



**THE REPUBLIC OF UGANDA**

# **Semi-Annual Budget Monitoring Report**

## **Financial Year 2014/15**

### **Health Sector**

April 2015

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

ADB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ARVS	Anti-Retroviral
BP	Blood Pressure
CATIC	China National Aerial-Technology International Engineering Corporation
COMPLAT	China National Complete Plant
DHO	District Health Officer
DHT'S	District Health Teams
ECG	Electrocardiogram
EmNOC	Emergency Obstetric and Neonatal Care
EMS	Essential Medical Supplies
FY	Financial Year
GoU	Government of Uganda
HC	Health Centre
HIV	Human Immune Virus
HMIS	Health Management Information System
HSD	Health Sub District
HSS	Health Strengthening Support
ICT	Information Communication Technology
ICU	Intensive Care Unit
ID	Infrastructure Design
IFC	International Fund Corporation
IFMS	Integrated Financial Management Services
ISDB	Islamic Development Bank
JMS	Joint Medical Stores
KCCA	Kampala Capital City Authority
KM	Kilometers
MFPED	Ministry of Finance Planning and Economic Development
MoH	Ministry of Health
MoPS	Ministry of Public Service
MRI	Magnetic Resonance Imaging
NMS	National Medical Stores
NWSC	National Water and Sewerage Corporation
OPD	Out Patient Department
ORS	Oral Rehydration Solutions
PCV	Pneumococcal Conjugate Vaccine
PPDA	Public Procurement and Disposal for Public Assets Authority
Q1	Quarter One
Q2	Quarter Two
Q3	Quarter Three
Q4	Quarter Four

RDT	<i>Rapid Diagnostic Tests</i>
RHI	Reproductive Health Items
RRH	Regional Referral Hospital
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TBAS	Traditional Birth Attendants
TOT	Training Of Trainers
TT	Tetanus
USD	United States Dollar
UBTS	Uganda Blood Transfusion Services
UCI	Uganda Cancer Institute
UGSHS	Uganda Shillings
UHI	Uganda Health Institute
UHSSP	Uganda Health Sector Strategic Plan
UNBS	Uganda National Bureau of Statistics
UNEPI	Uganda National Expanded Program on Immunization
UNICEF	United Nations International Children Emergency Fund
UNMHCP	Uganda National Minimum Health Care Package
VAT	Value Added Tax
VCTS	Voluntary Counseling and Testing
VHTS	Village Health Teams

## FOREWORD

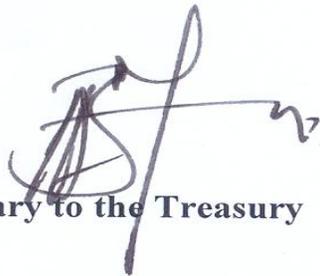
The government has increasingly channeled resources into implementation of public programmes aimed at enhanced service delivery. Effective implementation of these programmes is critical and this calls for monitoring and evaluation.

The Budget Monitoring and Accountability Unit in the Ministry of Finance, Planning and Economic Development makes semi-annual performance assessments on the progress of implementation for selected programmes. This report reviews the half year performance in the priority areas of: Agriculture, Education, Energy, Health, ICT, Industrialization, Public Sector Management, Roads, and Water and Environment for FY 2014/15.

The findings therein should inform implementation decisions in the last half of the year. I urge all institutions to follow up on the related implementation issues that have been identified. The implementation challenges and recommendations made will guide the relevant sectors to ensure enhanced effectiveness of programme implementation.

Patrick Ocailap

**Deputy Secretary to the Treasury**

A handwritten signature in black ink, appearing to be 'Patrick Ocailap', written over the printed name and title.

## EXECUTIVE SUMMARY

### BACKGROUND

This report reviews selected key vote functions and programmes within the sectors, based on approved plans and significance of budget allocations to the votes. The focus is on nine sectors, including: agriculture, education, energy, health, industrialization, ICT, public sector management, roads; and water and environment. Attention is on large expenditure programmes with preference given to development expenditures, except in the cases of education, health, ICT, public sector management and roads where some recurrent costs are tracked.

Projects selected for monitoring were based on regional sampling, level of capital investment, planned quarterly output, and value of releases by the second quarter of FY 2014/15. The methodology adopted for monitoring included literature review of quarterly progress and performance reports; interviews with the respective responsible officers or representatives of programmes; and observations at site.

### FINDINGS

#### Introduction

The monitoring focused on five Ministry of Health projects (Vote 014) namely; Global Alliance for Vaccines Initiatives (Project 1141), Global Fund for AIDs, TB and Malaria (Project 0220), Uganda Health Systems and Strengthening (UHSSP-Project 1123), Rehabilitation of Kawolo Hospital (1243) and Rehabilitation and equipping of health facilities in the West (1314). Other votes monitored were National Medical Stores, Butabika Referral Hospital, three specialised institutions (Uganda Heart Institute, Uganda Cancer Institute and Uganda Blood Transfusion Services-UBTS). Seven Regional Referral Hospitals (Arua, Gulu, Hoima, Kabale, Mbale, Moroto and Naguru) and Primary Health Care grants in 12 local governments<sup>1</sup>

#### Performance

The overall physical performance of projects/programmes monitored was at 78% of the half year planned targets against 59.2% financial performance. This means that the sector achieved 38.5% of the total annual targets. All entities monitored did not meet their half year targets of 50% save for the NMS which achieved all of its targets in light of funds released. Referral hospitals achieved 49%, UBTS 47%, Uganda Heart Institute achieved 44%. Ministry of Health 41%; with GAVI at 25%, Global Fund 40%, UHSSP 40%, Rehabilitation of Kawolo at 0% and Rehabilitation and equipping of health facilities in the West (1314) at 100% of its half year set targets.

Sector entities that performed below average were Butabika hospital at 38%, Uganda Cancer Institute at 25% and Primary Health Care development projects in 12 districts was at 19%.

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<sup>1</sup>Arua, Alebtong, Bududa, Bulambuli, Butaleja, Kabale, Moroto, Napak, Ntungamo, Nwooya, Sheema, and Yumbe districts

## **Challenges**

The sector was faced with various challenges:

- Lengthy procurement processes delayed implementation of planned activities in the sector. The delays affected GAVI, UHSSP, UCI, UHI and PHC development projects in all the 12 districts monitored.
- Lack of clear targets in terms of quantities of medical supplies ordered and those received in the country for the Global Fund and GAVI projects.
- Continuous drug stock outs in health facilities leading to emergency orders.
- Shoddy works in some of PHC development projects in Bududa and Albetong.
- Staffing gaps at all the health facilities visited.

## **Recommendations**

- The MoH together with implementing agencies should fast track procurement processes to facilitate implementation of projects in stipulated timelines.
- Punitive measures to local governments that do not start the procurement processes in a timely manner should be developed and enforced by MoH and MFPED.
- The MoH should clearly stipulate targets in terms of quantities of medical supplies ordered and expected in the country under Global Fund and GAVI.
- The MFPED should consider front loading of all funds related to procurement of medical supplies for proper implementation of planned activities.
- District engineers should be held responsible for certifying poor quality works.
- District administration should also forward contractors that continue to carry out shoddy work to PPDA for blacklisting.
- Project monitoring and supervision should be enhanced to ensure that projects are on track to achieve set targets by end of FY 2014/15.

## CHAPTER 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 significant 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 sanitation, 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.

Although there are several institutions in the accountability sector mandated to monitor and audit public resources, they have not provided comprehensive information for removing key implementation bottlenecks to enhance transparency and accountability and consequently improve service delivery. It is against this background that the Budget Monitoring and Accountability Unit (BMAU) was established in FY 2008/09 in the Ministry of Finance, Planning and Economic Development, under the Budget Directorate, to address this challenge.

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. This is achieved through regular 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 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 intermediate outcomes in the following areas:

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

## CHAPTER 2: METHODOLOGY

### 2.1 Process

This report is based on selected programmes from the sectors mentioned in chapter one apart from microfinance. The selection was based on a number of criteria;

- Programmes that submitted progress reports by the end of quarter two, FY 2014/15 were followed up for verification as they had specified output achievements.
- Priority expenditure areas in the budget strategy and ministerial policy statements for FY 2014/15 with focus being on large expenditure programmes.
- Regional representation to ensure that coverage of programmes is from varying parts of the country
- Programmes/projects with previously identified critical implementation problems.

### 2.2 Methodology

The key variables monitored were targets of inputs and outputs; implementation processes and achievement of intermediate outcomes and beneficiary satisfaction where feasible.

#### 2.2.1 Data Collection

Data was collected through a combination of approaches;

- Review of secondary data sources including: Ministerial Policy Statements for FY 2014/15; National and Sector Budget Framework Papers; Sector project documents and performance reports in the Output Budgeting Tool (OBT), MFPED Budget Documents, Budget Speech, District Performance Reports; Q1 and Q2 Sector Quarterly Progress Reports, Work plans, and Public Investment Plans.
- Review and analysis of data in the Integrated Financial Management System (IFMS) and legacy system; progress reports (Performance Form A and B) and bank statements from implementing agencies.
- Consultations and key informant interviews with project managers in implementing agencies both at the Central and Local Government level.
- Field visits to project areas involving observations and discussions with beneficiaries. Photography was a key data collection tool during the monitoring exercise. In some cases call-backs were done to triangulate information.

#### 2.2.2 Sampling

The projects/programmes monitored were purposively selected from information provided in the FY 2014/15 Ministerial Policy Statement and Quarterly Performance Reports for Q1 and Q2. Priority was given to outputs that were physically verifiable especially those categorized under GoU development expenditure.

Districts in different regions were selected so that as many regions of Uganda as possible are sampled throughout the year. Emphasis was also placed on programmes not monitored in

previous quarters. For completed projects, monitoring focused on utilization, quality and beneficiary satisfaction.

### 2.2.3 Data Analysis

This was mainly simple descriptive statistics of comparing set targets and observed levels of achievement. Physical performance of projects and outputs was assessed through comparing a range of indicators and linking the progress to reported expenditure. The actual physical achievement was determined basing on (weighted) number of activities accomplished for a given output.

## 2.3 Limitations of the report

- Overstated absorption of some projects due to transfers to subventions being reflected as payments on the Integrated Financial Management System (IFMS).
- Assumption that warrants on IFMS are equal to the release. This also provides misleading information on financial performance.
- Difficulty in ascertaining financial performance of some donor projects due to unavailability of information from project managers. It was also equally difficult to ascertain financial performance of projects off the IFMS.
- Lack of clear indicators, in some programmes, hence difficulty in rating overall performance.
- Unavailability of some critical information. For example, a number of project recipients had limited information on scope of civil works, costs and contract period.
- Sampling of some projects/programmes was affected by misleading information from ministries. Some projects that were reported as implemented in FY 2014/15 had been done in FY 2013/14.

## 2.4 Assessment Criteria

For purposes of this report, the guide below is used to assess and rate performance.

Physical and financial performance was rated in percentages according to achievement of the planned set targets and the overall utilization of funds for multi-year projects. Table 2.1 shows the assessment criteria for measuring the achieved targets and expenditures.

**Table 2.1: Assessment criteria for measuring achieved targets**

<b>SCORE</b>	<b>COMMENT</b>
<b>80% and above</b>	<i>Excellent (All set targets achieved and funds well utilized)</i>
<b>70% - 79%</b>	<i>Very good (Most of the set targets achieved and funds absorption is 70% and above)</i>
<b>60% - 69%</b>	<i>Good (Some core set targets achieved and funds absorbed to 60%)</i>
<b>50% - 59%</b>	<i>Fair (Few targets achieved and funds absorption is average-50%)</i>
<b>Less than 50%</b>	<i>Below average (No targets achieved and funds absorption is less than 50%)</i>

*Source: BMAU*

## CHAPTER 8: HEALTH

### 8.1 Introduction

The health sector is one of the National Development Plan (NDP) investment priorities in the medium term<sup>2</sup>. Its main goal is to reduce morbidity and mortality as a contribution to poverty reduction as well as economic and social development of the people of Uganda<sup>3</sup>.

The health sector comprises a number of spending agencies (votes); The Ministry of Health (Vote 014) as the central agency in charge of policy analysis and formulation, strategic planning, provision of nationally coordinated services like emergency preparedness, health research, monitoring and evaluation of the overall health sector performance.

National Medical Stores (Vote 116) responsible for drug stock management. Specialized services are provided by a number of semi-autonomous institutions namely; Uganda Cancer Institute (Vote 114); Uganda Heart Institute (Vote 115); Uganda Blood Transfusion Service (Vote 151); Uganda Aids Commission (Vote 107) and Health Service Commission (Vote 134). Mulago and Butabika National Referral Hospitals (Votes 161 to 162 respectively) provide comprehensive specialist services, health research and all services of general and regional referral hospitals.

A total of 14 Regional Referral Hospitals (Votes 163 – 176) offer specialized clinical services and higher level medical and surgical services. These are Arua Regional Referral Hospital (RRH) Fort Portal RRH, Hoima RRH, Gulu RRH, Jinja RRH, Kabale RRH, Masaka RRH, Mbale RRH, Soroti RRH, Lira RRH, Mbarara RRH, Mubende RRH, Moroto RRH, and Naguru RRH.

Districts take primary responsibility for delivery of frontline healthcare services through provision of Primary Health Care services. Districts are responsible for management of human resources for district health services, general hospitals and health center's (II, III and IV)<sup>4</sup>. The total number of general hospital were 43, HC IVs 182, HCIII 977 and 1,734 for HCII by December 2013.

During FY 2014/15, the sector's key areas of focus were;

- Human resource; attraction, motivation and retention staff.
- Improvement of maternal and child health services including reproductive health.
- Control of HIV/AIDS, Malaria, and Tuberculosis (TB).
- Improving Primary Health Care focusing on disease prevention, health promotion, and functionalizing lower level health facilities.
- Reduction of referrals abroad through equipping, recruitment, staff motivation and acquisition of specialized medicines.
- Enhancing blood collection under the Uganda Blood Transfusion Services.
- Control/preparedness for disease outbreaks including surveillance

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<sup>2</sup> NDP FY 2010/11 - 2014/15

<sup>3</sup> MoH Ministerial Policy Statement FY 2014/15

<sup>4</sup> Ibid

This chapter presents the half year performance of the health sector in achievement of set targets for selected programmes and projects during FY 2014/15.

### 8.1.1 Scope of the chapter

The chapter presents findings from the semi-annual monitoring focusing on; five MoH projects, National Medical Stores, one National Referral Hospital, three specialised institutions, seven Regional Referral Hospitals and Primary Health Care grants in 12 local governments. Details are presented in Table 8.1.

**Table 8.1: Projects and programmes monitored in Q2 FY 2014/2015**

Vote	Program/Project/Grant Name	Location/Institution Visited
014 MoH	Global Alliance for Vaccines Initiatives (Project 1141)	MoH/Kampala
	Global Fund for AIDs, TB and Malaria (Project 0220)	MoH Headquarters/Kampala, Moroto, Arua, Mbarara,
	Health Systems and Strengthening (Project 1123)	MoH Headquarters, Moroto district, Entebbe Municipality
	Rehabilitation of Kawolo Hospital (1243)	MoH
	Rehabilitation and equipping of health facilities in the West (1314)	Kabale RRH and Hoima RRH
114 Uganda Cancer Institute (UCI)	Cancer Services	Mulago Hospital
115 Uganda Heart Institute (UHI)	Heart Services	Mulago Hospital
116 National Medical stores (NMS)	Pharmaceuticals and Other Health Supplies	UCI, UHI, UBTS, Butabika National Referral Hospital, Mbale RRH, Naguru RRH
151 Uganda Blood Transfusion Services	Safe blood provision	Kampala
162 Butabika Hospital	Butabika Hospital	Butabika, Kabale Mental Unit
Regional Referral Hospitals	Arua RRH	Arua district
	Gulu RRH	Gulu district
	Hoima RRH	Hoima district

	Kabale RRH	Kabale district
	Mbale RRH	Mbale district
	Moroto RRH	Moroto district
	Naguru RRH	Kampala City
Vote 501-850	PHC Wage and Development Grants	Arua, Alebtong, Bududa, Bulambuli, Butaleja, Kabale, Moroto, Napak, Ntungamo, Nwooya, Sheema, and Yumbe districts

*Source: Author's compilation*

### 8.1.2 Overall Financial Performance of the Health Sector

The approved budget for the FY 2014/15 was Ug shs 1.250 trillion inclusive of donor funding (41%) and exclusive of arrears, energy savings and non-tax adjustments. This allocation was 8.5% of the national budget. The MoH was allocated 45% of the health budget, 26% to local authorities and district hospitals, 17% for National Medical Stores; 5% for Regional Referral Hospitals, 4% for National Regional Hospitals, and 3% for all other spending agencies in the sector.

A total of Ug shs 745 billion was released (59.5%) of which Ug shs 606 billion (81%) was spent by 31<sup>st</sup> December 2014.<sup>5</sup> Detailed budget performance is indicated in table 8.2 as at 31<sup>st</sup> December 2014.

**Table 8.2 Budget performance of the health sector (Ug shs) as at 31<sup>st</sup> December 2014**

Vote	Name	Revised Budget	Releases	Expenditure	% Budget released	% Release spent
14	Ministry of Health	581,741,000,000	391,279,000,000	272,029,000,000	53	89
107	Uganda Aids Commission	7,047,968,117	4,014,956,612	2,745,489,147	57	68
114	Uganda Cancer Institute	12,155,505,913	5,123,642,024	1,777,988,201	42	35
115	Uganda Heart Institute	9,092,930,500	4,550,527,882	1,694,406,570	50	37
116	National Medical Stores	218,614,466,778	109,187,293,472	107,006,019,633	50	98
134	Health Service Commission	4,170,237,352	2,154,451,603	1,758,737,519	52	82
151	Uganda Blood	6,749,946,626	3,943,148,328	3,724,193,375	58	94

<sup>5</sup> Half year Budget Performance Report (2014/15). Total releases exclude donor releases on the District Sanitation Grant.

	Transfusion Service					
161-162	National Referral Hospitals	55,385,417,146	31,924,980,415	27,048,485,011	58	85
163-176	Regional Referral Hospitals	71,075,877,772	37,327,692,847	33,117,313,931	53	89
501-850	PHC Development Grant, Wage and Non-Wage	284,761,327,000	155,863,000,000	155,863,000,000	55	100
	<b>Total</b>	<b>1,250,794,677,204</b>	<b>745,368,693,183</b>	<b>606,764,633,387</b>	<b>59.5</b>	<b>94</b>

*Source: IFMS, Legacy System, Sector Quarter Two Progress Report and field findings*

## 8.2 Physical Performance

The overall physical performance of projects/programmes of the health sector monitored was at 78% (39 out of 50%) half year targets. This means that the sector did not achieve the half year expectation of 100%. The NMS achieved 50% of its targets in light of funds released (98% absorption). Referral hospitals 49%, The UBTS 47%, Uganda Heart Institute achieved 44%, Ministry of Health 41% with GAVI at 25%, Global Fund 40%, UHSSP 40%, Rehabilitation of Kawolo at 0% and Rehabilitation and equipping of health facilities in the West (1314) at 100% of its half year set targets. Butabika hospital at 38%, Uganda Cancer Institute at 24% and Primary Health Care projects in twelve districts at 19%.

### 8.2.1 Global Alliance for Vaccines Initiatives (Project 1141)

#### Background

The Global Alliance for Vaccines Initiatives (GAVI) was launched in 2000 to improve access to immunisation services for children in Uganda. The project's main objective is to contribute to strengthening Uganda's health system to deliver the Uganda National Minimum Health Care Package (UNMHCP), including immunization, in an efficient, equitable and sustainable manner for reduced morbidity and mortality in Uganda. The project commenced in 2008 and is expected to end in June 2015.

In 2006, support to the project was suspended due to misappropriation of allocated funds. On 2<sup>nd</sup> April 2008, an agreement on further support was reached and an Aide Memoire was signed between GoU and the GAVI Alliance. It led to suspension of a ban on cash transfers towards support to immunisation services in Uganda.

Grant disbursements and approval to utilise recovered funds from the alleged misappropriation of Ug shs 2.046 billion followed the signing of another Memorandum of Understanding (MoU)

between the two parties in June 2012. The funds were directed to support of Immunisation Support Services (ISS) one.

Disbursements were also made on three project components as; Health System Strengthening (HSS), Immunisation Support Services (ISS Two) and Introduction of new vaccines- Pneumococcal Conjugate Vaccine (PCV).<sup>6</sup>

### **Expected outputs by June 2015**

- Staff accommodation, vaccines and medicine stores in selected districts constructed
- Transport and logistics provided to selected districts
- Health care delivery and decision making at village level supported through training of Village Health Teams (VHTs).
- Trained health workers at Health Sub District (HSD) level to manage and utilize Health Management Information System (HMIS).
- A total of 35 newly created districts equipped with computers and Internet connectivity.
- Capacity of private sector to deliver immunization and child health services strengthened.
- Medicine and vaccines stores for Uganda National Expanded Programme on Immunisation (UNEPI) constructed.
- Vaccine storage and transfer equipment purchased and installed
- 95% of infants immunised against Diphtheria

### **Planned outputs/ activities for FY 2014/15**

According to the Ministerial Policy Statement (MPS) of the health sector; the following activities were planned;

- Vaccines like Pneumococcal, Diphtheria (DPT), Hepatitis B (HEP B), Haemophilus Influenza Type B (HIB) Vaccines procured.
- Cold chain maintenance
- Community awareness and sensitization carried out.
- Middle and operational managers in medicines and logistics management trained
- Three experts, accountant, M&E and Admin officer recruited to support GAVI grants.
- Operationalization of VHT strategy targeting 36 poorly performing districts,
- 30 health workers for each of the functional 105 HSD trained in health information software (DHIS2).
- 200 health workers from private clinics in Kampala trained.
- Operationalise static and outreach immunization including child health days.
- Procure Consultancy services for design, construction and supervision of Central Vaccine Store (CVS) and UNEPI offices, medicines stores in 20 new districts and 26 staff houses in 13 districts with hard to reach areas.
- Procure and install 2 (50KVA) generators for the CVS, 8 (25KVA) generators for the regional hubs and solar energy in 26 new staff houses

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<sup>6</sup> For definitions and objectives of the grants refer to BMAU Health Report FY 2013/14

- Four (40HP) motorised boats for Namayingo, Kalangala Mukono, and Buvuma districts with deep water Islands, 6 (25HP) motorised boats for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri
- Four insulated trucks for transportation of vaccine supplies and 78 Pick-up motor vehicles procured.
- Two station wagon vehicles for monitoring of GAVI operations, 584 Motorcycles for HC III's and 3,000 bicycles for HCII's procured.
- 35 computers with all accessories and connectivity for new districts procured. Administrative.
- Cold chain equipment including, 22 cold rooms, one freezer room, 270 assorted cold chain equipment (refrigerators and freezers), 1000 vaccine carriers, assorted tool kits and spare parts for CVS, regional hubs and other public and private health facilities procured and installed.

### **Financial Performance**

The approved budget for FY 2014/15 is Ug shs 54.79 billion of which Ug shs 48.2 billion (88%) was to be financed by GAVI and Ug shs 6.5 billion (12%) by GoU. Detailed financial performance is indicated below;

#### **GoU counterpart funding**

A total of Ug shs 3.1 billion (49%) GoU counterpart funding was released and Ug shs 2.8billion (89%) spent. Expenditures were made on procurement and distribution of vaccines through NMS. It is important to note that GAVI Alliance expected 100% of counterpart funding on medical supplies front loaded by 31<sup>st</sup> December 2014 to allow timely procurement and supply of vaccines. This was not the case since only Ug shs 2.8 billion out of Ug shs 3.2 billion allocation to medical supplies was released. The Alliance had therefore threatened to withdraw its 80% funding to vaccines.

The balance Ug shs 3.2billion (50% of the budget) was allocated to payment of taxes for equipment and machinery under procurement. Whereas planning and budgeting for taxes on expected machinery was good, the first bunch of equipment is tentatively expected in August 2015 which is FY 2015/16. Without proper planning and formal requests to utilize funds in specified timelines, these funds will most likely be taken back to consolidated fund.

#### **External Financing**

A total of Ug shs 1.578 billion was spent by end of 31<sup>st</sup> December 2014 (3% of the total annual budget). Expenditures were mainly on Health Systems Strengthening (76%) and support to immunisation services was 24%. Poor performance was attributed to delays in delegated procurements under UNICEF, United States Agency for International Development (USAID), and Catholic Relief Services (CRS).

### **Physical Performance**

Five out of twenty planned targets (25%) were satisfactory achieved<sup>7</sup>. Key project targets including procurement of vehicles, cold chain equipment, consultancy services for construction

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<sup>7</sup> Targets without clear indicators were not rated.

of vaccine stores and staff houses were not achieved. Enormous delays in the delegated procurements undertaken by international agencies like UNICEF, United States Agency for International Development (USAID), and Catholic Relief Services (CRS) were noted. Table 8.3 indicates detailed project performance by output.

