



HEALTH SECTOR

SEMI-ANNUAL BUDGET MONITORING REPORT

FINANCIAL YEAR 2020/21

MAY 2021

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

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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

This Financial Year 2020/21 marks the first year of implementation of the third National Development Plan (NDPIII), within which we aim to achieve inclusive growth, employment and wealth resulting from sustainable industrialisation. It is hoped that the newly adopted coordinated programmatic approach will be a springboard to enabling government achieve its development objectives.

The semi-annual findings by the Budget Monitoring and Accountability Unit (BMAU) show that sectors still posted a fair performance. Whereas the Ministries, Departments, Agencies (MDAs), and Local Governments (LGs) should have adopted Programme Based Budgeting (PBB) this Financial Year, this is yet to be fully embraced as evidenced from the BMAU findings where entities are still operating and reporting achievements in sector format.

It is imperative that the lead agencies under all programmes ensure that all their constituent entities shift to the new development approach for us to harness its collective gains.

Patrick Ocaïlap

Ag. Permanent Secretary/Secretary to the Treasury



EXECUTIVE SUMMARY

Overall Performance

The overall sector performance was fair at 62% achievement of semi-annual outputs. The projects that registered good performance were: Cancer Care Services achieving 89% of the semi-annual targets; Safe Blood Provision at 81%, Public Health Services at 76%, Specialised Women and Neonatal Services at 75%; National Referral Services averaged at 73%.

Fair performance was registered under: Pharmaceutical and other Supplies at 68%, Clinical Services at 63%, Heart Care Services at 57%, while Health Governance and Regulation achieved 50%. The poor performing programmes were Health Infrastructure and Equipment at 35% and Human Resources Management at 37%.

Highlights of Sector Performance

Health Governance and Regulation Programme of the Ministry of Health (MoH) fairly performed at 50% attainment of semi-annual targets. The MoH implemented coordination activities including transfers to other units, quality assurance and improvement, and implementation of COVID-19 interventions.

Health Infrastructure and Equipment Programme of MoH poorly performed at 35% attainment of semi-annual targets. This resulted from the poor performing sub-programmes that constitute the programme.

For instance, Kawolo-Busolwe achieved 2% as the works had not commenced at Busolwe Hospital; Strengthening Capacity of Regional Referral scored 0% and the project has not achieved any of its core project outputs and objectives since inception in FY 2018/19. Retooling MoH attained 12%.

Improvement of Regional Referral Hospitals in Northern Uganda Project with support from JICA however attained 45%, while Kayunga-Yumbe averaged at 68% for civil works and equipping. In relation to civil works, Kayunga and Yumbe hospitals were substantially completed and commissioned. The Uganda National Minimum Health Care Package (URMCHIP) attained 54% of the set targets.

Pharmaceutical and other Supplies under MoH fairly achieved the planned targets at 68%; Diphtheria Pertussis Tetanus 3rd dose (DPT3) coverage was at 89% against the targeted 98% annual target. Districts were also supported to undertake Integrated Child Health days in October 2020 where immunisation outreaches were conducted and micro planning at district and health facility levels.

Cold chain and motor vehicles among other equipment were delivered to various districts to facilitate immunisation activities. The Programme also coordinated acquisition of 964,000 doses of COVID-19 vaccine and roll out with the MoH immunising 253,562 clients against the



COVID-19 as at 22nd April 2020.

Public Health Services performance was good at 76% attainment of semi-annual targets. Major outbreaks like COVID-19, Ebola, Presumptive MDR TB Cases, Severe Acute Respiratory Infection (SARI), Crimean-Cong Hemorrhagic Fever, and Acute Flaccid Paralysis among others were contained in Uganda.

Construction works were generally behind schedule, although they varied in completion levels. For instance, construction works at the East African Public Health Laboratory in Mbale Hospital, and Lacor Hospital were at 100%, Mbarara Hospital were at 91%, Arua at 90%, MDR TB Ward in Moroto was at 93%, Entebbe Isolation Centre/Unit at 70%, while Mulago Isolation Ward/Unit was 60% complete. Some contractors in Arua were off site because of delayed payments for the completed works.

Clinical Health Services Programme fairly attained 63% of the semi-annual targets; Under the Shared National Services Sub-programme, Medical Interns and Senior House Officers in training institutions were trained and their allowances paid by 31st December 2020.

Under Emergency Medical Services sub-programme, a total of 104 ambulances were received by the MoH. Deployment of the ambulances had commenced. Under Health Infrastructure sub-programme, it was established that most health centres (85%) visited had non-functional solar systems and medical equipment. Bio safety cabinets however maintained and spare parts for solar and some medical equipment procured.

Human Resource Management for Health Programme under the Health Service Commission: No recruitments for the FY 2020/21 plan were conducted between July and December 2020. This was attributed to expiry of the Board's terms of service. The Board resumed office on 15th December 2020. All planned outputs including procurement of office furniture, computers, ICT equipment and paper shredders were still under procurement by 31st December 2020.

Heart Care Services: The overall programme performance was fair with 57% semi-annual targets achieved. The Uganda Heart Institute (UHI) achieved 57% of the closed heart surgeries, 25% of planned open heart surgeries; attended to 36% outpatients, inpatient admissions at 37% while ICU admissions were at 54%.

Approximately 46% and 41% of the Echocardiography (ECHO) and Electrocardiogram (ECGs) were achieved respectively. Catheterisation procedures were achieved at 32%, and assorted equipment was procured.

The rest including the cardiac ambulance and the 14-seater van were under procurement. Revision of the Engineering Design Studies and Plans for the new UHI home had not commenced by 31st December 2020.

Blood Transfusions Services: The Uganda Blood Transfusion Services (UBTS) collected 81% (132,093 units of blood) against a semi-annual target of 150,000. The best performing Regional



Blood Bank was Fort Portal Blood Bank (RBB) collecting 112% of the target, followed by Mbale Blood Bank at 105%, Nakasero at 94%.

The least performing blood bank was Mbarara at 69%. However, despite the good performance blood stock outs remain a big challenge in over 85% of the health facilities visited. Although Fort Portal RBB surpassed their blood collection target, Fort Portal Regional Referral Hospital received 66% of the blood units ordered during the period under review.

National Referral Services (Programme 55): Average physical performance was good at 68%. Very good performers were: Kawempe hospital at 99%, followed by Kiruddu at 85%, Mulago Specialised Hospital and Butabika hospital fairly performed at 67% and 60% respectively. Naguru hospital performed poorly at 30%. Good performance was attributed to adequate planning characterised by timely initiation of procurement processes, implementation of rolled over projects and active monitoring and supervision of projects.

Provision of Specialised Mental Health Services Blood Provision (Programme 55) achieved 60% of the planned targets achieved. This performance was attributed to delays in procurement of development outputs that had a bulk of the budget. The assorted medical equipment and the planned construction works on the perimeter wall as well as renovation of various wards were still under procurement by 31st December 2020.

The hospital's performance in terms of medical services ranged from 38% to 116%. The hospital registered 44% inpatient admissions, mental health investigations 47%, specialised outpatients 61%, 38% general outpatients; 79% cases in the adolescence clinic and 51% in the Alcohol and Drug Unit (ADU). Very good performance was registered under the outreach programme with 116% patients seen by mental health specialists.

Regional Referral Services: The Regional Referral Hospital Programme registered good performance at 74% attainment of outputs. Service provision and construction works at the monitored RRHs varied. Good performers included Arua and Lira at 89%, Kabale 83%, Mbarara and Mubende at 78% and Mbale at 77%.

Fair performers included Gulu at 69%, Fort Portal at 67%, and Entebbe at 64%, and Masaka at 50%. Good performance was attributed to early initiation of procurement, aggressive monitoring and supervision of projects. Good performance was attributed to early initiation of procurement, aggressive monitoring and supervision of projects.

Specialised Women and Neonatal Services Programme performed at 75% of attainment of outputs. All the three medical service targets for inpatients, outpatient and diagnostic services were achieved at 100%. Performance in the diagnostics department was attributed the increased number of investigations in the laboratory upon placement of a new chemistry analyzer machine.

Primary Health Care Programme at Local Government: Performance was poor as none of the semi-annual targets were achieved. Construction works for the 64 health centres planned for upgrade in FY2020/21 had not commenced partly due to delayed procurements resulting



from COVID-19 disruptions.

Similarly, over 50% of the construction projects started in FY2019/20 were not completed by 31st December 2020. This was partly due to limited financial capacity of contractors coupled with the delay to access the unspent funds that had been remitted to the Consolidated Fund as at 30th June 2020.

The completed works were not of quality and this was attributed to weak supervision by the district engineers and the contracted clerk of works.

COVID-19 Health Sector Preparedness and Response: The overall performance of the health sector in response to the COVID-19 pandemic was fair at 61%. Out of the 41,715 COVID-19 cases, the designated public COVID-19 Treatment Centres attended to only 31% of the cases as at 29th April 2021. Approximately, 94% of the patients in designated COVID-19 Treatment Centres (CTCs) were discharged. The sector did not also attain its targets in relation to procurement and distribution of non-medical medical masks to communities with only 44% of the target reached. Good performance was registered in undertaking the planned tests as recommended by the Scientific Committee as part of the COVID-19 Response Plan.

Key Challenges

1. Inadequate alignment between NDPIII planned outputs with FY 2020/21 entity outputs.
2. Constrained service delivery due to limited staffing at various health facilities. This was exacerbated by delays in recruitment of health workers by the HSC and deployments by MoH.
3. Clashing data characterised by variances between the Programme Budgeting System and Health Management Information System (HMIS) medical service output numbers for all health facilities. This affects planning and budgeting for medical services.
4. Delays in verifications and disbursement of Result Based Financing (RBF) allocations demotivated health workers at beneficiary entities countrywide.
5. Inadequate planning partly demonstrated by:
 - Lack of pre-planned space for emergency critical care ICU equipment delivered to RRHs rendering the investment idle in light of depreciation.
 - Training of critical care health workers upon delivery of the emergency equipment.
 - The sleeper tents relocated from Namboole to RRHs have not all been installed and in use due to limited space at the RRHs and drastic reduction of COVID-19 cases.
 - Medical beds and mattresses in various hospitals were not in use partly due to lack of space.



- Sequencing of projects and interventions partly leading to mischarges, low absorption of both donor and GoU funding.
 - Persistent requests for re-voting of Uganda Intergovernmental Fiscal Transfers Program (UGIFT) funds in the subsequent FY. Completion dates for some of the FY 2020/21 UGIFT contracts were stretched beyond 30th June 2021 yet all contract funds were released and expected to be spent within FY 2020/21.
 - Variances in scope of works for the newly upgraded HCII infrastructure. The investments made in FY 2019/20 were holistic and included staff accommodation, FY 2020/21 omitted staff accommodation and this is likely to affect effective utilisation of the newly upgraded health facilities.
 - Financial and time losses due to delayed completion of development projects at RRHs. The contractor in Masaka was paid over Ug shs 600million due to price and time variances resulting from delays in completion of planned works at the Complex under construction.
- 6 Procurement delays coupled with inadequate capacity of contractors affected timely completion of planned works under the UGIFT in beneficiary local governments.
- 7 Delayed disbursement of re-voted funds to the districts local governments. As at end of February 2021, a number of districts had not received these funds to complete FY 2019/20 health facility upgrades.
- 8 Limited number of public health facilities accredited to transfuse blood in relation to private entities.

Recommendations

1. Accounting Officers in the health sector should support capacity building of all planners and project managers in planning and forecasting to allow timely, sustainable and effective execution of targets and attainment of the NDPIII objectives.
2. The National Planning Authority should fast track realignment of sector development plans and annual work plans to foster achievement of the NDP goals and objectives.
3. The MoH Accounting Officer should fast track and explore space opportunities in RRHs. For example, some of the clinics can be moved to the newly acquired sleeper tents as additional funding is mobilised to establish new ICU infrastructure. Otherwise, the MoH should fast track demobilisation of the sleeper tents not in use for appropriate storage pending any other emergency requirements.
4. The MoH, MFPED and other key stakeholders should fast track finalisation of financing modalities to minimise allocation of funds to interventions not ready for implementation and the resultant effects of re-allocation and or diversion of funds to alternative uses.



5. Accounting Officers should apprehend user departments that fail to initiate procurement in a timely manner.
6. The MFPED should fast track issuance of re-voted funds cash limits to LGs to ensure timely completion upgrading of HCIIIs to IIIs.



CHAPTER 1: INTRODUCTION

1.1 Background

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

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

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

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

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



CHAPTER 2: METHODOLOGY

2.1 Scope

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

- Significance of the budget allocations to the votes within the sector budgets, with focus being on large development and recurrent expenditure programmes.
- The programmes that submitted quarterly progress reports for FY2020/21 were followed up for verification of specified output achievements.
- Multi-year programmes that received funds during FY 2020/21 were revisited.
- Projects/programmes prioritised to contribute towards national and sector priorities.
- For completed projects, monitoring focused on value for money and intermediate outcomes.
- Off budget support.

Table 2.1: Scope of Budget Monitoring FY 2020/21

Vote Code	Vote Selection	Programmes monitored	Sub-Programmes monitored	Location
014	MoH	Health Governance and Regulation (Programme 01)	Quality Assurance, and COVID-19 interventions that received funding under the programme	Kampala,
		Health Infrastructure and Equipment	Institutional Support to MoH (Project 1027); Renovation and Equipping of Kayunga and Yumbe General Hospitals (Project 1344); Rehabilitation and construction of general hospitals (Project 1243), Uganda Reproductive Maternal and Child Health Services Improvement Project (Project 1440), Strengthening Capacity of Regional Referral Hospitals (Project 1519), Improvement of Regional Referral Hospitals in Northern Uganda Project ¹	MoH, Mulago, Kayunga, Yumbe, Kawolo, Kayunga. Among other local governments
		Pharmaceutical and other Supplies	GAVI Vaccines and Health Sector Development Plan	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	Butabika, MoH, Fort Portal, Mbarara, Arua, Mbale, Mulago
		Clinical Health Services	Shared National Services (sub programme 9), Emergency Medical Services(Sub programme 16), Health Infrastructure(Sub programme 17)	MoH, RRHs,



Vote Code	Vote Selection	Programmes monitored	Sub-Programmes monitored	Location
114	Uganda Cancer Institute (UCI)	Cancer Services	Medical Services and three development projects	UCI-Mulago,
115	Uganda Heart Institute (UHI)	Heart Services	Medical Services (02) and three development projects	UHI-Mulago
134	Health Service Commission (HSC)	Human Resource Management for Health	Human Resource Management for Health and the HSC development project.	HSC, 14RRHs
151	Uganda Blood Transfusion Services (UBTS)	Safe Blood Provision	Regional Blood Bank, one development project	UBTS, two Blood Banks
161	Mulago Hospital Complex	National Referral Hospital Services	Medical Services, and two development projects.	Mulago Hospital
162	Butabika Hospital	Provision of specialized mental health services	Management; and two development projects.	Butabika Hospital
163-176	Referral Hospitals	Regional Referral Services	Hospital Services, Project 1004 and all retooling projects.	16RRHs
501-850	Local governments	Primary Health Care	Uganda Intergovernmental Fiscal Transfer Programme (UGFIT) and PHC Transitional development Grant (Sanitation)	Selected LGs
	Selected Health sector Votes	COVID-19 Response	COVID-19 responses at National Referral, Regional Referral, Local governments	Mulago, RRHs and LGs

Source: Semi-Annual Budget Monitoring Travel Plan FY 2020/21

2.2 Methodology

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

2.2.1 Sampling

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

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



2.2.2 Data Collection

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

- Review of secondary data sources including: National Development Plan III; Ministerial Policy Statements for FY2020/21; 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), 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, subprogrammes and projects monitored in FY2020/21

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

Source: BMAU



2.3 Limitations of the report

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

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

2.4 Structure of the Report

The report is structured into five chapters. These are Introduction, Methodology, Sector performance, Economic Stimulus to Health Sector towards COVID-19 Response, Conclusion and Recommendations.



CHAPTER 3: SECTOR PERFORMANCE

3.1 Introduction

According to third National Development Plan (NDPIII), this programme contributes to the NDPIII goal of increased household incomes and quality of life through increasing productivity, inclusiveness and well-being of the population. The Human Capital Development Programme will improve the productivity of Ugandans by ensuring a healthy and an educated resilient Ugandan population.

The health sector seeks to improve the quality of life through increasing productivity, inclusiveness and well-being of the population. During the NDP III period (2020/21 – 2024/25), the health sector seeks to reduce prevalence of under 5 stunting from 28.9 percent to 19 percent; Reduce neonatal mortality rate from 27/1,000 live births to 19/1,000; Reduce under 5 mortalities from 64/1000 live births to 30/1000; Reduce Maternal Mortality Rate from 336/100,000 to 211/100,000.

Others are: Reduce unmet need of family planning from 28 to 10 percent and increase CPR from 35 to 50 percent; Reduce mortality due to NCDs from 40 to 30 percent; Reduce Mortality due to high risk Communicable Diseases (Malaria, TB & HIV/AIDS) (percent) from 60 percent in 2017 to 30 percent; Reduce teenage pregnancy rate from 25 percent in 2016 to 15 percent; Increase proportion of the population accessing universal health care from 44 to 65 percent; Increase percentage of vulnerable people with access to social insurance from 7 to 15 percent among others. The sector realigned its priorities in order to achieve the NDPIII objectives.

Sector Priorities FY2020/21

The key sector priorities for FY 2020/21 include the following:

- Prevention and control of Communicable Diseases Non-Communicable Diseases
- Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent Health services.
- Improving the emergency medical services and referral system.
- Expand community-level health promotion, education and prevention services in all programs.
- Support health systems improvement in health information management and use, research and technology (Digitalizing of the hospital and medical records).
- Strengthen Public-Private Partnerships in areas of reporting and financial access
- Establishment of the National Health Insurance Scheme and improve the allocative and technical efficiency in the provision of financial resources in the health sector with focus on prevention vs curative.



3.2 Sector Votes

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

3.3 Overall Sector Financial Performance

The sector was allocated Ug shs 2,788.911bn, of which 1,558bn (56%) was released and Ug shs 712bn spent by 31st December 2020. Overall, sector absorption of funds was poor at 46%. Although the development partners released 61.4% of the budget, the sector absorbed only 5.5% of the released funds.

This was attributed to delayed procurement processes across the various health sector votes. On the other hand, absorption for the GoU development funded projects was fair at 52%. Good performance was registered in absorption of wage and non-wage grants were at 93% and 85% respectively. Overall, expenditures were mainly on non-wage recurrent activities at 57%, followed by wage 27%, development activities 15% and clearance of arrears at 1%.

Performance by Vote

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

3.4 Ministry of Health (Vote 014)

Monitoring covered five programmes and 11 sub-programmes (*See table 2.1*). The MoH fairly performed achieving 59% of the semi-annual targets: The five programmes performed as follows:

Health Governance and Regulation (Programme one) achieved 50% of the set targets, Public Health Services (Programme 06) achieved 76% of the set targets, 35% for Health Infrastructure and Equipment (Programme 02) and 68% for Pharmaceutical and Other Supplies (Programme 05), 63% for Clinical Services (Programme 08).

Examples of good performing sub-programmes included: East African Public Health Laboratories at 83%, Emergency Medical Services at 72%, and Shared National Services at 71%.

The fair performing sub-programmes included: Kayunga Yumbe averaging at 68%, Global Alliance for Vaccine Initiative at 68%, and Communicable Diseases Prevention and Control



at 69% and Uganda Reproductive Maternal and Child Health Services Improvement Project at 54%.

The poor performing sub-programmes included: Strengthening Regional Referrals at 0% Kawolo-Busolwe at 2%, Retooling MoH at 12%, Health Infrastructure Sub-programme at 45%, Improvement of Regional Referral Hospitals in Northern Uganda Project at 45%. Detailed performance by programme and sub-programmes as follows:

3.4.1 Health Governance and Regulation (Programme 01)

Background

The programme¹ contributes to improved level of sector collaboration and partnership sector outcome. The main objective of the sub programme is to improve quality of health care and patient safety. The key performance indicator for is Proportion of health facilities attaining Star 3(>75) status under the health facility quality of care assessment program;

The planned outputs included²: Arrears Paid; Coordination of Clinical and Public Health emergencies undertaken; Health Regulatory Councils, Ministerial and Top Management Services undertaken; Ministry Support Services undertaken; Support Supervision visits to all RRHs and all districts undertaken;

In FY 2020/21, the programme was allocated Ug shs 6.786bn. This was revised to Ug shs 178.92bn upon receipt of Ug shs 172.142bn supplementary budget mainly towards COVID – 19 responses. A total of Ug shs 106.849bn (60% of the revised budget) was released and Ug shs 76.230bn (71%) spent as at 31st December 2020.

The share of expenditures under the Sub-programme was mainly dominated by: Uniforms, Beddings and Protective Gear Ug shs 43.42bn (56.96%) - *Most funds used to pay suppliers of non-medical masks*, Medical and Veterinary supplies Ug shs 12.90bn (16.93%)- *Most funds paid for supply of COVID-19 testing kits*.

Others were: Domestic arrears (Budgeting) Ug shs 5.316bn (6.97%), Transfers to other government units Ug shs 4.598bn (6.03%) - *Most funds transferred to Regional Referral and selected local governments for management of COVID-19*.

Other were: Allowances Ug shs 2.897bn (3.80%), Fuel, Lubricants and Oils Ug shs 2.477 bn (3.25%), Special Meals and Drinks Ug shs 2 billion (2.62%)- *Funds paid for meals supplied during the COVID-19 response*, Contract Staff Salaries (Incl. Casuals, Temporary) Ug shs 1.203bn (1.58%), and General Staff Salaries Ug shs 0.366bn (0.48%). ***Details of COVID-19 related expenditure and outputs are discussed in the COVID-19 Response Chapter of this report.***

1 The programme was selected for review for purposes of analysis of the COVID-19 response funds that had been appropriated under the programme

2 Other planned outputs which accounted for the Bulk of funds are extensively discussed in the COVID-19 health sector response



Overall, the sub-programme fairly performed, under the different outputs. Generally, COVID-19 disrupted some planned activities such as support supervisions among others.

The MoH however implemented coordination activities including transfers to other units, quality assurance and improvement as well as COVID-19 interventions (Table 3.1).

Table 3.1: Performance of Health Governance and Regulation as at 31st December 2020

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Arrears Paid	5,982	5,982	90	3.01	Some arrears paid.
Coordination of Clinical and Public Health emergencies including the Nodding Disease	2,000	2,000	50	0.56	MoH responded to COVID-19 using the supplementary funding
Health Regulatory Councils undertake	4,800	4,650	96	2.66	Funds transferred to various councils including pharmacy council, among others.
Ministerial and Top Management Services undertaken	932	451	48	0.52	Done. Including coordination activities, quality assurance
Ministry Support Services undertaken	165,213	93,765	27	43.93	Fair progress. Most funds related to COVID-19 interventions
Programme Performance (Outputs)				50.67	Fair progress

Source: Field findings

Conclusion

The programme fairly performed with 50% attainment of the set targets. The coordination activities including quality assurance in the health sector was undertaken. The COVID-19 disruptions however affected performance. The programme also coordinated the COVID-19 interventions under the National Task Force among others.

3.4.2 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 413.57bn of which Ug shs 588.46bn (142.3%) was released and only Ug shs 58.74bn (10%) spent. The excess release over the budget was attributed to a supplementary release to the programme to support COVID19 response interventions. During FY 2020/21, the MoH implemented ten sub-programmes.³ Semi-annual monitoring focused on six out of ten (60%) sub-programmes (*Refer to table 2.1*). Detailed programme performance is highlighted below:

3.4.2.1 Retooling Ministry of Health (MoH) - Project 1566

Background

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

The planned outputs of the sub programme included:

- ICT system procured and installed for Digitalisation of four regional referral hospitals (Masaka, Mubende, Jinja, and Lira)
- Uniforms and cooperate wear procured
- IFMS forms procured
- Rehabilitation works under taken
- Local governments supported:
- Joint Medical Stores(JMS) supported for procurement, clearing, warehousing and distribution of Reproductive Health Supplies/commodities:

In FY 2020/21, the project was allocated Ug shs 20bn which was revised to Ug shs 37bn with the Ug shs 17bn supplementary funding. As at the end of December 2020, the MoH had received Ug shs 26.63bn (71%) of the revised budget and Ug shs 10.02bn spent (37%).

The poor resource absorption was attributed to delayed initiation of procurements. Distribution of the absorbed funds included: Support to Local Governments Ug shs 4.299bn (42%), Non-Residential Buildings at Ug 4.075bn (40%), Carriage, Haulage, Freight and transport hire at Ug shs 0.731bn (7.3%).

³ 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 Specialised 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);



Others were; Domestic arrears at Ug shs 0.280bn (2.8%), Electricity at Ug shs 0.255bn (2.5%), Fuel, Lubricants and Oils at Ug shs 0.166bn (1.6%). The rest of the activities shared 3.8% of the expenditure as at 31st December 2020

Further analysis of the accounts analysis report from MoH revealed that majority of expenditures were on support to COVID Response which was part of the COVID-19 supplementary funds to selected hospitals, local governments and rehabilitation works at selected health facilities, construction of port health laboratory and staff houses among others.

The project funds were also used to pay for arrears of other health institutions such as Mbarara Regional Referral Hospital ***Details of COVID-19 related expenditure and outputs are discussed in the COVID-19 Response Chapter of this report.***

The sub-programme performance was poor at 12% achievement of semi-annual targets. Most of the core planned outputs of the project were still under procurement partly due to late initiations of procurements by the user departments. Details of progress are subsequently presented and summarised in table 3.2.

ICT system procured and installed for Digitalisation of four Regional Referral Hospitals (Masaka, Mubende, Jinja, and Lira). The contract with the Best Evaluated Bidder (M/s Sybyl Company Limited) was under preparation by 1st March 2021 for submission to the Solicitor General for approval.

Uniforms and corporate wear procured: The advert for the procurement of uniforms was made published on 9th March 2021 with a deadline for submission of bids being 7th April at 11.00am. The Local Purchase Order (LPO) for procurement of corporate wear for MoH staff had not been issued by 15th March 2021 to the Best Evaluated Bidder M/s NUN Ventures Limited.

IFMS forms procured: The contract for printing HMIS forms was signed in three lots to reduce the lead time for delivery of the HMIS forms. The first lump sum contract was signed on 10th February 2021 between MoH and M/s Matrix Agencies at a contract sum of Ug shs 276,828,000 for a period of three weeks. The second and third lump sum contracts were signed on the same date, for a similar contract duration between MoH and M/s Kirangi Enterprises Limited, and M/s KKN Enterprises Limited at a contract sum of Ug shs 297,789,520 and Ug shs 424,835,400 respectively.

Rehabilitation works under taken: The procurement for works (Rehabilitation of National TB and Leprosy office buildings, Ministry of records archive, and minor renovation of toilets, and face-lifting of MoH office block) were still at evaluation stage. The MoH however paid Ug shs 54 million to M/s Kemtec Ltd for modifications of the World Food Programme (WFP) tent at the MoH

Local governments supported: The MoH transferred Ug shs 300 million to Kasese DLG and Lira DLG on the 7th November 2020 and 28th January 2021 for upgrading Nyabirongo HCIII to



IV and construction of operating theatre at Ober Health Centre IV respectively.

The MoH also transferred Ug shs 5 million to Kapchorwa DLG to facilitate the District Service Commission (DSC) to recruit health workers. The MoH also paid Ug shs 280 million to M/s Excel for works completed at Mbarara Regional Referral Hospital.

Joint Medical Stores (JMS) supported for procurement, clearing, warehousing and distribution of Reproductive Health Supplies/commodities: The MoH transferred Ug shs 731,929,024 to the JMS for warehousing, Customs clearance charges at the port of entry for United Nations Population Fund (UNFPA) stock, National Drugs Authority (NDA) and, distribution charges for various UNFPA products.

The transferred funds included arrears (Custom clearance fees for June 2020, distribution fees for February, May and June 2020 and some payments for the first half of the year (Warehousing, Customs clearance fees and National Drugs Authority payments for various UNFPA and distribution, for July, August, September and October 2020).

Table 3.2: Performance of the Retooling Ministry of Health (MoH) as at 31st December 2020

Output	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
Uniforms for medical staff including Cooperate wear for MoH staff procured	4,100	1,295	100	0	0	Not achieved. The procurement is into four lots as a measure to ensure timely conclusion of the procurement
Medical stationery procured	1,000	1,000	100	0	0	Not achieved. The contracts were signed on 10th February 2021.
ICT Equipment and software for HMIS interconnectivity in 3 NRH procured. Computers for MoH including anti-Virus	6,336	3,300	100	0	0	Not achieved. Procurement ongoing.
Office Furniture Procured	125	125	100	0	0	Not done. Deliveries however made in February to March 2021
Renovation works at the National TB and Leprosy office building, MOH Records Archive, and Minor renovation of Toilets, and face lift of the MoH office block	2,000	600	100	0	0	Not done. Procurement was still ongoing



Output	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
Health facilities rehabilitated	1,283	320	100	100	3.46	Funds to upgrade Nyabirongo HCIII to HCIV in Kasese DLG were transferred on 23rd November, 2020 and works were due to commence in the second half of the year
JMS supported for procurement, clearing, warehousing and distribution of Reproductive Health Supplies/commodities:	2,300	733	100	31.9	6.2	On track.
Monitoring, Supervision and Evaluation of Health Systems	1,087	613	100	35	1.82	Activities under taken
Support to Local Governments	4,000	4,000	100	0	0	Transfers made as COVID-19 response. Works had not commenced
Government Buildings and Administrative Infrastructure	14,177	14,177	100	0	0	Transfers made as COVID-19 response. Works had not commenced
Machinery and Equipment	400	180	100	0	0	Activity not done. MoH to rationalize the expenditure
Arrears paid	280	280	100	100	0.76	Arrears paid.
Programme Performance (Outputs)					12.23	Poor performance

Source: Field Findings

Challenges

- Late initiation of procurements. The procurements for uniforms was for instance initiated on 27th January 2021.

3.4.2.2 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, excluding taxes and operational expenses. 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 16th April 2015. The project was initially expected to end on 28th February 2020; however, it was revised to 30th June 2021. The project is comprised of four components: Component I: Civil Works; Component II: Consultancy Services; Component III: Medical Equipment and Furniture; Component IV: Project Management and Administration.

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

The scope of works included:

- Construction of a new hospital complex comprising of OPD, Laboratory, Radiology, Accident and Emergency, Operation theatre, Maternity ward & delivery suites and Private wing
- Rehabilitation and remodelling of the existing ward block into male, female, paediatric and isolation wards. Remodelling of the other existing medical building into expanded support facilities: kitchens, laundry, and stores.
- Rehabilitation of all existing staff houses at both hospital, construction of 31 new housing units for Kayunga and; 48 new housing units for Yumbe hospital.
- Renewal & upgrade of the water supply, drainage and sewage systems among others.

The contract for design and supervision for the rehabilitation and expansion works at the two hospitals was signed on 6th June 2016 with M/S Dar Engineering in association with Joadah Consult Ltd. Works at both sites were initially expected to on 7th February 2020 however, it was revised to August 2020 to compensate for the delayed hand over of old OPD site at Kayunga hospital and installation of equipment among other delays.

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



Performance

Overall performance of Kayunga -Yumbe averaged at 68% for civil works and equipping. Cumulatively, development partners disbursed a total of US\$ 26.628 million (72%); leaving 28% as the undisbursed percentage against the approved total loan of US\$ 37million. The majority of the undisbursed funds relate direct payments to the equipment suppliers.

During FY 2020/21, development partners disbursed US\$ 7.167million, of which 79.68% was spent on civil works for Kayunga and Yumbe, 15.78% on Equipment and Furniture, 3% on Consultancy services and 1.5% on HID Institutional support.

The GoU counterpart funding for FY 2020/21 was Ug shs 2.8bn, of which Ug shs 1.567bn (60%) was released and only Ug shs 0.966bn spent by 31st December 2020. Expenditures were mainly on: Development 75%, and 25% on HID Institutional support. By 31st December 2020, the GoU total counterpart funding to the project was Ug shs 16.504bn (US\$4,402,495.94).

At Kayunga hospital civil works were completed and the buildings had been partially handed over to the MoH awaiting the full installation of equipment. The laboratory, the Antenatal (ANC) and Family Planning (FP) clinics were already in use. The hospital was also utilizing the Accident and Emergency (A&E) as a Maternity Unit including carrying out caesarean surgical procedures.

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

At Yumbe hospital, civil works were substantially complete; outstanding works included painting works, completion of electro mechanical works, and pre installation civil works. The delay to complete works in time was attributed to; initial strikes by workers, heavy rains between June and September 2019, and difficulty in transportation of construction materials to the hospital. Further to this the effects of COVID-19 pandemic especially difficulty in importing materials and scaling down on the number of workers delayed the progress of civil works.

Contracts for the five out of the six Lots for Supply and installation of medical equipment and Furniture were signed between January and February 2020 and were expected to be delivered within five months. However, because of the COVID-19 effects especially the freight restrictions and temporary closure of some manufacturing plants abroad this was not achieved. The suppliers therefore requested for extension of the delivery period and this was granted.

By 31st December 2020, non-medical furniture, imaging equipment, surgical and critical care equipment, and general medical equipment had been delivered. Verification by National Advisory Committee on Medical Equipment (NACME) and installation ongoing. Delivery of medical furniture under lot 2 was ongoing.



The MoH re-tendered bids for the supply of laboratory equipment. These were broken down into two lots i.e. Lot 1A equipment for outright purchase and the contract was signed with RIMA (E.A) Ltd at a contract price of US\$684,468 while Lo1 B – equipment for placement basis was signed with Micro-Haem Scientifics and Medical Supplies Ltd at a contract price of US\$410,594.26 for a period of three years. Both contracts were signed on 2nd February 2021 with a five-month delivery period.

The MoH Project Implementation Unit (PIU) initiated procurement of ambulances, mini buses and pickups for the two hospitals. The MoH obtained clearance from the Hon Minister of Public Service allowing purchase of these vehicles and the Chief Mechanical Engineer had approved the technical specifications of the vehicles. The tender was advertised, and bids were received and evaluated. The evaluation report was submitted to the MoH contracts committee for approval.



Completed main medical building and senior staff quarters at Yumbe Hospital



Imaging and theatre equipment installed at Yumbe Hospital



Assorted medical equipment and Ophthalmology equipment at Kayunga Hospital



Table 3.3: Performance of Renovation and Equipping of Kayunga and Yumbe General Hospitals

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Monitoring, Supervision and Evaluation of Health Systems	500	250	100	50	1.82	Achieved
Support to Local Governments (Operationalising Kayunga GH to RRH)	1,000	500	2	1	3.64	Not Achieved
Purchase of Specialised Machinery & Equipment	24,618	24,618	100	70	58.19	Not achieved
Hospital Construction/ rehabilitation	1,380	817	100	59	5	Achieved
Programme Performance (Outputs)					68.64	Fair performance

Source: Field Findings

Implementation challenges

- Delayed completion of projects as earlier planned. This was mainly due to failure to hand over OPD area to the contractor at Kayunga Hospital and; erratic weather, workers strike and long haulage distance for construction materials at Yumbe Hospital. The COVID-19 effects have also led to delays in the delivery and installation of medical equipment.
- Delayed procurement of equipment. As at end of March 2021, contracts for supply of laboratory equipment had just been signed while those relating to the supply of ambulances had not been finalized.
- Un-harmonised implementation and disbursement period by development partners. Conflicting Project End-Dates: Although OFID and SFD accepted the government request to extend the closure date to 31st December 2021, BADEA on the other hand maintained 31st December 2020. Considering that, BADEA is managing the OFID financing as the Administrator. The differing closure dates shall cause confusion in managing the project closure activities.
- Numerous internet service providers installing their connections which involve drilling and trunking works is affecting finishing works at Yumbe Hospital.
- Absence of clear maintenance plans for the expanded and upgraded hospitals. This is likely to affect effective consolidation of gains expected from the investment.



Recommendations

- The MFPED and MoH should lobby BADEA to extend and harmonise the project implementation and disbursement period to 31st December 2021 as agreed by both OFID and SFD to avoid disruption in completion and closure schedules and activities.
- The PIU-MoH should fast track procurement of vehicles and ambulances.
- The MoH should develop clear maintenance plans for the two hospitals and prioritise allocation of adequate resources for this purpose.

3.4.2.3 Strengthening Capacity of Regional Referral Hospitals (Project 1519)

Background

The project also referred to as the DRIVE (Development Related Infrastructure Investment Vehicle). It is aimed at improving specialised care services through strengthening maintenance workshops; building capacity of bio medical engineers and clinical staff to deliver quality services through the procurement of 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 ten 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 2.9 million, Fort Portal, Soroti and Gulu 4 million respectively, Hoima, Moroto, Mubende, Naguru, Masaka Jinja, Kabale, Kira will get equipment between 3 million to 3.8 million while Mbale and Mbarara will get equipment of US\$ 5million.

Planned outputs for FY2020/21 were: Radiology, theatre, Intensive Care Unit, Accident and Emergency, Maternity and Neonatal Intensive Care Unit equipment purchased for all 14 Regional Referral Hospitals.

Performance

The project-approved budget for FY 2020/21 was Ug shs 1bn, of which Ug shs 0.580bn (58%) was released and Ug shs 0.300bn (51%) spent as at 31st December 2020.



The overall project performance was poor at 0%; the MoH did not achieve the planned target by 31st December 2020. The MoH however part paid scientist for innovating a ten in one incubator for Kawempe National Referral Hospital (table 3.4). The poor performance was attributed to delayed conclusion of the financing modalities between the GoU and project financier. The Netherlands Enterprise Agency issued a tentative programme for various activities (table 3.5).

Table 3.4: Performance of the Strengthening Capacity of RRHs Project

Output	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Radiology, theatre, Intensive Care Unit, Accident and Emergency, Maternity and Neonatal Intensive Care Unit equipment purchased for all 14 RRHs	1,000	580	100	0	0	Off track.
Programme Performance (Outputs)					0	Poor Performance

Source: Field Findings

As at 31st December 2020, the Netherlands Enterprise Agency had not finalized the Terms of Reference (TOR) for studies in country to be undertaken prior to contract signing and actual commencement of works (table 3.5).

Table 3.5: Draft planned timelines for DRIVE Project as at 31st December 2021

Item	Draft planned timelines	Comments
Terms of Reference for studies(TOR) finalized:	March, 2021	Upon obtaining final NEMA clarifications
Grant signing (for studies):	March/April, 2021	The Draft Grant Arrangement has already been reviewed.
Netherlands Enterprise Agency(RVO) will launch tender for studies: –	April/May, 2021	The tendering process is expected to take ~3 months
Contract signing with consultant:	July/August,2021	
Kick-off studies:	August, 2021	
Completion of Studies:	Quarter one 2022	
Securing funds for implementation:	Quarter one /two 2022	
Tender for implementation:	Quarter two 2022	
Contract signing:	Quarter three 2022	
Start implementation:	Quarter three 2022	

Source: MPFED

Challenges

- Delayed conclusion of the financing agreement and project implementation plan between the GoU and the donor affected achievement of the project's set targets at initial timelines.



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

Background

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

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

Since project inception in 2012, all scoped civil works at Kawolo Hospital including the perimeter wall and medical gas installations were completed. Medical equipment and furniture worth USD 1.2million was procured and installed by end of FY 2019/20.

In FY 2020/21, the planned outputs were:

- Twelve site meetings held, site supervision undertaken and twelve monthly supervision reports for refurbishment of staff houses at both Busolwe and Kawolo General Hospitals, Supervision Consultancy and preparation of monthly reports for refurbishment of Busolwe GH.
- An ambulance and pick up double cabin procured.
- Medical gas that was installed at Kawolo Hospital.
- Office and residential furniture and fittings procured.
- Supervision meetings to Gombe and Kawolo hospitals undertaken.
- Designs for Busolwe GH Refurbishment completed. Contractors to refurbish the staff houses at Kawolo and Busolwe GHs under GoU procured. Staff houses (35%) and medical buildings at both Kawolo and Busolwe GHs refurbished.

