436) at 50%, National Disease Control at 55%, and Health Education, Promotion and Communication at 60%.

The poor performing sub-programmes were; Institutional Support to Ministry of Health (MoH) at 26%, Strengthening Capacity of Regional Referral Hospitals (Project 1519) at 0% , Maternal and Neonatal Unit at Mulago at 0% and Uganda Reproductive Maternal and Child Health Services Improvement Project (Project: 1440) at 41%. Detailed performance by programme and sub-programmes as follows:

### 3.3.1 Health Infrastructure and Equipment (Programme 02)

#### Background

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



The programme was allocated Ug shs 273.73 billion, of which Ug shs 161.99 billion (59%) was released and only Ug shs 49.98 billion (31%) spent. During FY 2019/20, the MoH implemented ten sub-programmes.<sup>3</sup> Semi-annual monitoring focused on eight out of ten (70%) sub-programmes (*table 2.1*). Detailed programme performance is highlighted hereafter.

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

#### Background

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

In FY2019/20, planned outputs were: health worker uniforms and stationery procured, Joint Medical Stores (JMS) supported to procure land, MoH headquarters renovated and parking yard redesigned, Tuberculosis offices offices renovated, perimeter wall at Wabigalo constructed, MoH furniture procured and health infrastructure improved at selected local governments.

A total of Ug shs 14.23 billion was allocated to the project in FY 2019/20. Majority of the allocated funds were towards uniforms for health workers at 29%, non-residential buildings at 28.71%, transfers to local governments for rehabilitation of health facilities at 12%<sup>4</sup>, and medical stationery (HMIS forms) at 7.13%.

Release performance was fair at 68% (Ug shs 9.7 billion) of budget released by 31<sup>st</sup> December 2019, while expenditure performance was poor at 11%, as only Ug shs 1.16 billion of the releases were spent. Delayed procurement of uniforms and medical stationery led to low absorption of funds. The output accounted for 38% of the released funds.

Delays in conclusion of discussions between National Medical Stores (NMS) and MoH on procurement and management of procured items affected performance of the sub-programme. The two entities agreed that the MoH handles all procurements since it received all releases from MFPEd.

#### Physical Performance

The overall project performance was poor, only 26% of the planned targets were achieved. Procurements for health workers uniforms and medical stationery was in its initial stages.

Procurement of ICT equipment including four laptops and seven desktop computers had not commenced. Civil works for rehabilitation of the MoH headquarter premises including

<sup>3</sup> Institutional Support to MoH (Project 1027); Italian Support to Health Sector Development Plan Phase II (Project 1539), Support to Mulago Hospital Rehabilitation (Project 1187); Rehabilitation and construction of General Hospitals (Kawolo-Busolwe Project 1243), Construction of Specialized Neonatal and Maternal Unit in Mulago Hospital (Project 1315); 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 Paediatric Surgery (Project 1394); Uganda Reproductive Maternal and Child Health Services Improvement Project (1440); .Strengthening Capacity of Regional Referral Hospitals (Project 1519).

<sup>4</sup> A total of Ug shs 500 million was transferred to JMS for procurement of land and Ug shs 320 million to local governments including Butambala, Kasanda, Nakaseke, Kayunga and Mukono for rehabilitation works in selected health facilities.



redesigning and landscaping the parking yard, renovation of the TB offices, and construction of perimeter wall at Wabigalo had also not commenced. The project however procured some furniture for the Accounts Department. Summarized Performance is highlighted in table 3.2.

### Implementation challenges

- Poor planning and budgeting: The MoH allocated Ug shs 5.1 billion towards procurement of uniforms and medical stationery without a clear procurement and distribution plan.
- Late initiation of procurements for works and supplies leading to low absorption and poor performance.

### Recommendations

- The MFPED should disburse funds to projects with clear implementation plans to minimise instances of low fund absorption.
- The MoH accounting officer should apprehend project managers that fail to initiate procurement and undertake planned outputs in a timely manner.

#### 3.3.1.2 Support to Mulago Hospital Rehabilitation (Project 1187)

##### Background

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

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

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

The project commenced in January 2012 and expected to end in June 2017. However, it was extended to February 2018 to enable the contractor complete civil works at the lower Mulago Hospital. It was further extended to September 2018 and later a no cost extension to December 2019 to enable completion of addendum works, payment of retention for Kawempe and Kiruddu, installation and operationalization of the Integrated Hospital Management System (IHMS)<sup>5</sup>.

<sup>5</sup> Planned outputs FY 2019/20





## Financial performance

The total project cost is US\$ 86.8 million. The African Development Bank (ADB) finances 82% (US\$ 71.3 million), while the Nigerian Trust Fund (NTF) finances 18% (US\$ 15.5million). To date, the ADB has disbursed a total of US\$ 64,267,390.95 (98.25%), while the NTF has disbursed US\$12,453,834.18 (88.4%).

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

In FY 2019/20, the total donor disbursement was US\$2,894,859.74 and 100% of the expenditures were on civil works, goods, services and operations of the Project Management Unit. The GoU allocation was Ug shs 20billion and by 31<sup>st</sup> December 2019, 100% of the funds were released and Ug shs 7.936billion (40%) spent. The project spent all the funds on civil works at Lower Mulago Hospital and low absorption was due to slow progress by the contractor.

Overall performance of the three components was 97.3%. Component I and II were completed, part of component III (construction and equipping of Kiruddu and Kawempe hospitals) was also completed.

Phase I of the Integrated Hospital Management System (IHMS) for Mulago National Referral Hospital, Kawempe and Kiruddu Hospitals was completed. The second phase was yet start with funding from GoU.

Ms Roko Construction Company commenced works on addendum III<sup>6</sup> at a sum of Ug shs 34,392,731,953. The contract signed in June 2019 and would end within nine months (by February 2020). The scope of works under the new contract were fused with old works including those already completed by the contractor using own resources but not paid by GoU. These were: aluminium windows fittings in the 22 theatres, mosquito nets as fulfilment of a presidential directive; Renal Unit, and ICU, extra suspended ceiling among others.

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

The overall physical performance of the rehabilitation works at lower Mulago was 96% up from 94% at the closure of FY 2018/19 (Table 3.2). The contractor and sub-contractors were very slow in completing the outstanding works since signing the third addendum in June 2019.

The MoH paid retention for Kawempe and Kiruddu hospitals. Key outstanding works at Lower Mulago hospital highlighted in table 3.1.

6 Addendum I & II was completed





**Table 3.1: Outstanding works for the Rehabilitation of Lower Mulago Hospital as at 28<sup>th</sup> February 2020**

SN	Activity	Level of completion
1	Supply and Installation of complete doors	80% complete
2	Supply and Installation of sanitary ware	85% complete
3	Supply and Installation of curtains	0% complete
4	Supply and Installation of ceiling tiles	75% complete
5	Supply and Installation of cabinetry	60% complete
6	Supply and Installation of signage	20% complete
7	Internal and external painting	75% complete
8	Mechanical and Electrical Second Fix, testing and commissioning	80% complete
9	Staircase Repairs	85% complete
10	Hand rails capping	0% complete
11	Supply of medical gas plant installations, ZSUs and accessories	60% complete
12	ICT installations (Biotech access controls, Public address, TV, telephone, CCTV, Nurse call system, queue management system etc.)	30% complete
13	Terrazzo repair / replacement and final polishing	75% complete
14	Supply and Installation of theatre equipment	90% complete
15	Vinyl floor and wall finishes for the theatres and nuclear medicine	85% complete
16	Plant room for the theatres	70% complete
17	Installation of chilled drinking water fountains	50% complete
18	Completion of renal unit plant room	70% complete
19	Supply and installation of fire fighting booster pumps, Hose reels & cabinets	30% complete
20	Bumper rails and corner protections	0% complete
21	External works, roads in particular	70% complete
22	Supply and installation of water pumps	0% complete
23	HVAC: Supply, Installation and powering of Air handling units (AHUs).	60% complete
24	Final touches, testing and commissioning of elevators.	70% complete
25	Face lifting of surrounding structures and building of waste collection sheds	0% complete
26	Water fountains at main gate and Block G	30% complete
27	Installation of metallic duct doors	80% complete
28	Installation of a canopy at A & E entrance	0% complete
29	Supply and installation of electrical UPSs Blocks B, C & K. external lighting	0% complete
30	Mortuary final touches testing and commissioning	20% complete

**Source: Field Findings, Supervising Consultant Report February 2020**

In terms of equipping Mulago Super Specialized Hospital, equipment worth US\$1,975,004.67 was delivered by Microheam Scientific between July and December 2019.

The warrant for most equipment earlier delivered including imaging equipment, kitchen and laundry, theatre pendants expired before use due to delayed completion of the civil works at lower Mulago.



**Clockwise: Failed terrazzo works, patients waiting for services at the private wing, Block D (private wing and paving works around Block K (new theatres)**

### Implementation Challenges

- Delayed completion of works due to various factors including inadequate planning and cash flows, and low mobilisation (materials, equipment and personnel) by the contractor.
- Expiry of equipment warrants due to delayed completion of civil works and utilisation of delivered equipment.
- Poor workmanship characterised by terrazzo, wall finishes and vinyl floor failures in some floor sections of the hospital.

### Recommendations

- The MoH, Mulago Hospital and supervising consultant should continuously monitor works on a daily basis to ensure timely completion of works.
- The MoH, Mulago Hospital and supervising consultant should ensure that the contractor rectifies all defects before completion and final handover of the hospital.
- The MoH should undertake capacity building of all its planners to ensure comprehensive project planning and avoid future delays in undertaking planned initiatives.



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

#### Background

The project commenced in January 2012 and expected to end on 30th June, 2021<sup>7</sup>. The overall project objective is to contribute to the delivery of the Uganda National Minimum Health Care Package (UNMHCP) through refurbishment, expansion and equipping of Kawolo and Busolwe hospitals.

The project is expected to contribute towards staff motivation and retention through improvement, provision of staff housing; accident and emergency reproductive health services among others. It is funded by the Uganda-Spanish Debt Swap Grant fund worth US\$ 17.3million. The project is expected to facilitate expansion and equipping of Kawolo and Busolwe hospitals.

The contract to undertake works at Kawolo was signed between GoU and M/s EXCEL Construction Company on 30<sup>th</sup> March 2017. Works commenced on 26<sup>th</sup> May 2017 and were expected to be completed within 18 months (11<sup>th</sup> January, 2019). This was not achieved and hence extended to April 2019. The contract sum for works was US\$ 10,865,849.14 and supervision by M/S Ingenieria de Espana S.A, SME M.P was at Euros 1,083,250.

Scope of works at Kawolo Hospital involved: refurbishment of the existing out-patient department (OPD); Construction of double storey staff houses, a new casualty/trauma center; new mortuary complete with nine body fridges; new obstetric and general theatres; refurbishment and expansion of the delivery suites, all wards including a maternity ward; conversion of the existing X-ray and theatre building into male and female surgical wards.

Others were: Improvement and upgrading of the water supply including solar water pumping; 144,000 liter reservoir and sewerage; Provision for piped oxygen to wards, theatres, delivery suites and casualty; Upgrading of the power supply and distribution of a 500kva transformer; Construction of attendants kitchen, laundry, placenta and medical waste pits; Signed maintenance contracts for medical equipment and hospital furniture.

#### Performance

Cumulatively, 100% of the project funds were disbursed and a total of US\$ 8,924,005.94 (82%) was paid to the contractor, while US\$ 884,379.70 (81.6%) to the consultant. During FY 2019/20, GoU committed Ug shs 6 billion towards the construction of a New OPD Block and Casualty Block at Busolwe General Hospital that was earlier omitted from scope of works due to limited funds in the Trust Fund Account.

However during appropriation, only Ug shs 100 million was allocated to the project to undertake monitoring and supervision activities. By 31<sup>st</sup> December 2019, Ug shs 50 million was released and Ug shs 32.4 million spent.

<sup>7</sup> PIP 2018/19-20/21



Civil works at Kawolo Hospital were 100% completed by June 2019, while 85% of the medical equipment was procured. All scoped civil works were completed and handed over to the hospital.

**At Busolwe Hospital**, civil works and procurement of equipment had not commenced. In December 2019, the consultant submitted the final site survey report for Busolwe General Hospital and was approved by the Bi-National Committee for consideration. The consultant was preparing Bills of Quantities (BoQs) and tender documents.

### Implementation Challenges

- Delayed commencement of works at Busolwe Hospital due to failure to secure extra funds committed by GoU to undertake final design and BoQs.
- Inadequate capacity of the consultant in provision of technical guidance towards specialized activities like installation of medical gases.
- Lack of adequate operation and maintenance plans for Kawolo Hospital.

### Recommendations

- The GoU should release committed project funds in the subsequent FY (2020/21) to avoid further delays, cost and time overruns.
- The MoH should ensure that all activities and outputs are scheduled and completed within the stipulated project period.
- The National Steering Committee and project management team should fast track completion of designs, BoQs and related processes to ensure commencement of works at Busolwe Hospital.
- The administrators of Kawolo Hospital should fast track preparation of clear budgets on maintenance and operations before finalization and project handover to assist in planning and budgeting in the subsequent FY.

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

##### Background

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

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



The project planned to procure ICT equipment to support the HMIS system and link the Specialised Neonatal and Maternal Hospital to Kawempe, Kiruddu and Mulago Super Specialised hospital during FY 2019/20.

### Performance

The revised project budget for FY 2019/20 was Ug shs 4.6 billion. A total of Ug shs 2.3 billion (50%) was released, and only Ug shs 0.05 billion (2%) spent. The ICT system was still under procurement and handled by Mulago Hospital and Kampala Capital City Authority Project (MKCCAP).

The overall project performance was at 0%; the project did not procure and install the HMIS by 31<sup>st</sup> December 2019 as planned. Summary of performance in **Table 3.2**.

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

#### Background

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

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

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

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

The contract for construction works at Kayunga Hospital-Lot 1 was awarded to M/s Ahmed Osman Ahmed and Company at US\$ 16,670,711.22. 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 5<sup>th</sup> January 2018.

The contract for design and supervision for the rehabilitation and expansion works at the two hospitals was signed on 6<sup>th</sup> June 2016 with M/S Dar Engineering in association with Joadah Consult Ltd. Works at both sites were expected to end by February 2020 however, it was revised to August 2020 to compensate for the delayed hand over of the old OPD site at Kayunga hospital and installation of equipment.



## Performance

Cumulatively, development partners disbursed a total of US\$ 17.579 million (48%), leaving 52% as the undisbursed percentage against the approved total loan. In FY 2019/20, development partners disbursed US\$ 4.3million and 100% was spent on civil works for Kayunga and Yumbe.

The GoU counterpart funding was Ug shs 7.5billion, of which Ug shs 5.22billion was released and only Ug shs 2billion spent by 31<sup>st</sup> December 2019. Expenditures on civil works for the two hospitals amounted to 80% and 20% on procurement processes for equipment.

Overall, works at Kayunga Hospital were at 95% against the planned 99%. These were behind schedule by 4% due to delayed handover of the old OPD site that was initially housing the hospital laboratory whose services could not be suspended.

However, works at the main hospital building, power house, and new patient's wards were at 99%; remodelled patients' wards, incinerator, X-ray, kitchen, laundry block, administration block and pit latrine, guard houses, new staff houses and external works among others were substantially complete.

At Yumbe Hospital, 81% was achieved against the planned target of 96%. Works were behind schedule by 15%, this was attributed to initial strikes by workers, heavy rains between June and September 2019, and difficulty in transportation of construction materials to the hospital. The hospital therefore required an additional six months (to August 2020) to complete the works.

Works at the main hospital building, power house, and new patients wards were at 92%; remodelled patients wards with isolation and private wards at 90%; main kitchen at 80%; Laundry/ Engineering/ Bio-medical workshop at 80%; administration at 86%; interns houses at 93%; new staff houses and mortuary building at 88%; existing staff houses at 87%; six units new doctors' houses 94%; incinerator building at 84%; external works at 60% among others.

Medical equipment and furniture for the two hospitals was still under procurement. Draft contracts were submitted to the Solicitor General for clearance and legal advice by end of December 2019.

The MoH Project Unit initiated procurement of ambulances, mini buses and pickups for the two hospitals. Draft tender documents were prepared and submitted to MoH Contracts Committee for approval.





**Clockwise: New hospital building; Old wards (T-Block); new staff quarters and rehabilitated old staff quarters at Kayunga Hospital**

### Implementation challenges

- Delayed completion of projects than earlier planned. This was mainly due to failure to hand over the OPD area to the contractor at Kayunga Hospital and erratic weather at Yumbe Hospital.
- Delayed procurement of equipment. As at February 2020, only five out of six equipment lots were signed, while the sixth lot involving procurement of laboratory equipment was to be re-advertised with bid closure in April 2020.
- Un-harmonized implementation and disbursement period by development partners.
- Inadequate release of counterpart funding by GoU. It is often not commensurate with GoU share requirement on interim payment certificates issued by contractors.

### Recommendations

- The PMU and project consultant should closely supervise the contractor to ensure timely completion of all civil works and project hand over by August 2020.
- The MFPED and MoH should lobby BADEA to extend and harmonize the project implementation and disbursement period to 30th June 2021 as agreed by both OFID and SFD.
- The MFPED should adequately release the GoU counterpart funds to allow timely implementation of civil works.
- The MoH should fast track procurement of equipment to ensure effective utilization of infrastructure upon handover.



### 3.3.1.6 The Regional Hospital for Pediatric Surgery (Project 1394)

#### Background

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

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

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

#### Performance

In FY 2019/20, the GoU allocation was Ug shs 1.085 billion, 100% was released and only Ug shs 263.765 million spent by 31<sup>st</sup> December 2019. Expenditures were on hospital construction (77.72%), fuel and lubricants (15%), welfare and entertainment (3.79%), and allowances (3.3%).

The overall project performance was good at 90%. The structure was roofed, rammed earth wall, internal finishes; mechanical and electrical installations were completed. The generator, laundry, oxygen plant, Intensive Care Unit, operating theatre and fire detector were commissioned, while installation of medical furniture and equipment; inside painting, cleaning of the external area were ongoing.

The hospital start-up activities including recruitment of health workers was 60% complete. Interviews for medical staff including paediatricians, surgeons, medical, nursing and assistant officers with support from Health Service Commission were in final stages. Registration of expatriate staff with the various National Professional Councils was ongoing. The hospital was set to official open on 24<sup>th</sup> April 2020.





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

### Implementation Challenges

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

### Recommendations

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

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

#### Background:

The project commenced on 1<sup>st</sup> July 2017 and expected to end on 30<sup>th</sup> June 2022. It contributes to the sector outcome - improved quality of life at all levels. Its key objectives are to improve; Quality of care at Primary health Care (PHC) health facilities; availability of human resources for health at PHC facilities; availability of Essential Reproductive Maternal Neonatal Child, and Adolescent Health (RMNCAH) drugs and supplies; functional and responsive referral system; infrastructure and medical equipment in PHC facilities.

<sup>8</sup> The obligations amounted to Ug shs 2.5 billion and Ug shs 10.4 billion for civil works and tax obligation to Uganda Revenue Authority respectively.



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

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

Planned outputs for FY 2019/20 are; Funds for participating RBF facilities reimbursed; Maternity units in selected health facilities constructed; Cadres in short supply on scholarship scheme trained; Essential drugs and health commodities procured and distributed; and BDR system and equipment procured.

## Performance

Cumulatively, development partners disbursed US\$ 48million against a loan (29%). IDA disbursed 26%, GFF 32% and 38% from SIDA. Cumulative expenditure was US\$ 18.3million (38%) with RBF for PHC Services taking up to 34% of the expenditures, 26% under strengthening capacity to deliver RMNCAH services; BDR services at 12%; Institutional capacity to manage project supported activities at 8%.

During FY 2019/20, US\$ 37.5m was disbursed and only US\$ 7.9million (21%) spent. Expenditures were mainly on RBF for PHC Services at 37%; RMNCAH services 11%; BDR Services at 12%; enhanced project supported activities at 10%.

The GoU allocation for FY 2019/20 was Ug shs 276,000,000, of which Ug shs 138,000,000 was released and Ug shs 125,890,904 spent by 31<sup>st</sup> December 2019. Expenditures were mainly on travel inland to undertake monitoring and supervision at 64%, allowances and welfare at 36%.

Overall project performance was poor at 41% by 31<sup>st</sup> December 2019, this was mainly due to delays in commencement of civil works, disbursement of RBF funds, procurement of equipment and RMNCAH supplies among others. Detailed performance by component is as follows:

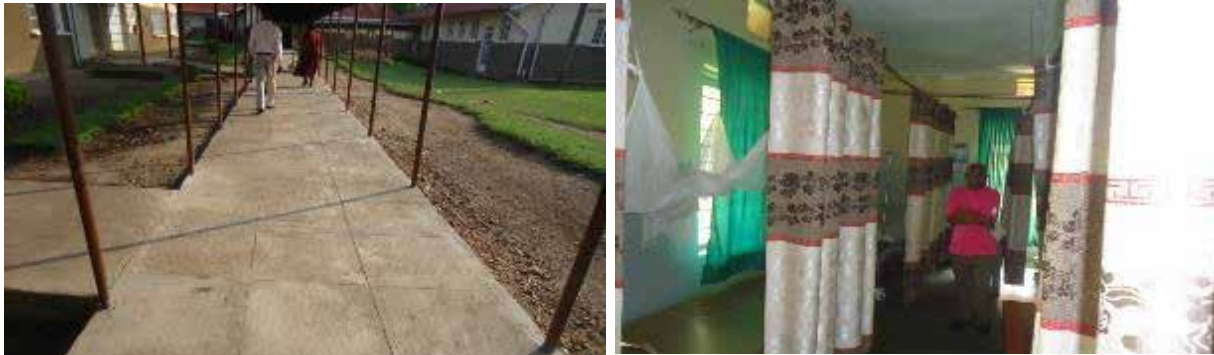
**Component I: Results-Based Financing for Primary Health Care Services:** Expansion of RBF from 130 to 700 health facilities in Uganda. Pre-qualification assessments were conducted for the eligible health facilities in 20 of the 50 new districts, 196 health facilities were assessed of which 187 (95.4%) passed, while nine (4.6%) failed.

Validation of invoices for Q4 2018/19 and Q1 2019/20 was completed and recommended for payment. Processing of funds for FY 2019/20 started in September 2019, but by 31<sup>st</sup> December 2019, some facilities had just received funds for activities scheduled for FY2019/20.



Some of the achievements registered from implementation of RBF were: motivation of health workers leading to reduced absenteeism, late arrival and early departure; increased availability of essential medicines, supplies and equipment; and improved numbers of health facility deliveries and child health services.

Others include facelift and improved working environment for health workers; improved privacy at the health facilities after fitting curtains in maternity wards; enhanced ability to carry out immunization outreaches, increased OPD attendances due better service delivery, among others.



**L-R: Repaired walkway at Kebisoni HCIV, and maternity ward partitioned with at Rukungiri HCIV in Rukungiri District**

**Component 2: Strengthen Health Systems to Deliver RMNCAH Services:** Seven contracts were signed, five with NMS and two with JMS to supply contraceptives like IUDS, in-plants and pregnancy test kits, Oral Rehydration Salts (ORS), Magnesium Sulphate among other RMNCAH supplies. The MoH expected deliveries in January and February 2020.

*Maternity Units in selected health facilities:* Environment Impact Assessment (EIA) surveys at various sites were completed and reports submitted to project management. The MoH awaited clearance from World Bank to commence procurement processes for the planned civil works to be undertaken in districts of Alebtong, Buhweju, Kyotera, Lira, Maracha, Luuka, Zombo, Yumbe, Rakai, Namayingo, Hoima, Isingiro. Selection of beneficiary health facilities based on population, status of existing infrastructure, availability of land, distance to the next health facilities, and facility remoteness among others.

*Train cadres in short supply on scholarship scheme:* Seven hundred (700) health workers and students received scholarships and were at various levels of completion. One sixty-nine (169) health workers completed their studies in FY 2019/20, however, some were not absorbed into public service system due to lack of adequate wage bill at district level.

*Procurement of equipment:* The activity had not commenced, this was mainly because the World Bank tasked MoH to redistribute unutilised equipment supplied under the Uganda Health System's Strengthening Project (UHSSP) before procurement of new equipment. The activity was finalised in FY 2019/20.

Quantification and updating equipment specification required by various health facilities was completed. National Advisory Committee on Medical Equipment (NACME) approved the specifications and quantities. The procurement process was underway.



### **Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services:**

The project supports government efforts to strengthen capacity of the principal Civil Registration and Vital Statistics (CRVS) institutions at central and local levels to provide Birth and Death Registration (BDR) services countrywide. The National Identity Registration Authority (NIRA) is central in the implementation of the component.

The project supported NIRA to procure two trucks, computers and servers in 112 districts to facilitate birth and death registration at various levels. Installations and connectivity between NIRA headquarters and its offices at local government level were underway.

### **Component 4: Enhance Institutional Capacity to Manage Project Supported Activities:**

The objective of the component is to enhance institutional capacity for management of project-supported activities. RBF trainings for various stakeholders, support supervision, and maternal audits in various districts were undertaken. Mentorship programmes and citizen engagements had not commenced.

**Component 5: Contingent Emergency Response Component:** Supports rapid response to disaster emergency and catastrophic events. In FY 2019/20, the Uganda faced a risk of acquiring Ebola from Democratic Republic of Congo (DRC) and funders allocated US\$ 5million towards preparedness and response activities. The funders disbursed US\$ 2.5million, however, the project made no expenditures on any emergency activities by 31st December 2019.

### **Implementation challenges**

- Low disbursement and absorption rate due to delayed implementation of planned targets leading to time and cost overruns.
- Demotivation of health workers at both district and health facility level due to delays in processing and disbursement of RBF funds in various districts like Kayunga, Bulisa, Luwero and Kiboga districts among others.
- Failure to absorb trained health workers due to inadequate wage bill undermined returns of the scholarship programme.
- Inadequate skills in financial management by the health workers in RBF beneficiary facilities led to delayed completion and submission of accountabilities.