**Table 8.3: Performance of GAVI by 31<sup>st</sup> December 2014**

<b>Out put</b>	<b>Performance</b>	<b>Remarks</b>
Diphtheria (DPT) Hepatitis B (HEP B), Haemophilus Influenza Type B (HIB) Vaccines	Target not clear	2,574,000 doses handled by NMS in August-December 2014
Pneumococcal vaccine and immunization related supplies procured	Target not clear	1,355,600 doses handled by NMS in July 2014
Preparatory activities and other immunisation monitoring tools	100% half year target achieved	Monitoring tools were designed, supplier identified and orders were made. They were not yet delivered by December 2014.
Community awareness and sensitization carried out	Target not clear	Performance could not be measured
Middle and operational managers in medicines and logistics management (MLM) trained in 24 districts	100% achieved	400 people trained in MLM and a detailed report was expected to be shared in quarter three FY 2014/15
Three experts, accountant, M&E and Admin officer recruited to support GAVI grants	100% achieved	These were in place and fully involved in project activities.
Static and outreach immunization including child health days operationalized	Target not clear	Performance could not be measured
Cold chain maintenance including recruitment of three technicians under UNEPI	66%	Two out three cold chain technicians were recruited to support cold chain operations in 112 districts.
Operationalization of VHT strategy targeting 36 poorly performing districts,	0%	Expected to commence upon completion of VHT assessments.
Mapping and accreditation of private clinics in Kampala conducted	100% achieved	This work commenced in FY 2013/14.
30 Health workers trained and operationalization of VHT strategy targeting 36 poorly performing districts	Not achieved (0%)	This activity was dependant on the procurement of VHT kits which was not yet be done.
200 health workers from private clinics in Kampala trained	100% achieved	Completed in November 2014. Rolled over from FY 2013/14.
Consultancy services for design, construction and supervision of Central Vaccine Store and UNEPI Offices in	Not achieved (0%)	Procurement ongoing

Butabika, eight Regional vaccine hubs at regional referral hospitals, 20 District medicines stores in 20 new districts and 26 staff houses in 13 districts with hard to reach areas procured.		
Two (50KVA) generators, eight (25KVA) generators for the regional hubs and solar energy in 26 new staff houses procured and installed	Not achieved (0%)	Procurement ongoing
Motorised boats (40HP) for Namayingo, Kalangala Mukono, and Buvuma districts with deep water islands procured	Not achieved (0%)	Procurement ongoing
Six motorised boats (25HP) for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri procured	Not achieved (0%)	Procurement ongoing
Four insulated trucks for transportation of vaccine supplies, 69 pick-up motor vehicles for districts and two station wagon vehicles for monitoring of GAVI operations procured.	Not achieved (0%)	Procurement ongoing
Computers (35) with all accessories and connectivity for new districts procured	Not achieved (0%)	Procurement ongoing
Motorcycles for HC III's (584) and 3,000 bicycles for HCII's procured	Not achieved (0%)	Procurement ongoing
Assorted cold chain equipment including, 22 cold rooms, one freezer room, 270 assorted cold chain equipment (refrigerators and freezers), 1000 vaccine carriers, assorted tool kits and spare parts, regional hubs and other health facility's (public and private) procured and installed.	Not achieved (0%)	Procurement ongoing

*Source: GAVI Country office, MoH*

## **Analysis**

### **Link between Financial and Physical performance**

There was a fair link between the GoU counterpart funding and physical outputs achieved. Funds (50% of the budget) were spent on procurement of over 3.9 million doses of vaccines handled by NMS during the period under review. The rest of the budget (50%) however, was allocated to taxes for the procurement of equipment and machinery in expected in August 2015.

The link between physical and financial was weak with only 3% of released funds spent by 31<sup>st</sup> December 2014. This link was attributed to procurement delays by delegated procurement agencies.

### **Achievement of set targets**

The overall physical progress for the first two quarters of FY 2014/15 was 25% with only five targets achieved out of twenty achieved by December 2014. Many of the outputs achieved at 100% were rolled over from FY 2013/14. The major project targets like designs for construction of vaccine stores, procurement of motor boats, vehicles and cold chain equipment among others were not achieved. The status remained the same by 4<sup>th</sup> March 2015.

### **Implementation challenges**

- Delays in procurement procedures; despite the fact that procurement was delegated to international lead agencies, no deliveries were made in the last one year.
- Lack of clear timelines on delivery of equipment and machinery.
- Lack of flexibility of GoU funding modalities. The GAVI Alliance requires that 100% of GoU counterpart funding is frontloaded and released by 31<sup>st</sup> December 2014 to enable timely procurement and delivery of vaccines. Otherwise, the GAVI Alliance threatened to withdraw 80% counterpart funding.

### **Conclusion**

Overall GAVI did not achieve its set targets and behind schedule. This was mainly attributed to delays in delegated procurements. Procurement of vaccines was also affected by failure to frontload 100% GoU counterpart funding. The need to fast track procurement processes as well as front loading GoU counterpart funding is paramount for improved immunization services in Uganda.

### **Recommendations**

- The GAVI Alliance should fast track delegated international procurements for timely project implementation.
- The need to project clear timelines on expected dates of delivery for the machinery is important to facilitate proper planning, budgeting and utilization of funds (earmarked for taxes) in other areas where it is most needed for better service delivery.
- The MoH should ensure utilization of funds on set targets to avoid loses amidst the dire need to improve health service delivery in the country.
- The MFPED should frontload 100% of the counterpart funding on medical supplies and pharmaceuticals (Ug shs 3.2billion) by 31<sup>st</sup> December of every FY to avoid losing 80% funding from GAVI Alliance.

### 8.3 Global fund for AIDS, TB and Malaria (Project 0220)

#### Background

The Global Fund (GF) has been supporting Uganda in the fight against AIDs, TB and Malaria for more than a decade. Recently, the project is supporting Health Systems Strengthening (HSS) in terms of service delivery, human resource, supply chain and data management among others.

The GF project was established to mitigate the negative effects of the above mentioned diseases to enable the population contribute to economic growth, increased social development and poverty eradication.

On 23<sup>rd</sup> August 2005 the Global Fund suspended its five grants to Uganda following alleged mismanagement of the Uganda Global Fund Program. The Country Coordinating Mechanism (CCM)<sup>8</sup> and Principal Recipient which is Ministry of Finance, Planning and Economic Development (MFPED) were asked to suspend all program activities except for the supply of essential (lifesaving) commodities, and to restructure the implementation arrangements for all programs.

The Program Management Unit (PMU) was disbanded and an interim arrangement was instituted with a Caretaker Management Firm, Ernst and Young, to oversee program activities.

The suspension was lifted on 10th November 2005 when a Memorandum of Understanding was signed between the GF and GoU describing the agreed interim arrangements and structures under the leadership of MFPED.

In May 2007, the GF disbursed funds again to Uganda through the principle recipient. The monitoring team assessed the project performance and grant disbursements for FY 2014/15.

#### Planned outputs for FY 2014/15

According to the Ministerial Policy Statement (MPS) of the health sector of FY 2014/15; the planned outputs include;

- Antiretroviral (ARVs) and Contrimoxazole procured,
- Procurement Supply and Chain Management (PSM) costs covered,
- Artemisinin combination therapy (ACTs) for treatment of Malaria procured,
- 1st Line and 2<sup>nd</sup> Line Anti-TB Drugs and health products procured,
- Infrastructure and other equipment procured.
- Eight press releases/ publications and or radio talk shows conducted,
- National TB Prevalence survey conducted
- VAT for GF partner institutions paid
- Human resource costs paid
- Technical Assistance to the implementation of the grants provided.

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<sup>8</sup> The CCM comprises of members from Central Government, Civil Society Organizations (CSOs), Academic Sector, Private sector, UN agencies and other bilateral agencies.

## Findings

### Financial Performance

The GoU revised budget for FY 2014/15 is Ug shs 3.774 billion, a total of Ug shs 2.023 billion (54%) was released and Ug shs 1.671 billion (83%) spent by end of December 2014. Expenditures were supportive project activities and were recurrent. Payment of contract staff accounted for 40% of the total expenditure, 18% travel inland, 16% taxes on professional fees. Detailed performance is highlighted in Table 8.4

**Table 8.4: Financial performance of GoU counterpart funding (July-December 2014)**

Item	Total Releases	Total Spent	% spent
Contract staff	864,807,798	676,713,866	40
Social Security contributions	41,225,000	31,663,762	2
Advertising and Public Relations	21,000,101	25,174,080	2
Workshops and Seminars	67,500,000	67,500,000	4
Staff training	21,540,022	20,931,513	1
Books and Periodicals	700,000	700,000	0
Computer supplies	5,436,267	5,182,700	0
Welfare and Entertainment	3,500,000	3,500,000	0
Printing and stationery	43,900,000	35,047,980	2
IFMS recurrent costs	1,000,000	1,000,000	0
Telecommunications	23,569,583	23,569,500	1
Postage and courier	500,000	500,000	0
ICT	6,800,000	6,800,000	0
Consultancy Services-Short-term	139,000,593	111,209,473	7
Taxes on professional fees	383,329,978	271,083,135	16
Travel Inland	301,759,250	301,759,249	18
Travel Abroad	50,000,000	50,000,000	3
Maintenance of vehicles	45,800,000	37,191,000	2
Maintenance of equipment	2,000,000	3,000,000	0
Total	2,023,368,592	1,672,526,258	100

*Source: IFMS and field findings*

## External Financing

The donor budget for medical and agricultural supplies for FY 2014/15 is US\$ 93,508,573.08 of which 57.1% was received and 96% spent<sup>9</sup>. Table 8.5 indicates detailed financial performance of the Global Fund grants.

**Table 8.5: Financial performance of Global Fund grants in US\$ (July-December 2014)**

Grant	Budget	Receipts	Expenditure
HIV	74,920,490.00	39,291,441.41	38,685,523.41
Malaria	11,566,291.08	11,160,159.14	8,747,044.47
TB	4,654,670.00	624,263.42	333,010.48
HSS	1,055,755.00	2,272,147.00	1,609,253.00
<b>Total</b>	<b>93,508,573.08</b>	<b>53,348,010.97</b>	<b>51,257,329.62</b>

Source: MoH

Detailed analysis of the grants indicated that procurement of medical supplies took up 82% of the Malaria grant, 80% of the TB grant and all (100%) of the HIV grant.

## **Physical Performance**

Four out ten planned targets including technical assistance to Regional Performance Monitoring Teams (RPMTs), procurement of minibuses, furniture and fittings were achieved<sup>10</sup>. Table 8.6 indicates detailed project performance by 31<sup>st</sup> December 2014.

**Table 8.6: Physical performance of Global Fund Project July-December 2014**

Planned outputs	Performance	Remarks
ARVs and Contrimoxazole procured	Targets not clear. <i>Information on quantities ordered during the FY and those made earlier for drugs received during the period under review was not provided.</i>	Orders made during the FY were expected in the country in six-twelve months.
Procurement Supply and Chain Management (PSM) costs covered	PSM costs amounting to US\$2,669,893.21 for Malaria, TB and HIV drugs were paid during the period under review.	For drugs delivered in the country. <i>Information of targets was not clear.</i>
ACTs for treatment of Malaria procured	Targets not clear. <i>Information on quantities ordered during the FY and those made earlier for drugs received during the period under review was not provided.</i>	Orders made during the FY were expected in the country in six-twelve months.
1st Line and 2 <sup>nd</sup> Line Anti-TB	Targets not clear. <i>Information on</i>	Orders made during the FY

<sup>9</sup> Exchange rate used was Ug shs 2,634.19

<sup>10</sup> Targets set without clearly defined indicators could not be measured.

Drugs and health products procured	<i>quantities ordered during the FY and those made earlier for drugs received during the period under review was not provided.</i>	were expected in the country in six-twelve months.
Infrastructure and other equipment procured.	Payments were made for 12 minibuses for the Regional Performance Monitoring Teams (RPMTs) were effected on 30 <sup>th</sup> August 2014. <i>(Target achieved)</i>	The minibuses in Moroto, Mbarara RMPTs were received and in good working conditions. The Arua RPMT bus was not seen because it had gone missing in December 2014, however the GF office reported recovery of the minibus in February 2015.
	Procurement of furniture and computers for the RPMTs was done. <i>(Target achieved)</i>	The office furniture and computers for RPMTs monitored were delivered and in use.
8 press releases/ publications and or radio talk shows conducted	Six publications and eight press releases were made. <i>(Target achieved)</i>	More adverts and publications were made on distribution of mosquito nets.
National TB Prevalence survey conducted	The study was on-going; it commenced on August 2014 and was expected to be completed within 18 months (by January 2016). The study was being undertaken by the School of Public Health at a cost of US\$2.8million.	Data collection was on-going and a total of US\$1.422million was paid for works undertaken.
VAT for GF partner institutions paid	No payments were made (July-December 2014)	No progress
Technical assistance to the implementation of the grants provided.	RPMTs were facilitated with Ug shs 2,446,084,595 to undertake their operations during the period user review	<i>Target achieved</i>

*Source: MoH and field findings*

Three RPMTs were visited to verify receipt of above mentioned support from GF to assess performance in relation to grant implementation through monitoring, technical and support supervision to districts as health facilities. The following was established;

### **Arua Regional Performance Monitoring Team**

The RPMT offices are located in Arua Municipality and became operational in February 2014. However, funds for implementation of planned activities were availed in June 2014. The main

objective of the RMPT was to oversee regional health interventions, provide mentorship and regional supervision of eight districts namely; Adjumani, Arua, Koboko, Maracha, Nebbi, Yumbe and Zombo. Activities undertaken since establishment included;

- Coordination of health initiatives
- Monitoring the district and facility based performance
- Mentorship and support supervision
- Monitor reporting mechanism and data collection

### **Financial Performance**

The RPMT received a total of Ug shs 82 million of which, Ug shs 56 million<sup>11</sup> was spent. It was observed that accountabilities were not reconciled and therefore actual funds spent by end of December 2014 could not be verified.

### **Physical performance**

The RPMT acknowledged receipt the following;

- Furniture including office chairs, desks and filing cabinets.
- Four desk computers, two laptops, one printer, one scanner and a projector.
- A 14 seater mini bus.
- Salaries of eight project staff.
- Funds for technical and routine supervision

All the above infrastructure was in place, however, the minibus was had disappeared with the driver on 17th December 2014. Monitoring and supervision activities in the catchment area had come to a standstill for lack of transport. Further interactions with GF office at MoH in February 2015 indicated that the bus had been recovered and sent back to Arua. .

The team carried out support supervision in 41 health facilities in eight districts. During these visits, the team mainly focused on improvement of health service delivery, followed up delivery of medical supplies and some of the challenges including frequent stock outs of medical supplies, receipt of non-ordered items by health facilities, inadequate time allocated to verification of medical supplies and receipt of some drugs close to expiry among others were noted.

The team faced a number of challenges. These included;

- Staffing gaps; the team lacked two key personnel. These include the finance and the monitoring and evaluation specialist hence reconciliation of books of accounts and accountabilities could not be effectively done.
- Delays in salary payment with project staff missing salaries of four months (April, May, June and July 2014). These were later paid in August 2014. Non-payment of salaries greatly affects performance and often demotivates staff.

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<sup>11</sup> This excludes expenditure for June and July 2014

- Lack of transport to undertake planned activities; the minibus provided was appropriate for town service journeys rather than field visits.

### **Recommendations**

- The MoH should facilitate recruitment of a finance focal person to avoid reconciliation and accountability challenges.
- The MoH should avail appropriate transport for effective and timely operations of the team.
- The MoH should ensure timely payment of salaries to staff for effective service delivery.

### **Mbarara Regional Performance Monitoring Team**

The RPMT Mbarara is located in Mbarara Municipality. It was established in November 2013 and covers 14 districts in the south western region of Uganda. These are; Kiruhura, Ibanda, Isingiro, Bushenyi, Mbarara, Sheema, Mitooma, Rukungiri, Ntungamo, Kanungu, Buhweju, Kabale, Kisoro and Rubirizi.

The RPMT is mandated to strengthen performance through improved coordination, planning, monitoring, reporting, capacity building and technical assistance to the above districts. It is also mandated to carry out performance review meetings and support supervision.

### **Financial performance**

A total of Ug shs 125 million was received of which Ug shs 69 million (56%) was spent by December 2014. Allocative efficiency was good with 49% of the funds spent on support supervision workshops and 25% on seminars.

The Funds for Malaria activities were also sent to Global Fund accounts of Kiruhura (Ug shs 10 million), Kabale (Ug shs 11 million) and Bushenyi (Ug shs 10 million). These were allocated to improve the malaria diagnosis in targeted districts and health facilities.

### **Physical performance**

During FY 2014/15, the RPMT received office furniture including tables, chairs, filing cabinets, two laptops, nine desktop computers, 14 sitter minibus, salaries for nine project staff, and the rent paid by the Global Fund-MoH. 14 HC IVs, 14 HC IIIs in 14 districts were monitored and technically supervised in the areas of Malaria, TB and HIV among others.

- Follow up visits were made in four health facilities in two districts (Kanungu and Rukungiri) were visited to assess performance in areas of Malaria, HIV, TB, drug and financial management among others.
- Malaria activities including Rapid Diagnostic Tests (RDT) and microscopy external quality assurance had not commenced in both Kabale and Kiruhura due to late receipt of guidelines on utilisation of funds by MoH.

## Challenges

- Lack of appropriate transport to undertake routine support supervision. The two wheel drive mini bus provided could not traverse the roads in the countryside.
- Lack of timely guidelines on utilisation of funds from Global Fund. This delayed progress of planned activities.



**HCII Left: A 14 seater mini-bus and some of the office furniture (right) at Mbarara RMPMT**

## Moroto Regional Performance Monitoring Team

The RPMT was established in November 2013 to work in the seven districts of Karamoja. These are; Abim, Amudat, Kabong, Kotido, Moroto, Nakapiripirit and Napak. The RPMT was also mandated to improve the quality of data in the district, hold quarterly review meetings, mentorship as well as support supervision to both the district and health facilities.

### Financial performance

A total of Ug shs 75 million was received of which Ug shs 48 million was spent by December 2014. Reportedly, expenditures were mainly on operations and support supervision. All expenditures and accountabilities were sent to the district.

### Physical performance

By December 2014, the RPMT acknowledged receipt of office furniture including tables, chairs, filing cabinets, two laptops, eight desktop computers, salaries, rent, and a 14 siter minibus. The team had visited 15 health facilities including district hospitals, HCIVs and HC IIIs in seven districts. Activities included; two quarterly support supervision activities including baseline assessments, mentorship and data management with the aim of improving quality of data among others. The quarterly performance review meeting had not been done by December 2014. Focus was on HIV, Malaria, TB, reproductive health and Pharmacy.

## Challenges

- Inadequate facilitation which limited coverage activities. RPMT was only facilitated to carry out support supervision once a quarter (two days in a district inclusive of travel

time). This was very inadequate to enable the team reach all health facilities in the catchment area.

- Lack of appropriate transport to undertake support supervision, the minibus provided was unsuitable for Karamoja roads.

### **Link between physical and financial performance**

The project absorbed GoU counterpart funding at 83% and many of the supportive activities had been undertaken. Although 96% of the Global Fund was absorbed, the link between physical and financial could not be easily established since information on the quantities and deliveries made during the period under review was not provided. The RPMTs monitored, however, acknowledged support from Global Fund.

### **Achievement of set targets**

Although the project achieved four out ten set targets (40%), this variable could not be conclusively measured since targets related to medical supplies were not availed to the monitoring team. Deliveries for ordered items (July –December 2014) were not yet been made.

Payments by December 2014 were made for tangible infrastructure deliverables like minibuses and furniture procured in FY 2013/14. Publications were made and technical assistance to grant implementation in terms of support to RPMTs was done through release of malaria funds to support related activities, provision of rent, transport and salaries.

### **Implementation challenge**

- Procurement delays by MoH translated into failure to replace project vehicles, TB food vouchers and laboratory tools.

### **Conclusion**

The global fund did not achieve its set targets mainly because of the lengthy procurement process as part of the grant modalities. Targets on orders and deliveries for medical supplies were not available making tracking of project implementation and tracking difficult. Support to RPMTs was on track and began their operations in July 2014. They had a few interactions with the districts and their effect was not yet felt by districts. There is need to intensify interactions between districts and health facilities for achievement of intended objectives of the RPMTs.

### **Recommendation**

- The MoH should assign one procurement specialist to oversee Global Fund procurements.

## 8.4 Uganda Health Systems Strengthening (Project 1123)

### Background

The Uganda Health Systems Strengthening (UHSSP) project commenced on 25<sup>th</sup> May 2010 and is expected to end on 31<sup>st</sup> July 2015. It is aimed at reducing maternal mortality through renovation and infrastructure development of health facilities in Uganda. It is set to achieve the following objectives;

- i) Strengthen human resource management and development.
- ii) Enhance physical functionality of health facilities by renovating health infrastructure and provision of medical equipment.
- iii) Strengthen provision of reproductive health services to reduce maternal and pre-natal death through provision of Emergency Obstetric and New-born Care (EmNOC) equipment.
- iv) Strengthen the leadership and management of the health sector through training, performance, contracting, and client charters among others.

The project is financed by a World Bank loan worth US\$130million over a period of five years. It is expected to benefit two Regional Referral Hospitals, 17 General Hospitals and 27 Health Centre IVs.

The project has four components namely;

- (a) Improved infrastructure of existing health facilities: allocated US\$85 million (US\$ 61million for civil works and US\$ 24 million for medical equipment and furniture). Funds for civil works were insufficient thus the number of beneficiary health facilities were scaled down from 13 to 9 and an additional US\$90 million was expected to be approved for remaining works.
- (b) Improved maternal health, new-born care, and family planning services allocated US\$30 million.
- (c) Improved management, leadership, and accountability for health service delivery allocated US\$10 million.
- (d) Improved health workforce development and management allocated US\$5 million.

### Expected outputs by June 2015

- Physical functionality of health facilities enhanced by renovation of health facilities.
- Leadership and management strengthened in areas of logistics and procurement, contracting, health communication and feedback management, accreditation of health facilities and training managers of health facilities.
- Systems for Human Resource Development and Management strengthened through offering scholarships to health workers and support to professional councils.

## Planned outputs for FY 2014/15

- A total of 19 ambulances and mobile workshop vehicles procured and distributed to 19 hospitals.
- Construction works at beneficiary health facilities monitored.
- Award of scholarships to health workers from hard to reach areas pursuing specialised courses.
- Procuring family planning supplies
- Procurement of mama kits.
- Supporting village health teams to register mothers.
- Leadership and management (develop and pilot a hospital accreditation system, consultancy to develop a communication strategy, prescription habits study, develop business plans for professional councils and improved supply chain management for medicines).
- Construction works for nine hospitals undertaken.
- Another 13 hospitals and 27 HC IVs scheduled for rehabilitation using the additional USD 90 Million from the World Bank. These are Pallisa, Kitgum, Apac, Bugiri, Abim, Atutur, Kitagata, Masindi, Buwenge, Bukwo, Itojo, Mubende and Moroto hospitals.
- The HC Ivs are Kasanda, Kiganda, Ngoma, Mwera, Kyantungo, Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru- Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka.

## Financial Performance

The donor budget for FY 2014/15 was US\$ 27,855,354, which was all released and US\$ 11,585,606 (42%) was spent by 31<sup>st</sup> December 2014. Allocative efficiency was good with 68% spent on Health Infrastructure, 21% reproductive health, 6% human resource management, and 6% on leadership and management systems.

Cumulatively, the World Bank disbursed US\$72,333,316 out of the signed loan amount of US\$130 million (55%), a total of US\$56,090,061 was spent by December 2014. Expenditures were mainly on procurement of ambulances US\$1,553,661 (direct payment), US\$34,985,419 on payment for civil works, US\$12,080,139 for reproductive health items and US\$7,470,842 paid for leadership and human resource development and management systems.

The GoU approved budget for recurrent expenditures FY 2014/15 was Ug shs 550 million; of which Ug shs 177 million (32%) was released and Ug shs 148 million (83%) spent.

## Physical performance

The project achieved four out of ten set targets (40%). Table 8.7 shows detailed project physical performance as of December 2014.

**Table 8.7: Overall physical performance of UHSSP July-December 2014**

Target	Performance	Remarks
19 ambulances procured and distributed to 19 hospitals	Partially achieved	These were procured but distribution to beneficiary hospitals was awaiting

		vehicle registration.
Construction works at 9 beneficiary health facilities monitored	These were closely monitored through the consultant's clerk employed by MoH. (Achieved)	Interactions with three of beneficiary hospitals indicated that the contractor and consultant were closely monitored and supervised by MoH.
Award of scholarships to health workers from hard to reach areas pursuing specialised courses	No scholarships were awarded since the project phase was ending in July 2015. (Not achieved).	Project management was awaiting upon those awarded scholarships in FY 2013/14 complete their studies.
Procuring family planning supplies and mama kits	Not achieved	These were not delivered save for 33% of the gloves supplied by 31 <sup>st</sup> December 2014. The mama kits were not yet procured due to the lengthy procurement processes that involved introduction of letters of credit.
Supporting village health teams to register mothers	Not achieved	No VHTs were supported during the period under review
Leadership and management (develop and pilot a hospital accreditation system, consultancy to develop a communication strategy, prescription habits study, review the health sub district concept, develop business plans for professional councils and improved supply chain management for medicines)	Achieved	Final report on hospital accreditation was expected by end of March 2015. Draft plans were presented on 17 <sup>th</sup> January 2015.  Assessment tools and piloting was completed for the prescriptions habits study. Roll out of the study was expected to commence by end of April 2015.  HA on course. Communication strategy was finalised and awaiting approvals from senior management of MoH.
Construction works for nine hospitals undertaken.	Works were on-going for all the nine hospitals. (Achieved and on track with 40% average physical and financial progress)	Three out nine hospitals were monitored and works were progressing as scheduled.
Another 13 hospitals scheduled for rehabilitation using the additional US\$ 90 Million from the World Bank	Not achieved	Funds had not been approved

27 HC IVs scheduled for rehabilitation	Not achieved	Contracts for 26 HCs were advertised, evaluated and awaiting for approvals from solicitor general. The number dropped from 27 to 26 HCIVs because Tullow Uganda agreed to rehabilitate Bulliisa HC IV.
Replacement of all substandard equipment supplied to health facilities.	Not yet done	The World Bank recommended that all substandard equipment is replaced by responsible suppliers.

*Source: Field findings and MoH*

## Field findings

Three hospitals were visited and the following was established;

### a. Anaka Hospital - Nwoya district

This is a 120 bed hospital established in 1971. The UHSSP was introduced in 2013 with a needs assessment and civil works began in 2014. The contract for civil works was awarded to Excel Construction Ltd and supervised by M/s. Infrastructure Design Forum. The summary of contract details and physical progress of the project are presented in presented in Table 8.8.

**Table 8.8: A summary of contract details and progress of works of the UHSSP at Anaka Hospital by 2<sup>nd</sup> February 2015**

<b>Contractor</b>	<b>Excel Construction Ltd</b>
Contract Sum	6,545,233.13 (US\$)
Contract period	18 months
Commencement date	6 <sup>th</sup> January 2014
Completion date	6 <sup>th</sup> July 2015
Overall physical progress	53%
Overall financial progress	US\$2.871 billion (44% of contract sum) by 17th December 2014
Time progress	68.4%.
<b>Scope of Works</b>	
Remodelling, refurbishment and expansion of the existing OPD	
Construction of new OPD and causality ward	
Remodelling of Maternity ward to enlarge labour suites	
Construction of new theatre with two operating rooms	
Renovation of a two block staff house accommodating 12 health workers.	
Construction of attendants kitchen and laundry	
Construction of new mortuary with nine body fridge	
Construction of placenta pit and medical pit	
Upgrading water supply including 144,000 reservoir and boreholes with solar water pumps	

Construction of new sewage lagoons and upgrading network
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*Source: MoH, and field findings*

Some of the infrastructure like the placenta and medical pit were completed and handed over to the hospital in November 2014. Renovation works on the antenatal and maternity block had not commenced except extension of the T-Block which was at 10%. Table 8.9 indicates detailed physical progress of works.