Performance

Performance of the sub-programme was poor at 2% attainment semi-annual targets. The civil works at Busolwe Hospital, civil works and procurement of equipment had not commenced partly due to delayed approval of designs by the Binational committee that was conditioned on confirmation of GoU counterpart funding.



The consultant Ms Isdefe (Ingeniería de Sistemas para la Defensa de España S.A., S.M.E., M.P.) submitted the scheme design report which was approved by the Bi-National committee with comments. The consultant was addressing the comments by 31st December 2020.

The approved scope of works at Busolwe by the Bi-National Committee includes renovation of hospital's old utility systems; Construction of a three VIP latrines; Placenta; Attendants laundry; Kitchen and a medical waste pit; Incinerator established; Refurbishment of the existing service block; Renovation of the main operation theatre, delivery suits, wards; External works including Roads and parking lots; walkways, fences and gates among others worth US\$ 6.6million.

This however, left out unfunded priorities to which the Government of Uganda was tasked to identify the funding source. These included: Renovation of the existing administration block, refurbishment of existing staff quarters, construction of 48 new staff houses, renovation of the gate and procurement of an ambulance and pick up double cabin.

The medical gas that was installed at Kawolo Hospital was missing humidifiers and this was brought to the attention of the funders by MoH. The funders gave a no objection and a supplier Ms RIMA (E.A) was identified. The procurement process to have the humidifiers supplied had commenced.

The MoH conducted four supervision meetings to Gombe and Kawolo hospitals. Contrary to the project objectives, the MoH paid G.o.U share of Interim Payment Certificate 12 worth Ug shs 535,517,937 to Arab contactors under renovation and expansion of Kayunga Yumbe hospital. Detailed project performance is highlighted in table 3.6.

Table 3.6: Performance of Rehabilitation and Construction of General Hospitals by 31st December 2020

Output/ Subprogrammes	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Monitoring, supervision and evaluation of health systems	290	151	1.00	0.33	1.99	Four supervision meetings were held
Hospital construction/ rehabilitation (non-residential buildings)	8,500	3,106	0.35	0.00	0.00	Civil works have not commenced because designs have not yet been completed
medical equipment procured	500	125	1.00	0.00	0.00	Equipment not yet procured
Programme Performance (Outputs)					1.99	Poor performance

Source: Field Findings, IFMS and MoH Q2 Progress Report



Implementation Challenges

- Delayed approval of designs by the Bi-National committee that was conditioned on confirmation of GoU counterpart funding.
- Delays in addressing of comments on the draft scheme designs and the finalisation of the designs by the consultants for Busolwe GH.
- Unfunded priorities have partly affected final approvals for final designs for Busolwe Hospital.

Recommendations

- The GoU should identify and allocate funds for the unfunded priorities so that the project takes off at to avoid variations during commencement and project implementation.
- The Bi-National committee should prevail on the consultant to complete the designs in a timely.

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

Background:

The project commenced on 1st July 2017 and expected to end on 30th June 2022. It contributes to the sector outcome of improved quality of life at all levels. The project is premised on five objectives. These are: To improve; 1) quality of care at Primary Health Care (PHC) health facilities; 2) Availability of human resources for health at PHC facilities; 3) Availability of Essential Reproductive Maternal Neonatal Child, and Adolescent Health (RMNCAH) drugs and supplies; 4) Functional and responsive referral system; 5) Infrastructure and medical equipment in PHC facilities.

The project is funded by: International Development Association (IDA), Global Financing Facility (GFF), Swedish International Development Cooperation Agency (SIDA) and Government of Uganda (GoU) to a tune of US\$165million. The IDA was set to 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 focuses on five components. These are - Component I: 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\$20 million.



Performance

Overall project performance was fair at 54% achievement by 31st December 2021. This was mainly due to delays in commencement of civil works, disbursement of RBF funds, procurement of equipment and RMNCAH supplies among others, which had a bulk of the project funds. However, some activities under the RBF component were undertaken like Monitoring and supervision, Payment of tuition fees and RMNCAH supplies were procured and distributed.

In relation to financing, cumulatively, development partners disbursed US\$93.48 million (63.35%). Cumulative expenditure was US\$70 million (67%) with RBF for PHC Services taking up to 36%; Strengthening capacity to deliver RMNCAH services at 25.15%; Strengthen Capacity to deliver BDR services at 6.497%; Enhance Institutional capacity to manage project supported activities at 6.8% and 25.12% on the COVID-19, Contingency Emergency Response Plan.

During FY 2020/21, the three development partners have disbursed US\$ 22.9million, of which US\$32.938million (49.09%) was spent. Part of this expenditure was from the money that was disbursed in FY 2019/20 but was not utilized. Expenditures were mainly on RBF for PHC Services taking up to 38.29%; Strengthening capacity to deliver RMNCAH services at 21.69%; BDR services at 0.14%; Institutional capacity to manage project supported activities at 0.49% and 33.68% on the COVID-19 Contingency Emergency Response Plan.

Cumulatively the GoU released Ug shs 1,073million to the project and approximately 100% spent. The allocation for FY 2020/21 was Ug shs 200million of which Ug shs 116million (58%) was released and Ug shs 115million spent by 31st December 2020.

Expenditures were mainly on fuel and lubricants 53%; travel inland 25%; 13% on allowances to and 8.7% on welfare and entertainment: RBF supervision was conducted for EDHMTs, Hospitals and facilities, technical support supervision by the Ministry's top management focusing Maternal and Perinatal Death Surveillance and Review (MPDSR), Maternal Health, and Health Infrastructure Development. An assessment was conducted to monitor and follow up of students awarded scholarships, completed training and deployed.

Results-Based Financing (RBF) for Primary Health Care Services: To date, Ug shs 86.117bn was disbursed to EDHMTs Hospitals and Health Facilities in 131 districts. The remaining districts are in the Acholi sub regions which are supported by Enabling Health in Acholi (EHA) to implement RBF. The total amount disbursed to HC IIIs is 44.242bn and HC IVs have so far received Ug shs 19.027bn and hospitals Ug shs 18.67bn. By end of March 2020, the programme had been rolled to 1,315 health facilities and 111 hospitals including one National referral hospital, 14 regional referral hospitals, 96 general hospitals.

Strengthen Health Systems to Deliver RMNCAH Services: Tuition fees were paid for 624 health workers who were awarded scholarships between 2017/18 and 2018/19, including the first cohort of Intensive care nursing as well as other disciplines. Selection of 310 students for



the second cohort of Intensive Care Nursing was on-going. To date, all students who undertook the diploma course in anesthesia and completed were absorbed. However, many students who undertook other disciplines have not been absorbed due to wage limitation

RMNCAH supplies procured: Procurement and distribution of RMNCAH Medicines and Supplies was completed. These include Maama Kits, Misoprostol 200mg Tablet, Medroxy progesterone, Acetate 150mg ml, Depot (DC) medroxyproge, Sterone Actate 100mg/0.65ml, Oxytoan 010/ml Injectable. Request to procure additional medicines and supplies was initiated.

Maternity units (81) constructed: Civil works were yet to commence, the delay in commencement of civil works was majorly attributed to lengthy processes including No objections by the World Bank.

By the 31st March 2021 however, contracts were signed on March 15th 2021, and sites were handed over to the selected contractors. The works were contracted in six lots as follows: Lot1 and 2 Ms Youngjin Construction INC, Lot 3 M/s Prisma Ltd, Lot 4 M/s Techno Three U Ltd in JV with PS construction Ltd, Lot 5 Excel construction Ltd and Lot 6 BMK(U)Ltd.

RMNCAH equipment procured and distributed to selected health facilities: Procurement of critical RMNCAH equipment was initiated. This follows completion of the needs assessment for the HC IIIs & HC IVs being upgraded, the equipment to be procured is estimated at cost US\$10.7million.

Office and Residential Furniture and Fittings procured: Procurement of medical furniture to selected facilities is on-going. Bids were advertised and were expected to close between May and June 2021.

Birth and death registration services: The draft Civil Registration and Vital Statistics (CRVS) Strategy was prepaid, NIRA Communication Strategy was developed and approved by the NIRA Board.

Consultant to develop the Birth, Death and Adoption Order Registration (BDAR) Solution Procured: Specifications are pending approval by NIRA Board. This was delayed by the change from M/S Muhlbauer to M/s Uganda Printing and Publishing Corporation (UPPC).

Motorcycles (20) and Motor vehicles (05) for hard to reach Districts procured: Cooper Motors Corporation (CMC) Uganda Limited was awarded the contract to supply the motor vehicles. The contract was signed in December 2020, currently the MoH is awaiting delivery of the motor vehicles. The contract to supply twenty motorcycles was initially awarded to M/S Nile Fishing Company Limited. However, they failed to perform the contract and it was terminated. The MoH has initiated the processes to re-tender the procurement.

Mobile Vital Records System (MVRs) operationalised: The birth and death notification and registration modules were operationalised and rolled out to all NIRA District offices. However, no facilities have commenced use of MVRS due to delays in training of duty bearers which



included CAOs, District Planners, District Health Officers, Town Clerks, Sub County Chiefs, Hospital Administrators, Records clerks and Midwives; and was expected to be completed in quarter four. Performance of the sub programme is summarised in table 3.7.

Table 3.7: Performance of the URMCHIP Project as at 31st March 2020

Output/Sub programmes	Annual Budget (Ug shs million)	Cum. Receipt (Ug shs million)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Monitoring, Supervision ² and Evaluation of Health Systems	200	116	100	80	0.03	On track
RBF for PHC Services ³	255,300	255,300	100	70	26.8	On track. RBF rolled out and improving service delivery
Capacity to deliver RMNCAH services strengthened	271,950	271,950	100	30	12.3	Fair. Construction works are behind schedule. Contracts were signed and sites handed over to the respective contractors
Strengthen Capacity to Deliver BDR Services	37,000	37,000	100	50	2.78	On track
Enhance Institutional Capacity to Manage Project Supported Activities	27,750	27,750	100	100	4.17	On track
Health Sector Supported in COVID-19 response	74,000	74,000	100	75	8.33	On track
Total	666,200	666,116				
Programme Performance (Outputs)					54.4	Fair performance

Source: Field findings, IFMS



Delivery bed yet to be installed and Ultra sound scan in use at Tororo General Hospital



Implementation challenges

- Delayed commencement of activities under the infrastructure equipment and RBF component.
- Delays in verification of outputs by MoH teams led to demotivation of staff undertaking RBF at various facilities as of March 2021, no facility had received any payment for results of FY 2020/21. *MoH noted that the delay in verification was a resultant effect of delayed submission of RBF invoices by the DLGs. The MoH had adopted direct disbursements of funds to district verification team to reduce the lead times.*
- COVID-19 affected project activities including studies of scholarship students funded by the project.
- Delayed feedback from the World Bank when a no objection is sought by MoH which delays implementation of the planned activities.

Recommendations

- The MoH and project funders should fast track implementation of all its planned outputs including all construction works to avoid further delays in project implementation.
- The MoH should fast track digitalisation of the RBF to improve efficiency in verifications of all RBF undertakings.
- The World Bank should prioritise analysis of submissions and issuance of no objections for timely project implementation.

3.4.2.6 Improvement of Regional Referral Hospitals in Northern Uganda Project

Background

The main objective of the project is strengthening the functionality of selected RRHs in Northern region of Uganda through construction of facilities and procurement of equipment thereby contributing to improving access and quality of health care services in Northern Uganda.

The project funded by Japanese grant worth Japanese Yen (JPY 2.86 billion) the disbursement period is April 2018 to March 2024. The Government of Uganda is counter funding the project with Ug shs 13.875 billion to cater for taxes, site preparation, additional furniture and equipment, and pre installation civil works for equipment in existing structures.

The project is comprised of two components: I. Civil works and II. Medical equipment and furniture.



The scope of works included:

- Construction of a new of OPD with MCH, Causality at Gulu, Arua and Lira Regional Referral hospitals.
- Construction of NICU and ICU at Gulu RRH
- Construction of Labour Suit at Lira RRH.

The construction works began in October 2019 and were expected to be completed in October 2020. However, due to the COVID-19 Pandemic, works stopped in April 2020 and resumed February 2021 for Lira and Gulu while works for Arua were expected to resume on 1st April 2021.

Overall works are expected to be completed by end of November 2021. The main contractor is Ms Iwata Chizaki Inc and sub contracted works to Excel Construction Company Limited. Consultancy services are provided by Consortium of Yokogawa Architects and Engineers Inc and INTEM consulting Inc.

The contract for equipping was contracted to M/s Sirius Corporation. The equipment to be supplied include: The X-ray, dental chair, operating tables, delivery beds, autoclaves, washing machines driers and three ambulances. Delivery of these equipment is expected in mid-September 2021 and thereafter installation and training of users.

The overall progress of civil works at all the three sites was 45% with Gulu estimated at 55% while the percentage completion for Lira was estimated at 48.19%. The civil works were observed to be of good quality.



Multipurpose buildings Facility at Lira RRH and Gulu RRH



Challenges

- Reduction of manpower on site: Due to the need to observe the Ministry of Health Standard Operating Procedures.
- COVID-19 disruptions that led to timelessness of eleven months.
- Lack of maintenance plans for new infrastructure to ensure sustainable use of the infrastructure.

Conclusion

The Health Infrastructure and Equipment Programme poorly performed averaging at 35% of the semi-annual targets achieved. Attainment of targets was affected by late initiation of procurements, delayed conclusion of financing modalities, and COVID-19 effects particularly for equipping of Kayunga and Yumbe hospitals among others.

Recommendations

- The Accounting officer of MoH should prevail on the PDU and user departments that fail to initiate procurements in a timely manner.
- MoH and MFPED should continue engaging the donors to fast track operationalisation of all the prior activities and clearances before final project execution.
- The MoH should build capacity of its planners to undertake explicit annual planning and budgeting for better implementation of planned outputs, assessment and reporting.

3.4.2 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 FY2020/21 focused on Sub-programme 1436 and findings are presented below.

3.4.2.1 Global Alliance for Vaccine Initiative (Project 1436)

Background

The second phase of the GAVI (HSS2) grant is 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 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 use for improved performance of EPI and other priority MNCH services.

Planned outputs during FY 2020/21 included; Solar direct driven refrigerators, freeze free vaccine carriers, fire extinguishers, Cold Chain Equipment Optimisation Platform (CCEOP) equipment and assorted spare parts, vaccine Carriers motorcycles, two refrigerated trucks and Medium-size motorized boats procured. Support supervision provided to various local governments.

Performance

The GoU allocated Ug shs 11.093bn which was all released and Ug shs 7.191bn (65%) spent. Majority (99%) of the expenditure was transferred to UNICEF for procurement of vaccines including BCG, Measles, and Oral Polio, DTP-HepB-Hib. The rest of the expenditure were made on allowances for support supervision among the districts.

The donor allocation on the other hand was Ug shs 36.74bn which was all released and Ug shs 10.63bn (28%) spent as at 31st December 2020. The low absorption was attributed to the various procurements for equipment including eleven boat ambulances, two refrigerated trucks for the NMS that were still ongoing.

The sub programme achieved 68% of the planned outputs. The following was procured; 135 fire extinguishers distributed to all 135 districts; 5,213 vaccine carriers; 1,155 cold boxes procured and distributed to various districts;

Others were; 1,534 Solar Direct-Drive (SDD) fridges under CCEOP; and 70 SDD fridges under HSS2 received, distributed and installed in all 135 districts; 657 motor cycles procured and distributed. Support supervision was provided to all districts including, Nakasongola, Nakaseke, Isingiro, Lamwo, Agago, Kole, Apac, Kyankwanzi & Bukomansimbi.

Other procurements including procurement of 4 medium-size motorized boats, two refrigerated trucks for the NMS were still ongoing while other activities such as disseminating and launching urban immunisation guidelines had not commenced. Detailed sub-programme performance is highlighted in table 3.8.

Immunisation coverage was stagnated at slightly above 90%. This was partly attributed to the COVID-19 disruptions. However, implementation of a recovery plan through the Integrated Child Health Days (ICHDs) was ongoing and was already improving the vaccination coverage.

**Table 3.8: Performance of Pharmaceutical and other Supplies as at 31st December 2020**

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
All planned doses of co-financed vaccines (DPT-HepB-Hib, PCV, HPV, IPV, Rotavirus and MR1) procured	11,000	11,000	100	50	11.48	On track
Monitoring and evaluation capacity Improvement (Support Supervision) done	93	61	100	50	0.15	On track
Technical supportive supervision conducted in 30 selected districts	2,129	2,129	100	50	2.22	On track
Monitoring and Evaluation Capacity Improvement including Support supervision	5,618	5,618	100	70	8.21	On track
135 Districts supported by the funds for Integrated Child Health Days, and Districts Facilitated in the disposal of obsolete immunisation equipment in the 132 districts country wide	22,931	22,931	100	80	38.28	On track
18 SDD refrigerators procured, 365 Freeze Vaccine carriers procured, 365 Cold Chain equipment under the CCEOP	6,148	6,148	100	60	7.7	On track
Programme Performance (Outputs)					68.03	Fair Performance

Source: Field Findings

Challenges

- Increasing cost of co-financing with introduction of new vaccines.
- Inadequate staffing norms at various levels leading to work overload among health workers.
- The COVID-19 pandemic disrupted routine immunization plans by increasing the work pressure on UNEPI, districts and health workers

Conclusion

The Pharmaceutical and Other Supplies Programme fairly performed with 68% achievement of semiannual outputs. The programme was on track for most of the outputs. Full attainment of the sub programme outputs was however affected by limited financing for co-financed vaccines, limited staffing levels.

Recommendations

- In line with GAVI's transition model, GoU needs to progressively increase budget allocation to co-financing with the objective of fully financing the vaccines in future.



- The MoH should study and advise MFPED about the cost implications on the new vaccines prior to their introduction for better planning and budgeting.
- The MoH to engage Ministry of Public Service, Ministry of Local Government and MFPED to discuss and strongly consider revision and implementation of staffing norms in the Local Governments with emphasis on Health Department.

3.4.3 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 two sub-programmes: Sub Programme 08 and, East Africa Public Health Laboratory Network Project Phase II (Project 1441).

Performance

The approved budget for the programme in FY2020/21 was Ug shs 16.65bn, of which Ug shs 12.87bn (77%) was released and Ug shs 5.25bn (40%) spent by 31st December 2020.

The programme achieved 76% of the planned targets for outputs with Communicable Diseases Prevention and Control Sub programme achieving 69% while the East Africa Public Health Laboratory Network Project Phase II (Project 1413) at 83%. Diphtheria Pertussis Tetanus third dose (DPT3) was at 89%. Major outbreaks like COVID-19, Ebola, Presumptive MDR TB Cases, Severe Acute Respiratory Infection (SARI), Crimean-Cong Hemorrhagic Fever, and Acute Flaccid Paralysis among others were contained in Uganda.

Construction works were generally behind schedule. Construction works at Arua laboratory was at 90%, Mbarara at 91%, Mbale at 100%, Multi Drug Resistant Tuberculosis (MDR) Unit in Moroto was at 93%, Entebbe Isolation ward/unit at 93%, while Viral Haemorrhagic Fever (VHF) Mulago Isolation ward was at 60%. Summarized performance is highlighted below.



3.4.3.1 Communicable Diseases Prevention and Control (Sub Programme 08)

Back ground

The sub-programme undertakes coordination of National Endemic and Epidemic Disease Control services, Immunisation services, and Indoor Residual Spraying (IRS) services. Coordination of clinical and public health emergencies including the response to the nodding disease.

The planned outputs included: quarterly coordination meetings for the differentiated service delivery involving implementing partners at the Ministry of Health conducted; Technical supervision to implementing districts under taken; Technical Support Supervision to poorly performing district mentorship conducted; entomological monitoring strengthened collaboration and partnership strengthened.

Performance

The GoU approved budget for the sub programme for FY2020/21 is Ug shs 5.522bn. This was revised to Ug shs 9.022bn upon issuance of a supplementary of Ug shs 3.5bn as part of COVID-19 response⁴. As at 31st December 2020, a total of Ug shs 6.803bn (61% of the revised approved budget) had been released and Ug shs 5.579bn (82% of released funds) spent.

Majority of expenditures was on Ministry support services where the Ug shs 3.5bn was spent on fuel for COVID-19 response (63%), National Endemic and Epidemic Disease Control at 16%, Photo-biological Control of Malaria at 8%, Technical Support, Monitoring and Evaluation at 7%.

Performance

The performance of the sub-programme was fair at 69% achievement of the semi-annual targets. The MoH conducted support supervision on routine Immunisation, surveillance and financial management in weak performing districts, larviciding districts such as Kabale, Rubanda, Lira, Kisoro were provided with supervision; Uganda National Health Laboratories Services (UNHLS) Staff were sensitized on the Laboratory Guidelines for testing Hepatitis B and C, Sample Safety and Quality Management, Trained health workers in Hepatitis B activities in districts including Kampala.

MoH also conducted Integrated Support Supervision and mentorship in the districts to streamline service delivery in West Nile, Karamoja and Lang Regions. The sub-programme also undertook regional support supervision on the implementation of HIV prevention strategies in Mbale and Soroti during COVID-19 including the condom strategy.

Support supervision visit and social mobilisation among stakeholder for Cholera prevention in Bududa and Manafwa Districts were undertaken. Performance is summarised in table 3.9.

⁴ The MoH used the Ug shs 3.5bn to procure fuel to support COVID-19 response



Table 3.9: Performance of Communicable Diseases Prevention and Control (Sub Programme 08) as at 31st December 2020

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
Clinical and Public Health emergencies including the Nodding Disease coordinated	788	631	100	50	5.45	Done
Immunisation undertaken	229	147	100	57	2.25	On track with DPT3 coverage was at 89%.
Indoor Residual Spraying (IRS) services	82	75	100	0	0	IRS was not undertaken.
Ministry Support Services undertaken	3,500	3,500	100	100	38.79	Funds used on fuel for COVID-19 response
National Endemic and Epidemic Disease Control done	1,977	942	100	20	9.2	Fair. Out breaks contained
Photo-biological Control of Malaria	1,000	667	100	35	5.81	Pilot for Larviciding in some district s was ongoing.
Technical support, monitoring and evaluation undertaken	1,445	839	100	30	8.28	On track.
Programme Performance (Outputs)					69.79	Fair performance

Source: Field findings

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

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

The project implements three components. These are: Regional Diagnostic and Surveillance Capacity (Component one), Training and Capacity Building (Component two), Joint Operational Research and Knowledge Management (component three). Semi-annual monitoring FY 2020/21 focused on component one and visited project sites in Arua, Mbale Entebbe, and Mbarara hospitals.



Performance

The performance of the EAPHL averaged at 83% as at 31st December 2020. In relation to disbursements, the World Bank had cumulatively disbursed US\$ 14.6 million as of 31st December 2020 (98%). The GoU allocated a total of Ug shs 50million, of Ug shs 29 million which was released and Ug shs 23.5million spent by 31st December 2020. Allocations and expenditures were made on travel inland.

The project at Arua RRH had variation under civil works, a delay in approval by World Bank was noted. The addendum to the contract was submitted to the Solicitor General for approval before Submission to the World Bank by end of February 2021.

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. The project achieved the following by 31st December 2020:

Viral Haemorrhagic Fever (VHF) Isolation Unit at Mulago Hospital constructed: Civil works were behind schedule, and were contracted to M/s ZhongMei Engineering Limited at a cost of Ug shs 8.9bn for duration of 12 months. Works commenced in December 2019 and expected to end in November 2020 this was however, extended to 30th June 2021. By end of February 2021 physical progress of works were estimated at 60%.

Mbale Hospital laboratory constructed: Works at Mbale site were contracted to M/s Egiss Engineering Contractors at a sum of Ug shs 1.9bn. Works were substantially complete (98%), outstanding works included completion of stone pitching and completion of the fence that was destroyed during the construction period. The facility is now waiting for inauguration and equipping.

Arua Hospital laboratory constructed: Works were expected to end in March 2020, however M/s Alliance Technical Services, the contractor had completed 92% of the civil works. Contractor was still behind schedule. Works were ongoing with the facility roofed. Outstanding works included: Electrical mechanical finishes painting, external works, floor finishes, plastering and ceiling works, and fitting of doors and windows.



L-R: Mbale Regional Referral Hospital Laboratory and Arua Regional Referral Hospital Laboratory

Programme Implementation Challenges

- Delays in completion of civil works with none of the awarded contracts completed on time, this was partly attributed to several design changes, late hand over of the sites and inadequate capacity of the contractors to execute works as planned.
- Delayed approval of variations by the funder, the World Bank delayed to approve variations in civil works delayed progress of civil works.
- The COVID-19 pandemic led to stalling of projects between March and May 2020.
- Inadequate planning for equipment, the nearly complete laboratories do not have the necessary equipment, this is likely to affect optimum operationalization of the laboratories once handed over to GoU.

Conclusion

The Public Health services fairly performed at 76% achievement of the semi-annual targets. All planned outputs were ongoing. The average performance of the public health services was attributed to delayed completion of civil works for the laboratories, and isolation units.

Recommendations

- The MoH together with the project manager of the EALPII should engage all contractors to fast track implementation of all civil works to avoid further delays.
- The MoH together with beneficiary hospitals should adequately plan for equipment and staffing of the newly constructed laboratories in the FY 2021/22 to enhance optimal utilisation of the facilities.



3.4.4 Clinical Health Services (Programme 08)

Back ground

The programme is generally responsible for coordinating effective and efficient health service delivery in Uganda. The programme consists of five sub programmes. These are; Shared National Services (sub programme 9), Nursing services (Sub programme 11), Clinical services (Sub programme 15), Emergency Services (Sub programme 16) and Health Infrastructure (Sub programme 17).

The approved budget for the programme for FY2020/21 was Ug shs 57.51bn, of which Ug shs 29.66bn (51%) was released and Ug shs 20.74bn (69%). During the semi-annual monitoring for FY2020/21, the focus was on three out of the five programmes. Performance by sub programme is presented below.

3.4.4.1 Shared National Services (Sub-Programme 9)

Background

The sub-programme is mandated prepare all policies that relate to the coordination, deployment, supervision, learning, remuneration of Interns, and Senior House Officers in the various learning institutions. The sub programme also contributes to the transfers to the local governments for development activities, and to local and international institutions such as Red Cross, and Global Fund among others that partner with Government in health service delivery.

The planned outputs included; Allowances for intern Health workers and senior house Officers paid; public awareness on National Health Insurance Scheme (NHIS) created; Stakeholder engagements held; NHIS secretariat facilitated to coordinate and support its activities; Build capacity of MoH staff in Health Insurance; Funds transferred to JMS for PNFP EMHS credit line; Funds transferred to Red Cross society to support blood mobilization and response to disasters.

Performance

The approved budget for the sub-programme in FY2020/21 is Ug shs 48.02bn, of which Ug shs 24.14bn (50%) was released and Ug shs 18.97bn (79%) spent. The largest expenditure related to support to local governments which mainly related to funds disbursed to Joint Medical Stores for procurement and distribution of medicines and health supplies to Private-Not-for-Profit-Health (PNFPs) facilities. The lowest expenditure related to allowances for public awareness, and coordination of the National Health Insurance related costs.

The distribution of the Ug shs 18.87bn was largely dominated by supply and distribution of essential medicines and health supplies by the Joint Medical stores to PNFPs, while the lowest expenditure was on cleaning services (table 3.10).



Table 3.10: Expenditure distribution by item for the Shared National Services (Sub-Programme 9) as 31st December 2020

Expenditure Item	Total Paid	% share of expenditure
Supply and Distribution of EMHS to PNFPS	6,786,714,810	35.95
GoU contributions to Uganda Red Cross for Emergency response	4,974,727,108	26.35
Interns allowances	4,293,000,000	22.74
Senior House Officers(SHO's) allowances	1,976,000,000	10.47
Transfer of GOU contribution towards Global Fund activities for Q.1 of FY 2020/21.	375,000,000	1.99
GoU contributions to Uganda Red Cross for blood donor mobilization	250,000,000	1.32
Electricity	128,539,984	0.68
Staff allowance	43,100,757	0.23
Fuel	35,162,795	0.19
Water	32,390,501	0.17
Cleaning services	11,441,700	0.06
Grand Total	18,877,792,581	100.00

Source: Accounts Analysis Report - MoH

In relation to achievement of outputs as 31st December 2020; the sub-programme performance was good at 71% achievement of outputs. The MoH deployed interns to various training institutions including; Naguru, Mulago, Kawempe and Kiruddu NRHs among others⁵. Funds were transferred to JMS and medicines and supplies to the PNFPS procured and delivered while the Red Cross society also received funds for blood collections. The MoH also continued to undertake operational activities relating to the National Health Insurance Scheme.

Table 3.11: Performance of Shared National Services Sub-programme as at 31st December 2020

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity(%)	Physical performance Score (%)	Remarks
Payments to International Health Organisations made	1,500	750	100	50	3.12	Achieved
Medical Interns Facilitated	11,430	5,715	100	50	23.8	Allowances paid.
Senior House Officers facilitated	4,180	2,090	100	50	8.7	Allowances paid.
National Health Insurance Scheme	331	223	100	0	0	Slow progress.
Support to District Hospitals	5,600	2,800	100	0	0	No progress.
Local governments supported	24,572	12,286	100	35	35.82	Transfers made to JMS and Red Cross
Technical support, monitoring and evaluation done	412	277	100	30	0.38	On track
Programme Performance (Outputs)					71.82	Good performance

Source: Field Findings

⁵ Arua, Fort portal, Gulu, Hoima, Jinja, Kabale Lira, Masaka, Mbale, Mbarara, Mubende, Soroti Regional Referral Hospitals, Iganga Hospital, Church of Uganda Kisiizi Hospital, Commandant General Military Hospital, DR. Ambrosoli Memorial Hospital, Kagando Hospital, Kalisizo Hospital, Kampala International University Teaching Hospital, Karoli Lwanga Hospital Nyakibale, Kitovu Hospital, Kiwoko Hospital, Lacor Hospital, Lyantonde Hospital, Mengo Hospital, Mityana Hospital, Nebbi Hospital, Rubaga Hospital, St Francis Hospital Nsambya, St Joseph Hospital Kitgum, St Joseph's Hospital Maracha, St Kizito Matany Hospital, Tororo District Hospital



Challenges

- Limited teaching skills among specialists with its associated effects of less effective learning by the Interns and Senior House Officers.
- Inadequate equipment and supplies for effective learning partly due to regular stock outs of medicines.
- Lack of adequate accommodation for interns and SHOs.

3.4.4.2 Emergency Medical Services (Sub-Programme 16)

Background

The sub-programme is mandated to establish accessible, quality and coordinated emergency medical services in the country with a call centre and effective and reliable transport for referral. The sub programme also targets to reduce the loss of lives and prevent disability through ensuring high quality, safe and patient centred pre-hospital and hospital emergency medical services that meets the needs of the population.

The approved budget for the sub-programme in FY2020/21 is Ug shs 0.905bn, of which Ug shs 0.546bn (60%) was released and Ug shs 0.372bn (68%). Expenditure performance was non satisfactory partly due to COVID-19 lockdown and compliance to the Standard Operating Procedures that limited conferences and physical meetings.

The sub programme performance was fair at 72% achievement of the semi-annual targets. Cumulatively, the MoH had received 104 Ambulances⁶ as at 31st March 2021 from GoU and support from development partners including donations. World Bank provided 17 ambulances, 38 with support from GoU COVID-19 Response Fund.

The delivered ambulances were deployed to various RRHs with each receiving at least two ambulances. The three boat ambulances were however not yet deployed and were docked at Munyonyo under the custody of the Ministry of Internal Affairs, and Defence. Discussions were ongoing to engage the Marine Police or Uganda Peoples Defence Forces to operate these boats on behalf of the Ministry of Health due to lack of appropriate staff to operate the boats.

Additional information from MoH as at 5th May 2021 indicated that an MoU between UPDF, and Uganda Police had been signed to allow the management of the Boat Ambulances on behalf of the Ministry.

The sub programme also built capacity of RRHs including the development of National Emergency Medical Service (EMS) Pre-Hospital Care Guidelines with support from Korea Foundation for International Healthcare (KOFIH). (Table 3.12). The MoH was also engaging the telecommunication companies to have an interlinkage between Police and Medical officers for better coordination.

⁶ Including: 38 from GoU, 4 from Japan, China2, India 2, IGAD 2, UNFPA 2, GAVI 11 Boat ambulance still under procurement, UN 5, KOICA 2, among others.

**Table 3.12: Performance of the Emergency Medical Services (Sub-Programme 16)**

Output	Annual Budget (Ug shs-Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
Developed the National EMS Pre-Hospital Care Guidelines for COVID-19	20	20	100	90	2.22	On track and supported KOFIH.
Build capacity of human resource in response to COVID-19	38	38	100	70	3.37	On track and supported KOFIH.
40 COVID-19 Retrieval Teams for Kampala and from across Regional Referral Hospitals trained in Critical Care	37	37	100	75	3.5	On track and supported KOFIH.
45 Health workers trained as ToTs for Medical Major Incident Management	61	61	100	65	4.93	On track and supported KOFIH.
20 Health Workers in Quality Improvement at Masaka RRH and Butenga HCIV with support from KOFIH.	29	29	100	70	2.56	On track and supported KOFIH.
88 private pre-hospital care providers trained in pre-hospital emergency care response to COVID-19	25	25	100	80	2.47	Supported by Malteser International and the Association of Ambulance Providers Uganda
Training of 6 RRH teams in Basic Emergency care with reference to COVID-19 emergency management. 75 Health workers trained in total	222	222	100	70	19.19	WHO GHETI project
Emergency department assessment using WHO HEAT tool as initial part of functionalizing resuscitation areas.	13	13	100	75	1.25	KOFIH Supported. On track.
Provision of standby EMS during the Festive Season 23rd Dec 2020 – 2nd January 2021	20	20	100	80	2	On track
Standby EMS during the COVID-19 outbreak July-Dec	139	139	100	75	12.87	Paid under COVID supplementary budget
Assorted personal protective equipment and supplies procured	83	83	100	70	7.24	KOFIH Supported. On track.



Output	Annual Budget (Ug shs-Million)	Cum. Receipt (Ug shs Million)	Annual Target (%)	Cum. Achieved Quantity (%)	Physical performance Score (%)	Remarks
Assorted PPE and supplies procured for private ambulance providers	60	60	100	75	5.56	Supported by Malteser International in coordination with the Association of Ambulance Providers Association
Fuel for office operations and support supervision activities procured	41	41	100	70	3.56	Used for operations
Staff welfare supported	17	12	100	80	2.14	On track
Programme Performance (Outputs)					72.86	Good performance

Source: MoH, Field Findings

Challenges

- Delayed approval of the Emergency Medical Services Policy that will result into final approval of the norms and standards, and the by stander regulations.
- Lack of dedicated operation funds for ambulances operation and maintenance.
- Lack of staff in the Health Human Resource (HRS) structure to operate the boat ambulances and provide professional emergency care.

3.4.4.3 Health Infrastructure (Sub-Programme 17)

Background

The sub-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 interventions.

The planned outs included: Masaka RRH regional workshop supported; Functional and well maintained Biosafety cabinets in RRHs and GHs; Technicians and engineers trained; Medical equipment and solar systems inventory updated; solar energy systems in 30 Energy for Rurak Transformation (ERT) II beneficiary Districts maintained; Maintenance of Philips brand 50No. Ultrasound scanners and 45No. X-ray machines carried out in RRHs, GHs and HCIVs; assorted medical equipment spare parts procured; Assorted medical equipment maintenance tool kits and Protective wear procured.

The approved budget for the sub programme in FY2020/21 is Ug shs 3.747bn, of which Ug shs 2.441bn (65%) was released and Ug shs 0.673bn (28%) spent. Expenditure performance was non-satisfactory.



Least absorption was on maintenance of medical and solar equipment at 19% which is the most desired output for enhanced service delivery while the highest expenditure was Technical support, monitoring and evaluation mostly on travel inland (79%).

The sub programme performance was poor at 45% achievement of the semi-annual targets. Most of the health centres (85%) visited had non-functional solar systems and medical equipment. Other outputs such as procurements of spare parts, training of technicians and Engineers, maintenance of biosafety cabinets, updating medical equipment and solar systems inventory, progressed albeit slowly (table 3.13).

The MoH however paid

- Ug shs 42,713,721 for supply of general electrical accessories and refrigeration spare parts and general medical equipment spare parts.
- Ug shs 13,342,426 for arrears for completed maintenance of Solar PV energy packages in Bundibugyo, Ntoroko, Masindi and Kiryandongo for February to July 2019.
- Ug shs 33,345,001 for supply of General Medical Equipment Spare Parts.
- *Ug shs 95,578,856 Fuel for distribution of medical uniforms, megaphones and non-medical masks for Educational Institutions and other operations.*
- Ug shs 71,424,451 as balance for maintenance of Philips equipment in various hospitals.

Table 3.13: Expenditure performance by output of Health Infrastructure Sub programme

Output names	Total Funds released Ug shs	Total Payments Ug shs	Expenditure performance
Maintenance of medical and solar equipment	2,067,899,719	393,831,692	19
Support to District Hospitals	50,000,000	25,000,000	50
Technical support, monitoring and evaluation	323,243,747	255,096,506	79
Grand Total	2,441,143,466	673,928,198	28

Source: IFMS Data

Table 3.14: Expenditure performance by Line item of Health Infrastructure Sub programme

Line items	Total Funds released Ug shs	Total Payments Ug shs	% share of the paid
Advertising and Public Relations	15,229,538	8,500,000	1.26
Computer Supplies and Information Technology	10,000,000	6,200,000	0.92
Contract Staff Salaries (Incl. Casuals, Temporary)	62,553,570	59,887,989	8.89
Fuel, Lubricants and Oils	72,000,000	72,000,000	10.68
General Staff Salaries	128,776,480	85,578,158	12.70
Incapacity, death benefits and funeral expenses	2,000,000	2,000,000	0.30
Maintenance - Vehicles	41,800,046	37,782,146	5.61



Line items	Total Funds released Ug shs	Total Payments Ug shs	% share of the paid
Maintenance Machinery, Equipment and Furniture	1,826,868,226	170,209,599	25.26
Printing, Stationery, Photocopying and Binding	6,376,250	-	0.00
Social Security Contributions (NSSF)	1,251,000	-	0.00
Transfers to other government units	50,000,000	25,000,000	3.71
Travel Inland	195,788,356	195,430,506	29.00
Welfare and Entertainment	6,000,000	6,000,000	0.89
Workshops and Seminars	22,500,000	5,339,800	0.79
Grand Total	2,441,143,466	673,928,198	100.00%

Source: IFMS Data

Table 3.15: Performance of the Health Infrastructure Sub-programme as at 31st December 2020

Output	Annual Budget (Ug shs Million)	Cum. Receipt (Ug shs Million)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Maintenance of medical and solar equipment	3,044	2,067	100	30	35.89	Poorly performed. The solar systems were not maintained as the MoH utilized funds for payment for arrears for completed works. The MoH however maintained Bio safety cabinets in the RRHs
Support to District Hospitals	100	50	100	20	1.07	Fairly performed. The MoH staff visited various health for inventory taking.
Technical support, monitoring and evaluation	602	323	100	30	8.99	Fairly performed. Provided technical support to the visited districts and RRHs
Programme Performance (Outputs)					45.95	Poor performance

Source: Field Findings

Conclusion

The Clinical Services Programme fairly performed at 64% attainment of outputs. Service delivery continued among the health facilities. Ambulances were acquired and this improved referral services for both COVID-19 patients and other clients. Performance was however affected by non-functionality of imaging and other diagnostic equipment, limited budget for operation and maintenance of ambulances, and limited accommodation facilities, and learning aids for interns.



Recommendations

- The MoH should fast track procurement for a service contract for medical equipment including solar systems.
- The MoH should prioritise funding for operation and maintenance of the ambulances.
- The MoH should prioritise the establishment of intern's mess in the training centres experiencing acute shortage of space.