### **Recommendations**

- The MoH should ensure automation of verifications of all processes related to processing RBF funds to facilitate timely disbursements to beneficiary entities.
- The MoH should fast track procurement processes, reschedule planned activities to fit within the project period to avoid further project cost, and time overruns.
- The MoH should prioritise awarding scholarships to health workers in service to achieve more gains on investment.
- The MoH should further build capacity of health workers in planning and financial management for RBF supported facilities.



### 3.2.1.8 Strengthening Capacity of Regional Referral Hospitals (Project 1519)

#### Background

The project also referred to as the DRIVE (Development Related Infrastructure Investment Vehicle). It is aimed at improving 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 initiated in June 2015 to facilitate private investment in infrastructure projects in developing countries through concessional finance. The entire project sum estimated at EUR0 46million will be financed by GoU by 50%, and another 50% by DRIVE towards project implementation, operation and maintenance in Uganda.

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

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

The project had one planned output for FY 2019/20; Specialized equipment for regional referrals procured.

#### Performance

The project-approved budget for FY 2019/20 was Ug shs 3billion and revised to Ug shs 2.7 billion. A total Ug shs 2.1 billion (77%) of the revised budget was released and 0% spent as at 31st December 2019. The overall project performance was poor at 0%; the MoH did not achieve the planned target, as it awaited finalisation of the financing agreement and donor funding to commence procurement of specialised equipment.

#### Implementation challenges

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

#### Recommendations

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





**Table 3.2: Semi-annual performance of the Health Infrastructure and Equipment Programme**

Sub-programme	Out put	Annual Budget ( Ug shs million )	Cum. Receipt ( Ug shs million )	Annual Target %	Cum. Achieved Quantity %	Weighted Physical performance Score (%)	Remarks
Kayunga and Yumbe General Hospitals renovated and equipped	Civil works under taken and supervised, Equipment procured, installed, tested and commissioned	32,100	21,422	100%	87%	4.67	Overall progress averaged at 87%. Works were ongoing with the supervising consultant and Project Implementation Unit on site. In relation to equipment, five of six contracts (lots) were signed, while the sixth lot was to be re-advertised upon failure to get responsive bids in the first adverts.
Kawolo and Busolwe General Hospitals Rehabilitated and equipped	Kawolo Hospital rehabilitated and equipped, and all works supervised	23,130	13,080	100%	92%	3.36	Works were at 92% completion. All the works were supervised by the PMU and supervising consultant. The consultant was in the process of preparing BoQs and tender documents for the civil works at Busolwe.
Support to Mulago Hospital Rehabilitation	Lower Mulago hospital completed	20,060	20,000	100%	96%	2.81	Cumulatively rehabilitation works were at 96% complete. The contractor M/s Roko Technical services has been very slow in executing the works
Regional Pediatric Hospital Entebbe	Hospital constructed, equipped, all works supervised, and Hospital fully operationalized	1,085	1,085	100%	90%	0.14	The hospital was substantially complete with only final touches outstanding. Installation of medical equipment and furniture was ongoing. Hospital expected to be opened in April 2020
Uganda Reproductive Maternal and Child health Improvement project	Results Based Financing implemented in selected Health facilities in Districts, Capacity strengthened in delivery of RMNCAH and BDR services. Institutional capacity strengthened to deliver project supported activities, and Emergency Response conducted	610,500	151,663	60%	7%	42.93	Project achieved 41% of semi-annual targets. Performance partly affected by procurement delays.



Sub-programme	Out put	Annual Budget ( Ug shs million )	Cum. Receipt ( Ug shs million )	Annual Target %	Cum. Achieved Quantity %	Weighted Physical performance Score (%)	Remarks
Project:1315 Specialized Neonatal and Maternal Unit Mulago Hospital	Purchase of Office and ICT Equipment, including software procured and installed to operationalize the HMIS	4,600	2,300	100%	0%	0.00	The hospital did not achieve the semi-annual targets.
Institutional Support to MoH	Uniforms for health workers, HMIS forms, ICT equipment, and Land for the JMS procured; Health infrastructure in districts maintained, MoH headquarters renovated	14,028	9,695	100%	18%	0.53	Project achieved 26% of the semi-annual targets. Procurements were still ongoing.
1519-Strengthening Capacity of RRHs	Purchase of Specialized Machinery & Equipment	2,700	2,101	100%	0%	0.00	The project did not achieve any planned output.
	Total	686,875	207,251			54.46	Fair performance

Source: Field Findings, IFMS



### 3.3.2 Pharmaceutical and Other Supplies (Programme 05)

#### Background

The programme contributes to the sector outcome of **improved quality of life at all levels**. It consists of two sub-programmes with an overall objective of improving 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). Semi-annual monitoring for FY2019/20 focused on Sub-programme 1436 and findings are presented below.

#### 3.3.2.1 Global Alliance for Vaccine Initiative (Project 1436)

#### Background

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

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

**Planned outputs during FY 2019/20 were:** 30 storage facilities for vaccines constructed in the districts of Buikwe, Ntoroko, Nakaseke, Buliisa, Lyantonde, Lwengo, among others<sup>9</sup>; Central level workshop repaired, maintained, equipped and furnished.

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

#### Performance

The GoU allocated Ug shs 12.09billion and released 100% of the budget in FY 2019/20. The MoH spent only 47.5% (Ug shs 5.74 billion) of the released funds by 31<sup>st</sup> December 2019. Majority (98%) of the expenditure was transferred to UNICEF for procurement of vaccines like BCG, Measles, and Oral Polio, DTP-HepB-Hib.

The donor allocation on the other hand was Ug shs 57.62 billion, of which Ug shs 37.62billion was released and Ug shs 8.6 billion (23%) spent as at 31<sup>st</sup> December 2019. Absorption of the GAVI grant was poor at 23% and this was attributed to various factors including:

- Delayed payments for equipment received by MoH.
- Provision of incomplete information by MoH to MFPED regarding the disbursement

<sup>9</sup> The GAVI grant was reprogrammed in FY2019/20 after the approval of the work plans to exclude vaccine stores and other civil works partly due to poor performance of the civil works under HSS1. The funds were reprogrammed for strengthening capacity of health facility managers in immunization services and increase the number of various equipment under procurement such as generators, transport equipment among others.





schedule to local governments.

- Delayed provision of feedback from MFPED regarding incomplete disbursement schedule information.
- The last two factors above translated into delayed disbursement of immunisation funds to beneficiary local governments.
- Inadequate budgeting for immunisation funds by local governments led to failure to utilize funds off the IFMS system by some districts in a timely manner.

The MoH disbursed majority of the funds to support and strengthen routine immunization activities to 102 districts (October to December 2019). However, 98% of districts visited had not accessed funds by 31<sup>st</sup> December 2019.

Some LGs had received funds but could not access them off the Treasury Single Account (TSA). They were therefore required to seek supplementary budgets and approvals in order to utilise uploaded funds. Districts like Kyenjojo reported major delays in receiving approvals and uploads of the supplementary budget on the Programme Based Budgeting System (PBS).

The MoH attributed low absorption on the GoU component to:

- Low financial requirement by the UNICEF to procure July-December vaccines in relation to GoU release.
- Limited support supervision to various districts since majority had not received the funds to undertake Integrated Child Health Days (IChD) activities, outreaches and micro plan development.

The sub-programme achieved 50% of the planned outputs. Procurements were at various levels of completion with some motorcycles, fridges, ICT equipment delivered, others were in transit while the rest were at design review stage.

The MoH received approximately 408 out of 657 motorcycles and 204 were assembled. Spare parts for the 657 motorcycles were also in advanced stages of procurement and were expected at Mombasa in March 2020.

The vehicles for LGs and one station wagon for MoH headquarters were pending delivery. Other items such as boats, refrigerated trucks, and generators among others were under procurement. Detailed sub-programme performance is highlighted in table 3.3.

In terms of outcomes, the GAVI support increased the vaccination package from protecting children against six killer diseases<sup>10</sup> to 12 killer diseases<sup>11</sup>. Immunization coverage at half year was as follows: Diphtheria Pertussis Tetanus third dose (DPT3) was at 94%, Pneumococcal conjugate third dose (PCV3) at 93%, while measles immunisation was at 89%. The measles rubella campaign covered other antigens that were missed in the routine immunization

<sup>10</sup> Tuberculosis, Poliomyelitis, Whooping cough (Pertussis), Diphtheria, Tetanus/Neonatal Tetanus and Measles

<sup>11</sup> Plus Hepatitis B, Haemophilus Influenza, Pneumococcal, Rotavirus, Rubella, Cancer of cervix


**Table 3.3: Performance of Pharmaceutical and other Supplies as at 31st December 2019**

Output	Annual Budget ( Ug shs billion )	Cum. Receipt ( Ug shs)- billion	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Preventive and curative Medical Supplies (including immunization) procured and distributed	12.00	12.00	100	88	21.24	Funds were transferred to UNICEF and vaccines procured. The National Medical Stores (NMS) also completed the storage and distribution. 88% of the nine selected vaccines were above the minimum stock level at the NMS as at 31 <sup>st</sup> December 2019. Only HPV and DPT3 were below the minimum stock level during the period under review.
Monitoring and evaluation capacity Improvement (Support Supervision) done	9,945	9,945	100	50	10.00	Support supervision was partially done due to the Measles Rubella campaign, which occupied the health workers in the first half of the financial year.
Capacity of health facility managers strengthened	8,647	8,647	100	0	0.00	Delays in access to funds affected implementation of planned outputs.
Motor vehicles and other transport equipment (657 motorcycles, 71 vehicles, two refrigerated trucks and 11 medium-size motorized boats procured	12,105	12,105	100	54	13.15	62% of the motorcycles were delivered and 50% assembled. The rest of the transport equipment items were under procurement.
Specialized Machinery and Equipment procured. (1,155 vaccine carriers cold boxes, 2,500 Cold Chain Equipment and assorted spare parts, 11 generators, 2 cold rooms, 132 fire extinguishers procure	7,013	7,013	100	40	5.64	A total of 130 vaccine carriers, 67 solar fridges, and 3 electricity fridges were delivered. Items like fire extinguishers and generators were still under procurement while others like spare parts for the fridges, Drive-in and walk-in cold room and generators were at design review stage.
Programme Performance ( Outputs)	49,71	49,1			50.04	Fair performance

**Source: Field Findings**



## Programme Challenges

- Continued immunisation dropout rates due to limited adherence to schedules. This was mainly due to vaccine stock outs, limited transport and outreaches among others.
- Communication inadequacies characterised by delayed feedback from MFPED Budget Policy and Evaluation Department (BPED) regarding sufficiency of disbursement submissions from entities.
- Inadequate planning and budgeting led to omission of immunisation planning figures by various local governments hence supplementary budget requests.
- System issues of E-cash system at the Stanbic Bank led to delays in payment of allowances and paralyzed centrally managed activities for local governments.
- Overlaps in the planning periods between GAVI and GoU led to disbursement of funds midway the GoU budgeting cycle. This translated into revision of work plans and perpetual supplementary budget requests.

## Conclusion

The performance of the Pharmaceutical and Other Supplies Programme was fair at 50%, the GAVI achieved some of their outputs registering an improvement from 36% as at end of June 2019. Local governments registered improvements in immunisation outcome indicators, however, absorption of both GAVI and GoU remained low; performance of the sub-programme is likely to improve in the second half of the year as the procurements and delivery of planned items advance.

## Recommendations

- The MFPED Budget Policy and Evaluation Department should improve communication through timely provision of feedback to MDAs regarding budget submissions. The MFPED response time should reduce to a maximum of 48 hours.
- The MoH should ensure reduction in factors leading to immunisation dropouts at all levels. Increased surveillance, monitoring and supervision of LG activities is key to boosting adherence.
- The MoH planning department should support the GAVI project coordination unit in planning and budgeting.
- The MFPED and MoH should engage GAVI to ensure harmonized planning and budgeting for improved project performance.

### 3.3.3 Public Health Services (Programme 06)

#### Background

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



The programme is comprised of ten sub-programmes, these are: Community Health (Sub Programme 06); Communicable Diseases Prevention and Control (Sub Programme 08), Health Education, Promotion and Communication (Sub Programme 13), Reproductive and Child Health (Sub Programme 14); Environment Health (Sub programme 21).

Non-communicable Diseases (Sub Programme 22), National Health Laboratory and Diagnostic Services (Sub programme 23), Integrated Epidemiology, Surveillance and Public Health Emergencies (Sub programme 24). Uganda Sanitation Fund Project (Project 1441) and East Africa Public Health Laboratory Network Project Phase II (Project 1413).

Semi-annual budget monitoring focused on three sub-programmes: Communicable Diseases Prevention and Control, Health Education, Promotion and Communication, and East Africa Public Health Laboratory Network Project Phase II (Project 1441).

### **Performance**

The approved budget for the programme in FY2019/20 was Ug shs 33.65billion, of which Ug shs 28.20billion (83%) was released and Ug shs 11.32billion (40%) spent by 31st December 2019.

Expenditures were mainly under the East Africa Public Health Laboratories for the civil works, procurement of equipment, surveillance at 63%, Communicable diseases prevention and control for management of public health emergencies at 12%, Uganda Sanitation Fund at 9%, community health at 4%, environment health at 3%, with the rest 9% being shared among the other sub programmes.

The programme achieved 65% of the planned targets for outputs with Communicable Diseases Prevention and Control Sub programme achieving 55%, Health Education, Promotion and Communication 60%, while the East Africa Public Health Laboratory Network Project Phase II (Project 1413) at 81%.

Diphtheria Pertussis Tetanus third dose (DPT3) was at 94%, Pneumococcal conjugate 3rd dose (PCV3) at 93% while measles immunisation was at 89%. The MoH conducted one round of Measles Rubella Vaccination Campaign covering 128 districts and vaccinated 19,476,110 over and above the targeted 18,100,000. The MoH held the national immunization stakeholders meeting involving stakeholders from all local governments.

Construction works at Mbarara Hospital laboratory was at 80% and 85% at Mbale hospital. Civil works at other hospitals were behind schedule and registered poor performance. These were Arua laboratory, Entebbe Isolation Centre and Multi Drug Resistant Tuberculosis (MDR) Unit in Moroto at 40%. Viral Haemorrhagic Fever (VHF) in Mulago had just commenced. Summarized performance is highlighted in Table 3.4.



### 3.3.3.1 Communicable Diseases Prevention and Control (Sub Programme 08)

The approved budget for the sub-programme was Ug shs 4.94 billion, of which Ug shs 2.28 billion was released, and Ug shs 1.36 billion spent. The sub-programme undertakes coordination of National Endemic and Epidemic Disease Control services, Immunization services, and Indoor Residual Spraying (IRS) services. Coordination of clinical and public health emergencies including the response to the nodding disease.

Planned outputs for FY 2019/20 under sub-programme 08 included communicable diseases in the country controlled; Infants and women of childbearing age immunized; Public Health emergencies coordinated; District capacity to conduct Indoor Residual Spraying (IRS) promoted.

The sub-programme achieved 55% of the semi-annual targets with immunization coverage at 94%, National Endemic and Epidemic Disease Control Services at 43%. Coordination of Clinical and Public Health Emergencies at 77%.

Indoor Residual Spraying (IRS) services under GoU poorly performed at (0%), the MoH undertook only one activity- Impact assessment to monitor prevalence of malaria in intervention districts. Photo-Biological Control of Malaria performed at 61%. Stakeholder engagement undertaken in Kabale and Kisoro districts. Support supervision undertaken in Kabale and Kisoro Districts.

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

Health promotion, prevention and early intervention was prioritized in FY 2019/20. It focused on scaling up interventions to address the high burden of Malaria, HIV, TB, nutritional challenges, environmental sanitation and hygiene, immunization, Hepatitis B and Non-Communicable Diseases among others. The sub-programme operationalizes its mandate through the two divisions of; Health Education and Promotion; and Strategic Health Communication at MoH.

Planned outputs for FY 2019/20 included; Advocacy meetings with district leadership, Water, Sanitation and Hygiene (WASH) undertaken; Home improvement campaigns and competition guidelines finalised; an integrated Social Behavioural Change Communication (SBCC) Strategy disseminated. Community awareness to promote construction, use of latrines and hand washing with soap raised; Development and translation of information, education and communication (IEC) materials for the Measles-Rubella campaign among others.

#### Performance

The sub-programme at MoH was allocated Ug shs 0.34billion representing 3.2% share of the programme budget. A total Ug shs 0.17billion was released and Ug shs 0.14billion spent. Expenditures were mainly on contract and general staff salaries contrary to the sub-programme objectives.



The MoH earmarked Ug shs 10billion (20% of the entire non-wage budget) to undertake activities related to the health promotion and prevention at local government level. All health facilities and the district health offices were therefore expected to spend 20% of the non-wage recurrent budget on health promotion and disease prevention activities.

With support from development partners, the sub programme achieved 60% of the semi-annual targets. Outputs undertaken include; National Health Promotion and Disease Prevention Conference with 600 delegates from different disciplines held. Technical support supervision to district local governments was undertaken.

Support supervision activities indicated that District Health Offices were not fully complying with the requirement to utilise 20% of their non-wage allocation on health promotion and prevention.

Other outputs achieved included: meeting with stakeholders to discuss development of guidelines for development, production and dissemination of IEC/health promotion materials. Development and translation of IEC materials for the Measles-Rubella campaign among others.

### **Health Promotion and Disease Prevention at Local Government Level**

Health promotion and prevention activities included: Community mobilization activities and engagements; Static and outreach immunization activities; Support supervision and mentorship; Trainings on prevention, curative and management of illness; Radio talk shows; Sanitation improvement campaigns; health education, promotion of safe water chain; School outreach programmes among others.

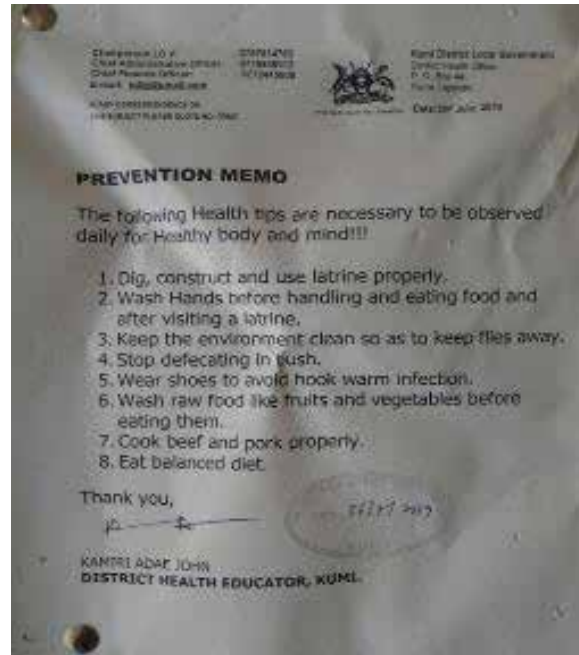
The monitoring team visited 47 districts to establish the extent and percentage of expenditures made on health promotion by District Health Offices. The following was established;

- Twenty five percent of the allocated GoU non-wage expenditures of Kapchorwa Health Office were made on health promotion and prevention activities. Approximately 30% on travels to Kampala for consultation and Joint Sector Review Mission; Vehicle maintenance 13%; utilities 9%; financial verifications and book of accounts 19%. The rest was spent on stationary and welfare among others.
- In Kitgum Health Office, 23% of the DHO allocation was spent on attending the Joint Sector Review Mission in Kampala, 16.5% on submission of accountabilities and travels to Kampala; 10% health monitoring; 7% on utilities and welfare respectively, 6.7% on stationery, 6.1% on training of in charges to post books of accounts; 8.6% transport allowance; 7.2% on small equipment and the rest on other activities like ICT Tax among others.
- Serere District spent 39% of the allocated nonwage resources to health promotion and prevention activities. These included immunization, training of EPI focal person, and support supervision among others. Vehicle maintenance 20%; utilities 6%; airtime and communication 7%; travel to Kampala 6%; stationery and office welfare at 4% respectively. The rest was spent on cleaning, small office equipment, ICT among others.





- In Kumi District, fuel accounted for 32% of the non-wage expenditure, 21% travel to Kampala for consultations and submission of accountabilities, 10% cleaning, 10% health promotion conference, 8% stationery, 6% utilities, 5% welfare expenses, 4% study tour for DHOs, 3% OAG exit meeting; and 1% fund processing fees. Health promotion activities were undertaken including public awareness at notice boards of various health facilities.
- In Mitooma, the district carried out community sensitization on latrine usage and follow-ups for TB and HIV patients, and promotion of safe male circumcision during the integrated support supervision. The district lacked dedicated expenditure lines towards health promotion and disease prevention.



**Prevention Alert Message at Kumi District**

- In Sheema District, no activities of disease prevention and health promotion were undertaken. This was partly due to poor planning and budgeting characterized by failure to include clear funding sources on the PBS necessitating a supplementary budget to utilize allocated funds.

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

The project is funded by the World Bank at a tune of US\$ 15million. Financing became effective on 31<sup>st</sup> March 2016 with an expected completion date of 31<sup>st</sup> March 2020. The project aims at establishment of an efficient, high quality network of accessible public health laboratories for the diagnosis and surveillance of TB and other communicable diseases.

The 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 semi-annual monitoring focused on all project components with field visits to Arua, Mbale, Entebbe Mbarara and Fort Portal hospitals.

#### Performance

Cumulatively, the World Bank disbursed US\$ 14.6million by 31<sup>st</sup> December 2019 (98%). The MoH spent 56% of the total disbursement. In FY 2019/20, a total of US\$ 8.6million was released and only US\$ 2.1million (25%) spent. The project registered poor absorption due to delays in commencement of civil works. Expenditures were mainly on: boosting regional diagnostic and surveillance capacity of Uganda at 59%; 17% on operational research, knowledge sharing and project management; and 8.1% on training and capacity building initiatives.





The overall project performance in achievement of planned outputs was very good averaging at 81%. The project registered a 20% increment in achievement of set targets in relation to FY 2018/19. Detailed performance by component is as follows

**Component One- Regional Diagnostic and Surveillance Capacity:** Planned outputs were; Viral Haemorrhagic Fever (VHF) Isolation Unit at Mulago Hospital and Entebbe constructed; Multi-Drug-Resistant Tuberculosis (MDR) treatment Centre at Moroto Hospital constructed; Arua, Mbale and Mbarara laboratories constructed; Lacor hospital laboratory remodelled; Medical equipment and consumables procured; surveillance and case management activities undertaken.

Surveillance and case management activities included provision of funds to support rapid response to VHF outbreaks, mentorship to laboratory personnel in seven satellite laboratories, ambulances for Mulago and Entebbe isolation units procured.

The project achieved the following:

- **Viral Haemorrhagic Fever (VHF) Isolation Unit at Mulago Hospital constructed:** The MoH contracted M/s Zhongui Mai Engineering Limited to undertake works at a sum of 8,913,336.496 in a period of 12 months. Works commenced in December 2019 and expected to end in November 2020.
- **Isolation Unit at Entebbe Hospital constructed:** The MoH contracted M/S Synergy Enterprise Ltd to undertake civil works at a sum of Ug shs 2,071,737,783. The works started in October 2019 with an expected end date of June 2020. The contractor was behind schedule at 20% achievement of the planned works. Works were at foundation level for the Unit, while remodelling of the old facilities was ongoing. The contractor and consultant attributed delays to weak soil structure and rainy weather conditions.
- **Mbale laboratory constructed:** Ms Egiss Engineering Contractors was awarded the contract to undertake works at Mbale Hospital at a sum of Ug shs 1,935,225,818. Overall, physical progress of works was at 70% by 31<sup>st</sup> December 2019. Internal plastering was at 80%, first floor walls and worktops at 100%, ring beam 50% done, external works were ongoing.
- **Mbarara laboratory:** Works were awarded to M/s Muga Services Limited. The MoH handed over the site on 18<sup>th</sup> July 2018 and works commenced on 19<sup>th</sup> September 2018 upon receipt of advance payment. The contractor expected to complete works by September 2019; however, this was not achieved, and further extended to 31<sup>st</sup> March 2020. Physical progress was at 86% with ceiling works and first internal plastering ongoing.
- Delayed approvals from the consultant regarding design changes for ceiling works from suspended to a solid cement screed partly affected the progress of works.



**Left: Ongoing construction works, Right: Ceiling works at Mbarara Laboratory**

- **Arua Hospital:** M/s Alliance Technical Services undertook works at a contract sum of Ug shs 2,168,700,348 for a period of 12 months (completion in March 2020). Works were at 40% against the expected 75%. In December 2019, no substantial amount of works were undertaken. Works were enormously behind schedule and this was attributed to delays in approval of materials and roof plan by the consultant.
- **Procurement of medical equipment, consumables and supplies:** The MoH planned to procure one temperature scanner for Mpondwe Border in Kasese, two ambulances for Entebbe and Mulago Isolation Units respectively among others. The project did not achieve these two outputs. The shipment from Japan for the two ambulances had commenced and done by UNOPS.
- **Surveillance and case management activities undertaken:** The MoH transferred a total of Ug shs 3billion to 20 districts bordering Democratic Republic of Congo (DRC) to support Ebola preparedness, response and procurement of infection control supplies.

**Component two - Training and Capacity Building:** Planned outputs were; training of health workers in various aspects; Training of Trainers; Mentorship training for satellite laboratory staff.

The project achieved two of three planned outputs. Forty-five workers from the project satellite sites trained in laboratory waste management and disposal. Fifteen project staff trained in environmental and social safeguards among others. Laboratory personnel from Fort Portal, Moroto, Mbale, and Mulago mentored and supported to apply and maintain standards required for approvals from the South African National Accreditation System (SANAS).

**Component three - Operational Research, Knowledge Sharing and Project Management:** Planned outputs were; Offshoot studies conducted; knowledge sharing at scientific conferences supported. The Technical Working Group (TWG) approved three protocols for the studies and awaiting approvals from the Institutional Review Board (IRB).



The project supported three officers to attend the Anti-Microbial Resistance Stewardship meeting in Nairobi, Kenya. Technical support supervision within the project sites. Summary of programme performance is presented in table 3.4.