**Table 8.9: Implementation status of the UHSSP at Anaka Hospital as at 31<sup>st</sup> December, 2014**

Item	Physical Progress	Remarks/ Outstanding works
<b>New Infrastructure</b>		
Mobilisation	100%	All equipment, material and human resource required on ground with over 70 workers.
Theatre	80%	Roofing, window and door installations, plastering and first coat painting completed. Outstanding works included completion of ceiling works and floor works.
Causality ward	75%	Roofing, ceiling works, window and door installations, plastering, painting, floor works were completed. Glassing was on-going and outstanding works included final terrazzo polishing and fixing of sanitary facilities.
OPD	80%	Final terrazzo polishing, final coat of paint and glassing were going. Pending works included installation of joinery fittings.
Staff houses	80%	Completion of painting works and external works. Houses were expected to be handed over by end of February 2015.
Generator house	100%	Expected to be handed over by end of February 2015.
Placenta pit	100%	Handed over to hospital in November 2014
Medical pit	100%	Handed over to hospital in November 2014
Kitchen and attendant Laundry	100%	Was ready for handover to hospital
Mortuary	0%	Had not been handed over to the contractor by December 2014. It was handed over to the contractor in February 2015. The nine body fridge was under r procurement.
Expansion of T-BLOCK; The scope included renovation works, new doors, windows, glassing, ceiling works, scrapping off old plaster, roofing, plastering, painting, floor works (Terrazzo), new sanitary and joinery fittings.		
Renovation works on the existing OPD	20% of the structure	Only 25% of the structure had been handed over to the contractor. Ongoing works included works on sanitary facilities.

	handed over to contractor.	
External works; these included fencing, works on the lagoon, tank installation and drainage works.	50%	700metres of the fence had been done, lagoon works were ongoing at 60%, tank stand was installed and fixing of the tank was awaiting drainage works which were ongoing.
Works in the 8private wards, two theatres and four isolation rooms were ongoing	60%	Final works on the ceiling and floor were ongoing. Pending works included plumbing and electrical installation

**Source: Field findings**

Overall physical progress was estimated at 53% against a target of 65 %. The works were behind schedule by 12% due to design changes and delays in handing over of some project sites by the consultant. The quality of works were observed to be good



**Left; Works on the T-block extension. Right; renovated staff house at substantial completion on the at Anaka hospital**

**Implementation challenge**

- Delays in progress of works as some structures like the mortuary and the old OPD block had not been handed over to the contractor by 2<sup>nd</sup> February 2015.

**b. Entebbe Hospital- Wakiso district**

Entebbe hospital (Grade B) was established in 1929 with a capacity of 134 beds. Currently used as a 193 bed hospital. The UHSSP project was introduced in November 2013 and is expected to increase hospital bed capacity to 240 beds through infrastructural development. The works were

supervised by M/s Arch Design and were on schedule. Table 8.10 indicates a summary of contract details and progress of works by 24<sup>th</sup> February 2015.

**Table 8.10: summary of contract details and progress of works of the UHSSP at Entebbe Hospital**

<b>Contractor</b>	<b>China National Aerial-Technology International Engineering Corporation</b>
Contract Sum	US\$7,034,065.42
Contract period	18 months
Commencement date	14 <sup>th</sup> February 2014
Completion date	14 <sup>th</sup> August 2015
Overall physical progress	62% against a target of 61.7%
Overall financial progress	US\$ 2,765,933.82 (39%) by 17 <sup>th</sup> December
Time progress	61.7% time elapsed (82 weeks) and remaining time is 31.6 weeks
Approved variations and extra works	(USD) 37,032.42, These were a result of design changes.
<b>Scope of Works</b>	
Construction of new centralised block (four storey) housing radiography, OPD, dental, physiotherapy, immunisation, consultation, pharmacy, eye clinic, Private wing, maternity theatres and VIP ward.	
Construction of attendants kitchen and laundry	
Construction of new mortuary with nine body fridge	
Construction of placenta pit and medical pit	
Incinerator	

*Source: MoH, and field findings*

Some of the infrastructure like the mortuary, attendant's kitchen, placenta and medical pit were substantially complete while others like the external works had not commenced. Table 8.11 indicates detailed project performance by 24<sup>th</sup> February 2015.

**Table 8.11: Implementation status of the UHSSP at Entebbe Hospital as of 24<sup>th</sup> February 2015**

<b>Item</b>	<b>Physical Progress</b>	<b>Remarks/ Outstanding works</b>
Mobilisation	70%	Some of the materials and human resource were not on ground.
Centralised block	99%	Finishes including plastering, painting, fixing windows and doors at 59% pending works included final terrazzo polish in some areas. Completion of public toilets which were at ring beam level.

		Mechanical and electrical works at 50% and with general connections pending.
Mortuary	98% at substantial completion. Roofed, plastered and painted with undercoat.	Pending works included fixing internal door locks, delivery and installation of the mortuary fridge, Mable works on the reception worktop, final coat of paint, final terrazzo polish, final plumbing works including fixing and connection of toilets.
Placenta pit	100%	Facility was in use, it was handed over to the hospital in December 2014.
Medical pit	100%	Minor cracks were noted on the entire floor of the pit structure. These were attributed to the quality of sand used.
Attendants Kitchen	97%	Remaining works included final coat of paint, water connection and terrazzo polish.
Attendant laundry	97%	Pending works included final terrazzo polish and water connection.
External works	0%	To be started upon completion of structural works
Incinerator	0%	Not started. Pending discussions on whether to replace the facility with a hospital fence.

**Source: Field findings**

Overall physical progress was 62% against a target of 61.7% on 24th February 2015. This means that the project was on schedule. By 31<sup>st</sup> December 2015, progress was at 59% against a target of 51.4%.

The hospital management proposed a number of design changes which were approved. Some of the changes included space adjustments in the labour ward, change of attendant laundry and kitchen location, creation of extra windows in the centralised block. Quality of works was observed to be good except on the medical pit that had minor cracks.



**Centralised block under construction (Left) and mortuary at substantial completion**

**c. Moroto Hospital-Moroto District**

This is a 200 bed hospital located in Moroto Municipality. Implementation of the UHSSP in the hospital started in November 2013. Works were supervised by M/s Arch Design Limited. Table 8.12 indicates a summary of contract details and progress of works at Moroto hospital.

**Table 8.12: Summary of contract details and progress of works of the UHSSP at Moroto RRH by 31<sup>st</sup> December 2014**

Contractor	M/s Excel construction Company limited
Contract Sum	US\$8,842,878.01
Contract period	18 months
Commencement date	December 19th 2013
Completion date	July 19 <sup>th</sup> 2015
Physical Progress	50%
Financial Progress	34.5%, (US\$3,057,922.09)
Time Progress	60%
<b>Scope of Works</b>	
Construction of the OPD/Casualty, Generator house, Placenta pit, Construction of twelve two bed room staff house and three 3-bedroom staff houses, Power supply ,medical waste pit, attendants' kitchen and attendants' laundry , two septic tanks, water tank 144000 liters and three bore holes.	

*Source: Arch Design*

Some works were completed for example the placenta and medical pit. Others like the construction of the staff houses were progressing well. The physical progress of project activities is summarized in table 8.13

**Table 8.13: Implementation status of the UHSSP at Moroto RRH as of January 2015**

Item	Physical progress	Outstanding works and remarks
Outpatient department	60%	Completion of walling, plastering, shuttering, roofing, flooring, sanitary fittings, all finishes, and external works.
Three two bed room staff houses	90%	Painting, sanitary fittings and external works were outstanding.
Four three bedroom staff houses	85%	Painting, sanitary fittings, plumbing and external works were outstanding.

Power House	80%	Electrical fittings, shuttering, and painting were outstanding.
Drilling of three bore holes	80%	Fitting the pump and piping to the tank was outstanding.
Construction of two septic tanks	10%	Completion of excavation and construction of the septic tank was pending.
Placenta pit and medical waste pit	100%	Complete
Elevated water tank	5%	Construction of the tank tower and installing the tank
External works and walk ways	0%	Not yet started

*Source: field findings*

The overall physical progress was 50% against the 60% time progress as of January 2015 and was behind schedule by two months. Delays resulted from poor soil texture at the site that required mass excavation and compaction of four meters instead of one and half meters that were initially planned for the OPD foundation. The quality of work was observed to be good.



**Left; Four unit-three bed room staff house, Right; a 12 unit- two bedroom staff at substantial completion**



**Left: Construction of the OPD underway.**

**Right; completed placenta pit**

## **Implementation challenges**

- Delays in project commencement (by two months) because the consultant had not reported on site.
- Poor soil texture delayed progress of works on the OPD.
- Poor roads hence materials could not easily be ferried to the site.
- Increase in the scope of works due to lack of land on which to construct the lagoon. This led to design changes from a lagoon to construction of two septic tanks.
- Unavailability of the construction materials within the project area delayed implementation of the planned activities.

## **Analysis**

### **Link between financial and physical progress**

There was a positive link between financial and physical progress, with 42% spent against 40% physical progress. This link was attributed to non-commencement of some activities including rehabilitation of the 26 HC IVs. Construction activities were evidently ongoing in a number of hospitals and contractors effectively supervised.

Funds paid to contractors were commensurate to work done. The fact that the balance (a saving) of US\$11.5million was made and expected to facilitate construction and rehabilitation of 26 health centre IVs makes the loan a worthwhile investment. However, to achieve substantial value for money on this investment, all substandard equipment supplied to health facilities around the country needs to be replaced as required by the World Bank.

### **Achievement of set targets**

Average physical progress of was 40% with only four out of ten targets achieved by 31<sup>st</sup> December 2014. Some of the targets achieved like procurement of ambulances had rolled over from last FY. Other activities were still at 0% including procurement of mama kits and replacement of substandard equipment. Although, the project was expected to end June 2015, a number of construction works will not be completed not to mention many others that were still under procurement. The need for project extension to oversee achievement of set targets and completion of all civil works is important for quality control and effective coordination and supervision.

### **Comparative analysis**

Among projects monitored works at Entebbe hospital were on schedule at 62% against the target of 61.7%. Moroto and Anaka hospital were behind schedule. Moroto hospital was behind schedule by two months and Anaka behind schedule by 12%. This was attributed to design changes and delays in handing over of some project sites for example the mortuary and T-block at Anaka hospital.

The quality and volume of civil works of UHSSP was outstanding compared to other health related projects including project 1004 (Rehabilitation of Regional Referral Hospitals). This was

mainly due to availability of funds, timely payments, close monitoring and supervision of contractors with both the MoH and project consultants.

### **Implementation challenges**

- Lengthy procurement processes delayed achievement of set targets including procurement and distribution of mama kits.
- Lack of adequate capacity to verify foreign bid securities especially those from China. This delayed commencement of construction works.
- Lack of funds to undertake construction works in the 13 hospitals.

### **Conclusion**

The UHSSP achieved 40% of the set targets. Construction works were ongoing with some works behind schedule like Anaka and Moroto hospitals. Other project activities like rehabilitation of works in 26 HCIVs, procurement and supply of reproductive health supplies like mama kits had not commenced. The need to fast track procurement processes of planned works is important. The approval of an additional USD 90 million will also go a long way in improving health service delivery in the 13 hospitals earmarked for rehabilitation.

### **Recommendations**

- The MFPED should continue lobbying the World Bank regarding the disbursement of the additional US\$90 million grant.
- The MoH together with NMS should fast track procurement, supply and delivery of all family planning supplies.
- The MoH should ensure confirmation of foreign bid securities by banks involved rather than the client or beneficiary procurement units.

## **8.5 Rehabilitation of Kawolo Hospital (Project 1243)**

### **Background**

According to the Public Investment Plan (PIP 2014/15-2016/17), the project commenced in July 2012 and expected to be completed by 30<sup>th</sup> June 2014. It is aimed at strengthening the referral system through revitalisation of hospital services in general hospitals. The project is supported by the Kingdom of Spain through a debt swap. The swap involved a total of 15million Euros which was paid back by GoU and then swapped back into a development project in the health sector. Consideration was given to a heavily dilapidated hospital that needed urgent attention. The project involves rehabilitation, expansion and refurbishment of existing structures of Kawolo hospital.

### **Planned outputs FY 2014/15**

- OPD, theatre, and maternity ward of Kawolo hospital rehabilitated.
- Four units of staff housed constructed.

## **Financial performance**

During FY 2014/15, the project was allocated a total of Ug shs 22.9billion for both equipment and civil works. The funds were available on the GoU account in Bank of Uganda by 19<sup>th</sup> December 2014. No funds were paid for any activity including the consultant by 31<sup>st</sup> December 2014.

## **Physical performance**

The project overall performance was at 0% against 150% project time progress. No activities were ongoing save for reviewing of designs by M/s Isdefe Consult which was in its final stages. The consultant was awarded the contract to review the hospital designs at a sum of 574,810.67 Euros on 25<sup>th</sup> August 2014. Award of the contract for civil works and equipment was waiting completion of the designs expected by end of March 2014.

## **Link between financial and physical progress**

There was no linkage between financial and physical progress since no funds were paid and draft designs submitted by 31<sup>st</sup> December 2014.

## **Achievement of set targets**

All the set targets were not achieved and unlikely to be achieved by end of FY 2014/15.

## **Implementation challenges**

- Lack of clear timelines on project implementation.
- Enormous project delays due to failure to confirm availability of funds over time by the Spanish Kingdom.
- Exchange losses since the debt swap conditions required funds to be paid in the Spanish currency, transferred back to dollars, then Uganda Shillings. Over time, Losses reduced the swap funds from 15million Euros to 7.2million Euros.
- Delays by the consultant to come up with required designs including inception report.
- Lack of a resident Spanish office in Uganda affected progress of planned activities. All communications and approvals go through the Spanish office of Kenya delaying decision making.
- Debt swap conditions including hiring an international consultant partly delayed commencement of project works. The consultant needed time to familiarise with the local drawings and country requirements among others.

## **Recommendations**

- The bi-national project committee should agree on clear project implementation guidelines and timelines and follow them strictly. Timelines on the receipt of final designs, procurement of contractor and commencement of civil works should be clear.
- The MoH together with the bi-national committee should support the consultant to complete the designs in due time.
- The GoU should advocate for timely responses and approvals from the Spanish Kingdom for timely project implementation.

## 8.6 Rehabilitation and equipping of health facilities in the West (1314)

### Back ground

The project commenced on 1<sup>st</sup> July 2014 and expected to be completed by 20<sup>th</sup> June 2019. It is financed by Japanese International Corporation Agency (JICA) and its main objective is to improve functionality of the regional referral system through improved quality of primary health care services in Uganda.

Specific objectives include;

- Improve functionality of OPDs at regional referral hospitals.
- Improve per capita patient attendance at regional referral hospitals.
- Enhance management of medical logistics at regional referral hospitals.

### Expected outputs by June 2019

- New OPD at Kabale and Hoima RRHs
- New operating theatre at Kabale and Hoima RRHs
- New maternity ward constructed at Kabale and Hoima RRHs
- Medical equipment supplied at Kabale, Hoima and Fort Portal RRHs

Table 8.14 indicates a summary of the project contract details.

**Table 8.14: Contract details for rehabilitation and equipping of health facilities in the West Uganda**

Rehabilitation works	
Contractor	M/s Iwata Chizaki Inc.
Contract Sum	JPY 1,370,000,000
Contract period	11 months
Commencement date	September 2014
Completion date	15 <sup>th</sup> March 2015
Physical progress	25%
Financial progress	JPY 548,000,000 (40%) as advance payment
Time progress	36%
Scope of Works Construction of OPD block, main operating theatre, maternity ward at Hoima RRH Construction of OPD, causality block and operation theatre, maternity ward at Kabale RRH	
Consultant	Consortium of Yokogawa Architects and Engineers, Inc and INTEM, consulting, Inc.
Supply of Medical Equipment	
Contractor	M/s Sirius Corporation
Contract Sum	JPY 199,990,000

Contract period	8 months
Commencement date	8 <sup>th</sup> August 2014
Completion date	15 <sup>th</sup> March 2016
Scope of works Procurement works for the equipment Installation of equipment Operation training	

*Source: MoH*

### **Planned outputs FY 2014/15**

- Construction of OPD complex with causality unit, theatres in Hoima and Kabale RRH
- Fort portal RRH equipped

### **Financial performance**

During FY 2014/15, the project was allocated a total of Ug shs 45 billion, the donor release and expenditure could not be obtained by 15<sup>th</sup> March 2015. However, the contractor had been paid a total of 12.6 billion<sup>12</sup> (JPY 548,000,000) as advance payment. This represents 28% of the annual budget. No funds had been paid for the equipment by 31<sup>st</sup> December 2014.

### **Physical performance**

The project overall performance was at 25% against a target of 25%, the project was therefore on schedule. The equipment was expected in Uganda by 30<sup>th</sup> June 2015.

### **Field Findings**

#### **Hoima RRH**

It is a 280 bed hospital owned by GoU. It started as a district hospital in the early 1930's and was upgraded to a regional referral hospital in 1994. It serves people of Hoima, Masindi, Bulisa, and Kibaale with an approximation of 2,000,000 people. The project was introduced in 2011, contract was signed on 28<sup>th</sup> November 2013 and site was handed over to the contractor in September 2014.

Overall physical progress was at 25% against 31% time progress. Performance details are presented in Table 8.15;

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<sup>12</sup> Exchange rate at 1 Ug shs = 23 Japanese Yen (December 2014).

**Table 8.15: Progress of works Rehabilitation and equipping of Hoima RRH by 31<sup>st</sup> December 2014**

Item	Percentage Progress	Remarks
Maternity Block and main operating theatre	25%	Foundation works for the structure were at 90% with columns for the upper slab raised.
OPD block	25%	One out of three slabs had been cast and foundation works completed
Average physical progress	25%	
Time progress	36%	Preliminary works were at substantial completion.
Challenges	Water shortages with the nearest source 2.5KM away from the site.	

*Source: Hoima RRH*



**Status of works on the OPD-(Left) and right is the Maternity/operating theatre structure**

### **Kabale RRH**

The hospital serves a population of about 2 million people in the districts of Kabale, Kisoro, Rukungiri, Kanungu, and some parts of Ntungamo as well as people from neighbouring countries, including Rwanda and the Democratic Republic of Congo. The hospital has a bed capacity of 300, annual inpatient admission of 18,000 and outpatient attendance of 156,000.

The project was introduced in 2011 and actual works commenced on 1<sup>st</sup> October 2014. It is expected to be completed within 14 months (by 15<sup>th</sup> November 2015). The scope of works involves construction of a new OPD with a casualty unit housing the reception, pharmacy, laboratory services, minor operating theatre, and consultation rooms among others.

The hospital management was very happy with the intervention and quality of works executed by the contractor were good. Table 8.16 indicates progress of major construction works;

**Table 8.16: Progress of works Rehabilitation and equipping of Kabale RRH**

Item	Percentage Progress	Remarks
Maternity Block and Operating theatre	25%	Foundation works were ongoing with sub structure were at 95%. Outstanding works involved completion of the stair case.
OPD block	25%	Foundation works ongoing with substructure works at 80%. Completion works on the slabs were awaiting installation of pipes which were ordered from Japan and had reached Kampala on 22 December 2014.
Average physical progress	25%	With 71 workers and most of the required materials on site.
Time progress	27%	
Challenges	No major challenges were faced and the contractor expected to complete works in time.	

*Source: Field findings*



**Ongoing works at the OPD and maternity and operating theatre at JICA Project Kabale RRH**

## **Analysis**

### **Link between financial and physical progress**

There was a positive link between financial and physical performance with 28% of the annual budget spent on 25% of work done. This was attributed to close supervision, heavy mobilisation for both manpower and materials by the contractor at the two sites.

### **Achievement of set targets**

The project was on course with the construction works at 25% against 31% time progress. All preliminary works on construction of the maternity block, OPD and main operating theatres at both Kabale and Hoima were completed.

Contractors expected to complete works as scheduled. Equipment of all health facilities was under procurement and expected in the country by June 2015.

## **Conclusion**

The project was on schedule and achieved the expected target by half year, it is a good initiative towards improved service delivery at selected health facilities. No major challenges were noted save for lack of water on site at Hoima RRH. The contractor, consultant, manpower and most of the required materials were on ground and works progressing well. The MoH technical department should continually support the project team to progress as expected.

## **8.7: Uganda Blood Transfusion Service (Vote 151)**

### **Background**

The Uganda Blood Transfusion Service (UBTS) is mandated to collect, process, store, distribute safe blood and its products to all transfusing health units in the country. It operates through a network of seven regional blood banks. These include Gulu, Mbale, Mbarara, Fort Portal, Kitovu, Arua, Nakasero and six collection centres in Jinja, Soroti, Lira, Hoima, Rukungiri and Kabale.

UBTS undertakes national blood donor education and recruitment campaigns aimed at increasing the annual blood collection to meet the increasing blood requirements of patients in the hospitals countrywide. It also handles education and training in blood safety.

The UBTS plays a central role in prevention of Transfusion Transmissible Infections (TTIs) which include HIV/AIDS, Hepatitis B, C and Syphilis through provision of safe blood, HIV testing and education of communities during recruitment of blood donors. The UBTS has a total of 22 blood collection teams all over the country, with each team having eight to nine individuals.

The main objective of UBTS is to avail safe and adequate quantities of blood to all health facilities in order to manage patients' blood needs.

## Planned outputs for FY 2014/15

- 254,100 units of blood collected
- 254,100 regular blood donors recruited
- 254,100 blood units tested for TTIs and issued to transfusing health care facilities
- Non-medical laboratory supplies and cleaning materials procured.
- 50 vehicles maintained,
- Laboratory equipment for the seven Regional Blood Banks maintained

## Financial Performance

The approved budget for UBTS for FY 2014/15 was Ug shs 6.749 billion of which Ug shs 3.943 billion (58%) was released and Ug shs 3.802 billion (96%) spent. Expenditures were mainly on non-wage expenditures (72%), 24% on wage and 4% on development activities<sup>13</sup>.

## Physical Performance

The average physical progress during the period under review (July-December 2014) was 94%. Table 8.17 indicates detailed performance on UBTS key targets.

**Table 8:17: Physical performance of UBTS by 31<sup>st</sup> December 2014**

Annual Target	Performance	Remarks
254,100 units of blood collected	106,619 units collected (84% of the half year targets)	Target not met because 70% of the blood was collected from communities specifically students while at school. This means that collections decline during school holidays.
254,100 regular blood donors recruited	109,645 (86%)	Same as above
254,100 blood units tested for Transfusion Transmissible Infections (TTIs) and issued to transfusing health care facilities	127,050 safe units of blood issued. (100% of half year targets achieved)	Wastage factor of 4.3% affected numbers of units issued to health facilities.
Non-medical laboratory supplies procured	100% of half year target achieved.	Cleaning materials to fumigate the blood bank and refreshments for blood donors (Sodas and biscuits among others) to replenish their energy levels were bought.
Laboratory equipment and vehicles maintained	100% of half year target achieved.	Routine maintenance and servicing for all field vehicles was done.
<b>Average Physical Progress</b>	<b>94%</b>	<b>Excellent performance</b>

*Source: UBTS*

<sup>13</sup> IFMS Data

## **Link between financial and physical progress**

There was a positive link between financial and physical progress with 96% absorption of released funds against an average physical performance of 94% out of a half year target of 100%. This performance was attributed release of 116% half year expectation (58% out of 50%).

## **Achievement of set targets**

The UBTS achieved 94% of its half year set targets. Targets on issuance of safe blood to health facilities, maintenance of non-medical laboratory supplies, laboratory equipment and vehicle maintenance were achieved. The 6% was not achieved due to staffing gaps, community attitude towards blood donation among others.

## **Implementation challenges**

- Poor community response and attitude towards blood donation.
- Under funding amidst declining donor support. For example the Center for Disease Control (CDC) budget reduced from USD 3million to 1.4million in the last three years. This constrained a number of activities including blood collection and testing.
- Staffing gaps of about 18%, with limited blood collection teams.
- Old blood testing equipment characterised by out-dated technology and frequent breakdowns.
- Inadequate transport constraining blood collection activities.
- Poor remuneration packages for blood collectors. The GoU pays a total of Ug shs 2,000 as Daily Subsistence Allowance (DSA) yet donors like CDC pay Ug shs 12,000. This has overtime demotivated blood collectors.
- Lack of protective gear for personnel collecting and testing blood. This leaves them at a high risk of contracting infections.

## **Conclusion**

The UBTS satisfactorily achieved three out of five of its half-year targets. Non achievement of the two was attributed to limited donors and collectors. There is need to support UBTS to raise the blood collection donors to at least 1% of the country's population stipulated by WHO guidelines. Investment in modern blood collection and testing equipment is a good step towards the above.

## **Recommendations**

- The MoH should increase funding to UBTS to enable recruitment of additional blood collection teams to ensure that substantial amounts of blood is collected.
- The MoH through UBTS should focus on partnerships with development partners to support creation of more regional blood banks. Efforts to have a blood bank in Moroto and Arua regional referral hospitals should be fast tracked.
- The UBTS should also prioritise replacement of old blood testing machinery, provision of protective gears to blood collectors as well as transport facilities to improve the services.
- The UBTS should fast track recruitment of community blood donors' country wide. Their location and blood types should be recorded for easy follow up.

- The UBTS should also focus on increasing community awareness for behavioural and attitude change towards blood donation.

## **8.8: 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.

Efforts are underway to transform the UCI into a regional centre of excellence with a system for higher referrals in line with its mandate as a lead agency in implementation of comprehensive National Cancer Control Program (NCCP).

### **Planned outputs FY 2014/15**

These included;

- 2,000 new patients to be treated
- 400 brachytherapy insertions
- 1,600 patients to be simulated
- 150 patients treated daily
- 400 patients of re-treated
- 3,500 patients followed-up
- Static cancer screening clinics undertaken
- Survivors' programs established
- Cancer awareness campaigns established
- Community programs mobile cancer care clinics conducted
- Operationalizing the new ward building by minimally equipping the new cancer ward to enable patient admissions.
- Design and construct a Radiotherapy Bunker to enable the installation of the already procured radiotherapy equipment.
- Research policy developed
- Institutional Review Board (IRB) instituted
- Community Advisory Board instituted
- Training policy developed
- Subscribing to international journals
- Community Based Cancer Registry established
- Medical Records Management System procured

## Findings

### Financial performance

The revised budget for FY 2014/15 was Ug shs 12.1billion of which Ug shs 5.1billion (42%) was released and Ug shs 1.7billion (35%) spent by 31<sup>st</sup> December 2014. Over 72% of the overall budget was development and the rest was wage and non-wage. Detailed performance of budget is indicated in Table 8.18

**Table 8.18: financial performance of UCI by 31<sup>st</sup> December 2014 (Ug shs)**

Grant	Budget	Release	Expenditure	% Expenditure	Remarks
Development	8,707,941,732	3,550,000,000	553,414,252	16	Payments were made on retention and extra works for the newly constructed six storey ward
Non-wage	1,248,094,689	547,890,750	464,573,192	85	Cleaning and security services.
Wage	2,199,469,492	1,025,751,274	760,000,757	74	Staff salaries and allowances
Total	12,155,505,913	5,123,642,024	1,777,988,201	35	

Source: IFMS

### Physical Performance

The institute averagely achieved 25% of the set targets. Table 8.19 indicates detailed performance on key set targets.