3.5 Uganda Cancer Institute (Vote 114)

Background

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

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

Performance

The UCI budget in FY2020/21 was Ug shs 105bn, of which Ug shs 24.3bn (23%) was released and Ug shs 23.2bn (96%) spent. Expenditures were mainly on capital development activities (56%) including works on the radiotherapy bunkers, auxiliary building and the regional oncology centres. Procurement of medical supplies at 19%, general staff salaries at 11%. The rest of the funds (14%) were spent on cancer medical and radiotherapy services.

The UCI attained 89% of the planned semi-annual targets. Medical services were attained at 57% while the planned development targets were attained at 33.2%. Very good performance was registered on procurement of medical supplies, most of the supplies were made in quarter one, this made availability of basic supportive cancer drugs at 98%. Other services like radiotherapy, inpatient and outpatient targets were also attained.

Construction of the radiotherapy bunkers, auxiliary and multipurpose building as well as procurement of equipment was behind schedule. Detailed programme performance is highlighted as follows.

3.5.1 Cancer Services (Programme 57)

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



During FY 2020/21, 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), 1570 Retooling of Uganda Cancer Institute⁷, Oncology Centre established in Northern Uganda project(1527).

The semi-annual monitoring focused on five Sub-programmes. These were: Subprogramme 02 (Medical Services); Radiotherapy (Sub-Programme 04); The Uganda Cancer Institute Project (1120); African Development Bank (ADB) Support to UCI (1345), 1570 Retooling of Uganda Cancer Institute, and Oncology Centre established in Northern Uganda project. Detailed performance by sub programme are discussed as follows:

Medical Services (Sub-programme 02): The allocation for the sub-programme during FY 2020/21 was Ug shs 11.6billion, of which Ug shs 5.8 billion (50%) was released and all spent by the 31st December 2020. The subprogram achieved 57% of the planned annual targets under cancer research, care, and outreach services⁸.

Under Cancer Research, the UCI undertook 13 out of 24 planned research studies (54%) and 14 out of the 25 publications (56%) were reviewed and published. The institute however, did not undertake any training workshops due to COVID-19 restrictions.

Cancer Care Services: The cancer incidents have been increasing over the years from new 3,936 cases in FY 2015/16 to 5,979 cases in FY 2019/20. The UCI response has been very good over the years. During the first half of FY 2020/21, Institute achieved 103.7% Inpatient stays, undertook 102% of the planned cancer investigations and 109.7% of the outpatient visits.

In response anti-cancer, supportive, laboratory, radiology and other medical supplies were procured. Most of the supplies were made in quarter one with supplies worth Ug shs 8.1bn against a budget of Ug shs 8.8bn. These were available for use by November 2020 and this enhanced the stock of basic cancer supportive medical supplies at 98%. However other specialised cancers medicines are still limited due to inadequacies in the budget limiting personalised and specialised cancer treatment. Detailed budget performance on medical supplies is highlighted in table 3.16.

Table 3.16: Performance of the UCI Medical Supplies Budget as of 31st December 2020

Category	Value Supplied	% supplied	Amount Paid	Pending or unpaid Balance	Current Value of Stock at Hand
Anti-cancers	4,954,241,040	80	3,071,629,444	1,882,611,595	6,365,500,200
Supportive therapies	748,263,834	90.8	547,415,000	200,848,834	846,125,400
Sundries	771,566,291	87.1	92,659,600	678,906,691	632,500,000
Laboratory supplies	1,472,435,781	78.3	569,596,101	902,839,680	612,547,600
Radiology Supplies	170,504,000	100	106,000,000	64,504,000	81,151,200
Med. stationary	38,851,000		12,456,115	26,394,885	32,568,300
TOTAL	8,155,861,946		4,399,756,260	3,756,105,685	7,957,845,100

Source: UCI, Field findings

⁷ However, allocations were made to Institutional Support to Uganda Cancer Institute Project Code of 1476

⁸ Detailed planned targets are highlighted in table 3.16



By March 2021, the UCI had received medicine and sundries of Ug shs 10.8bn registering a deficit of Ug shs 2bn. This is attributed to:

- 1) Increased consumption of supportive therapies such as Clexane (Enoxaparin), Azithromycin, Vitamin C all used for treating UCI Covid-19 staff and patients.
- 2) Overwhelming increase in the consumption of Personal Protective Equipment (PPE) for protecting both patients and staff of UCI.
- 3) Price variations due to the COVID-19 pandemic impact on global trade flows especially on the medical supplies, for example the contract price for a packet of gloves increased from Ug shs 15,000 to 35,000 during the period under review.

Under the Outreach Programme: The UCI undertook 17 out the 32 planned outreach visits (107%) were done and 117% of the planned clients were examined and cancer screened.

Radiotherapy (Sub-Programme 04): The outputs under the sub programme were achieved. The Radiotherapy Department attended to 85% of the planned new patients target, treated 99% of the Cobalt 60 machine patients, reviewed 99% of the patients, conducted 100% of the Radiation therapy education sessions, and treated 86% of the planned patients under radiation therapy using CT-Simulator, Conventional simulator and computer planning. Detailed performance of the programme is highlighted in table 3.16.

3.5.1 Uganda Cancer Institute (Project 1120)

The project commenced in 2010 and was slated to end in June 2020. It was however extended to 30th June 2021 to enable completion of construction works as well as achievement of the main objective which is to transform UCI into a Regional Cancer Centre of Excellence.

Planned outputs for FY 2020/21 were; UCI strategic plan 2020/21-2024/25 drafted and submitted for approval. Feasibility studies for Mbale and Arua regional cancer centres undertaken. Interim certificates for construction of radiotherapy bunkers and the auxiliary building paid. Civil works of the auxiliary building completed. The Cancer Registry in Mayuge and Arua refurbished. Cobalt source HDR to Sinopharm procured Mammography purchased. Navigation block, patients' toilets (STC Admin Block) and STC nursing room completed.

Performance

The project-revised allocation for FY 2019/20 was Ug shs 10.5bn. A total of Ug shs 9bn (87%) was released and spent by 31st December 2020. The monitoring team verified payments of over Ug shs 8.9bn and 66% of the payments were made to Roko and various subcontractors towards completion of the bunkers and the auxiliary buildings.

The rest of the funds were spent on refurbishment works of various structures, consultancies, and equipping the UCI. *A total of Ug shs 478million was spent on activities not related to the project's key objectives. These included monthly office expenses, procurement of reagents,*



swabs, testing kits as well as clearing and hotel services for induction of the Board among others.

Project 1120 contributed 27% towards the UCI's overall weighted physical performance. Detailed output performance is highlighted as follows:

UCI strategic plan 2020/21-2024/25 drafted and submitted for approval: The Strategic Plan contract was awarded to M/s ACE Policy Research Institute (APRI) at a sum of Ug shs 144,957,100 on 6th July 2020 for a period of four months (Nov 2020). The service provider completed and submitted a draft copy to UCI. Final completion was awaiting Board approval and subsequently National Planning Authority (NPA).

Feasibility studies for Mbale and Arua Regional Cancer Centres undertaken: The studies were also awarded to APRI at a sum of Ug shs 196,120,986 and Ug shs 198,682,140 respectively. The contractor had submitted draft reports and awaiting approvals from UCI. Approximately 30% of the contract sum was paid upon submission of the three inception reports.

Although all contracts including the one for the strategic plan had expired in by December 2020, none had been extended by 17th March 2021.

Interim certificates for construction of radiotherapy bunkers and the auxiliary building paid. Civil works of the auxiliary building completed: M/s Roko Construction Limited was awarded a contract to construct the radiotherapy bunkers at a sum of Ug shs 25,378,413,594 on 6th May 2016 for period of twelve months, and to construct the auxiliary buildings at a sum of Ug shs 14,151,128,028 on 20th December 2017 for period of six months.

The first contract has been amended five times with the latest amendment granting extension up to June 2021 while the second project (Auxiliary building) received two extensions with the latest ending in June 2020. By 31st December 2020, both contracts were behind schedule with the average physical progress at both sites inclusive of additional works at 83%, with the bunkers at 85% and Auxiliary building at 80%. Delayed completion of works were attributed to limited resources and capacity of the contractor to complete works in scheduled time.

Overall, the contractor has been paid Ug shs 17.1billion (68%) for the bunkers and Ug shs 11billion (78%) for the Auxiliary buildings. The planned clearances for interim certificates raised within FY 2020/21 was achieved with 50% of the development expenditures made on clearance of certificates from Roko and its subcontractors. A total of Ug shs 4.8billion was paid by 31st December 2020. The consultant M/S Stup Consultants Pvt. Ltd was paid 87% of the contract sum.

The Cancer Registry in Mayuge and Arua refurbished: The contract to remodel and refurbish the Cancer Registry at Kigandalo HCIV in Mayuge was awarded to M/s United Brother Limited at a sum of Ug shs 168,989,132. Works started on 28th September 2020 and completed on 28th December 2020. Works included demolitions, installation of doors and windows, internal and external finishes as well as mechanical and electrical works. The contract to refurbish Arua



Cancer Registry was completed by Building Engineering Network Limited at a sum of Ug shs 242,206,800. Works were completed and handed over.

Mammography purchased: The contract to supply and install the Mammography machine was awarded to M/s ElsMed Healthcare Solutions at a sum of Ug shs 1.2billion during FY 2019/20. The machine was delivered in March 2020 and installations were expected to be completed by end of March 2020. The UCI had paid 35% of the contract sum to the supplier.

Navigation block, patients' toilets (STC Admin Block) and STC nursing room completed: The works at the Navigation Block were completed by M/s R&B Investments at a sum of Ug shs 291,497,792. Works were completed contractor paid and facility handed over and in use. The STC nursing room and the patient's toilets were done by M/s Cubex Concepts Limited at Ug shs 19,510,495. Works were completed and contractor paid 95% of the contract sum.

Design of the 150 bed hospital and Paediatric Ward: The consultancy to design and supervise the four-year construction project was awarded to Archtech Consults in Association with M/s Stup Consultants Pvt. Ltd at a sum of Ug shs 2,339,940,000 on 22nd July, 2020. Designs were supposed to be completed within 2 months and the UCI paid 15% of the contract sum. These had not been completed by 31st December 2020.

3.5.2 ADB Support to UCI (Project 1345)

The project commenced in July 2015 and was expected to end in June 2020. However, it was extended to 30th June 2021. 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) in general. It contributes to *Competitive Health Care Centres of Excellence*. The African Development Bank and GoU jointly financed the project at UA2.5million and UA2.25million respectively.

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

Planned outputs for FY 2020/21 included; Construction of the Multipurpose building for the East Africa Centre of Excellence in Oncology completed; selected cadres trained, furniture, machinery and equipment procured.

Performance

In relation to the GoU counterpart funding for the FY 2020/21, the approved budget was Ug shs 1.9bn, of which Ug shs 1.6bn (85%) was all released and Ug shs 1.5bn (95%) was spent by end of December 2020. Expenditures were mainly on allowances at 56%, delivery, installation and commissioning of Linear Accelerator System at 24%. Procurement of the software for UCI Oncology System at 16% and the rest of the funds on fuel, vehicle maintenance, ICT and



internet among others. *The allowances were mainly retainer allowances to both the UCI board and In-house ADB Project Coordination Unit.*

The loan disbursement rate was 67% as at 31st December 2020 (US\$ 21,116,216.08 against a budget of US\$31,500,000.00). The cumulative disbursement and expenditures are highlighted in the table 3.17.

Table 3.17 Budget Performance of the ADB Support to UCI (Project 1345)

Comp	Description	Budget (UsD)	Exp (US\$)
I	Establishing the Centre of Excellence in Biomedical Sciences	30,730,000.00	20,468,615.08
	Construction of Multipurpose building	13,384,000.00	7,713,519.40
	Equipment & Furniture for Laboratories, training facilities	896,000.00	176,600.00
	Equipment & Furniture for cancer diagnosis & care	6,034,000.00	3,882,422.18
	ICT Equipment for training and Telemedicine	1,120,000.00	212,902.00
	Research	448,000.00	394,079.26
	Equipment for outreach centers (Arua, Mayuge, Jinja etc)	728,000.00	429,255.17
	Motor Vehicles(4 SW, Pickup, Van & Mobile van)	280,000.00	159,616.47
	Office Equipment	14,000.00	14,000.00
	Training needs Assessment and continuous medical education	140,000.00	145,000.00
	Design preparation of bidding documents & construction supervision	1,106,000.00	657,403.00
	Project impact evaluation	224,000.00	87,953.60
	Project Audit, Monitoring and Evaluation	182,000.00	195,254.00
	Individual Consultants (Bio-medic Engineer among others)	980,000.00	860,000.00
	Training for impost staff	2,566,807.00	2,934,000.00
	Scholarships for post graduate training in cancer	1,246,000.00	1,226,000.00
	Cancer Avoidance Practices and Awareness	975,193.00	975,193.00
	Training support staff	406,000.00	405,417.00
		SUPPORT EAC REGIONAL INTERGRATION AGENDA IN HIGH EDUCATION TO RESPOND TO LABOUR MARKET NEEDS	490,000.00
Support to EAC Regional Integration Strategy		462,000.00	360,950.00
II	Publication and hosting of final Strategy	28,000.00	
III	PROJECT MANAGEMENT AND COORDINATION	280,000.00	286,651.00
	Meetings and evaluation workshops	140,000.00	146,343.00
	Support to IUCEA and NCHE	56,000.00	56,000.00
	Operation support staff	84,000.00	84,308.00
	TOTAL	31,500,000.00	21,116,216.08

Source: UCI

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

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

Civil works: The UCI signed the contract for the construction of the Multipurpose Oncology Unit with Roko Construction Limited on 28th November 2018 at a sum of US\$ 13.62million. Works commenced on 14th December 2018 for a period of 18 months (June 2020), however, the UCI, Contractor and other stakeholders revised the date to December 2020, and this was not achieved and further extended to December 2021.



The project is behind schedule with an estimated physical progress at 57% against the planned 65%. Delays were attributed to COVID 19 disruptions where over three months of work time onsite were lost. Slow progress of the contractor demonstrated by limited mobilisation of staff at 55%, equipment to 45% and materials to 25% of the requirement by end of Q2 FY 2020/21.

Equipping: Average progress for delivery and installation of equipment was at 75% with Equipment like Linear Accelerator System installed and commissioned, outreach centre equipment at Arua and Mayuge was procured and fully installed. Pending deliveries include the MRI, medical laboratory furniture.

The contract to supply and install the MRI was awarded to M/s ElsMed Healthcare Solutions at a sum of US\$ 2,415,500 on 1st November 2019. It was expected to be completed within 6months by June 2020. However, by 18th March 2021, manufacturing of the equipment had not commenced. This was attributed to delayed completion of works in the section that was supposed to be installed at the multipurpose building.

The contract to supply and install laboratory furniture was awarded to M/s Air Filter Maintenance Services International (PTY) Limited at a contract sum of US\$ 954,825.46 on 23rd July 2020. Deliveries and installations were expected within 8months. The contract was slated to expire on 23rd March 2021, however, the manufacturer had not been given a go ahead to commence manufacturing due to delayed completion and handover of the Multipurpose Building. The GoU is expected to contribute US\$ 71,825.46 and US\$883,000 by ADB towards this investment. By end of December 2020, the ADB had paid a total of US\$176, 600 to the contractor as 20% advance payment.

Training: Cumulatively, the ADB had paid a total of US\$ 223,291.85 towards scholarships and trainings. The UCI supported 195 trainees to attend short course trainings and cancer seminars including Oncology nursing, Radiology and Imaging in Cancer, Clinic Master and Paediatric Oncology Nursing.

The seminars and courses were offered in collaboration with the international partners including Seattle Cancer Care Alliance, the Fred Hutchinson Cancer Research Centre, Baylor College of Medicine, Clinic Master and the Radiological Society of North America.

Approximately 60% of the trainees in long term trainings (Masters, PhD, Fellowships) had completed their studies. A total of 187 were trained in various disciplines including. Eighteen fellows in the programmes of Paediatric Haematology and Oncology, Adult Medical Oncology and Interventional Radiology. Twenty-five Masters Degrees in Medicine (Radiology, Surgery, Internal Medicine, Pathology, Anaesthesia and Paediatrics), one radio-pharmaceutics, among others.

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:



Harmonisation of cancer registration guidelines for the EAC region was ongoing with a survey to assess the current situation among cancer registries in the East African Community (EAC) members designed and tools sent out online to all the cancer registrars. The process of finalisation of the report was underway. Efforts were also made to ensure that oncology fellowships and trainings took into consideration of trainees from within the EAC. There was general lack of clear coordination mechanisms with other EAC partners affecting achievement of the component deliverables.

3.5.3 Retooling of Uganda Cancer Institute (Project 1570)

The project commenced in July 2020 and expected to end in June 2025. 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 2020/21 were; Office and residential furniture and fittings purchased. UCI firewall installed and configured, tablets for the UCI Board, bio-metric system and CCTV cameras procured and delivered. Assorted medical equipment procured.

This will include Automatic injector, Mould room equipment for radiotherapy, Slide strainer and Tissue cassette printer, temperature monitoring system for pharmacy, 40 colour coded bins, 20 basic monitors, 8 weighing scales, 30 oxygen concentrators, 30 drip stands, 5 patient stretchers, 15 stethoscopes, 5 patient exterminators, 2 laparotomy sets, 5 oxygen cylinders, 20 plastic contain and 20 infusion pumps procured.

Performance

In FY2020/21, the project was allocated Ug shs 1.13bn, of which Ug shs 978 million (87%) was released and Ug shs 916million (94%) spent by the end of December 2020. Expenditures were mainly on procurement of assorted medical equipment at 50%, procurement and supply of furniture at 21%, subcontractors of the Auxiliary Building at 17% and the rest of the funds on procurement of spare parts for the CTs Scan, ICT and internet, online health product comparison tool, and emergency nasal swabs among others.

The project contributed 0.5% towards the overall weighted physical performance of the UCI. Most of the planned targets that had the bulky of the funds were still under procurement. For example, the bulky of specialised medical equipment, CCTV cameras and tablets for the board were still under procurement. However, the UCI fire wall and Biometric system were installed while the office furniture including cabinets was supplied by M/S General Services Limited at a sum of Ug shs 96,750,000.

Oncology Centre established in Northern Uganda (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. The MFPED included the project among the pipeline projects and allocated a code in the Public Investment Plan in FY2019/20.

The planned outputs for FY2020/21 were; all preparatory works to conclude signing of a MoU with Austrian government. Monitoring, Supervision and Appraisal of the Oncology Centre in Northern Uganda Project⁹.

The loan discussions among the UCI, MoH, and MFPED from the Austrian government were concluded. A turnkey investment worth 7,500,000 Euros by AME International GmbH was signed on 10th March 2021.

Performance

The project-approved budget for FY 2020/21 was Ug shs 300million, of which Ug shs 258million (86%) was all released, and Ug shs 256million (99%) spent. Expenditures were made on quarter one and semi Annual Monitoring and Evaluation of UCI Work plan (49%), Field visits to Regional Cancer Centres, 14% on office expenses and the rest on printing architectural designs, assess and plan for operationalization of Arua Cancer among others. Detailed financial and physical performance of the UCI is highlighted in table 3.18.

⁹ The output was not quantified clearly for measurement



Table 3.18: Performance of UCI at 31st December 2020

Project/Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Cancer Research	Cancer Research Studies undertaken	1,050	529	24	13	2.82	On track
	Peer reviewed publications reviewed and published			25	14	0.00	On track
	Training Workshops undertaken			4	-	0.00	Not Done
Cancer Care Services	Inpatient stays registered	10,282	5,159	40,000	20,821	27.63	On track
	Cancer Investigations undertaken			900,000	461,023	0.00	On track
	Outpatient visits registered			60,000	33,045	0.00	On track
	New cancer patients registered			5,000	2,412	0.00	Not achieved
Cancer Outreach services	Cancer outreach services conducted	356	175	32	17	0.96	On track
	Clients Examined			61,600	35,667	0.00	On track
	Clients Screened			61,600	35,667	0.00	On track
Radiotherapy Services	Patients planned for radiation therapy using CT-Simulator, Conventional simulator and computer planning	604	322	2,000	914	1.39	Attributed to break down of Conventional Simulator
	New patients attended to			2,000	905	0.00	Not achieved
	Brachytherapy insertions conducted per year			2,400	75	0.00	Not Achieved
	Treatment sessions conducted on cobalt 60 machine			35,000	18,479	0.00	On track
	Patients who completed treatment followed up			4,160	2,814	0.00	On track
	Radiation therapy education sessions provided to patients			260	139	0.00	On track
	Treatment patients reviewed			2,000	1,054	0.00	On track
	Medical Supplies procured	8,800	4,404	100%	50%	23.62	High demand affects availability.



Project/Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Uganda Cancer Institute (Project 1120)	UCI strategic plan 2020/21-2024/25 drafted and submitted for approval. Feasibility studies for Mbale and Arua RCCs	350	350	3	2	0.47	Ongoing
	Interim certificates for construction of radiotherapy bunkers and the auxiliary building paid.	9,808	7,909	100%	80%	26.15	Ongoing and works at both the bunkers and auxiliary building under DLP.
	Civil works of the auxiliary building completed			85%	69%		Works completed
	The Cancer Registry in Mayuge refurbished. Arua Cancer Registry refurbished			100%			
	Cobalt source HDR to Sinopharm procured	270	130	100%	0%	0.00	Under Procurement
	Mammography purchased.			100%	0%	0.00	Under Procurement
	Navigation block, patients' toilets (STC Admin Block) and STC nursing room completed	483	444	100%	88%	1.24	At Substantial Completion
	Cancer Institute services supported	1,091	741	100%	40%	1.73	Ongoing
	Multipurpose building completed	1,127	963	100%	80%	2.83	Behind Schedule
	Furniture, machinery and equipment procured	793	793	100%	10%	0.21	Ongoing
Monitoring, Supervision and Appraisal of the Oncology Centre in Northern Uganda Project	300	258	100%	0%	0.00	Outputs not clear and quantified	
Retooling of Uganda Cancer Institute (1570)	UCI firewall installed and configured, tablets for the UCI Board, bio-metric system and CCTV cameras procured and delivered.	270	202	100%	40%	0.39	Partially Achieved
	Assorted medical equipment procured	761	570	51	0%		Under Procurement
	Office and residential furniture and fittings purchased.	100	100	100%	50%	0.13	Achieved
	Total					89.59	Good Performance

Source: UCI



Programme Challenges

- Limited budget for medical supplies in relation to the increased incidence of cancer.
- Inadequate planning characterised by implementation of new plans before completion of the old ones leading to over commitments in relation with limited resources.
- Delays in delivery and installation of equipment and completion of civil works of the major development projects.
- Mischarges on various budget items across the development grants. Charges in relation to maintenance of medical equipment, retainer allowances and office expenses were noted.

Conclusion

The UCI attained 89% of the planned semi-annual targets. Medical services were attained at 57%, with some outputs under inpatient, radiotherapy and outpatients surpassing their half year targets. The planned development targets were attained at only 33.2%, this performance was occasioned by delayed completion of works at the radiotherapy bunker, auxiliary and multipurpose building. Most of the planned equipment was still under procurement. Issues related to over commitment and spreading of meagre financial resources over projects and engagement of one contractor to undertake all the construction projects has greatly affected timely implementation and completion of planned outputs over the years. The need to harmonise planning and prioritise future investments is paramount for improved service delivery at the UCI.

Recommendations

- The UCI and the Development of Committee of MFPED should ensure that future projects and investments are sequenced in such a way that enables them to be completed in a timely manner to allow effective utilisation for improved service delivery.
- The GoU together with the MoH should support the UCI to enhance their role in cancer prevention as a way of reducing the cancer burden on the population as well as medical supplies.
- The Operation and Maintenance (O&M) plans should be part and parcel of project profiles before approval of any project to allow timely, efficient, effective and sustainable investments in the health sector.

3.6 Uganda Heart Institute (Vote 115)

Background

The UHI was set up to serve as a centre of excellence for the provision of comprehensive medical services to patients with cardiovascular and thoracic diseases at an affordable cost.



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

The Heart Services Programme is comprised of four sub-programmes. These are: Management (Sub-programme 01); Medical Services (Sub-programme 02); Internal Audit (Sub-programme 03); and two development projects Uganda Heart Institute Infrastructure Development-Project 1526 and Retooling of Uganda Heart Institute-Project 1568. Semi-annual monitoring FY 2020/21 focused on Sub-programme 02-Medical Services and the two development projects (1526 and 1568).

Performance

In FY 2020/21, the Heart Services programme was allocated a total of Ug shs 24.9bn, of which Ug shs 12.8bn (51%) was released and Ug shs 8bn spent (62.5%). According to the IFMS, expenditures were made on the following: Human resource services at 49%, heart care and medical supplies at 30%, support services at 13%, retooling the hospital at 4.3%, heart outreaches at 2% and heart research at 1.4%.

The overall programme performance was fair with 57% of the planned targets achieved. The performance of medical services was mixed with both fair and poor performance in relation to set outputs. For example, the entity performed 57% of the closed heart surgeries, only 25% of the planned open heart surgeries, 36% outpatients among others.

Some of the planned assorted equipment including access control system, CCTV cameras, heavy duty printer, two ECG machines, one ultrasound machine, coagulation machine, heart lung accessories and other assorted medical equipment were procured. The rest including the Cardiac ambulance and the 14seater van were still under procurement. Revision of the Engineering Design Studies and Plans for capital the new UHI home had not commenced by 31st December 2020.

3.6.1 Medical Services (Sub-programme 02)

The sub-programme was allocated Ug shs 17.2bn, of which Ug shs 8.6bn (50%) was released and Ug shs 6.7bn (78%) spent. Expenditures were made on general staff salaries 59%, Heart care services 36%, research and outreaches at 2% respectively. The sub-programme contributed 25% towards the entity's overall weighted performance score. The sub-programme planned to implement four outputs. These are: Heart research undertaken; heart care services provided, heart outreaches done, human resource management services provided.

Heart Care Services: The UHI achieved 57% of the closed heart surgeries, 25% of the planned open heart surgeries; attended to 36% outpatients, 37% inpatient admissions was achieved while ICU admissions were at 54%, 46% and 41% of the ECHOs and ECGs were done respectively, Catheterization procedures were achieved at 32%.



Heart Research Services: The output contributed 4.6% towards the overall performance of the entity. The UHI published ten research papers on heart related diseases; six disease registries were ongoing. However, training of eleven IRB members and conducting meetings and two staff training sessions were not achieved.

Heart Outreach Services: The output contributed 1% towards the overall performance of the entity. The UHI achieved three out of the 24 planned targets. These were: World Heart Day commemorated on 28th September 2020. Two health camps undertaken with support from Judiciary and Prudential. Support supervision activities were hampered by COVID-19.

3.6.1.1 Uganda Heart Institute Infrastructure Development Project (Project 1526)

The project commenced on 1st July 2019. The goal of the project is to improve the number of patients receiving quality cardiovascular care at the Uganda Heart Institute hence reducing the number of referrals abroad.

It is set to achieve four outcomes. These include; improved utilisation of the newly constructed and fully equipped facility at the UHI. Improved timely care provided at UHI. Increased number of people aware of the magnitude and management of Cardiovascular Disease (CVDs) in Uganda. Increased number of skilled health workers competent in preventing and treating CVDs.

The project was allocated a total of Ug shs 150million, which was all released and 0% spent. During FY 2020/21, the UHI planned to undertake one output under the project. This was completion of engineering design studies and plans for capital works of the upcoming infrastructure. This activity rolled over from FY 2019/20. The planned activity was not implemented during the period under review. The activity was awaiting confirmation of land ownership and related agreements.

3.6.1.3 Retooling of Uganda Heart Institute (Project 1568)

The project commenced on 1st July 2020 and is expected to be completed by July 2025. The main project goal is to increase institutional effectiveness and efficiency in delivery of cardiovascular service by equipping the facility. It is expected to achieve two outcomes. These are reduced share of referrals abroad processed by the Institute and increased range of cardiovascular services offered at the Institute.

During FY 2020/21, the project was allocated Ug shs 4.6bn of which Ug shs 2.7bn (59%) was released and only Ug shs 359million 13% spent by 31st December 2020. Expenditures were mainly on procurement of specialized machinery and equipment at 69%, ICT and furniture equipment at 29%.

The UHI planned to achieve four outputs under the project. These are procurement of assorted medical equipment, office furniture, ICT equipment and two motor vehicles.



Specialized medical equipment procured: The plan included purchase of: one patient monitor, one patient monitor, one portable echo machine, surgical operating instruments, ultrasound scan machine, syringe pumps, fluid warmer, bedside monitors, gas steriliser, coagulation analyser and other assorted medical items. The UHI achieved 36% of the plan with two ECG machines, one ultrasound machine, coagulation machine, heart lung accessories and assorted medical equipment procured while the rest were still under procurement.

Office and ICT equipment procured: The plan included purchase of: Access control system, CCTV camera system, automatic fire extinguisher system, refrigerator, two television sets and decoder procured. Twenty-eight computers, firewall system, three laptops, four printers, one heavy duty photocopier and other assorted office and ICT items among others. Approximately 60% of the planned items were procured and delivered by 31st December 2020.

Access control system, CCTV cameras, heavy duty printer and other assorted equipment were procured, however firewall system, computers, laptops and the rest were still under procurement. The output contributed 4.5% towards the overall performance of the entity.

Office and Residential Furniture and Fittings procured: This was achieved at 90% with deliveries made by 31st December 2020. The output contributed 1% towards the overall performance of the entity.

One cardiac ambulance and a 14-seater van procured: the two items were still under procurement by 31st December 2020. Detailed performance of the UHI is highlighted in table 3.19.



Table 3.19: Performance of the UHI by 31st December 2020

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Heart Care Services (02)	Open heart Surgeries	6,146	3,189	150	37	25.28	Not Achieved
	Closed heart surgeries done			100	57		Achieved
	Outpatients attendance to			25,000	8,890		Not Achieved
	Inpatient admissions			1,800	668		not Achieved
	ICU/CCU admissions			700	376		Achieved
	Laboratory tests conducted			150,000	79,749		Achieved
	ECHOs done			12,000	5,502		Not Achieved
	ECGs done			10,000	4,125		Not Achieved
	Catheterization procedures performed.			550	177		Not Achieved
	Heart research proposals and publications						
		500	214	20	18	4.33	Achieved
1568 Retooling of Uganda Heart Institute	Heart outreach services public awareness activities done	258	159	13	3	0.84	Not Achieved
	Office and ICT equipment procured	662	498	100%	60%	4.57	Achieved
	Specialized medical equipment procured.	3,307	1,591	100%	36%	21.42	Not Achieved
	Office and Residential Furniture and Fittings procured	80	73	100%	90%	0.68	Achieved
	One Cardiac ambulance and a 14-seater van procured.	450	450	2	0%	0.00	Under procurement
UHI Infrastructure Development Project (Project 1526)	150	150	1	-	0.00	Slow Progress	
Total						57.1	Fair Performance

Source: IFMS, PBS and Field Findings



Implementation challenges

- The COVID-19 outbreak affected UH heart operation targets under open and closed heart surgeries during the FY.
- Inadequate space at the UHI to effectively carry out its mandate and achieve the planned NDPIII interventions. Delays in completion of the ICU in Mulago Complex Ward B were noted.

Conclusion

Overall performance of the UHI was fair with 57% of the set targets achieved with retooling of UHI achieving more outputs, followed by heart care services, research and outreaches. A number of specialised machinery and equipment was still under procurement while works on the engineering design studies and plans for capital development infrastructure had not commenced by 31st December 2020.

Recommendations

- The UHI should fast-track implementation of the planned open and closed heart surgeries against their need list in the remaining part of the FY.
- The MFPED, MoH and UHI should fast track financing options of the Institute's Infrastructure Development Project to enable its expansion into a Cardiology Centre of Excellence.
- The MoH and Mulago Hospital together with UHI should support the contractor m/s ROKO Construction Limited to complete works in stipulated timelines and avoid any further delays that lead to contract variations.

3.7 Uganda Blood Transfusion Services (UBTS)-Vote 151

Background

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

3.7.1 Safe Blood Provision (Programme 53)

The programme outcome is provision of quality and accessible safe blood in Uganda. Its main objective is to make available safe and adequate quantities of blood to all health facilities for the management of patients who need transfusion services. It comprises four of sub-programmes, namely; Administration (Sub-Programme 01); Regional Blood Banks-RBB (Sub-Programme 02); Internal Audit (Sub-Programme 03) and Retooling of Uganda Blood Transfusion services (Project 1672).



Semi-annual monitoring focused on performance of two sub programmes: Regional Blood Banks (Sub-Programme 02) and Retooling of Uganda Blood Transfusion services (Project 1672).

Performance

During FY 2020/21 the programme allocation was Ug shs 17.6bn, of which Ug shs 9.4bn (54%) was released and Ug shs 8.7bn (92%) spent by 31st December 2020.

According to the IFMS, expenditures were made on: Collection of blood at 44%, Laboratory Services at 14%, general staff salaries 11%, purchase of specialized and transport equipment 5.5%. The rest was shared among Planning and Information Services, quality assurance services, monitoring and evaluation, internal audit among others.

The Uganda Blood Transfusion Services registered good performance with 81% of the planned semi-annual targets achieved. UBTS collected 132,093 units of blood against a semi-annual target of 150,000. The best performing Regional Blood Bank was Fort Portal Blood Bank (RBB) collecting 112% of the target, followed by Mbale Blood bank at 105%, Nakasero at 94%. The least performing blood bank was Mbarara at 69%. Good performance was attributed to rigorous blood collection campaigns.

Although the UBTS Blood system indicated that Fort Portal RBB (FRBB) collected 13,430 and issued 9,926 units of blood, interactions with the FRBB administration indicated that they had collected a total of 14,489 and issued 10,226 units of blood July-December 2020. Variances were attributed to two issues as noted by the Fort Portal RBB and UBTS administration.

- *“during blood collection...our testing algorithm is 2 arm, for the first and second line, e-Dolphine captures the first line screening yet the second lines exonerates other donors, who are eligible to donate after three and four months for male and female respectively. This causes variances in numbers captured”* PMO, FRBB
- *“.... It was attributed to data that had been collected but not yet entered in the system by reporting date”* Senior Systems Analyst-UBTS. Detailed performance of the UBTS is highlighted below:

3.7.2 Regional Blood Banks (Sub programme two)

In FY 2020/21, the UBTS planned to achieve a number of outputs. These included; collect and issue 300,000 and 270,000 units of blood to various health facilities by designated Regional Blood Banks (RBBs) respectively. Undertake planning and information Services, quality assurance services, monitor and supervise blood collection operations among others (*detailed list and performance in table 3.18*).

The sub-programme was allocated a total of Ug shs 11.2bn, of which Ug shs 5.6bn (50%) was released and Ug shs 5.5bn (99%) spent by 31st December 2020. The UBTS achieved 88%



of the semi-annual blood collection targets and issued 82% of the blood collected. A total of 13,209 units were discarded due to infection related challenges. In terms of blood issuance Nakasero RBB issued 100% of their total collection, followed by Mbale at 82%, Fort Portal issued 74%. Kitovu RBB issued 61% and 65% of the collection was issued by Mbarara RBB. Although, there were several pending blood orders, the UBTS had a balance of 23,981 blood units not issued¹⁰. This was partially attributed to inadequate transport to pick blood from RBBs by transfusing facilities among others. Details in table 3.20.

Table 3.20: Performance of RBBs by 31st December 2020

Region	Semiannual Target	Units collected	Collection against target	Units planned to be Issued	Units issued	Issued against target	Issued against Collection	10% Units discarded	Total to be issued (Ideal)
Kitovu	12,000	9,793	82%	10,800	5,972	55%	61%	979	9,303
F/Portal	12,000	13,430	112%	10,800	9,926	92%	74%	1,343	12,759
Mbale	19,800	20,769	105%	17,820	17,094	96%	82%	2,077	19,731
Arua	12,000	8,050	67%	10,800	5,808	54%	72%	805	7,648
Gulu	18,000	14,958	83%	16,200	10,695	66%	72%	1,496	14,210
Nakasero	50,400	47,386	94%	45,360	47,152	104%	100%	4,739	45,017
Mbarara	25,800	17,707	69%	23,220	11,465	49%	65%	1,771	16,822
Total	150,000	132,093	88%	135,000	108,112	80%	81.85	13,209	125,488
Units not issued by 31 st December 2020									23,981

Source: UBTS, Field findings

The monitoring team assessed performance of the UBTS in seven blood transfusing health facilities:

- i) Fort Portal RRH:** The hospital ordered 2,524 units and received 66% of the blood units ordered during quarter one and two of FY 2021/21. Stock outs of blood products were noted. The main beneficiaries of blood received were the women with 49% of the blood transfusions followed by 28% men and 23% children. Details in table 3.21.

Table: 3.21 Number and category of patients transfused, blood units ordered and received at FRRH by 31st Dec 2020

	July	Aug	Sept	Oct	Nov	Dec	Total
Male	123	144	149	74	74	87	651 (28%)
Female	168	249	207	174	169	153	1,120 (48%)
Children	87	106	83	81	75	101	533 (23%)
Total Patients Transfused	499	439	329	318	341	499	2,304
Requested	378	572	569	414	369	222	2,524
Received	238	413	373	246	231	158	1,659
% Orders Received July-Dec 2020							66

Source: Field Findings, HMIS, 2020

Interactions with Fort Portal RBB indicated that the hospital was issued 3,371 units. This was 133% over their blood orders. The variance of 1,712 units could not be adequately explained by both the FRBB and the Fort Portal RRH. Issues related to inadequate record keeping at various levels of the two entities¹¹ were noted. The need for harmonisation of blood data is not

¹⁰ This partially explains availability of stock outs bloods by UBTS and stock outs in some facilities.

¹¹ The variance should be investigated to rule out chances of loss and sale of blood at the hospital



only key for improved performance of blood banks and transfusing entities but also critical in performance monitoring.

ii) Mbarara RRH: The hospital ordered 4,384 and received 2,654 (60.1%), the facility transfused 137%. This was attributed to division of whole blood units among patients in relation to their prescriptions. “..... *We cannot transfuse a unit of 450mls onto a person or child whose prescription is less than the standard 450ml pack of whole blood provided by the UBTS. In such instances, we often divide the unit into smaller units as prescribed by the doctor. This means that the number of units transfused will ideally be more than those received from the Blood Bank*” Head Laboratory, Mbarara RRH.

Blood group O was the most transfused type at Mbarara RRH with 50% transfusions, followed by Group A at 25%, Group B at 21% and 20% at Group AB. Details highlighted in table 3.22.

Table: 3.22 Blood Performance at MRRH by 31st December 2020

Month	Quantity requested	Units received	Transfused	Group A	Group B	Group O	Group AB
July	699	367	601	155	112	305	29
August	674	374	479	110	100	243	26
September	815	534	542	126	108	294	14
October	690	456	605	155	114	310	26
November	740	454	626	163	149	288	26
December	766	469	513	126	118	253	16
Total	4,384	2,654	3,366	835	701	1,693	137

Source: Laboratory, Mbarara RRH

iii) Kiruddu National Referral Hospital: The hospital undertakes over 5,000 dialysis sessions annually and the demand for blood in the dialysis unit is often high compared to other units. During the first half of the FY, hospital requested for 8,109 units of blood, however only 36% of the order was received. Often times, patients contacted neighboring health facilities like Nsambya, Mengo among others for blood. This explains the variance between number of units received and those transfused.

Table 3.23: Blood units ordered, received and transfused at Kiruddu NRH by 31st December 2020

Month	Quantity requested	Units received	Transfused	Loss	Remarks
July	1,491	410	541	3	Expired
August	1,325	548	550		Target not attained
September	1,076	519	567		Target not attained
October	1,262	508	468		Target not attained
November	1,516	406	538		Target not attained
December	1,439	495	590		Target not attained
Total	8,109	2,886	3,254		36% Achieved

Source: Kiruddu Hospital



iv) **Kawempe National Referral Hospital:** is home to the Directorate of Obstetrics and Gynaecology and Paediatrics of Mulago Hospital and delivers an average of 80-100 babies daily and 2,500 babies monthly translating to approximately 30,000 babies per year. By end of December 2020, the hospital had admitted 14,869 women into the labour with over 4,000 requiring caesarean section. The entity ordered for 3,475 units of various categories of blood, received 74% and transfused 100%. Table indicates details of beneficiary satisfaction at Kawempe National Referral Hospital.