**Table 3.4: Performance of Public Health Services Programme as at 31<sup>st</sup> December 2019**

Sub programme	Output	Annual Budget ( Ug shs Million)	Cum. Receipt ( Ug shs Million)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks	
Communicable Diseases Prevention and Control	Coordination of Clinical and Public Health emergencies contained	265	138	100	40	0.34	On track	
	Immunization services provided	347	119	100	32.50	0.54	On track	
	Indoor Residual Spraying done	55	24	100	0.00	0.00	Activity not undertaken	
	National Endemic and Epidemic Disease Control	3,372	1,559	100	20.00	2.41	Fairly performing	
	Photo-biological Control of Malaria	895	435	100	30.00	0.91	Fairly performing	
Health Education, Promotion and Communication	Community Health Services (control of communicable and non-communicable diseases)	344	172	100	30.00	0.34	Undertaken with support from development partners	
	Regional diagnostics surveillance capacity enhanced	37,751	18,597	100	39.90	50.43	Construction works were ongoing. These progressed at varying level (0% to 70%)	
East African Public Health Laboratories Project	Joint training and capacity building	5,000	4,389	100	40.00	3.76	Training and mentorship activities were on track.	
	Joint, knowledge sharing, regional coordination and program Management activities undertaken	12,602	7,254	100	20.00	7.22	Three offshoot studies were not completed as planned. Other knowledge support and management activities were on track.	
Programme Performance ( Outputs)							65.94	Good performance

**Source: Field Findings**



## Programme Challenges

- Inadequate planning characterized by signing of contracts beyond project end date. For example, The MoH scheduled works for Mulago Isolation Unit under the EAPHL Networking Project to end in November 2020 yet the main project was ending March 2020.
- Delayed procurement of medical equipment and ambulances under the EALPIL to facilitate implementation of public health services.
- Delayed implementation of civil works, procurement of equipment and ambulances.
- Reliance on development partners to fund public health services including health promotion and prevention activities.
- Lack of an explicit budget and clearly defined targets on health promotion and prevention.
- Duplication of activities by various development partners in provision of public health services.
- Costly prevention interventions like nutritional demonstrations and behavior change strategies.
- Limited/lack of transport to undertake community outreach programmes and other prevention and public health activities. Most health district vehicles were characterized by frequent breakdowns and high maintenance costs.
- Community attitude and religious beliefs against prevention of diseases, pregnancies, immunization among others.
- Nonfunctional cold chain system in various district affected routine static and outreach immunization initiatives.

## Conclusion

Overall performance of the programme was fair with 65% of the semi-annual targets achieved. Major outbreaks were contained in Uganda and immunization services were on track. Health promotion and prevention of diseases was undertaken with support from various development partners. This is a very good step towards reducing out of pocket expenditures on health, reduction in drug stock outs, and congestion at health facilities among others. However efforts towards developing clear and measurable prevention targets with specific budgets were minimal.

## Recommendations

- The Accounting Officer of MoH should fast track implementation of civil works, procurements of equipment and ensure that the East African Laboratory Project is implemented in a timely manner to avoid further delays, time and cost overruns.
- The MoH should seek a no cost time extension from the World Bank to avoid disruption of project operations in March 2020.



- The MoH should revive the work of Village Health Teams (VHTs), health assistants and Health Management Committees in prevention of diseases.
- The MoH through the District Health Officers (DHOs) should continuously sensitize communities on behavioral and attitude change to foster healthy living.
- The MoH through DHOs should align district work plans to those of development partners to avoid duplication of activities and attainment of gains in light of limited resources.
- The MoH, and districts should prioritize procurement of vehicles, bicycles and motorcycles to enhance the outreach programme Promotion and Communication.

### 3.4 Health Service Commission (Vote 134)

#### Background

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

The vote contributes towards *improved quality of life* as a sector outcome through implementing Programme (52) - Human Resource Management for Health<sup>12</sup>. The ultimate programme outcome is improved status of human resources for health in the health service. The programme outcome indicator for FY 2019/20 is the increased proportion of qualified health workers recruited against the annual recruitment plan at national level.

Semi-annual monitoring FY 2019/20 focused on two subprograms; Human Resource Management (HRM), and the Health Service Commission Development Project.

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

#### Performance

During FY 2019/20, the annual revised programme budget is Ug shs 6.8billion, of which 50% was released and Ug shs 2.9billion (86%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on: payment of contract staff salaries and allowances at 42.94%, recruitment expenses at 12.08%, rent at 11.78%, general staff salaries at 7.45%, Gratuity payments 5.19%. The rest of expenses including the capital development shared 21% of the expenditure.

<sup>12</sup> The MoH, MFPED, Ministry of Public Service, RRHs and specialized institutions contribute to performance of the Programme. The MoH is responsible for consolidation of recruitment plans, submissions to HSC and deployment of appointed health workers, RRHs and specialized institutions are responsible for making timely submissions to MoH and MoPs. The MoPs is responsible for clearances while MFPED provides budgeted resources.



Performance was poor, with only 23% of the semi-annual targets achieved. The HSC had not finalized any recruitment for FY2019/20; however it completed the recruitment of 230 health workers that commenced in the previous FY-2018/19. Development budget performance on the other hand was fair with some items delivered and in use while the rest were still under procurement. Detailed performance by sub-programme is highlighted below.

### **3.4.1 Human Resource Management (Sub-Programme 02)**

The sub-programme was allocated Ug shs 1.3billion, of which Ug shs 628 (47%) was released and 93% spent as at 31<sup>st</sup> December 2019. The institutions that had submitted recruitment requisitions upon clearance from Ministry of Public Service (MoPS) as at 31<sup>st</sup> December included: Uganda Virus Research Institute (UVRI), Mulago NRH, Hoima, Kabale, Mubende while those that had not submitted included: Butabika NRH, and Masaka Regional Referral Hospital (RRH).

The recruitment process for the FY2019/20 was estimated at 50% for institutions that submitted their recruitment requests to MoH and HSC in a timely manner. The HSC concluded three out of the six key recruitment stages and made two adverts (advert one and seven) as at 31<sup>st</sup> December 2019.

Shortlisting for the specialized cadres was concluded and interviews were scheduled for 16<sup>th</sup>, March 2020 while shortlisting for the less specialized cadres that attracted large volume of applicants was ongoing.

The HSC however completed the recruitment of 230 health workers for Mulago NRH, RRHs, Uganda Blood Transfusion Services, and Uganda Cancer Institute. Recruitment processes commenced in FY2018/19.

The HSC validated 187 staff for Entebbe Regional Referral Hospital. Validation process had commenced for Kawempe, and Kiruddu Referral Hospitals, and the Specialized Women and Neonatal Hospitals. The HSC provided technical support supervision on request from Sheema, Sironko, and Lyantonde DLGs during the recruitment of DHOs, ADHOs among other senior positions.

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

The E-recruitment system led to improved timeliness in submission and receipt of applications, eased shortlisting and report generation by the HSC.

### **3.4.2 Health Service Commission (Project 0365)**

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





## Performance

The project was allocated Ug shs 80million during FY 2019/20, 70% of the funds were released and 32% spent by 31<sup>st</sup> December 2019. The low absorption was partly due to delays in initiation of procurements. The HSC procured 15 angle iron shelves for the registry, five filing cabinets, two office desks and chairs from Footsteps Furniture Uganda Limited.

Other procurements such as four laptops and one heavy duty photocopier were ongoing. Detailed performance of the Commission is highlighted in Table 3.5.

**Table 3.5: Detailed Performance of Health Service Commission by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget ( Ug shs)- Mil	Cum. Receipt ( Ug shs) Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Human Resource Management for Health	Health workers recruited in central health Institutions recruited	1,407	664	900	50	10.08	FY 2019/20 targets were not achieved.
	Technical support and support supervision undertaken	180	89	100	49	10.80	On track
	Office and ICT equipment procured	15	11	100	0	0.00	Under procurement
	Office and residential furniture and Fittings procured	40	20	100	48	2.34	On track
	Total	1,642	785				
Programme Performance ( Outputs)						23.22	Poor performance

Source: Field findings

## Implementation Challenges

- Distortion of HSC schedule of activities and recruitment budget due to allocation of extra duties midway the FY. These included validation of staff requests from MoH for newly upgraded of health facilities.
- Lack of a dedicated resource centre to execute computerized online aptitude tests affected timeliness in administration of aptitude tests<sup>13</sup>.
- Delays in the entire recruitment process with the first advert published in December 2019, five months into FY2019/20. Delays were mainly two-fold; i) Request for clearance from MoPS with submission varying between September 2019 to January 2020; ii) Provision of clearance from MoPS with approvals varying between October and November 2019. Masaka RHH submitted its recruitment request on 25<sup>th</sup> September 2019 and received clearance from MoPS on 14<sup>th</sup> January 2020.

<sup>13</sup> The HSC uses the College of Computing and Information Sciences of Makerere University during the recess term/holidays.





- Lack of a detailed consolidated annual recruitment plan at national level for health workers.
- Uncoordinated transfers without replacement of health workers by the MoH continued to constrain health service delivery and made human resource projections difficult.

### Conclusion

Performance of the HSC was poor at 23%, neither recruitment for FY2019/20 nor procurement of equipment was fully finalized despite the 50% releases by MFPED. Absorption of the development budget was at 32% partly due to delays in initiation of procurements. Delays in recruitment continue to lead to persistent unspent funds for the wage and underperformance the HSC.

### Recommendations

- The MoH should coordinate with the HSC during the upgrade and restructuring of health facilities to ensure proper planning and budgeting for validation of staff among other human resource related requirements
- The HSC, MoH and MFPED should prioritize acquisition of a HSC home with a resource center to host online interviews, among other amenities. This will translate into reduced annual expenditure on rent by the HSC.
- The HSC, MoPS and MoH should harmonize staff recruitment plans with annual planning, budgeting and implementation tools. Approvals for recruitment should be obtained by February of a given year to enable recruitment and deployment by the beginning of the financial year.
- Harmonization of the budgeting and recruitment process of central government entities by the MFPED, MoPS, MoH and HSC to ensure absorption of the wage funds.
- The MoH should operationalize the Human Resource Policy on transfers across the votes during a financial year to regulate under and over staffing of health workers at various entities.

## 3.5 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 to the sector outcome of improved quality of life at all levels.



## Performance

The UCI budget in FY2019/20 is Ug shs 91billion, representing a 2% decline relative to FY 2018/19. A total of Ug shs 30.506 billion (33%) of the budget was released and Ug shs 28.6billion (93.7%) spent. The highest expenditure was on construction of the multipurpose building and other ADB project related costs including training of health workers) at 35%, and the GoU development expenditure at 30%. The other funds were spent on non-wage (25%), and wage (10%) commitments of the UCI.

The expenditure share of the GoU capital development was at 89% for the Uganda Cancer Project, 9.9% as counterpart funding to ADB support project, 0.61% to Institutional Support to UCI, and 0.07% to establishment of an Oncology Centre in Northern Uganda. Further analysis of expenditures revealed mischarges and irregular payments made by the Uganda Cancer Institute.

The UCI registered fair performance, achieving 54.9% of the planned semi-annual targets. Medical services (inpatients, outpatient attendances, investigations, registration of new cancer cases) achieved at least 84% of the planned targets.

Installation of the Linear Accelerator Machine to support finalisation of the Radiotherapy bunker was underway. The physical progress at the auxiliary building was slow at 75% while the bunker stagnated at 94%. Works at the Multipurpose Oncology Unit were behind schedule at 24% against the anticipated 41%. Procurement of equipment was at various levels of completion with some delivered especially for the satellite oncology centres of Arua and Jinja, others installed and others still under procurement.

### 3.5.1 Cancer Services (Programme 57)

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

In FY 2019/20, the UCI implemented eight Sub-Programmes. These are: Management/Support Services (Sub-programme 01), Medical Services (Sub-programme 02), Internal Audit (Sub-programme 03), Radiotherapy (Sub-programme 04), Uganda Cancer Institute Project (Project 1120), ADB Support to UCI (Project 1345), Institutional Support to Uganda Cancer Institute Project (1476), Oncology Centre established in Northern Uganda project (1527).

Semi-annual monitoring focused on five Sub-programmes. These were: Sub-programme 02 (Medical Services); Radiotherapy (Sub-Programme 04); The Uganda Cancer Institute Project (1120); African Development Bank (ADB) Support to UCI (1345), Institutional Support to UCI and Oncology Centre established in Northern Uganda project. Detailed performance by sub-programme follows.

**Medical Services (Sub-programme 02):** The allocation for the sub-programme during FY 2019/20 was Ug shs 11.80billion, of which Ug shs 5.73 billion (48.5%) was released and 98.7% spent by the 31<sup>st</sup> December 2019.



Expenditures were mainly on procurement of medicines and health supplies at 77%, allowances at 6.6%, travel inland at 3.3%, workshops and seminars at 1.5% representing a health service delivery oriented allocation. The rest of the expenditures lines shared the 11.4% of the expenditure. Funding towards medical supplies enhanced availability of anti-cancer medicines up to 85%.

The sub-programme achieved very good performance with over 100% of the planned semi-annual targets attained. Inpatient stays at 108%, and outpatient attendances at 106%. Laboratory investigations including blood chemistries, HIV tests, urine analysis, bone marrow processing, peripheral films, B/S for malaria, cytology, microbiology achieved 151% of the semi-annual targets. Acquisition of one Complete Blood Count (CBC) and two-chemistry analysis machines contributed towards good performance.

Imaging department registered slow progress with no mammography procedures conducted, compensators and immobilization devices at only 43%. Lack of functional equipment like Terabalt 80, and High Dose Rate (HDR) Brachytherapy machine affected performance.

**Under the Outreach Programme:** The UCI conducted outreaches in Jinja, Mbarara, Kiboga, and Gulu among others. Selected district health teams were educated about cancer, trained in cancer risk reduction, screening/early detection and proper referral. Six district teams were trained in Gulu and Mbarara respectively, four teams in Arua and five in Mbale.

The UCI also conducted two television talk shows at Uganda Broadcasting Corporation (UBC) and six radio talk shows on various stations including Top Radio, Q-FM in Lira, Radio North in Alebtong and UBC radio.

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

**Radiotherapy (Sub-Programme 04):** The UCI achieved 93% of the semi-annual targets. Treatment sessions conducted using Cobalt 60 machine achieved 97%. Patients receiving radiation therapy using Computerized Tomography (CT)-Simulator, Conventional Simulator and Computer Planning was at 82%. Brachytherapy insertions continued to underperform at 23%.

### 3.5.2 Uganda Cancer Institute (Project 1120)

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

Planned outputs for FY 2019/20 were: 100% civil works of Radiotherapy Bunkers and installation of the Linear Accelerator Machine completed; Auxiliary support building for the radiotherapy bunkers and nuclear medicine at 85% completion; Paediatric wing expanded;



payment for fencing the land for the Regional Cancer Centre in Mbarara completed; UCI UMEME meters separated from Mulago Hospital.

## Performance

The project-revised allocation for FY 2019/20 was Ug shs 9.81 billion. A total of Ug shs 7.91 billion (81%) of the revised budget was released and Ug shs 7.7 billion (98%) spent as at 31st December 2019. Expenditures were mainly on construction of the radiotherapy bunkers and the auxiliary building paid to Roko Construction Limited at Ug shs 7.2 billion (93.7%).

Other expenditures (2.4%) were share as follows;

- Ug shs 89million (1.16%) to Haute Group Ltd to procure roofing materials for administration offices.
- Ug shs 18 million (0.23%) to Henry &William Co. Ltd for painting works at STC ward.
- Ug shs 83 million (1.07%) to UMEME Limited to separate UCI meter from Mulago hospital.

Supporting documents for expenditures totalling to Ug shs 293 million, (3.78%) were however not provided to the monitoring team. These included<sup>14</sup>.

- Ug shs 83million (1.07%) to East Gate Uganda Ltd for repair and modification works for rainwater harvesting.
- A total of Ug shs 76 million (0.98%) to Bense General Supplies for supply and installation of electrical materials for the six floor building at UCI;
- Ug shs 74 million (0.96%) to Muhatu General Enterprises Ltd for construction repairs of water system,
- The UCI also mischarged Ug shs 60 million as emergency expenditures (0.77%) for unclear activities.

Overall, project performance was off target and behind schedule with average physical progress at 91%.

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

Physical progress of the bunker was at 95% completion. Works, final installation and testing of the Linear Accelerator Machine procured with support from ADB remained off target as at 31st December 2019. The machine delivered in June 2019 had still not been installed by 24th February 2020 due to lack of sufficient power supply.

<sup>14</sup> These activities could therefore not be verified by the monitoring team



The procurement of one transformer (1600kVA), two generators (500kVA) and the main power panel, Firefighting equipment, and other accessories was ongoing. The delay in completion, delivery and installation of equipment was due to late procurement.

Slow progress by Ms Roko resulted in a mechanism where UCI dealt directly with the subcontractors including payments upon approval by the main contractor to expedite the project completion. The key pending works on the bunkers included; network points, power sockets, AC and lights in the server room, Firefighting works (hose reels and fire hydrants), Completion of Heating, Ventilation, and Air Conditioning (HVAC) works, Installation of power sockets and furniture; delivery and installation of electrical equipment and final installation of the Linear Accelerator (LINAC) machine among others.

**Auxiliary support building for the radiotherapy bunkers and nuclear medicine completed up to 85%:** M/s Rock Construction Limited undertook works at the auxiliary buildings at a contract sum of Ug shs 14,151,128,028 on 20<sup>th</sup> December 2017 for period of six months. This project received extensions twice with the second ending in June 2020. The slow progress led to an additional amendment of the contract to allow completion of works by various subcontractors<sup>15</sup>. The terms of payment allow the UCI to pay directly to the subcontractor on advice of the main contractor.

Physical progress of the first phase of the auxiliary building was at 87%. Procurement for the consultant to design and prepare the BoQs for the second phase that will involve construction of additional eight floors had commenced. Key pending works in the first phase of the auxiliary building included: works in the treatment planning room including lights; plumbing first and second fixes, fixing of guardrails, final finishes including floor polishing, placement of tiles, installation of windows and doors, firefighting first and second fixes.



**Radiotherapy Bunkers at substantial completion at Uganda Cancer Institute, Mulago**

<sup>15</sup> Ms Gallop Africa Limited of Reed Complex for medical gas system, Ms Super Terrazo(U) Limited for terrazzo and suspended ceiling works, MS Reliable Engineering &Decor Ltd for structural steel works, MS Roko Carpentry and Joinery for timber works, Ms Appliance World Ltd for AC system, Ms BMP Engineering Services for plumbing works, Ms central Electrical International Ltd, among others whose contracts had not been finalized by 9th March 2020



**Paediatric wing expanded; payment for fencing land for Regional Cancer Centre in Mbarara completed; UCI UMEME meters separated from Mulago Hospital:** Renovation works for the OPD and other wards planned under the UCI project had not commenced due to delayed initiation of procurements.

### 3.5.3 ADB Support to UCI (Project 1345)

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

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

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

#### Performance

The project allocation for FY 2019/20 was Ug shs 59.277 billion, of which Ug shs 11.29 billion was released and Ug shs 10.78 billion spent. The loan disbursement rate as at 31<sup>st</sup> December 2019 was poor at 37 % (US\$ 11,712,101.1) compared to the anticipated 57%. The disbursement rate excludes the requests for direct payments to Ms Roko construction of US\$1,506,417, First Data Consultants of US\$29,317,60 and request for Special Account replenishment of US\$1,884,900. The GoU contribution however fairly performed at 57% disbursement rate. The low disbursement rate was attributed procurement delays and implementation of planned targets.

In relation to the GoU releases (Ug shs 1.37 billion), a total of Ug shs 859,377,878 was expended according to the IFMS and the UCI Q2 report. *The Project Account Analysis Report from IFMS however, revealed that only a total of Ug shs 805,003,947 million was expended translating into a variance of Ug shs 54,373,931 which could not be verified by the monitoring team. Attempts to obtain the details and supporting documents were futile.*

*Overall, expenditure performance of the GoU counterpart funding under ADB support to UCI project was inefficient with allowances crowding out development outputs. The distribution of the expended Ug shs 805 million was as follows;*

- *Ug shs 535million(67%) in allowances (Retainer allowances for ADB Project- Ug shs 471 million paid to approximately 30 main stream UCI staff, Retainer allowances for UCI Board members- Ug shs 30.4 million, Facilitation allowances -Ug shs 23.5 million Contracts committee allowances- Ug shs 9.2 million)*





- Ug shs 158 million to Block Technical Services for fencing the land of the UCI satellite site in Mbarara
- Ug shs 29 million to Ms UJP PRAHA A.S for procurement of accessories for Cobalt 60 machine.
- Ug shs 8.5 million to ECRI for procurement of the accessories for On-line Health Product Comparison system for Equipment Quality Assessment at the UCI.
- Ug shs 34 million on fuel, cash allocation on emergencies at Ug shs 5million, computer supplies at Ug shs 8 million, Ug shs 8 million for training fees and per diem for staff, Ug shs 9.7 million for general service and maintenance of ICT equipment among others.

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

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

The project is four months behind schedule with a physical progress of 24% against the planned 41%. This was partially due to limited mobilisation of staff, materials and equipment by the contractor. Revision of transportation guidelines of excavated materials by the National Environment Management Authority (NEMA) slowed down mass excavations.



**Ongoing works at the multipurpose and medical buildings under the ADB Project, UCI-Mulago**

**Equipping:** Average progress for delivery and installation of equipment was at 37%. Sage Wood Limited supplied and installed all the medical equipment including bio safety cabinets, refrigerators, among others for the satellite centres of Gulu and Mayuge<sup>16</sup>.

Ms Jos Hansen and SoehnGmBT delivered and installed medical equipment including theatre equipment including tables for Arua and Jinja sites. The Linear Accelerator (LINAC) machine was delivered and in store awaiting installation. The Magnetic Resonance Imaging (MRI) scanner was under procurement.

<sup>16</sup> Jinja RRH provided space to Mayunge Satellite Centre for installation of the equipment.





The contract for procurement of ICT equipment and telemedicine was at the Solicitor General for clearance, while the laboratory equipment was at re-evaluation stage as requested by the ADB upon review of first evaluation report.

**Training:** As at 31<sup>st</sup> December 2019, the project had 186 long term trainees (Masters, PhD, Fellowships) of which 103 had completed their training programmes in various disciplines. Eighteen fellows in Paediatric Haematology and Oncology, Adult Medical Oncology and Interventional Radiology. Twenty-five Masters Degrees in Medicine (Radiology, Surgery, Internal Medicine, Pathology, Anaesthesia and Paediatrics), one radio-pharmaceutics, among others.

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

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

- International conference to review the first draft guidelines for regional integration in higher education and labour mobility was held in Nairobi, Kenya on 13<sup>th</sup> and 14<sup>th</sup> December 2019. This was attended by cancer stakeholders in the six East African member states.
- Eight web-based meetings held with writers and steering committee to finalise the first draft guidelines for Regional Integration in higher education and labour mobility.
- Stakeholders meeting to share objectives of the ADB project held with members from the International Agency for Research on Cancer (IARC), African Cancer Registry Network (AFCRN).

**Component III:** It mainly involves project management and coordination. By 31<sup>st</sup> December 2019, the UCI had recruited and trained additional staff including the project Biomedical Engineer to support Engineering Department of the UCI in operations and maintenance of equipment such as MRI and LINAC. Additional information is in Table 3.6.

#### **3.5.4 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 Centres of Excellence through enhancing capacity to handle 34 complicated cancers using the state of the art medical equipment for diagnosis and treatment.



The planned outputs for FY 2019/20 were: Oxygen regulators for anaesthetic machine, bedside screens, glucometers, adjustable examination beds, digital clinical thermometer, ordinary microscopes, platelet agitator, microtome, medical equipment, mammography, Ambu bags, nebulizer, portable pulse oximeters, and wall mounted diagnostic sets, oxygen and suction machines procured. Others were bar code printers, and scanners procured, Local Area Network (LAN) and Private Automated Branch Exchange (PABX) to the fabricated building, six level building supplied.

### Performance

In FY2019/20, the project was allocated Ug shs 1.13 billion, of which Ug shs 0.87 billion (77.2%) was released and Ug shs 0.05 billion (6%) spent. Expenditures were mainly on procurement, delivery, installation, training and commissioning of bar code printers, scanners and printing papers by Clinic Master International Limited at Ug shs 48.3 million.

*Efforts to obtain supporting documents for the aforementioned procurement by the monitoring team were futile. The project also paid UCI staff for clearance of medical equipment Ug shs 3.2 million and Ug shs 0.850 million for procurement of furniture contrary to the PFMA (2015).*

The project did not achieve any of the planned outputs as at 31<sup>st</sup> December 2019. Majority of the planned outputs were still under procurement. The Solicitor General approved several contracts<sup>17</sup> for signature on 13th February 2020 in response to the request made on the 24th January 2020. The UCI did not complete the contract with Ms Featherz IT Solutions Limited for supply of LAN and PABX to the fabricated building, six level building.

### 3.5.5 Oncology Centre established in Northern (Project: 1527)

The project commenced in July 2019 and contributes to Competitive Health Care Centres of Excellence through enhancing capacity of regional centres to handle cancers. The project also aims at decongesting the Uganda Cancer Institute at Mulago. The GoU and Austrian government will jointly finance the project<sup>18</sup>. The MFPED included the project among the pipeline projects and allocated a code in the Public Investment Plan in FY2019/20. The loan discussions among the UCI, MoH, and MFPED from the Austrian government were ongoing.

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

<sup>17</sup> Ms Abacus Pharna Africa Ltd at a sum of Ug shs 221,570,000 for supply of assorted medical equipment. Ms Histo Clear Diagnostic Supplies Ltd for Microscopes, Platelet Agitators, and Manual Precision Microtome at a sum of Ug shs 150million. Ms Elsmed Health Care Solutions Limited at sum of Ug shs 1.2 billion for supply of Mammography machine with 3D Tom Synthesis and Stereotactic Biopsy.

<sup>18</sup> A meeting on the loan request was yet to be held by the Ugandan Cabinet after the pre-cabinet meeting between the UCI staff and MFPED on 12th March 2020.



## Performance

The project approved budget in FY2019/20 is Ug shs 0.2billion, of which Ug shs 0.10 billion (48.2%) was released and Ug shs 0.01 billion (6.1%) spent. Expenditure performance was poor and only related to monitoring, supervision and appraisal of capital works.