**Table 8.19: Physical performance of UCI by 31<sup>st</sup> December 2014**

Annual Target	Performance	Remarks
2000 new patients to be treated	500 new patients were treated (25% performance)	This is attributed to the outdated equipment characterised with frequent breakdowns.
400 Brachytherapy insertions	100 Brachytherapy insertions were done (25% performance)	Old Brachytherapy machine characterised with frequent breakdowns
1600 patients to be simulated	400 simulations were done (25% of the target was achieved)	This was also attributed to the old simulator characterised with frequent breakdowns
150 patients treated daily	150 patients treated daily (50%)	Target achieved
400 patients re-treated	100 patients retreated (25%)	Some patients did not return for retreatment.
3500 patients followed-up	875 patients followed up (25%)	Limited staff to undertake follow up activities.
Medical Records	The system known as Clinic	The system keeps the information in a

Management System procured	Master was identified and tested by the records department. Procurement of the system was ongoing. (0%)	central place and can be accessed by all user departments depending on the user rights.
Establishment of community based cancer registries	Preparatory works are ongoing for its establishment (0%)	One of the registries will be established in Mayuge, registration of patients, health facilities and community leadership was ongoing in collaboration with Uganda Bureau of Statistics (UBOS).
Static cancer screening clinics undertaken	48 static clinics were carried out in the first half of the financial year. ( <i>Indicators not clear, hence target could not be measured</i> ).	Static clinics were done in the newly constructed cancer ward, twice very week (Wednesday and Friday).
Survivors' programs established	Survivor's programmes were established ( <i>Indicators not clear, hence target could not be measured</i> )	These are done in collaborations with Non-Governmental Organisations (NGOs) like Uganda Women Cancer Support Association, Uganda Child Cancer Foundation, Cancer Aid, Uganda Non-Communicable Disease Alliance among others. These carry out educative talks about cancer survival and positive living.
Cancer awareness campaigns established	145,000 education and awareness campaigns were conducted including radio and TV programmes ( <i>Indicators not clear, hence target could not be measured</i> )	Support from media houses like WBS was sought, with free weekly talk time. These campaigns resulted into Over 8,000 people screened for different types of cancers.
Community programs mobile cancer care clinics conducted	The UCI established a 10-12 man team to move around the country undertaking mobile cancer clinics. ( <i>Indicators not clear, hence target could not be measured</i> )	The mobile van broke down hence affecting operations of the team
Operationalizing the new ward by minimally equipping the new cancer ward to enable patient admissions.	Equipment for the facility was still at 0% with most of the equipment under procurement. (Not achieved) <i>For details refer to development grant under project 1120</i>	The ward houses the children's clinic, medical wards for male and female with private rooms, a pathology unit, some administrative offices and a private wing among others. There were delays in development of equipment specifications.
Design and construct a Radiotherapy Bunker to enable the installation of the already procured radiotherapy equipment.	The consultant commenced works in February 2015, although, he had not been procured by 31 <sup>st</sup> December 2014 (0%).	<i>For details refer to development grant under project 1120</i>
Research policy developed	A draft research policy was developed (50%)	Implementation requires a substantial budget which the UCI does not have.
Institutional Review Board (IRB) instituted	IRB was institutionalised (50%)	Functionality was awaiting inspection and approval by the Uganda National

		Council for Science and Technology (UNCST) prior to issuance of certification of accreditation.
Community Advisory Board (CAB) instituted	Not achieved (0%)	CAB activities were dependent on the functionality of the IRB
Training policy developed	Draft training policy and strategic plan were developed (50%)	This was expected to guide selection of staff for training for enhanced capacity building.
Subscribing to international journals	Piloting various e-journals and has access to e-libraries like HINARI and UPTODATE (50%). Expected to fully subscribe by end of FY	To access e-clinical materials to enhance knowledge and research activities of the UCI.
Average Physical Performance	25%	Average performance

*Source: UCI*

## **Development grant**

### **Uganda Cancer Institute Project (Project 1120)**

The project commenced on 1<sup>st</sup> July 2010 and is expected to be completed on 30<sup>th</sup> June 2015. It is aimed at setting up new infrastructure and develop the existing Uganda Cancer Institute into a modern cancer treatment center.

#### **Expected outputs by June 2015**

- Medical equipment, infrastructure development, furniture and fixtures in place.

#### **Planned outputs FY 2014/15**

- Radiotherapy Bunker constructed
- Specialized machinery and equipment procured
- Payment of retention, interest on extra works and idle charges relating to the cancer ward.

## **Physical performance**

### **Design and construction of a Radiotherapy Bunker**

In January 2015, Arch Tech Consult was awarded the contract to develop structural designs for the radiotherapy bunker and also supervise the construction works. An inception report was expected mid February 2015 and design work had started. The contractor to construct the bunker was expected on ground by June 2015. Discussions with the International Atomic Energy Agency (IAEA) in relation to international standards and quality control were underway. No payments had been made.

### **Purchase of specialized machinery and equipment**

No equipment had been procured by end of December 2014, the procurement process for all machinery and equipment was at the bid evaluation stage. Delays were attributed to high specifications for standard equipment required by UCI. Examples of the assorted equipment

included laboratory and imaging equipment, medical beds, infusion and blood pressure machines among others.

**Complete the payment of retention, interest on extra works and idle charges relating to the cancer ward;** the six level cancer ward was constructed by M/s Ambitious Construction Company Limited at a sum of Ug shs 6.9 billion. Works were completed and handed over in 2013 with the defects liability period ending in December 2014.

Retention, interest and extra charges of Ug shs 413 million was paid by December 2014. Extra works of Ug shs 462 million were approved and completed by end of January 2015, however payments had not been effected by 8<sup>th</sup> January 2015. By 19<sup>th</sup> February 2014, the building was occupied, it houses the children's clinic, consultation rooms, medical wards for male and female with private rooms, a pathology unit, some male, female and children's wards as well as a private wing among others.

### **Beneficiary satisfaction on quality of service**

The monitoring team randomly selected three cancer patients to assess satisfaction and quality of service offered at the Uganda Cancer Institute and noted the following;

***Beneficiary one:** Mr. Alima Charles, father to Perpetua Flower, a 4-year-old diagnosed with cancer in January 2015. The child had been admitted for a month and his father was happy with the quality of service offered by UCI. He added that the doctors and nurses were available and ready to offer their services at any time. He had paid Ug shs 70,000 for a biopsy needle which was not available at the institute and Ug shs 40,000 for the ECG and ECHO tests. He however noted that the ward did not have enough beds and therefore recommended that it should be equipped with enough beds to cater for all patients.*

***Beneficiary two;** Ms Aduka Visula, a 73-year-old female from Soroti district had been hospitalised and on oxygen for over two weeks. She arrived at the UCI at 10:00am and was attended to at 6:00pm because the patients were very many. She was diagnosed with throat cancer. Aduka was satisfied with the quality of services received. However, she was often asked to buy some drugs which were not available at the UCI. These included; Rabeprazole which she bought at Ug shs 190,000 from a nearby pharmacy, dexathasee at Ug shs 16,000. She also paid for a scan at Ug shs 50,000 and laboratory tests at Ug shs 10,000. Her attendant noted that these fees were very high for ordinary Ugandans.*

***Beneficiary three:** Nakafeero Ruth, a caretaker of her 58-year-old mother suffering from cancer of the intestines noted that her mother had been admitted for over a week and was very happy with the facility and services received. Medical doctors had attended to them upon arrival, admitted, given a bed and mattress to both the patient and care taker. However the two expressed concern that they had not received any meals since they arrived at the institute.*

## **Analysis**

### **Link between financial and physical analysis**

The link between physical and financial progress was weak with only 25% targets achieved out of 35% funds absorbed. This link was attributed to procurement delays that led to under performance of the development grant, frequent breakdown of machinery and equipment.

### **Achievement of set targets**

The UCI achieved 25% of its half year targets hence 50% of annual targets. The development project performed below average with only one output (Payment of retention, interest and extra charges) achieved at 100%. Service targets like new patients treated, simulated and retreated were not achieved.

### **Challenges**

- Outdated equipment characterized by frequent breakdowns leading to high maintenance costs, inaccurate results and long exposure of patients to radiation.
- Increased number of patients in relation to resources provided to the institute. The UCI budget has remained constant for the last three financial years.
- The UCI has staffing gaps with doctor patient ratio at 1:100, nurse-patient ratio at 1:50. The UCI also has only one physiotherapist and one counselor.
- Limited equipment including beds hence a big number of floor cases with a number of patients staying on the verandahs of the institute.
- Lack of adequate drug combinations to effectively manage cancer.

### **Conclusion**

The UCI did not achieve all the set targets. This was attributed to frequent breakdown of equipment, staffing gaps, and inadequate medical supplies among others. There is need to strengthen the institute in terms of equipment, machinery, staff and medical supplies. Therefore, the MoH should lobby cabinet to allow UCI to manage and procure specialized medicines.

In addition, the preventive component of cancer should be strengthened through sensitization, timely access to screening services. Regional referral hospitals should also be supported to effectively streamline cancer services in their daily activities including community outreach programs. This will not only create more awareness, it will also contribute to decongestion of the Uganda Cancer Institute.

### **Recommendations**

- The UCI should fast-track procurement of equipment for improved service delivery.
- The MoH should further prioritize non-communicable diseases including cancer by providing substantial budgets to both preventive and curative strategies.
- The MFPED and MoPS should increase the UCI wage bill to facilitate recruitment of medical officers, consultants and nurses for improved service delivery.
- The MoH should lobby cabinet to allow UCI to manage and procure specialized medicines just like the Uganda Heart Institute to avoid complaints related to drug unavailability and inadequacies in quantities of supplies received from NMS.

## 8.9: Uganda Heart Institute (Vote 115)

### Background

The institute was set up to serve as a center of excellence for the provision of comprehensive medical services to patients with cardiovascular and thoracic diseases at an affordable cost. This was envisaged to facilitate service delivery and enable continuous development of the institute. It is also aimed at offering an enabling environment for research and training for sustainable development of cardiac super speciality.

### Planned activities for FY 2014/15

A number of activities were planned under heart research, services and outreach programs; these include;

- Data and Research on Genetics of Rheumatic Heart disease collected and done
- HIV/ Rheumatic Heart disease data collected and research carried out.
- Data and research on TB Peripartum cardiomyopathy collected.
- Research on Rheumatic Heart disease registry carried out
- Perform 100 open heart surgeries
- Perform 250 closed heart and thoracic surgeries
- Perform 12,000 Echocardiograms
- Perform 11,000 ECGs
- Conduct 260 Stress tests
- 500 ICU (Intensive Care Unit) Admissions
- 200 Catheterisation procedures
- Perform 100 pacemaker programming
- Conduct 200 Holter monitoring
- Carry out 6,000 laboratory investigations
- Perform 1,200 X-rays
- Cath-lab and surgical consumables and sundries procured
- Cath-lab and surgical staff trained.
- Cath-lab and surgical machinery and equipment maintained.
- 14 regional referral hospitals monitored
- 120 visits to specialised groups for example schools

### Financial Performance

In FY 2014/15, the institute was allocated Ug shs 9.105 billion<sup>14</sup>, of which Ug shs 4.539 billion (50%) was released and Ug shs 1.688 billion (37%) spent by 31<sup>st</sup> December 2014. Over 65% of

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<sup>14</sup> Exclusive of Appropriation in Aid

the expenditure was recurrent with main expenditures on heart services including procurement of catheterisation consumables and 35% was spent on development activities. These included; procurement of machinery, equipment and furniture.

### Physical performance

The institute achieved 44.2% of its targets including both service and development outputs for the first six months of the FY 2014/15. Table 8.20 indicates detailed physical performance of selected outputs.

**Table 8:20: Physical performance of UHI in achievement of set targets by 31<sup>st</sup> December 2014**

Target	Performance	Remarks
Data and Research on Genetics of Rheumatic Heart disease collected and study done	Data collection was ongoing. Project was also on schedule. <i>(No clear indicators hence could not be measured)</i>	It is a three year project that commenced in FY 2014/15 and expected to be completed during FY 2017/18. It is targeting a minimum of 1,000 entries. Data was picked from three countries involved in the study - Ghana, South Africa and Uganda and funded by combination of funders including Washington DC Children's Hospital and Medtronic foundation.
HIV/ Rheumatic Heart disease data collected and research carried	Had not commenced by 31 <sup>st</sup> December 2014. (0%)  Preparatory activities were ongoing.	It is a collaborative research done by a Joint venture with Joint Clinical Research Centre. Memorandum of Understanding between Makerere University, UCI, UHI and Case Western Reserve University was signed in February 2015.
Two research publications done	50%	One publication was done by 31 <sup>st</sup> December 2014. It is entitled " <i>Characteristics, complications and gaps in evidence based interventions in rheumatic heart disease: the global Rheumatic Health Disease Registry</i> " commonly known as "The remedy study" in European Heart Journal Advance Access. It was published 25 <sup>th</sup> November 2014.
Perform 100 Open heart surgeries	58 Surgeries done (58%)	On course however, the MFPED released funds for only 40 procedures.
200 Catheterisation procedures done	158 procedures done (79%)	Limited funds, the institute had planned for 200 Cath-lab and surgical procedures, however, the MFPED sent funds for only 40 procedures.
250 closed heart and thoracic surgeries	128 surgeries done (51%)	On course
12,000 Echos done	3,821 Echos done (31%)	Staffing gaps with three cardiologists on

		study leave
11,000 ECGs done	3,048 ECGs done (27%)	Staffing gaps with three cardiologists on study leave
260 stress tests done	138 tests done (53%)	On course
500 CCU /ICU admissions done	311 admissions done (62%)	On course
100 pacemaker programming done	29 pacemakers done (29%)	Below average
200 Holter monitoring done	39 Holter monitoring (20%)	Old machines with frequent breakdowns.
6,000 laboratory investigations done	13,245 investigations done (220%)	Excellent performance
1,200 x-rays done	457 x-rays done (38%)	Average performance
Catherisation laboratory (Cath-Lab) and surgical staff trained	50% achieved. Training ongoing	Four staff were sent abroad for training. Two cath-lab nurses were sent to Malaysia for six months to learn how to efficiently run the Cath-Lab while a consultant cardiologist was sent to Case Western Reserve University in the USA to study high end heart services.
Catherisation laboratory and surgical machinery and equipment maintained	<i>(No clear indicators hence could not be measured)</i>	Replacement of batteries for the Cath-lab backup was done at 20,000 USD
14 regional referral hospitals supported	50%	Done 7/14 referral hospitals including Hoima, Masindi, Kabale, Mubende, Fort Portal, Mbale and Gulu plus Kiwoko General Hospital in Luwero (focus area for EMF –Endo Mayo Cardio Fibrosis) were supported in heart services.
120 Visits to specialised groups for example schools	50%	Different staff members visit and talk to various groups in the community about heart services. An average of 60 talks were done during the period of review.
Development outputs <i>(refer to Project 1121 below for details)</i>	5%	Most of the planned out puts like machinery were under procurement
Average physical performance	44.2 out of 50% target	Very good performance

Source: UHI

## Development Grant

### Uganda Heart Institute Project (project 1121)

The project commenced on 1<sup>st</sup> July 2010 and is expected to be completed by 30<sup>th</sup> June 2015. Its main objective is to improve the infrastructure and services of the institute to provide convenient and affordable heart treatment to the local population and the region.

#### Expected outputs by 30<sup>th</sup> June 2015

- Specialised Medical Equipment procured including cardiac beds, patient monitors, ventilators, ECG/ECHO machines, blood gas analyser; Anaesthesia machines, Intrinsic balloon pumps.
- Proposed UHI Complex constructed and commissioned
- Office furniture for surgeons office and laboratory procured

#### Planned outputs FY 2014/15

The following outputs were planned;

- Five desktop computers and three laptops procured
- Software for medical records management procured
- Assorted equipment and machinery procured.

## Findings

### Financial performance

The approved project budget for FY 2014/15 was Ug shs 5.500 billion of which Ug shs 2.750billion (50%) was released and Ug shs 583 million (21%) spent by December 2014. Expenditures were mainly on; procurement of computers, assorted equipment and machinery including Echo machine, anaesthesia delivery systems, ultrasonic nebulizer among others.

### Physical performance

Procurement of the planned outputs had not been finalised by 31<sup>st</sup> December, 2014. Table 8.21 indicates detailed project performance on set targets.

**Table 8.21: Physical performance of development grant under UHI (Project 1121) by 31<sup>st</sup> December 2014**

Annual Targets	Performance	Remarks
Five desktop computers and three laptops procured	0%	Preliminary activities under procurement were ongoing. The equipment was expected by end of FY 2014/15
Software for medical records management procured	0%	Under procurement. Bidders returned bids noting that the specifications made were too high. The UHI has agreed to conduct selective bidding before end of quarter three.

Assorted equipment and machinery procured. These included; Ventilator machine; Echo machine, Portable Echo–Machine; Heavy duty washing machine; Autoclave 75 cubic litres. Cardiac beds; Motorised patient transport trolley; Defibrillators with external pads. Anaesthesia machine, oilless compressor, ultra sound nebulizer, portable ECG machines, handheld ECO machine and two suction machines	40%	Supply, delivery and installation of Anaesthesia machine, oilless compressor, ultra sound nebulizer, portable ECG machines, hand held ECO machine, two suction machines was done in August–November 2014. Others had not been delivered by end of December 2014.
Echo radiography machines	0% (under procurement)	These were cleared by the Solicitor General (SG) on 14 <sup>th</sup> December 2014. The contract had been awarded to M/s Philips Pharmaceuticals (Uganda) Limited at a sum of U\$D 583,950
Delivery supply and installation of medical syringe pumps lot 1	0% (under procurement)	Awarded to M/s Crown Health Care (Uganda) Limited at a sum of Ug shs 270,000,000. It was cleared on 24 <sup>th</sup> December 2014.
Delivery installation and commission of Intra-Aortic Balloon Pump,	0% (under procurement)	Awarded to M/s Meditec Systems Limited at a sum of U\$D 130,000, cleared on 24 <sup>th</sup> December 2014.
Delivery and installation of Defibrillator machines	0% (under procurement)	Awarded to M/s Global Scientific Supplies Limited at a sum of U\$D 29,340
Supply, delivery and installation of medical infusion pumps	0% (under procurement)	Awarded to M/s crown Health Care Uganda Limited at Ug shs 300,000,000 on 24 <sup>th</sup> December 2014.
Average physical performance	5%	Poor performance. Most equipment was still under procurement. <sup>15</sup>

*Source: UHI*

### **Beneficiary satisfaction on quality of service**

The monitoring team randomly selected three heart patients to assess satisfaction and quality of service offered at the Uganda Heart Institute and noted the following;

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<sup>15</sup> All outputs carried equal weights

**Beneficiary one:** Mrs Margaret Sekiranda, 81-year-old widow of Kitiiko Mutungo developed heart problems in 2012 characterised with swelling blood vessels. She was charged between Ug shs 80,000-100,000 per visit inclusive of consultation fees, blood tests and some drugs. Margaret was operated on 13<sup>th</sup> February 2015 and had so far paid a total of Ug shs 4,495,000 for the operation, laboratory tests, ICU, profession fees and some drugs.

Before the operation was undertaken, the patient had to pay Ug shs 3,040,000 as commitment for the operation. She was satisfied with the quality of service received, adding that the doctors were responding in a timely manner, had great customer care, and the wards and bathrooms were clean. "This is not the Mulago I knew 5-10 years ago, everything has improved," Mrs Sekiranda noted.

She had greatly improved, however a number of drugs were not available and her attendants were buying them from a pharmacy in Wandegeya. The drugs included a Zinacef injection 750mg bought at Ug shs 54,000, Rabepraz-Ole injection at Ug shs 81,000, Alenol 50mg tablets at Ug shs 1500 among others.

**Beneficiary two;** Akatukunda Gabriel, a one-and-half year old baby from Rukungiri district was admitted on 12/2/2015 and had a closed heart operation on 16<sup>th</sup>/2/2015. The operation was successful and the attendant (Mother) was happy with the quality of service received. The child was diagnosed with a heart problem at one-year and four months that required immediate operation.

For every visit, she paid Ug shs 21,000 as consultation fees to the institute, Ug shs 47,000 for the ECHO test. The operation had cost the family Ug shs 2,125,000 inclusive of Ug shs 40,000 for the ECHO test drugs of Ug shs 80,000, professional fees of Ug shs 1,100,000, operation at Ug shs 500,000, ICU at Ug shs 280,000 and laboratory fees of Ug shs 125,000. Although, the attendant was satisfied with the quality of service received, she thinks this was too high for ordinary Ugandans and appealed to GoU to further subsidise the costs so that it is affordable to all Ugandans.

**Beneficiary three:** (names withheld on request) "I am 40 years and stay at Rubaga. I discovered that I had a heart problem one year ago and visited a number of private hospitals which did not help much. Today, I decided to come to UHI for specialised help. I have been here since 8:00am, the lines are too long with very few doctors to attend to us. It is now 4:10pm but I haven't received my results for tests done at 2:00pm yet the doctor on duty is already out of office. This means that I have to come back tomorrow.

I was charged Ug shs 28,000 for consultation and Ug shs 105,000 for both ECHO/ECG tests. I was not expecting to pay that much money because, this is a government hospital. The government should deploy more doctors to this institute because we are suffering. I came here feeling very sick but I am going back home without knowing the exact problem and some drugs to relieve me," a female outpatient from Rubaga division.

## **Analysis**

### **Link between financial and physical performance**

Overall, the link between financial and physical was fair with only 37% of the release absorbed and 44 out of 50% set targets achieved. This was mainly because, all the development targets were still under procurement. However, recurrent activities including number of heart surgeries and procedures were on track and done at 65% of the overall expenditure during the period under review.

### **Achievement of set targets**

The UHI achieved 44.2% of its service and development annual targets. Targets directly related to open and closed heart surgeries were achieved, however, the development project greatly underperformed at only 4%. Procurement activities however were in their final stages and the institute expected to have all the equipment by June 30<sup>th</sup> 2015.

### **Comparative analysis**

In comparison with the UCI, UHI did not achieve its development targets since they were both under procurement. Achievement of service outputs at both institutes was greatly affected by staffing gaps, limited budgets, and old machines that frequently broke down.

### **Implementation Challenges**

- Limited funding affecting achievement of planned outputs. Although, the UHI managed to perform 58% of the heart surgeries, the GoU released funds for only 40 surgeries.
- Low staffing levels with only 37% of the positions filled.

### **Conclusion**

The UHI did not achieve all its set targets. The non-wage component of UHI was inadequate to meet the demand for heart services in Uganda as well as set targets of the open and close heart surgeries. The need to strengthen the institute in terms of staffing, capacity building, equipment coupled with strengthening the preventive aspect through substantial allocations to sensitization countrywide is key for improved health service delivery.

### **Recommendations**

- The MoH should prioritize funding specifically for open and closed heart surgeries to reduce expenditures on abroad referrals.
- The MoPs and the Health Service Commission should fast track recruitment of staff for the UHI to improve service delivery.

## **8.10: National Medical Stores Vote 116**

National Medical Stores (NMS) was established in December, by the NMS Statute no.12 of 1993. It is responsible for ensuring continuous distribution of pharmaceutical products in a

financially viable and sustainable manner. It distributes various drugs which include; Uganda Essential Drug Kits, drugs for Sexually Transmitted Infections (STIs), Anti-Retroviral (ARVs), Family Planning Products and other drugs from MoH as direct distributions to the districts.

The mission of the NMS is to “*effectively and efficiently supply essential medicines and medical supplies to health facilities in Uganda*”. Its core objectives include;

- Efficient, economic procurement of medicines and other medical supplies of good quality primarily to the public health services.
- Secure safe and efficient storage, administration, distribution and supply of goods in question in accordance to the National Drug Policy and Authority.
- Establishment and maintenance of systems to ensure the quality of goods supplied.
- Estimation of current and future needs as a basis for procurement, planning and budgeting.

### **Planned activities FY 2014/15**

- To procure, store and distribute Essential Medicine and Health Supplies(EMHS) basic kit amounting to Ug shs 11.163 billion to health centres II
- To procure, store and distribute EMHS basic kit amounting to Ug shs 18.360 billion to health centres III
- To procure, store and distribute EMHS orders amounting to Ug shs7.992 billion to health centres IV
- To procure, store and distribute EMHS orders amounting to Ug shs13.106billion to General hospitals.
- To procure, store and distribute EMHS orders amounting to Ug shs13.024 billion to Regional Referral Hospitals
- To procure, store and distribute EMHS orders amounting to Ug shs12.3656 billion to National Referral Hospitals
- To procure, store and distribute ACTS, ARVS and TB medicines amounting to shs 100billion to health facilities and accredited centres in case of ARVS.
- To procure, store and distribute specialised items amounting to shs 17.864 billion to UHI, UCI and UBTS
- To coordinate clearing and certification of emergency and donated items amounting to Ug shs 2.5 billion
- To procure, store and distribute reproductive health supplies amounting to Ug shs 8 billion to health facilities
- To procure, store and distribute immunisation supplies amounting to Ug shs 9 billion to health facilities.
- To procure, store and distribute laboratory commodities amounting to Ug shs 1.67billion to health facilities.

### **Financial performance**

The approved budget in FY 2013/14 was Ug shs 218 billion of which a total of Ug shs 109 billion (50%) was released and Ug shs 107 billion (98%) spent by 31<sup>st</sup> December 2014. Expenditures were on procurement of pharmaceutical and medical supplies.

## Physical Progress

The NMS achieved six out of 12 set targets (50%) for the half year. Table 8.22 indicates detailed performance of the NMS by 31<sup>st</sup> December 2014.