Table 3.24: Blood ordered and received by Category July-Dec 2020 at Kawempe Hospital

Category	Order	Received	Transfused	Remarks
Whole Blood	1,931	1,438	1,436	Two were returned due to short expiry
Platelets	73	56	56	100% of the receipt was transfused
Packed Cells	1,238	895	895	100% of the receipt was transfused
Fresh frozen Plasma	233	170	170	100% of the receipt was transfused
Total	3,475	2,559	2,557	. 74% of ordered blood received and 100%
% Performance		74	100	transfused

Source: Field Findings, Kawempe Hospital

v) **Naguru RRH:** The Hospital requested for 1,260 units of blood and received 788 units (63%). A total of 959 units were transfused. This was attributed to the balances of blood carried forward from June 2020 as well as division of one unit received from the blood bank into several units as required by patients and prescribed by the doctor.

Table 3.25: Blood units ordered, received and transfused at Naguru NRH by 31st December 2020

Month	Units requested	Quantity Received	Transfused
Q1	630	383	516
Q2	630	405	443
Total	1,260	788	959

Source: Naguru Hospital

vi) **Uganda Heart Institute:** Approximately 92% of the blood orders were honored with 651 units received against a total order of 705 during the first half of FY 2020/21.

Table 3.26: Blood units ordered, received and transfused at UHI by 31st December 2020

	Blood & Products description	July	August	September	October	November	December	Total
1	No. of units requested	94	113	92	158	189	59	705
2	No. of units received	90	98	88	142	177	56	651
3	No. of units transfused	70	81	67	117	172	50	557
**	Difference between receipts and transfusions							94

Source: UHI

vi) **Mubende RRH:** the hospital received 1,034 units of blood against an order of 1,811 units (57%). This means that although Nakasero RBB collected 94% of the target and issued 100%. It did not meet the demand of its key beneficiaries. The demand was higher than the collection and supply during the period under review.



Equity in Blood Transfusion

According to the MoH, at least one hospital or HC IV should be offering blood transfusion services per 100,000 populations in Uganda. In 2020, Uganda had 420 Public health facilities all mandated to carry out blood transfusion services. These were 175 general hospitals, 17RRHs, 2NRHs, 3 specialized facilities and 223 HCIVs). However, only 247 public facilities (51%) were accredited by the UBTS to transfuse blood. The rest of the entities (49%) were either private facilities or Private Not for Profit.

The Public facilities accredited included: 24 HCIII, 151 HCIVs, 50 General hospitals, 22 Referrals. The criteria for accreditation includes adequate staffing levels, blood fridges and constant power supply among others. These were not available in the rest of the facilities that were not accredited.

Source: MoH, UBTS

Retooling of Uganda Blood Transfusion services (Project 1672)

The project commenced on 1st July 2020 and expected to be completed by 30th June 2025. The project is aimed at increased accessibility of quality and safe blood and blood to all health care units in the country for the management of patients. During FY 2020/21, the project planned to undertake the following outputs. Completion of remodeling and expansion works on the cold rooms and stores at Nakasero. Machinery, office, ICT and transport equipment procured.

The project was allocated a total of Ug shs 1.87bn in FY2020/21, of which Ug shs 1.5bn (81%) was released and Ug shs 930.5bn (61%) spent by 31st December 2020. According to the IFMS, expenditures were made on transport equipment at 52%, machinery and equipment at 42% and the rest on office and ICT equipment. The project contributed 10% towards UBTS overall weighted physical performance. Output performance is highlighted below:

Ongoing remodeling and expansion of cold rooms and stores at Nakasero Project liability defects amount paid: The retention fees were not paid by 30th December 2020. The facility was by M/s Kiru General Services Limited at a sum of Ug shs 3,767,693,066. By the time of monitoring, the contractor had been paid 72%¹² of the contract sum against 95% physical progress and against 122% time progress.

The contract was initially expected to be completed within 18 months by 15th August 2020. It was however extended to 30th January 2021 and later to 30th June 2021. The extensions were attributed to loss of time during the COVID-19 lock down. The facility was roofed, electrical and mechanical installation, internal and external finishes as well as external works were ongoing, door installations at 40%. Works involving installation of shelves were ongoing. All variation works including construction of a reinforced concrete retaining wall and standby generator pads was concluded within the contingency allocations.

¹² Cumulative payments to the contractor was paid Ug shs 2,711,266,163



Transport equipment procured: The UBTS registered and paid taxes including import duty of three vehicles procured in FY 2018/19. The payment of Ug shs 351million to Uganda Revenue Authority (URA) was made. M/s Achelis Uganda Ltd was also paid a total Ug shs 129 million as outstanding balances for motor vehicles for the same motor vehicles.



Left: Exterior view Right: Interior of the cold rooms and stores at Nakasero

Machinery and equipment procured: assorted cold room equipment was procured and installed in the newly upgraded Gulu RBB cold room by Thermo Cool Uganda Ltd at Ug shs 289million. Works and all installations were completed by 30th December 2020. The UBTS also procured 33 Mobile donor beds at Ug shs 22.3million from M/s Clinic Equipment Limited at a unit cost of Ug shs 680,000. These were delivered on 6th October 2020.

Other items procured included: Blood packing troughs by M/s. A1. Beaver Investments Limited, Blood canvass covers for blood donors by Alycom Investments Limited. Blood pressure machines (30), weighing scales (30) and 200 toniquets by M/s Circular Supply (U) Ltd on 23rd October 2020. Blood Spring balances worth 35million were also procured from M/s Matrix (U) Ltd for various blood collection teams. These were delivered on 11th Sept 2020.

Office and ICT Equipment, including Software procured: Procured two windows server license for two servers from Twincom Technologies Uganda Ltd, this was delivered on 12th August 2020. Seven zebra printers, seven desktops and call center equipment were procured and functionalized. Detailed output performance is highlighted in table 3.27.



Table 3.27 Performance of UBTS by 31st December 2020

Sub-programmes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Score % physical performance	Remarks
Regional Blood Banks	Units of blood Collected	7,655	3,809	300,000	132,093	47	On track
	Supervision visits done	260	130	4	2	2	Achieved
	Units of blood tested for TTIs	2,315	1,211	300,000	132,093	15	On track
	Planning and Information Services provided	582	291	100%	50%	4	Involved development all planning and all budget documents including the strategic plan. Finalization of the Study for unit cost of blood. Community engagements and consultations among others
	Quality Assurance Services	396	163	100%	40%	3	Supported accreditation of six RBBs, training of staff on quality Management done
	Ongoing re-modeling and expansion of cold rooms and stores at Nakasero Project liability defects amount paid.	720	372	100%	50%	5	ongoing
	Transport Equipment procured	480	480	100%	50%	2	On track
	Machinery and Equipment procured	400	400	100%	50%	1	On track
Office and ICT Equipment, including Software procured	270	270	100%	50%	2	On track	
Programme Performance (Outputs)						81	Good performance

Source: Approved Budget Estimates, IFMS PBS, Field findings, PBS, UBTS

Implementation Challenges

- Limited collections due to the pandemic and school holidays. This is reinforced by limited visibility of the UBTS compared to other players like the Red Cross.
- Blood targets not commensurate to demand at various health facilities. This was partially attributed to inadequate budgets leading to blood stock outs.
- Lack of adequate blood collection vehicles affecting collection targets. Over 80% of UBTS fleet was characterised by frequent breakdowns and high maintenance costs.



- Lack of evidence based blood order plans by transfusing facilities. This affects planning and forecasting efforts of both the UBTS and RBBs.
- Limited monitoring of blood usage at various transfusing facilities. This is partially attributed to failure to enforce recording of blood transfusion outputs in the DHIS2.
- Inadequate adherence to filling of blood accountability forms by transfusing facilities affecting planning and budgeting.
- Limited number of public health facilities accredited to transfuse blood due to lack of staff, blood refrigerators among other requirements.
- Limited staff at the UBTS with most of the blood collection staff being volunteers.

Conclusion

The Uganda Blood Transfusion Services registered good performance with 81% of the planned semi-annual targets achieved. The Regional Blood Banks contributed 73% while the retooling project contributed only 10% towards the overall performance of the UBTS.

Field findings indicate that none of the visited entities received their blood orders by 80% save for the Uganda Heart Institute. However, the UBTS remained with over 23,000 units of blood un-issued by 30th December 2020. Blood stock outs were noted among various entities with Kiruddu getting only 35% of their blood orders. There is great need to ensure prioritisation of blood accessibility, safety and availability through effective distribution mechanisms as a way to building foundations for the health care system as well as attainment of Universal Health Coverage.

Recommendations

- The UBTS should embrace new and innovative ways to enhance blood collections. These include home visits observing SoPs, social media and virtual campaigns. Rigorous advertising among the general public as well as the private sector.
- The UBTS should align the work of their Principal Medical Officers (PMOs) at various Blood Banks to undertake clinical interfaces and closer monitoring of blood usage at all transfusing facilities.
- The MoH and UBTS should support all transfusing facilities to undertake mandatory detailed reporting on blood orders, receipts and usage by sex in the HMIS tool.
- The UBTS should take the initiative to partner with various development partners like United Nations Population Fund (UNFPA) to procure and install blood refrigerators. Alternatively, the UBTS should prioritise procurement of blood refrigerators as way of increasing capacity of health facilities to transfuse.



- The UBTS should also collaborate with entities like MoH and local governments to prioritise recruitment and deployment of health workers key in blood collection and transfusion for improved health systems and service delivery.

3.8 Health Service Commission (Vote 134)

Background

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

The vote contributes towards *improved quality of life* as a sector outcome through implementing Program (52) - Human Resource Management for Health¹³. The ultimate program outcome is improved status of human resources for health in the health service.

Semi-annual monitoring FY 2020/21 focused on three subprograms; Human Resource Management-Sub Programme two and Recruitment and selection systems-Subprogramme four as well as Retooling of Health Service Commission-Project 1635.

The HSC planned to achieve the following outputs during FY 2020/21; a total 1,100 health workers recruited for central government institutions, a total of 1,000 Human Resource Decisions made; appropriate system for registry records management designed. Support supervision provided to 84 Districts. Technical Support Supervision to 17 RRHs and two National Referral Hospitals. Assorted ICT, furniture, and fittings procured.

Performance

The annual revised programme budget for the HSC in FY 2020/21 was Ug shs 7bn, of which Ug shs 3.5bn was released and Ug shs 1.8bn (98%) spent by 31st December 2020.

The HSC registered poor performance by end of quarter two FY 2020/21, only 37% of the semi-annual targets were achieved. Development outputs including office furniture were still under procurement. No recruitments had been concluded for the year under review and development outputs were still procurement. Detailed performance by sub-programme is highlighted below;

3.8.1 Human Resource Management (Sub-Programme 02)

The sub-programme was allocated Ug shs 7bn, of which Ug shs 3.5bn (50%) was released and Ug shs 1.8bn (53%) was spent as at 31st December 2020.

¹³ MoH, MFPED, MoPs (Ministry of Public Service), RRHs and specialized institutions contribute to performance of the Programme. 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.



No recruitments had been concluded for the year under review and only 192 human resource decisions against a target of 500 (38%) were made during the period under review. This was attributed to the expiry of the Board's Term of office from June to December 2020.

Linkage between NDPIII and HSC Annual Work plan: The health sector needs a total of 10,789 critical health workers within the NDPIII five-year period to attain planned goals and objectives in the Human Development Programme. This implies that wage bill of over 2,158 health workers must be availed for health facilities in order for the HSC to recruit these cadres on an annual basis. During the first year of the NDPIII (FY 2020/21), health institutions submitted recruitment requests for only 46 specialists against the total annual requirement of 2,158. Approximately, 37% of the requests were for Anesthesiologists, 24% Radiologists and 20% were General Surgeons. Details regarding Human Resource Management (HRM) requirements and plans are highlighted in table 3.28.

Table: 3.28 NDPIII Critical HRM target and HSC annual recruitment Plan by Cadre

Specialist	NDPIII 5Yr Target	NDPIII Annual Target	No. planned for recruitment- HSC 2020/21
Cardiologists	209	41.8	1
Colon and Rectal Surgeons	239	47.8	-
Dermatologists	568	113.6	-
Geriatric Medicine Specialists	418	83.6	-
Hematologists	299	59.8	-
Infectious Disease Specialists	1,123	224.6	-
Neurologists /Neurosurgeons	717	143.4	3
Oncologists	418	83.6	-
Otolaryngologists	490	98	-
Plastic Surgeons	118	23.6	1
Podiatrists	478	95.6	-
General Surgeons	837	167.4	9
Anesthesiologists	418	83.6	17
Emergency Medicine Specialists	454	90.8	-
Pathologists	1,135	227	4
Radiologists	2,868	573.6	11
Total	10,789	2,158	46

Source: NDPIII, HSC

Recruitment requisitions of a total of 90 cadres were submitted to the HSC by various health facilities. This is partly attributed due to lack of a wage bill and revised staffing norms. Although these cadres are critical in health service delivery, they were not prioritised at key human resource requirements in the final NDPIII. Table 3.29 indicates numbers and cares of health workers outside the NDPIII final plan to be recruited during FY 2020/21.

**Table 3.29: HSC Recruitment Plan for FY 2020/21**

Cadre	Number
Pediatricians	19
Internists	14
Obstetricians and Gynecologists	11
Ear Nose and Throat (ENT)	9
Psychiatrists	9
Orthopedic Surgeons	7
Public Health	5
Ophthalmologists	4
Pediatric Surgeons	3
Intensivists	2
Nephrologists	1
Pediatric Haematoncology	1
Pulmonologist	1
Hepatobiliary Surgeon	1
Dental Surgeon	1
Family Medicine	1
Microbiology	1
Total	90

Source: HSC, April 2021

This calls for expeditious and holistic planning between MFPED, MoPS, MoH, Specialised health institutions, National and Regional Referral Hospitals to attain the NDPIII Objectives. The MoH, MoPS and other stakeholders should sensitise all health facilities to prioritise and plan for recruitment of key cadres as well as procurement of tools and medical supplies to enable achievement of the NDPIII goals, Sustainable Development Goals and the Vision 2040. The National Planning Authority (NPA) should take into consideration critical health resource needs during the midterm review of the NDPIII and make all necessary adjustments.

Retooling of Health Service Commission (Project 1635): The planned outputs for FY 2020/21 were; machinery and equipment, office furniture and computers procured. The project was allocated Ug shs 80million in FY 2020/21, of which was Ug shs 50million released (75%) and Ug shs34 million (58%) spent by 31st December 2020. Planned outputs were: Office furniture, laptops, heavy duty photocopier, one heavy duty shredder ten desk computers and a server for e-recruitment System among other items procured. All the planned outputs were under procurement by 31st December 2020. The sub-programme contributed only 2% towards the overall performance of the HSC. Detailed performance of the Commission is highlighted in table 3.30.

**Table 3.30: Performance of the HSC by 31st December 2020**

Subprogrammes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score %	Remarks
Recruitment and selection systems	Health Workers in Central Government Health Institutions recruited	1,516	772	1,100	-	0.00	Not Achieved
	Health decisions for Human Resource made			1,000	192	28.90	Not Achieved
	Addition modules r-recruitment system/selection operationalized and maintained.			100%	50%	0.08	Not Achieved
	Appropriate system for registry records management designed. Registry Records updated and data base maintained.	25	12	100%	25%	0.70	Not Achieved
	Support Supervision for selected districts, RRHs and NRHs done.	176	97	104	43.0	7.32	Partially Achieved
Retooling of Health Service Commission (Project 1635)	One Heavy Duty Shredder procured. Ten Desk computers procured. Server for e-recruitment System procured	40	20	100	-	0.00	Not Achieved
Total						37	Poor Performance

Source: Field findings, Approved Budget Estimates, IFMS PBS, HSC

Implementation Challenges

- Delays in recruitment of health workers due to delays in appointment of the recruitment Health Service Commission Board.
- Limited alignment between recruitment requisitions from health institutions, HSC annual plan with NDPIII targets.
- Misalignment of the HSC expenditure lines and non-core activities.
- Inadequate supply of critical health cadre's prioritized in the NDPIII. These include Gastroenterologists, Geriatric Medicine Specialists, Hematologists, and Neurologists.
- High consumptive expenditure including annual payments of HSC's rent affects the budget on the HSC core activities.



Conclusion

The HSC registered poor performance by end of quarter two FY 2020/21, only 37% of the semi-annual targets were achieved. No recruitments had been concluded for the year under review and only 192 human resource decisions against a target of 500 (38%) were made during the period under review. This was attributed to the expiry of the Board's Term of office from June to December 2020. Issues related to misalignment of recruitment plan of health entities in relation NDPIII objectives were noted. The need to prioritise Human Resource Development is key in improvement of health systems and service delivery.

Recommendations

- The MoH, MoPs, HSC should engage the Ministry of Education and Sports as well as health training institutions to align and prioritize education and training of critical cadres in short supply during the medium term to foster attainment of the NDPIII goals.
- The HSC should fast track development of the recruitment unit cost in order to align the HSC expenditures towards its overall objectives.
- The HSC should prioritize establishment of the HSC home in the acquired land at Butabika in bid to reduce annual rental expenditures amounting to Ug shs 716million.

3.9 National Referral Hospitals (Vote 161, 162, 177 and 178)

Background

National Referral Hospitals provide tertiary health care services at higher levels than the Regional Referral Hospitals and target a population of 10million. They are expected to train health professionals, support supervision, mentoring of health workers, collecting HMIS and medical research information as well as conducting medical and health system research.

The National Referral Hospitals in Uganda include; Mulago National Referral Hospital; China-Uganda Friendship Hospital, Naguru; Kawempe National Referral Hospital; Kiruddu National Referral Hospital and Butabiika National Referral Hospital. The semi-annual monitoring focused on performance of all NRHs.

During FY 2020/21, the programme was allocated a total of Ug shs 114.3bn, of which Ug shs 64bn was released and Ug shs 50bn spent. Expenditures were mainly made by Mulago NRH at 54%, followed by Kiruddu hospital at 15.6%, Butabika hospital at 12.8%, Kawempe hospital at 8.6% and Naguru at 9%.

In terms of physical performance, the programme registered good performance. Average physical performance was good at 73%. Very good performers were: Kawempe hospital at 99%, followed by Mulago NRH at 90%, Kiruddu hospital at 85%, Butabika hospital fairly performed at 60% while Naguru hospital performed poorly at 30%. Detailed performance per hospital is highlighted as follows:



3.9.1 Mulago National Referral Hospital - Vote 161

Background

The hospital aims to be a center of excellence in providing super-specialised healthcare in Africa. It therefore contributes to two sector outcomes. These are; 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.

Programme 54 is comprised of three recurrent and one development sub-programmes. The recurrent Sub Programme are: 01 Management, 02 Medical Services and 04 Internal Audit. The development Sub Programme is Project 1637 Retooling of Mulago National Referral Hospital. Semi-annual monitoring focused on Sub-Programmes 01 and Project 1637. Detailed performance is highlighted as follows:

Performance

During FY 2020/21, the National Referral Hospital Services Programme was allocated Ug shs 60.9bn, of which Ug shs 32bn (53%) was released and Ug shs 27bn (86%) spent¹⁴ by 31st December 2020. Expenditures were made on non-wage expenses 49%, wage 50% and 6% development expenses¹⁵.

The hospital registered fair performance with 67% of the semi-annual targets achieved. The hospital attained its medical services targets and surpassed some in several instances. However, targets under the development projects were not achieved. The hospital implemented rolled over projects of FY 2019/20 and those of FY 2020/21 were still under procurement except for the construction of staff houses which had just commenced in November 2020.

3.9.1.1 Mulago Hospital Complex Medical Services (Sub-Programme One)

The annual allocation for medical services were Ug shs 35.980 billion of which Ug shs 18.341bn (51%) was released and Ug shs 16.069bn (88%) was spent by 31st December 2020. The hospital achieved most of the medical services with specialized outpatient attendances at 87.9%, Laboratory investigations at 116% and immunisation at 161%. Poor performance was however recorded under inpatient services at 32%.

3.9.1.2 Retooling of Mulago National Referral Hospital Project (1637)

The Project commenced on 1st July 2020 and expected to end on 30th June 2025. The Project's main objective is to improve on the provision of specialized health care services in the country/region. The projects expected outputs are; Assorted Medical equipment procured; operational

¹⁴ Exclusive of Arrears

¹⁵ IFMS data July-December 2020



facilities renovated; assorted office equipment and furniture procured; ten vehicles for senior consultants procured; five Service vans procured; and staff houses renovated.

The approved project budget for FY 2020/21 was Ug shs 4.020bn which was all released and Ug shs 1.792bn (45%) spent by 31st December 2020. Expenditures were made on refurbishment and remodeling of other structures at Ug shs 1.4bn. Construction of 150 staff houses with Ug shs 121.2 million paid to M/s Block Services as balance on advance payment, Ug shs 161 million to M/s SASA E Ltd, the staff house supervising consultant. Detailed performance by planned output is highlighted as follows:

Specialised machinery and equipment procured: These included; Micro laryngoscopy, set- adult, Micro laryngoscopy set pediatric, Esophagoscopy set- pediatric, Bronchoscopy set- adults, pediatric, flexible fiberscope pediatric and hybrid tympanometer among others. All the equipment was under procurement.

Re-modelled and refurbishment structures, wards and units to suit their specified use. These included: cold rooms in bulky stores and wards, laundry structures, boundary wall, parking for intern doctors mess, inward tanks for MRI machines. All these activities were completed and undertaken at a cost of Ug shs 1.4bn. M/s Setramaco International undertook three activities at a total Ug shs 541million. These were: Urgent transfer of 4 driers from engineering stores to upper Mulago Laundry at Ug shs 199million, Remodeling and refurbishment of cold stores at Ug shs 341.5million.



Completed Boundary wall at the Assessment Centre, Mulago NRH

Boundary wall at Assessment Centre in Upper Mulago was completed by Vine Shade Ltd at Ug shs 182.7million. The compound for the intern doctor’s mess was paved by Mumart Enterprises Ltd at Ug shs 98million. Overhauling the steam boiler at the laundry was done at a cost of Ug shs 198million by M/s Convention World Limited.

In order to functionalise the MRI, M/s BHL Healthcare Ltd was contracted to supply and refill it with Helium at a sum of Ug shs 474.4million on 5th November 2021. This was achieved. The contract scope involved supply of 50litre cylinders with helium gas grade 5.0 (99.9%), transport charge, transfer tools, and rental fees. The piped oxygen was also extended to various wards and had greatly improved service delivery.

Renovation and Rehabilitation of dilapidated staff houses to improve the welfare of staff: Renovation and refurbishment works on the staff houses were cancelled due to budget limitations, there was a consensus that the hospital administration concentrates on new constructions to



attain value for money.

A contract worth Ug shs 30,228,600,856 was signed on 02nd June 2020 with M/s Block Technical Services Ltd. Works were supervised by M/s Sasa E. Consults Limited at sum of Ug shs 1,141,200,200. Works commenced in November 2020 and expected to be completed within 4years (15th June 2023). Works were behind schedule with physical progress at 0% by 31st December 2020 and foundation works had just commenced.

Table 3.31: Performance of National Referral Hospital Services Programme and Mulago Hospital as at 31st December 2020

Sub-programmes	Output	Annual Budget (Ug shs in mil)	Cum. Receipt (Ug shs) in mill)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical services	Specialized in patients attendances done	8,710	13,340	280,000	140,217	60.81	On track
	Specialized outpatients provided	416	238	860,000	432,385	2.74	On track
	Laboratory services provided	142	61	2,300,000	1,153,263	1.07	On track
	MRI and city Scans conducted			72,000	38,786	0.08	
	Immunization Services provided	0.03	0.01	6,000	3,211	0.23	On track
Retooling of Mulago National Referral Hospital	Specialized Machinery and Equipment purchased.	800	800	100	-	0.00	Under procurement
	Re-organization, re-modeling and refurbishment of existing structures.	1,500	1,500	100	80	2.25	At Substantial Completion.
	Staff houses constructed and rehabilitated of the dilapidated.	1,720	1,720	150	-	0.00	Preliminary works and site clearance had commenced
	Programme Performance (Outputs)						67

Source: HMIS, PBS, Field findings



3.9.2 Kiruddu National Regional Referral Hospital (Vote 177)

Background

The health facility was upgraded to a Regional Referral Hospital in FY 2019/20 and implements three sub-programmes. These are: Kiruddu Referral Hospital Services (Sub-programme one), and Kiruddu Referral Hospital Internal Audit (Sub-programme two) as well as one development project- Retooling of to Kiruddu National Referral Hospital (Project 1574). Semi-annual monitoring FY 2020/21 focused on Sub-programme one and project 1574. Planned outputs for the period under review are highlighted in table 3.30.

Performance

The revised budget for the Referral Hospital Services Programme was Ug shs 18.7bn, of which Ug shs 10bn (53%) was released and Ug shs 7.8bn (78%) spent by 31st December 2020. Expenditures were mainly on wage 44.3%, non-wage operations at 56%. Payments were made towards medical services including provision of dialysis sessions.

The hospital registered good performance with 84% of the planned semi-annual targets achieved. All medical services surpassed their semi-annual targets save for provision of general outpatient services were achieved. The hospital recorded poor performance on all development targets, with two out of three targets still under procurement by 31st December 2020. The status remained the same as at 4th March 2020. Detailed sub-programme performance is as follows:

Kiruddu Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 17.3bn of which Ug shs 8.9bn (52%) was released and Ug shs 7.8bn (88%) spent by 31st December 2020. The hospital surpassed targets on all medical services except for outpatient attendance which were achieved at 52% on the PBS and 53% on the HMIS. The hospital achieved 270% of the planned diagnostic investigations and 875% of immunisation targets. Variances between the medical records on the PBS and HMIS were noted with former highlighting more numbers than the latter.

Table 3.32: Performance of the Kiruddu RRH and Variances between PBBS and HMIS data 31st December 2020

Out puts	Annual Planned Target ⁴	Cum. Achieved Quantity-PBS	Achieved HMIS	Variance	%Progress PBS	%Progress HMIS
Inpatient services provided	10,280	10,666	9,073	1,593	104	88
Outpatient services provided	67,365	35,350	35,614	(264)	52	53
Diagnostics investigations undertaken	20,432	55,159	53,090	2,069	270	260
Immunizations provided	2,961	26,544	25,913	631	896	875
Dialysis sessions undertake	6,738	8,306	***	****	123	0

Source: PBS, HMIS, Findings

**** Data not available on the HMIS



Retooling of to Kiruddu National Referral Hospital (Project 1574): The annual allocation for the sub-programme for FY 2020/21 was Ug shs 1.5bn, of which was 100% was released and 0% spent by 31st December 2020. The project had three planned outputs. These were:

- Specialised equipment procured and installed:
- Construction of a Water sewerage plant completed. Oxygen extended and piped to critical wards like Emergency, Resuscitation areas, ICU, admission wards and fitting filling plant.
- Ten office furniture for consultants and administrative staff procured.

In terms of progress, works at the site had not commenced with a draft contract between National Water and Sewerage Corporation (NWSC) and contractor awaiting Solicitor General's Approval by 4th March 2021. The hospital received Ug shs 500million from MFPED for the activity and was awaiting site handover to remit the funds to NWSC.

Specialised equipment procured and installed: This contract was divided into four Lots, signed on 3rd February 2021 and expected all deliveries within two months. Lot 1 was awarded to M/s Future Medical Equipment Ltd at a sum of Ug shs 117,700,000 and involved supply of an assortment of surgical equipment.

Lot 2 and 4 was awarded to M/s JF Health Care and Solutions Ltd at a sum of 56,738,709 and 164,368,758 respectively to supply imaging equipment. Lot 3 was awarded to M/s Nairobi Enterprises (U) Ltd at a sum of 97,345,400 to supply surgical and ENT equipment among others.

M/S Service and computer Industries (U) Ltd was awarded a contract to supply and install the radiology UPS and batteries. It was established that the Hospital CT Scan was out of use for over six months for lack of batteries. The hospital therefore needed to fast track this investment to facilitate effective utilisation of the scan services and improve its Non Tax Revenue and also avoid redundancy of the equipment.



Oxygen service delivery points and conduits in the emergency ward of Kiruddu Hospital

Emergency ward and theatre repaired: Under procurement by 31st December 2020, the status was the same in February 2020. This was attributed to retendering the process due to the fact that all service providers that had initially bided for the project failed to meet the selection criteria.

Oxygen extended and piped to critical wards: The contract to extend the medical gas pipeline system was awarded to BHL Health Care LTD at a sum of Ug shs 250,654,184 on 7th December 2020.



Oxygen was piped to levels five, six, seven, eight, dialysis unit, and the High Dependence Unit (HDU). The benefits included reduced time involved in manual ferrying of oxygen cylinders, reduced transmission of infections. The investment reduced time and energy involved in ferrying oxygen cylinders to various wards, moving patients across wards in search for oxygen. This therefore translated into timely provision of services hence reduction in mortality.

The investment came along with various challenges including the need to upgrade the Oxygen plant to a bigger capacity and increased energy bills.

The oxygen plant was placed by BHL Health Care LTD and the hospital pays a monthly fee of Ug shs 45million towards its use and maintenance. This translates into an annual payment of Ug shs 540million. To date, the hospital has paid over 1billion for the service. The MoH spent Ug shs 6.4billion on procurement of seven plants in 2020 (Ministry of Finance, 2020, p. 10), this translated into a onetime payment of Ug shs 1.2billion per plant. It is therefore recommended that the hospital should prioritize procurement and ownership of an oxygen plant. This strategy is more efficient, effective and sustainable.

Ten office furniture for consultants and administrative staff procured: The contract was awarded to M/s EarthLink Solutions Ltd at a sum of Ug shs 49,715,000 on 2nd December 2020. A total of 38 lockable cabins and pallets were made and distributed to wards, administrative offices and various clinics. Summarised performance of the Kiruddu Hospital is highlighted in table 3.33.

Table 3.33: Performance of Kiruddu Regional Referral Hospital as at 31st December 2020

Sub-programmes	Out put	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Referral Hospital Services	Inpatient services provided	1,880	966	20,000	10,666	17.35	On track
	Outpatient services Provided	1,596	795	135,239	35,350	7.73	Not achieved
	Diagnostic services provided	120	25	95,600	55,159	1.11	On track
	Immunizations provided	40	20	5,922	26,544	0.37	Achieved
	Dialysis sessions undertaken	5,700	3,200	12,000	8,306	52.60	Surpassed target
Retooling of to Kiruddu National Referral Hospital (Project 1574)	Assorted medical equipment procured	500	500	100%	0%	0.00	Under procurement
	Furniture procured	50	50	100%	100%	0.00	Achieved
	Water sewerage plant completed. Oxygen extended to various wards	950	500	100%	33%	5.50	
Programme Performance (Outputs)						84.66	Good Performance

Source: IFMS, PBS, Field findings



3.9.3 Kawempe Referral Hospital (Vote 178)

Background

The hospital implements three sub-programmes. These are: Kawempe Referral Hospital Services (Sub-programme one); Kawempe Referral Hospital Internal Audit (Sub-programme two); and Retooling of Kawempe National Referral Hospital (project 1575). Semi-annual monitoring focused on Sub-programme one and Project 1575.

Performance

The Referral Hospital Services Programme was allocated Ug shs 11.723bn, of which Ug shs 10bn (99%) was recurrent and 1% development. A total of Ug shs 7.4bn (63%) was released and Ug shs 4.3bn (59%) spent. Expenditures were mainly on wage with 64% and non-wage at 36%.

The hospital achieved 99% of the planned semi-annual targets, the development targets were achieved while performance of medical service targets ranged from 32% to 106%. Detailed performance is highlighted as follows.

3.9.3.1: Kawempe National Referral Hospital Services (Sub-Programme One)

The annual allocation for FY 2020/21 to the sub-programme was Ug shs 10.2bn, of which Ug shs 6bn (60%) was released and Ug shs 4.3bn 72% spent by 31st December 2020. Expenditures were mainly on: 65% on human resource management services, Inpatients 15%, outpatients and hospital management and support Services at 6% respectively, diagnostic services at 1%, prevention and rehabilitation services at 3%, Immunisation services at 1% among others.



Service delivery in the Inpatient Neonatal Unit at Kawempe NRH Unit

The hospital achieved two medical services outputs satisfactorily with diagnostic services at 106%, Prevention and rehabilitation services at 124%, outpatient services at 97% and inpatient services 76%.

Underperformance was noted under immunisation services, only 37% of the set targets were achieved

Variations between outputs recorded under the Program Based Budgeting System (PBBS) and HMIS were noted with the PBBS reporting slightly higher numbers than those

reflected on HMIS except immunization outputs. Details are highlighted in table 3.34.

**Table 3.34: Performance of Kawempe RH and variances between PBS and HMIS Indicators**

Output	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance btn PBS and HMIS	%Prog-ress PBS	%Prog-ress HMIS	Remarks
Inpatient services provided	70,000	26,556	26,556	0	38%	47%	No Variance
Outpatient services provided	10,0000	45,824	45,717	107	46%	20%	Mixed performance
Laboratory investigations done	62,000	26,523	22,731	3,792	37%	32%	Not achieved
Immunizations provided	85,000	13,890	44,542	(30,652)	52%	189%	Mixed performance
X-rays undertaken	2,000	542	506	36	25%	101%	Not achieved
Ultra Sound undertaken	60,000	5,436	5,436	-	9%	33%	No Variance

Source: HMIS¹⁶, PBS, Field findings (July-Dec 2020)

Retooling of Kawempe Referral Hospital (Project 1575): The approved project budget was Ugshs 1.5billion of which Ug shs 1.3billion (88%) was released by 31st December 2020 and Ug shs 185million (14%) spent. The hospital planned to procure paediatric beds and accessories, office and ICT equipment, including software, residential furniture and fittings. The summarized performance is highlighted in table...

Motor Vehicles and Other Transport Equipment purchased: A 30 seater bus was procured and delivered from M/s TATA Uganda Ltd at Ug shs 185million and by 31st December 2020 the bus was in use.



New-thirty seater bus procured at Kawempe NRH

Paediatric beds and accessories procured: The contract worth Ug shs 148 million between the hospital and M/s Blue Crest Trade Limited to deliver the items was signed on 21st December 2020. Deliveries were expected within six weeks (February 2021).

16 Retrieved on 22nd April 2021



Office and residential furniture and fittings purchased: M/s Pinnacle was contracted to supply furniture at a cost of Ug shs 99.6million. This included three-seater waiting chairs. Tables, conference chairs among others. These were not yet delivered by 31st December 2020. The rest of the equipment both ICT and medical were still under procurement.

Table 3.35: Performance of Kawempe RRH as at 31st December 2020

Subpro-grammes	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	1,706	846	70,000	26,556	52.34	Not achieved
	Outpatient services provided	656	308	100,000	45,824	25.64	Not achieved
	Diagnostic services provided	130	64	62,000	32,633	2.58	Half year target achieved
	Prevention and rehabilitation services provided.	340	170	3,300	2,061	6.85	Half year target achieved
	Immunization services provided	380	190	85,000	13,890	2.49	Not achieved
Retooling of Kawempe NRH	Motor Vehicles and Other Transport Equipment purchased	200	200	100 %	90%	8.03	Half year Achieved
	Office and ICT Equipment, including Software purchased	250	125	100	0	0.01	Under procurement
	Office and Residential Furniture and Fittings purchased.	100	50	100%	100%	2.01	Under procurement
	Medical Equipment	950	950	100	0	0.04	Under procurement
	Total					99.97	Very good performance

Source: PBS, Field findings

3.9.4 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 one Programme Provision of Specialized Mental Health Services Blood Provision (Programme 55) and three sub-programmes. These are: Management (Sub-Programme One); Internal Audit



(Sub-Programme two); Retooling of Butabika National Referral Hospital (Project 1572).

Semi-annual monitoring (FY 2020/21) focused on Sub-Programme One-Management, and Project (1572). Detailed performance during the FY is highlighted below;

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

The Programme was allocated Ug shs 17bn, of which Ug shs 8.7bn (51%) was released and Ug shs 6.4bn (74%) spent by 31st December 2020.

The overall performance of the hospital was fair with 60% of the semi-annual targets achieved. Mental health services under the Management Sub-programme contributed 20.6%, while the retooling project contributed 39.3% towards the overall weighted performance of the entity.

This performance was attributed to delays in procurement of development targets that had a bulk of the budget. The assorted medical equipment and the planned construction works on the perimeter wall among others were still under procurement.

Management (Sub-Programme One): The sub-programme implemented three key outputs during FY 2019/20. These were mental health inpatient, specialized outpatient, Primary Health Care (PHC) and community mental health services provided.

Performance

During FY 2020/21, the sub-programme was allocated Ug shs 13.2bn, of which Ug shs 6.8bn (51%) and Ug shs 6bn (89%) was spent. Expenditures were on salaries and allowances at 22%, 11.5% on operational costs, 10.6% Mental Health Inpatient Services with the rest including long term planning for mental health, specialised outpatient and PHC Services, community mental health services and technical supervision among others achieved 0%.

The sub-programme achieved the planned outputs as follows: 44% inpatient admissions achieved, mental health investigations at 47%, specialised outpatients at 61%, 38% general outpatients; 79% cases in the adolescence clinic and 51% in the Alcohol and Drug Unit (ADU). Very good performance was registered under the outreach programme with 116% patients seen by mental health specialists at various sites including Nkokonjeru, Nansana, Kitetika, Kawempe Katalamwa and Kitebi.

Retooling of Butabika National Referral Hospital (Project 1572): The project commenced in July 2020 and is expected to end in July 2025. It is aimed at provision of additional stock of hospital infrastructure. Replacement of furnishings and fittings and general maintenance of hospital equipment for continued and sustainable mental health service delivery.

The hospital planned to undertake the following outputs, namely: Assorted Medical equipment and furniture procured and installed; Extension of perimeter wall, renovation of Male admission ward and Kirinya wards A, B and C, installation of 5 cooking stoves and extension of walkway at OPD among others.



The project was allocated Ug shs 3.8bn, of which Ug shs 1.9bn (51%) was released and only Ug shs 458million (23%) spent by 31st December 2020. Expenditures were made on procurement of an ultra sound and ECG machines 47%, office furniture (44%) and the rest on monitoring and supervision, procurement of CCTV cameras and computers. In terms of physical performance, the project contributed 39.3% towards the overall weighted performance of the entity. The hospital had achieved the following by 30th December 2020.

Assorted medical equipment procured: M/s Medequip Limited supplied Ultra Sound Machine at a sum of Ug shs 169million on 4th December 2020, two ECG machines were supplied by Human Diagnostic Centre at Ug shs 48million on 12th November 2020.

The rest of the equipment including glucometer machines, weighing scales, digital timers, bedside screens, Blood Pressure machines, thermometers, face masks for oxygen, Ear and Norse sets, Pulse Dosimeters, Kidney dishes among others worth Ug shs 154million was delivered in Quarter three of FY 2020/21 (3rd February 2021). Others like chemistry analyser, haematology analyser, ultrasound machine, two heavy duty washing machines and the incinerator were under procurement.

M/s Jenach Ltd was awarded the contract to supply and install an incinerator at Butabika Hospital at a sum of Ug shs 498million. The contract was signed on 5th February 2021 and deliveries were expected in June 2021. The contract to supply one heavy duty washing machine was awarded to M/s Hosemi Investment Limited at a sum of Ug shs 223million. The plan was revised from two to one machine due to budget challenges. It was signed on 5th February 2021 and expected to be delivered within four months (By June 2021).

Extension of perimeter wall and other structures renovated: These included; Male admission ward and Kirinya wards A, B and C, installation of 5 cooking stoves and extension of walkway at OPD: All construction works save for the cooking stoves were under procurement. The renovations plan for other structures was revised from renovation of four wards to two wards due to budget challenges. The male admission ward was removed from the annual plan while the perimeter wall contract was awaiting clearance by the Solicitor General.