The project did not achieve the planned targets as at 31<sup>st</sup> December 2019. The UCI staff however visited the 4.3-acre site in Omoro District. Land title processing was ongoing with the deed plan expected in March 2020. The contract for fencing off site land was signed and works had just commenced in December 2019. Detailed financial and physical performance of the UCI is highlighted in Table 3.6.

## Programme Challenges

- Delays in procurement, installation and use of equipment across all development sub-programmes due to inadequate planning.
- Delayed implementation of civil works on all development sub-programmes. Works were slowly progressing and behind schedule at all sites. This was partially due to awarding of all civil works contracts to one contractor - Ms Roko Construction Company Limited who was reportedly constrained financially and technically.
- Inadequate staff at the radiotherapy unit coupled with low absorption of trainees and other staff that have attained additional qualification due to constrained human resource structure affected service delivery.
- Congestion characterised by OPD patients sleeping at UCI corridors due to lack of a patient's hostel. Some upcountry patients did not qualify for admissions yet require regular radiotherapy services.
- Inadequate funding to increase the mix of anticancer drugs and supportive medicines affected service delivery.
- Inequitable distribution of Cancer Regional Centres countrywide affected adequacy of cancer services at RRHs.
- Delayed finalisation of regulations for full operationalization of the Cancer Institute Act 2016.
- Lack of sustainability plan in relation to scholarships supported by both GoU and African Development bank.
- Mischarges and irregular payments to UCI staff off the development budget line contrary to the PFMA (2015).

Table 3.6: Performance of the Uganda Cancer Institute by 31<sup>st</sup> December 2019

Subprogrammes	Out put	Annual Budget ( Ug shs)-Mil	Cum. Receipt ( Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical Performance Score (%)	Remarks	
Medical Services (02)	Cancer Services	10,290	5,085	745,000	314,128	10.64	42% of the targets achieved. Frequent breakdown of equipment affected attainment of targets.	
	Cancer Outreach Service	325	157	123,232	109,665	0.40	On track	
	Cancer Research done	979	485	49	40	1.19	On track	
	Radiotherapy Services provided	582	337	48,833	22,599	0.56	Target not achieved	
Uganda Cancer Institute Project	Complete 100% civil works construction of the Radiotherapy Bunkers and installation of the LINAC machine	9,538	7,779	100	69	9.78	Works at the radiotherapy bunkers stagnated, LINAC machine not installed as planned.	
	OPD and other ward construction and rehabilitation	270	130	100	0	0.00	No progress. All outputs under procurements	
Institutional support to UCI Project	ICT and other machinery and specialized equipment procured	1,131	873	100	0	0.00	No progress. All outputs under procurements	
Oncology Centre established in northern Uganda	Land title for the Gulu Regional Oncology center processed and coordination activities under taken	200	96	100	20	0.10	Not achieved	
ADB Support to UCI	Multipurpose building and equipment completed	51,976	8,927	100	7.50	27.51	All planned works, equipment and disbursements behind schedule	
	Cancer Institute Support services	7,197	2,363	100	18.00	4.78	Activities were ongoing	
Programme Performance ( Outputs)							54.97	Fair performance

Source: Field findings, IFMS, UCI



## Conclusion

The UCI semi-annual performance was fair with 54% of the planned targets achieved. Medical and radiotherapy services were on track save for some imaging services due to lack and or faulty equipment such as mammography and brachytherapy machines. Implementation of all capital development projects was slow and works behind schedule. Inadequate planning characterised by procurement delays and mischarges affected performance of the UCI.

## Recommendations

- The Auditor General should undertake a comprehensive audit on the UCI operations regarding development and recurrent grants.
- The MFPED and Public Procurement Disposal of Public Assets (PPDA) should work out measures to apprehend entities that fail to undertake procurement and implementation of planned outputs in a timely manner.
- The consultant reviewing the staffing structure should expedite the process to allow MoPS undertake restructuring of the UCI for improved service delivery.
- The UCI should prioritise and provide a right mix of anticancer and supportive medicines within the existing budget.
- The MFPED should mobilise resources for development of regional centres in Mbarara, Mbale and Arua in bid to reduce congestion at the UCI. The MFPED, MoH and relevant stakeholders should expedite negotiations of the loan from Austrian government.
- The UCI should engage the Office of Attorney General on status of the regulations development to enable full implementation of the UCI Act 2016.
- The MFPED, Project Analysis and Public Investment Management (PAP) Department should strengthen its gate keeping and pay keen attention on sustainability of interventions upon project closure.

## 3.6 Uganda Heart Institute (Vote 115)

### Background

The Uganda Heart Institute (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 second National Development Plan (NDPII), UHI 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 diseases; increase institutional effectiveness and efficiency in delivery of services; provide quality, equitable and accessible cardiovascular services to both local and international clients; and regulate quality of cardiovascular care in Uganda.



The programme is comprised of five sub-programmes. These are: Management (Sub-programme 01); Medical Services (Sub-programme 02); Internal Audit (Sub-programme 03); (Uganda Heart Institute Project-1121 and Uganda Heart Institute Infrastructure Development Project 1526). Semi-annual monitoring FY 2019/20 focused on Sub-programme 02-Medical Services, Project 1121 and 1526.

## Performance

### 3.6.1 Heart Services (Programme 58)

The programme was allocated Ug shs 24.7billion, of which Ug shs 13.5billion (57%) was released and Ug shs 9.8billion spent (73%). Expenditures were on the following: human resource management services at 46%; heart care services at 24%; development projects at 17%, heart institute support services at 11%, and 2% on research and outreach services.

The programme registered poor performance, only 42% of the planned semi-annual targets were achieved. Open and closed heart operations were achieved at 56%, general outpatient attendances at 42%, heart research targets at 70%, while 80% of the planned out reaches were conducted. Targets under the development grants were not achieved. Detailed performance by sub-programme is highlighted as follows.

**Medical Services (Sub-programme 02):** The sub-programme was allocated Ug shs 20billion, of which Ug shs 10.1billion (51%) was released and Ug shs 8.1billion spent. Approximately 26% of the expenditures were on medical supplies, 25% on general staff salaries, 18% short term consultancy services, while the rest was e on utilities, water, cleaning and sanitation among others.

Under performance was recorded on heart operations with 255 out of 800 conducted however, the UHI achieved other medical outputs - 187 catheterization procedures, 10,434 outpatient attendances; 5,783 Echocardiography tests (ECHOs), 4,506 Electrocardiogram (ECGs) tests, 495 x-rays, 54,373 laboratory tests performed, 327 admissions among others. Seven research papers were published while other studies were ongoing under heart research services.

Under the heart outreach services, public awareness among other prevention activities was undertaken. Collaborations with private sector companies like Prudential Insurance to undertake a prevention campaigns were done. The UHI supported Uganda Heart Day initiatives, undertook six support supervision initiatives in Hoima, Arua, Fort Portal, Lira Kiwoko, and Moroto among other districts.

### 3.6.2 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, training and research. Planned outputs for FY 2019/20 were: Intensive Care Unit (ICU) at Ward 1C of Mulago Hospital Complex completed; furniture, machinery and specialized equipment procured.



The sub-programme was allocated Ug shs 3.5billion, of which Ug shs 2.4billion (68%) was released and Ug shs 1billion spent (42%) by 31<sup>st</sup> December 2019. Expenditures were on advance payment to M/s Roko Construction Limited for expansion of the ICU ward.

One out of three targets was achieved (Table 3.7). The anesthesia machine was supplied by Ms Crown Health Care Uganda at a sum of Ug shs 354 million. The machine was delivered on 14<sup>th</sup> October 2019 and was already in use in the main operating theater. Other equipment (One Gaz sterilizer, ICU, furniture, beds and mattresses and air conditioners for theatre and cath lab, surgical instruments) were under procurement.

A contract worth Ug shs 3.5billion was signed between UHI and Roko Construction Limited on 26<sup>th</sup> November 2019. By 31<sup>st</sup> December 2019, works had just commenced at less than 10% physical progress. The project had registered 20% physical progress by February 2020.

### 3.6.3: Uganda Heart Institute Infrastructure Development Project (Project 1526)

The project commenced in July 2019<sup>19</sup> and during FY 2019/20, it planned to undertake one output - Engineering design studies and plans for capital works of the upcoming UHI infrastructure completed.

The project was allocated Ug shs 150million, which was all released and 0% spent. By December 2019, works had not commenced. The UHI was skeptical about updating existing designs and plans without clear source of funding for the planned UHI infrastructure. Detailed performance is highlighted in table 3.7.

**Table 3.7: Performance of the Uganda Heart Institute by 31<sup>st</sup> December 2019**

Subprograms	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 (Closed-650 and Open Heart Surgeries-150);	6,146	35.11	800	255.00	35.11	Target not achieved
	Heart research done ( No. of proposals and Publications)	156	0.98	20	7.00	0.98	Studies were ongoing.
	Heart outreach services provided	208	1.45	13	7.00	1.45	Achieved
Uganda Heart Institute (Project 1121)	ICU at Ward 1C, Mulago complex completed.	3,500	4.52	4.52	0.10	4.52	Contract signed in November 2019
	Office and ICT Equipment procured	60	0.00	0.00	0.00	0.00	Under procurement
	Specialized equipment procured	940	0.11	0.11	0.00	0.11	Anesthesia machine procured, others were still under procurement.

<sup>19</sup> Project was allocated funds, however its proposal and implementation plan had not been approved by the Development Committee of MFPED.





Subprograms	Out put	Annual Budget ( Ug shs)- Mil	Cum. Receipt ( Ug shs)- Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
UHI Infrastructure Development (Project 1526)	Engineering Design Studies & Plans completed	150	0.00	0.00	0.00	0.00	Not achieved
Programme Performance ( Outputs)						42.1	Poor Performance

Source: Field findings

### Implementation challenges

- Limited working space and tools for specialized staff leading under employment.
- Break down of the second anesthesia machine affected timely heart operations.
- Increasing number of heart illnesses among the population amidst limited capacity of UHI to offer required services.

### Conclusion

The UHI achieved only 47% of its semi-annual planned targets. Development projects, open and closed heart operations were behind schedule, however targets in relation to outreaches and research were substantially achieved. The demand for heart services by both adults and children was enormous in relation to the capacity of UHI to provide necessary services in a timely manner due to space limitations in the ICU. The need to fast track implementation of the UHI infrastructure project together with complementary services is paramount.

### Recommendations

- The UHI, Mulago Hospital Complex with the consultant should ensure that the contractor completes Ward 1C rehabilitation works in stipulated timelines to enhance service delivery at the UHI.
- The UHI should prioritize procurement of key specialized working tools and motivation of staff to facilitate retention of critical cadres.
- The UHI should develop a prevention and clearly costed plan for prevention of heart services through its outreach programme.

## 3.7 National Medical Stores (Vote 116)

### Background

The National Medical Store (NMS) is mandated to effectively procure, warehouse, and distribute essential medicines and health supplies to all public health facilities in Uganda. The NMS contributes to the sector outcome of improved quality of life at all levels through implementation of one programme-Pharmaceutical and Medical Supplies (Programme 59).



Semi-annual monitoring focused on procurement, storage and distribution of Essential Medicines and Supplies at RRHs, NRHs and Specialised Institutions (UHI).

### 3.7.1 Pharmaceutical and Medical Supplies (Programme 59)

The programme main objective is to provide medicine and other pharmaceutical supplies to the Ugandan population. The programme was allocated Ug shs 396billion, of which Ug shs 265billion (67%) was released and Ug shs 259billion (98%) spent by 31<sup>st</sup> December 2019.

Approximately 39% expenditures were on procurement, storage and distribution of Essential Medicines in various health facilities; 33% procurement of ARVs, 5% immunization supplies, 4% reproductive health supplies and laboratory supplies respectively, 1% anti-malarial among others.

The overall performance of the NMS was poor, only 47% of the planned semi-annual targets were achieved. Performance at RRH level was mixed with some like Kiruddu Hospital receiving 80%, Kabale at 51%, Butabika at 50%, and others like Gulu received only 30% of the expected value of supplies by 31<sup>st</sup> December 2019. Low performance was recorded at Mulago National Referral Hospital at only 24%. Details in Table 3.8.

**Table: 3.8 Performance of NMS at National and Regional Referral Hospital by 31<sup>st</sup> December 2019**

Vote	Annual Budget	Cycle	Order value	Delivery value	% Budget performance
Mulago NRH	8,866,775,612	Cycle 1	1,759,862,098	1,539,688,237	24
		Cycle 2	863,950,852	275,126,222	
		Cycle 3	698,212,476	314,562,251	
			3,322,025,426	2,129,376,710.37	
Butabika NRH	2,000,041,614	Cycle 1	318,368,150	383,342,605	50
		Cycle 2	366,754,200	348,449,241	
		Cycle 3	334,708,750	268,224,704	
			1,019,831,100	1,000,016,550	
Uganda Heart Institute	2,181,400,000	Cycle 1	818,900,322	58,927,885	54
		Cycle 2	175,911,966	213,618,517	
		Cycle 3	109,645,350	462,400,000	
			1,104,457,638	1,174,210,402	
Arua RRH	1,230,000,000	Cycle 1	208,000,000	187,860,045	44
		Cycle 2	208,000,000	178,540,498	
		Cycle 3	208,000,000	169,387,501	
			624,000,000	535,788,044	
Soroti RRH	1,240,000,000	Cycle 1	208,462,144	176,459,371	45
		Cycle 2	208,462,144	182,064,534	
		Cycle 3	208,462,144	193,755,097	
			625,386,432	552,279,003	
Lira RRH	1,259,928,097	Cycle 1	236,710,500	175,512,499	30
		Cycle 2	209,174,050	198,909,168	
		Cycle 3	204,474,500	0.00	
			650,359,050	374,421,667	



Vote	Annual Budget	Cycle	Order value	Delivery value	% Budget performance
Naguru RRH	1,440,000,000	Cycle 1	176,203,900	181,022,835	30.2
		Cycle 2	262,915,350	255,007,220	
		Cycle 3	0	0	
			439,119,250	436,030,055	
Gulu RRH	1,250,772,864	Cycle 1	208,462,144	179,965,560	30
		Cycle 2	208,462,144	91,477,907	
		Cycle 3	208,462,144	101,420,044	
			625,386,432	372,863,511.07	
Kiruddu RRH	1,500,000,000	Cycle 1	731,302,620	806,654,417	80
		Cycle 2	550,131,928	239,293,289	
		Cycle 3	122,686,825	148,829,945	
			1,404,121,373	1,194,777,651	
Kabale RRH	1,250,772,864	Cycle 1	206,911,050	176,794,087	51
		Cycle 2	200,394,690	250,027,383	
		Cycle 3	192,555,070	214,931,685	
			599,860,810	641,753,155	
Hoima	1,250,772,864	Cycle 1	208,462,144	251,689,059	42
		Cycle 2	208,520,550	88,827,564	
		Cycle 3	208,520,550	188,808,322	
			625,503,244	529,324,945	
Masaka	1,345,177,806	Cycle 1	224,196,301	188,687,816	47
		Cycle 2	225,155,536	222,962,803	
		Cycle 3	238,903,900	214,849,199	
			688,255,737	626,499,818	
Mubende	829,655,256	Cycle 1	138,275,876	129,563,116	47
		Cycle 2	146,988,635	151,294,529	
		Cycle 3	133,969,982	116,646,776	
			419,234,49	397,504,421	
Mbarara	1,883,368,718	Cycle 1	318,243,298	441,891,051	38
		Cycle 2	159,121,649	126,854,896	
		Cycle 3	318,352,800	152,302,566	
			795,717,747	721,048,513	

Source: Approved Budget Estimates, NRH and RRHs Pharmacy Departments and Stores

## Implementation Challenges

- Delays in access of funds on the Integrated Financial Management Services (IFMS) by NMS led to enormous delays in delivery of medical supplies to beneficiary health facilities.
- Lack of prioritization for prevention supplies in the procurement plans of various health facilities.
- Inequitable distribution of budgetary allocations to RRHs and other health facilities due to lack of clear allocation formula in determining the budgets. For instance while Mubende RRH was allocated Ug shs 829million, the rest of the RRHs received above Ug shs 1.2billion.



- Inadequate budgets towards specialized commodities for both national and regional referral hospitals undermining their mandate to offer specialized health services.
- Long lead time between order and delivery of medical supplies. Mulago hospital made orders on 18<sup>th</sup> /7/2019 and received them on 1<sup>st</sup> /8/2019. Another order was made on 13<sup>th</sup> /8/2019 and received on 29<sup>th</sup> /8/2019. In addition there was a one month's delay in delivery schedules across the country.

## Conclusion

Overall physical and financial performance of the NMS was poor, and 47% of the semi-annual targets were achieved. An analysis at individual hospitals indicated budget underperformance with some like Mulago receiving supplies for only 24% of their annual budgets. Deliveries for some hospitals lagged behind their delivery schedules and this led to enormous stock outs of essential medicines at health facilities visited. Issues related to delayed access of funds from MFPED through the IFMS further affected deliveries.

## Recommendations

- The MFPED, NMS MoH and other stakeholders should work hand in hand to ensure that funds are accessed by NMS in a timely manner to avoid delays in the supply and distribution chain.
- The MoH, RRH and NMS should develop a clear allocation formula for medical supplies at National and RRHs taking into consideration population, disease burden and ability to provide specialized services.
- The MoH, health facilities and other stakeholders should prioritize prevention supplies in the annual national procurement plan submitted to NMS to enhance health promotion.

## 3.8 Uganda Blood Transfusion Services (UBTS)-Vote 151

### Background

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

### 3.8.1 Safe Blood Provision (Programme 53)

The programme outcome is provision of quality and accessible safe blood in Uganda. Its main objective is to make available safe and adequate quantities of blood to all health facilities for the management of patients who need transfusion services. It comprises four 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).



Semi-annual monitoring focused on performance of two sub-programmes: Regional Blood Banks (Sub-Programme 02), and Uganda Blood Transfusion Service (Project 0242). Blood Banks visited were Arua, Fort Portal, Gulu, Mbarara, Kitovu/Masaka, Mbale and Nakasero.

## Performance

During FY 2019/20, the programme allocation was Ug shs 17.9billion, of which Ug shs 9.61 billion (53%) was released and Ug shs 8.8billion (92.6%) spent as at 31st December 2019.

Expenditures were mainly on blood collection activities at 44%; administrative support services including salaries and travel inland (24%); laboratory services (10%); remodeling of the cold-room and stores, purchase of specialized machinery at 8% and equipment at 3.5% and cleaning and management of bio-medical waste.

The UBTS paid A&M Cleaning Services for Nakasero, Rodek Enterprises Limited at Fort Portal, Extreme Hygiene Solutions in Gulu, Brainstorm Ltd for Mbarara and Swift Waste Masters for collection, transportation and disposal of biomedical waste for all RBBs.

The overall performance of the UBTS was good, 86% of the semi-annual targets were achieved. The UBTS however maintained the annual blood collection target in FY2019/20 as that of FY2018/19.

Remodeling of the cold room at Nakasero Blood Bank was estimated at 60% physical progress. UBTS also procured medical and ICT equipment to facilitate enrolling of Gulu, Mbarara and Fort Portal Blood Banks onto the Blood Safety Information System (BSIS). Enrolled facilities like Masaka/Kitovu RBB improved management of emergency orders and blood utilization in their areas of jurisdiction. Detailed performance by sub-programme is highlighted below.

### 3.8.2 Regional Blood Banks (Sub-programme two)

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

The sub-programme was allocated Ug shs 11.39billion, of which Ug shs 5.79 billion (50.8%) was released and Ug shs 5.37 billion (92.9%) spent. The UBTS collected 152,757 units of blood (101%) by 31<sup>st</sup> December 2019.

The UBTS did not increase its annual blood collection targets contrary to their second core objective *"To increase annual blood collection necessary to meet the transfusion needs for all patients in the country"*. Although RRB targets per team were increased from 1,000 to 1,250 units per month, the overall UBTS target stagnated at 300,000 units of blood<sup>20</sup>. The UBTS attributed the stagnation to the 6% reduction in the overall budget affecting human resource and transport equipment<sup>21</sup>.

<sup>20</sup> Same target as that of FY 2018/19

<sup>21</sup> This reduction did not affect the collection of blood output budget, which remained Ug shs 7.6billion.



Nakasero RBB performed best among other RBBs at 116%, followed by Fort Portal at 115%, Mbale 102% and Masaka/Kitovu 99%. Arua RBB lagged behind in relation to other RBBs at 83%. Although, the UBTS achieved its semi-annual targets, blood orders received from health facilities amounted to 187,618 units, but only 66% was issued.

The UBTS attributed the low performance (66%) on the units of blood issued to the high demand for blood units and its products by health facilities. Detailed performance per RBB is indicated in table 3.9.

Good performance among the RBBs was attributed to availability of reagents and other supplies to facilitate screening of Transfusion Transmissible Infections (TTIs).

The UBTS had issued 123,008 units of blood by 31<sup>st</sup> December 2019. However, it was noted that in some cases, because of inadequate transport means, the blood, reagents and supplies to RBBs and health facilities were transported using public means. This affected timely deliveries and caused quality concerns among stakeholders.

The civil works for maintenance and upgrade of Mbarara RBB commenced upon signing of the contract on 25<sup>th</sup> November 2019 with M/s Thermocool Uganda Limited at a sum of Ug shs 256,053,841 which was all paid and guaranteed by EXIM bank. Physical performance was estimated at 10% and pending works included electrical works and supply of assorted cold chain equipment.

**Table 3.9: Performance of Regional Blood Banks by 31<sup>st</sup> December 2019**

REGION	Output part from the Regional Blood Banks						Service delivery part from various Health Facilities		
	Semi-Annual Target	Units collected	% collection against target	Units planned to be issued	Units issued	% Issued against target	Orders by health facilities to RRBs	Units Issued by RBBs to health facilities	% units issued against orders
KITOVU	12,000	11,875	99	10,800	10,450	97			
F/PORTAL	12,600	14,526	115	11,340	10,724	95	7,869	10,724	136
MBALE	18,600	19,053	102	16,740	18,569	111	30,676	18,569	61
ARUA	12,000	9,989	83	10,800	7,810	72	12,080	7,810	65
GULU	18,600	16,114	87	16,740	11,741	70	20,800	11,741	56
NAKASERO	51,600	59,825	116	46,440	50,248	108	93,234	60,698	65
MBARARA	24,600	21,375	87	22,140	13,466	61	22,989	13,466	59
Total (UBTS)	150,000	152,757	102	135,000	123,008	91	187,618	123,008	66

Source: UBTS

### 3.8.3 Uganda Blood Transfusion Service (Project 0242)

According to the Public Investment Plan (PIP) 2018/19 to 2021, the project commenced on 1<sup>st</sup> July 2015 and is expected to be completed by 30<sup>th</sup> June 2020. The project is expected to increase the capacity and storage of blood collection through construction of storage facilities and installation of ICT systems including Blood Safety Information System in all Regional Blood Banks.





Planned outputs during FY 2019/20 were: Cold-room and stores remodeled at Nakasero Blood Bank (UBTS headquarters); medical, ICT, and laboratory equipment procured.

The project was allocated Ug shs 1.87billion in FY2019/20, of which Ug shs 1.44 billion (77%) was released and Ug shs 1.36 billion (94.6%) spent by 31<sup>st</sup> December 2019.

Physical progress for civil works on the cold room and stores at Nakasero Blood Bank was at 60% against 69% time progress. The contractor (M/s Kiru General Services) was contracted to undertake works for a period of 18 months from 9<sup>th</sup> February 2019 at a sum of Ug shs 3.7billion. The MoH Engineering Department supervised the works. Super structure works, roof covering, electrical and mechanical (First fix), internal and external finishes were ongoing.

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

In relation to ICT equipment, Linux Infor Systems Limited supplied E-delphyn Zebra printers and desktop computers for Gulu, Mbarara and Fort Portal RBBs at a sum of Ug shs 198,463,904 by 31<sup>st</sup> December 2019. M/s Hemasoft Limited was awarded a contract worth Ug shs 123,776,640, of which Ug shs 71,532,096 was paid for upgrade and renewal of interface licenses for E-delphyn software used in the blood operations. Detailed performance of UBTS is indicated in Table 3.10.

**Table 3.10: Performance of the UBTS as at 31<sup>st</sup> December 2019**

Subprogramme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Safe blood provision	Units of Blood Collected	7,672	3,941	300,000	152,757	57.16	On track
	Blood operations monitored and evaluated	318	161	4.00	2	2.36	On track
	Laboratory services provided	2,365	1,169	100.00	37	13.31	On track
	Planning and Information Services provided	632	306	100.00	40	3.92	On track
	Quality Assurance services provided	445	226	100	35	2.31	Slow progress
Uganda Blood Transfusion Service	Cold-room and Stores remodeled	1,200	772	90	35	5.45	Behind schedule
	Medical Equipment procured	100	100	100	33	0.25	Slow progress.
	ICT equipment procured	270	270	100	95	1.93	On track
	Laboratory equipment procured (Laboratory cold room maintenance and upgrade at Mbarara RBB completed)	300	300	100	0	0.00	Slow progress
	Programme Performance (Outputs)						86.68

Source: Field Findings



## Implementation challenges by both UBTS and RBBs

- Inadequate transport equipment characterized with frequent break down and high maintenance costs. Use of public means like buses, taxis, and *boda-bodas* affected timely provision of blood and raised quality concerns among stakeholders.
- Mismatches between demand and supply of blood and blood products that led to loss of lives, confidence, and demotivation among the blood donors.
- Inadequate staffing at both UBTS headquarters and RBBs leading to reliance on volunteers affecting timely provision of services.
- Some RBBs lack key equipment like component centrifuge vital for preparation of platelets and cryoprecipitate, fresh frozen plasma which are very critical in saving lives.
- Laxity among the UBTS field staff to wear uniforms, and limited branding materials such as tear drops and pull up banners leading to limited visibility among the community members.
- Limited incentives (donor awards) to repeat donors. The offer of a pen and a certificate was becoming less attractive to loyal donors.

## Conclusion

The UBTS overall performance was good at 86%. Blood collections performed at 101% of the semi-annual targets, however 66% of blood orders for various health facilities were honored. Development projects performed fairly with civil works ongoing and procurements at various levels of completion. Limited access and use of blood and its products among transfusing facilities however still persist partly due to lack of dedicated transport means to collect and distribute blood.