**Table 8.22: Showing detailed physical progress of NMS annual set targets by 31 December 2014.**

Target	Performance	Remarks
To procure, store and distribute Essential Medicines and Health Supplies (EMHS) basic kit amounting to Ug shs 11.163 billion to health centres II	30.6% (Half year target not achieved)	EMHS basic kits amounting to Ug shs 3.422 billion were procured and distributed.
To procure, store and distribute EMHS basic kit amounting to Ug shs 18.360 billion to health centres III	32.7% (Half year target not achieved)	EMHS basic kits amounting to Ug shs 6.00 billion were procured and distributed.
To procure, store and distribute EMHS orders amounting to Ug shs 7.992 billion to health centres IV	50% (Half year target achieved)	EMHS orders amounting to Ug shs 4.00 billion were procured and distributed
To procure, store and distribute EMHS orders amounting to Ug shs 13.106billion to General hospitals.	66.6% (Half year target achieved)	EMHS orders amounting to Ug shs 8.733billion were procured and distributed.
To procure, store and distribute EMHS orders amounting to Ug shs 12.3656 billion to National Referral Hospitals	53.7% (Half year target achieved)	EMHS orders amounting to Ug shs 6.992billion were procured and distributed
To procure, store and distribute EMHS orders amounting to Ug shs 13.024 billion to Regional Referral Hospital	53% (Half year target achieved)	EMHS orders amounting to Ug shs 6.992billion were procured and distributed.
To procure, store and distribute ACTS, ARVS and TB medicines amounting to shs 100 billion to health facilities and accredited centres in case of ARVS.	51.5% (Half year target achieved)	ACTS, ARVS and anti TB medicines amounting to shs 51.52 billion procured, stored and distributed to health facilities and accredited centres in case of ARVS.
To procure, store and distribute specialised items amounting to shs	43.5% (Half year not target achieved)	Specialised items amounting to Ug shs 7.87 billion were procured, stored and

17.864 billion to UHI, UCI and UBTS		distributed to UHI, UCI and UBTS.
To coordinate clearing and certification of emergency and donated items amounting to Ug shs 2.5 billion	39.8% (Half year target not achieved)	A total of Ug shs 0.996billion was incurred in the clearance, storage and distribution of donated items to health facilities
To procure, store and distribute reproductive health supplies amounting to Ug shs 8 billion to health facilities	25% (Half year target not achieved)	Reproductive health supplies amounting to Ug shs 1.966 billion were procured, stored and distributed to health facilities
To procure, store and distribute immunisation supplies amounting to Ug shs 9 billion to health facilities.	44.3% (Half year target not achieved)	Immunisation supplies amounting to Ug shs 3.99 billion were procured, stored and distributed to health facilities.
To procure, store and distribute laboratory commodities amounting to Ug shs 1.67billion to health facilities.	97% (Half year target achieved)	Laboratory commodities amounting to Ug shs 1.630 billion to health facilities procured and submitted.

*Source: NMS Quarter Two Performance report*

### **Field Findings**

The Monitoring team sampled a number of entities to establish receipt of ordered items, quality of service, good practices, challenges and recommendations to improve procurement and distribution of medical supplies by the NMS. Five Regional Referral Hospitals were visited. . These were Arua, Hoima, Kabale, Naguru, and Moroto). The following was established;

#### **Arua RRH**

The drug budget was Ug shs 1.119 billion and by end of December 2014 of a total of Ug shs 646 million worth of supplies were received. The hospital had a balance carried forward from FY 2013/14 amounting to Ug shs 8,446,905. Generally, medicine supply was good with more than 80% of ordered items received. The hospital was happy with the timely delivery of supplies as indicated on the schedules.

#### **Challenges**

- Unavailability of certain items like dispensing envelopes for medicines, adhesive plaster in the first three cycles coupled with delays in delivery of emergency orders. For example emergency orders made in December 2014 were honoured on 2<sup>nd</sup> February 2015.
- Stock outs of all TB drugs. Some of these items were not available at NMS premises.

#### **Naguru RRH**

The hospital budget was Ug shs 793 million and supplies worth Ug shs 418 million (59%) inclusive of laboratory supplies were supplied. The NMS had registered a remarkable

improvement in timely delivery of drugs and other supplies with all cycles delivered in stipulated timelines. All emergency orders were responded to in a timely manner and most importantly no stock outs of the six tracer medicines were noted. The hospital received 76% of the ordered drug supplies and over 40% of laboratory items. A number of challenges were also noted. These include;

- Poor quality issues of some items like insulin from India and Silver surfadaizine for burns. These were therefore rejected by clinicians and some patients who preferred buy from private pharmacies.
- Difficulty in drawing accurate procurement plans, the situation was worsened by influx of patients who could not access services from Mulago due to the ongoing rehabilitation works.
- Limited drug budget hence the hospital is often forced to forego important drug supplies in the right quantities for other equally important items.
- Limited staffing levels with the stores department heavily constrained.

### Recommendations

- The national Drug Authority (NDA) should ensure supply of good quality drugs items to Uganda.
- The NMS should continually support Naguru hospital to come up with viable procurement plans and budgets in order to reduce on numbers of emergency orders placed with a financial year.
- Naguru hospital administration should deploy stores personnel to effectively handle drug and other supplies delivered to the hospital.

### Hoima RRH

The annual budget for medical supplies was Ug shs 939 million including balance carried forward of 573 million. By the end of December 2014, supplies worth Ug Shs 390 million were received. The hospital was supported to come up with a viable procurement plan and 79% of its orders were delivered. The orders were consistent with the annual procurement plan. Table 8:23 indicates orders made by Hoima RRH and deliveries made by the NMS.

**Table 8.23: orders and deliveries made by the NMS (July-December 2014)**

Orders			Deliveries	
	Date	Amount	Date	Amount
Cycle 1	17/07/2014	164,069,519	26/08/2014	145,310,223.38
Emergency order			11/10/2014	2,346,553.15
Cycle 2	16/09/2014	160,802,669	20/10/2014	120,217,298.89
Additional supply			24/10/2014	485,702.85

Emergency order	24/10/2014	5,790,000	18/11/2014	4,943,577.65
Cycle 3	11/10/2014	162,226,689	28/11/2014	42,200,190.93
Additional supply	11/10/2014		11/12/2014	72,985,525.37
Emergency order			11/12/2014	1,993,712.13
<b>Total</b>		<b>492,888,877</b>		<b>390,482,784.35</b>

*Source; Hoima RRH*

### Challenges

- Non delivery of ordered items. The table above indicates that 79% of the ordered items were delivered. Emergency orders were also common during the FY.
- Consistent non delivery of certain critical items like Ultra Scan gel, X-ray films, Anesthetic medicines like Bupivacaine, hypertensive drugs likeamlodipineand Atenolol.
- Although the hospital was supported in drawing a procurement plan, it is often not accurate with different seasons coming along with medical different requirements. Disease out breaks like typhoid, cholera often distort the original procurement plans.
- Expenses involved in making and picking emergency orders from NMS Entebbe. The hospital does not have a budget for such unplanned expenses.
- Lack of medical stationary constraining record keeping.

### Recommendations

- NMS should endeavor to supply ordered quantities as indicated in the annual procurement plans to avoid stock outs of certain medical supplies.
- The hospital should further be supported to draw viable procurement plans.
- The NMS should deliver emergency orders resulting from none-delivery of certain items however, hospitals should cater for emergencies resulting their negligence.

### Kabale RRH

The annual hospital budget for medical supplies was Ug shs 992 million and by 31<sup>st</sup> December, supplies of Ug shs 660 million were received (67%).The hospital also received 200 mattresses whose value was not known. The NMS was applauded for improvement in service delivery with no stock outs of essential medicines.

### Challenges

- Non-delivery of some ordered items, the hospital therefore resorted to ordering more than required for fear of receiving less items.
- Lack of adequate laboratory supplies.
- Lack of medical stationary

## **Moroto RRH**

The approved budget was Ug shs 575 million of which supplies of Ug shs 346 million (60%) were received by the end of December 2014. The NMS had greatly improved the amounts of supplies delivered with over 60% of the budget delivered by half year. Improved quality supplies including the previously questioned plasters and syringes.

The NMS had opened a regional office in Moroto district, it had greatly improved services in the Karamoja region with timely support in drawing procurement plan and delivery of ordered items.

## **Challenges**

- Non receipt of ordered items leading to balances carried forward to subsequent financial years. During cycle one, items of Ug shs 128 million were ordered and supplies worth Ug Shs 113 million were received. During, the second cycle, items of Ug Shs 127 million were ordered and Ug Shs 103 million worth of drugs were received.
- Continuous stock outs partly due to poly pharmacy tendencies by some clinicians prescribing more drugs than needed. Some clinicians do not follow clinical guidelines hence prescribe stronger drugs for simple illnesses.
- Drug expiries due to ordering of more than required and sometimes underutilization of ordered items. Examples of drugs that expired included ARVs. Testing kits were also noted to have expired.
- Effect of drug promoting companies affecting mindset of some clinicians and pharmacist regarding use of some drugs than others. This affects the procurement plans, budgets and utilization of certain items than others.
- Lack of adequate storage structures for medical supplies. The existing structure was dilapidated, not aerated and lacks adequate space.
- Lack of enough vaccines like HPV for Hepatitis B leaving hospital staff at a high risk of being infected.
- Lack of a systematic drug monitoring tools to track requisitions and prescriptions by different departments.

## **Recommendations**

- The MFPED should front load all funds for procurement and distribution of drugs to allow NMS honor at least 97% of ordered items to avoid stock outs and frequent emergency orders.
- The MoH should continuously remind and encourage all clinicians to follow clinical guidelines, those that continuously fail to follow guidelines should be reprimanded.
- The hospital administration should prioritize construction store to cater for all medical and other supplies delivered.
- The GAVI should ensure utilization of the HPV grant to facilitate adequate supply of the HPV vaccine to at least referral hospitals.

- There is need to keep records of medicines to facilitate regular analysis of the quantities consumed for better decision making.

## **Analysis**

### **Link between financial and physical performance**

There was a positive link between two variables. The GoU released 50% of the annual budget of which 98% was spent and six out of 12 targets were satisfactory achieved (50%).

Although the link is positive, it should be noted that release of 50% of the budget does not translate into procurement and receipt of all drugs expected by beneficiary health facilities. This has constantly led to stock outs and compromise to service delivery. For example 30% of the health centre IIs budget was released leaving a half year gap of 20%. This meant that the HCIIIs did not receive medical supplies expected by 31<sup>st</sup> December 2014.

### **Achievement of set targets**

The NMS achieved 50% of annual targets, however analysis of physical performance indicated uneven distribution of resources for example an EMHS basic kit for HCIIIs had a budget of Ug shs 11.16 billion, only Ug shs 3.44 was released and spent. This means that expected targets could not be achieved on that particular item. Specialised units like UHI, UCI and UBTS had a budget of 18.10billion however only Ug shs 8billion was released and spent. This further indicates a gap in prioritisation, planning and budgeting hence unending drug stock outs.

### **Implementation challenges**

- Limited funds released; although 50% of the budget was released, analysis indicates under performance in procurement and delivery of medical supplies to health facilities.
- Non supply of ordered items translating into balances carried forward from previous financial year; field visits indicated that all entities visited had balances carried forward from FY 2013/14 due to unavailability of medical supplies.

### **Conclusion**

Although the NMS achieved 50% of its half year set targets, health facilities and specialised institutions did not receive medical supplies expected during the period under review. This was mainly because 50% release of the budget does not translate into procurement and supply of all medical supplies. It is important to front load all funds meant for medical supplies to avoid such imbalances for improved health service delivery.

### **Recommendations**

- The MFPED should consider front loading of all funds related to procurement of medical supplies for proper implementation of planned activities.
- The NMS should step up its planning, budgeting and coordination efforts so that all entities receive their full allocations by end of every financial year.

## **8.11: Butabika National Referral hospital (Vote 162)**

Butabika Hospital, located in Kampala City was established in 1955, and is currently the only national referral mental health institution in the country. It is mandated to provide super specialized tertiary health care, train health workers and conduct mental health research in line with the requirements of the MoH. The hospital currently handles an outpatient department catering for about 350 clients daily in both the general and mental healthcare areas. It has a bed capacity of 550, though it is often stretched to 750-780 patients.

### **Planned outputs FY 2014/15**

These included both services and infrastructure outputs.

The services outputs were:

- 27,000 mental outpatients and 40,000 medical outpatients handled,
- 6,800 patients admitted,
- 27,000 laboratory investigations conducted,
- 1,000 x-ray and 1200 ultrasound done,
- 60 outreach clinics conducted,
- 3,200 patients handled and 900 patients resettled,
- 20 technical support supervision visits to regional mental units and advocacy activities to be conducted,
- Mental health research conducted.

The infrastructure outputs were;

- Staff houses completed
- Laundry machines procured
- Kitchen stoves constructed
- Staff van procured
- PBX machine procured
- OPD shed constructed
- Assorted furniture procured

### **Findings**

#### **Financial Performance**

In FY 2014/15, the hospital was allocated Ug shs 9.7 billion, of which Ug shs 1.9 billion (19.5%) was for development activities and Ug shs 4.0 billion (41.2%) for non-wage and Ug shs 3.6billion (37.1%) as wage.

A total of Ug shs 4.8 billion (49%) was released and 3.8billion (80%) spent, with Ug shs 829 million (21%) as capital development, Ug shs 1.696 billion (44%) non-wage and Ug shs 1.350 billion (35%) as wage.

#### **Physical performance**

Table 8.24 indicates the hospital's half year. It achieved 38% of the planned targets.<sup>16</sup> This performance was attributed to understaffing and procurement delays.

**Table 8.24: physical performance of Butabika National Referral Hospital by 31<sup>st</sup> December 2014**

outputs	Indicator	Annual planned Output	Actual Performance	Percentage Achievement
Inpatients	Admissions	6,800	3,602	53
Outpatients	Patients treated in the general ward	40,000	14,050	35
Diagnosis	Lab Investigations	27,000	14,407	53
	X-ray	1,000	508	51
	Ultra sound	1,200	451	37
Other services	Outreach clinics conducted	60	15	25
	Patients seen in outreach clinics	3,200	1,609	50
	Visits to regional mental units	20	11	55
	Resettlement of patients	900	500	56
	Immunization	No annual target set	814	
	Mental Health research	8	2	25
Development outputs ( <i>Refer to the development grant for more details</i> )	Staff houses completed Laundry machines procured Kitchen stoves constructed Staff van procured PBX machine procured OPD shed constructed Assorted furniture procured	50%	20%	20
Average Physical Performance	38%			

*Source: Butabika Hospital*

#### **Development component:**

**Two - Six unit staff houses completed;** Construction works were phased into lots, with lot one awarded to M/s Musuza Building Contractors Limited at a contract sum of Ug shs 1.171billion.

<sup>16</sup> Average performance

It involved foundation works, walling, plastering, painting, electrical and plumbing works as well as general finishes for the first six units. A total of Ug shs 938 million was paid to the contractor of which Ug shs 361 million was paid during FY 2014/15. Works commenced in November 2013, while completion and hand over was done in November 2014.

Construction of another six unit staff house under lot two was awarded to M/s Kiru General Services Limited at a contract sum of Ug shs 1.131 billion. A total of Ug shs 1.085 billion had been paid to the contractor of which Ug shs 411 million was paid in FY 2014/15. The staff house had also been completed and handed over to the hospital. The monitoring team noted good quality civil works under both lots.



**Completed staff houses at Butabika Hospital**

**Kitchen stoves constructed;** M/s Emco Works Limited was procured to construct hospital kitchen stoves at a contract sum of Ug shs 15 million. Works commenced on 5<sup>th</sup> November 2013, were completed on 5<sup>th</sup> November 2014 and handed over. The hospital further procured saucepans from Ndere Investments Limited at a contract sum of Ug shs 10 million these were delivered on 31<sup>st</sup> October 2014.

**Laundry machines procured;** this was under procurement, commencement of works awaited signing of the contract. Physical progress was therefore at 0%.

**Staff van procured;** procurement was awaiting approval of the contract by the Solicitor General.

**Staff houses rehabilitated;** the output was not undertaken due to lack of funds.

The procurement of contractors for the construction of the **OPD shed and PBX machine was initiated.**

Average physical performance on the development grant was 20% since four out of six development targets were under procurement.

### **Implementation challenges (Development grant)**

- Re-introduction of VAT on all projects without increasing the budget impacted on the number of projects undertaken during the financial year such as the rehabilitation of the staff houses.
- Changes in prices of construction materials increased cost of projects. Failure to adequately plan for price changes, the lag between the time BoQs are drawn and actual implementation, as well as failure to review them partly contributes to the challenge.

### **Other challenges faced by the hospital;**

- Poor referral system owing to non-functional regional mental units. These units are characterized by lack of doctors, nurses and specialised drugs
- Low levels of community awareness about mental health. This led to late diagnosis making treatment difficult and expensive.
- Low levels of patient acceptance upon return to their communities. This forces some of the patients to return to the hospital impacting on its meagre resources.
- Frequent destruction of hospital property by patients. These include window glasses, mattresses, uniforms and blankets; replacement of these items greatly increases the hospital budget.
- High feeding costs due to drugs administered; the drugs stimulate the patients' appetite making expenditure on food very high.

### ***Case study of children's mental clinic at Butabika hospital***

The children's mental clinic handles over 80 children (4-17 years) every clinic day which is a Wednesday. The clinic has 30 beds and is supported by friends of Butabika in East London, and GoU among others. Conditions treated include drug abuse, autism, epilepsy, conduct, schizophrenia, sleep troubled children, psychologically or physically abused children among others.

Children at the clinic are involved in play activities including indoor and outdoor games, joining puzzles, painting, singing, watching television and gardening.



**Left: front view of the children's clinic and some of the sick children at the clinic (right)**

The clinic faces a number of challenges, these include;

- Lack of specialized staff like child specialist, social worker and a full time teacher at the clinic.
- .Poor attitude and lack of involvement in the development of mentally ill children by both parents and communities.
- Lack of paediatric drugs making management of diseases difficult. . Such drugs include anti-convulsants and sodium valuporent.

### **Recommendations**

- The MoH and the Health Service Commission should recruit social workers, psychiatrist nurses and doctors for the hospital.
- Butabika hospital should counsel families and communities of affected children to prepare them to receive recovered children and support them towards complete recovery.
- The MoH and Butabika hospital through their outreach programmes should sensitize communities about proper care for mentally sick children.
- The NMS should provide adequate specialized drugs to Butabika.

### **Kabale Regional Hospital Mental Unit**

The unit is supported by Butabika Hospital through monitoring, technical supervision and capacity building (Continuous Medical Education (CME)). The unit received 474 inpatients and 4,312 outpatients in the first half of the FY. Most cases were epilepsy, bipolar disorders and depression.

### **Challenges**

The unit noted the following challenges;

- High number of patients in relation to the inadequate resources. The unit had only 36 beds amidst a high number of daily inpatient admissions.
- Inadequate drugs leading to failure to manage some cases hence relapses. Mental health drugs are very expensive and cannot be afforded by the locals.
- Health workers are often attacked and injured by some patients. Such patients can only be managed by administering certain drugs in the right quantities at the right time, though sometimes the drugs are unavailable.
- Lack of transport to quickly refer complicated cases to Butabika hospital.
- Lack of proper planning leads to high weekly maintenance expenditures on infrastructural replacements like glass windows.
- Lack of running water hence flush toilets were no longer in use, thus constraining the sedated patients that had to move longer distances in search of toilets and bathrooms.
- Under staffing with limited nurses, no single social worker and psychologists.
- Lack of adequate machinery. The ECT machine donated by Butabika Hospital lacks a cable. This machine is very useful in management of mental cases however, it cannot be utilized.
- Limited resources in light of increased number of patients due to high levels of alcoholism coupled by availability of a local drink “*Mujakure*”.

### **Recommendations**

- The hospital together with Butabika hospital should boost the referral system by availing transport for complicated cases to access timely treatment.
- The MoH together with NMS should provide adequate medical supplies to avoid relapses and loss of lives.
- The hospital should construct pit latrines for the mental unit
- The hospital should replace all glass windows with metallic ones
- The MoH should invest in awareness creation regarding drugs, alcohol and substances causing mental disorders among Ugandans.
- The MoH and Health Service Commission should procure equipment and machinery to effectively manage mental disorders.

### **Analysis**

#### **Link between financial and physical performance**

There was a fair link between financial and physical performance with 56% of the budget released and 80% spent. Expenditures were both on capital and recurrent expenditures hence

37% achievement of set targets. This link was attributed to procurement delays as well as staffing gaps to enable full attainment of the half year targets.

### **Achievement of set targets**

The overall average achievement of set targets both development and recurrent was 38%. Apart from completion of the staff house and construction of kitchen stoves, other development targets were under procurement. Service outputs including admissions, laboratory investigations, X-rays and resettlement of patients were achieved. Service outputs were partially achieved including outreach clinics (25%), conducting ultra sound scans (38%) and mental health research (25%) was good.

### **Conclusion**

Butabika hospital achieved 76% of its half year targets (38%). The development targets were achieved at 20%. Procurement delays greatly affected achievement of set targets. Although, the hospital achieved most of the service output targets, a number of challenges continued to hamper mental health service delivery. These included; inadequate funds, lack of drugs, poor referral system, under staffing both at national and regional facilities among others.

The MoH should therefore prioritise mental health in terms of prevention, detection and treatment in all region referral systems through a strengthened referral system.

### **Recommendations**

- The MoH should strengthen mental health units of all regional referral hospitals with staff and necessary medical supplies. The right mix of cadres should be considered with social workers, psychiatric nurses and doctors.
- Butabika hospital should fast track discussions with KCCA to start mental units at newly constructed hospitals of Kawempe and Kiruddu to strengthen the referral system.
- Butabika hospital together with MoH should prioritize awareness creation regarding prevention, detecting and treatment of mental illnesses.

## **8.12: Regional Referral Hospitals (Vote 163- 176)**

### **Background**

Regional Referral Hospitals offer specialist clinical services such as psychiatry, Ear, Nose and Throat (ENT), ophthalmology, higher level surgical, medical services, and clinical support services (laboratory, medical imaging, and pathology). They are also involved in teaching and research. The mission of these votes is to provide specialized and high quality health services, conduct tertiary medical health training, research and contribute to national health policy.

Half year monitoring focused on seven of the fourteen RRHs in Uganda. These were; Arua, Hoima, Kabale, Gulu, Mbale, Moroto and Naguru. Analysis and verification of outputs reported in the Q2 FY2014/15 progress reports was done, with focus on non-wage recurrent and development grant-Rehabilitation of Regional Referral Hospitals (Project 1004). The project commenced in 2013 and is expected to be completed by June 2015. It was premised on the following objectives;

- Rehabilitation of old and broken infrastructure.
- Construction of vital infrastructure including staff accommodation.
- Adequately equip the hospitals with medical and office equipment and furniture.
- Improve on infrastructural security of the hospitals
- Provide appropriate transport for the performance of hospital activities
- Improve on internal and external communication.
- Provide alternative/backup power and water sources.

The monitoring team established the following;

### **Vote 163: Arua Regional Referral Hospital**

Arua hospital is a 320 bed hospital elevated to regional referral status in 1994. It is mandated to provide quality general and specialised health services to the people of North Western region of Uganda in the districts of Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Yumbe and Zombo.

#### **Planned outputs FY 2014/15**

These include both service and development;

- 21,500 admissions done,
- 2,600 major surgeries done,
- 5,200 deliveries done,
- 92,000 outpatient's attendance,
- 100,000 lab tests done,
- 12,500 imaging's done,
- 80 post-mortems done
- 40,500 children immunized,
- 4,500 women immunized,
- 20,500 mothers for Antenatal Care Services
- 5,600 family planning contacts
- A hospital lagoon constructed
- Six nurses' houses completed

#### **Financial Performance**

The total revised budget for FY 2014/15 was Ug shs 5.357 billion, of which Ug shs 3.017 billion (56%) was released and Ug shs 2.831 billion (94%) spent by 31<sup>st</sup> December 2014. Expenditures were; 48% on wages, 27% on development and 24.4% on non-recurrent activities including payment of utilities.

Under the recurrent expenditures, it was observed that a total of Ug shs 37,634,270 had been paid for water, however, Ug shs 7,634,270 a water payment utilised by M/s Cleaner Services Limited, a construction company under Maximil Memorial was captured as an electricity payment under the period under review.

### Development Component (Project 1004)

In FY 2014/15, the project was allocated a total of Ug shs 999 million of which Ug shs 807 million (81%) was released and Ug shs 705 million (87%) spent by 31<sup>st</sup> December 2014. Expenditures were expended on completion of the lagoon and construction of the nurses' hostel.

### Physical performance

The hospital achieved five out thirteen planned targets (35%). Table 8.25 indicates poor performance on a number of indicators like hospital deliveries, outpatient attendances, imaging, laboratory services as well as Antenatal Care (ANC) services. This points to low uptake of family planning services as well as high number of home deliveries by expectant mothers. All development targets were achieved because they had rolled over from FY 2013/14.

**Table 8.25: Status of set targets at Arua Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Annual planned output	Actual performance	Percentage achievement
Inpatients	Admissions	21,500	9,624	45
	Major surgeries	2,600	1,712	66 (Half year target achieved)
	Deliveries	5,200	1,517	29
Outpatients	Outpatient's attendance	92,000	25,675	28
Diagnosis	Lab tests done	100,000	38,319	38
	Imaging's done	12,500	4,255	34
	Post-mortems done	80	60	75 (Half year target achieved)
Other services	Immunization (children)	40,500	7,572	36
	Immunization (women)	4,500	1,615	46
	ANC for mothers	20,500	9,411	10
	Family planning contacts	5,600	578	45
Development outputs ( <i>Refer to development grant below for more details</i> ).	Construction of a hospital lagoon	100%	95%	95 (Target achieved)
	Six nurses' houses completed	100%	75%	75 (Target achieved)

*Source: Arua RRH and Arua Quarter two Performance Report*

### Development grant (Project 1004)

i) **A hospital lagoon constructed;** this project was awarded to M/s Ambitious Construction Co. Ltd at a contract sum of Ug shs 512,034,863. Construction works commenced on 13<sup>th</sup> September 2014 and were expected to be completed by 20<sup>th</sup> February 2015. M/s KK Partnership Architect designed the lagoon at a cost of Ug shs 46,020,000. The works were completed by end of quarter



**Hospital lagoon at substantial completion**

two FY 2014/15, physical progress was therefore 95% against 82% financial progress. By 21<sup>st</sup> January 2015, the project had been handed over to the hospital, however it was not yet functional. Its functionality was awaiting connection of the sewerage line by the hospital. The project was under defects liability period.