Three Kitchen Solar Stoves were supplied and installed by M/s Nature Save Business Solutions. These were already in use and had improved services in the hospital kitchen. M/s Electrec SOL Technologies Limited was awarded a contract worth Ug shs 314million to renovate Kirinya A and B wards on 5th February 2021. The output was therefore not achieved by 31st December 2020. By the time of monitoring done in February 2021, the contractor was in the process of mobilizing both material and human resource to undertake the project

Consultancy Services short term undertaken: The Strategic Plan drafting was ongoing by 31st December 2020.



Beds procured at Butabika Hospital

Assorted furniture including Hospital beds procured: M/s Collina Enterprises Limited at a sum of Ug shs 197million supplied items including; benches, conference chairs, sofa sets, coat hangers, cupboards among others. Hospital beds were under procurement.

Office and ICT Equipment, including Software procured: M/S Kibbs Systems Limited supplied CCTV cameras worth Ug shs 98 million. These were installed in various places within the hospital including reception, gate, laboratory, parking area among others. M/s IT Pro Uganda supplied five computers at Ug shs 30 million, one laptop and five UPS devices. These were already in use.

Table 3.36: Performance of Butabika Hospital as at 31st December 2020

Sub programme	Output	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Management	Male and female admitted	2,890	1,451	9,350	3,290	17.96	Not Achieved
	Patient Days			314,000	156,554	0.00	On track
	Mental Health Investigations conducted			38,000	14,807	0.00	Not Achieved
	Specialized Outpatients seen			35,750	18,206	0.00	On track
	General outpatients seen	108	54	44,000	13,960	0.59	Not Achieved
	Male and female attended to in the adolescence Clinic			4,929	3,234	0.00	On track
	Male and female patients seen in the ADU			881	378	0.00	Not Achieved
	Male and female patients seen in the outreach Clinics	144	67	3,519	3,410	2.06	On track
	Technical support supervision visits conducted			24	8	0.00	Not Achieved
	Outreach clinics conducted			60	30	0.00	Achieved
RRHs visited	21			8	0.00	Not Achieved	



Sub programme	Output	Annual Budget (Ug shs)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Retooling of Butabika NRH (Project 1572)	Assorted medical equipment and incinerator procured	1,625	712	100%	30%	15.86	Ongoing
	Consultancy Services short term undertaken-Strategic Plan developed	150	150	100%	50%	1.07	Half year target achieved
	Monitoring, Supervision & Appraisal of Capital work done	60	30	100%	20%	0.34	Not Achieved
	Assorted furniture including Hospital beds procured	433	433	100%	50%	0.00	On track
	Extension of perimeter wall, other structures renovated	1,462	548	100%	40%	20.85	Not Achieved
	Office and ICT Equipment, including Software procured	138	130	100%	60%	1.25	On track
	Total						59.99

Source: Field findings, Approved Budget Estimates, IFMS PBS, and HSC

Implementation and Service delivery challenges facing National Referral Hospitals

- Delays in completion and use of HMIS infrastructure, this affects timely verification of monitoring findings and evidence from various clinics at Mulago Hospital.
- Delays in commencement of procurement affected timely achievement of set targets.
- Inadequate planning characterised by committing of government without corresponding medium term ceilings. For example, at Mulago Hospital, a contract worth Ug shs 30bn was signed with M/S Block Limited to construct a staff house slated to be paid within 4years yet the MTEF clearly stated an allocation of Ug shs 16bn (53%).
- Lack of enough accommodation for staff and interns affected the achievement of the set medical services targets.
- Drug stock outs due to inadequate medical supplies. Items like gloves, needles, syringes among others often ran out within four weeks of delivery affecting service delivery in various hospital clinics and departments.
- Variances between the PBS and HMIS medical service output numbers at Kawempe and Kiruddu Hospital affecting adequate planning and budgeting at both sector and hospital level.



- Congestion in some hospital units due to limited space. In Kawempe NRH, the Neonatal Unit lacked adequate space for health workers to provide quality services.

Conclusion

The programme registered fair performance. Average physical performance was good at 68%. Very good performers were: Kawempe Hospital at 99%, followed by Kiruddu hospital at 85%, Mulago Specialised Hospital and Butabika Hospital fairly performed at 67% and 60% respectively. Naguru Hospital performed poorly at 30%. Good performance was attributed to adequate planning characterised by timely initiation of procurement processes, implementation of rolled over projects and active monitoring and supervision of projects.

Recommendations

- The MoH and Mulago Hospital should fast track completion and rolling out of the HMIS within the hospital and other related facilities to foster gathering of real time monitoring, planning and budgeting.
- The Accounting officers of NRHs should task the PDU and the planning department to undertake preliminary procurement and planning activities respectively in a timely manner in bid to reduce delays in commencement of works for improved service delivery.
- The Development Committee of MFPED should ensure that outputs of all new projects are planned to be achieved within set timelines in line with available resources.
- The MoH, RRHs and MFPED should ensure harmonisation of data from both the PBS and HMIS system data for improved planning and evidence based decision making.

3.10 Referral Hospitals (Vote 163-180)

Background

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

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

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 Retooling Projects.

The semi-annual monitoring focused on assessment of three sub-programmes in 10 Regional Referral Hospital These were; Referral Hospital Services (Sub-programme one); Rehabilitation



of Regional Referral Hospitals (Project 1004); and their retooling projects.

All hospital Rehabilitation Projects (Project 1004) commenced in July 2015 and expected to be completed in June 2020. All of them were not completed and extended for 12 months up to June 2021. All the Institutional Support Projects ended in June 2020 and new projects (Retooling) commenced in July 2020, all of them were expected to end in 2025. The main objective of the retooling projects is to improve hospital support services for improved health service delivery.

Performance

In FY 2020/21, RRHs were allocated a total of Ug shs 187bn, of which Ug shs 103bn (55%) was released and Ug shs 78bn (75.5%) spent by 31st December 2020. The RRH Programme registered good performance at 74%. Service provision and construction works at the visited RRHs varied. Good performers included Arua and Lira at 89%, Kabale 83%, Mbarara and Mubende at 78% and Mbale at 77%. Fair performers included Gulu at 69%, Fort Portal at 67%, Entebbe at 64%, and Masaka at 50%. Good performance was attributed to early initiation of procurement, aggressive monitoring and supervision of projects.

3.10.1 Vote: 163- Arua Regional Referral Hospital

Background

The hospital implements five sub-programmes. These are: Arua Referral Hospital Services (Sub-programme one); Arua Referral Hospital Internal Audit (Sub-programme two); Arua Regional Maintenance (Sub-programme three); two development sub-programmes. These are; Rehabilitation of Arua Referral Hospital (Project 1004) and Retooling of Arua Regional Referral Hospital (Project 1576).

Semi-annual monitoring focused on Arua Referral Hospital Services (Sub-programme One) and the two development sub-programmes. Planned outputs and performance for FY 2020/21 are highlighted in table 3.38.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 10.9bn, of which Ug shs 11.41bn (104.6%) was released and Ug shs 10.33bn (90.5%) spent by the end of 31st December 2020. Expenditures were mainly on wage (48.9%) and non-wage grant at (45.3%).

The hospital achieved 89.36% of the planned semi-annual targets. Works on the staff house had stalled due to cash flow challenges from the hospital and disagreement on the execution of the multiyear project between the contractor and the hospital. The hospital repaired the two x-rays and also procured assorted medical equipment.

The performance was mixed under medical services with inpatients at 100%, Diagnostics at 85% and 97% immunizations while outpatients and prevention and rehabilitation services poorly performed.



Variations were noted between the data that was reported on the PBS and that which was reported on the HMIS system. This was mainly noted for the outpatient services (2.7%), laboratory (-9.5%) immunisation (2.18%) X-ray (20.5%) and ultra sound (19.75%).

A negative variance implies that the data on the HMIS was more than that on the PBS while a positive variance means that the data on the PBS was more than that on the HMIS. Such inconsistencies are likely to affect planning especially in setting targets and patient management. Detailed variances are highlighted in table 3.37 for the period July –December 2020: Detailed performance by sub program is highlighted.

Table 3.37: Performance Variances between PBS and HMIS Indicators at Arua RRH

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Variance	%Progress PBS	Remarks
Inpatient services provided	26,000	10,944	10,944	0	0	42	Not achieved
Outpatient services provided	160,750	42,274	41,107	1,167	2.7	26	Not achieved
Laboratory investigations done	122,400	43,648	47,797	-4,149	-9.5	35.6	Not achieved
Immunizations provided	45,000	19,485	19,060	425	2.18	43.3	Not achieved
X-rays undertaken	4,000	1,799	1,430	369	20.51	44.9	Not achieved
Ultra Sound undertaken	8,000	1,109	890	219	19.74	13.8	Not achieved

Source: PBS, Field findings HMIS as at 21st April 2021

Arua Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2019/20 to the sub-programme was Ug shs 9.86bn, of which Ug shs 10.47bn (106.1%) was released and Ug shs 9.62bn (91%) spent by 31st December 2020. The hospital performed well in the delivery of inpatient services and immunisation services while the outpatient and diagnostic services fairly performed. The poor performance of the diagnostic services and outpatient services were attributed to the demolition of the OPD and main laboratory that paved way for the JICA project and construction of a new laboratory under the East African public health laboratory network project respectively.

Arua Rehabilitation Referral Hospital (Project 1004): the annual allocation for the sub-programme for FY 20/21 was Ug shs 600million, which was all released and 89% spent by 31st December 2020. Expenditures were made on construction of the seven storey staff quarters.

The hospital awarded the construction project to Ms WAP Engineering Ltd at a sum of Ugshs 8,503,802,240 on 16th May 2018 and the contract was expected to end in May 2021. The cumulative progress of civil works was estimated at 24.87% against the financial progress of 22.37% and the time period of 94.44%.



By February 2021, the monitoring team noted that the project had stalled as the contractor reported to be demanding the hospital some unpaid certificates. The disagreement regarding execution of the multiyear project between the contractor and the hospital also contributed to delays in execution.

Retooling of Arua Regional Referral Hospital (Project 1581): The approved project budget was Ugshs 200 million of which 56% was released and 97% spent by 31st December 2020. The hospital planned to procure assorted medical equipment including theatre equipment and oxygen plant spare parts. By February 2021, the hospital had procured an Auto clave, a photo copier, an operating theatre lamp, and repaired the two x-rays. The summarised performance of Arua Referral Hospital is highlighted in table 3.38.

Table 3.38: Performance of Arua RRH Services Programme as at 31st December 2020

Sub Program	Output/ Sub-programmes	Annual Budget (million Ug shs Mil)	Cum. Receipt (Mil Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Arua Regional Referral Hospital Services	Inpatient Services	329	141	38,585	10,944	24.37	Target achieved
	Outpatient Services	148	66	166,300	42,268	7.14	Not Achieved.
	Diagnostics Services	33	14	137,000	48,617	2.14	Not achieved
	Prevention and rehabilitation services	31	12	81,000	10,980	0.79	Not achieved
	Immunization	28	13	45000	21,590	2.03	Not Achieved
Rehabilitation of the regional Referral hospitals	Phase II of 7-Storey Staff house Construction Works completed	600	600	100%	89%	39.57	Behind schedule
Retooling of Arua Regional referral hospital	Assorted Specialist Medical Equipment procured	180	100	100%	100%	13.32	Achieved
Programme Performance (Outputs)						89.36	Good performance

Source: PBS, Field Findings



Stalled staff quarters and procured photocopier at Arua RRH

3.10.2 Vote: 164- Fort Portal Regional Referral Hospital (FRRH)

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. These are; Rehabilitation of Fort Portal Referral Hospital (Project 1004) and Retooling of Fort Portal Regional Referral Hospital (Project 1576).

The semi-annual monitoring focused on Fort Portal Referral Hospital Services (Sub-programme One) and the two development sub programmes. Planned outputs for FY 2020/21 are highlighted in table 3.38.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 9.6bn, of which Ug shs 4.9bn (51%) was released and Ug shs 4.1bn (84%) spent by 31st December 2020. Expenditures were mainly on wage (51%) and non-wage grant at (33.7%).

The hospital achieved 67% of the planned semi-annual targets. The hospital under performed with four indicators registering poor performance (below 50%) on both the PBS and HMIS, while mixed performance¹⁷ was noted on two indicators. Works on the perimeter wall which had a bulky of the hospital funds were ongoing at 35% while all the assorted medical equipment was still under procurement by 30th December 2020.¹⁸ Detailed performance by sub-programme is highlighted hereafter.

Fort-Portal Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 8.8bn, of which Ug shs 4.4bn (50%) was released and Ug shs 4.1bn 90% spent by 31st December 2020.

¹⁷ Registered fair performance on the Program Budgeting System (PBS), poor on the HMIS and vice versa

¹⁸ Status was the same on 2nd March 2021



According to the Programme Budgeting System (PBS) and field findings, the hospital achieved inpatients targets at 75%, diagnostics at 58% and 53% immunisations. Although the hospital noted that the total number outpatients were 147,964, analysis of the Health management Information System (HMIS) figures¹⁹ indicated a total of 68,466 attendances. Variances between X-ray and ultra sound investigations were also noted with the PBS having 2,099 and 6,177 respectively, while the HMIS had 4,577 and 5,719 respectively.

Under performance of laboratory investigations was noted between the two systems at 21% and 26% respectively²⁰. This was attributed to inadequate supply of reagents and a breakdown in the distiller for the chemistry machine. Detailed performance is highlighted in the table hereafter.

Table 3.39: Performance of FRRH and Variances between PBS and HMIS Indicators

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Progress PBS	%Progress HMIS	Remarks
Inpatient services provided	30,000	11,413	11,428	15	38	38	Not achieved
Outpatient services provided	230,000	147,964	68,466	(79,498)	64	30	Mixed Performance
Laboratory investigations done	175,000	42,785	45,297	2,512	24	26	Not achieved
Immunizations provided	35,000	9,412	22,360	12,948	27	64	Mixed Performance
X-rays undertaken	10,000	2,099	4,577	2,478	21	46	Not achieved
Ultra Sound undertaken	15,000	6,177	5,719	(458)	41	38	Not achieved

Source: PBS, HMIS, Field Findings

Fort-Portal Rehabilitation Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 2020/21 was Ug shs 580million, of which 50% was released and 58% spent by 31st December 2020. Expenditures were made on construction of the wall fence which was the only planned output under the Project.

The hospital awarded the construction project to Ms Prutaz Construction and Vocational Training (U) Ltd at a sum of Ug shs 1,637,970,601 on 2nd June 2020. Works commenced on 8th June 2020 and expected to be completed within two years (2nd June 2022) while payments will be made within three years. Works were supervised by the District Engineer at a monthly fee of one million per month (Ug shs 24million over the project period) and clerk of works at Ug shs 1.2 million per month (Ug shs 28.8million over the project period).

Works were slightly behind schedule with overall physical progress at 35%. The monitoring team noted that although M/s Prutaz Construction and Vocational Training (U) Ltd was the best evaluated bidder and quoted Ug shs 1.5billion inclusive of contingency and taxes for a 1.6km

¹⁹ Retrieved on 2nd March 2021. OPD attendances include both General and Specialised Services.

²⁰ The hospital didn't achieve this indicator last FY (2019/20)



perimeter wall, however, the hospital signed a contract of Ug shs 1.63bn for the same project scope.

It was established that the number of KMs on ground were less upon boundary opening done 10 days into the project time. It was established that the actual length of the perimeter wall was 1.32Km and not the 1.6km signed in the contract. The hospital noted that the contract was an admeasurement contract, balances will be used to pay salary of the Engineer and Clerk of Works (COW). However, payments to both the engineer and COW ought to have been planned, separated and paid from an independent budget line to avoid issues related to conflict of interest. There is therefore need to reconcile the discrepancy between the quoted amount in the Bills of Quantities (BoQs) and the actual contract amount to avoid any possible losses.

Retooling of Fort Portal Regional Referral Hospital (Project 1576): The approved project budget was Ug shs 200 million of which 100% was released and 0% spent by 31st December 2020. The hospital planned to procure assorted medical equipment including Slit lamp (Eye equipment) Blood Pressure (BP), thermometers, glucometers among others. The summarised performance of Fort Portal Referral Hospital is highlighted in table 3.40.

Table: 3.40 Performance of Fort Portal RRH Services Programme as at 31st December 2020

Sub programme	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Fort Portal Referral Hospital Services	Inpatient services provided	976	493	230,000	11,428	35.39	Not Achieved
	Outpatient services Provided	130	61	175,000	68,466	3.92	Not Achieved
	Diagnostic services provided	68	34	175,000	55,593	2.09	Not Achieved
	Prevention and rehabilitation services provided	85	44	35,000	27,189	3.96	On track
	Immunizations provided	40	20	54,000	22,360	1.95	Not Achieved
Project 1004 Hospital	1.6km of perimeter wall constructed	580	290	100%	35%	19.51	Behind Schedule
Retooling of Fort Portal Regional Referral Hospital	Assorted medical equipment procured	200	200	100%	0%	0.00	Under procurement
Programme Performance (Outputs)						66.82	Fair Performance

Source: HMIS, PBS, Field findings



3.10.3 Vote 165- 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 two); Lira Regional Maintenance (Sub-programme three); two development sub-programmes. These are; Rehabilitation of Gulu Referral Hospital (Project 1004) and Retooling of Gulu Regional Referral Hospital (Project 1585).

The semi-annual monitoring focused on Gulu Referral Hospital Services (Sub-programme One) and the two development sub-programmes. Planned outputs for FY 2020/21 are highlighted in table 3.40.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 11.75bn, of which Ug shs 6.42bn (54.6%) was released and Ug shs 4.506bn (70%) spent by 31st December 2020. Expenditures were mainly on wage (45%), and non-wage grant at (35%).

The hospital achieved 69% of the planned semi-annual targets. The main capital works which is the construction of the 54 staff units is behind schedule and unlikely to be completed this year. The installation of the 144,000litre water tank was completed; the hospital also procured two photocopiers and a space optimiser. The hospital renovated the physiotherapy and dental department. The procurement of four water harvesting tanks was not undertaken due to failure to attract competent bidder while the construction of the access road from the main gate to administration had not started.

Performance variances between what was reported on the PBS and that on HMIS was noted except for the inpatient services. The variances were Ultra sound (56.8%) Out patients (44.73%), Immunization services (18, 7%) while laboratories test and X-ray registered negative variances of -17.9% and -32, 94% respectively. The negative variance implies that their data on the HMI was more than that on the PBS while the positive variance means that the on the PBS was more than on the HMIS. The variances are highlighted in the table 3.41.

**Table 3.41: Performance Variances between PBS and HMIS Indicators at Gulu RRH**

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%variance	%Progress PBS	Remarks
Inpatient services provided	30,000	11,363	11,363	0	0.00	37.88	Target missed
Outpatient services provided	295,000	103,951	57,457	46,494	44.73	35.24	Not achieved
Laboratory investigations done	130,000	38,391	45,267	-6,876	-17.91	29.53	Not achieved
Immunizations provided	10,700	23,444	19,060	4,384	18.70	219.10	Achieved
X-rays undertaken	2,500	4,779	6,353	-1,574	-32.94	191.16	Achieved
Ultra Sound undertaken	4,500	1,159	501	658	56.77	25.76	Not Achieved

Source: PBS, HMIS, Field findings as at 21st April 2021

Gulu Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2019/20 to the sub-programme was Ugshs 9.67bn, of which Ugshs 4.96bn (51.2%) was released and Ug shs 3.73bn (75%) spent by 31st December 2020. The hospital performed well in prevention and rehabilitation services while the outpatient, inpatient and diagnostic services fairly performed. This poor performance was attributed to the impacts of COVID-19 as the hospital was a treatment centre which scared away patients and also the stock out of reagents affected the diagnostic services.

Gulu Rehabilitation Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 2020/21 was Ug shs 1.7bn, of which Ug shs 1.23bn (72%) was released and Ug shs 620million (50%) spent by 31st December 2020. Expenditures were on the staff house, renovation of the dental and physiotherapy unit, water tank and procurement of two photocopiers.

54 staff units constructed: M/S Block Technical Services was awarded the contract to undertake works at Ugshs 6.2billion. Works commenced on 26th April 2015 and were expected to end on 28th November 2017, however, the works were extended to 28th November 2021 with variations of Ug shs 2bn arising from price fluctuation of construction inputs due to the prolonged contract.

The project extensions were attributed to limited cash flows from both the contractor and client. By March 2021 The contractor was undertaking roofing works on 40 units on block B and C; the works were however noted to be very slow on account of poor cash flows from the contractor. Overall physical performance was estimated to be at 59%.

Dental and physiotherapy Units renovated: M/s MKTE Technical Services renovated the units. At the dental unit, works included changing the ceiling, construction of worktops,



painting, changing the screed floor to terrazzo floor in the dental surgeon's room. The users noted that they cannot use the dental X-ray because the installed door by the contractor allows emission of the rays.

Water tank structure constructed and tank installed: This involved procurement and installation of one water tank with a capacity of 157,000litres, four 4 harvesting tanks and their accessories. Construction and installation of the water tank had been completed by Ms Mercy Commercial Agencies Limited at a cost of Ug shs 352,537,936 including a variation of 100million which was as a result of the change in the capacity of the water tank from 144,000 litres to 157,000 litres. The procurement of four water harvesting tanks was not undertaken due to failure to attract competent bidder.

Paving the main access road to the JICA building and Administration block done: The activity had not started by 31st December 2020.

Retooling of Gulu Regional Referral Hospital (Project 1585): The approved project budget was Ug shs 200 million, of which Ug shs 150 million was released and Ug shs 90 million spent by 31st December 2020. The hospital planned to procure assorted medical equipment. By March 2021, the hospital had procured equipment worth Ugshs 104million including laryngoscope, pulse oximeter, forceps, haematology analyser, patient monitors, biopsy gun, sterilization drum, pillar taps, elbow taps, paediatric stethoscopes, cannulas, among others. The summarised performance of Gulu Referral Hospital is highlighted in table 3.42.

Table 3.42: Performance of GRRH Services Programme as at 31st December 2020

Sub Program	Output	Annual Budget (Mil Ug shs)	Cum. Receipt (Mil Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Gulu Regional Referral Hospital Services	Inpatient Services provided	862	424	30,000	11,363	21.68	Achieved
	Outpatient Services provided	191	98	295,000	103,951	4.27	Not achieved
	Diagnostics Services provided	52	27	136,000	44,329	1.08	Not achieved
	Prevention and rehabilitation services provided	49	29	441,850.	32,371	1.63	Achieved
Rehabilitation of the RRH	54 unit double storey building constructed	1,250	833	100%	59%	36.07	Not achieved



Sub Program	Output	Annual Budget (Mil Ug shs)	Cum. Receipt (Mil Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
	Water tank structure constructed and tank installed; Dental and physiotherapy departments renovated, Walk ways, drainage channels and paving of main access road	450	400	6.00	0.51	1.40	Ongoing
	Photocopier procured	40	40	2.00	2.00	1.31	Achieved
Institutional Support to Gulu	Assorted medical equipment purchased	110	55	100%	0.00	0.00	Not achieved
Regional Referral Hospital	Office and residential equipment-furniture and fittings	50	50	100%	100%	1.64	Achieved
Programme Performance (Outputs)						69.08	Fair Performance

Source: PBS, Field findings



Staff quarters under construction and installed water tank Gulu RRH

3.10.4: Vote 166 - Hoima Regional Referral Hospital

Background

The hospital implements four sub-programmes. These are: Hoima Referral Hospital Services (Sub-programme one); Hoima Referral Hospital Internal Audit (Sub-programme two); Hoima Regional Maintenance (Sub-programme three), and one development project (Retooling of Hoima Regional Referral Hospital-1584). Semi-annual monitoring focused on Sub-programme one and Project 1584.



Performance

The Hospital Services Programme was allocated Ug shs 8.660bn, of which Ug shs 4.628bn (53%) was released and Ug shs 3.838bn (82.9%) spent by 31st December 2020. Expenditures were mainly on wage 69.2%, non-wage 27.4% and 2.3% on arrears and the rest on development project. Overall, the hospital achieved 83% of the planned semi-annual targets, with medical services registering very good performance and poor performance under the development projects. Details are highlighted hereafter.

Hoima Regional Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 8.460bn, of which Ug shs 4.493bn (53%) was released and Ug shs 3.714bn (82.6%) spent by 31st December 2020. Approximately 71.7% of the expenditures were on inpatient services, 14% hospital management and the rest 15% shared among outpatients, diagnostics, immunisation, arrears among others.

Four out of five medical service targets were achieved with immunization and diagnostics at 100%, prevention and rehabilitation services provided at 90%, inpatients at 84.5%, and outpatient and 57.4%. Detailed performance is highlighted in table 3.43.

Retooling of Hoima RRH (Project 1584): The annual allocation for the sub-programme for FY 2020/21 was Ug shs 200 million, of which Ug shs 135million (68%) was released and Ug shs 123 million (91%) spent by 31st December 2020. Expenditures were on designing of the strategic and master plan, assorted medical equipment and ICT and furniture.

Assorted medical equipment procured; Equipment worth Ug shs 35million was procured from both M/s St. Jude Electrical and Medical Equipment; M/s Platinum Plus (U) Ltd and M/s Semark Medical Supplies Ltd. These included an autoclave, 35 digital thermometers, calorimeters, digital BP machines among others. The rest of the planned assorted equipment was under procurement.

Strategic and Master Plan designed; M/s Innercity Technical Services Ltd was contracted to design the strategic plan at Ug shs 35,615,000. By 31st December, 2020 the final draft had been submitted to the hospital management for consideration. The service provider was paid a total of Ug shs 20,374,500. Design of the hospital master plan was under procurement.

Office furniture supplied and ICT equipment purchased; M/s Computech Solutions (U) Ltd at supplied laptops, printers and a multi-functional laminator with a printer at a sum of Ug shs 19million. The digital security alert system in ART clinic was also procured and installed by M/s Fiber Joint Ltd at Ug shs 8,948,800. The rest of the equipment was under procurement.

**Table 3.43: Performance of Hoima RRH Services Programme as at 31st December 2020**

Sub programmes	Output	Annual Budget (Ug shs Mil)	Cum. Receipt (Ug shs)	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	6,352	3,176	26,500	11,199	76.32	Achieved.
	Outpatient services provided	150	73	181,000	50,920	1.22	Not achieved.
	Diagnostic services provided	176	93	134,700	80,105	2.5	Achieved.
Retooling of Hoima Regional Referral Hospital	Prevention and rehabilitation services provided	78	38	55,700	24,889	1	Achieved.
	Immunizations undertaken	78	38	32,500	18,228	1.11	Achieved
	Assorted medical equipment procured.	100	35	100%	20%	0.81	Ongoing
	Strategic plan and master plan designed.	20	20	100%	50%	0.14	The strategic plan was finalized and master plan was under procurement
	Office furniture supplied and ICT equipment purchased.	80	80	100%	30	0.34	Office furniture and ICT equipment had been partially procured and pending were some items.
	Total		7,034	3,555			83.45%

Source: HMIS, PBS, Field Findings

3.10.5 Vote 168: Kabale Regional Referral Hospital

Background

The hospital implements four sub-programmes, namely: Kabale Referral Hospital Services (Sub-programme one); Kabale Referral Hospital Internal Audit (Sub-programme two); Kabale Regional Maintenance (Sub-programme three); and Kabale Rehabilitation Referral Hospital (Project 1004). The semi-annual monitoring focused on Kabale Referral Hospital Services (Sub-programme one) and the two development sub-programmes.



Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 8.752bn, of which Ug shs 4.931bn (56%) was released and Ug shs 3.517bn (71%) spent. Expenditures were on wage 52%, non-wage at 30%, development outputs at 15%, and arrears at 3%.

Overall, the hospital achieved 83% of the planned semi-annual targets, three out of five medical service targets were achieved while the two development projects were on track. Details highlighted hereafter.

Kabale Regional Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 6.8bn, of which Ug shs 3.4bn (50%) was released and Ug shs 2.9bn (86%) spent by 31st December 2020. Approximately 76% of the expenditures were made on inpatient services, 9% on human resource management services and the rest 15% shared among outpatients, diagnostics, immunisation, hospital management, arrears among others.

The hospital attained three out of five medical service targets were achieved with inpatients, Prevention and rehabilitation services provided at 92% respectively, immunisation at 692%. Outpatient and diagnostic services at 44% respectively. Variations between the in PBBS and HMIS reports were noted, for example the total number outpatients on the PBS were 111,458 however, HMIS data²¹ indicated a total of 31,804 attendances. Detailed performance by sub-programme is highlighted hereafter.

Table 3.44: Performance of Kabale RRH and Variances between PBS and HMIS Indicators

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Progress PBS	%Progress HMIS	Remarks
Inpatient services provided	16,608	7,630	5,395	-2,235	46	32%	Not achieved
Outpatient services provided	111,458	32,738	31,804	-934	29	29%	Not achieved
Laboratory investigations done	103,111	23,239	5,204	-18,035	23	5.00%	Not achieved
Immunizations provided	3,106	6,170	0	-6,170	199	0.00%	**
X-rays undertaken	3,115	685	1,452	767	22	47%	Not achieved
Ultra Sound undertaken	6,500	174	160	-14	3	3%	Not achieved

Source: PBS, HMIS, Field findings

** Data not reported on HMIS

21 On 25th February 2021. OPD attendances include both General and Specialised Services.



Rehabilitation of Kabale Regional Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 20/21 was Ug shs 1.7bn, which was 76% released and 41% spent by 31st December 2020. Expenditures were made on construction of the medical interns' hostel which was the only output planned under the project.



Interns hostel under construction at Kabale RRH

Medical Interns hostel constructed: M/s Musuuza Building Contractors Limited was contracted to undertake construction works at a sum of Ug shs 7.074bn. Works started in 2018 and expected to end in December 2020. By 31st December 2020, physical progress was estimated at 75% physical progress. The contractor was behind schedule by 10%. The facility was roofed, plastered, window and door frames were installed internal painting and installation of face

bricks was ongoing. Pending works included floor works, mechanical and electrical works, installation of rails on stair cases. All pending works were expected to be completed by June 2021.

Retooling of Kabale Regional Referral Hospital (Project 1571): The approved project budget was Ug shs 200 million, of which Ug shs 180 million (90%) was released and Ug shs 63million (35%) spent. Expenditures were made on procurement of CCTV cameras and accessories and development of the strategic plan. The project had three planned outputs. These were: assorted medical equipment and ICT office equipment procured as well as hospital strategic plan developed.

Medical Equipment procured: Items planned to be procured included: Oxygen Concentrators, pediatric beads, sterilizing drums, bedside monitors, examination couches, auto clave, microscope, electro surgical unit, ultra sound machine among others. M/s Verojac Med Ltd was awarded to supply equipment at a sum of Ug shs 79.3million on 26th November 2020. No payments and deliveries were made by 31st December 2020.

Strategic plan developed for 2020/2021-2024/2025: The hospital technical staff were in the process of developing the plan with support from MoH and National Planning Authority (NPA). A draft plan was submitted to hospital management and the final was expected by end of April 2021.

Office and ICT Equipment, including Software purchased: M/s Kibbs Systems Ltd was awarded the contract to supply CCTV cameras and their accessories at Ug shs 49.7millions on 7th December 2020. A total of 16 cameras were delivered and installed on 30th December 2020. The accessories included channel network recorder, CCTV screens, hard disks and point of entry network switches. The rest of the equipment including laptops and 30computers for



private wing were still under procurement. The summarised performance is highlighted in table 3.45.

Table 3.45: Performance of Kabale RRH Services Programme as at 31st December 2020

Subprogrammes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical services	In-patients services provided.	5,300	2,648	16,608	7,630	61	Not achieved
	Outpatient services provided.	184	89	152,530	32,738	1	Not achieved
	Diagnostic services provided.	148	74	151,530	24,863	1	Under performed
	Prevention and rehabilitation services provided.	390	193	112,726	17,138	4	Not achieved
	Immunization Services provided.	89	25	37,600	6,170	1	Not achieved
Rehabilitation of Kabale Regional Referral Hospital	Hospital strategic plan completed	20	20	100%	50%	0	Ongoing and first draft was reviewed.
	Medical Interns hostel constructed.	1,700	1,295	100%	50%	14	Physical progress of the structure was at 75% and behind schedule by 10%.
Retooling of Kabale Regional Referral Hospital	Medical Equipment purchased.	80	80	100%	-	-	Under procurement.
	Office and ICT Equipment, including Software purchased.	100	100	100%	50%	1	Partially achieved
Programme Performance (Outputs)						83	Good performance

Source: HMIS, PBS, Field Findings

3.10.6 Vote: 169- Masaka Regional Referral Hospital

Background

The hospital implements four sub-programmes. These are: Masaka Referral Hospital Services (Sub-programme one); Masaka Referral Hospital Internal Audit (Sub-programme two) and two development projects. These are: Retooling of Masaka Regional Referral Hospital (1586); and Masaka Rehabilitation of Regional Referral Project (1004). Semi-annual monitoring focused on Sub-programme one and the two development projects.



Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 11.447bn, of which Ug shs 7.556bn (66%) was released and Ug shs 7.2bn (96%) spent. The overall performance of the hospital was fair with 50.5% of the planned semi-annual targets achieved. The hospital attained three out five medical serves satisfactorily. Two development projects had a bulk of the funds and were at substantial completion with the cumulative progress at the Maternity and Child Health Complex at 80% and the 40units staff houses at 30%. Detailed performance is highlighted as follows.

Although the hospital noted that the total number of inpatients were 43,000, analysis of the HMIS figures²² indicated a total of 13,357 attendances. Variances between X-ray and Ultra Sound Investigations were noted with the Program Based Budgeting System (PBBS) having 12,000 and 17,000 respectively, while the HMIS had no figures captured. Detailed performance by sub-programme is highlighted hereafter:

Masaka Regional Referral Hospital Services (Sub-Programme One)

The annual allocation for FY 2020/21 to the sub-programme was Ug shs 7.9bn, of which Ug shs 4.4bn (56%) was released and Ug shs 4.2bn 94% spent by 31st December 2020. Expenditures were on: Hospital Management and Support Services 60%, Arrears at 22%, Inpatients services at 13%, Outpatient services at 2% and the rest made on diagnostics, immunisation, recorded management among others.

The hospital achieved three out of five medical service output targets. These were: Immunisations at 123%; Prevention and Rehabilitation Services 105%; outpatient services provided; 87.2%, inpatients at 60% and diagnostic services at 44%.

Performance in the Inpatient Department was attributed to the fact that the hospital was a designated COVID-19 Treatment Centre so most of the other patients shunned admissions for fear of catching the disease. Persistent lack of x-ray films and frequent breakdowns of the equipment affected hospital performance in the diagnostic department.

Variations between medical services numbers between the PBS and HMIS were noted with the former recording more numbers than the latter. Some of the output indicators like for the X-ray and Ultra Sounds were not recorded. These are detailed in the table hereafter.

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On 22nd February 2021. OPD attendances include both General and Specialised Services.

**Table: 3.46 Variances between PBS and HMIS Output Indicators July-December 2020**

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Progress PBS	%Progress HMIS	Remarks
Inpatient services provided	43,000	13,138	13,357	-219	31%	31%	Not achieved
Outpatient services provided	250,000	104,010	91,098	12,912	42%	70%	Mixed Performance
Laboratory investigations done	300,000	58,214	45,065	13,149	19%	13%	Not achieved
Immunizations provided	43,000	26,456	23,571	2,885	62%	55%	Fair Performance
X-rays undertaken	12,000	1,713	0	1,713	14%	0%	No records on the HMIS
Ultra Sound undertaken	17,000	5,832	0	5,832	34%	0%	No records on the HMIS

Source: PBS, HMIS, Field Findings

Rehabilitation of Masaka Regional Referral Hospital (Project 1004): The project commenced on 1st July 2008 and extended several times with the latest end date on 30th June 2021. The project's main objective is to have a healthy and productive population through provision of necessary infrastructure for better quality Health Care in Masaka sub region. Its expected outputs are; A 400 bed Maternal and Child Health Ward Complex operational; Equipment and Medical furniture for the 400 bed MCH complex in use. A 40 Unit Senior staff quarters completed and operational

In FY 2020/21, the annual project allocation for the sub-programme was Ug shs 3.2bn, of which Ug shs 3.0bn (93%) was released and 100% spent by 31st December 2020. Expenditures were on completion of the maternity complex and the 40unit staff house. Performance by planned output is highlighted as follows:



Forty-unit staff house under construction at Masaka RRH

Construction of the 40-unit senior staff quarters continued: Planned works included casting of first floor slab, doing block works on first floor, and putting first electrical and plumbing fixes: Construction works were ongoing by M/s Block Construction Services at a sum of Ug shs 9bn.



Cumulatively, the contractor was paid Ug shs 2.746bn with Ug shs 300million paid within the FY under review. The ground floor beam and block work was completed. Cumulative physical performance was at 30%. The contractor made a price variation of Ug shs 2bn. This was attributed to time delays and changes in price over time. The project had commenced in FY 2018/19 and stalled for over one year due to budget limitations.

Maternity and Child Health Complex constructed: M/s Tirupati Development (U) Ltd, the contractor undertook works at a cost of Ug shs 10.6bn exclusive of Ug shs 2bn variation. Physical progress of the structure was at substantial completion (80%) inclusive of some additional works. All the structural works were completed, pending works included final painting, installation of door locks and an elevator. Mechanical, plumbing and electrical installations as well as terrazzo polishing among others. Cumulatively, the contractor was paid a total of Ug shs 12.297bn inclusive of the variation.

Hospital strategic plan prepared: The draft was completed M/s Asimwe K. Abias and a final copy was expected by April 2021.

Retooling of Masaka Regional Referral Hospital (Project 1571): The approved project budget was Ug shs 200 million, all funds had not been released by 31st December 2020. The hospital planned to procure an X-ray machine. This was therefore not achieved. Summarised performance is highlighted in a table 3.45.



Front view of Maternity and Child Health Complex under construction at Masaka RRH

**Table 3.47: Performance of Masaka RRH Services Programme as at 31st December 2020**

Sub-programmes	Out put	Annual Budget (Ug shs)- Mil	Cum. Receipt (Ug shs)- Mil	Annual Target	Cum. Achieved Quantity	Weighted Physical performance Score (%)	Remarks
Medical Services	Inpatient services provided	1,390	712	43,000	13,138	0.22	Not Achieved
	Outpatient services provided	199	95	250,000	104,010	3.31	Not Achieved
	Diagnostic services provided	109	50	327,000	65,759	0.42	Not Achieved
	Prevention and rehabilitation services provided	49	23	83,000	41,535	0.45	Achieved
	Immunizations	19	9	43,000	26,456	0.18	Achieved
Masaka Rehabilitation Referral Hospital	Staff houses constructed	600	377	100%	30%	3.42	Ongoing
	Hospital strategic plan prepared.	45	45	100%	40%	0.34	On Track
	Maternity and Child Health Complex constructed	2,651	2,557	100%	80%	40.29	At substantial completion level at 80%
Retooling of Masaka Regional Referral Hospital	Medical equipment procured	200	200	100%	50%	1.90	Under procurement
Total						50.53	Fair Performance

Source: HMIS, PBS, Field findings

3.10.7 Vote 170- Mbale Regional Referral Hospital (MRRH)

Background

The hospital implements five sub-programmes. These are: Mbale Referral Hospital Services (Sub-programme one); Mbale Referral Hospital Internal Audit (Sub-programme two); Mbale Regional Maintenance (Sub-programme three); two development sub programmes. These are; Rehabilitation of Mbale Referral Hospital (Project 1004) and Retooling of Mbale Regional Referral Hospital (Project 1580). The semi-annual monitoring focused on Mbale Referral Hospital Services (Sub-programme One) and the two development sub programmes. Planned outputs for FY 2020/21 are highlighted in table 3.47.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 11.99bn, of which Ug shs 6.41bn (53.46%) was released and Ug shs 5.05bn (78.78%) spent by the 31st December 2020. Expenditures were mainly on Wage (49.3%) and non-wage grant at (38.3%).



The hospital achieved 77.46% of the planned semi-annual targets. Works on the construction of the Surgical Complex were progressing well and the contractor was ahead of schedule while delivery of the assorted medical equipment procured had started by 3rd March 2020. The performance under medical services was mixed, with inpatient services and diagnostic services achieving their half year target while outpatient services achieved 73%, prevention and rehabilitation services performed poorly at 22%.