## Recommendations

- The MFPED in collaboration with UBTS, and MoH should prioritize allocating funds for procurement of key equipment, ambulances and other specialized motor vehicles for collection and distribution of blood.
- Relatedly, the UBTS headquarters should in the short term either enhance quality assurance measures in transportation of blood products and supplies through hiring dedicated motor vehicles as it pursues procurement of own vehicles, OR sign a Memorandum of Understanding with National Medical Stores (NMS) to use its transport system for effective, efficient and timely in transportation of various products.
- The UBTS should step up supply of blood and blood products to meet the demand at the various health facilities while at the same time focusing on clinical interfaces with the blood transfusing health facilities to ensure effective blood utilization
- The MFPED<sup>22</sup>, UBTS, HSC, MoH, MoPS should fast track restructuring of UBTS, and recruitment of staff while instituting a mechanism to absorb the volunteers to ensure

<sup>22</sup> Provision of adequate wage bill



that the GoU investment in their mentoring is not lost.

- The UBTS should prioritize procurement and supply of key blood processing equipment to all the regional blood banks.
- The UBTS should procure branding items for the regional blood banks. In addition, the Principal Medical Officers at regional blood banks should ensure that the field staff wear uniforms to enhance visibility and professionalism.
- The UBTS should provide innovative donor awards especially to repeat donors such as medial recognition, T-shirts, jackets, badges, among others to avoid the monotony of certificates, and pens.

### 3.9 Mulago National Referral Hospital (MNRH) - Vote 161

#### Background

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

The hospital implements one programme-54 National Referral Hospital Services. Its objective is to provide super specialized health care services and ultimately achieve quality and accessible National Referral Hospital Services as the programme outcome. Detailed programme performance is highlighted below.

#### Performance

In FY 2019/20, the hospital was allocated Ug shs 71.6 billion, of which Ug shs 35.6 billion (49.8%) was released and Ug shs 30.4 billion (85.3%) spent as at 31<sup>st</sup> December 2019. Expenditures were mainly on general staff salaries and allowances (42.3%), gratuity and pension (11.86%), other structures at 5.4%, nonr-residential buildings at 4.2%.

The hospital's overall performance was poor at 38.9%. Specialized outpatients and diagnostic services including MRI, CT scans and laboratory investigations registered good performance however, inpatient services and in-referrals underperformed partly due to limited space and delayed completion of works at Lower Mulago.

Capital development projects poorly performed due to procurement delays. Procurement for works to construct the additional 100 units and internal medicine wards had not commenced. Minor renovation works in the laundry, kitchen and some wards at the hospital were undertaken.

#### 3.9.1 National Referral Hospital Services

Four sub-programmes were implemented under the National Referral Services. These are Management (Sub-programme 01); Medical Services (Sub-programme 02); one development Sub-programme-0392 Mulago Hospital Complex, and Internal Audit Department (Sub-programme 04). Semi-annual monitoring of FY 2019/20 focused on Sub-Programme 02 and the development Sub-programme-Project 0392.



## Medical Services (Sub-programme 02)

The sub-programme was allocated Ug shs 37.58 billion, of which Ug shs 18.40 billion (49%) was released and 85% spent. The average sub-programme performance was at 81% of semi-annual targets.

The specialized OPD attendances were achieved at 111%, diagnostic services including MRI, CT scans and laboratory investigations at 98%. The Burns Unit housed in Kiruddu Referral Hospital also contributed to the performance under the sub-programme providing services to the 66% of the burns patients who were mainly children.

### 3.9.2 Mulago Hospital Complex Programme (Project 0392)

The sub-programme is the development project aimed at equipping and upgrading infrastructure and establishment of accommodation facilities for the hospital.

Planned outputs for FY 2019/20 were: Additional 100 staff units constructed; demolition, remodelling, renovating and expanding infrastructure at the hospital done.

Of the allocated Ug shs 11.02 billion, Ug shs 5.21 billion (47.3%) was released and 59.6% spent. Expenditure relating to construction of staff houses and rehabilitation works was poor at 8%, while that for OPD and other ward construction and rehabilitation works progressed at 74%. Low absorption on the construction of staff houses was attributed to procurement delays. Procurement for works had not commenced as at 31<sup>st</sup> December 2019.

However, the contract to design, and supervise construction of additional 100 units of staff houses and internal medicine wards was signed on the 3<sup>rd</sup> December 2019 with M/s Sasa E. Consults Limited at a price of Ug shs 1,141,200,200 for a period of 60 calendar months (5 years). Reconnaissance, topography and geotechnical investigations surveys for the staff house had commenced. Advertising for construction works was expected in the third quarter.

Works in the laundry and kitchen in various wards and theatres, extension of water network to staff houses were substantially completed. Detailed performance is indicated in table 3.11.

**Table 3.11: Performance of the Mulago Hospital Complex by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
02 Medical Services	Specialized out-patient services provided	416	187	760,000	380,739	0.89	On track
	Inpatient services provided (Including Referrals in)	35,392	17,431	1,100,000	194,099	27.00	Slow progress
	Diagnostic services provided	142	72	2,065,000	1,039,991	0.30	On track



Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
0392 Mula-go Hospital Complex	Additional 100 unit staff houses constructed	6,500	1,825	100	5	2.46	Slow progress
	OPD and other ward construction and rehabilitation	4,520	3,388	100	65	8.34	On track
Programme Performance (Outputs)						38.99	Poor performance

Source: Field Findings

### Implementation challenges

- Poor planning and budgeting demonstrated by allocation of funds for the Burns and Orthopedic Units under research grants. The allocation did not support any research activities as indicated in the hospital's budget documents.
- Insufficient budget to procure specialized commodities affected the hospital's mandate to offer super specialized services. Lack of histopathology and laboratory commodities affected performance of the hospital under the diagnostics and laboratory investigations.
- Nonfunctional referral system characterized by self-referrals to the super specialized hospital. This was attributed to limited medical supplies and human resource at lower health facilities.
- Procurement delays characterized by late initiation of processes affected performance of the hospital.

### Conclusion

The overall performance of Mulago Hospital Complex was poor at 38.99%. This was attributed partly due to limited working space, inadequate laboratory reagents and medical supplies, delayed completion of Lower Mulago, and procurement delays under the construction of additional 100 staff houses and internal medicine wards.

### Recommendations

- The MFPED health sector desk officer should guide Mulago in proper planning, prioritization and budgeting to enhance budget transparency and accountability.
- The MoH and Mulago Hospital should prioritize funding within budget for the super specialized medicines for improved service delivery.
- The MoH should expedite all efforts to revamp and strengthen the referral system by fully functionalizing lower health facilities.
- The Mulago Executive Director should apprehend the Procurement Disposal Unit and other user departments that fail to initiate procurement in a timely manner.



## 3.10 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 55- and four sub-programmes. These are: Management (Sub-Programme One); Internal Audit (Sub-Programme two); Butabika Remodeling Project (0911); and Institutional Support to Butabika Hospital (1474). Semi-annual monitoring focused on Sub-Programme One-Management Project (0911), and 1474

#### 3.10.1 Provision of Specialized Mental Health Services Blood Provision (Programme 55)

The vote was allocated Ug shs 21.5 billion, of which Ug shs 10.5 billion (49%) was released and Ug shs 5.9 billion (56%) spent by 31<sup>st</sup> December 2019. Expenditures were on: General staff salaries 44%; patient food 13%; maintenance works at 7%, machinery and equipment 3.4% among others. Detailed performance by programme is highlighted below.

**Management (Sub-Programme 01):** Planned outputs were: mental health inpatient, specialized outpatient, PHC and community mental health services provided (Table 3.12).

### Performance

During FY 2019/20, the sub-programme was allocated Ug shs 13.2 billion, of which Ug shs 6.5 billion (49%) was released and Ug shs 5.7 billion (88%) spent.

The hospital performed fairly at 50%, one out of three planned targets under medical services were achieved. Community mental health services and technical supervision were achieved at 87%, while inpatients and outpatient and PHC services were achieved at 52% and 46% respectively. A total of 2,361 male and 1,577 female patients were admitted to receive mental health services. The hospital undertook 54% of the laboratory investigations, 4% X-rays and 34% Ultra Sound.

Specialized outpatient and PHC Services were achieved at 50%, a total of 21,876 general outpatients from various departments, dental, orthopedic, family planning, HIV/AIDS, TB, STD, Eye Clinic, Trauma Unit among others accessed mental health services.

In the Child Mental Health Clinic, a total of 2,106 male and 1,577 female patients received mental services (75% of the planned attendances). In the Alcohol and Drug Clinic, 448 male and 45 female were treated (60% of the planned attendances).

Community mental health services and technical support supervision were undertaken at Hoima, Gulu, Jinja, Fort Portal, Soroti, Mbale and Kabale. The hospital resettled 140 patients within Kampala/Wakiso and 341 patients up country (54%). Detailed performance of the sub-programme are highlighted in Table 3.12.





### 3.10.2 Butabika Remodelling 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 hospital planned to undertake three outputs, namely: Completion of six units staff houses whose construction started in FY2018/19; Perimeter wall phase one completed; Expansion of the female admission ward comprising of two dormitories, one intensive care ward and an isolation ward.

The project was allocated Ug shs 4.3billion, of which Ug shs 3.5billion (82%) was released and only Ug shs 9million (0%) spent by 31<sup>st</sup> December 2019. The contract to undertake works at the female ward was signed between the hospital and M/S Musuuza Building Contractors on 2<sup>nd</sup> December 2019 at a sum of Ug shs 997,863,694. Works commenced on 19<sup>th</sup> December 2019, and are expected to be completed on 19<sup>th</sup> December 2020 (12 months). The contractor was onsite and mobilizing material and more human resource.

Phase one of the perimeter phase was cleared by the Solicitor General on 11<sup>th</sup> December 2019 and the contract was signed on 12<sup>th</sup> December 2019. The works on the staff house were completed, however it was not occupied by end of December 2019.

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

In FY 2019/20, the project was allocated Ug shs 4billion, of which Ug shs 508million was released (13%) and only Ug shs 197million (39%) spent by 31<sup>st</sup> December 2019. Expenditures were on procurement of beds. A total of 153 beds were delivered by 31<sup>st</sup> December 2019, while the 27 were delivered in January 2020. The MRI machine was under procurement. Detailed performance is highlighted in table 3.12.

**Table 3.12: Performance of Butabika National Referral Hospital by 31<sup>st</sup> December 2019**

Project-Sub programme	Output	Annual Budget ( Ug shs)-Mil	Cum. Receipt ( Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Management	Mental Health inpatient Services provided	2,890	1,181	40,150	20,728	38.75	Achieved
	Specialized Outpatient and PHC Services provided	108	56	94,321	43,296	1.29	Not achieved
	Community Mental Health Services provided	144	72	3,519	3,045	1.94	Achieved



Project-Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Institutional Support to Butabika Hospital	Magnetic Resonance Imaging (MRI) machine procured	4,008	508	1.00	0.02	8.48	Under procurement
	Beds procured	108	108	180	0.00	0.00	Under procurement
Butabika and health center remodeling/construction.	Completion of 6 Units staff houses	200	200	1.00	0.00	0.00	Not occupied as planned
	Perimeter wall phase one completed	2,700	1,945	1.00	0.00	0.00	Under procurement
	Expansion of the female admission ward	1,370	1,370	1.00	0.00	0.00	Not achieved
Programme Performance ( Outputs)						50.45	Fair performance

Source: Findings

### 3.11 Referral Hospitals (Vote 163-180)

#### Background

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

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

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

The semi-annual monitoring focused on assessment of four sub-programmes in 15 out of the 17 Regional Referral Hospitals. These were; Referral Hospital Services (Sub-programme one); Regional Maintenance (Sub-programme three<sup>23</sup>); Rehabilitation of Regional Referral Hospitals (Project 1004); and Institutional Support to Regional Referral Hospitals (Retooling projects)

All hospital Rehabilitation Projects (Project 1004) commenced in July 2015 and are expected to be completed in June 2020. They all contribute to the programme outcome through construction and rehabilitation of the health infrastructure. Institutional Support Projects (Retooling) commenced in July 2017 and expected to end in June 2020. The main objective

23 Gulu RRH was considered because it did not implement the retooling project



of retooling projects is to improve hospital support services for improved health service delivery.

## Performance

In FY 2019/20, RRHs were allocated a total of Ug shs 171.7billion, of which Ug shs 94billion (54%) was released and Ug shs 73.4billion (43%) spent. Very good performers in terms of resource absorption were Masaka RRH where 93% of released funds spent, 85% Gulu; Kiruddu and Kawempe RRH at 82% respectively; average performers included Entebbe at 60% and Lira hospital at 67%.

Overall performance of the regional referral services was fair averaging at 69% achievement of the semi-annual targets. The good performance was attributed to: absence of capital development projects that required major capital procurements, early initiation of procurements, and the converse for fair and poor performers.

Examples of good performers were: Kabale at 96%, Masaka at 86%, Hoima at 84%, Mubende at 88%, Kiruddu at 83%, Entebbe at 92%. The poor performers on the other hand were: Mbale at 34%, Soroti at 38%, Fort portal at 44%, and Naguru at 53%.

In general, RRHs such as Kiruddu and Entebbe Hospitals (new votes) that implemented one sub-programme performed better than the old votes partly because they did not implement capital development projects which required fairly large procurements. Detailed performance is highlighted below.

### 3.11.1 Vote 163: Arua Regional Referral Hospital

#### Background

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

Semi-annual monitoring focused on three sub-programmes: Arua Referral Hospital Services, Project 1004 and 1469. Planned outputs for FY 2019/20 highlighted in table 3.13.

#### Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.2billion, of which Ug shs 4.7billion (52%) was released and Ug shs 3.8billion (81%) spent. The hospital achieved 77% of the planned outputs with one out of two development outputs satisfactorily achieved at 100%. Three outputs under medical services achieved above 60%. Detailed performance by sub-programme is as follows:

**Arua Referral Hospital Services (Sub-programme one):** A total of Ug shs 8.1billion was allocated to the sub-programme, Ug shs 4.1billion (50%) was released and Ug shs 3.8billion (81%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on general staff salaries and



gratuity at (68%), the rest on hospital operation costs.

The sub-programme recorded very good performance with diagnostics investigations achieving 84% of the planned targets, Immunisation at 70%, prevention and rehabilitation services at 64%. Inpatient attendances at 50% and 45% outpatient attendances. There was a decline in the number of general outpatients due to the rehabilitation of the OPD. The hospital supported nearby lower facilities to attend to outpatients with minor illnesses, this enabled the hospital to concentrate on specialised cases.

**Arua Rehabilitation Referral Hospital (Project 1004):** The project was allocated Ug shs 1billion, of which Ug shs 613million (58%) was released and Ug shs 414million (68%) spent by 31<sup>st</sup> December 2019. The hospital prioritised all the allocation towards one development output - completion of the staff house.

M/s WAP Engineering Limited undertook works at a cost of Ug shs 8.503billion, project implementation was done in four phases, and works were expected to be completed in a period of three years ending May 2021. M/s Quantum Associated Engineers was supervising works at a cost of Ug shs 850million (10% of the total works contract sum). Second phase of construction had progressed to 30%; however, major works were behind schedule. The contractor and consultant had not returned from the Christmas break by 20<sup>th</sup> January 2020. There were no materials onsite.

**Institutional Support to Arua Regional Referral Hospital (Project 1469):** The project's annual approved budget for FY 2019/20 was Ug shs 200million, 100% of the funds were released and spent by 31<sup>st</sup> December 2019. Expenditures were mainly on procurement of a generator from Honda Uganda at a sum of Ug shs 198.9million. The supplier delivered and installed the generator in December 2019. Table 3.13 illustrates detailed physical and financial performance of Arua RRH by 31<sup>st</sup> December 2019.

**Table 3.13: Performance of Arua Regional Referral Hospital Services Programme as at 31<sup>st</sup> December 2019**

Sub-pro-grammes	Output	Annual Budget ( Ug shs)-Mil	Cum. Re-ceipt ( Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical perfor-mance Score (%)	Remarks
Project 1004: Arua RRH	Slab for floor 1, 2, 3 & 4 for the storeyed staff house cast by end of the FY.	860	413	100%	30%	32.94	Works were behind schedule
Project 1469: Institutional Support to Arua RRH	Specialised Ma-chinery & Equip-ment procured	200	200	100%	100%	12.26	A generator was procured and in use.



Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	329	165	30,500	15,369	20.18	On track
	Outpatient services provided	149	76	160,000	71,312	7.89	45% of targets were achieved
	Diagnostic services provided	34	17	76,000	64,098	2.08	No X-ray examinations done.
	Prevention and rehabilitation services.	31	16	62,534	39,949	1.92	Targets achieved
	Immunisation	28	14	40,000	27,820	1.72	Targets achieved
Programme Performance (Outputs)		1,631	901	-	-	77.27	Good performance

Source: Field Findings

### 3.11.2 Vote: 164- Fort Portal Regional Referral Hospital

#### Background

The hospital implements five 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); two development sub-programmes, namely: Rehabilitation of Fort Portal 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 sub-programmes. Planned outputs for FY 2019/20 are highlighted in table 3.14.

#### Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.935 billion, of which Ug shs 5.103 billion (51.4%) was released and Ug shs 3.97 billion (78%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on wage (61%) and non-wage grant at (39%). All projects under the development sub-programmes were still under procurement, therefore the hospital did not spend any funds.

The hospital achieved 44% of the semi-annual targets. This was mainly due to delayed initiation of procurements under the development component, breakdown of imaging equipment such as X-rays and limited supply of laboratory reagents. Medical services under Inpatient, outpatient services and immunization services however, performed fairly well. Detailed performance by sub-programme is highlighted below.

**Fort-Portal Referral Hospital Services (Sub-Programme one):** The annual allocation for FY 2019/20 to the sub-programme was Ug shs 10.09 billion, of which Ug shs 5.25 billion



(52%) was released and 78% spent by 31<sup>st</sup> December 2019.

The hospital achieved 80.4% of set outputs. Inpatient, outpatient and immunization services achieved by over 100%. The hospital received more referrals from lower facilities compared to last FY 2018/19 due to the availability of essential medicines and supplies, presence of medical officers and improved service delivery.

Prevention and rehabilitative services registered good performance achieving 83% of the half-year targets. Frequent breakdown of the X-ray machine and lack of reagents for laboratory examinations contributed to fair performance of diagnostic services (52%).

**Fort-Portal Rehabilitation Referral Hospital (Project 1004):** The annual allocation for the sub-programme for FY 2019/20 was Ug shs 790 million, Ug shs 206 million (26%) was released and 0% spent by 31<sup>st</sup> December 2019. The hospital did not achieve the planned construction of the perimeter wall fence and payment of retention for the completed 16-unit staff hostel as anticipated.

Works for the perimeter wall were under procurement, while the retention period for the staff houses had not expired. Inadequate capacity in the hospital Procurement and Disposal Unit (PDU) affected timely initiation and undertaking of procurement processes.

**Institutional Support to Fort-Portal Regional Referral Hospital (Project1470):** The approved budget was Ug shs 270 million, all of which was released and 0% spent by 31<sup>st</sup> December 2019. The hospital did not achieve planned procurements including medical equipment, patient mattresses, ultrasound machine, and two dental chairs by 31<sup>st</sup> December 2019. Summarized performance of Fort Portal Referral Hospital is highlighted in table 3.14.



**Table 3.14: Performance of Fort Portal Regional Referral Hospital Services Programme as at 31<sup>st</sup> December 2019**

Sub-programmes	Out put	Annual Budget ( Ug shs)-Mil	Cum. Receipt ( Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Fort portal Regional Referral Hospital Services	Inpatient services provided	360.82	180.41	30,000	16,255	16.886	Target achieved
	Outpatient services provided	243.7	121.337	250,000	131,923	11.405	Target achieved
	Diagnostics services provided	229	114.5	318,000	82,845	5.584	Target missed
	Prevention and rehabilitation services	177.6	88.8	13,000	5,419	6.929	Target missed
	Immunization	65.706	32.848	32,000	22,724	3.075	Target achieved
Rehabilitation of the regional Referral hospitals	Solar lights procured and installed, Phase one of perimeter wall fence constructed	540	125	2	0.00	0.000	Term of office for the contracts committee expired and delays in development of BoQs affected progress.
	Retention for the sixteen unit Staff quarters paid	250	81	1.00	0.00	0.000	Planned in fourth quarter
Institutional Support to Fort Portal RRH	Medical equipment procured including patient mattresses, ultrasound machine, and two dental chairs	270	270	3.00	0.00	0.000	Under procurement
Total		2,136.826	1,013.89			43.879	Half year target not achieved

Source: Field findings and IFMS

### 3.11.3 Vote165: Gulu Regional Referral Hospital

#### Background

The hospital implements five sub-programmes. These are: Gulu Referral Hospital Services (Sub-programme one); Gulu Referral Hospital Internal Audit (Sub-programme 2); Gulu Regional Maintenance (Sub-programme three); Gulu Rehabilitation Referral Hospital (Project 1004); and Institutional Support to Gulu Regional Referral Hospital (Project 1468).

In FY 2019/20, semi-annual monitoring focused on Gulu Referral Hospital Services (Sub-programme one), Gulu Regional Maintenance (Sub-programme three) and Project 1004. There was no budgetary allocation for Project 1468. Planned outputs for FY 2019/20 are highlighted in table 3.15.





## Performance

The hospital was allocated Ug shs 9.4billion, of which Ug shs 4.5 billion (48%) was released and Ug 3.8billion (84%) spent by 31<sup>st</sup> December 2019. Overall, the hospital's performance was fair at 53%. Preventive and rehabilitation services achieved 64% of planned semi-annual targets under antenatal services, 62% immunisation conducted and 110% family planning contacts. Detailed performance by sub-programme is as follows.

**Gulu Referral Hospital Services:** The sub-programme was allocated Ug shs 8.2billion, of which Ug shs 4.2billion (52%) was released and Ug 3.6 billion (85%) spent by 31<sup>st</sup> December 2019. Inpatient services were achieved at 45%; 331% major operations were conducted; outpatient services at 34%; specialized outpatients at 45%, and diagnostic investigations at 44%. Approximately 63% of X-rays were carried out. The hospital registered fair performance registered under preventive and rehabilitation services with 64% of planned antenatal services offered, 62% immunisation conducted, and 110% family planning contacts.

**Gulu Rehabilitation Referral Hospital (Project 1004):** The project's annual allocation for FY 2019/20 was Ug shs 1.488billion, Ug shs 582million was released (39%) and Ug shs 543million (93%) spent by 31<sup>st</sup> December 2019. Expenditures were on construction of the 54unit staff house (73%), OPD rehabilitation, and installation of solar lights at 14%.

The hospital achieved one out of the three planned outputs; this was installation of solar lights, while the rest was ongoing.

M/S Block Technical Services continued to undertake works at the 54-unit staff house. However, works were behind schedule and cumulative physical progress stagnated at 51% since FY 2018/19. The contract for the supervising consultant expired. It was not renewed, the Gulu district engineer thereafter supervised the project works.



**Status of Gulu staff house under construction**

Works at the Pediatric Ward were ongoing. These were undertaken by M/s MKTE Technical Services at a sum of Ug shs 98million. Scope of works included ceiling, floor, drainage, painting, splash apron, door replacements, electrical and mechanical among others. Physical Progress was estimated at 55%. Works on other structures had not commenced

**Gulu Regional Maintenance (Sub-Programme 03):** The project was allocated Ug shs 167million, of which was Ug shs 582million was released (39%) and Ug shs 543million (93%) spent by 31<sup>st</sup> December 2019. *Although the sub-programme is expected to ensure that the equipment in Acholi Sub-region is maintained, the hospital did not illustrate clear planned outputs to be undertaken under the sub-programme. An interaction with the Maintenance Engineer at the hospital indicated that the department received Ug shs 5million per quarter to undertake its operations; this was very inadequate to undertake maintenance services for*



big hospital equipment. The department composed of 10 people, seven of which access their salaries from the government payroll, while the rest were contract staff.

**Table 3.15: Performance of Gulu Regional Referral Hospital as at 31st December 2019**

Sub-programmes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Gulu Rehabilitation Referral Hospital	54 staff units constructed and site meetings held	1,048	395	100%	0%	0.00	Works were ongoing at a very slow pace
	OPD rehabilitated	100	100	100%	30%	0.88	Works were ongoing at 55%
	Machinery and equipment procured	90	90	100%	85%	0.00	Substantially achieved
	Other structures rehabilitated	250	-	100%	0%	0.00	Works had not commenced
Gulu Regional Maintenance (Sub-Programme 03)	Functional equipment in the catchment area	167	84	100%	15%	0.00	Not achieved
Medical Services	Inpatient services provided	1,467	659	28,981	23,245	43.21	Targets achieved
	Outpatient services provided	230	115	293,524	99,228	4.60	Not achieved
	Diagnostic services provided	42	21	135,542	59,841	1.09	Not achieved
	Prevention and rehabilitation services provided	35	17	62,534	41,283	1.03	Achieved
Programme Performance (Outputs)		3,396	1,398			50.81	Fair Performance

Source: Field Findings

### 3.11.4 Vote: 166: Hoima Regional Referral Hospital

#### Background

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

The semi-annual monitoring focused on Hoima Referral Hospital Services (Sub-programme one), and the two development sub-programmes. Planned outputs for FY 2019/20 are highlighted in table 3.16.



## Performance

The programme was allocated Ug shs 9.185 billion, of which Ug shs 4.595 billion (50%) was released and Ug shs 3.628 billion (78%) spent. The overall semi-annual physical performance was good at 84%. The hospital achieved most of its outputs under sub-programme one except outpatient, prevention and rehabilitation services which performed fairly. Performance of the development sub-programmes was good at 72%.

**Hoima Referral Hospital Services (Sub-Programme one):** The sub-programme annual allocation for FY 2019/20 was Ug shs 8.43 billion, of which Ug shs 4.28 billion was released and 83.6% spent. The hospital achieved targets under inpatient services, diagnostics and immunization services by 100%.

The targets of outpatient services and prevention and rehabilitation services on the other hand performed fairly at 60% and 72% respectively. Frequent stock out of medicines and medical supplies in the OPD affected performance of the hospital. Improved functionality of the lower level health facilities enhanced access to preventive and family planning supplies by mothers.