Construction of six nurses' house completed; this project was awarded to M/s Rohi Services Limited at a contract sum of Ug shs 1,001,744,280. Works commenced in May 2013 and were expected to be completed by May 2014, however due to budget cuts of over Ug shs 400million during FY 2013/14, the project was rolled over to FY 2014/15. Physical progress was at about 75% against 61% financial progress



The facility was roofed and plastered, outstanding works included painting, floor works, electrical, plumbing and external works (landscaping). The hospital noted that the contractor was willing to continue and have works completed upon availability of the balance. There is fear that the hospital will not have enough money to clear any more certificates

**Six nurses' house under construction at Arua RRH**

raised by the contractor in the remaining half of FY 2014/15.

### **Implementation challenges**

- Staffing gaps with levels at 48%. The hospital lacks the right mix of cadres, having more support staff than medical specialists.
- Lack of staff accommodation with only 20% of hospital staff accommodated.
- Limited development budget hence contractor cannot complete works on the nurses' house as earlier anticipated.

### **Vote 165: Gulu Referral hospital**

Gulu hospital is a 250 bed hospital established in 1934. It is mandated to provide quality general and specialised health services to the people of Acholi Sub- region in the districts of Amuru, Nwoya, Agago, Amuru, Kitgum, Lamwo and Pader.

### **Planned outputs FY 2014/15**

These include both service and development outputs;

- 18,000 inpatients admissions done
- 170,000 outpatient's attendance
- 40,000 laboratory tests done
- 3,000 X-rays done
- 3900 ultra sound imaging's done
- 16,000 antenatal cases conducted
- 40,000 children and mothers immunised,
- 3,876 people receiving family planning services
- Contribution to phase one construction of 54 units of staff houses to accommodate staff of the hospital
- Retention for staff house and administration block paid

### **Financial Performance**

The total revised budget for FY 2014/15 was Ug shs 4.999 billion of which Ug shs 2.933 billion (59%) was released and Ug shs 2.677 (91%) spent by December 2014. Expenditures were; 43% on wages, 23% non-wage activities and 34% on development activities.

### **Development component (Project 1004)**

In FY 2014/15, the hospital was allocated a development budget of Ug shs 999 million of which Ug shs 897 million (90%) was released and 100% spent by 31<sup>st</sup> December 2014.

### **Physical performance**

The hospital satisfactorily achieved four out of eleven planned targets (36%) Table 8.26 indicates good performance on indicators like laboratory services, admissions, outpatient attendance. This was attributed to recruitment of four clinical officers which reduced waiting time from one hour to 30minutes. Poor performance was noted on x-rays imagings at 0%, this

was attributed to the breakdown of the machine for over six months. Patients were therefore referred to other health facilities for x-ray services.

**Table 8.26: Status of targets at Gulu Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Annual planned output	Actual performance	Percentage achievement
Inpatients	Admissions	18,000	10,449	58 (Half year target achieved)
Outpatients	Outpatient's attendance	170,000	96,723	57 Half year target achieved)
Diagnosis	Lab tests done	40,000	43,516	109 Half year target achieved)
	X-rays done	3,000	0	0
	Imaging's done	3,900	1,566	40
Other services	Immunization (children)	40,500	7,572	19
	Immunization (women)	40,000	10,302	26
	ANC for mothers	16,000	5,101	32
	Family planning contacts	3,876	1,084	28
Development outputs (Refer to development grant below for more details).	Construction of foundation of 54units three storey staff housing complex	20%	0%	20
	Retention for staff house and administration block	100%	100%	100 (Target achieved)

*Source: Gulu RRH and Gulu Quarter Two Performance Report*

### **Development grant (Project 1004)**

#### **i) Construction of foundation of 54 units-three storey staff housing complex; M/s Block**

Technical Services were contracted to undertake the works at a sum of Ug shs 6.2billion. Site was handed over to the contractor in November 2014 and works including demolitions began immediately. Foundation works began in December 2014. The contract period is three years and is expected to be completed by 2017. Scope of works included construction of a three storey building with 54units. The consultant is ACE consultants at a sum of Ug shs 210 million. Physical progress was still at 0% with foundation works ongoing. The contractor was fully mobilised with over 42 workers on site.



**Ongoing foundation works at Gulu RRH**

Bricks for the facility were being made onsite by the time of monitoring done on 3<sup>rd</sup> February 2015.

The contractor was paid a total of Ug shs 856 million (14%) as part of advance payment and consultant was paid Ug shs 15 million (7%) of the contract price.

**ii) Retention for staff house and administration block;** a total of Ug shs 16 million was paid, with M/s Mable Enterprises Limited, the contractor for the staff house and M/s Block Technical Services for the administration block getting Ug shs 13 million each. Both the staff house and administration block were completed in FY 2013/14 at a revised contract sum of Ug shs 1,384,105,008 and Ug shs 720,343,718 respectively.

### **General challenges affecting performance of the hospital**

- Staff accommodation; 95% of the staff were not accommodated at the hospital, this greatly frustrated and demotivated health workers.
- Shortage of staff including nurses, midwives and doctors. The hospital has only six out of twelve midwives, four out of forty medical doctors required. This greatly constrained service delivery.
- Delays in timely payment of intern doctors. This had led to a strike by the time of monitoring on 3/2/2015; a total of 31 interns had not been paid by MoH for four months, paralysing work at the hospital.
- Accumulated utility arrears with a total of Ug shs 590 million as water bills.
- Limited maintenance and operational budget for equipment.
- Lack of adequate equipment for example ENT and hence some specialists cannot be effectively used.

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

The Hospital, located approximately 190km from Kampala, serves a population of slightly more than 2 million people in Bunyoro (mid-west) and Central Uganda. The districts it serves include; Hoima, Masindi, Kiryandongo, Buliisa, Kibaale, Kyankwanzi and Kiboga, and an additional steadily-increasing number of patients from eastern Democratic Republic of the Congo.

The hospital offers both general and specialized services with a capacity of 320 beds, an annual inpatient admission of 18,900 patients and outpatient attendance of approximately 180,000 patients.

### **Planned outputs FY 2014/15**

These include both service and development outputs

- 180,000 outpatients attendance inclusive of 60,000 specialized clinic attendance,
- 18,000 inpatients attendance,
- 85,000 laboratory tests done,
- 110,000 ANC case attendance,
- 25,000 immunizations,

- 5,000 Family Planning contacts,
- 4,500 x-ray imagings,
- Administration block constructed.

### Financial performance

The hospital's annual approved budget for FY 2014/15 was Ug shs 4.623 billion of which Ug shs 2.692 billion (58%) was released and Ug shs 2.406 billion (89.3%) spent. Releases and expenditure per quarter are indicated in table 8.27.

**Table 8.27: Releases and expenditure of funds by Hoima RRH (July- December 2014)**

Grant	Receipts			Expenditure
	Q1	Q2	Total	
Development (Project 1004)	299,819,820	683,213,213	983,033,033	734,737,951
Recurrent	241,571,291	240,936,329	482,507,620	444,171,020
Wage	612,718,384	614,468,323	1,227,186,707	1,227,187,646
<b>Total</b>	<b>1,154,109,495</b>	<b>1,538,617,865</b>	<b>2,692,727,360</b>	<b>2,406,096,617</b>

Source: Hoima RRH

### Physical performance

The hospital achieved five out of ten targets achieved (50%). The availability of intern doctors who gave extra assistance in the out-patient department and laboratory increased efficiency and hence boosting the hospital performance. Numbers of X-rays done were below average due to lack of x-ray films and the gels. The construction of the administration block was ahead of schedule, at 83% of completion. The table 8.28 indicates detailed performance on selected indicators.

**Table 8.28: Status of targets at Hoima Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Planned output	Actual performance	Percentage achievement (%)
Inpatients	Admissions	18,000	10,702	59 (Half year target achieved)
Outpatients	Outpatients attendance	180,000	120,800	67 (Half year target achieved)
Diagnosis	Lab tests done	8,500	25,069	294 (Half year target achieved)
	Imagings done	4,500	1,399	31
Other services	Immunization	25,000	15,671	63

	ANC for mothers	110,000	7,395	6.7
	Family planning contacts	5,000	1,538	31
Development outputs ( <i>Refer to development grant below for more details</i> ).	Administration Block constructed	80%	83%	103 (Half year target achieved)
	Site clearance for JICA project	100%	100%	100 (Half year target achieved)
	Payment of retention for three storey staff house	100%	0	0%

Source: Hoima RRH

### Development grant (Project 1004)

i) **Site demolition, cleared and handed over to JICA contractors;** the contract was awarded to M/s Kibingo Kyeitara Limited at a sum of Ug shs 84million. Works commenced in May 2014 and were completed in July 2014 (within two months). The contractor was paid 100% of work done by July 2014. This expenditure had not been planned during FY 2013/14 hence moved to the subsequent financial year since JICA needed the site by August 2014. Funds were therefore spent and recovered in FY 2014/15.

ii) **Continue with construction of administration block and completion up to 80% of the**



Administration Block under construction at Hoima

**works;** M/s Techno Three Uganda Limited was awarded the contract at a sum of Ug Shs 2, 181,249,408 for a period of 15 months commencing on 23<sup>rd</sup> September year 2013 and ending January 23<sup>rd</sup> 2015. A total of Ug Shs 501,524,734 was paid to the contractor during FY 2013/14. The administration block was roofed and plastering works were ongoing. Pending works included electrical and plumbing. Physical progress was at 83.5% by 15th January therefore they are ahead of

schedule by 3%. Pending works at the administration block included tiling and ceiling works, windows and glasses to be fixed.

iii) **Payment of outstanding certificate for the three-storey 30-units staff accommodation blocks completed in FY 2013/14;** the balance of Ug shs 233 million had been paid by 31<sup>st</sup> December 2014. The 30 unit storey block had enabled critical staff like the doctors, mid wives, and anesthetic officers to be accommodated. This has translated into staff retention and motivation.

## Vote 168: Kabale Regional Referral Hospital

The Hospital is located in Kabale District in Southwestern Uganda, approximately 426 Kilometers from Kampala. It serves a population of about 2 million people in the districts of Kabale, Kisoro, Rukungiri, Kanungu, and some parts of Ntungamo as well as people from neighboring countries, including Rwanda and the Democratic Republic of Congo. The hospital has an average of 20,363 in-patient admissions and 126,521 out-patients, attendance.

### Planned outputs for FY 2014/15

These include;

- 30,000 inpatients admissions,
- 92,000 outpatients,
- 105,000 laboratory investigations,
- 24,000 X-ray done,
- 40,000 Antenatal attendances,
- 60,000 immunizations done
- 140,000 Orthopedics, Physiotherapy and Psychiatry cases
- 55,000 family planning attendances
- Demolition of old theatre and preparing the site for construction of the new one.
- Inter-com connection purchased.
- Specialized machinery and equipment for the general hospital and the private wing procured and installed.
- Solar system procured and installed.

## Findings

### Financial performance

The hospital annual approved budget for FY 2014/15 was Ug shs 4. 380 billion of which Ug shs 2.353billion (53%) was released and Ug shs 1.904 billion (80%) spent. Detailed financial performance per grant (Ug shs) is as indicated in table 8.29

**Table 8.29: Releases and expenditure of funds by Kabale RRH (July- December 2014)**

Grant	Budget	Release	Expenditure
Development (Project 1004)	699,894,895	509,114,380	318,773,269
Recurrent	1,294,908,213	652,105,150	516,357,452
Wage	2,385,388,607	1,192,694,304	1,068,992,532
<b>Total</b>	<b>4,380,191,715</b>	<b>2,353,913,834</b>	<b>1,904,123,253</b>

Source: Kabale RRH

## Physical performance

The hospital satisfactorily achieved six out twelve set targets (50%) of the annual set target, indicators such as inpatient admissions was excellently achieved at 82%, uptake of family planning at 72% and machinery procured at 100%.

X-ray performance was below average due to shortage of staff in that area with the responsible officer having retired and radiographer on study leave. The need for the hospital to deploy staff in the X-ray department is paramount. Detailed performance is indicated in Table 8.30.

**Table 8.30: Status of set targets at Kabale Regional Referral Hospital by 31<sup>st</sup> December 2014**

Output category	Indicator	Planned output	Actual performance	Percentage achievement (%)
Inpatients	Admissions	30,000	24,528	82 (Half year target achieved )
Outpatients	Outpatient's attendance	92,000	41,027	45
Diagnosis	Lab tests done	105,000	51,480	49 (Half year target achieved )
	X-ray Imaging done	24,000	6,539	27
	Orthopedics, Physiotherapy and Psychiatry cases	140,000	41,364	30
Other services	Immunization	60,000	31,661	53 (Half year target achieved )
	ANC for mothers	40,000	13,875	35
	Family planning contacts	55,000	53,140	97(Half year target achieved )
Development Outputs ( <i>refer to development grant below for details</i> )	Site cleared for JICA project.	100%	72%	72 (Target achieved )
	Inter-com connection purchased	50%	0	0
	Solar system procured and installed	50%	0	0
	Specialized machinery and equipment for the general hospital and the private wing procured and installed	100%	100	100 (Target achieved )

Source; Kabale RRH

## Development grant (Project 1004)

- i) **Inter-com connection purchased;** the output was substituted for procurement of furniture for the newly constructed private wing. It included curtains, chairs, round tables, wardrobes, extension cables, shelves for stores and pharmacy. The substituted outputs had also not been achieved, being under procurement. The hospital had received bid documents which had not been opened by time of the monitoring visit done on 29<sup>th</sup> January 2015.

### ii) Purchase of specialized machinery and equipment



Specialised equipment purchased during FY 2014/15 at Kabale RRH

The hospital had purchased some of the equipment by the time of the monitoring. The equipment had been delivered but not yet in use. It included two wheel chairs, four examination couches, weighing scales, Blood Pressure (BP) Machines, two ECG, two patient monitors, one suction machine(1), patient trollies, three examination lumps, glucometer, one telescope and ophthalmology-scopes.

iii) **Solar system procured and installed;** an assessment was done and a report with a quotation of Ug shs 80 million was produced. The quoted amount was higher than the available budget hence the hospital administration decided to phase the works in two phases, with phase one catering for ENT and stores, Pediatrics, Maternity and Gynecology, TB, surgical and medical. Phase II is expected to handle the remaining departments. Procurement of the phase one contractor was underway (bidding process).

iv) **Site cleared for JICA project;** the demolition of the site was completed in September 2014 by M/s Geses Uganda Limited at a sum of Ug shs 69,684,900. The contractor was paid 100% of the contract sum.

## Vote 170 Mbale Regional Referral Hospital

Mbale hospital is located in the eastern part of the country. The hospital currently serves 14 districts with five general hospitals and several smaller-level government-run health centers, as well as private not-for-profit health units. Mbale RRH has a bed capacity of 460 with average annual outpatient attendance of 100,000 patients.

### Planned outputs FY 2014/15

The planned both service and development outputs;

- 62,000 patients admissions,

- 104,000 out patients attendance,
- 72,000 laboratory investigations done,
- 45,000 x-ray done,
- 17,000 ANC cases handled
- 2,500 cases of physiotherapy cases to handled,
- 9,000 children immunized
- Surgical complex constructed

## Findings

### Financial performance

The hospital annual approved budget for FY 2014/15 was Ug shs 7.141billion of which Ug shs 3.825 billion (54%) was wage Ug shs 799 million (11%) was development and Ug shs 2.516 billion (35%) was non-wage. The hospital received a total Ug shs 3.793 billion (53%) and spent Ug shs 2.974 billion (83%) of the releases.

Expenditures under the non-wage grant were made on hospital operations, utilities, cleaning services, patient's food and maintenance of vehicles. The monitoring team looked at some of the payment vouchers to verify expenditures however, a number of them were not seen. The hospital administration noted that they had been taken by external auditors for their routine audits. Expenditures on the development grant were made on construction of the surgical ward.

### Physical performance

The hospital satisfactorily achieved four out of nine set targets (44%). Table 8.31 indicates the performance on indicators for the planned outputs. The fair performance of admissions was attributed to renovations in the casualty ward. The imaging department under performed at 3% due to functionality of the X-ray equipment. Immunization of children was also notably low during the period under review.

**Table 8.31: Status of set targets at Mbale Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Planned output	Actual performance	Percentage achievement (%)
Inpatients	Admissions	62,000	25,327	41
Outpatients	Outpatient's attendance	104,000	60,092	58 (Half year target achieved)
Diagnosis	Lab tests done	72,000	65,402	91 (Half year target achieved)
	Imaging's done	45,000	1,520	3
	Ultra sound scans	3,078	3,078	100 (Half year target achieved)
Other services	Immunization (children)	9,000	2,339	26
	ANC for mothers	17,000	7,242	43

	Physiotherapy	2,500	1,028	41
Development outputs ( <i>Refer to the project 1004 below for details</i> )	OPD and other ward construction and rehabilitation-phase 1 completed	100	80%	80 (Half year target achieved)

*Source; Mbale RRH*

### **Development grant (Project 1004)**

i) **Construction of surgical/casualty complex-Phase 1 completed;** the complex was designed by M/s Fencon Constructing Engineers at a sum of Ug Shs 189 million. Works commenced on 25th July 2014 and completed in October 2014. The consultant had been fully paid. By the time of monitoring done on 12<sup>th</sup> January 2014, the drawings were complete and the process of procuring a contractor to construct the complex was underway with bid evaluation done.

### **Challenges affecting performance of the hospital**

- Shortfalls in the hospital wage bill hence some staff may not be paid in Q4 of FY 2014/15.
- Staffing gaps with 350 out of 500 staff required for improved service delivery. The situation was exacerbated by delays in recruitment of staff by the Health Service Commission.
- Lack of a heavy duty incinerator, the one received from MoH was very small to take in all waste generated by the hospital.
- Demotivation of enrolled nurses upgraded to nursing officers, however, they could not be elevated to required positions due to the limited wage bills and lack of openings at the hospital.
- Lack of an adequate and suitable store for medical supplies received from NMS.
- Lack of an administration block with most offices scattered in different wards making work difficult.

### **Recommendations**

- The MFPED should release the budgeted the wage bill to avoid wage arrears by end of the FY.
- The hospital should be supported to procure an incinerator with a bigger capacity to avoid risks involved in poor waste management and disporsal.
- The Health Service Commission should fast track recruitment of medical staff for the hospital.
- The MoPs should improve the staffing structure of the health sector for better service delivery.

## Vote 175: Moroto Regional referral hospital

Moroto Regional Referral Hospital is located in Moroto town, in Northeastern Uganda. It is the referral hospital for the districts of Abim, Amudaat, Kabong, Kotido, Moroto, Napak and Nakapiripirit. It is a 172 bed hospital with a catchment area of 1.3million people.

### Planned outputs for FY 2014/15

These include both service and development outputs;

- 15,000 general admissions,
- 52,500 out-patient attendance
- 1,200 X-rays imaging done,
- 1,000 Ultra Sound Scans done
- 2,500 people attended antenatal clinic,
- 10,000 immunizations for both mothers and children
- 1000 Family planning contacts,
- Complete construction of first phase of 30 units' staff houses.

### Findings

#### Financial performance

The hospital annual approved budget for FY 2014/15 was Ug shs 3.549 billion of which Ug shs 1.851 billion (52%) was released and Ug shs 1.661 billion (90%) spent by the end of the financial year. Detailed financial performance per grant (Ug shs) is indicated in table 8.32.

**Table 8.32: Releases and expenditure of funds by Moroto RRH (July- December 2014)**

Grant	Budget	Release	Expenditure
Development (Project 1004)	999,849,850	587,385,240	517,623,978
Recurrent	816,549,042	397,092,170	516,357,452
Wage	1,733,568,710	866,784,356	249,377,960
<b>Total</b>	<b>3,549,967,602</b>	<b>1,851,261,766</b>	<b>1,283,359,390</b>

*Source: Moroto RRH*

Expenditures under the non-wage grant were made on maintenance and equipment repair, utilities, cleaning services and hospital operations among others. Expenditures on the development grant were made on construction of staff houses.

#### Physical performance

The hospital satisfactorily achieved nine out of eleven set targets (82%). This was excellent performance. The fair performance of inpatient services was attributed to under staffing of the department with general lack of specialists and doctors among others.

Outpatient services were on track due to availability of the dentist and eye specialists who had been away in the previous financial years hence increased numbers of patients attended to in the specialized clinic.

In the department of diagnostic, excellent performance in the numbers of laboratory tests done was attributed to support from TASO and MoH that posted laboratory assistants to the hospital. Availability of the hematology equipment for full blood count, kidney function tests, equipment that tests kidney, liver, urine, CD4 also contributed to the good performance.

Functionality of the X-ray equipment that had been down in the previous FY boosted performance of the department

The low ANC turn up under Prevention and rehabilitation services was attributed to the decline in support from Marie Stoppes which used to undertake mobile clinics providing these services to the people. The numbers greatly reduced once this support stopped. Table 8.33 indicates the hospital performance regarding planned outputs for FY 2014/15.

**Table 8.33: Status of set targets at Moroto Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Planned output	Actual performance	Percentage achievement (%)
Inpatients	Admissions	15,000	7,109	47
Outpatients	Outpatient's attendance	52,500	26,521	50
Diagnosis	Lab tests done	11,500	21,358	186 (Target Achieved)
	Imaging's done	1,200	1,411	118 (Target Achieved)
	Ultra sound scans	1000	820	82 ( Half target Achieved)
Other services	Immunization (children)	6,500	4785	74 ( Half target Achieved)
	Immunization (women)	3,500	2224	64 (Half target Achieved)
	ANC for mothers	2,500	1386	55 (Half target Achieved)
	Family planning contacts		346	35
Development outputs (Refer to development grant below for detailed performance)	Construction of the 10 unit staff houses.	100%	70%	70 (Target Achieved)
	Completion of the six units	100%	90%	90 (Half target Achieved)

*Source; Moroto RRH*

### Development grant (Project 1004)

- i) **Construction of the 10 unit staff houses;** M/s Musuuza Building Contractors Limited was awarded the contract to the 10 units staff house, at an initial contract price of Ug Shs 2 billion this was revised to Ug shs 2.296 billion upon approval of a Ug shs 260 million variation which arose from deep excavation of the foundation that had earlier not been anticipated. The scope of works include;10 units to be completed, five stance VIP latrine, landscaping and compound works, installation of water tanks, 300m of murrum road compacted and a tiled floor for all the units. Works commenced in February 2014 and expected to be completed in 12months (February 2015). M/s Joadah Consultant Services was contracted to supervise construction works.

By the time of the monitoring exercise done on 13<sup>th</sup> January 2015, 70% of the works were done. The units were roofed, windows were in place and plastering was going on. The contractor was unlikely to complete works in February 2015 as earlier planned since works on other infrastructure in the scope was not yet done. The contractor had therefore requested for a time extension to complete works by July 2015.

It was however noted, although the contractor completed works by July 2015, the hospital



**10 unit staff house under construction at Moroto RRH**

will not be in position to pay for work done due to unavailability of funds. The hospital suffered from a budget shortfall of Ug Shs 400 million during the first two quarters of FY 2014/15.

The contractor was paid a total of Ug Shs 399 million (excl VAT) for the period of July-December 2014. The total cumulative payment were Ug Shs 1.435billion (62%) of the contract sum. The consultant, M/s Joadah Consultant Services was paid a total of Ug Shs 82 million during the period under review.

- ii) **Completion of the six units staff house;** construction works started way back in FY



**Six Unit staff house at substantial completion at Moroto RRH**

2012/13 and were expected to be completed in one financial year. M/s Kamcon Technical Services, the first contractor abandoned works upon roofing and closing the facility. The

abandoned staff house was characterized by poor quality works that needed urgent attention. It is upon this back ground that M/s Apel Engineering Limited was contracted to complete and replace poor quality fittings at a contract amount of Ug Shs 119 million. Advance payment of Ug Shs 35million was paid to the new contractor.

The scope of works for the new contract included replacement of all internal doors (6 doors per unit), painting of the walls, plumbing works in the toilets, bathrooms and the kitchen, installation of wardrobes for all the bedrooms, completion of refill works, completion of wiring and acquisition of a wiring certificate; installation of kitchen cabinets and general rectification works; compound works including grading and leveling.

The contractor had commenced works in December 2014 and expected to complete within six weeks (by Mid-January 2015). Physical progress over 85%.

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

Naguru Referral Hospital is a referral hospital located within Nakawa Division, Kampala district. The 100 bed hospital was constructed by the Peoples' Republic of China and donated to the Government of the Republic of Uganda on 6th January, 2012.

It was upgraded from Naguru Health Centre IV and its infrastructure, equipment and human resource were aligned to those of Regional Referral Hospitals in Uganda as stipulated in its mandate in the National Hospital policy of 2006.

#### **Planned outputs FY 2014/15**

These included both service and development outputs;

- 13,248 admissions done
- 7,976 deliveries done
- 4,880 surgical operations (including emergencies and caesarean sections) done
- 2,064 paediatrics attended to
- 46,800 maternal and child health contacts which include ANC (29,848), Family planning(3,348), PMTCT(12,436), 12,856 surgical outpatient contacts, 129,360 general outpatients attended to
- 119,680 Specialised outpatient clinics which include medical OPD (31,076), paediatric specialised (22,988), surgical specialised (12856), Dental specialised (4,460), HIV Clinic (17,004), Gastro entorology (1,608), Urology (764), ENT (1,072), Hypertension (1,576) and Acupuncture (1,108).
- 252 CT Scans done
- 9,140 ultra sound scans done
- 3,088 x-ray examinations
- 33,984 laboratory tests done
- 16,760 client contacts/session (Includes Physiotherapy, occupational therapy and social rehabilitation.
- Staff hostel construction commenced

## Financial Performance

The total revised budget for FY 2014/15 was Ug shs 5.550 billion, of which Ug shs 2.902 billion (52%) was released and Ug shs 2.154 billion (74.3%) was spent by December 2014. Expenditures were; 59% on wages, 23% on development activities, 15% for non-wage activities and 3% as arrears. Detailed financial performance per grant (Ug shs) is indicated in table 8.34.

**Table 8.34: Releases and expenditure of funds by Naguru RRH (July- December 2014)**

Grant	Budget	Release	Expenditure
Development (Project 1004)	1,019,847,000	708,000,000	503,000,000
Recurrent	1,110,582,044	483,167,343	380,951,109
Wage	3,420,000,000	1,710,000,000	1,270,810,580
Total	5,550,429,044	2,901,167,343	2,154,761,689

*Source: Naguru RRH*

Expenditures under the Non-wage grant were made on hospital operations, payment of utilities and maintenance of machinery among others. Expenditures under the development grant were made on construction of the staff house and procurement of equipment.