Variances in performance were noted between what was reported on the PBS and that on the HMIS across all selected indicators. The variances were Ultra sound (90.5%) laboratory (29%) Out patients (22.3%), Inpatient services (9.8%), X-ray (7.9%) and Immunisation services (-83.9%). The negative variance implies that the data on the HMIS was more than that on the PBS, while the positive variance means that data on the PBS was more than that on the HMIS. The variances are highlighted in the table 3.48.

Table 3.48: Performance Variances between PBS and HMIS Indicators at Mbale RRH

Out put	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Variances	%Progress PBS	Remarks
Inpatient services provided	52,000	28,279	25,517	2,762	9.77	54.38	Achieved
Outpatient services provided	108,000	39,778	30,918	8,860	22.27	36.83	Not achieved
Laboratory investigations done	150,000	76,625	54,404	22,221	29.00	51.08	Achieved
Immunizations provided	18,560	7,356	13,528	-6172	-83.90	39.63	Not achieved
X-rays undertaken	8,000	4,125	3,800	325	7.88	51.56	Achieved
Ultra Sound undertaken	8000	3951	376	3575	90.48	49.39	Not achieved

Source: PBS, HMIS, Field findings as at 21st April 2021

Mbale Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2019/20 to the sub-programme was Ugshs 10.86bn, of which Ug shs 5.46bn (50.2%) was released and Ugshs 4.38bn (80.2%) spent by 31st December 2020. The hospital performed well in the delivery of inpatient services, outpatient services, diagnostic services and immunisation services while prevention and rehabilitation services performed poorly.

Mbale Rehabilitation Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 20/21 was Ug shs 550million, which was all was released and 91% spent by 31st December 2020. Expenditures were made on construction Surgical Complex Phase II. The quality of civil works was observably good.

The works were contracted to Ms Zhongmei Engineering Group Ltd at a contract sum of Ug shs 6,159,332,659 for a period of 28 months. The works were being supervised by Ms Fencon Consulting Engineers Ltd in association with Ms Joadah Consult Ltd. The scope of works under phase II involved construction of the frame structure from first floor up to roofing. The



contractor was ahead of schedule for the planned works. Physical progress was estimated at 51% against the plan of 43%. By 31st December, the contractor had been paid 40% of the contract sum including advance payment.

Retooling of Mbale Regional Referral Hospital (Project 1580): The approved project budget was Ug shs 200 million, which was all released and 4.1% spent by 31st December 2020. The hospital planned to procure assorted medical equipment including theatre equipment and oxygen plant spare parts. By March 2021, the hospital had received equipment worth Ug shs 130 million procured from Ms Crown Health Care.

The equipment included: two adult examination couches, an automated autoclave, infrared thermometers, glucometers, patient trolleys, bronchoscopy forceps, and delivery bed among others. These had just been delivered and were not yet in use by 4th march 2021. No payment to the contractor had been made. The summarised performance of Mbale Regional Referral Hospital is highlighted in table 3.49.

Table 3.49: Performance of Mbale RRH Services Programme as at 31st December 2020

Sub Pro-gram	Output	Annual Budget (million Ug shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Mbale Regional Referral Hospital Services	Inpatient Services provided	465	234	52,000	28,279	23.82	Achieved
	Outpatient Services provided	388	193	108,000	39,778	14.66	Not achieved.
	Diagnostics Services provided	159	78	166,000	84,701	8.16	Not Achieved
	Prevention and rehabilitation services	72	33	20	2	0.8	Not Achieved
	Immunization	119	59	12,560	6,000	5.84	Achieved
Rehabilitation of the RRH	Construction of the surgical ward	550	550	50%	43%	24.18	On schedule
Retooling of Mbale RRH	Assorted medical equipment procured and installed	200	200	1	0	0	Under procurement
Programme Performance (Outputs)						77.46	Good performance

Source: HMIS, PBS, Field Findings



Different views of the Surgical Ward at Mbale RRH

3.10.8 Vote: 171- Soroti Regional Referral Hospital (FRRH)

Background

The hospital implements four sub-programmes. These are: Soroti Referral Hospital Services (Sub-programme one); Soroti Referral Hospital Internal Audit (Sub-programme two); Fort Portal Regional Maintenance (Sub-programme three), and Retooling of Soroti Regional Referral Hospital (Project 1576).

The semi-annual monitoring focused on Soroti Referral Hospital Services (Sub-programme One) and the two development sub-programmes. Planned outputs for FY 2020/21 are highlighted in table 3.49.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 7.38bn, of which Ug shs 3.97bn (53%) was released and Ug shs 3.45bn (87%) spent by 31st December 2020. Expenditures were mainly on wage (63%), non-wage grant at (32%) and development 2.2%.

The hospital achieved 71% of the planned semi-annual targets. Works for renovation of the mental unit were completed, while procurement of medical equipment was ongoing by 31st December 2020²³. The performance was mixed under medical services with inpatients at 69%, Diagnostics at 100%, and 80% immunisations.

Variances in performance were noted between the performance reported on the PBS and that on the HMIS for selected indicators except inpatients. Most of the variances were negative implying that more data was reported on the HMIS than what was reported on the PBS. The variances were Immunisation services (-183%). Ultra sound (255.6%) laboratory (-55.38%) Out patients (-63.4%), X-ray (-100%) These variances are highlighted in the table 3.50.

23 Status was the same on 2nd March 2021



Table 3.50: Performance Variances between PBS and HMIS Indicators at Soroti RRH as at 21st April 2021

Output	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Variance	%Progress PBS	Remarks
Inpatient services provided	27,000	9,445	9134	311	0.00	34.98	Not achieved
Outpatient services provided	85,000	28,929	47,292	-18,363	-63.48	34.03	Not achieved
Laboratory investigations done	160,000	86,634	134,609	-47,975	-55.38	54.15	Achieved
Immunizations provided	10,000	314	890	-576	-183.44	3.14	Achieved
X-rays undertaken	3,000	0	1,061	-1,061	-1.00	0.00	Achieved
Ultra Sound undertaken	10,000	4023	14,305	-10,282	-255.58	40.23	Achieved

Source: PBS, HMIS, Field findings

Soroti Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 7.03bn, of which Ug shs 3.72bn (53%) was released and Ug shs 3.29bn 88% spent by 31st December 2020. The hospital performance for the medical services was good with diagnostics achieving 100% of the set targets. Inpatients registered fair performance of 69% while outpatients (68.3%), prevention and rehabilitation services (71.4%).

Immunisation services registered good performance. Underperformance on inpatient service was due to scaling down admission at the hospital in order to observe the COVID-19 SoPs while for the prevention and rehabilitation services was due to lack of space as the physiotherapy unit was under rehabilitation. Detailed performance is highlighted in the table 3.51.

Retooling of Soroti Regional Referral Hospital (Project 1576): The approved project budget was Ug shs 200 million, of which 88% was released and 41% spent by 31st December 2020. Under the sub-programme, the hospital renovated the mental unit.

**Table 3.51: Performance of SRRH Services Programme as at 31st December 2020**

Sub Programme	Output	Annual Budget (Ug million shs)	Cum. Receipt (million Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Soroti RRH Services	Inpatient Services provided	243.	122	27,000	9445	19.59	Not achieved
	Outpatient Services provided	165	82	85,000	28,929	13.19	
	Diagnostics Services provided	165	82	177,000	92,791	19.31	target met
	Prevention and rehabilitation services provided	41	20	12,500	4,436	3.45	Not achieved
	Immunization provided	43.098	21	10,000	4,023.	4.06	Target missed
Institutional Support to Soroti RRH	Mental unit renovated	100	100	100%	100%	11.63	Completed
	Purchase of medical equipment	100	75	100%	0%	0.00	Not achieved.
	Programme Performance (Outputs)					71.2	Good performance

Source: HMIS, PBS, Field findings

3.10.9 Vote: 172 - Lira Regional Referral Hospital (LRRH)

Background

The hospital implements five sub-programmes. These are: Lira Referral Hospital Services (Sub-programme one); Lira Referral Hospital Internal Audit (Sub-programme two); Lira Regional Maintenance (Sub-programme three); two development sub programmes. These are; Rehabilitation of Lira Referral Hospital (Project 1004) and Retooling of Lira Regional Referral Hospital (Project 1583).

The semi-annual monitoring focused on Lira Referral Hospital Services (Sub-programme One) and the two development sub programmes. Planned outputs for FY 2020/21 are highlighted in table 3.51.

Performance

The Regional Referral Hospital Services Programme was allocated Ug shs 13.06bn, of which Ug shs 7.24bn (55.5%) was released and Ug shs 4.63bn (64%) spent by 31st December 2020. Expenditures were mainly on wage (50.7%) and development at (25.4%).

The hospital achieved 89% of the planned semi-annual targets. Works on the perimeter wall were nearly complete, while construction of the staff house was substantially complete. Outstanding



work on the staff house included installation of the water meters for each unit before the health workers start to use the facilities.

The hospital procured assorted medical equipment and furniture as planned. The installation of the furniture for the JICA building had not been done due to the incomplete works at the OPD expected to be completed in November 2021. The performance was poor under medical services with inpatients at 72%, outpatients 70%, Diagnostics at 37% and 40% immunisations.

Lira Referral Hospital Services (Sub-Programme One): The annual allocation for FY 2019/20 to the sub-programme was Ug shs 10.47bn, of which Ug shs 5.28bn (50.4%) was released and Ug shs 3.38bn 64% spent by 31st December 2020. The hospital under performed with three indicators registering poor performance (below 50%).

This was mainly attributed to lack of a specialist in the hospital to run the specialist clinics, closure of the OPD to pave way for the JICA project and closure of the OPD Psychiatry to pave way for the treatment of COVID-19 patients. Absence of x-rays and constant break down of the lab equipment affected diagnostic services.

Performance variances between what was reported on the PBS and on HMIS was noted except for the inpatient services. The variances were Ultrasound (84%), Outpatients (69.5%), Immunisation services (10.2%), X-ray (14.93%), while laboratories tests (125.6%). The negative variance implies that the data on the HMIS was more than that on the PBS, while the positive variance means data on the PBS was more than that on the HMIS. The variances are highlighted in the table 3.52.

Table 3.52: Performance Variances between PBS and HMIS Indicators at Lira RRH

Output	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Variance	%Progress PBS	Remarks
Inpatient services provided	29,198	10,527	10,428	99	0.00	36.05	Not Achieved
Outpatient services provided	251,995	88,291	26,956	61,335	69.47	35.04	Not Achieved
Laboratory investigations done	303,984	55,522	69,833	-14311	-25.78	18.26	Not Achieved
Immunizations provided	44,624	8,849	7,894	955	10.79	19.83	Not Achieved
X-rays undertaken	6,367	1,681	1,430	251	14.93	26.40	Not Achieved
Ultra Sound undertaken	10,165	2,415	387	2028	83.98	23.76	Not Achieved

Source: PBS, Field findings, HMIS derived on 21st April 2021

Lira Rehabilitation Referral Hospital (Project 1004): The annual allocation for the sub-programme for FY 20/21 was Ug shs 2.515bn, of which Ug shs 1.965bn (78%) was released and 60% spent by 31st December 2020. Expenditures were on construction of the perimeter wall, consultancy services, procurement of office and residential furniture, and completion of staff house. Overall, the sub programme's performance was fair at 78% of the semi-annual targets.



The hospital awarded the **construction of the staff house** to Ms Block Technical Services Limited at a sum of Ug shs 2.74bn on 16th June 2018 for a period of 18 months. Works commenced on 17th July 2018 and were expected to be completed within 18 months. Works were supervised by Ms 2AMBE Co (U) Ltd at a cost of Ug shs 190million. The staff quarters were completed in October 2020 but have not been put to use because utility meters for each unit have not been installed. The installation of the water meters requires laying fresh pipes whose funding had not been established by the hospital.

Works for the perimeter wall were contracted to Ms Omega Jap Enterprises at a cost of Ug shs 375.9million, works commenced in September 2020 and were expected to be completed in February 2021. This was not achieved and was extended to May 2021. By March 2021, physical progress were estimated to be 90% complete.

The hospital also **procured office and residential furniture for the new OPD** from Ms Footsteps Furniture Company at a cost of Ug shs 127 million. This was delivered but not yet installed because the new OPD was still under construction with its completion expected in November 2021. Full payment to the supplier was made with a 2% advance payment guarantee issued by the Standard Chartered Bank to cater for the installation of the delivered furniture.

Retooling of Lira Regional Referral Hospital (Project 1583): The approved project budget was Ug shs 200million, of which Ug shs 190 million was released and Ug shs 160million spent by 31st December 2020. Under the sub-programme, the hospital procured assorted medical equipment including oxygen splitters, BP machine, stethoscope, oxygen concentrators, nebulizers, pulse oximeter, armoured cable, metallic krone box, hub -D-link among others. These were delivered The summarised performance of Fort Portal Referral Hospital is highlighted in table 3.53.



Completed Staff quarters and perimeter wall with a gate at LRRH

**Table 3.53: Performance of Lira RRH Services Programme as at 31st December 2020**

Sub Program	Output	Annual Budget (Mil Ug shs)	Cum. Receipt (Mil Ug shs)	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Lira Regional Referral Hospital Services	Inpatient Services provided	551.267	275.634	29,198	10,527	23.92	Not achieved.
	Outpatient Services provided	79	39.5	251,995	88,291	1.65	Not achieved
	Diagnostics Services provided	106	53	320,516	59,618.	1.17	Not achieved
	Prevention and rehabilitation services provided	101.958	50.979	17,458	2,678.	0.93	Not achieved
	Immunization provided	35	17.500	44,624	8,849	0.41	
Rehabilitation of the regional Referral hospitals	MCH waiting area constructed	342.	342	1.00	0.00	0.00	Not yet started
	Consultancy services for the supervision of works on the 16 unit staff house, and mobilization of capital works in LRRH	77	77	100%	90%	2.06	Achieved
	Perimeter wall constructed	826	578	100	100	24.55	On schedule
	Office and residential furniture and fittings procured	130	130	100	98	3.79	Delivered pending installation
	Staff house completed	917	653	100	100	27.25	Staff house was completed
	Development of the 5Year Strategic plan	40	40	100	0.00	0.00	Off track
Institutional Support to Lira Regional Referral Hospital	Cabling equipment supplied and installed	130	130	1.00	0.70	2.70	On schedule
	Assorted medical equipment procured and installed	30	30,	100	100	0.89	Achieved
Programme Performance (Outputs)						89.31	Good performance

Source: HMIS, PBS and Field Findings



3.10.9 Vote: 173- Mbarara Regional Referral Hospital

Background

The hospital implements five sub-programmes. These are; 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 Retooling of Mbarara Regional Referral Hospital (Project 1578).

Semi-annual monitoring focused on Mbarara Referral Hospital Services (Sub-programme one), and the two development sub programmes. Planned outputs for FY 2020/21 highlighted in table 3.54.

Performance

Regional Referral Hospital Services Programme was allocated Ug shs 14.4bn, of which Ug shs 6.4bn (45%) was released and Ug shs 4.9bn (77%) spent. The overall performance of the hospital was good at 78%, this performance was attributed to provision of medical services in various wards. All planned outputs under the retooling and Mbarara Rehabilitation Referral Hospital project were still under procurement. Detailed performance by sub-programme is as follows:

Mbarara Referral Hospital Services (Sub-Programme one):

The sub-programme was allocated Ug shs 13.6bn, of which Ug shs 5.9bn (43%) was released and Ug shs 4.7bn (80%) spent by 31st December 2020. According to the PBS, the hospital surpassed most of its output targets regarding medical services, except immunisation targets. With inpatient services targets achieved at 100%, outpatient services at 98.7%, diagnostic services provided (Lab, x-rays and ultra Sounds) at 164%, Prevention and rehabilitation services at 111.3%, however, immunisations were achieved at 41%.

Analysis from the HMIS and field findings indicated a variance between the PBS and indicators reported on the system. Table 3.54 highlights the variances between the two systems. The hospital administration attributed these gaps to record keeping in various departments of the hospital.



Table 3.54: Performance of Mbarara RRH and Variances between PBS and HMIS Indicators

Output	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance btn PBS and HMIS	Progress PBS	Progress HMIS	Remarks
Inpatient services provided	30,000	14,655	14,635	(20)	49%	49%	Fair performance
Outpatient services provided	168,000	67,956	27,746	(40,210)	40%	17%	Not achieved
Laboratory investigations done	106,500	84,734	23,839	(60,895)	80%	22%	Mixed performance
Immunizations provided	15,500	3,041	10,005	6,964	20%	65%	Mixed performance
X-rays undertaken	5,500	3,162		(3,162)	57%	0%	Data not reported on HMIS
Ultra Sound undertaken	8,000	3,105	5,719	2,614	39%	71%	Data not reported on HMIS

Source: HMIS²⁴, PBS and Field Findings

Rehabilitation of Mbarara Referral Hospital (Project 1004): The project was allocated Ug shs 600million, of which Ug shs 400million (67%) was released and Ug shs 200million (50%) spent by the end quarter two FY 2020/21. Expenditures were on rolled over projects including completion and supervision of pending works at the perimeter wall by M/s Mupa Technical Services and M/s Tumwiine Ibra respectively.

The MoH directly released Ug shs 450million as support towards completion of COVID Isolation and Treatment Centre (CITC) which was initially supported by Global Health Collaborative (GHC). A total of Ug shs 383million was paid to the contractor (77%) and 56% (Ug shs14million) towards project supervision.

The 56 unit storied junior staff house constructed, this was still under procurement. The construction of the perimeter wall (rolled over from FY 2019/20) and was 90% complete, ongoing works included construction of the gates and installation of solar power, outstanding works included installing of the CCTV cameras and final finishes. The works slowed down during the COVID-19 lockdown.

Other works rolled over included completion of rehabilitation works at the medical ward and OPD of the hospital. By 31st December 2020, works were estimated at 98% complete. Completed works included Terrazzo floor finishes, painting, replacement of flush door, toilets and laundry works, electrical works and plumbing works. The renovation works of the OPD included electrical, fitting burglar proof, painting and repairs of the doors. Both the OPD and medical ward were in use.



Additional Output- COVID-19 Isolation and Treatment Centre (CITC) established:

This output was not envisaged at the beginning of FY 2020/21. The facility was financed by both the GoU through MoH and Global Health Collaborative (GHC). The MoH contributed Ug shs 450million and Ug shs 100million from GHC.

M/s Mupa Technical Services was awarded the contract worth Ug shs 499million to construct the CITC at the hospital. Works commenced on 21st December 2020 and expected to be completed on 21st June 2021. The scope of works involved preliminaries, structural works, mechanical, sanitary and electrical installations as well as windows and doors. External works and water supply among others. Works were supervised by the hospital engineer at a sum of Ug shs 25million (1% of the contract sum).

By 31st December 2020, works had just commenced, however by February 2021, physical progress had commenced to 75%. The centre is expected to accommodate 20 suspects in the isolation unit and 12 confirmed cases in the treatment center. The structures were in place, doors and windows installed, plastered, roofed, and floor works were ongoing. Pending works included glassing, mechanical and electrical, ceiling works fence, and external works among others. Works were expected to be completed by end of April 2021.

Source: Field Findings



Mbarara RRH COVID-19 Isolation and Treatment Centre

Retooling of Mbarara Regional Referral Hospital (Project 1578): The project’s allocation for FY 2020/21 was Ug shs 200million, of which Ug shs 130 million (65%) was released and only Ug shs 57million spent by the 31st December 2020. Expenditures were on repair of the CT scan.

The hospital planned to procure assorted medical equipment including purchase of an ultrasound machine, Ear Nose and Throat (ENT) and Intensive Care Unit (ICU) equipment including emergency theatre beds, Upgrade of oxygen plant among others.

By 31st December 2020, no new equipment was procured, this was partially due to receipt of COVID19 supplies including two ambulances, an oxygen plant, ventilators, and other ICU equipment donated by MoH. The hospital however, serviced the Oxygen Plant and the CT



scan through M/s Siemens CT Emotion 16 at a cost of Ug shs 22.3million while M/S Medequip repaired the scan lead door in September 2020. Detailed performance is highlighted in table 3.55.

Table 3.55: Performance of Mbarara RRH Services Programme as at 31st December 2020

Subprogrammes	Output/	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Mbarara Referral Hospital Services	Inpatient services provided	360	176	30,000	14,655	16.00	Good Progress
	Outpatient services Provided	727	297	168,000	67,956	31.86	Half year target not achieved
	Diagnostic services provided	455	220	106,500	84,734	20.20	Half year target not achieved
	Prevention and rehabilitation services provided	205	82	24,000	10,645	9.13	Half year target not achieved
	Immunizations provided	65	31	15,500	3,041	1.21	Not achieved
Project 1004	56 unit storied junior staff house constructed	600	400	100%	0%	0.00	Under procurement
Project 1578	Assorted medical Equipment procured	200	130	100%	0%	0.00	Not achieved.
Programme Performance (Outputs)						78.39	Good Performance

Source: HMIS, PBS and Field Findings

3.10.10 Vote: 174-Mubende Regional Referral Hospital (MRRH)

Background

The hospital implements five sub-programmes. These are; Mubende Referral Hospital Services (Sub-programme one); Mubende Referral Hospital Internal Audit (Sub-programme two); Mubende Regional Maintenance (Sub programme three) and two development sub programmes. These are Mubende Rehabilitation Referral Hospital (Project 1004), Retooling of Mubende Regional Referral Hospital (Project 1579). The semi-annual monitoring focused on Mubende Referral Hospital Services (Sub-programme one) and the two development sub-programmes. Planned outputs for FY 2020/21 are highlighted in table 3.56.

Performance

The hospital was allocated a total of Ugshs 11.2bn, of which Ug shs 7bn (99.68%) was released and Ug shs 4.4bn (90.1%) spent by 31st December 2020. Expenditure included payment for construction of the Paediatric and Surgical ward, remodelling the administration block procurement of ICT equipment including laptops and printers.

The hospital registered good performance at 78%. Works at the Surgical Complex were had resumed and on track. Variance between medical outputs reported on the PBS and HMIS were



noted with PBS reporting a little higher outputs than HMIS.

Mubende Referral Hospital Services (Sub-programme One): The allocation for the sub-programme during FY 2020/21 was Ug shs 8.4bn, Ug shs 4.2bn (50%) was released and Ug shs 3bn (70%) spent by 31st December 2020. Table 3.56 indicates performance of the hospital and variances between PBB and HMIS data by 31st December 2020.

Table 3.56: Performance of the Mubende RRH and variances between PBBS and HMIS data 31st December 2020

Out puts	Annual Planned Target	Achieved (PBS)	Progress (HMIS)	Variance	%Progress PBS	%Progress HMIS
Inpatient services provided	22,800	8,638	8,536	102	38	37
Outpatient services Provided	120,000	51,247	51,982	(735)	43	43
Diagnostic services provided (Lab, X-rays and Ultra Sounds)	103,700	45,042	41,093	3,949	43	40
Prevention and rehabilitation services provided	16,760	6,070	**	6,070	36	0
Immunizations provided	38,800	13,988	18,115	(4,127)	36	47

Source: PBS, HMIS, Field Findings, March 2021

** Not Verified.

Mubende Rehabilitation Referral Hospital (Project 1004): The project annual allocation for FY 2020/21, was Ug shs 2.7bn of which 100% was released and Ug shs 1.4bn (52%) was spent. Expenditures were made on works at Surgical and Paediatric Complex, ICT equipment, Remodelling and extension of the administration block among others. The planned outputs are highlighted in table 3.57.

The Surgical/Pediatric Complex roofed and plastered, walk ways completed. M/s ACE Consult Limited was awarded the contract to undertake the works at a sum of Ug shs 7.4bn and later amended to Ug shs 9.3bn to include price adjustments and additional works including establishment of the ramp. Works were supervised by M/S Envision Design Architects at a sum of Ug shs 182,000,000 and commenced on 1st July 2014. These were expected to be completed in 18months, this was not achieved and therefore several extensions were granted to the contractor with the last one ending in February 2021.

Cumulatively, the contractor had been paid a total of Ug shs 6,842,468,315 (73%), of which Ug shs 1,148,263,301 was paid in FY 2020/21. Works at the superstructure were at 78% with plastering, mechanical and electrical installations, roofing were ongoing. Although the facility was expected to be completed in February 2021, planning and budgeting processes to equip and fully operationalize the facility had not commenced.



Front view of the Mubende RRH Surgical and Paediatric Complex under construction

Institutional Support to Mubende Regional Referral Hospital (Project 1482): The project was allocated Ug shs 200million, which was all released and Ug shs 136 million spent by 31st December 2020. Expenditures were mainly on renovation and extension of the administration block and procurement of some ICT equipment. The hospital substantially achieved the two planned outputs²⁵.

Office equipment procured: Three printers and two laptops supplied by M/s Intrinsic Technologies and Services Ltd at a sum of 20,945,000. These were delivered on 10th October 2020 in use by administration staff.

Administration block remodelled and extended: Works were undertaken by M/S Munsa Enterprises Ltd at a sum of Ug shs 180,802,300. These commenced in July 2020 and were expected to be completed by 28th December 2020. The scope of works involved extension of the administration block to accommodate two new offices and the board room. Substructure works, frame, roof, windows and doors, internal and external finishes, mechanical and electrical installations, as well as external works. Works were at substantial completion (90%) with floor works and painting completed. Mechanical and electrical works were ongoing. Summarised performance in table 3.57.

**Table 3.57: Performance of Mubende RRH as at 31th December 2020**

Sub-programmes	Output	Annual Budget (Ug shs)-Mil	Cum. Receipt (Ug shs)-Mil	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	Remarks
Mubende Referral Hospital Services	Inpatient services provided	558	284	22,800	8,638	11.33	Not achieved
	Outpatient services Provided	98	51	120,000	51,247	2.20	Not achieved
	Diagnostic services provided (Lab, X-rays and Ultra Sounds)	55	25	103,700	45,042	1.42	Not achieved
	Prevention and rehabilitation services provided	150	76	16,760	6,070	2.91	Not achieved
	Immunizations provided	46	24	38,800	13,988	0.85	Not achieved
Project 1004	The Surgical/Pediatric Complex roofed and plastered, walk ways completed.	2,550	2,550	100%	78%	54.38	Works resumed and on track
Project 1579	Office equipment procured	21	21	100%	100%	0.57	Achieved
	administration block remodeled and extended	179	179	100%	90%	4.40	At Substantial Completion
Programme Performance (Outputs)						78.07	Good Performance

Source: HMIS, PBS and Field Findings

3.10.11 Vote 179: Entebbe Regional Referral Hospital

Background

The hospital implements three sub-programmes. These are: Sub Programme: 01 Entebbe Referral Hospital Services, Sub Programme: 02 Entebbe Referral Hospital Internal Audit, and one Development subprogramme- Project 1588 (Retooling of Entebbe Regional Referral Hospital). Semi-annual monitoring focused on sub-programmes 01 and 1588 as highlighted in table 3.57

Performance

Referral Hospital Services Programme was allocated Ug shs 5.2bn, of which Ug shs 3.2bn was released (62%) and Ug shs 2.3bn (70%) spent. Expenditures were mainly on: 48% wage, nonwage 30% and 22% development activities.

Overall, the hospital achieved 64% of the planned semi-annual targets. Targets under medical services were all achieved. Two of the retooling targets were achieved while the rest were under procurement. Detailed performance by sub-programme is highlighted hereafter:



Entebbe Referral Hospital Medical Services (Sub-Programme One): The annual allocation for the Sub-programme one was Ug shs 3.7bn, of which Ug shs 2.2bn (60%) was released and Ug shs 1.8bn (81%) spent by 31st December 2020. Expenditures were on: Human Resource Management Services 63%, Hospital Management and support services 26%, Inpatient Services 3%, Outpatient services at 2%, diagnostic services and immunisation 1% respectively among others.

According to the PBS, the hospital achieved all its half year medical targets, with the inpatient services score at 209%, Outpatient services at 160%, diagnostic services at 110%, prevention and rehabilitation services at 89%. Immunisation services at 115%. However, the hospital was designated to treat only COVID-19 patients during the period under review. Review of the HMIS indicates a significant variance between the two systems. Table 5.58 indicates variances between Program Based Budgeting System (PBS) and HMIS.

Table 3.58: Performance of Entebbe RRH and Variances between PBS and HMIS Indicators

Output	Annual Planned Target	Cum. Achieved (PBBS)	Achieved HMIS	Variance	%Progress PBS	%Progress HMIS	Remarks
Inpatient services provided	7,000	6,647	0	6,647	95%	0.00%	**
Outpatient services provided	133,000	107,413	394	107,019	81%	29.62%	Mental health cases
Laboratory investigations done	3,000	2,340	9,963 for HIV only	-7,623	78%	332.10%	**
Immunisations provided	45,000	25,987	0	25,987	58%	0.00%	**
X-rays undertaken	2400	365	0	365	15%	0.00%	**
Ultra Sound undertaken	3200	1,663	0	1,663	52%	0.00%	Not achieved

Source: PBS, Field findings and HMIS as of 13th April, 2021

Interactions with the hospital administration indicated that all non COVID-19 cases reported on the PBS were treated at Entebbe Hospital-Grade A campus. However, these numbers were not reflected on the HMIS by April 2021.

Retooling of Entebbe Referral Hospital (Project 1588): The approved project budget was Ug shs 1.5bn, of which Ug shs 1.050bn (70%) was released and Ug shs 0.505bn (48%) spent by 31st December 2020. The hospital planned to procure assorted medical equipment, diagnostic and specialized equipment, one station wagon, office and ICT equipment, plus office and residential furniture. The summarized performance is highlighted in table 3.57.

One station wagon procured: The hospital procured a station wagon worth Ug shs 281.7million from M/s Toyota Ug Ltd. The contract was signed on 23rd December 2020. It was not delivered by 30th December 2021. However, by 15th March 2021, the supplier had delivered the wagon on 29th January 2021.



Assorted medical equipment supplied and installed: The hospital contracted two service providers to supply medical equipment. The first contract was worth Ug shs 393million and was signed between the hospital and M/s Moti Pharma Uganda Limited on 14th December 2020. It involved procurement of refrigerated centrifuge, emergency resuscitation, laryngoscope set, drip stands, ultra sound trolleys, ambulance stretcher, wheel chair, and forceps among others. The second contract was awarded to M/s INS Orthotics Ltd at a sum of Ug shs 105million. The two outputs were therefore still under procurement by 31st December 2020.

Office and ICT Equipment, including Software procured: These were supplied by M/s Viena General Merchandise at a sum of Ug shs 183.9million on 23rd October 2020. These included; one projector and display, 16 water dispensers, 10 paper shredders, 10 wall clocks, 10 dustbins, 10 desk organisers, one noticeboard, camera, printer, 12 air conditioners, one microwave, one photocopier machine).



Procured desktop computers in storage at Kawempe NRH

Seven laptops, 16 desktop computers, three coloured printers, nine black and white printers, 16 UPS backups, four external hard drives, one scanner and five smart TVs were supplied by M/s Kisco International Ltd at Ug shs 199million. Some equipment like the desktop computers, UPS backups and two Television sets were not yet in use by March 2021.

Office and Residential Furniture and Fittings procured: M/s Nila Multi Concepts was awarded the contract to supply assorted furniture at sum of Ug shs 299million. These included coffee tables, two-seater sofa set, executive desks, office cabinets and trays and executive boardroom tables among others. These were still under procurement by 31st December 2020, however, by the time of monitoring on 15th March 2021, the supplier had delivered all the furniture on 5th February 2021.

**Table 3.59: Performance of Entebbe RRH Services Programme as at 31st December 2020**

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	106	48	7,000	6,647	6.30	Achieved
	Outpatient services provided	60	30	133,000	107,413	3.59	Achieved 81% only special clinics like ART, TB were handled amidst Covid-19.
	Diagnostic services provided	25	11	8,600	4,368	1.48	Served special clinics like ART, TB
	Prevention and rehabilitation services provided.	54	27	78,500	34,752	2.84	Half year achieved
Retooling project 1588	Immunization services provided	28	14	45,000	25,987	1.65	Half year achieved
	One station wagon procured.	300	300	100%	50%	8.86	Not delivered by 31 st December
	Office and ICT Equipment, including Software purchased.	500	500	100%	95%	28.07	Achieved
	Office and Residential Furniture and Fittings purchased.	200	200	100%	50%	5.91	Only 50% of the planned target was achieved.
	Assorted medical equipment supplied and installed.	500	125	100%	5%	5.91	Under procurement.
	Total					64.61	Fair Performance

Source: HMIS, PBS, Field Findings

Implementation and service delivery challenges affecting performance Referral Hospitals

- Drug stockouts due to inadequate medical supplies. Items like gloves, needles, syringes among others often ran out within four weeks of delivery affecting service delivery in various hospital clinics and departments.
- Inadequate planning and budgeting for key interventions partially due to variances between the PBS and HMIS medical service output numbers.
- High cost of maintenance amidst frequent equipment breakdown including the oxygen plants across RRHS. Masaka RRH plant was off since October 2020 and the cost of procuring oxygen from Roofing Uganda Limited was unsustainable.



- Delays in project implementation leading to price variations on the development projects.
- COVID-19 pandemic affected achievement of set targets across hospitals.
- Delays in recruitment and deployment of health workers by the Health Service Commission and MoH respectively.
- Delays in commencement of procurement affected achievement of set targets.
- Inadequate accommodation of health workers affected timely provision of quality health services.

Conclusion

The RRH Programme performance was good at 74% attainment of outputs. Service provision and construction works at the visited RRHs varied. Good performers included Arua and Lira at 89%, Kabale 83%, Mbarara and Mubende at 78% and Mbale at 77%. Fair performers included Gulu at 69%, Fort Portal at 67%, and Entebbe Hospital at 64%, and Masaka at 50%. Good performance was attributed to early initiation of procurement, aggressive monitoring and supervision of projects. Good performance was attributed to early initiation of procurement, aggressive monitoring and supervision of projects.

Recommendations

- The MoH should strengthen all prevention initiatives at village level to foster reduction in the disease burden, this will further translate into reduced demand for health services and supplies, burden on health workers and congestion at all health facilities.
- The MoH should fast track signing of the operation and maintenance contract of all oxygen plants as an efficiency measure towards improved service delivery.
- The MoH, RRHs and MFPED should ensure harmonisation of data from both the PBS and HMIS system data for improved planning and evidence based decision making.
- All Accounting Officers should prevail on the PDUs and Heads of Departments that fail to initiate the procurements in a timely manner.
- The HSC, MoPS and MoH should ensure harmonisation of staff recruitment plans with annual planning, budgeting and implementation tools. Approvals for recruitment should be obtained by February of a given year to enable recruitment and deployment by the beginning of the FY.



3.11 Vote 180: Mulago Specialised Women and Neonatal Hospital

Background

The hospital implements three sub-programmes. These are: Management (Sub-programme one); Medical Services (Sub-programme two); and Retooling of Mulago Specialized Women and Neonatal Hospital (Development Projects 1573). Semi-annual monitoring focused on Sub-programme one and Project 1573.

Performance

The Hospital Services Programme was allocated Ug shs 21.581bn, of which Ug shs 19.581bn (91%) was recurrent and Ug shs 2bn (9%) for retooling. The hospital received Ug shs 11.5bn and spent Ug shs 7bn. Expenditures were made on wage 43%, non-wage at 56.8%, and development outputs at 0%. Overall, the hospital achieved 75% of the planned semi-annual targets, with all medical services attained, however, all development outputs were still under procurement. Details highlighted hereafter:

Mulago Specialised Women and Neonatal Hospital Services (Sub-Programme One): The annual allocation for FY 2020/21 to the sub-programme was Ug shs 19.581bn, of which Ug shs 9.790bn (50%) was released and Ug shs 6.992bn (71%) spent by 31st December 2020. Approximately 22% of the expenditures were made on inpatient services, 42.6% on human resource management services, 11.8% on outpatients, 4% on diagnostics and the rest 19.1% shared among immunisation, hospital management among others.

All the three medical service targets for inpatients, outpatient and diagnostic services were achieved at 100%. Performance in the diagnostics department was attributed the increased number of investigations in the laboratory upon placement of a new chemistry analyzer machine.

Retooling of Mulago Specialised Women and Neonatal Hospital (Project 1573): The annual allocation for the sub-programme for FY 20/21 was Ug shs 2bn, of which Ug shs 1.325bn (66%) was released and 0% spent by 31st December 2020. The hospital planned to procure one station wagon, 14 seater staff bus, desktop/computer sets, laptop computers, heavy duty and small office printers, WIFI access points, scanners, trolleys, washable key boards and mouse.

Others included ordinary office and library chairs and tables, staff lockers, sofa sets, book shelves and cupboards. Medical equipment for Adult ICU and theatre, family planning, urogynaecology, Oncology, physiotherapy equipment, plus construction and installation of chimney in the kitchen.

All the equipment and furniture was still under procurement. The summarized performance is highlighted in table 3.60.

**Table 3.60: Performance of Mulago Specialised Women and Neonatal Hospital Services Programme as at 31st December 2020**

Subprogrammes	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	4,376	2,180	4,000	3,759	46.20	On Track
	Outpatient services provided	2,310	1,144	6,000	12,025	24.40	Surpassed target
	Diagnostic investigations done	785	392	15,000	11,426	4.15	Achieved
Retooling of Mulago Specialized Women and Neonatal Hospital (Project 1573)	One station wagon and 14 seater staff bus procured	550	550	100	-	0.00	Under procurement
	ICT equipment procured.	150	75	100	-	0.00	Under procurement
	Office furniture procured.	400	200	100%	-	0.00	Under procurement
	Medical equipment procured.	800	400	100%	-	0.00	Under procurement
	construction and installation of chimney in the kitchen	100	100	100%	-	0.00	Under procurement
	Total						75%

Source: HMIS, PBS, Field Findings

Implementation and service delivery challenges at the Women and Neonatal Hospital

- COVID-19 pandemic affected achievement of set targets. The hospital designated two floors to treatment of COVID-19 patients. This affected service provision and Non Tax Revenue (NTR) Collections.
- Lack of an integrated health data and management system linking the hospital to the rest of the three national referral hospitals. This affects records management and timely service delivery.
- Underutilisation of services due to inadequate human resource. For example, only four out of 10 theaters at the facility were effectively utilised.
- Delays in commencement of procurement affected achievement of set targets.

Conclusion

The hospital achieved 75% of the planned semi-annual targets, with all medical services attained, however, all development outputs were still under procurement. The hospital designated two floors to treatment of COVID-19 patients and this affected service provision and NTR collections.



Recommendations

- The MoH, Mulago Specialised Hospital should fast track completion of the HMIS infrastructure to enhance performance monitoring, record keeping and service delivery.
- The Accounting Officer of Mulago Specialised Women and Neonatal Hospital should fast track all procurements through the PDU and ensure timely completion of planned procurements to enhance service delivery in a timely manner.

3.12 Primary Health Care at Local Government level

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

3.14.1 Health Development- Construction and Rehabilitation (Sub-Programme 1385)

The Inter Fiscal Government Transfer Project commenced in June FY2018/19 at a total project cost of US\$200 million for four years (FY2018/19- FY2021/22). It is jointly funded by GoU and World Bank.

The main objective of the sub-programme is to improve quality of health facility infrastructure in all districts with 331 health centers IIs upgraded to HCIIIs starting with 124 in the first year (FY2019/20) and 62 Health Centers in 50 districts and Municipal Councils in the second year (FY2019/20). During FY 2020/21, approximately 64 HCII were planned to be upgraded to HCIII in FY2020/21.

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



Performance

In FY 2020/21, the allocation towards the Health Development Grant was Ug shs 87.1bn, of which Ug shs 28.17bn was released. By 31st December 2020, expenditure was at 0% at various local governments visited.