**Hoima Rehabilitation Referral Hospital Project 1004):** The project's annual allocation for FY 2019/20 was Ug shs 660 million, of which Ug shs 278 million was released and Ug shs 94.78 million spent by 31st December 2019. The hospital's planned outputs were on track (See 3.16) with oxygen piped to the neonatal unit, paediatric unit, accident and emergency unit and, the high dependence unit in the theatre. The oxygen in paediatric unit later disconnected due to leakages in the valves.

Construction of the water system was 80% complete with most of the piping and water pump works complete. The installation of the solar system on selected wards was completed. However, the staff noted that the system did not have a provision for charging their phones. The hospital did not undertake proper testing of solar installations.



**L-R: Piped oxygen in neonatal unit; operating table in the obstetric theatre; and water piping works at Hoima RRH**

**Institutional Support to Hoima Regional Referral (Project 1480):** The project's total allocation for FY 2019/20 was Ug shs 100 million, of which Ug shs 92 million was released and 16% spent by 31st December 2019. The expenditures were mainly on assorted medical equipment including CCTV monitors and camera, and some electrical supplies. The hospital procured an operating table for the obstetric theatre but they had not yet paid for it by 31st December 2019. The supplier had installed the operating table; however, it was not



yet in use by January 2020. Detailed performance is highlighted in table 3.16.

**Table 3.16: Performance of Hoima Regional Referral Hospital Services Programme by 31<sup>st</sup> December 2019**

Sub Pro-gram	Output	Annual Budget (million Ug shs)	Cum. Receipt ( million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Hoima RRH Ser- vices	Inpatient services provided	341.156	170.850	30,000	13,508	21.20	Target not achieved
	Outpatient Services	304.156	146.782	244,800	89,451	19.06	Target not achieved
	Diagnostics Services	18.600	9,312	134,000	70,874	13.94	Target not achieved
	Prevention and reha- bilitation services	139.300	69.754	21,000	7,601	1.16	Target not achieved
	Immunization	46	23.029	32,000	17,866	2.86	Target achieved
Rehabil- itation of the Regional Referral hospitals	Repair of toilets at the Gynecology and maternity ward, ad- ditional renovation works at the gyne- cology theatre	50	43	1.00	1.00	1.2	Completed last FY but payments done 2019/20.
	Construction of the water piping system; solar installations of the gynecology , pediatric, surgical private wing and postal natal ward; installation of oxygen piping in selected critical areas	610	235	3.00	2.70	37.91	Sub- stantially achieved
Institu- tional Support to Hoima RRH	Procurement of ma- chinery and equip- ment	100	92	1.00	0.15	1.03	On track
	Total	1,609.2	789.729			82.71	Good per- formance

Source: Field findings and IFMS

### 3.11.5 Vote 167: Jinja Regional Referral Hospital

#### Background

The hospital implements five sub-programmes, namely: Jinja Referral Hospital Services; Jinja Referral Hospital Internal Audit; Jinja Regional Maintenance Jinja Rehabilitation Referral Hospital (Project 1004); and Institutional Support to Jinja Regional Referral Hospital (Project 1481).

Semi-annual monitoring focused on Jinja Referral Hospital Services (Sub-programme one), Project 1004 and 1481. Planned outputs for FY 2019/20 are heightened in table 3.17.



## Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 12.2billion, of which Ug shs 6.7billion (53%) was released and Ug shs 5.7billion (88%) spent. The hospital spent 71% on general staff salaries, pension for general civil service and gratuity expenses and 12% on development outputs.

Overall, the hospital's performance was fair with 68% of the planned targets achieved. Works at the staff house were ongoing and achieved 35%. The hospital procured and installed cameras in the laboratory under project 1481, achieved 51% inpatients, and 50% of outpatient attendances respectively by 31<sup>st</sup> December 2019. Detailed performance by sub-programme as follows:

**Jinja Referral Hospital Services (Sub-programme one):** The sub-programme was allocated Ug shs 11.1billion, of which Ug shs 5.6billion (51%) was released and Ug shs 4.77 billion (84%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on inpatient services<sup>24</sup> at 85%, and only 4% on hospital operations with utilities taking 55%.

Physical performance score was very good at 91%. The hospital achieved inpatient services at 51%, outpatient services at 50% and diagnostic services at 53%.<sup>25</sup> The improved structure and human resource at the hospital contributed to achievement of targets under medical services. Prevention and rehabilitation service targets including antenatal attendances, immunisation of and family planning outputs were not clearly stated.

### Jinja Rehabilitation Referral Hospital (Project 1004):

The project's allocation for FY 2019/20 was Ug shs 1.8billion, of which Ug shs 904million was released and Ug shs 677.6million spent by 31<sup>st</sup> December 2019. Approximately 95% of the expenditures were on construction of the 16staff quarters and 5% on monitoring and supervision of the project.



Staff house under construction at Jinja RRH, in December 2019

The hospital did not complete the second floor slab casting and brick as planned. Works were awarded to M/S MUGA Services Limited at a contract sum of Ug shs 3.205billion VAT inclusive.

M/s Quantum Associated Engineers was contracted to monitor and supervise works at Ug shs 208million. Works commenced on 4th April 2019 and expected to end on 14th October

<sup>24</sup> Approximately 96% of the expenditures were made on general staff salaries and gratuity.

<sup>25</sup> There was no explicit budgetary allocation to diagnostic services. It is important to note that diagnostics are key in alignment of the regional referral system.





2021. Civil works were ongoing and estimated at 35%, the hospital was satisfied with the quality of works by the contractor.

**Institutional Support to Jinja Regional Referral Hospital (Project 1469):** The project allocation was Ug shs 88million, 100% was released and 0% spent by 31<sup>st</sup> December 2019. All the planned activities were in advanced procurement stages, except installation of cameras in the main laboratory, which were already in use. Detailed performance of all sub-programmes monitored is highlighted in table 3.17.

**Table 3.17: Performance of Jinja RRH by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Jinja RRH	Completion of casting the slab of second floor and starting on the brick works of the same floor.	1,100	818	100%	30%	12.27	Ongoing and on track and supervised by Quantum Associated Engineers
Project 1481: Institutional Support to Jinja RRH	Solar security lights for the Children's ward at Nalufenya and cameras procured	38	38	100%	50%	0.53	Solar lights were under procurement while the hospital procured and installed the camera.
	Dental chair procured	50	50	100%	10%	0.14	Under procurement with contract signed in December 2019
Jinja Referral Hospital Services	Inpatient services provided	1,752	991	50,000	25,903	44.37	51% targets achieved
	Outpatient services provided	448	253	269,000	134,211	10.98	53% of the specialised outpatient attendances and 46% of general outpatients achieved
	Diagnostic services provided	-	-	160,000	84,240	0.00	Frequent breakdown of the X-ray machine (2005model installed in 2007) led to frequent referrals
	Prevention and rehabilitation services provided	224	110	38,230	-	0.00	Achievements could not be verified
	Immunisation services provided	0.842	0.458	12,300	-	0.00	Achievements could not be verified
Programme Performance (Outputs)		3,614	2,261	-	-	68.29	Good performance

Source: Field Findings



### 3.11.6 Vote 168: Kabale Regional Referral Hospital

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

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

#### Performance

The annual approved budget for the programme was Ug shs 8.58 billion, of which Ug shs 4.56 billion (53.2%) was released and 79.8% spent. The hospital registered very good performance at 96% of the semi-annual targets. Construction of the intern's hostel, the major capital development project was behind schedule by 2.7%, while the hospital achieved all medical services. Detailed performance by sub-programme was as follows:

**Kabale Referral Hospital Services (Sub-Programme one):** The sub-programme allocation was Ug shs 6.81 billion, of which Ug shs 3.44 billion was released (50.6%) and Ug shs 3.09 billion (89.8%) spent. The sub-programme registered very good performance in achievement of medical services with immunization, inpatient, outpatient and diagnostics services achieving over 100% of their semi-annual targets. Prevention and rehabilitation services performance was good at 86%.

**Kabale Rehabilitation Referral Hospital (Project 1004):** The project was allocated Ug shs 1.34 billion, of which Ug shs 986.2 million (66.3%) was released and Ug shs 435.489 million spent (44%). Expenditure was mainly on construction of the interns hostel, supervision of civil works, completion of the attendant shed and washing area, remodelling and renovation of medical records building as well as fencing the Adolescent Clinic.

The sub-programme achieved 60% of the planned targets. The construction of the intern's hostel was behind schedule by 2.7%, while the rest of the planned outputs were near complete expect renovation of the surgical which was at 40%. This was mainly because works at the surgical ward were halted to enable the hospital undertake a surgical camp in September 2019.





**L-R: Interns hostel under construction; ongoing block work on third floor of the intern's hostel, and procured incubator in use at Kabale RRH**

The hospital received a donated incinerator from World Health Organisation (WHO) through BAYLOR Uganda and therefore did not undertake procurement of an incinerator as earlier planned. The hospital re-allocated funds towards the kitchen and laundry works.

**Institutional Support to Kabale Regional Referral Hospital (Project 1473):** The sub-programme allocation for FY 2019/20 was Ug shs 151million, 100% released and only Ug shs 23.16million spent on procurement of two incubators by 31<sup>st</sup> December 2019. The incubators were installed and in use in use by January 2020.

Procurement delays exacerbated by transfer of the procurement officer by the Accountant General without an immediate replacement contributed to low absorption of allocated funds. The hospital had not procured the rest of the equipment by 31<sup>st</sup> December 2019.



**Table 3.18: Performance of Kabale Regional Referral Hospital as at 31<sup>st</sup> December 2019**

Output	Annual Budget (Millions Ug shs)	Cum. Receipt (Millions Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Inpatient services provided	6,155.3	3,085.67	14,950	55,729	77.94	Performed above target attributed to the Voucher System Project and the orthopaedic camp held in the district.
Outpatient services provided	131	62,875	101,530	103,486	1.66	
Diagnostics services provided	66.75	30.5	109,230	50,128	0.85	Breakdown in the CBC machine affected target.
Prevention and rehabilitation services provided	46,036	23,018	11,230	4,831	0.50	Target not achieved
Immunization services provided	10,495	5,247	19,000	13,188	0.13	Mass-Rubella Campaign led to achievement of target.
Monitoring and supervision of capital development projects undertaken	100	100	1.00	1.00	1.27	Fencon Consulting Engineers continued to supervise the works.
Nurses hostel constructed	900	498.2	0.75	0.54	11.40	Cumulative completion rate is 54.3% against the plan of 57%.
Incinerator constructed and installed	120	120	1.00	0.00	0.00	WHO donated an incinerator to the hospital. Funds re-prioritized
Surgical ward renovated	46	46	1.00	0.00	0.23	Works were ongoing
Adolescent Clinic fenced; Attendant shelter and wash area completed; medical records building renovated	171	71	3.00	2.97	2.17	All works substantially completed
Assorted medical equipment procured	41	41	1.00	0.00	0.00	Under procurement
Specialised machinery and equipment	110	110	1.00	0.21	0.29	
Programme Performance (Outputs)					96.43	Very good output performance

Source: Field Findings, IFMS



### 3.11.7: Vote: 169- Masaka Regional Referral Hospital

#### Background

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 of Regional Referral Project (1004).

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

#### Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.184billion, of which Ug shs 4.565billion (49.7%) was released and Ug shs 4.535billion (99%) spent by 31<sup>st</sup> December 2019. Overall, physical performance of the hospital was good at 86%. The hospital met targets for outpatient, immunization and prevention and rehabilitation services. The construction of the maternity and children's ward was four years behind schedule. Detailed performance of sub-programmes is highlighted below.

**Masaka Referral Hospital Services (Sub-Programme one):** The sub-programme was allocated Ug shs 7.43billion, of which Ug shs 3.85billion (51%) was released and Ug shs 3.53(91%) billion spent by 31<sup>st</sup> December 2019. The overall performance of the sub-programme was good, 82% with outpatient services, prevention services and immunization services achieving their half-year targets.

The outpatient services had good performance at 77%, while the diagnostic services performed poorly at 36.5%. The inadequate supply of the laboratory reagents, breakdown of the cell blood count machine, and closure of the X-ray Unit due to radiation leakages in quarter one FY 2019/20 contributed enormously to the poor performance of diagnostic services.

**Masaka Rehabilitation Referral (Project 1004):** In FY 2019/20, the sub-programme was allocated Ug shs 2.06billion, of which Ug shs 1.02 billion was released and Ug shs 990.89 million spent by 31<sup>st</sup> December 2019. The hospital planned to complete the maternity and children ward complex, procure and install solar inverter power back up system with automatic changing system, and procure and install the incinerator. The overall performance of the sub-programme was 66.8% of the set targets.

Construction of the maternity ward was 87% complete and was four years behind schedule. The complex was supervised by M/s Joadah Consult, it was roofed, terrazzo works and plumbing first fix works were ongoing on the first floor; inside plastering and carpentry works were ongoing, while brick works were 90% complete.

The contractor M/s Tirupati Development (U) Limited submitted a variation request of Ug shs 2.5billion resulting from price changes which was not approved by the client by 31<sup>st</sup> December 2019. Low deployment by the contractor on the site further slowed down progress of works.



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

The hospital deferred procurement and installation of the incinerator after the Centre for Disease Control (CDC) donated one through the Rakai Health Services Program. The hospital therefore planned to re-prioritise the funds to fencing, construction of walkway to the incinerator and procurement of medical equipment.

**Table 3.19: Performance of Masaka Regional Referral Hospital by 31<sup>st</sup> December 2019**

Sub Programme	Output	Annual Budget (Million Ug shs)	Cum. Receipt (Million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Masaka Regional Referral Hospital Services	Inpatient services procured	1,436.88	731.8	140,000	65,951	37.10	Target not achieved
	Outpatient services procured	199.5	92.010	216,760	112,362	3.98	Target achieved
	Diagnostics services provided	109	54.45	424,260	77,311	1.03	Target not achieved
	Prevention and rehabilitation services	49.872	22.600	22,543	11,361	1.29	Target achieved
	Immunization	19.380	8,345	40,100	28,300	0.50	Target achieved
Rehabilitation of the regional Referral hospitals	Maternity and Children's Complex supervised	30	30	100%	100%	0.52	Done by Joadah Consult Limited
	Maternity and Children's Complex completed	1,570	930.4	100%	0.87	40.54	87% of the works complete
	Incinerator procured and installed	400	-	1	0	0.00	Received a donation from CDC and funds re-prioritized.
	Inverters for power back up procured and installed	58	58	100%	100%	1.50	Achieved
	Total	3,872.656	1,927.608	0	0	86.46	Good performance

Source: Field findings and IFMS

### 3.11.8: Vote 170 - Mbale Regional Referral Hospital

#### Background

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

The semi-annual monitoring focused on Mbale Referral Hospital Services (Sub-programme one), Project 1004 and 1478. Planned outputs for FY 2019/20 is highlighted in table 3.20.



## Performance

The Regional Referral Hospital Services programme was allocated Ug shs 14.5billion, of which Ug shs 7.7billion (53%) was released and Ug shs 5.5billion (71%) spent by 31st December 2019. The performance of the hospital was poor at 34% of the planned semi-annual outputs. Works on the Surgical Complex had stagnated at 18% since FY 2017/18. Detailed performance highlighted in the following sub-programmes.

### Mbale Referral Hospital Services (Sub-programme one)

The Sub-programme was allocated Ug shs 11.4billion, of which Ug shs 6billion was released and Ug shs 5billion spent by 31<sup>st</sup> December 2019. Approximately 4% of the expenditures were on inpatient services and operations; 1.3% on diagnostic services, 1% on outpatient and prevention and rehabilitation services respectively. The hospital achieved two targets under sub-programme - diagnostic and immunisation services at 53% and 65% respectively.

**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. During FY 2019/20, the hospital prioritized completion of the second floor suspended slab, flame for columns and casting third floor slab.

The project was allocated Ug shs 2billion for FY 2019/20, which was all released and non-spent by 31st December 2019. The project performance was poor with completion works on the Surgical Complex stagnating at 18.6%. The hospital terminated the contract with M/s Global Networks (first contractor) based on unsatisfactory works and abandonment of site for close to two years. The contractor was paid 36% of the contract sum. The new contract was under procurement by 3<sup>rd</sup> February 2020.

**Institutional Support to Mbale Regional Referral Hospital (Project 1478):** The project was allocated Ug shs 1.06billion, 100% was released and Ug shs 261million spent by 31st December 2019. The expenditures were on completion of stores and registry. Works on other planned outputs (*table 3.20*) had not commenced by February 2020. The stores and registry were completed and rolled over from FY 2018/29. The store was already in use.



**Completed drug store at Mbale RRH**

Replacement of asbestos sheets on 20 units of staff quarters had not commenced with scope of works revised to 11 staff houses due to budget limitations. The hospital handed over site to M/s Bilime Construction Limited in January 2020. The works contract sum was Ug shs 309million, physical and financial progress were at 0%.



**Table 3.20: Performance of Mbale Regional Referral Hospital as at 31<sup>st</sup> December 2019**

Sub-Programme	Output	Annual Budget ( Ug shs)-Mil	Cum. Receipt ( Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Rehabilitation of Mbale RRH (Project 1004)	2nd floor suspended slab done.	2,000	650	100%	0%	0.00	New contract under procurement
	Flame for columns done. Casting for third floor slab done						
Institutional Support to Mbale RRH (Project 1473)	Asbestos sheets replaced on 20 Units of staff quarters.	200	200	100%	0%	0.00	Not achieved
	Stores and registry completed and equipped	550	550	100%	95%	12.31	Achieved
	Equipment procured	308	308	100%	0%	0.00	Under procurement
Mbale Referral Hospital Services	Diagnostic services provided	159	79	164,400	86,904	3.76	Ultra sound scans achieved at 21% and X-rays at 23%.
	Inpatient services provided	475	237	68,000	30,227	9.97	Target not achieved, 44% inpatients attendances recorded.
	Outpatient services provided	369	175	110,000	46,963	7.84	General outpatient attendances at 44% and specialised at 36%.
	Prevention and rehabilitation services provided	62	36	70,000	7,901	0.28	Antenatal services at 15%; Children immunised at 31%; Family planning at 22%; ANC services at 5%.
Childhood Vaccinations given		119	79	33,220	21,498	2.75	Achieved.
Programme Performance ( Outputs)		4,244	2,316			34.16	Poor performance

Source: Field Findings





### 3.11.9: Vote 171: Soroti Regional Referral Hospital

#### Background

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

Semi-annual monitoring focused on Sub-programme one, Project 1004 and 1471. Planned outputs for FY 2019/20, are highlighted in table 3.21.

#### Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 8.4billion, of which Ug shs 4.1billion (49%) was released and Ug shs 2.9billion (72%) spent by 31<sup>st</sup> December 2019. Overall, the hospital's performance was poor at 38%. All the development projects were still under procurement. These were assorted medical equipment, rehabilitation of the interns mess and medical wards. The three outputs accounted for 86% of the development budget. The hospital did not achieve most of the targets under medical services as planned. Detailed performance by sub-programme is as follows:

**Soroti Regional Referral Hospital Services:** The sub-programme was allocated Ug shs 7.9billion, of which Ug shs 3.8billion (48%) was released and Ug shs 3billion (79%) spent by 31<sup>st</sup> December 2019. The hospital registered poor performance on most of the medical services, specialised outpatient attendances were achieved at 28%, 37% of laboratory investigations, 6% X-rays, and only 27% Ultra Sound Scans were conducted. The X-ray machine broke down in November and was not repaired by 13<sup>th</sup> February 2020.

The hospital recorded fair performance under prevention and rehabilitation outputs at 68%, five radio talk shows about immunisation, family planning and general disease prevention were conducted.

**Soroti Rehabilitation of Regional Referral Hospital (Project 1004):** The project allocation for FY 2019/20 was Ug shs 708million, of which Ug shs 297million was released and only Ug shs 76million (26%) spent by 31<sup>st</sup> December 2019. All the planned outputs were still under procurement expect plumbing works for the main operating theatre and various wards, which were completed (*See table 3.21*).

**Institutional Support to Soroti Regional Referral Hospital (Project 1471):** The hospital was allocated a total of Ug shs 430million, of which Ug shs 238million was released and only Ug shs 18million (7%) spent by 31<sup>st</sup> December 2019. Most of the planned outputs were under procurement (*table 3.21*). The hospital had procured only one item (laboratory backup system), which was delivered by and in use by 31<sup>st</sup> December 2019.





**Table 3.21: Performance of Soroti Regional Referral Hospital as at 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget ( Ug shs)-Mil	Cum. Receipt (Mil- Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004 Soroti Rehabilitation Referral Hospital	Interns Mess renovated	400	168	100%	0%	0.00	Under procurement
	Medical Ward, main operating theatre, psychiatry and private wing rehabilitated	308	129	100%	30%	12.27	Plumbing works for the private wing, medical ward and psychiatry completed. Other works had not commenced
Institutional Support to Soroti Regional Referral Hospital (Project 1471)	Office and residential furniture and fittings procured	130	54	100%	0%	0.00	Under procurement
	Office equipment procured	30	18	100%	61%	1.66	The laboratory back up system was procured and in use, while the heavy-duty photocopier was under procurement.
	Assorted medical equipment procured <sup>1</sup>	270	165	100%	0%	0.00	Under procurement
Medical Services	Inpatient services provided	243	137	32,000	14,384	10.83	45% inpatients attendances achieved
	Outpatient services provided	166	87	110,000	34,425	5.50	Only 28% of specialised outpatients attendances were registered
	Diagnostic services provided	166	86	199,000	70,920	6.32	Not achieved
	Prevention and rehabilitation services provided	41	20	30,000	10,315	1.64	68% of ANC and family planning targets were achieved
Performance ( Outputs)	Childhood Vaccinations given	43	20	10,000	4,542	2.32	45% of the planned targets were achieved
		1,797	885	-	-	38.23	Poor performance

Source: Field Findings



### 3.11.10: Vote 172: Lira Regional Referral Hospital

#### Background

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

Semi-annual monitoring focused on Lira RRH Services Sub-programme and the two development projects (1004 and 1477). Planned outputs for FY 2019/20 are highlighted in table 3.22.

#### Performance

Regional Referral Hospital Services Programme was allocated Ug shs 9.5billion, of which Ug shs 4.9billion (52%) was released and Ug shs 3.9billion (80%) spent by 31<sup>st</sup> December 2019. The hospital achieved 67% of the planned semi-annual outputs (fair performance). The hospital achieved three out of six development outputs. Mattresses and all medical equipment were procured as planned; however, construction of the staff house, which carried a bulk of the funds (over a billion) was behind schedule.

The hospital registered good performance in terms of medical services, two outputs were achieved beyond target (diagnostic investigations and outpatients attendances), while the rest were fairly achieved. Detailed performance by sub-programme is as follows.

**Lira Referral Hospital Services:** The sub-programme was allocated Ug shs 8billion, of which Ug shs 4.1billion was released and Ug shs 3.5billion spent by 31<sup>st</sup> December 2019. The hospital achieved the following under the sub-programme. Diagnostic services at 77%, Inpatient attendances at 31%, outpatient attendances at 59%, prevention and rehabilitation services at 27% and immunisation services 26%. Availability of laboratory reagents and functional equipment contributed to good performance of diagnostic investigations under medical services. A number of patients continued to seek services from the general outpatient department due to lack of specialists in the specialised clinics of the hospital.

**Lira Rehabilitation Referral Hospital Project (1004):** The project was allocated Ug shs 1.48billion, of which Ug shs 832million was released and Ug shs 434million spent by 31<sup>st</sup> December 2019. The hospital planned two development outputs and were all behind schedule. These were:

**Internal, mechanical, electrical, and external works completed for the staff houses under construction:** M/S Block Technical Services undertook works at a cost of Ug shs 2,740,800,855 for a period of 18months ending January 2020. Cumulatively, the contractor achieved 70% of the planned works and was behind schedule.<sup>26</sup> The contractor achieved 30% in the first half of FY 2019/20. Pending works included:: roofing, internal and external finishes windows and doors, mechanical and electrical works among others.

<sup>26</sup> This is inclusive of 40% achievement of FY 2018/19



**Perimeter wall constructed (Phase I):** M/s Omegan Jap Enterprises undertook works at a sum of Ug shs 346,652,872 and supervised by zambe Company Uganda Limited at Ug shs 37.9million. The two contracts were signed on 26<sup>th</sup> November 2019 and implementation to be undertaken within 12 months (end by 20<sup>th</sup> March 2020). The scope included demolitions, site clearance, erecting poles, installation of razor wire and construction of concrete boundary wall. Physical progress estimated at 30%. The contractor was paid 30% of the contract sum, while the consultant was paid 40% upon submission of the BoQs, architectural drawings, and technical specifications.

**Institutional Support to Lira Regional Referral Hospital (Project 1477):** The annual project allocation was Ug shs 138million, 100% was released and spent by 31<sup>st</sup> December 2019. The hospital achieved all the planned outputs by 100%. These included: A 75 vertical autoclave and seven sets of solar lights procured from M/s St Jude Electrical and Medical Equipment at 24.7million and 70million respectively. The equipment was delivered, installed and in use.

The hospital procured 100 mattresses covered by mackintosh from M/s Hadaway Holdings Limited at Ug shs 15million. These were delivered and in use. M/s Oyam Construction and Trading Co. Limited at a sum of Ug shs 23.1million supplied water-harvesting equipment including a water pump, two plastic tanks, gutters and diverted drainage channels and water lines along the JICA OPD project in September 2019. Detailed performance highlighted in table 3.22.

**Table 3.22: Performance of Lira Regional Referral Hospital by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Lira RRH	Staff houses completed. (Internal finishes; Mechanical and Electrical and external works)	900	341	100%	30%	30.25	Works were ongoing but behind schedule
	Monitoring and Supervision done	90	80	100%	20%	0.86	Ongoing
	Perimeter wall constructed	360	272	100%	30%	6.07	Ongoing but behind schedule
Project 1477: Institutional Support to Lira RRH	Specialised machinery and equipment procured	100	100	100%	100%	4.25	Achieved
	Mattresses procured	15	15	100%	100%	0.64	Achieved
	Medical equipment procured	23	23	100%	100%	0.98	Achieved
Medical Services	Inpatient services provided	579	289	38	11,760	15.14	Not achieved
	Outpatient services provided	79	40	216,328	127,175	3.36	58% of the target was achieved
	Diagnostic services provided	71	35	154,582	118,814	3.02	Achieved



Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
	Prevention and rehabilitation services provided	100	51	14,561	3,944	2.26	Not achieved
	Immunisation services provided	35	16	43,283	11,435	0.83	Not achieved
Programme Performance (Outputs)		2,352	1,264	-	-	66.82	Fair performance

Source: Field Findings

### 3.11.11: Vote: 173- Mbarara Regional Referral Hospital

#### Background

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

Semi-annual monitoring focused on Mbarara Referral Hospital Services (Sub-programme one), and the two development sub-programmes. Planned outputs for FY 2019/20 highlighted in table 3.23.

#### Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 11.89 billion, of which Ug shs 6.59 billion (55%) was released and Ug shs 5.12 billion (77.7%) spent. The hospital registered good performance (78%). All medical services surpassed set targets achieving over 100% of the semi-annual targets except for outpatient services. Mbarara Rehabilitation Project (1004) registered fair performance at 66.7%, while Institutional Support to Mbarara achieved 100% of their planned targets. Detailed performance by sub-programme is as follows:

**Mbarara Referral Hospital Services (Sub-Programme one):** The sub-programme was allocated Ug shs 10.14 billion, of which Ug shs 5.63(55.5%) billion was released and Ug shs 4.62 (82%) spent by 31<sup>st</sup> December 2019. The hospital surpassed most of its output targets regarding medical services except outpatient services, which also registered a very good performance at 92%. Renovation works in the department and the Christmas break affected the outpatient services. Many patients preferred to seek services after the break in January 2020. Availability of critical and committed staff including Mbarara University lecturers and consultants contributed to the very good performance of medical outputs at the hospital.

The change in policy, which required mothers to make eight ANC visits instead of four and closure of the voucher system in lower health facilities where most mothers accessed services contributed to the increased number of hospital deliveries and increased number



of children immunised. Family planning contacts also increased due campaigns to involve male partners in child spacing. Prevention and rehabilitative services therefore achieved 194% of the planned targets.

**Rehabilitation of Mbarara Referral Hospital (Project 1004):** The project was allocated Ug shs 1.28billion, of which Ug shs 0.74billion (57%) was released and Ug shs 0.36billion (48%) spent by 31<sup>st</sup> December 2019. The sub-programme performance was fair at 66.7% with two of the three targets achieved. The key planned output - phase one of staff quarters constructed had not started. The hospital awaited clearance of consultant's contract by the Solicitor General to develop BoQs for the construction works.

The construction of the perimeter wall was 75% complete, outstanding works included installing the CCTV cameras, solar panels, construction of the gates, and final finishes.

Rehabilitation of the medical ward was about 50% complete with the male side nearly complete; terrazzo and plumbing works were ongoing on the female side. Renovation of the OPD was substantially complete at 90% with final finishes (90%) ongoing.



**L-R: Perimeter wall under construction; Terrazzo works in the medical ward; and OPD substantially completed at Mbarara RRH**

**Institutional Support to Mbarara Regional Referral Hospital (Project 1479):** The project's allocation for FY 2019/20 was Ug shs 400million, of which Ug shs 190 million was released and Ug shs 110 million spent by 31<sup>st</sup> December 2019. The hospital planned to procure assorted medical equipment including equipment for high dependence units, ventilators, laundry and sterilization equipment.

The hospital procured equipment worth Ug shs 113.5million and this included central monitoring system, temperature probe, patient monitors, lector cardiogram, trolley, bacterial filters, electric ICU bed warmer machines, and central venous catheters kit, films and contrast for the CT scan among others. CT scan was scared, hospital also paid for furniture procured in FY 2016/17. Detailed performance is highlighted in table 3.23.

**Table 3.23: Performance of Mbarara Regional Referral Hospital as at 31<sup>st</sup> December 2019**

Sub Programme	Output	Annual Budget ( millions Ug shs)	Cum. Receipt ( million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Mbarara Regional Referral Hospital Services	Inpatient services provided	360.820	180.41	30,000	17,901	13.10	Surpassed Target
	Outpatient services provided	243.700	121.337	172,580	80,070	8.24	Target missed
	Diagnostics Services provided	229	114.5	106,500	96,986	8.31	Target missed
	Prevention and rehabilitation services	177.6	88.8	5,400	10,514	6.45	Surpassed Target
	Immunization services provided	65,706	32,848	15,500	14,242	2.39	Surpassed Target
Rehabilitation of the regional Referral hospitals	Perimeter wall phase II completed	300	210	100	75	10.89	Works ongoing
	Medical ward and other wards renovated	378	283.5	100	90	13.72	Works ongoing
	Four storied 56 unit staff house constructed	600	242.4	100	0	0.00	Under procurement
Institutional Support to Mbarara RRH	Medical equipment procured	400	190	100	59	14.52	On track
	Total	2,754.826	1,463.795			77.62	Good Performance

Source: Field findings and IFMS

### 3.11.12: Vote: 174-Mubende Regional Referral Hospital

#### Background

The hospital implements five sub-programmes, namely: Mubende Referral Hospital Services (Sub-programme one); Mubende Referral Hospital Internal Audit (Sub-programme two); Mubende Regional Maintenance (Sub-programme three); and two development sub-programmes. These were Mubende Rehabilitation Referral Hospital (Project 1004), and Institutional Support to Mubende Regional Referral Hospital (Project1469).

Semi-annual monitoring focused on Mubende Referral Hospital Services (Sub-programme one) and the two development sub-programmes. Planned outputs for FY 2019/20 are highlighted in table 3.24.

#### Performance

The hospital was allocated Ug shs 8.269billion, of which Ug shs 4.847billion was released and Ug shs 3.856billion (53%) spent by 31<sup>st</sup> December 2019. Expenditure included payment for construction of the Paediatric and Surgical ward, supply and installation of solar security





lights, construction of covered walkways and supervision of the construction works among others.

The hospital registered good performance at 88.6% with medical services achieved at 89%. Most outputs surpassed their semi-annual targets. Detailed performance by sub-programme is highlighted in table 3.24.

**Mubende Referral Hospital Services (Sub-programme One):** The allocation for the sub-programme in FY 2019/20 was Ug shs 7.12 billion, of which Ug shs 3.78 billion (53%) was released and Ug shs 2.89 billion (76.46%) spent by 31<sup>st</sup> December 2019. The performance of the sub-programme was good at 89% with inpatients, outpatients, prevention, rehabilitation and immunization achieving their semi-annual targets. Diagnostics services achieved 43% of the semi-annual targets and this was due to break down of the ultra sound scan, faulty x-ray and laboratory renovations.

**Mubende Rehabilitation Referral Hospital (Project 1004):** the project annual allocation for FY 2019/20, was Ug shs 890 million, 100% was released and spent. Expenditures were mainly on works on the Surgical and Paediatric Complex, solar security lighting and construction of the covered walkways. The sub-programme achieved 80% of the set targets.

Construction of the covered walkways was completed. The Surgical and Paediatric Complex was behind schedule mainly due to low cash flows from the hospital to the contractor. The project had faced several extensions since commencement on 1st July 2014. It was initially expected to be completed in 18 months, however, this was not achieved and further extended to 23<sup>rd</sup> February 2021. Issues related to design changes were noted with the latest proposed change to extend the ramp to the fourth floor causing a variation of at Ug shs 283,493,800.



**Pathology and paediatric complex under construction, solar security lights and submersible borehole procured and installed at Mubende RRH**

**Institutional Support to Mubende Regional Referral Hospital (Project 1482):** Planned outputs for FY 2019/20 were solar security light installed, and a solar system constructed.

The project was allocated Ug shs 173.498 million, of which Ug shs 95.3 million was released and Ug shs 47.3 million spent. Expenditures were mainly on supply and installation of solar security lights within the hospital.

The sub-programme performance was very good, with 88.5% of the set targets achieved. M/s Sseka Group of Companies undertook supply and installation of solar security lights within the hospital. Summarised performance in table 3.24.



**Table 3.24: Performance of Mubende Regional Referral Hospital by 31<sup>st</sup> December 2019**

Sub Program	Output	Annual Budget (million Ug shs)	Cum. Receipt ( million Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Mubende Regional Referral Hospital Services	Inpatient Services provided	587.111	305.920	16,000	10,426	29.84	Surpassed target due to high turn up of patients
	Outpatient services provided	103.180	52.719	105,000	57,735	5.24	
	Diagnostics services provided	55.294	28.252	80,000	17,657	1.21	Target not achieved
	Prevention and rehabilitation services	150.112	76.699	3,900	57.41	7.63	Target not achieved
	Immunization services provided	46.044	22.382	35,000	16,962	2.33	Target not achieved
Rehabilitation of the RRH	Surgical/Paediatric Complex and walk ways completed	890	890	100%	80%	36.18	On track
Institutional Support to Mubende Hospital	Solar power installed, and production well drilled and installed with solar power	136	95.309	100%	62%	6.11	Works on track
	Total	1,967.74	1,471.28	0.00	0.00	88.55	Good performance

Source: Field findings and IFMS

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

#### Background

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

Semi-annual monitoring focused on Naguru Referral Hospital Services (Sub-programme one), Project 1004 and 1475. Planned outputs for FY 2019/20 are highlighted in table 3.25.

#### Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 9.4billion, of which Ug shs 5.2billion (55%) was released and Ug shs 3.8billion (74%) spent by 31<sup>st</sup> December 2019. The hospital registered fair performance with 53% of the semi-annual set targets achieved.

Under medical services, the hospital achieved four out of five medical services at 100%



and 0% of the development targets. Delayed initiation of the procurement process led to poor performance of the development sub-programmes. The procurement process was ongoing by 20<sup>th</sup> December 2019. Detailed performance by sub-programme was as follows:

**Naguru Referral Hospital Services (Sub-programme one):** The approved budget for the sub-programme was Ug shs 8.4billion, of which Ug shs 4.2billion was released, and Ug shs 3.6billion (95%) spent. Expenditures were mainly on Human Resource Management Services (82%); followed by payment of electricity arrears at 3% and 1% inpatient services.

Prevention and rehabilitation services were achieved at 66%; Inpatient services at 64%; 470% for diagnostic investigations; 175% for immunisation and outpatient attendances at 42%. The reduced turnaround time for both laboratory and pathology services led to an increment in a number of diagnostic investigations done at the hospital. The October mass immunisation campaigns for Measles-Rubella contributed to the increased numbers of children immunised at the hospital.

**Naguru Rehabilitation Referral Hospital (Project 1004):** The project was allocated Ug shs 900 million, of which Ug shs 793million (88%) was released and Ug shs 184million (23%) spent. No planned works had commenced by 31<sup>st</sup> December 2019. The hospital was concluding procurement processes for the two planned infrastructure projects (table 3.25). Phase three of the staff house construction was awarded to M/s Happiness Limited at a sum of Ug shs 514m.

The scope of works involved plastering, installation of windows and doors as well as general finishes. By 31<sup>st</sup> December 2019, works had not commenced. Although 100% of the contract sum for phase two of construction works was paid, works including roofing were still ongoing by end of December 2019. The contractor was paid for 16 housing units, however only 12 units were constructed.

The hospital was also in the process of identifying a service provider to develop a strategic and investment plan. Construction works on the perimeter wall for the staff residence had not commenced. Procurement was finalised in December 2019.

As at 31<sup>st</sup> December 2019, the hospital was undertaking development outputs that rolled over from FY 2018/19. Delays in planning, development of specifications, BoQs and general implementation of works by both the hospital and various contractors affected performance.

**Institutional Support to Naguru Regional Referral Hospital (Project 1479):** The project was allocated Ug shs 155million, of which Ug shs 150million (96%) of the releases were made, however only 1% was spent by 31<sup>st</sup> December 2019. Medical equipment and furniture were under procurement. Summarised performance in table 3.25.

**Table 3.25: Performance of Naguru Regional Referral Hospital as at 31st December 2019**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Project 1004: Naguru RRH	Staff house constructed and Strategic and Investment Plan developed	700	700	100%	10%	4.07	Under procurement
	Begin construction of the Perimeter wall at Staff residence.	200	93	100%	100%	11.64	Contract signed in December 2019
Project 1475: Institutional Support to Naguru RRH	Medical Equipment procured	50	50	100%	0%	0.00	Not procured
	Office and ICT Equipment, including Software procured	56	56	100%	0%	0.00	Not achieved
	Engineering and design Studies and plans for capital	50	44	100%	0%	0.00	Not achieved
Medical Services	Inpatient services provided	432	216	19,529	12,552	25.17	Target surpassed
	Outpatient services provided	98	49	272,218	116,668	4.89	Increased specialised cases seen
	Diagnostic services provided	76	38	13,782	64,813	4.42	Lack of adequate x-ray films affected target
	Prevention and rehabilitation services provided	52	26	69,016	45,216	3.03	Achieved
	Immunisation services provided	4	2	10,000	17,551	0.26	Achieved
Programme Performance ( Outputs)		1,718	1,274	-	-	53.47	Half year targets achieved

Source: Findings

### 3.11.14: Vote 177: Kiruddu Regional Referral Hospital

#### Background

The health facility was upgraded to a Regional Referral Hospital in FY 2019/20 and implemented two sub-programmes. These are: Kiruddu Referral Hospital Services (Sub-programme one), and Kiruddu Referral Hospital Internal Audit (Sub-programme two).

Semi-annual monitoring FY 2019/20 focused on Sub-programme one. Planned outputs for FY 2019/20 highlighted in table 3.26.

#### Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 12billion, of which Ug shs 6billion (50%) was released and Ug shs 4billion (66.6%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on wage 47%, non-wage 32% and 20% on dialysis consumable and sessions.

The hospital registered very good performance (86%) with four out six targets surpassing



their targets. 83% of the planned targets were achieved. These were; immunisation at 83%, prevention and rehabilitation services (55%). Activities included health talks, quarterly community engagement meetings, and specialist support supervision.

Inpatient services at 53%, major operations at 70%, diagnostic investigations at 51%. Diagnostics achievements included 1,303 out of 4,000 planned X-rays, only 70 out 3,000 CT scans and 1,755 out 5,000 planned ultra sound scans. Detailed sub-programme performance is highlighted in table 3.26.

**Table 3.26: Performance of Kiruddu Referral Hospital by 31<sup>st</sup> December 2019**

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	1,880	940	22,000	11,645	29.24	Target achieved
	Outpatient services provided	990	495	231,300	48,061	6.40	Target not achieved
	Dialysis services provided	3,130	1,565	12,000	5,563	45.13	Target missed
	Diagnostic services provided	120	60	98,600	50,729	1.87	Target achieved
	Prevention and rehabilitation services provided	270.	135	20	11	4.20	Target achieved
	Immunization services provided	40	20	6,720	5,602	0.62	Target achieved
Programme Performance (Outputs)		6,430	3,215	-	-	86.83	Good performance

**Source: Field Findings**

### 3.11.15: Vote: 179-Entebbe Regional Referral Hospital

The health facility was upgraded to a Regional Referral Hospital in FY2019/20 and implements two sub-programmes. These are: Entebbe Referral Hospital Services (Sub-programme one), and Entebbe Referral Hospital Internal Audit (Sub-programme two).

Semi-annual monitoring FY 2019/20 focused on Sub-programme one. Planned outputs are highlighted in table 3.27.

#### Performance

The revised budget for the Regional Referral Hospital Services Programme was Ug shs 3.3billion, of which Ug shs 1.8billion (57%) was released and Ug shs 1.5billion (84%) spent by 31<sup>st</sup> December 2019. The hospital registered very good performance with 92% of the planned targets achieved with inpatient services at 73%, outpatient services at 79%; diagnostic services (laboratory, X-rays and ultrasounds) at 46%; Prevention and rehabilitation services



at 59%, and Immunisation services at 58%.

Under performance in diagnostics was attributed to understaffing in the X-ray and ultra sound department, frequent break down of machinery and stock outs of lack x-ray films. Detailed sub-programme performance is highlighted table 3.27.

**Table 3.27: Performance of Entebbe Referral Hospital by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	111	55	7,200	5,260	9.47	Target achieved
	Outpatient services provided	58	29	125,000	99,031	4.96	Target achieved
	Diagnostic services provided	926	463	5,000	2,309	72.59	Target missed
	Prevention and rehabilitation services provided	54	27	75,000	44,314	4.60	Target achieved
	Immunization services provided	28	14	42,000	24,430	2.38	Target achieved
Programme Performance (Outputs)		1,178	589	-	-	91.62	Very good Performance

Source: Field findings

### Implementation and service delivery challenges affecting Regional Referral Hospitals

- Delays in the entire recruitment process with the first advert done in December 2019, six months into FY 2019/20. Delays were mainly two-fold; i) Request for clearance from MoPS with submission varying between September 2019 to January 2020; ii) Provision of clearance from MoPS with approvals varying between October and November 2019. Masaka RHH submitted its recruitment request on 25<sup>th</sup> September 2019 and received clearance from MoPS on 14<sup>th</sup> January 2020.
- Inadequate reagents and break down of diagnostic equipment such as the x-ray, ultra sound and CBC machine.
- Drug stock-outs partially due to delayed delivery of medicines by the National Medical Stores. By 31<sup>st</sup> December 2019, most RRHs had not fully received their third cycle deliveries as planned.
- Delayed initiation of procurement processes leading to poor absorption and execution of the development budget. Fort Portal RRH had not completed procurement process for the planned outputs by 31<sup>st</sup> December 2019.
- Lack of specialists in hospitals like Kabale RRH, Soroti RRH, and Lira RRH greatly affected service delivery since most of their specialists left for newly accredited universities in search for greener pastures. The discrepancy between earnings of University lecturers



and consultants in RRHs led many of them out of the RRHs.

- Lack of development budget for the newly upgraded RRH constrained meeting of the infrastructure development needs in the hospitals.

### **Conclusion**

The Regional Referral Hospital Services Programme fairly performed achieving 69% of the semi-annual targets. Medical services, with the exception of diagnostic investigations performed better than the development component, with all hospitals not achieving their development targets. The under performance of diagnostics was attributed to breakdown and or inadequate equipment, while the development component was affected by delayed procurements. Inadequate staff, supplies, medicines, equipment, poor procurement planning and management continued to affect general service delivery of various hospitals.

### **Recommendations**

- The HSC, MoPS and MoH should harmonize staff recruitment plans with annual planning, budgeting and implementation tools. Approvals for recruitment should be obtained by February of a given year to enable recruitment and deployment by the beginning of the financial year.
- The MFPED, NMS and MoH should work together to ensure that NMS accesses funds in a timely manner to avoid drug stock outs and delays in the supply and distribution chain of essential medicines and health supplies.
- Accounting Officers should adhere to their approved procurement plans and prevail on the Heads of Departments that fail to initiate the procurements in a timely manner.
- The MoPS, GoU Cabinet and relevant stakeholders should work towards closing wage differentials gaps amongst equally qualified professionals in the medium term for improved service delivery.
- The Accounting Officers of the newly created votes should fast track preparation and submission of retooling and development project profiles to MFPED for review and consideration to enhance service delivery.

## **3.12: Vote: 180- Mulago Specialized Women and Neonatal Hospital**

### **Background**

The vote was established in FY 2019/20 and its strategic objective is to increase the range and quality of super-specialized maternal and neonatal healthcare services thereby reducing referrals abroad. It is expected to conduct super-specialized training to health workers and promote evidence-based research to guide practice in all areas of reproductive and neonatal health.

The hospital implements Programme 60 (Mulago Specialized Women and Neonatal





Hospital Services), whose outcome is improved quality and accessible Regional Referral Hospital Services in Uganda. The Programme is composed of two sub-programmes: Management (Sub-programme 01), and Medical Services (Sub-programme 02).

Semi-annual monitoring FY 2019/20 focused on Sub-programme two. Detailed planned outputs are highlighted in table 3.28.

### Performance

The revised budget Programme budget is Ug shs 9.3billion, of which Ug shs 8.1billion (87%) was released and Ug shs 5.5billion (67.7%) spent by 31<sup>st</sup> December 2019. Expenditures were mainly on Human Resources Management Services at 61%, inpatient services at 17% and outpatient services at 12%. The rest was spent on hospital management services including guard and security services, cleaning, fuel and lubricants among others.

The hospital performance was fair at 66% of the planned semi-annual targets with inpatient services at 74%, outpatients 200% and diagnostic services at 39%. Diagnostics included 2,540 laboratory tests; 2,378 images (X-ray-340, 1,880 ultrasound scans, 149 mammography, and nine fluoroscopy). A total of 2,449 immunizations and 322 family planning contracts achieved under prevention and rehabilitative services. Detailed performance is highlighted in table 3.28.

**Table 3.28: Performance of Mulago Specialised Women and Neonatal Hospital by 31<sup>st</sup> December 2019**

Sub-programmes	Output	Annual Budget ( Ug shs)-Mil	Cum. Receipt ( Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	904	2,120	2,500	1,850	15.57	74% of inpatient attendances were registered. A total of 734 deliveries and 807 surgeries were done. The hospital received 302 referrals from other health facilities.
	Outpatient services provided	930	1,290	4,000	8,010	50.69	200% outpatients were registered.
	Diagnostic services provided	0	230	11,000	4,332	0.49	39% diagnostic investigations were conducted.
Programme Performance (Outputs)		1,834	3,640	-	-	66.75	Half year targets achieved

Source: Field Findings, IFMS, PBS

### Implementation Challenges

- Lack of a comprehensive policy on transplants and fertility treatment in Uganda.
- Limited staffing, the hospital lacks an embryologist to undertake In Vitro Fertilization (IVF) procedures.



- Limited specialised drugs at the facility affected hospital operations.
- Delays in start-up of IVF procedures due late delivery and installation of some equipment.

### **Conclusion**

The hospital achieved all the planned semi-annual targets and recorded very good performance on all medical services except diagnostic services. Over 9,000 women accessed specialised medical attention at the facility. Issues related to inadequate staffing and specialised medical supplies affected service delivery.

### **Recommendations**

- The MoH and the Mulago Specialised Women and Neonatal Hospital should develop a policy and guidelines on IVF and fertilization treatment to ensure effective use of the facility.
- The hospital should fast track efforts to collaborate with international experts to undertake Training of Trainers to enable sustainable use of the facility.
- The Mulago Specialised Women and Neonatal Hospital, MoPS, MFPED and HSC should ensure that staffing gaps of critical staff are filled to enhance performance of the hospital.
- Mulago Specialised Women and Neonatal Hospital and NMS should ensure that the EMHS and specialist medicines are balanced in both requisitions and deliveries.

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

### **Background**

The Institute implements one programme (Virus Research). Its main objective is to conduct scientific investigations on viral and other diseases for prevention, management, and policy and capacity development. This is expected to translate into quality and accessible virus research services in Uganda.

The programme is composed of five Sub-programmes, namely: UVRI Headquarters (Sub-programme one); UVRI Health Research Services (Sub programme two); UVRI Internal Audit (Sub-programme three). Institutional Support to UVRI (Project 1437) and UVRI Infrastructural Development Project (Project 1442). The semi-annual monitoring focused on Project 1437 and 1442.

### **Performance**

The programme was allocated Ug shs 9.069billion, of which Ug shs 4.39billion was released and Ug shs 2.66billion spent by 31st December 2019. The Institute's performance was poor with only 19.8% of the semi-annual targets achieved. Delays in commencement of development projects were noted. Detailed performance by sub-programme as follows.



### 3.13.1: UVRI Infrastructural Development Project (Project 1442)

The project was allocated Ug shs 2.250billion, of which was Ug shs 1.201 billion was released and Ug shs 0.77billion spent by 31st December 2019. Expenditures were to the Conveyor Construction Company Ltd for completion of two staff houses at UVRI.

Works on the staff house commenced on 10<sup>th</sup> June 2019 and were expected to be completed by 10th September 2019 at a sum of Ug shs 150million, however, they were not completed by 31<sup>st</sup> December 2019.

The project-planned output was removal of asbestos and reroofing of 42 staff houses at UVRI, however this was still under procurement. The National Environment Management Authority (NEMA) cleared the National Enterprise Corporation-NEC to remove and dispose off the asbestos from the staff houses, although this had not been done by 31<sup>st</sup> December 2019.

### 3.13. 2: Institutional Support to UVRI (Project 1437)

The project's annual allocation for FY 2019/20 was Ug shs 30million, of which Ug shs 24million was released and 0% spent by 31<sup>st</sup> December 2019. The project planned to undertake internet connectivity and procurement of a computer during the FY.

The UVRI signed a contract worth Ug shs 49,962,050 with Ultimate Communications Ltd to undertake connectivity works. By December 2019, the activity was completed and Bilmart Investments supplied a computer worth Ug shs 4,786,181. Payments for both activities were mischarged from Sub-programme one (Headquarters). Detailed performance is indicated in table 3.29.

**Table 3.29: Performance of Uganda Virus Research Institute Projects as at 31st December 2019**

Sub-pro-grammes	Output	Annual Budget ( Ug shs)- Mil	Cum. Receipt ( Ug shs)- Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
UVRI Infra-structural Development Project (Project 1442)	Three staff houses, re-roofed to remove asbestos.	2.250	1.201	100.00	10.00	18.48	Under procurement
Institutional Support to UVRI (Project 1437)	Internet connectivity and procurement of computer procured	0.030	0.024	100.00	90.00	1.32	Substantially achieved.
	Total	2.280	1.225	0.00	60.00	19.80	Poor Performance

Source: Field Findings, IFMS, PBS



## Service Delivery Challenges

- Lack of adequate transport to facilitate timely collection and moving of highly infectious samples from various parts of the country to UVRI.
- Overreliance on donors for disease surveillance poses a risk and presents sustainability challenges upon withdrawal and budget cuts by development partners.
- Limited staffing partly due to delays in clearance by MoPS and recruitment by HSC.
- Lack of adequate equipment to undertake planned research targets. The Institute lacks a functional Nitrogen plant to undertake critical research operations. A plant costs Ug shs 800m.
- Lack of a land title led to encroachment of the Institute's land by squatters.
- Inadequate space for both laboratory and office operations at the UVRI.

## Conclusion

The UVRI achieved only 20% of the planned development targets. Works at the staff houses were still under procurement. Issues related to limited staff accommodation, transport and equipment affected the Institute's operations. The need to fast track works on the staff houses, procurement of vehicles and equipment is key for improved service delivery in virus research.