## Physical performance

The hospital achieved nine out of seventeen set targets (53%). Table 8.31 indicates good performance to most of the set targets. Improved efficiency was attributed to additional staff recruited as specialists, availability of drugs, additional equipment from the Chinese Republic and ongoing rehabilitation of Mulago hospital which led to influx of patients.

Most of the outpatients also attended specialised clinics including dental, HIV, diabetes, orthopedics among others. Achievement of the development outputs was fair since most of the equipment under procurement.

**Table 8.28: Status of set targets at Naguru Regional Referral Hospital by 31<sup>st</sup> December 2014**

Service category	Indicator	Planned output	Actual performance	Percentage achievement
Inpatients	Admissions	13,248	7,422	56 (Half year target achieved)
	Surgeries operations	4,880	2,461	50 (Half year target achieved)
	Deliveries	7,976	3,950	50 (Half year target achieved)
	Paediatrics attended to	2,064	1,196	58 (Half year target achieved)
Outpatients	Outpatient's attendance	448,840	67,225	15

	Specialized clinic attendance	119,680	86,739	72 (Half year target achieved)
Diagnosis	CT scan	252	89	35
	Ultra sound scans done	9,140	5,000	55 (Half year target achieved)
	X-ray examinations	3,088	1,831	59 (Half year target achieved)
	Lab tests done	33,984	64,539	190 (Target achieved)
Other services	Client contacts/session	16,760	7,885	47
	Immunization	24,044	22,448	93 (Half year target achieved)
	ANC for mothers	29,848	13,156	44
Development outputs ( <i>Refer to development grant below for detailed performance</i> )	Completion of the drug stores	100	45	45
	Staff hostel construction	30	40	40
	Assorted furniture and fittings	50	33	33
	Assorted ICT equipment and software procured	50	25	25

Source: Naguru RRH and Naguru Quarter Two performance report

### Development grant (Project 1004)

- i) **Completion of the drug stores;** the contract had been awarded to M/s Vavic Technical Services at a contract sum of 776 million in June 2014 and expected to be completed within one year (June 2015). The contractor had done 45% of works by December 2014 when KCCA stopped the activity due to unfulfilled requirements. These included; clearance of the construction plan for the entire hospital, Environmental Impact Assessment (EIA) Survey by NEMA, Traffic Impact Assessment (TIA) report and clearance of the parking area.



**Drug store under construction at Naguru RRH**

The contractor had been paid 30% as advance payment upon signing of the contract and 30% upon completion of the first phase completion, therefore 60% of the contract sum had been cleared. The hospital wrote to NEMA for regarding the EIA as well as KCCA for clearance on some of the requirements. For example the hospital plan was already in place and redrawing them required that they are translated from Chinese to English which was envisaged to be a double expenditure and quite expensive.

- ii) Construction of staff house;** M/s Block Technical Services was awarded the contract at a sum of 1.253 billion. Works commenced in November 2014 and expected to be completed within 18 months. Scope of works included construction of a fully furnished block with eight-two bedroomed houses. Cumulatively, the contractor has been paid a total of Ug shs 575 million inclusive of 30% advance payment and taxes (Ug shs 247 million). No payments were made to the contractor July-December 2014.

The hospital also procured M/s Pan Modern Consult Limited to offer consultancy and supervision services for the project at a contract sum of Ug shs 139 million in June 2014 for 18 months. The consultant was paid 30% (Ug shs 41 million) as advance payment in September 2014.

Works were ongoing at 40% physical progress. The contractor was ahead of schedule by three months. The first two floors of the block were completed, both the monitoring team and hospital administration were happy and satisfied with the quality of works so far done by the contractor. A number of challenges were noted. These included;



**Staff house under construction at Kireka-Kamuli road**

- A variation of Ug shs 67 million for mass excavation in the structure foundation.
- Limited funds to facilitate timely completion of the structure since a total of Ug shs 350million was returned to consolidated fund during FY 2013/14.

This affected the hospitals cash flows to pay the contractor.

- Lack of a retaining wall making the structure prone to collapsing in case of heavy rains. The wall was estimated to cost Ug shs 928 million exclusive of taxes which was not readily available.

- iii) Assorted ICT equipment and software procured;** the fiber, connectivity and subscription were made by UTL at Ug shs 6,671,955 while the software upgrade was done by Computer Africa at Ug shs 4,961,000. Photocopier trays by St Jude Electrical and Medical Equipment at Ug shs 3,236,129. All the assorted medical equipment had not been procured by December 2014.

- iv) Assorted furniture and fittings;** assorted fittings supplied by various suppliers at a sum of Ug shs 11,833,333 out of a budget of Ug shs 35,500,000. *Details on the various suppliers was not availed to the monitoring team and no furniture was seen at the time of monitoring.*

- v) Supervision of construction of the staff hostel and drug stores; this was done by MoH health infrastructure division.**

## **Other challenges affecting the hospital**

- Limited services provided due to lack of space for example, for example the hospital runs a two bed intensive care unit limiting use and number of patients taken in. lack of staff accommodation hence medical workers cannot be called to attend to emergencies at short notice, lack of an oxygen plant hence oxygen has to be picked from Malaga which is costly.
- High costs involved in disposing off nonhazardous medical waste.
- Old equipment and vehicles with frequent breakdowns and high maintenance costs.
- Limited maintenance and servicing budget for new equipment donated by the Chinese Republic. The new equipment is worth USD 4million.
- Unmotivated health workers with no accommodation and transport.
- Limited budget for food with high number of patients sand destitute from Kampala and its suburbs.

## **Recommendations**

- The GoU together with development partners should support the hospital meet its five year development plan as well as the 30 master plan for expansion and better service delivery.
- The GoU should provide an adequate operational and maintenance budget for all the new equipment to avoid losses on rapid depreciation.
- The GoU together with MoH should also support construction of staff accommodation as a way of motivating health workers country wide.

## **Analysis**

### ***Link between financial and physical performance***

There was a positive link between financial and physical performance with 85% of released funds spent on attainment of 98% (49 out of 50) half year targets. The link was attributed to procurement delays in attainment of most of the development targets.

### ***Achievement of set Targets***

The RRHs monitored averagely achieved 49 out of 50 half year targets. This translates into 98% performance. Although, this was excellent performance, achievement of service outputs was increasingly becoming difficult amidst constrained staffing levels, lack of equipment and accommodation for health workers. Development targets related to procurement of equipment and machinery were not yet achieved.

### ***Comparative analysis***

Moroto RRH achieved much of its set targets and was rated at 82%. Good performance was attributed to availability of staff, committed hospital administration, availability of some equipment and timely release of funds. Arua and Gulu RRH performed below average at 31%

and 36% respectively, this performance was attributed to low staffing levels, equipment characterized by frequent breakdowns among others.

Civil works were progressing well and most of them were ahead of schedule, the quality of works on ground was good save for the six unit staff house in Moroto RRH that had a number of defects from works of the previous contractor.

## **Conclusion**

Regional referral hospitals achieved 98% of their set targets. Some hospitals achieved both their service and development outputs while did not. The management of monitored hospitals were trying their best to achieve their targets as well as offer a good service to the population, however, they were heavily constrained by lack of staff, equipment and non-wage funds to effectively run hospitals. Many of the cleaning service providers were threatening to abandon works due to limited pay. The MoH should prioritize financing of health service delivery to at least 15% of the national budget in line with the Abuja declaration of African countries made in 2001.

## **8.13: Primary Health Care (Phc) Grants**

The majority of the frontline health service delivery is managed by local governments through the primary health care grant system. Local governments have responsibility for the management of human resources for District health services, management of general hospitals and management of health centers (level II, III, and IV). The mission of votes 501-850 is to facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life. Services provided under the Primary Health Care Grant system include:

- Provision of health services through the primary health care system.
- Recruitment and management of personnel for district health services,
- Health infrastructure development such as construction of Outpatient departments( OPD), construction of medical wards(Children, Maternity, General, Male and Female), staff houses, and sanitary facilities,
- Training and capacity building of human resources,
- Coordination and supervision of health service delivery by the private and not for profit, facilities,
- Staff mentoring, monitoring and support supervision.

During the semiannual monitoring for the FY 2014/15, focus was on the PHC non-wage (at the DHO's office) and PHC development in 12 districts. These included: Alebtong, Arua, Bududa, Bulambuli, Butaleja, Kabale, Moroto, Napak, Ntungamo, Nwoya, Shema and Yumbe.

## **Findings**

### **Financial performance**

**PHC Non-Wage:** The total approved budget for PHC non-wage FY 2014/15 is Ug Shs 15 billion of which Ug shs 7.9billion was released during the half year period. Among the districts

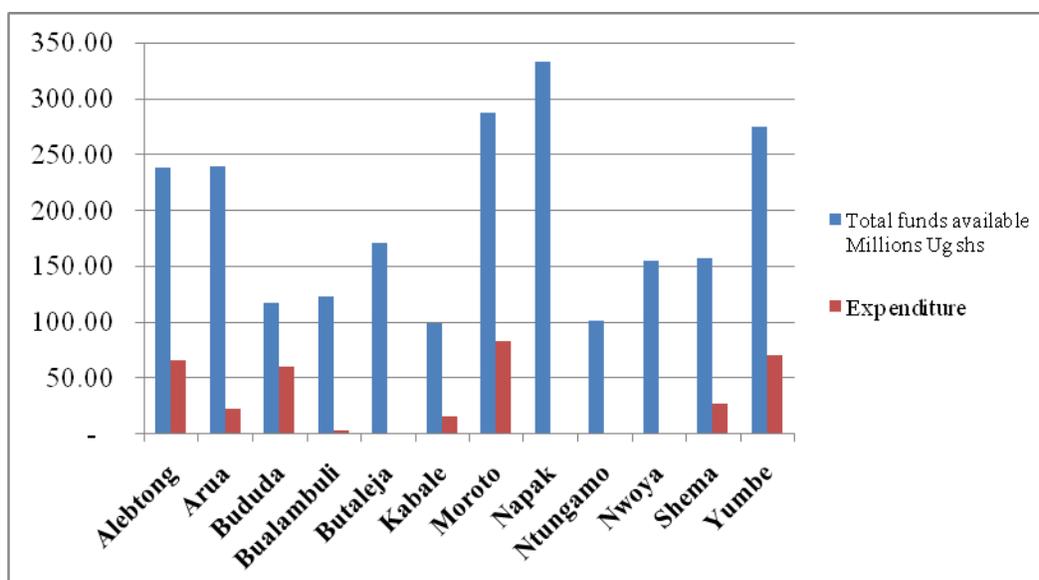
monitored Kabale district had the lowest release performance of 25% of the approved budget while Bududa district had the highest release performance of 60% of their non-wage allocations. It should be noted that the Straight through Process (STP) system led to non-receipt of funds by some health facilities. This was partly attributed to incorrect account details submitted to MoH.

**PHC development:** The total development budget for PHC development was Ug shs 30 billion and 50% was released. Field findings confirmed that all local governments visited received 50% of their budgets.

In terms of expenditure, Kabale, Napak and Ntungamo had the lowest expenditure performance at 0% while Nwoya had the highest expenditure at 56%. Nwoya majorly spent its funds on rolled over activities from FY 2013/14. Poor absorption of released funds among districts monitored was attributed to procurement delays.

Figure 8.1 shows the expenditure performance for PHC development by December 2014 in the districts monitored.

**Figure 8.1 Expenditure Performance of the monitored districts**



Source: Field findings

## Field findings

### Alebtong District

#### a) PHC Recurrent Non-wage:

The DHO's office was allocated a PHC non-wage budget of Ug shs 17 million of which Ug shs 10 million (56 %) was released and Ug shs 5 million spent. The department did not received

quarter two funds from the District General Fund Account by 3<sup>rd</sup> February 2015. Table 8.29 indicates detailed non-wage expenditure by 31<sup>st</sup> December 2014.

**Table 8.29: Recurrent expenditure at the DHO’s office Alebtong District**

<b>Item</b>	<b>Expenditure ( Ug shs)</b>
Travel inland	1,832,000
DHT technical support supervision	1,000,000
MCH activities-mentorship, transportation of vaccines, EPI and cold chain monitoring	668,647
Surveillance of diseases	49,900
HMIS (collection of data, airtime, internet )	267,459
Environmental health quarterly review meeting	445,765
Administrative costs (Stationery, cartilage) and vehicle	1,409,729

*Source: Alebtong district health office*

### **Implementation challenge**

- Failure to receive quarter two release from the district General Fund Account constrained DHO activities including support supervision. This failure was attributed to absence of a release advice from MFPED.

### **b) PHC Development**

#### **Planned outputs FY 2014/15**

- Two staff houses at Alebtong HCIV and at Apala HCII constructed.
- Omoro HCIII, APala HCIII and Akura HCIII fenced.
- Theatre, ART clinic, and children ward at Alebtong HCIV completed.
- Theatre At Amugo HCIII completed
- Staff house at Abako HCIII constructed
- 30 bicycles for the lower level health facilities procured.
- Alebtong HCIV compound designed.
- Pit latrine at Oteno HCII renovated.
- Kitchen shade at Amugo HCIII constructed.
- A projector for the DHO’s office procured.
- A digital camera for the DHO’s office procured.
- A printer with a scanner for the DHO’s office procured.

## Financial performance

The approved budget for PHC development including Peace Recovery and Development Plan (PRDP) for FY 2014/15 was Ug Shs 344 million. A total of Ug shs 172 million (50%) was released and no funds (0%) were spent by 31<sup>st</sup> December 2014.

The district carried forward Ug shs 65 million from FY 2013/14 which was committed to the rolled over projects. Overall the financial performance was 27% of the available funds including balances carried forward. Table 8.30 indicates a summary of contract details and expenditures<sup>17</sup> made by 31<sup>st</sup> December 2014.

**Table 8.30: Financial performance of the development grant Alebtong district**

Project	Contractor	Contract Sum	Payment
Purchase of 3 HP laptop computers	Direct procurement	5,100,000	5,100,000
Procurement of 2 Yamaha motorcycles	M/s Toyota (U) Limited	22,583,400	22,583,400
Construction of staff house at Obim HC II	M/s Samu Trading and Construction Co. Limited	55,400,500	2,111,850
Completion of OPD at Abako HC III	M/s Top Ten Construction Engineering Works Limited	71,351,300	4,458,500
Completion of staff house at Abako HC III	M/s Click deals Limited	21,245,388	16,400,000
Payment of retention for the ART clinic Alebtong HCIV	M/s Lira Rhino transporters and company Limited Ug shs	54,048,500	2,120,139
Fencing of part of Omoro HC III	M/s Believe in General Enterprises Limited	11,435,000	11,435,000
Preparation of BOQs for projects for FY 2014/15	NA	This was facilitation given to district engineers to reach project sites in order to prepare Bills of Quantities (BOQs)	900,000
Supervision of the project	NA	This was facilitation to district engineers to supervise health projects.	596,000

*Source: Alebtong District Local Government*

<sup>17</sup> Funds rolled over from FY 2013/14

## Physical Performance

By 3<sup>rd</sup> February 2015, the district achieved 14% of its set targets. Table 8.31 indicates detailed performance per target.

**Table 8.31 Physical performance of Alebtong District by end of January 2015**

Project	Status	Remarks
Construction of two staff houses at Alebtong HCIV and at Apala HCII	Not yet commenced.	The project awarded in January 2015 and contract agreement had not yet been signed.
Fencing of Apala HCIII	Physical progress was 60%. The contractor had erected poles and the gate.	HCII commenced on 26th January 2015. The contract was awarded to M/s Bitta Limited at a cost of Ug shs 24 million. Outstanding works included spreading the chain link on the poles.
Omoro HCIII, and Akura HCIII fenced.	Not yet commenced	Had not been awarded.
Completion of theatre, ART clinic, and children ward at Alebtong HCIV,	Not yet commenced.	BOQs were made and expected to be presented to Procurement and Disposal Unit (PDU) by 6 <sup>th</sup> February 2015.
Completion of theatre At Amugo HCIII	Not yet commenced.	Works will include tiling, casting terrazzo in the operational area and improvement of minor areas. BOQs were made and expected to be presented to (PDU) by 6 <sup>th</sup> February 2015.
Construction of staff house at Abako HCIII	Physical progress was estimated at 95% with wiring, installation of lightening arrester, gutters, and tank outstanding.	M/s Click Deals Limited was awarded the contract at a contract sum of Ug Shs 58 million. The scope of works included plastering, wiring, casting ceiling, fitting doors and windows, lighting arrestor, rain water harvesting tank and gutters. The works rolled over from FY 2013/14 to FY 2014/15 were worth 21 million.  Construction works began in August 2014 and were expected to be completed within six months.  The contractor was paid a total of Ug shs 16 million in FY 2014/15. The contractor, however, has abandoned the site since September 2014.

Procurement of 30 bicycles for the lower level health facilities	0%, district was awaiting deliveries.	M/s Kings Court Engineering Works Limited was awarded the contract at a sum of Ug shs 12million. These were not supplied by 3 <sup>rd</sup> February 2015.
Design of Alebtong HCIV compound	Not yet done (0%)	Not yet awarded. The process of making BoQs was ongoing.
Renovation of pit latrine at Oteno HCII	Not yet done (0%)	BoQs were made and expected to be submitted by 6th February 2014.
Construction of kitchen shade at Amugo HCIII	Works were still at 0%	The contract was awarded to Jo-Loko Enterprises Limited at a contract sum of Ug shs 10 million. Site was handed over on 27 <sup>th</sup> January 2015.
Procurement of a projector, digital camera and a printer with a scanner for the DHO's office	Not yet done (0%)	The department sought approval from the contracts committee to directly procure a supplier for the DHO's projector, Printer with a scanner, and a digital camera. These had not been supplied.

*Source: Alebtong district*



**Left Completed staff house at Abako HCIII and Right the one of motorcycles procured**

### **Implementation challenges**

- Understaffing of the PDU hence delays in undertaking the procurement process of FY 2014/15 activities.
- Lack of a district engineer and superintendent of works slowed the preparation of the BOQs) for the planned projects. Both of them were suspended at the beginning of FY 2014/15 for mismanagement of GoU funds.

## Recommendations

- The district authorities should recruit more staff in the procurement unit and also expedite the disciplinary action against the District Engineer to fully functionalise both departments.

## Arua District Local Government

### a) PHC non-wage recurrent.

The approved budget for PHC non-wage for DHO's office was Ug shs 88.7 million of which Ug shs 36.6 million (41%) was released and spent. Release performance was below the expected 50% while the expenditure performance was excellent. Table 8.32 indicates release and expenditure performance of the non-wage recurrent grant.

**Table 8.32 Expenditure performance of the non-wage recurrent DHO's office by 31<sup>st</sup> December 2014**

Item	Budget	Expenditure
Incapacity, death benefits and funeral expenses	5,000,000	4,940,000
Welfare and Entertainment	5,350,578	1,170,000
Bank charges	10,000,000	965,000
Telecommunications	2,186,000	10,000
Electricity	1,400,000	700,000
Water	800,000	
General supply of Goods and Services	800,000	200,000
Fuel , Lubricants and Oils	44,675,548	3,508,000
Maintenance Civil	2,000,000	180,000
Maintenance of Vehicles	2,500,000	700,000
Maintenance of machinery, Equipment and furniture	14,000,000	14,290,174

*Source: Arua District Local Government*

### b) PHC development

#### Planned outputs for FY 2014/15

- A semidetached staff house at Logiri HCIII constructed.
- A semidetached staff house at Pawor HCIII constructed.
- A semidetached staff house at Burua HCIII constructed.
- A semidetached staff house at Rhino Camp HCIV constructed.
- Retention for maternity ward at Ayuvuni HCIII paid.

- Semi-detached staff house at Lazebo HCII completed (Retention payment).

### Financial Performance

In FY2014/15 the approved budget for PHC development grant including PRDP was Ug Shs 438 million of which Ug Shs 239 million (54.6%) was released and Ug shs 21 million (8.8%) spent. Expenditures were made two projects as indicated Table 8.33 indicates payments.

**Table 8.33: PHC development payments by Arua district by 31<sup>st</sup> December 2014**

Output description	Contractor	Contract sum (Ug shs)	Expenditure
Payment of retention for the construction of maternity ward at Ayivuni HCIII	M/s M.G Hidaya Enterprises	122,163,666	6,908,073
Completion of a semidetached staff house at Lazebo HCII	M/s Abiku Engineering services limited	84,629,000	14,290,174

*Source: Arua District Local Government*

### Physical Performance

The semiannual monitoring focused on four out of six planned outputs and physical progress was rated at 27.7%. These were; completion of staff house at Lazebo HCII, construction of staff house at Logiri HCIII, construction of staff house at Burua HCII and construction of staff house at Pawor HCIII.

- **Construction of staff house at Burua HCII:** M/s Tawakal Technical services was contracted to undertake works at a sum of Ug shs 106,792,741. The scope of works included construction of semidetached staff house, kitchen and two stance pit latrine with a bathroom. Works began in



**Left: Semidetached staff house, Right Kitchen and pit latrine at Burua HCII**

November 2014 and are expected to be completed in June 2015.

By  
January  
21<sup>st</sup>

January

2015, the physical performance was estimated at 35%. The staff house was at window plate level, the kitchen at wall plate while the pit latrine and bathroom had reached roofing stage. Pending works included completion of walling, shuttering, roofing plastering, flooring and

painting. No payment had been made to the contractor by 21<sup>st</sup> February 2015. The monitoring team observed good quality civil works on all the structures.

- **Construction of a staff house at Logiri:** M/s Palorinya River Land Enterprises was awarded the contract to undertake civil works at a contract sum of Ug shs 107 million. The scope of works included construction of semidetached staff house; kitchen and two stance pit latrine with a bathroom .Works began in November 2014 and are expected to be complete in June 2015. By 21<sup>st</sup> January 2015, the physical performance was estimated at 50%. The staff house and kitchen were at ring beam level while walling had been completed for pit latrine and bathroom.

The contractor was fully mobilized and pending works included; roofing, plastering flooring, shuttering and painting. No payment had been made to the contractor as he had not submitted any certificate for payment. The team observed good quality civil works.



**Left: Semidetached staff house, Right Kitchen at Logirin HCIII**

- **Construction of a staff house at Pawor HCIII:** Construction works were contracted to M/s Geraqo Consult (U) Limited at a contract sum of Ug shs 118 million. The scope of works included construction of semidetached staff house, kitchen and two stance pit latrine with a bathroom. Works began in November 2014 and are expected to be complete in June 2015. By 21<sup>st</sup> January 2015, all the structures were at slab level (10% achieved).



**Left: Semidetached staff house and Kitchen at Slab Level Pawor HCIII**

- **Completion of staff house at Lazebo HCII:** the works were contracted to M/s Abiku Engineering Services Limited at contract sum of Ug shs 84 million. The scope of works involved construction of the staff house, kitchen and pit latrine. Civil works began in June 2012 and were expected to be completed in December 2012. However, due to budget cuts in FY 2012/13, the works did progress as planned and were therefore rolled over to subsequent FYs. Works were substantially completed in September 2014, however, a number of defects were noted. These included floor cracks, doors and windows that failed to properly close. By 21<sup>st</sup> February 2015, the contractor had been paid a total of Ug shs 67 million. The accounting officer, district engineers as well as the DHOs office Arua district should ensure that defects are corrected before final payments and retention are paid.



**Left: Staff pointing at the defect right: is a door that does not shut properly at Lazebo**

## Bududa District

### a) PHC Non-wage Recurrent

The approved budget for DHO's office was Ug shs 21 million of which Ug shs 12 million was received and 100% spent. Table 8.34 indicates expenditure details of the nonwage grant at the DHO.

**Table 8.34 PHC Nonwage recurrent expenditure Bududa district by 31<sup>st</sup> December 2014**

Line Item	Expenditure
Funeral costs	200,000
Workshops and seminars	2,580,000
Newspapers	176,000
Welfare and entertainment	137,000
Stationery	550,000
Fuel	2,329,450
Other utilities including gas, charcoal	75,000
Cleaning and sanitation	316,000
Bank charges	101,600
Guard and security	480,000
Inland travels	6,720,000

*Source: Bududa District health office*

### b) PHC development

#### Planned outputs for FY 2014/15

- OPD in Bulucheke HCIII in Bulucheke Sub County completed.
- Bushika maternity ward in Bushika HC III Naktsi Sub County completed.
- Staff house at Bumusi HC II completed.
- Staff house at Bulucheke HC III constructed.
- Bukilokolo maternity ward completed.
- Block c in hospital quarters renovated.
- Laptop for the Bio statistician procured.
- Payment of retention for completion of DHO's office;
- Retention of Ug shs 4,980,000 for Bufoma staff house at Bumusi HC III paid.

## Financial Performance

The approved budget for PHC development for the FY 2014/15 is Ug shs 232 million of which a total of Ug shs 116 million (50%) was released and Ug shs 36 million (31%) spent. The release

performance at half year was excellent while the absorption of the funds received by half year was below average.

By December 2014, the district spent Ug shs 24 million as retention for construction of the DHO's office out of Ug shs 32 million that was carried forward from FY 13/14. The balance of Ug shs 8.7 million was returned to the consolidated fund account. Overall the district spent 40% of the available funds by end of December 2014.<sup>18</sup>

### **Physical Performance**

The semiannual monitoring focused on all the outputs planned during FY 2014/15. Overall physical performance was 27%. The monitoring team visited; Bulucheke HCIII, Bushika HC II, Bukilokolo HC.

**OPD in Bulucheke HCIII in Bulucheke Sub County completed;** the works were awarded to M/s Muweko Enterprises at the contract sum of Ug shs 141 million. By 31<sup>st</sup> December 2014 the contractor had been paid Ug shs 115 million. Physical progress was estimated 98% and substantially complete. Pending works included installation of power and water connection. The quality of the civil works was generally good apart from the few minor cracks that were noted.

**Bushika maternity ward in Bushika HC III Naktsi Sub County completed;** M/s Manjiya Boys Limited was awarded the contract to construct the maternity ward at a sum of Ug shs 130 million. By 31<sup>st</sup> December 2014, the contractor had been paid Ug shs 105 million. Civil works commenced on 12<sup>th</sup> March 2013 and completion was expected by 12<sup>th</sup> June 2013, however due to lack of funds, works were rolled into FY 2014/15 and by 5<sup>th</sup> February the maternity ward was completed (100%) but not yet handed over to the facility.



**Left Completed Maternity ward at Bushika HCIII and right The OPD at Bulucheke HCIII**

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<sup>18</sup> Both Releases for FY 2014/15 and balances carried forward from FY 2013/14.