Civil works: Construction works for the 64 HC planned for upgrade in FY2020/21 had not commenced partly due delayed procurements resulting from COVID-19 disruptions. Similarly, over 50% of the construction projects started in FY2019/20 had not been completed by 31st December 2020. These included; Kochi Lii, Paraa in Nwoya District and Pamaka HCII in Nebbi, Kamuli HCII in Tororo DLG, Arinyapi HCII in Adjumani District, Rutungama HCII in Ntoroko district

This was partly due to limited financial capacity of contractors coupled with the delay to access the unspent funds that had been remitted to the Uganda Consolidated Fund as at 30th June 2020. As at 22nd February 2020, the re-voted funds had not been accessed by the local governments. In a few instances the contractor continued to work but at a limited capacity in some districts like Para HCIII in Nwoya District which was substantially complete.

Quality of works: The quality of works was not satisfactory for all the visited sites in the northern Uganda. These were characterised by poor quality floor finishes, fittings, lack of window nets, guard rails at the toilets, supporting rails in the toilets for Persons with Disabilities (PWDs) installation of non-swing doors.

Medicines and Supplies: Some health facilities were receiving medicines as health centre IIIs whiles had not started. Those receiving medicines as HCIII before completion of the construction had storage challenges.

In relation to equipping; all the visited facilities completed under the lots for FY2018/19 and FY2019/20 had not received all the major equipment needed to functionalize the HCIII. In a few instances however the HCs had received basic equipment to kick start service provision, these included; Height and weight measurement scales, examination couches and delivery bed.

In relation to staffing to operationalise the Health centres upgraded; Recruitment had been done at some local governments like Nebbi while others had not recruited health workers. The DHOs attributed the failure to recruit to inadequate wage bill noting that any enhancement receive could only accommodate the staff in post

Gender and Equity: Most sites had constructed ramps and support rails in toilets to ease access and use to PWDs. However, some sites like Pamaka in Nebbi lacked support rails in the toilets for PWDs.



Challenges

- Delays in initiation of procurement due COVID-19 disruptions affected timely commencement of works planned in FY 2020/21.
- Inadequate planning, budgeting and forecasting characterised by standard costing of entities in different locations, social texture and variations in scope of works across FYs.
- Limited and weak supervision of the construction works by the district engineers and clerk of works.
- Limited capacity of contractors to complete the works in a timely manner.
- Inappropriate infrastructure for the PWDs at some sites in Pamaka HCIII in Nebbi District.
- Exclusion of necessary infrastructure including medical waste pit, VIP latrine, and staff houses for effective provision of maternity service like at Kamuli HCII in Tororo DLG.

Conclusion

Performance of the Primary Health Care was off target at 0% attainment of the semi-annual targets. Works had not commenced at all the visited sites, while most of those that commenced in earlier years were similarly not completed. Those that were completed were not effectively utilised due lack of necessary equipment, staffing and medical supplies. Performance was affected by inadequate planning, supervision, and capacity issues among contractors.

Recommendations

- The MoH should build capacity of the institution's planners for holistic planning, budgeting and forecasting to ensure effective utilisation and consolidation of investments.
- The MoH should fast track engagements with district engineers, clerk of works and DLGs administrations to strengthen their supervision role in bid to attain value for money.
- The MoH should make deliberate efforts to close the gaps of omitted infrastructure to ensure full operation and effective utilisation of newly established facilities.



CHAPTER 4: ECONOMIC STIMULUS PACKAGE TO THE HEALTH SECTOR

CORONA VIRUS DISEASE (COVID-19) HEALTH SECTOR PREPAREDNESS AND RESPONSE

4.0 Introduction

The Government of Uganda announced the Economic Stimulus package to be implemented starting FY2019/20 through 2020/21 and in the medium term in order to boost economic growth and lead the economy out of the projected economic slowdown resulting from the COVID-19 pandemic and institution of containment measures.

The government mobilised Budget support from International Financial Institutions (IFIs) such as the World Bank under the Contingency Emergency Response Component (CERC), Uganda COVID-19 Response and Emergency Preparedness (UCREPP) Project, Under the Pandemic Emergency Financing Facility (PEF), Global Fund for HIV Tuberculosis, and Malaria, Islamic Development Bank savings from concluded projects).

The GoU also mobilised off budget support from among others; Uganda Sanitation Fund (USF), United Nations Children's Fund, (UNICEF), Belgian Development Agency (ENABEL), World Health Organisation (WHO), UNITAID, Centre for Disease Control (CDC), Korea Foundation for International Health Care (KOFIH), ALIBABA, China, Department for International Development (DFID), Irish Aid, Danish International Development Agency (DANIDA), Azerbaijan through World Health Organization (WHO), International Organisation for Immigration (IOM), JICA, United States Government, UN Women, Private Sector & Other Partners, United Nations Population Fund (UNFPA)

The Budget and Off Budget Economic stimulus package to the Health Sector aimed at strengthening the preparedness of the health sector to respond to the Pandemic.

According to the COVID-19 Preparedness and Response Plan (March 2020 -June 2021), the MoH planned a number of interventions under eight pillars: Leadership, Stewardship, Coordination and Oversight; Surveillance and Laboratory; Case Management; Strategic Information, Research and Innovation (SIRI); Risk Communication and Social Mobilisation (RCSM); Community Engagement and Social Protection initiatives; Logistics; Continuity of Essential Health Services;

Under the Economic Stimulus Package, a number of COVID-19 Health related outputs were planned. These included: Non-medical masks procured and distributed, ICU facilities in Regional Referral Hospitals as COVID-19 Treatment centers established, COVID-19 Laboratory and testing Kits procured, blood collection materials for Uganda Blood Transfusion Services (UBTS) procured: Personal Protective Equipment (PPEs) procured and distributed; Emergency ambulance and boats procured; and Mega phones for communication procured and distributed.



Others were: Oxygen plants at Entebbe and Mulago National Referral Hospital procured and installed; Furniture and Fixtures procured; 20 sleeper tents procured; ICT and equipment including software procured; Boarder Post Health Units including staff houses constructed; Oxygen plant house at Mulago National Referral Hospital constructed; Accommodation hired to quarantine abroad returnees, COVID-19 suspects and health workers at border posts: Meals provided: Fuel procured: Spray Pumps procured; Funds transferred to hospitals and local governments to support surveillance; Contact tracing; sample collection and case management for COVID-19 patients undertaken. The above interventions were expected to translate into control of COVID-19 and reduction of transmission, morbidity and mortality in a bid to minimise the social economic disruption resulting from this pandemic.

The BMAU undertook an assessment of the performance of the Economic Stimulus Package extended to the Health Sector with much emphasis on the planned targets under the Government of Uganda GoU support.

This chapter is based on selected interventions of the Health Sector that received the Economic Stimulus Package. Monitoring involved assessment of the performance of selected treatment centres, including Mulago National Referral Hospital, Namboole National Isolation/Treatment Facility, Regional Referral Hospitals (RRHs), Testing Centres, Selected Points of Entry to Uganda and in some Local Governments (LGs) that housed quarantine centres. It also involved assessment of Testing Laboratories such as Central Public Health Laboratories that mainly coordinated the procurement and distribution of testing Kits. A total of 205 respondents from the above mentioned facilities were interviewed.

Overall performance analysis extends to 30th April 2021 though in some instances expenditures presented are up to 31st December 2020²⁶. Physical verification was mainly limited to the Economic Stimulus Package extended to the Health Sector under the GoU totaling to Ug shs 252,004,219,669²⁷ as at March 2021. The Donor and off Budget support was minimally assessed due to limitations in timely attainment of data.

4.0 Performance

4.1 Overall Financial Performance

The total budget for the multi-sectoral COVID-19 Response is Ug shs 2,221,990,315,936 (US\$ 600,535,742) for the period March 2020 to June 2021. The MoH received both budget and off budget support from various funders including World Bank, Global Fund, GAVI among others worth Ug shs 750, 404,652,823. As at 31st March 2021, the MoH had spent a total of Ug shs 617,837,683,787 (82%) of the released funds (Table 4.1).

²⁶ In Line with semi-annual Budget assessment for the FY2020/21

²⁷ Ug shs 25 billion disbursed under the Contingency Fund in Quarter four FY2019/20, Ug shs 94,188,234,110 disbursed as supplementary for FY2019/20, and Ug shs 132,815,985,559 so far disbursed to Health Sector in FY2020/21 as at 31st March 2021

**Table 4.1: Financial performance of the Health Sector March 2020 to 31st March 2021**

Funding Type	Amount allocated (Ug shs)	Amount Spent (Ug shs)	Unutilized funds (Ug shs)
On Budget	629,197,215,123	520,530,246,087	108,229,448,070
Off Budget ⁵	121,207,437,700	97,307,437,700	23,900,000,000
Total	750,404,652,823	617,837,683,787	132,129,448,070

Source: MFPED, MoH

The largest on budget expenditure and support was recorded under the Government of Uganda (GoU) component, followed by the Global Fund grant. A total of Ug shs 108bn had not been utilised by 31st March 2021. Detailed financial performance by funding entity over the last 12 months (March 2020-March 2021) is highlighted in table 4.2.

Table 4.2: Performance Budget Support to the Health Sector March 2020 to 31st March 2021

Funder	Type of support	Amount (USD)	Amounts (Ug shs)	Amount Spent/ Committed (Ug shs)	Unspent Funds as at 31 st March 2021 (Ug shs)
GoU Support	On-Budget	68,109,249	252,004,219,669	240,686,660,147	10,895,789,465 ⁶
World Bank (CERC)	On-Budget(Loan)	15,000,000	55,500,000,814	38,692,476,908	16,807,523,906
World Bank (UCREPP)	On-Budget(Loan)	12,500,000	46,250,000,000	-	46,250,000,000
World Bank Pandemic Emergency Facility (PEF)	On-Budget(Grant)	2,700,000	9,990,000,000	2,318,575,600	7,671,424,400
Global Fund	On-Budget(Grant)	26,390,000	203,995,994,640	181,091,284,332	22,904,710,299
Global Alliance for Vaccine and Immunization (GAVI)	On-Budget(Grant)	2,820,000	10,434,000,000	6,718,249,100	3,700,000,000
Islamic Development ⁷ Bank savings from concluded projects)	On-Budget(Loan)	13,790,000	51,023,000,000	51,023,000,000	-
TOTAL		141,309,249	629,197,215,123	520,530,246,087	108,229,448,070

Source: MoH, March 2021

4.1.1 Detailed financial performance of selected funders

a) On Budget Support

GoU Support: Expenditure distribution of the GoU support was dominated by procurement of Non-medical masks, followed by ICU equipment and laboratory medical sundries. Detailed distribution of expenditures by item are highlighted in table 4.3.

**Table 4.3: GoU Support Expenditures by item as at 31st March 2021**

Item	Total funds paid	% share
Procured face masks	53,475,985,559	22.22
Distribution of Masks	594,496,282	0.25
Procured and installed ICU beds and accessories	35,912,056,570	14.92
Procured Laboratory Medical Sundries (Test Kits Reagents etc)	29,700,000,000	12.34
Allowances to health workers	22,519,091,238	9.36
Procure fuel and lubricants from VIVO Energy	11,668,103,904	4.85
Procured assorted PPEs and lab test kits	11,264,405,314	4.68
Procured 37 ambulances	11,000,000,000	4.57
Civil Works, Tents	8,797,392,984	3.66
Transfers to Regional Referral Hospitals C-19TUs for patient management and hardship allowance	8,500,000,000	3.53
Earmarked - Procurement of PPE's	7,269,897,001	3.02
Earmarked - Procure Test Kits and reagents ⁸	6,650,000,000	2.76
Contract staff salaries for health workers	6,526,014,439	2.71
Procurement of Oxygen Equipment	6,466,382,816	2.69
Meals for Covid Patients, quarantined suspects and health workers	6,316,971,269	2.62
Transferred (Shs. 272 million) to each of the 15 RRHs for COVID-19 Case Management	4,213,640,000	1.75
Paid accommodation for returnees and contacts (Quarantine facilities)	3,507,345,598	1.46
Procured Hospital Beds, Bedding & Mattresses	1,000,000,000	0.42
Printing of COVID-19 IEC materials, guidelines and Standard Operating Procedures and Laboratory results slips	893,895,047	0.37
Retooling the Local Area Network for the MoH to improve on internet connectivity and facilitate virtual meetings and development of the Call Center Solution to improve its capacity and scope	800,000,000	0.33
Earmarked - Blood bank consumables	730,102,999	0.30
Cleaning and fumigation at MoH and Mulago NRH	700,000,000	0.29
Electricity	509,794,730	0.21
Maintenance (Motor vehicle, Other Equipment)	480,000,000	0.20
Water	300,000,000	0.12
Sanitation, Cleaning at Namboole and Mulago NRH	280,000,000	0.12
Earmarked - Pay NSSF	222,601,444	0.09
Telecommunication	200,000,000	0.08
Stationery	188,482,953	0.08
Grand Total	240,686,660,147	100.00

Source: MoH, March 2021

Global Fund: Expenditure of Global Fund support was dominated by assorted logistics towards the COVID-19 response including fuel, Personal Protective Equipment (PPE), oxygen equipment, microscopes and accessories, COVID-19 testing kits, biosafety cabinets, COVID-19 sample processing accessories, sample collection materials, and PCR reagents among others.

Unspent funds as at 31st March 2021 were reported to be committed and planned for payment of logistics, and laboratory supplies upon delivery. There was an observed delay in the timely transfer of funds from Global Fund to The Aids Support Organisation (TASO), and Ministry of Gender, Labour and Social Development (MoGLSD) for implementation of planned activities.

**Table 4.4: Financial performance of Global Fund Support as 31st March 2021**

Response Pillar	Actual funds spent/ Committed per intervention	% share of expenditure	Un spent Balances (Ug shs)	% share of funds to be spent
Case Management	0	0.00	1,411,837,994.50	6.16
Community Engagement	44,479,046.00	0.02	2,330,275,741.50	10.17
Continuity of Care	17,425,050,339.60	9.62	2,530,809,771.00	11.05
Coordination	0	0.00	239,065,875.00	1.04
ICT & Innovation	0	0.00	1,609,076,913.50	7.03
Laboratory	61,626,192,445.62	34.03	4,856,224,185.54	21.20
Logistics	90,403,916,724.50	49.92	8,140,053,289.40	35.54
Other ⁹	0	0.00	250,814,969.50	1.10
Risk Communication	5,442,349,815.83	3.01	431,165,083.00	1.88
Surveillance	6,149,295,960.00	3.40	1,105,386,476.50	4.83
Grand Total	181,091,284,331.56	100.00	22,904,710,299.45	100.00

Source: MoH, March 2021

World Bank: Expenditure using the WB support was mainly dominated by contribution for Hotel Services for National Taskforce meetings, catering services for National Taskforce Sub-committees for COVID-19 preparedness and hardship allowances for Points of Entry (PoEs) frontline staff, satellite laboratory operational funds, laboratory accreditation fees for Mulago, Fort Portal and Moroto, supply of four thermal scanners. The World Bank UCREPP funding had however not been approved by the Bank (table 4.5).

Table 4.5: Financial performance of World Bank Support to COVID-19 response

Funder	Sum of Amount available (Ug shs)	Total Spent (Ug shs)	Unspent Balance (Ug shs)
World Bank (CERC)	55,500,000,814	38,692,476,908	16,807,523,906
World Bank (PEF)	9,990,000,000	2,318,575,600	7,671,424,400
World Bank (UCREPP)	46,250,000,000	-	46,250,000,000
Grand Total	111,740,000,814	87,261,052,508	24,478,948,306

Source: MoH, March 2021

Global Alliance for Vaccine initiative (GAVI): The development partner provided Ug shs 10,434,000,000 towards COVID-19 response. All the funds were earmarked for procurement of test kits and reagents through UNICEF. Test kits and reagents worth Ug shs 6.7bn were procured by UNICEF as at the 31st March 2021. The rest of the supplies were still under procurement and expected by June 2021.



Table 4.6: Financial performance of GAVI Support to COVID-19 Response

Item	Budget	Amount Utilised (Ug shs)	Unspent balances (Ug shs)
Test kits and reagents	10,434,000,000	6,718,249,100	3,700,000,000
Grand Total		6,718,249,100	3,700,000,000

Source: MoH, March 2021

b) Off Budget support

The Health Sector received in kind contributions and off budget support. Majority of the Off-Budget support assessed was spent at source by various Development Partners (DP) except the Ug shs 29bn received as a donation from Private Sector and other partners to MoH. Details of expenditure of selected off-budget support towards the COVID-19 response by various DPs is highlighted in table 4.7.



Table 4.7: Performance of the Off-Budget Support in COVID-19 Response by 30th April 2021

Name of Development Partner(DP)	Budget	Unspent	Type of Funding	Expenditure details
Uganda Sanitation Fund (USF)	788,100,000	-	Grant	Procured and distributed 1,764 foot operated hand washing facilities; 2,500 1-liter trigger type spray pumps and 676 (five liter Jerrycan) of alcohol based sanitisers to the 48 USF supported districts and Mbale RRH. Printing and distribution of 13,514 Public Health (COVID-19) Statutory Instruments done.
The United Nations Children's Fund (UNICEF)	8,177,000,000	-	Grant	Coordination activities for management of COVID-19, support towards health initiatives among children. Support towards printing of the National COVID-19 Response Plan and Budget among others.
ENABEL-The Belgian Development Agency	667,998,000	-	Grant	A total of 800 infra-red thermometers procured (logistics).
World Health Organization (WHO)	8,029,000,000	-	Grant	Support supervision and coordination activities.
Korea Foundation for International Health Care (KOFIH)	3,626,000,000	-	Donation	Orientation of the ambulances teams, deployments and supervision among other activities.
Department for International Development (DFID) through WHO	5,266,753,900	-	Grant	District level surveillance and coordination activities among others
Irish Aid through WHO	7,490,505,700	-	Grant	Allowances for health workers in the districts.
Azerbaijan through WHO	370,000,000	-	Grant	Operations support - deployment kits (IT, Communication, tent), warehousing and transport.
International Organisation for Immigration (IOM)	491,219,400	-	Grant	Conducting of the technical support supervision in various district local governments.
United States Government	56,230,861,000	-	Grant	Recruitment and deployment of surge staff for the COVID-19 response.
Private Sector & Other Partners	29,700,000,000	23,900,000,000	Donation	Funds received by MoH and were committed to procurement of 284 motor vehicles. Procurement of vehicles was ongoing.
The United Nations Population Fund (UNFPA)	299,999,700	-	Grant	The funds were utilised in conducting a rapid assessment of COVID-19 on Gender Based Violence (GBV), Violence Against Children (VAC), Emergency Alternative care and children in detention.

Source: MoH, March 2021



4.4.2 Overall Physical performance

The Health Sector averted more than 100,000 COVID-19 cases in the last 12 months and this was attributed to three key interventions - restrictions on mass gatherings, emphasising the use of masks, and hand washing facilities in both public and private facilities.

Overall, the sector attained a number of the planned outputs. The Intensive Care Unit (ICU) equipment was procured and delivered to various health facilities and 81% of the planned tests undertaken at various testing centres. Community and candidate classes' non-medical masks were procured and distributed. Approximately, 94% of COVID-19 patients admitted in Public COVID-19 Treatment Centres were treated and discharged by 30th April 2021. Table 4.8 highlights a summary of performance in attainment of key selected planned output and outcome targets by 30th April 2021.

Table 4.8: Overall Performance of the Health Sector by 30th April 2021

Output indicators			
Indicator	Planned	Achieved	Remarks
Number of masks distributed to communities (Population above six years)	32,608,959 ¹⁰	36,321,050	Approximately 3.5 million masks over population estimate. This was attributed to the directive to provide masks to candidate finalist learners in various schools.
Number of new ICUs equipment procured and distributed	1,553	1,553	All equipment was procured and distributed to beneficiary facilities.
Number of new ICUs equipment installed	1,553	1,320	Approximately 85% of the equipment was installed.
Number of new Oxygen plants procured and installed	7	6	Six out seven plants were in use and had improved service delivery save for the Kayunga Plant which had not yet been installed.
Boarder Post Health Units including staff houses constructed at Malaba, Elegu, Mutukula, Mirama Hills, Katuna and Mpondwe	6	1	Lack of land at selected Points of Entry affected timely implementation of the intervention. Land for Malaba site was secured and installations commenced and Zero percent at all the other sites. However overall fabrications for the houses was at 60%. Units for Mirama and Mpondwe were temporarily relocated to Namboole COVID-19 Isolation and Treatment Unit.
Mega phones for communication procured and distributed	10,863	10,863	The MoH also provided 20 mega phones to Namboole Isolation Unit, 210 mega phones remained at the MoH as backup, while Prisons, Police, UPDF all were allocated 50 Mega phones. The rest were distributed to LGs that were expected to distribute them to lower levels (Sub-county and parishes levels).
Number of new ambulances procured, distributed and in use	38	35	All the 35 ambulances were distributed and operationalised. The three marine ambulance boats were also procured and delivered, however, had not yet been fully operationalised. The MoH had finalised a Memorandum of Understanding with the Uganda Police (Marine Forces) to operationalise them on a needs basis. The three ambulances were docked at Munyonyo.



Output indicators			
Indicator	Planned	Achieved	Remarks
Number of COVID19 Tests conducted	1,247,000	1,008,838	2.9% the entire population of Uganda at risk guided by the scientific committee was considered. Achieved 81% of the plan.
Number of testing kits procured (GoU Funded)	2,804,515 ¹¹	1,835,180	The MoH handled over 1.8million testing kits including sample collection materials from both GoU and development partners.
Sleeper tents procured	20	20	Three were deployed to UPDF, one at Entebbe Isolation ward, one at Entebbe GH, one at Hoima RRH, while Soroti, Lira, Gulu, Arua, Moroto, Kabale, Fort Portal each received two tents. All the tents were not in use.
Outcome indicators			
	Forecasted	Actuals	Remarks
Number of COVID19 cases averted	108,244	41,715	The MoH averted over 66,529 cases during the period under review mainly due to the three prevention mechanisms among others implemented by the sector.
Number of deaths averted (Forecasted against actual)	607	342	The Scientific Advisory Committee had forecasted 607 deaths by 30 th April 2021, however the confirmed COVID-19 deaths by RT-PCR, the Gold Standard measure were at 342 at the same date. The MoH therefore noted that it averted 267 COVID-19 deaths during the period under review. Monitoring findings indicate that 591 COVID-19 deaths were recorded in designated public COVID-19 Treatment Centres (CTCs), and 690 from the COVID-19 Case Status Tracker Report of MoH inclusive of death recorded in private facilities as well ¹² .
Number of COVID19 cases admitted, managed and discharged	12,631	11,909	94% of COVID-19 patients admitted in Public COVID-19 Treatment Centers were discharged.

Source: Field findings, MoH, NRHs, RRHs

4.3 Performance by Planned Outputs

4.3.1 Non-medical masks procured and distributed

As a preventive measure, the MoH planned to procure non-medical masks for all individuals aged six years and above. According to the COVID-19 Preparedness and Response Plan, the masks were expected to be procured and distributed in June, July and August 2020 and later again in March and April 2021.

The MoH signed contracts with various suppliers including Fine Spinners Ltd, Southern Range Nyanza, Graphic Systems Limited, Big Concepts Limited, Silk Events Ltd, Christex Garment Industry, Winfred Fashion Limited among others to produce 36,321,051 masks in various Lots of which 33,728,087 masks were for community distribution, while 2,583,621 were for the candidate classes at the schools.



By 31st March 2021, the MoH had cumulatively paid out a total of Ug shs 78,837,851,159 for procurement of non-medical masks of which Ug shs 53bn was paid during FY 2020/21 and Ug shs 25bn paid in the previous FY 2019/20. Additionally, a total of Ug shs 594,496,282 was spent on distribution of non-medical masks to various districts.

Table 4.9: Contract Details for Non-Medical Masks Procured by the MoH, 31st December 2020

Lot Number	Supplier	Actual Paid as 31 st December 2020	Cumulative payment as 31 st December 2020
Lot 1	Fine Spinners Ltd	13,200,000,000	20,400,000,000
Lot 2	Southern Range Nyanza Limited	14,400,000,000	21,600,000,000
Lot 3	Graphic Systems Ltd	3,854,955,999	10,303,911,999
Lot 4	Mmacks Investment Ltd	3,641,546,401	5,202,660,001
Lot 9	EX-KEN U Ltd	1,060,800,001	1,521,600,001
Lot 5	Big Concepts Ltd	552,000,001	1,152,000,001
Lot 8	Fundi Building Centre	432,556,800	985,113,600
Lot 10	Christex Garment Industry	359,459,200	810,918,400
Lot 16	Winfred Fashion Ltd	2,656,432,800	2,969,613,600
Lot 12	Silk Events Ltd	246,278,400	528,556,800
Lot 15	Ever Green Safaris Ltd	206,880,000	413,760,000
Lot 18	Youth Save the Nature Uganda Limited	108,640,800	193,281,600
Lot 20	Uganda Industrial Research Institute (UIRI)	2,436,000,000	9,636,000,000
	FINE Media	348,000,000	348,000,000
	Total	43,503,550,402	76,065,416,002

Source: MoH Data

Field findings indicate following:

- A total of 36.3million masks were distributed to various districts across the country.
- Each individual was entitled to one mask, however some local governments distributed two masks per individual. This partially led to inadequacy of non-medical masks in various communities.
- A total of 3.5million masks was procured and distributed over and above the population projections (Table 10). The MoH attributed this to two reasons
 - a) Variances between UBOS population projections and that on ground. “.... *Often times, population figures on ground are higher than the UBOS projections numbers that is why we procure items including mosquito nets slightly above the projections to ensure that everybody is covered....*” Commissioner Planning, MoH.
 - b) The Cabinet Directive to provide masks to candidate finalist learners in various schools.

**Table 4.10: Regional Distribution of Masks by 31st March 2021**

Region	Total Population	Population above Six years	No. of Masks Delivered	Excess	% share of masks received
North	8,745,000	6,868,459	7,207,453	338,994	20
West	10,147,700	7,970,161	8,610,531	640,370	24
East	9,462,900	7,432,308	7,676,095	243,787	21
Central	13,162,500	10,338,032	12,633,004	2,294,972	35
Total	41,518,100	32,608,960	36,127,083	3,518,123	100%

Source: UBOS, 2020, and MoH Data

- The distribution of masks was equitably distributed with the central region receiving 35% of the masks, due to the large population followed by the western region (table 9) above.
- Despite fact that all regions had excess supply of masks, they were inadequate in some districts, even those that distributed one mask per individual. For example in;
 - ✓ Mbarara District, 309,866 community masks were received, however three sub counties namely; Rubindo, Kashare and Bukiro did not receive masks.
 - ✓ In Rukiga District, a total of 83,540 masks were received instead of the expected 83,590.
 - ✓ Mitooma District received a total of 153,500 instead 154,094.
 - ✓ Iganga received 303,254 instead of 306,754 community masks²⁸.

There is need for the MoH to undertake a country wide assessment to establish the magnitude of the variances and their causes in various local governments.

4.3.2 Emergency Intensive Care Units at COVID-19 Treatment Centres established

This involved procurement, distribution and installation of medical equipment at Regional Referral hospitals as well remodeling ICUs. The following was established:

The MoH signed two contracts for the supply installation, installation and commissioning of medical equipment worth Ug shs 37,517,133,634 in June 2020. The MoH had cumulatively spent Ug shs 35,912,056,570 (95%) against the two contracts.

In the first contract the MoH engaged M/S Elsmeed EA Ltd at a contract sum of Ug shs 26,930,095,500 for delivery, installation and commissioning of ICU equipment in 17 hospitals across Uganda²⁹. The contract was signed on 18th June 2020 and deliveries were expected by 20th July 2020. This was not achieved partly due to high global demand for the ICU equipment coupled with the global lock down at the various manufacturing firms in their home countries. The delivery date was extended to 4th December 2020, subsequently revised to 20th January 2021 and later to 30th June 2021 in relation the new Letter of Credit issued on 24th June 2020.

²⁸ MoH acknowledged the variance and noted that additional masks were expected to be delivered to Iganga District

²⁹ Mbarara, Kabale, Hoima, Bombo, Naguru, Arua, Gulu, Lira, Moroto, Jinja, Mbale, Masaka, Mubende, Lacor, Soroti, Entebbe, Fort Portal.



As at January 31st 2021, 1,497 out of 1,553 (96.4%) pieces of equipment were delivered to the respective recipient facilities and 85% of the installations done. These included: Blood gas analyzers, defibrillators, suction and infusion pumps, nebulisers, mobile x-rays, oxygen concentrators, weighing scales, portable ultrasounds, patient trolleys, ventilators, and ICU beds among others. (*List of delivered equipment in Annex 1*).

By January and February 2021 indicated that laboratory equipment such as Blood gas analysers supplied by M/S Elsmeed EA Ltd was not working. Equipment delivered at Soroti and Lacor did not work at all while one delivered to Gulu RRH worked for less than 48 hours.

The equipment had issues related to sensors, temperature failures, and frozen screens among others. In an exit meeting held on 5th May 2021, MoH management noted that the equipment was restored in March 2021 and fully operational save for Soroti RRH. The lack of Uninterrupted Power Supply (UPS) equipment affected functionality of blood gas analyzers at various facilities.

The second contract was signed between MoH and Joint Medical Stores (JMS) to procure ICU equipment at a sum of Ug shs 10,587,038,134 on 24th May 2020. The JMS was expected to deliver 388 pieces of ICU equipment comprised of 28% ventilators, 25% patient monitors, 24% oxygen therapy apparatus, while the rest (22%) were ICU beds.

The equipment was expected to be delivered in six weeks by 3rd July 2020 against 100% full payment. This delivery date was not achieved and a change order was issued extending the delivery date to 15th December 2020 consistent with the extension of the Advance Payment Bank Guarantee. This was achieved and by at 31st December 2020, JMS had delivered majority (99%) of the equipment.

There were observed variations in the unit cost of the various ICU equipment, for instance the cost of the ICU bed supplied by JMS was Ug shs 6,799,428 compared to the 6,942,600 by Elsmeed EA Ltd. This translated into a difference of Ug shs 143,128 per ICU bed and Ug shs 8,015,168 for all the beds. However, despite the fact that here were variances in costs, beneficiaries at various COVID-19 Treatment Centres acknowledged that of the ICU equipment supplied by M/S Elsmeed EA Ltd was of higher quality compared to that supplied by JMS. Beneficiaries were also happy with the intervention and noted that COVID-19 was a blessing in disguise “*We would never have got this equipment ICUs in 2020.... if it wasn't for COVID-19 pandemic*” *Director Kiruddu Hospital*.

At all facilities visited (January-February 2021), partial installations were done, and almost all the equipment was not optimally utilised. This was attributed to:

- i.) Lack of skilled health workers such as anesthesiologists, critical care nurses, intensivists among others to facilitate effective utilisation of the ICU equipment. Some of these cadres required to man this equipment were not part of the approved health staffing structure or norms. Efforts to train critical care nurses were made after the equipment had reached various health facilities.



Left –Right: Emergency ICU Equipment in the store at Hoima RRH; Beds in store at Mbarara RRH

A number of nurses seconded for the six-month residential training were not enthusiastic about the opportunity due the fact that MoH was not facilitating them. They had to find their own way of survival and this demotivated them. Interactions with the Hospital Directors indicated that the MoH would later facilitate the nurses, however this had not been formally communicated to them.



Pendants in boxes and ICU equipment under storage at Masaka RRH, March 2021

- ii) Lack of ready and adequate space to install all the ICU equipment with some facilities not having appropriate infrastructure to install equipment such as ICU pendants due to their weight.
- iii) Lack of adequate funds to remodel existing infrastructure.



4.3.2.1 ICU facilities Remodeled and expanded

The MoH was engaging RRHs administrations to provide space to allow for modification of the existing buildings as short to medium term measure to enable installation and use of the emergency ICU equipment that are largely redundant at the RRHs.

At the hospitals where space for remodeling was identified, the MoH transferred funds to enable execution of works. For instance, Ug shs 1.35bn was transferred to MbaleRRH for the re-modelling of Surgical Complex in response to COVID-19 Emergency and Ug shs 450 million to Mbarara RRH for Completion of the COVID-19 Isolation and Treatment Facility as 31st December 2020. Additional transfers to Gulu and Masaka were under consideration in the second half of the financial year.

At Mbale RRH it was established that the contract for remodeling of the Surgical Complex had not yet been signed by 3rd March 2021. The existing contractor therefore continued with the already contracted main works. There was a risk of the hospital utilising these funds to pay for the completed works in the main contract.

The COVID-19 Isolation and Treatment Centre (CITC) at Mbarara RRH was financed by both the GoU through MoH and Global Health Collaborative (GHC). The MoH contributed Ug shs 450million and Ug shs 100million from GHC. The facility is expected to accommodate 20 suspects in the isolation unit and 12 confirmed cases in the treatment centre.

M/s Mupa Technical Services was awarded the contract worth Ug shs 499million to construct the CITC at the hospital. Works were ongoing as at 31st December 2020 and expected to be completed on 21st June 2021. The scope of works involved preliminaries, structural works, mechanical, sanitary and electrical installations as well as windows and doors. External works and water supply among others. The works were supervised by the hospital engineer at a sum of Ug shs 25million (1% of the contract sum).

By the time of monitoring done in February 2021, physical progress had commenced to 75%. The structures were in place, doors and windows installed, plastered, roofed, and floor works were ongoing. Pending works included glassing, mechanical and electrical, ceiling works fence, and external works among others. Works were expected to be completed by end of April 2021.

4.3.2.2 Oxygen plants at Entebbe, Kayunga, Mbarara and Mulago National Referral Hospital procured and installed

The contract for supply, and installation of oxygen equipment for Mulago and Entebbe hospitals was signed on 5th May 2020 between MoH and M/s Silver Bucks Pharmacy Ltd at a contract sum of Ug shs 6,466,382,816 tax exclusive³⁰. The contract provided for a two-year warranty including spare parts and maintenance for three years. They were to supply oxygen plants, 450 cylinders including regulators, humidifier bottles, and cannula among others. Approximately 100% of the sum was paid.

³⁰



Delivery and installation of four oxygen plants at Mulago Specialised Hospital and one Entebbe and Mbarara RRHs respectively. These were completed as at 31st December 2020. However, the oxygen filling station at Mulago NRH and the oxygen plant at Kayunga RRH hospital had been delivered but not yet installed by March 2021. This was attributed to funding constraints.



Oxygen equipment at Entebbe RRH

The equipment at the three hospitals was in use and well-functioning. The beneficiaries noted a great improvement and stabilisation of oxygen supply. This greatly improved service delivery and timely response to oxygen needs by COVID-19 patients. However, the four plants at Mulago NRH needed urgent maintenance as at 21st April 2021.

The hospitals also lacked equipment for harvesting vacuum air important in the suctioning process of patients among other purposes, as well medical air critical in intensive care services.

All hospitals therefore continued to procure medical air from OXY-GAS Ltd among others service providers to enable provision of such services. Health workers had therefore resorted to use of suction machines/pumps to bridge the gap of vacuum air. This was noted to be time consuming.



Oxygen equipment Mulago Specialised Hospital

However, the required equipment for production/harvesting of Medical and Vacuum Air was already delivered under Support to Mulago Hospital Rehabilitation Project, however it could not be installed and utilised due to delays in completion of works by M/s Roko Construction Ltd.

There is therefore urgent need for the MoH to prioritise expansion and modification of existing oxygen plants to enable harvesting/production of Medical and Vacuum Air within the available resources. Additionally, the MoH and PPDA should prevail on M/s Roko to pay its subcontractors to enable completion of all pending rehabilitation works at Mulago Specialised Hospital. This will go a long way in enhancing service delivery in critical care departments of beneficiary hospitals.

4.3.4 Border Post Health Units including staff houses constructed

The contract for construction of border post Health Units including staff houses was signed on 16th June 2020 between MoH and M/s Modul House Engineering and Construction Co. Ltd at a contract sum of Ug shs 7,558,633,679 for a period of three months. Originally, the beneficiary Points of Entry included: Malaba, Elegu, Mutukula, Mirama Hills, Katuna and Mpondwe. Some sites however changed due to lack of available land for the project.³¹ The contract was expected to end on 16th September 2020, however this was not achieved and a change order was issued extending the completion of project to 31st December 2020 which was further amended to 30th June 2021.

In the original contract, each laboratory and staff house was estimated to cost Ug shs 540,216,508 and Ug shs 452,046,102 respectively. The staff house is composed of 12 single self-contained rooms except for Malaba which had 24 rooms. The unit cost of each of the 12 rooms was Ug shs 37,670,508 and Ug shs 18,835,254 for the 24 staff rooms

Generally, the scope of works involved: Precast reinforced concrete placed on situ concrete foundation slab. Partitioned using concrete walls. Installation of aluminum/steel windows and doors including internal wooden doors. As at 31st December 2020, the contractor had fabricated 60% of the units and the MoH had paid Ug shs 2,267,590,103 translating into approximately 30% financial progress of the original contract price against 60% physical progress.



L-R: Oxygen Plant House at Mulago National Hospital and staff house at Namboole National Treatment and Isolation Facility

The completed units for Mirama and Mpondwe were temporarily relocated to Namboole partly due to lack of land at the border points and the need to accommodate the health workers who

31 Staff houses at Mpondwe had temporarily been shifted to Namboole Stadium



were providing health care services to the COVID-19 patients in Namboole National Isolation and Treatment Facility. These will be relocated to their planned sites once land is identified.

Civil works had only commenced at Malaba site with physical progress of civil works estimated at 24% and zero per cent at all the other sites. Land in Mutukula and Mirama hills had not yet been acquired, while that at Elegu (Only land for laboratory secured the rest still had squatters) and Katuna (site relocated to Busia) was acquired.

It should be noted that Mutukula has a well-established Port Health Facility which was one of the best performing COVID-19 testing laboratory centers at the height of COVID-19. Stakeholders therefore perceived the planned investment as economically inefficient resulting from inadequate intervention needs assessments. Committing government for works without initial needs assessments and confirmation of land availability affected timely execution of the contract.

Oxygen plant House at Mulago National Referral Hospital constructed: On 22nd February 2021³², the MoH issued a variation of the contract signed with M/s Modul House Engineering and Construction Co Ltd to include construction of oxygen plant house at Mulago National Referral Hospital.

The variation price was Ug shs 568,548,330 and the scope of works involved preliminaries, civil works, electrical installations and external works. The facility was expected to have concrete foundation slab, Modular precast reinforced concrete frames, G26 pre-painted iron sheets roof covering on steel trusses, steel/aluminum casement windows and external doors among others.

As at 31st December 2020, the main works had been completed and plants installed, however external drainage works had not been completed as at 21st April 2021. Plant residue water had started affecting the walls and general environment of the hospital. Contrary to Public Procurement and Disposal of Public Assets (PPDA) guidelines on proper procurement and contract management, the contractor commenced works on the plant house before signing the contract. This partly led to delayed payments constraining cash flows of the contractor.

4.3.5 Mega phones for communication procured and distributed

The contract for megaphones worth Ug shs 2,932,990,000 was signed on 11th May 2020. These were meant to ease communication of COVID-19 messages among other health promotion and disease prevention messages with in the Sub counties and Parishes.

The MoH bought 10,863 megaphones at a unit cost of Ug shs 230,000 and 43,450 pieces of rechargeable batteries at Ug shs at 10,000 each. The megaphones were delivered on 22nd June 2020. Distribution commenced in September 2020. The MoH also provided 20 mega phones to Namboole Isolation Unit, 210 mega phones remained at the MoH as backup, while Prisons, Police, UPDF all were allocated 50 Mega phones. The rest were distributed to LGs expected to distribute them to lower levels (Sub county and parishes levels). The distribution plan was

³² Official variation of contract was issued after the contractor had completed the works. The works were completed by 31st December 2020



informed by the number parishes and sub counties per district. Thus the higher the number the more the mega phones were allocated (table 4.11).

Table 4.11: Distribution plan of the procured mega phones

Region	Quantity of Mega phones	Percent share per region (%)
Central	2,063	18.99
East	3,495	32.17
Karamoja	352	3.24
North	1,147	10.56
West	3,088	28.43
West Nile	718	6.61
Grand Total	10,863	100.00

Source: MoH



MoH procured Mega phones in stores in Adjumani District

Monitoring visits done in March 2021 however revealed that a number of districts including Adjumani had not yet distributed the Mega phones to the sub-counties (*either HCIIIs or HCIV*) and Parishes (*either HCIII or HCII*) as guided. The Mega phones were still kept in the stores. The delayed distribution was partly attributed to:

- Health centers (Village Health Teams) already had mega phones supplied by Implementing Partners (IPs).
- Others did not have a fuel budget and or motor vehicle to distribute the masks to the lower levels. There is need for the Chief Administrative officers to prevail on the District Health Officers to ensure a timely delivery of the mega phones.