## Recommendations

- The Accounting Officer UVRI should ensure that the Institute's PDU fast tracks its procurements to avoid delays in commencement of planned outputs.
- The UVRI, MFPED and others stakeholders should prioritise allocations to procurement of equipment and transport to enhance service delivery at the UVRI.
- The HSC and UVRI should effectively collaborate to facilitate timely recruitments without compromising the law and guidelines from MoPS.

## 3.14 Primary Health Care at Local Government Level

The programme contributes to the sector outcome of "*inclusive and quality health care services*". The main objective is to offer quality primary health care services to the Ugandan population. The programme consists of one sub-programme (Health Development).

### 3.14.1 Health Development- Construction and Rehabilitation (Sub-programme 1385)

The Inter Fiscal Government Transfer Project commenced in June 2018/19 at a total project cost of US\$200 million for four years (FY2018/19- FY2021/2022). It is jointly funded by GoU and World Bank. The main objective of the sub-programme is to improve quality of health facility infrastructure in all districts with 331 health centers IIs upgraded to HCIIIs starting with 124 in the first year (FY 2018/19), and 62 health centres in 50 districts and Municipal Councils in the second year (FY 2019/20).



In the first year of operation, the scope of works per health facility included construction of a maternity ward, medical and placenta pit, two-stance VIP latrine and in some instances refurbishment of OPDs. The MoH expanded the project scope in the second year to include a staff house to address the constraints related to accommodation of health workers.

In FY 2019/20 the allocation towards health development grant was Ug shs 58.9 billion, of which Ug shs 38.4 billion was released. Expenditure performance varied from 10% to 35% among the monitored local governments. The allocation towards sector development was 85%, while transitional development adhoc was 15%. Maintenance of district health infrastructure was Ug shs 10.3 billion, while upgrade of Health Centre (HC) IIs to IIIs was Ug shs 39.7 billion. The GoU contributed Ug shs 8.9 billion for PHC Transition Adhoc Grant for rehabilitation of selected health facilities.

Semi-annual monitoring focused on forty seven (47) districts (94%). Overall physical performance was poor at 17% achievement of semi-annual targets and the following was established;

The best performing district under the PHC transitional Grant (Adhoc) was Kaberamaido at 93%, and the rest of were below 10%, good performance was attributed to timely commencement of procurement process. Upgrade works at Luwero and Rukunyu Hospital-Kamwenge had not commenced by 31<sup>st</sup> December 2019.

The contract for works at Luwero Hospital was submitted to the Solicitor General for clearance on 18th February 2020. Payments for FY2018/19 works were to the contractor. The hospital occupied the ground floor of the building in bid to manage congestion at the facility.

Kamwenge District signed the contracts for Rukunyu Hospital in January 2020. These included: drainage system works with Ms Mahindure Investments Limited at Ug shs 14.7 million; Construction of staff house with Ms Premier Systems Limited at Ug shs 170.9 million; Renovation of General Ward with Ms Associate Design and Build Engineer at Ug shs 96.4 million; Fencing with Ms Vesta Enterprises Limited at Ug shs 107.5 million. The district also initiated a direct procurement for fencing of doctor's houses.

- Expenditure performance was poor under the HC II to III upgrades, a few districts like Kapchorwa, Ntungamo, Rukungiri, Kiboga, Kasese and Serere paid 30% as advance payment, while others spent only 14% on investment and service costs related to monitoring and supervision and evaluation of bids.
- Delays in procurement and signing of contracts significantly contributed to late commencement of works in various districts. Contracts for districts like Mayuge, Sheema, Kabale, Kibuku, Kamwenge, Kasese, Ntoroko, Luwero, Nwoya, Maracha, Bugweri amongst others were not signed by 31<sup>st</sup> December 2019.
- Foundation works for districts like Kween, Alebtong, Omoro, Serere, Dokolo, and Amolator had commenced by 31<sup>st</sup> December 2019. Relatedly the works under the maintenance of health infrastructure was at various levels of completion (Table 3.30).



- Some upgrading works that commenced in FY2018/19 stagnated and in some instances, contractors abandoned site. These were: Ariba HCII and Atura HCII in Oyam District stalled at 50% physical progress; Arinyapi HCII in Adjumani at 55%; Nalubembe HCII in Kibuku District, Terenboy HCII in Kween, Aweri HCII and Angeta HCII in Alebtong at 50% as well as Nakatiti HCII in Amolatar District.

Other were: Ruhoko HCII in Ntungamo Municipality at 80%, Karuruma and Kyamwasha HCII in Ntungamo District at 70%, Mushasha and Engaju HCII in Buhweju at 40%, Kitojo HCII in Sheema Municipality at 75%, Kasheregyenyi HC II in Kabale at 78%, Ntoroko at 60%, Butiaba and Avogera HCII in Bulisa at 60%. The abandonment of site was attributed to limited financial capacity of the contractors to continue with works as they awaited revoting of funds from MFPED, which delayed for some districts. Some districts like Buhweju had not received revoted funds as at 18<sup>th</sup> January 2020.

- Health facilities that had started receiving medicines as HCIIIs before completion of the upgrade also lacked adequate storage facilities.
- Recruitment processes for health workers in the nearly completed structures were in initial stages for many districts. Districts like Kapchorwa and Serere lacked wage allocations to enable recruitment of staff.
- Lack of staff accommodation and equipment affected effective service delivery at newly upgraded health facilities. In Nwooya, communities resorted to building grass thatched houses to accommodate newly recruited health workers in the upgraded health facilities.



**Rolled over project (FY 2018/19): Stalled maternity ward at Arinyapi HCII in Adjumani District**



**Staff houses constructed by local community at Koch-Lii HCIII in Nwooya District**



Table 3.30: Performance of Health Development Sub-Programme by 31<sup>st</sup> December 2019

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Ryengerero HC II and Nyakishojiwa HC II upgraded in Mitooma District	1,300	884	100	0	0	Works had not commenced. Contract was signed on 11th December 2019 with Ms Kaleeta Construction Company Limited at a sum of Ug shs 1,299,854,308.
Kigyenda HCII OPD and Staff House Rehabilitated in Mitooma	27	18	100	0	0	Works had not commenced by 31 <sup>st</sup> December 2019, however the contract was signed with Ms Saja's Company Limited.
Kishami and Rwanda HCIIIs upgraded in Ntungamo District	1,300	879	100	10	0.99	Physical progress estimated at 10%. Walling at the General Ward was ongoing, preparatory concrete works for the staff house were ongoing. The contract was signed with Ms SAGM Technical Services Limited at a cost of Ug shs 1,29,8375,064
Health facilities maintained in Ntungamo District	18	12	100	0	0	Works had not commenced as procurements were yet to be completed.
Rushambya HCII upgraded in Buhweju District	650	445	100	5	0.24	Preliminary works such as site clearance had commenced. The contract was signed with Ms Kaleeta Construction Company at a sum of Ug shs 649,927,154.
Staff house renovated, Electricity connected to Maternity ward & OPD at Karungu HCIII, Solar system for Blood bank at Nsiika procured, and Electricity connected to district drug store, Buhweju District	18	12	100	0	0	Works were yet to commence. Contract for works was signed with Ms Aavar Contractors Limited for works at Karungu, while the procurements for Nsiika and District store were ongoing.
Rugarama HC II upgraded in Sheema District	650	452	100	0	0	Physical progress was 0%. The works had not commenced by 17th January 2020. The contract was signed with Ms. Kaleeta Construction Limited at a sum of Ug shs 649,927,154.
Health facilities maintained in Sheema District	29	19	100	0	0	Released funds were spent on monitoring supervision of capital works.
Kashozi HCII upgraded in Sheema Municipality	500	340	100	30	1.13	Physical progress was 30%. The works were ongoing on the General Ward. The project however did not have a staff house yet it is a rural municipality with no accommodation in the neighbourhood.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Kasheshe HCII upgraded in Rukungiri District	650	461	100	10	0.47	Works were ongoing at 10% completion. The contract was signed with Sagm Technical Services on 28th October 2019 at Ug shs 649,187,532 for a period of six months.
Medical equipment (Basic Eye, Dental) for Kebisoni, Bugangari, Buhunga HCIVs	42	28	100	0	0	Procurement process had not commenced by January 2020.
Kinaba HC II upgraded in Kanungu District	650	452	100	5	0.24	Works were ongoing at 10% completion. The contract was signed with Sagm Technical services on 4th November 2019 at Ug shs 649,187,532 for a period of six months.
4Stance lined pit latrine at Kiringa HCII constructed, Solar batteries replaced at Kayonza, Mpungu, Rutenga HCIIIs in Kanungu district	29	20	100	10	0.02	Construction works were ongoing at Kiringa, Ms. Ndebuta Contractors undertook works at Ug shs 23,745,140. Contract was signed on 5th November 2019. Ms Solar System Transmitters Limited delivered and installed solar batteries.
Buramba HCII upgraded in Kabale District	650	458	100	0	0	Works were under procurement by 31 <sup>st</sup> December 2019. The contract worth of Ug shs 649,187,532 was signed with Ms Sagm Technical Services Limited on 7th January 2020. The contractor indicated that the site provided by HC was inadequate to accommodate the entire project.
Nyamityango HCII OPD renovated, Rubaya HCIV renovated in Kabale District	37	25	100	0	0	Works were under procurement by 31 <sup>st</sup> December 2019. Works at Rubaya were awarded to Bonnar Company on 7th January 2020 to be completed on 8th April 2020. Procurement for Nyamityango was still ongoing.
Kakomo HCIV completed in Kabale District	300	204	100	0	0	Works were under procurement by 31 <sup>st</sup> December 2019. Contract was signed on the 7th January 2020 with Ms Geses Uganda Limited at a sum of Ug shs 191,188,260
Buninga HCII upgraded in Kiboga District	650	472	100	0	0	The contract was signed with M/s Nile Establishments Limited at a sum of Ug shs 632,302,664 on 27th December 2019 for a period of six months. No works had commenced by 31 <sup>st</sup> December 2019.
Accident and Emergency Unit constructed at Kiboga General Hospital	580	469	100	0	0	Works were under procurement by 31 <sup>st</sup> December, 2019. The contract was signed on 22nd January 2020 with Ms Kaleeta Construction Limited at a sum of Ug shs 351,410,962 for a period of six months.
Health Infrastructure maintained in Kiboga District	59	40	100	0	0	Procurement processes had not commenced by January 2020.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Kigwera HCII upgraded in Bulisa District	650	436	100	0	0	Works had not commenced, however the contract was signed with M/s Nile Establishments Limited at a sum of Ug shs 632,302,664 on 13th December 2019 for a period of six months.
Selected health facilities rehabilitated in Bulisa District	4	3	100	0	0	Procurement processes had not commenced by January 2020.
Kabingo HCII Upgraded in Kamwenge District	650	468	100	65	3	Works had not commenced and procurement process was still ongoing as at 4th February 2020 due to an administrative review.
Offices of the District Health Officer renovated in Kamwenge District	52	35	100	0	0	Under procurement by 31 <sup>st</sup> December 2019. Contracts signed on 17th January 2020 with Ms EBA Business Solutions and Finance Company Limited.
Rukunyu Hospital upgraded to Hospital in Kamwenge District	700	566	100	0	0	Under procurement by 31 <sup>st</sup> December 2019.
Bwesumbu HCII upgraded in Kasese District	650	482	100	5	0.22	Construction works were ongoing at foundation level. The contract was signed with Ms Mariam and Brothers Trading Company Limited for a period of six months at a sum of Ug shs 644,371,439.
Selected health facilities rehabilitated in Kasese District	73	49	100	78	0.38	Funds were mainly to be utilised to pay for completion (construction of staff house and 2 stance VIP) of works amounting to Ug shs 4,563,491 and retention amounting to Ug shs 4,477,534 at Kahokya HCIII.
Butungama HC II upgraded in Ntoroko District	650	437	100	0	0	Contract was signed by January 2020.
Selected health facilities rehabilitated in Ntoroko District	5	3	100	0	0	Procurement process had not commenced in January 2020.
Kigoyera HCII upgraded in Kyenjojo District	650	457	100	0	0	Works had not started pending signing of the contract.
Selected Health facilities rehabilitated in Kyenjojo District	35	24	100	68	0.18	The funds spent on payment of CK Associates Ltd for works completed at the ART Clinic and Administration block at Kyenjojo Hospital.
Luwero /Kasana HCIV upgraded to General Hospital I Luwero	720	582	100	0	0	Under procurement



Output	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 Luwero District	45	30	100	0	0	Under procurement
Health Infrastructure maintained in Kayunga District	139	93	100	0	0	Works commenced in January 2020. Contract for renovation of staff house at Nazigo HC III was signed on 10th January 2020 with Ms Bakuzinda Majja Construction Company Limited at Ug shs 28,976,493. Ms Graf Investment Limited undertook works at the two five-stance drainable pit latrine at Galiraya and Wabwoko HCIIIs at a sum of Ug shs 39,865,350.
Kasoozo HCII upgraded in Wakiso District	650	281	100	92	3.33	Works commenced in January 2020. Contracts for works was signed on 31st December 2019 with Ms MUGA Services Limited at a sum of Ug shs 659,609,589 for a period of 12 months.
Health Infrastructure maintained in Wakiso District	195	132	100	0	0	Works commenced in January 2020 for majority of the sites. These were construction of lined pit latrine at Nakitokolo and Kyengeza HCs. Renovation of senior quarters at Ug shs 40.1million and staff houses at Ug shs 43.3 million at Nakawuka HCIII. Contract for renovation of Kiziba HCIII was yet to signed pending completion of works by the UPDF at the facility.
Completed the new OPD (2nd phase) at Mukono Hospital and renovated Nantabulilwa HCII and Goma HCIII, land titles acquired for three health centres, and equipment procured.	1,169	829	100	0	0	Physical progress was at 0% against 71% release. All the planned works were under procurement.
Retention for works at Apac Hospital paid and DHO's office renovated, Apac District.	122	122	100	25	0.17	Retention of Ug shs 90million was paid for the maternity ward at Apac Hospital which was in use. Renovations works for the DHOs office were under procurement.
OPD renovated at Elegu HCII, DHO's office and furniture procured, Adjumani District.	72	72	100	0	0	Renovation works had not started. The District Council approved change of site from Elegu HCII OPD to renovation of a general ward at Openzini HCIII in January 2020. The District Engineer was in the process of developing BoQs. Other works were still under procurement.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Kasokwe HC II upgraded to HC III, Placenta pit constructed at Bumanya HCIV, pit latrine at Nabikoli HC II completed, DHO's office renovated; office furniture, laptops, projector and noticeboards procured in Kaliro District	754	503	100%	0	0	Contract was under procurement by 31 <sup>st</sup> December 2019. Site was handed over to M/s Visvar Construction Co Ltd on 15 <sup>th</sup> January 2020.
A projector procured and maternity ward slab renovated at Kamunyu HCIII in Kumi District.	671	671	100	0	0	Under procurement.
Solar installed at Pallisa District drug store, retention for works at Pallisa Hospital paid.	92	78	100	10	0.12	Works were under procurement.
Furniture procured for Namukora HCIII, Kitgum District.	16	5	100	5	0.01	Under procurement.
Budumba HCIII in Butaleja District renovated	27	27	100	0	0	Works were under procurement.
Maternity ward at Gorri HCIV expanded in Nebbi District.	18	18	100	0	0	Works were under procurement.
General ward at Kayango HCIII renovated, OPD at Nankoma HCIV, OPD and maternity wards at Buwunga HCIII, and a maternity ward at Muterere HCIII renovated, Bugiri District.	145	145	100	10	0.08	Physical progress was 10%. Works at Nankoma HCIV had started and contractor was paid Ug shs 44.8million. Works had commenced back in FY2009/10 and stalled with variations of Ug shs 149million. The OAG should undertake a Value for Money Audit on the above contract. Renovation works at other facilities were under procurement.
Bukatube HCII upgraded to HCIII level and other health facilities renovated in Mayuge District.	81	81	100	0	0	Physical progress was at 0% against. Works were under procurement.
Para Safari Lodge Health facility upgraded and other health facilities renovated in Nwoya District.	767	767	100	0	0	Physical progress was at 0%. Contract not signed by 31 <sup>st</sup> December 2019.
Loro and Iceme HCIIIs upgraded to HCIII, Oyam District	1,424	793	100	2	0.28	Works were under procurement by 31 <sup>st</sup> December 2019. Contract was signed in January and works were expected to commence on 10 <sup>th</sup> January 2020 for a period of six months.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Curube HCII upgraded to HCIII level in Maracha District	798	466	100	0	0	Physical progress was at 0%. The district had not signed the contract by 21st January 2020.
Kabweri HCII upgraded to HCIII; Kasasira HCII, Buseta HCIII, Kirika HCIII, Kibuku HCIV, Dodoi HCII, Kadama HCII, Bulangira HCIII and Naburi HCIII maintained/renovated, Kibuku District.	759	506	100	0	0	Physical progress was at 0%. Although the district signed the contract in November 2019, works had not commenced by 31 <sup>st</sup> December 2019.
Bugana and Sigulu HC IIs upgraded to HCIII, Namayingo District	1,377	918	100	0	0	Contract not signed by 31 <sup>st</sup> December 2019.
Omot and Layita HCIIIs upgraded to HCIII. Lirapalwo HCIII renovated, DHO's laptop procured, a pit latrine at Kwonic HCII constructed and solar at DHO's office in Agago District repaired.	1,365	365	100	0	0	Physical progress was 0%. M/s ZIMU Construction Company Ltd was awarded the contract at Ug shs 1.2billion. By 31 <sup>st</sup> December 2019, no works had started. Maintenance works at other facilities were under procurement.
Kamuli HCII upgraded to HCIII, theatre at Nangongera HCIII renovated, Tororo District	565	377	100	0	0	Under procurement by 31 <sup>st</sup> December 2019.
Aeket HCII upgraded to HCIII; Amuria HCIV upgraded to hospital and medical equipment procured, Amuria District	1,366	975	100	3	0.31	The district awarded construction of an OPD block works at Amuria HCIV to M/s Bygon Enterprises Ltd at Ug shs 664 million. Delays in site handover by hospital administration were noted. Equipment worth Ug shs 16m was under procurement.
Kaberaimado HC IV Upgraded into a district hospital (Transitional PHC Adhoc)- Administration Block and Doctor's house constructed, medical equipment procured	73	73	100	93	3.71	M/s Omodoi Co. Ltd was the contractor for the doctor's house at Ug shs 140 million, of which Ug shs 93 million was paid and 95% achieved. M/s Crown Health Care (U) Ltd had not delivered the equipment by 31st December 2019
Oburun HCII upgraded to HCIII level in Serere	674	673	100	3	0.11	Physical progress was at 3% against 66% release. The district awarded the contract to undertake upgrading works to M/s CAB (U) Ltd was at Ug shs 647,679,694. Advance payment of Ug shs 194million was made on 19th December 2019. However, works had not commenced.





Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Bulago HCII and Bwihonge HCII upgraded to HCIII. Maternity ward at Muyembe HCIV re-roofed. Bulambuli District	1,730	1,111	100	5	0.74	Works at the maternity ward, Muyembe HCIV were at 5%. The district awarded the contract to M/s Spacious Project to upgrade the two facilities, however, works had not commenced.
Ngangata HCII upgraded to HCIII; DHO's office and Kaserem HCIII renovated, Kapchorwa District	682	346	100	0	0	Physical progress for upgrading Ngangata HCII was at 0%. The contractor M/s CAB Uganda Ltd was paid an advance of Ug shs 194million. By 30th January 2020 works had not commenced, however, the site had been handover to the contractor in December 2019.
Benet HCII and Kaptun HCII upgraded to HCIII level in Kween District	1,300	445	100	3	0.62	Physical progress was at 5%. Excavation at both sites was ongoing by M/s Kwik Build Contractors and Engineering Ltd at a sum of 1.3billion. Ug shs 415 million was paid to the contractor.
Minari HCII upgraded to HCIII; Busesa HCIV ward renovated a two stance pit latrine at Namiganda HCII constructed, Bugweri District	650	454	100	0	0	Minari HCII contract was awarded to M/s Visvar Investments Limited. However by 3rd February 2020 it had not been signed. Other works were under procurement.
Anara HCII upgraded to HCIII, rooftops at Obim HCII and Anyanga HCII in Alebtong District replaced.	708	708	100	5	0	Physical progress for Anara was 5%, excavation works for the upgrade were ongoing at the site. M/s Power and Water Bay Ltd was awarded the contract at Ug shs 649million. Re-roofing works at Anyanga and Obim HCII were under procurement. No payments were done by 31 <sup>st</sup> December 2019.
Lwakatome HCII and Acet HCII upgraded to HCIII in Omoro District	1,300	893	100	5	0	Physical progress was 5%. The district awarded works to M/s Zimu Construction Company Ltd at a sum of Ug shs 635million and Ug shs 634million respectively. Excavation works were ongoing at both facilities.
Adagmon HCII upgraded to HCIII; DHO's office fenced; drainable five stance pit latrine constructed at Bata HCIII, Dokolo District	728	485	100	5	0	Physical progress was at 5%. M/s Power and Water Bay Ltd was awarded the at Ug shs 649million contract. Excavation works were ongoing.



Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Weighted Physical performance Score (%)	Remarks
Alecemedar HCII and Anamwany HCII's upgraded to HCII; renovated OPDs in Amolatar District	1,358	905	100	5	0.56	Physical performance was at 5% (slab level) for both sites. The contractor was M/s Power and Water Bay Ltd at a sum of Ug shs 649m per site. Other activities were under procurement
Programme Performance (Outputs)	34,798	23,579			16.35	Poor performance

Source: Field findings FY2019/20

### Implementation Challenges

- Delays in procurement attributed to late initiation of processes, administrative reviews, and delayed signing of contracts led to late commencement of civil works in various districts.
- Poor resource absorption by 98% of districts monitored.
- Limited technical and financial capacity of contractors leading to abandonment, stagnation and slow implementation of UGFIT projects that commenced in FY 2018/19.
- Inadequate monitoring and supervision of works by both MoH, district technical and political leadership.
- Lack of complementary items such as staff houses and equipment for newly upgraded infrastructure –FY 2018/19 projects.

### Conclusion

The sub-programme registered poor physical and financial progress. Only 17% of the semi-annual targets were achieved. Delays in procurement translated into late commencement of works at most sites monitored. Districts that awarded contracts to upgrade HCII to IIIs by 31<sup>st</sup> December 2019 were Kiboga, Amolator, Dokolo and Alebtong. Other districts monitored had not signed contracts and therefore were behind schedule. The need to fast track initiation of procurement processes under the UGFIT project is paramount for timely completion of planned targets.



## Recommendations

- The MoH should ensure that all procurement processes are completed by August of every FY to enable timely commencement of works at local government level.
- The MoH should undertake thorough due diligence on contractors to avoid awarding contracts to technically and financially incapable service providers.



## CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusion

The overall sector performance as at 31<sup>st</sup> December 2019 was poor with 47.3% of the semi-annual targets achieved. The UBTS at 86%, Regional Referral Hospitals at 69.4%, MoH 56%, Butabika Hospital 50%. Poor performers included local governments at 17%, UVRI at 19%, Mulago Hospital at 38%, and Health Service Commission at 23%. Poor performance was attributed to delayed procurement and inadequate planning at vote level. Performance by vote is highlighted in table 3.31.

**Table 3.31: Summarized Performance by Vote by 31<sup>st</sup> December, 2019**

Vote	Achievement of set targets (%)
MoH	56
Regional Referral Services	69.4
Uganda Neonatal and Maternal Hospital	66
UVRI	19.8
Butabika NRH	50.4
Mulago	38
UBTS	86
Local governments	17
National Medical Stores	47
Uganda Heart Institute	42
Uganda Cancer Institute	54
Health Service Commission	23
Total	568.6
<b>Average Performance</b>	<b>47.38</b>

*Source: Authors' compilation*

Challenges that affected service delivery in FY 2019/20 included:

- Delays at various procurement levels affected timely implementation of planned outputs in over 80% of the sector votes.
- Poor wage absorption due to delays in recruitment and deployment process of health workers.
- Unsustainability of initiatives geared towards disease prevention due to lack of clear targets and budgets at local government level.
- Inadequate budget alignment towards service delivery in some RRHs. Some hospital like Jinja spent 71% on general staff salaries, pension for general civil service and gratuity expenses.
- Late disbursement of Results Based Funds. No Districts Health Offices visited had received their allocations for FY 2019/20.
- Stock out of medicines in the last three weeks of every cycle exacerbated by delays in



delivery of supplies by NMS greatly affected service delivery.

- Inadequate planning for effective utilization, maintenance and consolidation of health initiatives. All facilities upgraded under UGFIT FY2018/19 lacked adequate staff, accommodation and equipment to commence operations once commissioned. Operations of the Regional Paediatric Hospital in Entebbe were slated for April 2020, however GoU budgetary allocations were not fully honoured.
- Budget distortion due to overlaps in budgeting between some development partners and GoU. Instances of budget cuts and provision of funding midway the budgeting cycle often led to revision of work plans and perpetual requests for supplementary budget. Budget and planning distortions resulting from off budget funding made tracking and measuring outcomes complex
- Mischarge and diversion of funds to unplanned activities affected performance of the Uganda Cancer Institute.

## 4.2 Recommendations

- The MFPED should issue sanctions to accounting officers that fail to absorb funds due to delayed procurement.
- The MoH, Health Service Commission (HSC), Ministry of Public Service (MoPS) and District Service Commissions should work together regarding revision of timelines on advertising, recruitment and deployments of health workers to ensure absorption of the allocated wage bill in a timely manner.
- The MFPED should provide a clear budget line for entities with clear targets on health promotion, prevention and rehabilitation services.
- The MoH should strengthen planning, budgeting and forecasting for newly completed projects to enable smooth operationalization of the entities and enhanced service delivery.
- The NMS and MFPED should agree on system modalities in relation to engagements with development partners, collection, release and timely access to funds. This will translate into timely delivery of supplies to health facilities.
- The MFPED and MoH should engage development partners to align their planning and fund release schedules with the GoU planning cycles to minimise budget distortions.
- The Office of Auditor General should carry out Forensic Audit into the operations of Uganda Cancer Institute for both the development and recurrent budget.



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