The MoH should also make deliberate efforts to investigate the magnitude of the gap and encourage respective District Health Officers (DHOs) to redistribute the mega phones through Village Health Teams and to areas where they are needed to enhance utilisation as well as integrated prevention of diseases.

4.3.6 Emergency ambulance and boats procured

A total of 38 ambulances³³ at a cost of Ug shs 11bn were procured by M/s AutoZone Armor Processing Cars L.L.C through M/s City Ambulance Limited. A Letter of Credit worth Ug shs 11 billion was issued by Bank of Uganda (BoU) by 30th June 2020. As at 31st December, 2020, deliveries had been made and payments effected to the suppliers.

³³ 33 Ambulances were Type B- Offers basic life support (Road), 2 Ambulances were Type C- Offers advanced life support (Road), while 3 Ambulances were Type C(Boat).



The ambulances were delivered and most deployed to various referral hospitals with each facility receiving at least two. The three boat ambulances were however not yet deployed by February 2021 and were docked at Munyonyo under the custody of the Ministry of Internal Affairs. Discussions were ongoing to engage the Marine Police or Uganda Peoples Defense Forces to operate these boats on behalf of the Ministry of Health.

It was established however that the MoH had finalised a Memorandum of Understanding with the Uganda Police (Marine Forces) to operationalise them on a needs basis.

Cumulatively, the MoH had received 104 Ambulances as at 31st March 2021 supported by both the GoU and development partners. These had greatly improved service delivery in various districts. Hospitals were empowered to support emergency medical services including evacuating mothers who needed emergency medical care during the COVID-19 pandemic. Naguru hospital ambulances picked emergency cases as far as Murchison Bay in Western Uganda. Beneficiary facilities as well as the Emergency Medical Services Department of the MoH however lack an adequate operation and maintenance budget for the newly acquired ambulances.



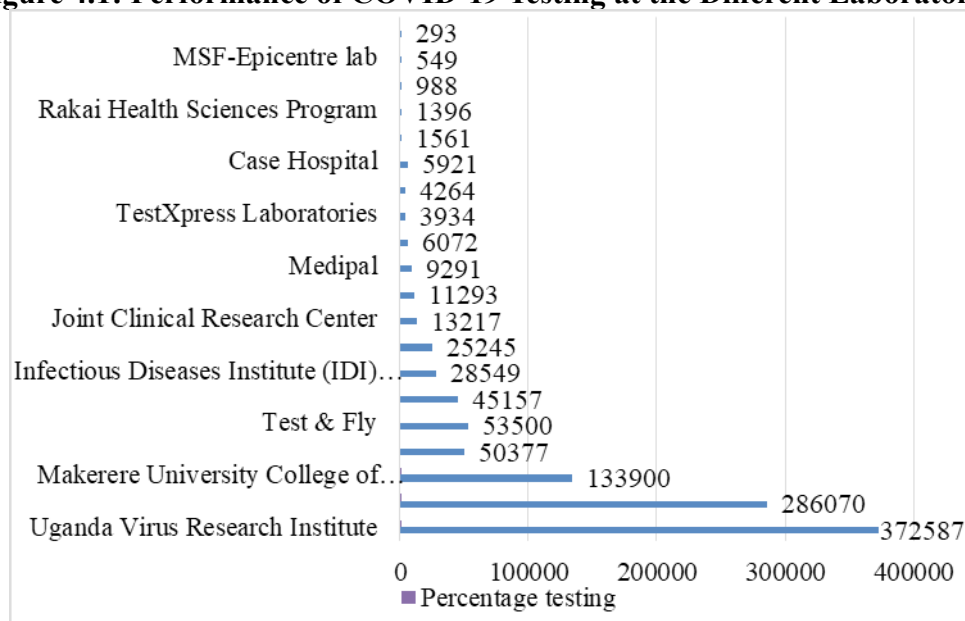
L-R: Procured ambulance and its interior at Lira RRH

4.3.7 COVID-19 Tests conducted in Uganda

According to the COVID-19 Preparedness and Response Plan 2.9% of the entire population of Uganda is at risk and would therefore would require testing. As at 21st April 2021, the MoH had conducted 1,054,164 COVID-19 tests of which UVRI accounted for 372,587 tests (35%) while Central Public Health Laboratories (CPHL) accounted for 286,070 tests (27%) done. The detailed number of tests undertaken by various accredited facilities are highlighted in Figure 1.



Figure 4.1: Performance of COVID-19 Testing at the Different Laboratories



Source: MoH- CPHL, April 2021

4.3.8 COVID-19 Testing Kits and Sample Collection Materials Procured

In order to achieve the COVID-19 testing targets, the MoH planned to procure, including with support from the development partners a total of 2,804,515³⁴ testing kits and sample collection materials throughout the COVID-19 response period.

As at 31st March 2021, the MoH had committed and spent a total of Ug shs 29.7bn³⁵ on procurement of test kits and sample collection materials for COVID-19 screening³⁶. The service providers were Africa Bio System Uganda Limited; and M/s Microhaem Scientifics and Medical Supplies Limited.

The Africa Bio System Uganda Limited procured kits worth Ug shs 4.6bn and delivered to Uganda Virus Research Institute (UVRI), as at September 2020. The UVRI also received Ug shs 146,400,000 for testing kit's evaluations (*tests for the validity and reliability of test kits to be procured*). M/s Microhaem Scientifics and M/s Medical Supplies supplied kits worth Ug shs 6.6bn to MoH, part of the deliveries were used to test samples collected from the Community Transmission Survey.

The MoH in addition signed two contracts for procurement of Altona COVID-19 laboratory testing kits (Bundle) for mobile laboratory testing and reagents for the samples at the Points of Entry (POE) facilities. The contracts worth Ug shs 4,609,181,250 and Ug shs 2,858,250,000 were signed between MoH; M/s Microhaem Scientifics and Medical Supplies Limited on 8th September 2020 and 30th September 2020 respectively. All deliveries were expected by 31st January 2021. The latter was delivered by 31st March 2021, while the former had not been

³⁴ Based on the following scientific assumptions including; 100% lifting of the lockdown and Population at risk estimated at 2.9% (1, 247,000) among others.

³⁵ The value of the completed contracts was Ug shs 18.5bn while the rest were committed and yet to be paid

³⁶ This was GoU expenditure and excludes testing kits procured under Global Fund and other development partners.



delivered.

Overall, as at 31st March 2021, testing kits worth Ug shs 16,717,432,250 had been delivered to the Central Public Health Laboratories- Butabika and distributed to various COVID-19 testing laboratories including Tororo-Malaba, Adjumani–Elegu, Uganda Virus Research Institute (UVRI), Makerere College of Health Sciences among others.

Overall, the MoH received over 1.8million various types of testing kits and sample collection materials from both GoU and development partners. The biggest contributor to procurement was testing kits was Global Fund at 28%, followed by GoU. Table 4.12 highlights testing kit quantities procured, supplied and delivered to various testing facilities by funder.

Table 4.12: Quantities of on-Budget and off-budget Testing Kits and Sample Collection Items procured by 31st March 2021

Funder	Quantity	% Contribution
GoU	395,000	21
ISDB	351,536	19
Global Fund	506,400	28
World Bank	207,500	11
GAVI	273,744	15
UNICEF	8,000	0
UNITAID	48,000	3
Defense	50,000	3
Total	1,840,180	100

Source: MoH data

4.3.9 Personal Protective Equipment (PPEs) and Infection Prevention Control materials procured and distributed: Procure PPEs



PPE’s in store at Fort Portal RRH March, 2021

PPEs included Surgical and N95 Masks, cover overalls, aprons, gloves, cotton, and boots, among others. Contracts worth Ug shs 8.5bn were procured from various service providers. By 31st March 2021, the procured PPEs were delivered. Service providers included: National Medical Stores (NMS), Joint Medical Stores, SA Field Industrial Logistics, and N2M Company Ltd among others.

Development partners like Islamic Development Bank, Global Fund, World Bank, GAVI, UNICEF, UNTAID, WHO, Private Sector, LifeBox Foundation, CNOOC, CHAI, JICA, IOM Japan among others provided PPEs over Ug shs 30bn were

procured, delivered and distributed to various entities.



4.3.10: Sleeper tents procured

The MoH contracted M/s Lumious Uganda Limited on 22nd June 2020 at a contract sum of Ug shs 3,846,800,000 with an expected delivery date of 15th July 2020. Each of the 100 capacity tents was procured at a sum of Ug shs 163m. As at 31st December 2020, Twenty (20) tents had been delivered at Namboole Stadium.

It was however established that the stadium's turf was inappropriate for anchoring of the sleeper tents. A decision was made to redeploy them to the RRHs and other entities. Three were deployed to UPDF, one at Entebbe Isolation ward, one at Entebbe GH, one at Hoima RRH, while Soroti, Lira, Gulu, Arua, Moroto, Kabale, Fort Portal each received two tents.

Installation differed by hospital, with some installing one while others had both tents installed. None of the tents was utilised due to various reasons, which included the decline in number of COVID-19 patients, lack of space for full installation in some hospitals, absence of concrete slab/platform to anchor the tents, inadequate beds, mattresses, bed sheets and blankets, toilets, electricity, water, air conditioning as they got very hot during sunny conditions.



L-R: Installed tents and inside the installed tents at Lira RRH



Tents at Kabale RRH not installed

The MoH should urge all RRHs to properly store all sleeper tents in preparation for future emergencies or use. Alternatively, the MoH should embrace innovative use of tents in health facilities, for example some of the hospital clinics can be conducted in these tents. This will go a long way in decongesting hospitals. The MoH and RRH should also prioritise provision of ancillary facilities to enable efficient use.



4.3.11 Furniture and Fixtures procured

The MoH signed three contracts with M/s JMS worth Ug shs 1bn to supply 1,000 beds and mattresses. The unit cost of each bed was Ug shs 890,000 and 119,491 for a mattress covered with PVC. M/s Global Center Limited also supplied single size bed sheets with each costing Ug shs 51,500. Deliveries were made on 23rd June 2020 and payments made. The beds and mattresses were distributed together with donations from the Private Sector. The beds, mattresses and bed sheets were delivered in the RRHs visited were not in use with most of them stored. During the exit meeting held on 5th May 2021, the MoH noted that these deliveries were primarily meant for COVID-19 patients and RRHs were not expected to use them in other wards.

The MoH further contracted M/s Global Centre Limited on the 7th January 2021 to supply more 4,600 blankets and 9,200 bedsheets at a contract sum of Ug shs 729,100,000. These were expected to be delivered within four weeks from the contract signing. All deliveries were made on the 31st March 2021 and payment processing was ongoing. The unit cost of the blankets was Ug shs 59,500, while that of bedsheets was Ug shs 49,500.



Medical beds and bedsheets under storage at Fort Portal, March 2021

As at 22nd February, 2021, the Namboole National Treatment and Isolation Facility (NTIF) had been using 1,055 mattresses, and 641 patient beds, 22 bins, 26 water tanks (500 liters) and stands. The facility was decommissioned upon a drastic reduction of COVID-19 cases in country. Twelve beds of the available 641 patient beds were however broken and JMS had not responded to the request from MoH to repair or replace the broken beds.



Left: Mattresses at Hoima RRH. Right Mattresses at Kabale RRH

The MoH contract manager should ensure that the JMS addresses the anomaly.



The MoH should consider guiding all beneficiary facilities to use this equipment in other clinics and wards for effective utilization, otherwise the beds and mattresses were depreciating from the stores. These facilities can later be redeployed in the COVID-19 Treatment Unit as needed once cases surge.

4.3.12 Accommodation hired to quarantine abroad returnees, COVID-19 suspects and health workers at border posts

The MoH quarantined various people in Kampala, Entebbe and various LGs as a prevention measure. Cumulatively, the MoH had accommodated over 2,500 COVID-19 suspects and returnees in various institutions. The institutions included: Fisheries Training Institute, Dairy Development Authority (DDA) Training Institute, Institute of Surveys and Land Management, and National Metrological Training School among others. Others were accommodated at hotels and hostels. Analysis focused on the quarantined period March 2020 to December 2020, the rest were assessed of during first COVID-19 Monitoring exercise done in FY 2019/20. The following was established:

Although the MoH had suspended quarantine facilities and introduced home base quarantine and isolation, there was continued engagement of Hotels from July to December 2020. The MoH attributed this to inadequate space at Namboole National Isolation and Treatment Facility at the time of arrival of some returnees. For example, as at 31st December 2020, Grand Global Hotel had received Ug shs 380,769,480 for full board accommodation for Saudi Arabia returnees from 28th July to 5th September 2020 and 180 deported returnees from Saudi Arabia.

Additionally, M/s Douglas Villa Hostel Ltd was paid a total Ug shs 374,598,080 for accommodation of returnees from 3rd to 19th July 2020. The MoH also accommodated health workers at two POEs; these were:

- Happy Home Guest House-SMC Limited as at 31st December 2020, received Ug shs 227,976,000 for the accommodation services of health workers at Malaba Port of Entry in Tororo district.
- La Palm Suites & Spa Limited as at 31st December 2020, had received Ug shs 113,988,000 for the accommodation services to health workers at Busia.

4.3.13 Meals provided to COVID-19 suspects, patients and steering committees

The MoH contracted M/s Keba Investments Limited to provide meals to the National Taskforce, quarantine and treatment centres through a framework contract. The MoH had as at 31st March 2021 cumulatively spent Ug shs 6,316,971,269, of which Ug shs 3,874,370,881 was paid for catering services provided between July to December 2020 for quarantined people and health workers at Entebbe RRH, MoH Call Centre, Fisheries Training Institute, DDA Training Institute, National Meteorological Training School, Institute of Surveys and Land Management, Namboole, Kabanyole, outside catering for the National Task Force (NTF) meetings NTF sub-committees, incident management among others.



4.3.14 Fuel procured to undertake COVID-19 Operations

Cumulatively as at 31st March 2021, the MoH had paid M/S Vivo Energy Uganda Limited Ug shs 11.66bn to supply fuel for COVID-19 operations. These included support supervision, evacuation of patients and suspects among other activities across the country.

4.3.15 Spray Pumps Procured

The contract was awarded to M/s N2M Company Limited at a sum of Ug shs 530m in June 2020. The pumps were meant to aid disinfection of places, materials of COVID-19 confined places, treatment centers, homes, ambulances among others. These included: 80 mist sprayer, 99 power sprayers and 19 transport jet pump. These were supplied to various CTUs across the country.

4.3.16 ICT and equipment including software procured

The MoH renewed the Anti-Virus Licenses for 450 users from Tech Man Computer Solutions Limited on 28th May 2020. Five desktop computers were procured from M/s Kamage Enterprises Limited at Ug shs 24.3m. ICT equipment was also procured for Points-of-Entry at border facilities by Nutu Investments Limited. Development of E-card for fleet management was also done. Mutukula and Katuna Points-of-Entry (POE) confirmed receipt of ICT supplies from the MoH.

4.3.17: Blood collection materials for Uganda Blood Transfusion Services (UBTS) procured

Due to bans on large gathering, travel restrictions, closure of all schools and other social institutions caused by the pandemic, the UBTS could not effectively undertake its blood collection mandate. It's against that background that the MoH contracted M/s Medical Solutions Uganda LTD to supply medical supplies worth Ug shs 2.2bn to ease blood collection by UBTS. These were supplied and included hand gels, blood collections bags, hand sanitiser, liquid soap, and cotton wool among others. The MoH also supported the UBTS by paying allowances to health workers that were involved in blood collection at various centres.

The additional supplies partly enabled the UBTS achieve its blood collection targets as well as attainment of its overall planned outputs and outcomes to 71% in FY 2019/20. No additional support was received during the period under review.

4.3.18 Funds transferred to hospitals and LHs to support Surveillance, Contact tracing, Sample Collection and Case Management for COVID-19

As at 31st March 2021, the MoH had cumulatively transferred Ug shs 12,713,640,000³⁷ to hospitals and selected LGs. In FY2019/20, the MoH transferred to each of the 16 RRHs Ug shs 270 million and Ug shs 165 million³⁸ to each LG for COVID-19 Surveillance, Contact tracing, Sample Collection and Case Management.

³⁷ This excludes the Ug shs 165 million transferred directly from MFPEd to the LGs.

³⁸ The Ug shs 165 million was a direct transfer from MFPEd.



In FY2020/21, the MoH additionally transferred a total of Ug shs 8.228bn to selected LGs, Regional, and National and Regional Referral Hospitals (table 4.13). The transferred funds were mainly used to pay arrears for allowances for front line health workers, food, accommodation for both patients and health workers incurred between January 2020 and June 2020 except in a few instances activities undertaken from July to December 2020.

The initially established isolation centers at the districts were decommissioned partially due to lack of funds for provision of food to patients and health workers, allowances for staff, fuel, and other ancillary services. Surveillance, sample collection however continued among the visited districts.

Table 4.13: Transfers to Selected LGs and Health Facilities for COVID-19 response as at 31st December 2020

Vote/ Entity	Purpose of transfer	1st tranche Ug shs	2rd tranche Ug shs	Total transferred Ug shs	
Local Government TSA Holding Account ¹³	Funds to support Surveillance, Contact tracing, Sample Collection and Case Management for COVID-19.	-	1,863,226,666	1,863,226,666	
Mulago National Referral Hospitals		-	206,211,000	206,211,000	
Mbale Regional Referral Hospital		300,000,000	206,211,000	506,211,000	
Entebbe Regional Referral Hospital		300,000,000	206,211,000	506,211,000	
Soroti Regional Referral Hospital		300,000,000	107,211,000	407,211,000	
Mbarara Regional Referral Hospital		300,000,000	107,211,000	407,211,000	
Naguru Referral Hospital		300,000,000	107,211,000	407,211,000	
Gulu Regional Referral Hospital		300,000,000	107,211,000	407,211,000	
Lira Regional Referral Hospital		300,000,000	107,211,000	407,211,000	
Commandant General Military Hospital			107,211,000	107,211,000	
Jinja Referral Hospital		300,000,000	107,211,000	407,211,000	
Masaka Regional Referral Hospital		300,000,000	65,860,000	365,860,000	
Hoima Regional Referral Hospital		300,000,000	65,860,000	365,860,000	
Kabale Regional Referral Hospital		300,000,000	65,860,000	365,860,000	
Arua Regional Referral Hospital		300,000,000	65,860,000	365,860,000	
Fortportal Regional Referral Hospital		300,000,000	65,860,000	365,860,000	
Moroto Regional Referral Hospital		300,000,000	65,680,000	365,680,000	
Kiruddu National Referral Hospital			94,695,600	94,695,600	
Kyotera District Local Government		-	50,730,000	50,730,000	
Namisindwa District Local Government		-	50,730,000	50,730,000	
Kikuube District Local Government		-	41,933,333	41,933,333	
Commandant General Military Hospital		-	34,490,000	34,490,000	
Omoro District Local Government		-	31,450,000	31,450,000	
Kakumiro District Local Government		-	31,450,000	31,450,000	
Adjumani General Hospital		-	65,860,000	65,860,000	
Total transferred			4,200,000,000	4,028,655,599	8,228,655,599

Source: MoH



4.4 Performance by selected outcome indicators

The overall planned outcome of the COVID-19 interventions was to control importation, transmission, morbidity and mortality caused by COVID-19 pandemic to minimise the social economic disruption. Some of the outcome indicators included:

- Number of COVID-19 Cases averted
- Number of COVID-19 cases admitted managed and discharged
- Number of deaths averted (Forecasted against actual). Detailed performance by indicator is highlighted as follows:

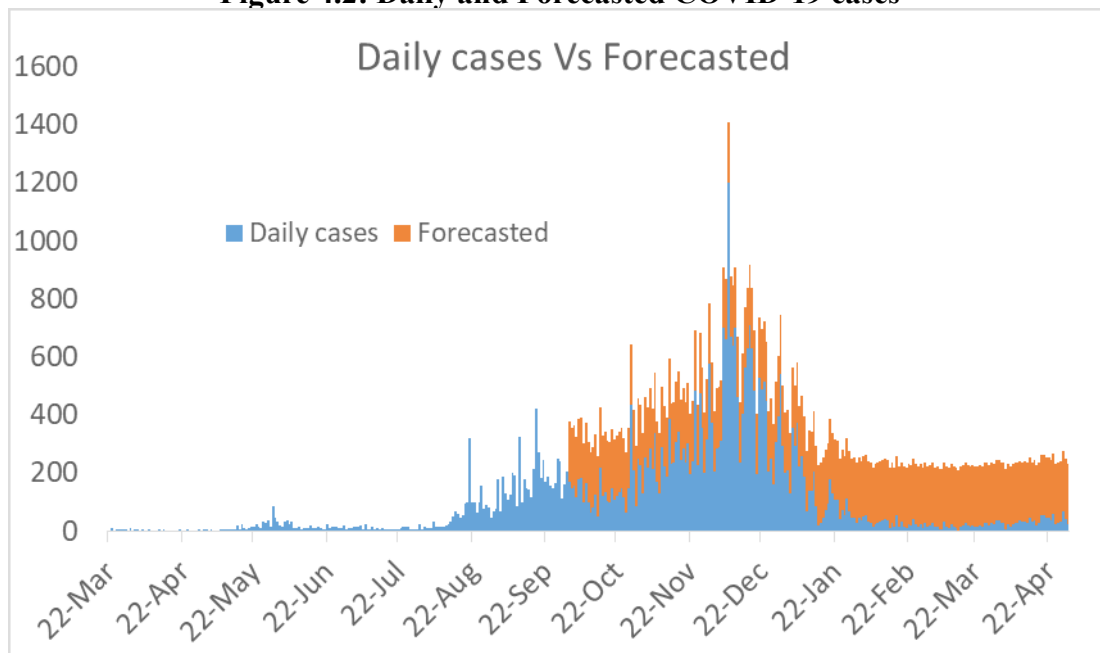
4.4.1 COVID-19 Cases averted

The MoH with support from development partners recommended and enforced three key three prevention mechanisms. These were bans on mass gatherings, wearing of face masks as well as emphasising hand washing in both public and private facilities.

Using various models and assumptions in September 2020, the Scientific Committee forecasted that if preventive and remedial interventions were not emphasised Uganda’s COVID-19 cumulative cases will be over 100,000 by 30th April 2021.

Uganda will have registered 108,244 COVID-19 cases. This implies that over 66,529 cases during the period under review (Figure 2) highlights the number of daily cases averted against actual recorded from 22nd March 2020 to 22nd April 2021.

Figure 4.2: Daily and Forecasted COVID-19 cases



Source: MoH



4.4.2 COVID-19 deaths averted

The Scientific Advisory Committee had forecasted 607 deaths by 30th April 2021, however the confirmed COVID-19 deaths by RT-PCR, the Gold Standard measure were at 342 at the same date. The MoH therefore noted that it averted 267 COVID-19 deaths during the period under review.

Monitoring findings indicate that 591 COVID-19 deaths were recorded in designated public COVID-19 Treatment Centres, a review of the COVID-19 Case Status Tracker Report from MoH also highlighted a total of 690 deaths inclusive of those recorded in private facilities (Table 4.14). On the other hand, the MoH COVID-19 dash board/website highlighted only 342 deaths.

Interactions with MoH indicated that deaths recorded on the website were ONLY confirmed by RT-PCR Tests (the Gold Standard Diagnostic) whereas the deaths reported by designated CTCs and private facilities were based on Radiological (X-rays and CT-Scan, Postmortem-Autopsy and histopathology), and clinical grounds. CTUs and private facilities therefore counted and reported all deaths including probable Covid19 deaths. There is urgent need by the MoH to finalise and communicate the standard testing algorithm among facilities, synchronise data, build capacity of reporting facilities regarding actual and probable COVID-19 deaths.

4.4.3 COVID-19 cases admitted, managed and discharged:

According to the COVID-19 Preparedness Plan, informed by the global evolution of the pandemic, it was estimated that 80% of the Ugandan cases would experience mild illness and pneumonia, 15% would experience moderate to severe illness while about 5% percent requiring intensive care interventions.

The Health Sector therefore expected to manage 20% of the registered COVID-19 cases in health facilities, approximately 8,343 during the period under review. By 30th April 2021, CTUs including private facilities managed a total of 13,514 patients and 94% of the patients admitted in COVID-19 Treatment Centres were discharged. This was partially attributed to initial hospitalisation of all positive cases and isolation of suspects among other interventions.

All facilities discharged over 80% of their COVID-19 admissions for example Mulago NRH 88%, Naguru 86%, Entebbe 98%, Jinja 84%, Mbale 88%, Moroto 99%, Soroti 96%, Lira 94%, Gulu 98%, Arua 97% Hoima 96%, Mubende 98% F/Portal 84%, Kabale 97%, Mbarara 94%, Masaka 86%, Bombo 98%%, Adjumani GH 98, Namboole 100%, Kyangwali 100%, Achwa power 100%, Gulu Prison 100%, Moroto Prison 100%, Jinja Prison 100%, Mbarara Prison 98%.


Table 4.14: COVID-19 Response by Facility as at 5th May 2021

Isolation/ Treatment Facility Type	Facility Name	Con- firmed admis- sions	Dis- charges	Cumulative Deaths 1st March-26th April 2020	Cumulative Deaths- MoH 5th May 2021		
					Field Find- ings	Confirmed by PT- PCR	Probable
Hospital CTUs	Mulago NRH	3,038	2,674	349	100	250	350
	Naguru	113	100	13	19	1	20
	Entebbe	1,348	1,335	10	10	0	10
	Jinja	324	275	38	22	17	39
	Mbale	523	458	59	20	22	42
	Moroto	255	252	**	3	0	3
	Soroti	539	530	16	17	0	17
	Lira	443	424	4	4	0	4
	Gulu	682	670	6	7	0	7
	Arua	251	239	4	6	0	6
	Hoima	143	138	5	6	0	6
	Mubende	162	161	1	4	0	4
	F/Portal	116	102	14	10	4	14
	Kabale	548	534	14	14	0	14
	Mbarara	563	506	49	15	0	15
	Masaka	244	224	9	12	8	20
	Bombo	**	**	**	3	0	3
	Adjumani GH	**	**	**	0	0	0
	NTIFS	Namboole	1,888	1,888	-	0	0
Kyangwali		**	**	**	0	0	0
Achwa power		**	**	**	0	0	0
Gulu Prison		**	**	**	0	1	1
Moroto Prison		**	**	**	0	0	0
Jinja Prison		**	**	**	0	0	0
Mbarara Prison		**	**	**	0	0	0
Holding facility	Masaka Prison	**	**	**	1	0	1
PFPs	Case hospital	**	**	**	14	5	19
	TMR International hospital	**	**	**	12	0	12
	Medipal Hospital	**	**	**	12	10	22
	UMC Victoria Hospital	**	**	**	10	15	25
	IHK	**	**	**	9	1	10
PNFPs	Kibuli Muslim Hospital	**	**	**	0	0	0
	Lacor Hospital	**	**	**	12	14	26
TOTAL		11,180	10,510	591	342	348	690

Source: MoH, NRH, RRs ** Entities not visited by the monitoring team



Overall Challenges in COVID-19 Response

- Inadequate planning partly demonstrated by:
 - ✓ Lack of pre-planned space for *Emergency* critical care ICU equipment delivered to RRHs. Acquirement and remodeling of ICU was scheduled to be done upon delivery of the equipment.
 - ✓ Training of critical care health workers upon delivery of the emergency equipment.
 - ✓ The sleeper tents relocated from Namboole to RRHs were not fully installed and used due to limited space, equipment, and health workers at the RRHs and later drastic reduction of COVID-19 cases.
 - ✓ Sequencing of projects and interventions partly leading to mischarges, low absorption of both donor and GoU funding. The MoH attributed this anomaly to the emergency nature of the pandemic that required immediate actions.
- Lack of harmonised data and inadequate guidance of CTUs regarding COVID 19 statistics. This lead to confusion between Covid 19 confirmed and probable death statistics between MoH, national and RRHs.
- Demotivation of health workers due to delayed payments of risk allowances

Conclusion

The COVID-19 Health Sector response was commendable in attainment of the planned outcomes including control of COVID-19 morbidity and mortality as the country registered minimal cases of severe illness resulting from COVID-19 partly due to the strong message championed by His Excellence the President of Uganda that emphasised prevention and strict adherence to the Standard Operating Procedures including acquisition of COVID-19 vaccine.

Efforts to prepare for worst case scenario were similarly undertaken including procurement of ICU equipment, training of health workers on the use of ICU equipment, procurement of sleeper tents, acquisition of ambulances and distribution of masks, remodeling and or establishment of ICU space. However, elements of inadequate planning, sequencing of interventions dominated the COVID-19 Health Sector response. This has resulted into investments that cannot be effectively be utilised in a timely manner in relation to planned delivery scheduled in not only management of COVID-19 but several other alignments as well. The need to fast track full operationalization is paramount in attainment of value for money in a timely manner.

Recommendations

- The Ministry of Health Accounting Officer should support capacity building of all planners and project managers in planning and forecasting to allow timely, sustainable and effective execution health sector interventions.



- The MoH should at all times have a well laid tentative emergency plan for any health hazard within the country to avoid issues related to emergency planning.
- The MoH Accounting Officer should fast track and explore all space opportunities in RRHs. For example, some of the clinics can be moved in the newly acquired sleeper tents as additional funding is mobilised to establish new ICU infrastructure.
- The MoH should prioritise payment of risk allowances to all health workers.
- The MoH should revamp the COVID-19 prevention measures and campaigns to enhance adherence to all SoPs including adherence to masks and embracing vaccination.



CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The overall sector performance was fair (64%) in relation to achievement of outputs as at 31st December 2020. Efforts were made to provide health services amongst a constrained health system in Uganda. Entities on track included Mulago and Butabika Hospitals, Uganda Blood Transfusion Services, Heart Institute and a number of RRHs among others.

This was attributed to timely procurement of service providers, and some entities some were implementing rolled over projects. Poor performance was attribute to inadequate planning and procurement delays among others. The need for proper planning is key in timely execution of planned targets for any given Vote.

Table 5.1: Summary Health Sector Performance

Vote	Performance (%)
Ministry of Health (MoH)	58
Uganda Cancer Institute(UCI)	89
Uganda Heart Institute (UHI)	57
Uganda Blood Transfusion Services UBTS	81
Health Service Commission(HSC)	37
Mulago National Referral Hospital	67
Butabika National Referral Hospital	60
Kawempe National Referral Hospital	99
Kiruddu National Referral Hospital	85
Naguru National Referral Hospital	30
Mulago Specialized Women and Neonatal Hospital	75
Regional Referral Hospitals	74
Local Governments	0
Mean performance	62

Source: Authors' Compilation

5.2 Sector challenges

1. Inadequate alignment between NDPIII planned outputs with FY 2020/21 entity outputs.
2. Constrained service delivery due to limited staffing at various health facilities. This was exacerbated by delays in recruitment of health workers by the Health Service Commission and deployments by MoH.
3. Clashing data characterised by variances between the PBS and HMIS medical service output numbers for all health facilities. This affects planning and budgeting for medical services in Uganda.



4. Delays in verifications and disbursement of Result Based Financing (RBF) allocations demotivated health workers at beneficiary entities countrywide.
5. Inadequate planning partly demonstrated by:
 - ✓ Lack of pre-planned space for *Emergency* critical care ICU equipment delivered to RRHs rendering the investment idle in light of depreciation.
 - ✓ Training of critical care health workers upon delivery of the emergency equipment.
 - ✓ The sleeper tents relocated from Namboole to RRHs have not all been installed and used due to limited space at the RRHs and drastic reduction of COVID-19 cases.
 - ✓ The medical beds and mattresses in various hospitals not in use partly due to lack of space.
 - ✓ Sequencing of projects and interventions partly leading to mischarges, low absorption of both donor and GoU funding.
 - ✓ Persistent requests for re-voting of UGIFT funds in the subsequent FY. The completion dates for some of the FY 2020/21 UGIFT contracts were stretched beyond 30th June 2021 yet all contract funds were released and expected to be spent within FY 2020/21.
 - ✓ Variances in scope of works for the newly upgraded HCII infrastructure. The investments made in FY 2019/20 were holistic and included staff accommodation, FY 2020/21 omitted staff accommodation and this is likely to affect effective utilisation of the newly upgraded health facilities.
 - ✓ Financial and time losses due to delayed completion of development projects at RRHs. The contractor in Masaka was paid over Ug shs 600million due to price and time variances resulting from delays in completion of planned works at the Complex under construction.
6. Procurement delays coupled with inadequate capacity of contractors affecting timely completion of planned works under the Uganda Intergovernmental Fiscal Transfers Program (UGIFT) in beneficiary local governments.
7. Delayed disbursement of re-voted funds to the districts local governments. As at end of February 2021, a number of districts had not received these funds to complete FY 2019/20 health facility upgrades.
8. Limited number of public health facilities accredited to transfuse blood in relation to private entities.



5.3 Recommendations

- All Accounting Officers in the health sector should support capacity building of all planners and project managers in planning and forecasting to allow timely, sustainable and effective execution of targets and attainment of the NDPIII objectives.
- The National Planning Authority (NPA) should fast track realignment of sector development plans and annual work plans to foster achievement of the NDPIII goals and objectives.
- The MoH Accounting Officer should fast track and explore all space opportunities in RRHs. For example, some clinics can be moved in the newly acquired sleeper tents as additional funding is mobilised to establish new ICU infrastructure. Otherwise, the MoH should fast track demobilisation of the sleeper tents not in use for appropriate storage pending any other emergency requirements.
- The MoH, MFPED and other key stakeholders should fast track finalisation of financing modalities to minimise allocation of funds to interventions not ready for implementation and the resultant effects of re-allocation and or diversion of funds to alternative uses.
- Accounting Officers should apprehend user departments that fail to initiate procurement in a timely manner.
- The MFPED should fast track issuance of re-voted funds cash limits to LGs to ensure timely completion upgrading of HCIIIs to IIIs.



REFERENCES

- Health Service Commission, Quarter 1&2 FY 2020/21 Progress reports
- Integrated Financial Management System Semi-annual Data FY 2020/21
- MFPED, 2020 Budget Speech FY 2020/21. Ministry of Finance, Planning and Economic Development, Kampala.
- MFPED, 2020. Approved Estimates of Revenue and Expenditure (Recurrent and Development) FY 2020/21. Volume I: Central Government Votes for the year ending 30th June 2021.
- Ministry of Finance, Planning and Economic Development (2020) National Budget Framework Paper FY 2020/21
- Ministry of Health (2020) Health Management Information System annual data FY 2020-21
- Ministry of Health (2020) Quarter 2 FY 2020/21 Progress Reports
- Ministry of Health, 2020, Ministerial Policy Statement for FY 2020/21
- MoFPED, 2020, Economic Stimulus Package to the Health Sector
- MoH, 2020, COVID-19 Preparedness and Response Plan March 2020 to June 2021;
- MoH, 2020, COVID-19 work plans,
- MoH, 2021, MoH-COVID-19 Daily Case Status Tracker Reports.
- Mulago National Referral Hospital Quarter 1&2FY 2020/21 Progress Report.
- Regional Referral Hospitals Quarter 1&2 FY 2020/21 Progress Reports
- Uganda Blood Transfusion Services, Quarter 1& 2 FY 2020/21 Progress Reports
- Uganda Cancer Institute, Quarter1& 2 FY 2020/21 Progress Reports
- Uganda Heart Institute, Quarter 1&2 FY 2020/21 Progress Reports



ANNEXES

KEY to Annex 1:	
	Elsmed supplies already delivered
	Elsmed supplies yet to be delivered

ANNEX 1: PROGRESS OF DELIVERIES MADE BY ELSMED TO RECIPIENT FACILITIES

		Mbarara	Kabale	Hoima	Bombo	Naguru	Arua	Gulu	Lira	Moroto	Jinja	Mbale	Masaka	Mubende	Lacor	Soroti	Kiruudu	Moyo GH	Lira University Hospital	Entebbe	Fort Portal	EisMed Total
1	Wall outlet apparatus	9	9	9	8	8	9	9	9	8	8	8	9	8	8	8				8	8	143
2	Stethoscope	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
3	Laryngoscope	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
4	Defibrillator	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2				2	2	34
5	Suction pump	4	3	3	3	4	4	4	4	3	3	3	3	3	3	4				3	3	57
6	Nebulizer	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
7	ICU pendants	7	0	0	7	7	7	0	7	0	7	10	10	0	7	0				6	0	75
8	Mobile X-ray	0	1	1	0	0	0	1	1	1	0	1	1	1	0	1		1		1	1	12
9	ICP monitor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
10	ICU compression boots	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
11	Infusion pump	10	9	9	9	9	9	9	9	9	9	9	10	9	8	9				9	9	154
12	Syringe pump	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
13	Feeding pump	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
14	Blood Gas Analyzer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
15	Examination Light	5	5	5	4	4	5	5	5	4	5	5	5	5	4	5				4	5	80
16	Oxygen concentrators	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
17	Cylinder regulator & Flow meter	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
18	Weighing scale, Adult	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
19	Weighing scale, Infant	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
20	Portable Ultrasound	1	1	1	1	0	1	1	1	0	1	1	1	0	1	0				0	1	12
21	Central Patient Monitoring Station	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17



		Mbarara	Kabale	Hoima	Bombo	Naguru	Arua	Gulu	Lira	Moroto	Jinja	Mbale	Masaka	Mubende	Lacor	Soroti	Kiruddu	Moyo GH	Lira University Hospital	Entebbe	Fort Portal	Eis/med Total
22	Patient trolleys	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
23	Pharmaceutical Fridge	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
24	Crash Carts	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
25	Cardiac Tables	5	5	5	4	5	5	5	5	4	5	5	5	5	4	4				4	5	80
26	Table top autoclave	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
27	Radiant Infant Warmer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
28	Transesophageal Echocardiogram	1	0	0	0	0	1	0	0	0	0	1	1	0	0	0				0	0	4
29	Transport Monitor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
30	Ventilator	4	5				5	5						7		3					2	36
31	ICU - Bed		5	7			8	5		5			5	6		5	5				5	56
32	Neonatal Ventilator	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				1	1	17
33	Patient Monitor, 6 parameter			7			5	5		7			7	6		6					1	39
34	Oxygen Therapy Apparatus		5		8		5	10						10		10		5			5	53
	Total equipment per hospital	92	94	93	84	77	105	80	87	81	84	89	96	106	75	101				75	78	1553



ANNEX 2: PROGRESS OF DELIVERIES MADE BY JOINT MEDICAL STORES TO RECIPIENT FACILITIES

MOH-JMS ICU EQUIPMENT INSTALLATION SO-FAR					
No.	Hospital	ICU Beds	Ventilators	Patient	High Flow Oxygen Therapy Apparatus
1	Jinja RRH	10	10	10	10
2	Mbale RRH	10	10	10	10
3	St. Mary's Hospital Lacor	5	5	5	5
4	Entebbe NRH	10	10	10	10
5	Lira RRH	10	10	10	10
6	Lira University Hospital	2	2	2	2
7	Naguru RRH	10	10	10	10
8	Mbarara RRH	10	6	10	10
9	Kabale RRH	5	5	5	5
10	Fort port RRH	5	5	5	5
11	Kawempe RRH	5	5	5	5
12	Gulu RRH	5	5	5	5
13	Arua RRH	0	5	5	5
14	Moroto RRH	0	7	0	10
15	Masaka RRH	0	0	2	10
16	Soroti RRH	0	4	0	0
17	Hoima RRH	0	5	0	7
18	Kiruddu RRH	0	5	0	0
SUMMARY					
	Final ICU Equipment Installation	87	109	94	119
	Total ICU Equipment procured	87	109	94	119





Plot 2 -12 Apollo Kaggwa Road
P. O. Box 8147, Kampala - Uganda
www.finance.go.ug