**Staff house at Bumusi HC II completed.** Outstanding works included payment for works awarded to M/s Bana Enterprises Limited at a sum of Ug shs 76 million. A total of Ug shs 4.8 million (6.3% of the contract sum) was paid in January 2015 as retention fees. Previous payments amounted to Ug shs 71 million. Works had commenced on 17<sup>th</sup> June 2011 and expected to be completed 17<sup>th</sup> September 2011, however, actual completion was April 2014.

**Staff house at Bulucheke HC III constructed; under procurement.**

**Block c in hospital quarters renovated; under procurement.**

**Bukilokolo maternity ward completed;** M/s Lamex Construction Limited at a contracted to undertake the works at a contract sum of Ug shs 139 million in FY 2011/12. The ward was abandoned before completion by the contractor having been paid over 90% of the contract sum. Incomplete works included; plumbing and solar installation works. The floor of the maternity ward heavily cracked. Completion works were planned FY 2014/15, however no works were done yet since the district was in the process of terminating the contractor upon recommendation of the Solicitor General.



**Left: Maternity wards at Bukikobola HCIII and right some of the cracks of the floor of the ward.**

**Laptop for the Bio statistician procured.** The supplier had been identified and the laptop was under procurement (0% achieved).

**Retention of Ug shs 4,980,000 for Bufoma staff house at Bumusi HC III paid;** M/s Bana Enterprises Limited was paid Ug shs 4.9 million in January 2015 for works done at a contract sum of Ug shs 76,642,204. Works commenced on 17<sup>th</sup> June 2011 and were expected to be completed by 17<sup>th</sup> September 2011. However, actual completion was in April 2014.

**Payment of retention for completion of DHO's office;** by 31<sup>st</sup> December 2014, the contractor (M/s African Construction and Technicians Limited) had been paid a total of Ug shs 24 million (7%) as retention for works completed on 19<sup>th</sup> June 2010 whose contract sum was Ug shs 339 million. The delay in paying the retention was caused by delay by the contract to correct the defects as well as claiming the funds.

## Bulambuli District

### a) PHC recurrent non-wage( DHO's office)

The allocated budget for PHC non-wage was Ug shs 19,316,000 of which Ug shs 6. 2 million (32%) was released and 100% spent. The district had not received Quarter two releases by 4<sup>th</sup> February 2015. Table 8.35 indicates expenditure details of the PHC non-wage grant by 31<sup>st</sup> December 2014.

**Table 8.35 of expenditure for the recurrent activities for Bulambuli district by 31<sup>st</sup> December 2014**

Line item	Amount spent (Ug shs)
Bank charges	491,891
Computer and IT services	480,000
Stationary, Photocopying and binding	868,000
workshops and seminars	150,000
Vehicle maintenance	8,288,000
Other Maintenances	740,000
Travel Inland	5,275,000
Fuel, oils and Lubricants	3,590,000
Welfare and Entertainment	615,000
Airtime	330,000

*Source: Bulambuli district health office*

### Challenge

- Failure to undertake planned activities under the recurrent budget due lack of funds.

### b) PHC development

#### Planned outputs FY 2014/15

- Two VIP pit latrines at Buginyanya HCIII and Bumwambu HC III constructed.
- Renovation of the drug store at Muyembe HC IV completed.
- Staff house at Atari HC II completed.
- Maternity wards at Muyembe HCIV, Buluganya HCIII and Bunambutye HC III completed and equipped.
- OPD at Muyembe HC IV constructed.
- 20 Gas cylinders for vaccine fridges procured.
- Payment of retention for the maternity ward at Muyembe HCIV.
- Construction of the pit latrine at Buginyanaya HCII and Bumwambu HCIII.
- Payment of retention for the renovation of theatre at Muyembe HCIV
- Payment of retention Sights for completion of Eco-san two stance latrine in Buyaga HCIII.

- Construction of a waterborne toilet at Buginyanya HCII and Bumwambu HCIII.

### Financial performance

During FY 2014/15, the district approved budget for PHC development and PRDP was Ug shs 244 million of which the district received Ug shs 122 million (50%) and spent Ug shs 2.8 million (2.2%). Expenditure was made on payment of retention for a theatre renovation completed 12<sup>th</sup> November 2014.

### Physical Performance

Semi-annual monitoring focused on all planned outputs for FY 2014/15.

- **Renovation of the drug store at Muyembe HC IV completed;** M/s Two Oceans Screen Printers was awarded the contract to renovate the district store at a contract sum of Ug Shs 26 million. The scope of works included extension of the store and construction of drug shelves in the store. Physical works had not started (0%) because the contract had just been awarded.
- **Staff house at Atari HC II completed;** the project was awarded to M/s Muwasa Investment (U) Limited at a contract sum of Ug Shs 905,000. This contract had not been signed by 4<sup>th</sup> February 2015. The project started way back before the district was curved off from Sironko district. Physical progress was at 0%.
- **Maternity wards at Muyembe HCIV, Buluganya HCIII and Bunambutye HC III completed and equipped;** the contract for equipping the wards was awarded to Ms Kamba General Suppliers Limited at a contract sum of Ug Shs 9.9 million for Muyembe HCIV and Ug shs 9.5 million for Bulaganya HCIII and Bunambutye HCIII. The equipment and bed had not been supplied by 4<sup>th</sup> February 2015. Physical progress at 0%.
- **OPD at Muyembe HC IV constructed;** the contract to undertake construction works was awarded but contract not signed by 4<sup>th</sup> February 2015. Physical progress at 0%
- **20 Gas cylinders for vaccine fridges procured.** This project was awarded to M/s Two Oceans Screen Printers Limited at a contract sum of 5,700,000. However due to price changes and the inclusion of VAT at the time of signing the contract, the contractor will only supply 15 gas cylinders. No gas cylinders had been supplied by 4<sup>th</sup> February 2015. Physical progress at 0%.
- **Payment of retention for the maternity ward at Muyembe HCIV;** payment not made because the contractor had not corrected the defects and snags identified by the District Engineer. Physical progress at 0%.
- **Construction of the pit latrine at Buginyanaya HCII and Bumwambu HCIII;** works were still under procurement by 4<sup>th</sup> February 2015. Physical progress at 0%.

- **Payment of retention for the renovation of theatre at Muyembe HCIV;** a total of Ug shs 2.3 million was paid to M/s 2Oceans Screen for renovation works which were worth Ug shs 46 million. (5% of the contract sum)
- **Payment of retention to M/s Digital World Sounds and Sights for completion of Ecosan two stance latrine in Buyaga HCIII;** a total of Ug shs 500,000 was paid by 31<sup>st</sup> December 2014. (5% of the contract sum))
- **Construction of a waterborne toilet at Buginyanya HCII and Bumwambu HCIII;** the contract was awarded to M/s Nabanya General Enterprises Limited at a contract sum of Ug shs 11 million for Buginyanya HCII while works for Bumwambu HCIII were awarded to M/s Gundu Construction and Builders at a contract sum of Ug Shs 11,405,408. Works at both sites begun on 29<sup>th</sup> January 2015. No works had commenced by 31<sup>st</sup> December 2014 (0%).

### **Implementation Challenge**

- Slow procurement process to undertake planned activities in a timely manner.

### **Challenges affecting service delivery**

- Difficulty in attracting and retaining staff in the upper part of Bulambuli. This part of the district is located in hilly hard reach areas neighbouring Mt. Elgon forest. The most affected health facilities include Masira, Bumusombo, Bulago, Bulaganya, Bumwambau, Buginyanya, Bumugisha, and Atari.
- Failure to fully functionalise a number of health facilities making management of health services increasingly becoming difficult with stagnate service delivery levels. Many maternity units in the district were characterised by lack of beds, wards, EMOC equipment, delivery kits, monitoring equipment among others.
- Lack of adequate transport for monitoring and supervision of lower health facilities.
- Unreliable release of operation funds from with a number of health facilities missing PHC non-wage releases for quarter two. This has affected outreach and supervision activities.
- Low staffing levels at 60% including support staff. The district does not have critical cadres such as medical officers, midwives, laboratory technicians, and anaesthetic officers. For example the district has only four out of 34 midwives, two out of four medical officers and zero out of six anaesthetic officers required.
- Lack of adequate support supervision by the MoH. The RPMT was not technically confident to supervise districts. The need for technical support supervision is important for problem identification with interventions for better service delivery.
- Lack of adequate drugs and medical supplies; the district has five government facilities not fully accredited by MoH hence do not receive drugs and other medical supplies.

## Butaleja district

### a) PHC Nonwage Recurrent

The approved budget for PHC non-wage is Ug Shs 25 million of which Ug shs 12 million (50%) had been released and 100% spent by 31<sup>st</sup> December 2014. This was an excellent release and absorption performance for the district. The detailed expenditure by the district is shown in Table 8.36.

**Table 8.36: PHC non-wage expenditure by Butaleja district by 31<sup>st</sup> December 2014**

Item	Expenditure
Allowances	5,385,416
Welfare and Entertainment	300,000
Printing, stationary & photocopying	540,984
Small office equipment	300,000
Electricity	440,000
Travel inland PAF	1,198,000
Bank charges	193,500
Fuel	2,897,600
Maintenance vehicles	689,500
maintenance Others	600,000

*Source: Butaleja District Health Office*

### b) PHC development

#### Planned development outputs FY 2014/15

- Two staff housing units at Budumba HC III in Bundumba Sub County constructed.
- Staff house at Naweyo HCIII completed.
- Two -in-one staff house at Nabiganda HCIII completed.
- Three pit latrines of four stances at Naweyo HC III, Bunawale HC II, Busolwe Hospital at block A and placenta pit at Bugalo HC III constructed.
- Four stance pit latrine, bath room with soak pit at Butaleja HC III constructed.
- Placenta pit at Bugalo HC III constructed.

#### Financial Performance

The approved development budget for PHC was Ug shs 340 million including PRDP. The district received a total of Ug shs 170 million (50%). No expenditure had been made (0%). This was because a number of contracts had not commenced while other contractors had not submitted certificates for payment. The district had excellent release performance and poor absorption by 31<sup>st</sup> December 2014.

## Physical performance

The semi-annual monitoring focused on one output (semidetached staff house at Budumba HC III constructed) which was ongoing. Others were reportedly at still at 0% physical progress. Overall physical performance was at 0%.

**A semidetached staff house at Budumba HC III constructed;** M/s Muroma Building and Supplies Limited was awarded the contract at a contract sum of Ug shs 90 million. This was the only project allocated under PHC normal development grant. The project commenced in January 2015 and expected to be completed by 30<sup>th</sup> June 2015. The scope of works involved



construction of the sub structure, super structure up to roofing and plastering.

By 5<sup>th</sup> February 2015, roofing of the staff house was on going with walling complete. Pending works included shuttering, plastering, external works, flooring and painting. Civil works were estimated to be 60% complete against 0% financial progress.

**Staff house under construction ongoing at Budumba HCIII**

**Staff house at Naweyo HCIII completed;** the project was awarded To M/s Muweko Enterprises Limited at a contract sum of Ug shs 25 million. The scope of the completion works included external plastering, door fitting, construction of the septic tank, and internal finishes. This contract was awarded but not yet signed by 5<sup>th</sup> February 2015. No physical works had started and no payment had been made to the contractor.

**Two -in-one staff house at Nabiganda HCIII completed;** the completion works were awarded to M/s Native Investment Limited at a contract sum of Ug shs 37 million. The scope of works included internal and external plastering, flooring, decoration and painting. Physical progress was 0% against the financial progress of 0%.

**Four stances pit latrines Bunawale HC II constructed;** the contract was awarded to M/s Kisoboka Construction Company Limited at a sum of Ug shs 13 million. Works commenced in January 2014 and expected to be completed by end of March 2015. Physical progress of works was still at 0% by December 31<sup>st</sup> 2014. Works were at excavation level.

**Pit latrine with bathroom and sock pit Butaleja HC III constructed;** the contract was awarded to M/s Ndibayisa Civil Net Works Limited at a contract sum of Ug shs 13 million. The project had not yet commenced (0%) by 5<sup>th</sup> February but the site had been handed to the contractor in January 2015.

**Pit latrine Busolwe Hospital constructed;** M/s Focus Enterprises (U) Limited was awarded the contract at a contract sum of Ug shs 12 million. The project had not commenced (0%) although the site was handed over to the contractor.

**Placenta pit at Bugalo HC III constructed;** the project was awarded to M/s Tosco Friends Limited at a contract sum of Ug shs 7.1 million. Works commenced January 2015 and expected to be completed within three months (March 2015). Works were at 0%, contractor had commenced the excavation.

### **Challenges to project implementation**

- Slow response of contractors to bids delayed the procurement process and actual implementation of the planned projects.
- Re introduction of VAT on all projects including health related led to revision of procurement plans hence delays in commencement of procurement processes.

### **Kabale District Local Government**

#### **a) PHC non-wage recurrent expenditure**

The PHC non-wage budget for the DHO's Office is Ug shs 58 million of which Ug shs 14 million was released. Quarter two funds were not released by 29<sup>th</sup> of January 2015. The district carried forward a total of Ug shs 12 million and also received Ug shs 20 million as local revenue hence spent Ug shs 57 million on recurrent activities by 31<sup>st</sup> December 2014. Table 8.37 indicates expenditure details of the non-wage grant by 31<sup>st</sup> December 2014.

**Table 8.37: PHC nonwage payments for Kabale district by 31<sup>st</sup> December 2014**

Items	Amount
Fuel	12,126,000
Allowances	28,868,000
Repair of Vehicles	7,992,670
Stationary	2,559,502
Electricity	1,067,129
bank Charges	194,000
Periodicals	800,000
Computer supplies	150,000
Welfare	2,152,000
Travel Inland	1,195,050

*Source: Kabale district health office*

## **b) PHC Development**

### **Planned outputs FY 2014/15**

- Staff house at Kara HCII roofed.
- Renovation of the maternity/general ward at Kyogo HCII completed.
- Renovation of DHO's office and stores completed.
- Chemicals to 30 filled pit latrines at HCIIIs and HCIVs procured and applied.
- OPD at Mukyogo HCII constructed.
- OPD at Kibanda HCII rehabilitated.
- Power installed and connected at Kamwesi HCIV
- OPD at Nyarurambi HCIII renovated.
- 40 Gas cylinders procured.

### **Financial performance**

The approved budget for PHC development was UG shs 197 million of which 98 million (50%) was released and Ug shs 15 million (15%) spent by 31st December 2014. The releases performance was excellent however, resource absorption was poor. This was attributed to procurement delays. Expenditures were made on development of BoQs.

### **Physical Performance**

No works had commenced during the period under review, with some of the projects awarded however, no contracts had been signed by end of February 2015. The district was also receiving bids for the construction of Mukyogo HCII OPD. Poor performance was attributed to delays in preparing the necessary documents for procurement.

### **Challenges affecting service delivery in the district**

- Lack of accommodation hence some health workers were forced to occupy some rooms at health facilities meant for delivering health services.
- Low staff morale due to lack of both monetary and non-monetary motivation. Some staff often miss getting their entitlements like allowances and salaries.
- Lack of basic diagnostic equipment such as delivery beds, BP machines, and EmOC equipment which hinders effective service delivery.
- Lack of basic infrastructures at facilities for instance, many OPDs lack admission wards. Some healthy facilities are heavily dilapidated beyond repair.
- Lack of an ambulance for timely referrals. The district ambulance was grounded due to dangerous mechanical conditions. On several occasions, health workers were getting accidents while transporting/referring patients to higher level health facilities.
- There was non-release of the PHC non-wage recurrent funds to most health units. This paralysed outreach programs, sanitation and payment of utilities hence poor service delivery.

## Moroto District local government

### a) PHC development

#### Planned outputs FY 2014/15

- a) Semidetached staff house at Nadunget HCIII constructed.
- b) Semidetached staff house at Nakiloro HCII constructed.
- c) Semidetached staff house at RUPA HCII constructed.
- d) Semidetached staff house at Kasiloi HCII constructed.
- e) Placenta pits at Rupa HCII, Kakingolo HCII, Lupelipea HCII and Army HCIII constructed.
- f) Three stance pit latrine at Kakingolo HCII OPD constructed.
- g) Solar installation at Kodonyo HCII had been completed.

#### Financial Performance

The approved budget PHC budget was Ug shs 688 million of which 344 million (50%) was released and Ug shs 81 million (23%) spent by 31st December 2014. The releases performance was excellent however, resource absorption was poor. *Information on expenditure details was not availed to the monitoring team.*

#### Physical performance

Semiannual monitoring focused on six out seven planned outputs and achieved 57.5%. The following was established;

- **Semidetached staff house at Nadunget HCIII constructed;** the project was awarded to M/s BMK (U) Limited at a contract sum of Ug shs 98 million. Construction works started in October 2014 and are expected to be completed in May 2015. By mid-January 2015 the works had reached window level and at least 35% of planned works completed on the staff house. Contractor was on schedule and expected to complete the works on time.
- **Semidetached staff house at Nakiloro HCII constructed;** the project was awarded to M/s CAB (U) Limited at a contract sum of Ug shs 94 million. The scope of works involved construction of staff house to completion including roofing plastering painting, flooring and shuttering. Works began in December 2014 and expected to be completed by end of May 2015. By January 2015; the contractor had finished the sub structure and had started walling. Physical performance was estimated at 10%.
- **Semidetached staff house at RUPA HCII constructed;** the project was awarded to M/s Clabos (U) Limited at a contract sum of Ug shs 98 million excluding VAT. Construction works started in December 2014 and expected to be completed in April 2015. By mid-January 2015

the works had reached roofing stage and were estimated to be 50% complete. Good quality works were noted on works done so far.



**Left Staff house at Rupa HCII and Right Staff House construction Nakilolo HCII**

- **Placenta pits at Rupa HCII, Kakingolo HCII, Lupelipea HCII and Army HCII constructed;** the works were contracted to Apajoy General Traders at a contract sum of Ug shs 22 million and started in October 2014. They were expected to be completed in December 2014. Both pits had been completed (100%) and had no vent as required. The cover of the one at RUPA HCII had already broken.
- In terms of benefits, the placenta pits had improved sanitation at the health facilities and also attracted mothers to deliver at the health facilities since they were assured of safety of their placentas.
- **Semidetached staff house at Kasiloi HCII constructed;** the construction of the staff house at Kasiloi HCII was awarded to M/s Ochesa Firm Limited at a contract price of Ug shs 98 million excluding VAT. The works began in October 2014 and were expected to be completed in May 2015. By mid-January 2015, the construction works had reached roofing stage (50% physical progress).
- **Solar installation at Kodonyo HCII had been completed;** the works were awarded to M/s Friana General Enterprises Limited at a contract sum of Ug shs 18 million. The solar was installed in October 2014 (100% complete), although the health facility administration was very happy with the initiative, the batteries were poor and not producing enough light as required.



**Left: Staff house at Kosiloi HCII and Right: A placenta pit at Kakingolo HCII**

### **Challenges to health service delivery**

- High maternal mortality due to low access to health facilities. Some patients move between 35Km to 40Km to reach the nearest health facility. The situation was worsened by MoH ban to construction of new health facilities without provision of referral facilities like ambulances. There is therefore great need to get health facilities closer to the people through construction and equipping of health facilities in the district for increased access to health services.
- Inadequate health workers: the district staffing levels were at 41%. The most affected cadres were medical officers, clinical officers, anesthetic officers and midwives.
- Lack of staff accommodation hence some health workers resorted to sharing wards with the patients.
- Lack of medical supplies for some health facilities like Nakiloro HCII. They were not accredited by the MoH yet they served a population of over 4200 people. This greatly constrained service delivery in the district.
- Lack of readily available construction materials making construction projects costly in terms of time and financial resources. Many of the materials were bought from Mbale and Soroti district.

### **Napak District Local Government**

#### **a) PHC Non-wage**

The total approved budget for PHC nonwage for FY 2014/15 is Ug Shs 18 million of which Ug Shs 15 million was released and spent.

#### **b) PHC development**

#### **Planned outputs FY 2014/15**

- Staff house at Apatolin HCII constructed.
- Outpatient department for the DHO’s clinic constructed.
- Staff house at the DHO’s clinic constructed.
- Staff house at Namendera HCII constructed.
- Amedek OPD constructed.
- Naturumrum HCII constructed.
- OPD at Nanturumrum HCII completed
- Placenta pits at Lorengchora HCIII, Lokopo HCIII, Lopesi HCIII, Morulinga HCII, Apetoliin HCII, and Lotome HCIII constructed.

### Financial performance

The approved budget for PHC development was Ug Shs 665 million of which Ug Shs 332 million (50%) was released and 0% spent by 31<sup>st</sup> December 2014.

### Physical Performance

Semiannual monitoring focused on one out of eight planned outputs. Overall physical progress achieved was 30% for all planned outputs. It was the only project ongoing, since six projects highlighted in table 8.38 had just been awarded and sites handed over to contractors. Others were still under procurement.

Table 8.38 summarizes the projects, contract details and service providers contracted by end of January 2015.

**Table 8.38: Contract details for the awarded projects in Napak district by January 2015**

Project	Contractor	Contract sum.
Construction of the staff house at Apatolin HCII	Namorotot Enterprises	112,276,480
Construction of outpatient department for the DHO’s clinic	HRN Business Services	135,000,000
Construction of the staff house at the DHO’s clinic	Oryemcan Company Limited	120,661,750
Construction of staff house at Namendera HCII	Kadra Traders	98408640
Construction of Amedek OPD	Makal(U) Limited	135,000,000
Construction of Naturumrum HCII	Napak Technical Services	103,150,000

*Source: Napak district local government*

**Outpatient department for the DHO's clinic constructed;** M/s HRN Business services was contracted to undertake the works at a contract sum of Ug Shs 135 million. Works started in December 2014 and were expected to be completed within three months. Physical progress was estimated at 30% and had reached window plate level. Ongoing works included erecting of columns. No payments had been made to the contractor since he had not submitted any certificate.



**Outpatient department construction works at the DHO's Clinic Napak District**

### **Implementation challenges**

- Delayed procurement process characterized by the low turn up of bidders interested in undertaking advertised works. This therefore affected commencement of planned works for FY 2014/15.
- Low financial capacity of the local contractors to undertake works without advance payments. Some contractors fail to employ skilled masons to undertake quality works and this often led to substandard works.
- Poor infrastructure often worsened by bad weather. Most health facilities become inaccessible during rainy season delaying construction works as contractors fail to transport materials to affected sites.

### **Other challenges affecting service delivery**

- Lack of adequate safe water coupled with poor sanitation and hygiene practices; a total of 30 people of which 17 were pregnant women died of hepatitis E during FY 2013/14. The deaths were caused by lack of access to clean and safe water at the peak of the dry season.
  - Failure to adequately diagnose the disease in a timely manner worsened the situation. All blood samples were taken to Uganda Virus Research Institute (UVRI) in Entebbe for testing. The need to have adequate laboratories at RRHs is therefore paramount for timely response and management of disease outbreaks.

## Ntungamo District Local Government

### a) PHC Non-wage Recurrent Grant

The approved budget for PHC non-wage recurrent expenditure for the DHO's office was Ug Shs 52 million of which Ug Shs 33 million (65%) was received and 100% was spent. Table 8.39 indicates expenditure details as of 31<sup>st</sup> December 2014.

**Table 8.39: Expenditure of the non-wage recurrent funds by 31<sup>st</sup> December 2014**

Line Item	Expenditure
Telecommunication costs	3,555,000
support supervision	3,274,000
support staff allowances	1,620,000
bank charges	213,070
DHO's staff welfare	3,120,000
Motor vehicle maintenance	2,520,000
Meeting health unit in charges	2,000,000
Purchase of office stationary	467,000
Fuel for monitoring health services in the district	7,000,000
Monitoring health services by secretary for health	1,200,000
Contribution towards world AIDS day celebration	1,000,000
Purchase of office Items	2,060,000
Monitoring health services by social services committee	774,000
Cold chain maintenance and supply of EPI logistics	540,000
Travel inland	3,453,000
Purchase of Newspapers	385,000

*Source: Ntungamo District health office*

### b) PHC development grant

The approved budget for PHC development grant for Ntungamo district was Ug Shs 200 million of which the district had received Ug shs 100 million (50%) and no expenditure (0%) had been made by 31<sup>st</sup> December 2014.

### Planned outputs FY 2014/15

- Kitondo health centre maternity ward constructed.
- Nakyera HCIII OPD renovated.

- OPD at Nyabushenyi HCII constructed.
- OPD at Kyamwasa HCII constructed.
- Staff house in Rukalango HCII and Kiryorwa HCII constructed.
- Two in one staff house at Kiryowa HCII constructed.

### Physical Performance

Semi-annual monitoring focused on all planned outputs for the FY and overall physical; performance was 0%. The following was reported;

- **Kitondo health centre maternity ward constructed;** the project was awarded to Sagma Technical Services at a contract sum of Ug Shs 74,657,420. The scope of works included construction of the sub structure, super structure up to roofing. Contract had just been awarded by 28<sup>th</sup> January 2014 and works had not commenced (0% achieved).
- **OPD renovation at Nakyera HCIII, construction of Nyabushenyi HCII and OPD of Kyamwasa HCII;** procurement process was not undertaken due to lack of funds (0% achieved).
- **Staff house in Rukalango HCII and Kiryorwa HCII constructed;** the partial construction of a 2 in 1 staff house at Rukalango HCII was awarded to M/s Nitech Uganda limited at a contract sum of 45,866,364. The scope of works included substructure, walling, shuttering, plastering, painting, external finishes including installation of electricity. Civil works started on 9<sup>th</sup> January 2015 and physical progress was still at 0% (site clearance and excavation). No payment had been made to the contractor.
- **Two in one staff house at Kiryowa HCII constructed;** the project was awarded to M/s Samutu Enterprises Limited at a contract sum of Ug shs 49 million. The scope of works included construction of the sub structure, super structure up to roofing and plastering. By 28<sup>th</sup> January 2014, the contractor had started site levelling in preparation for excavation works. Physical progress was therefore at 0%.

### Challenges to health Service Delivery

- Absence of vaccines: some vaccines like BCG were not available in the country and this the vaccination and outreach programmes in the district.
- Difficult to retain medical officers in the district. This is because the district has a low local revenue base hence failure to provide top up allowances to the critical medical cadres such as the medical officers, pharmacist, midwives, radiographers and anaesthetist.

### Nwoya District local government

#### a) PHC nonwage recurrent expenditure

The approved budget for PHC non-wage recurrent expenditure for the DHO's office is Ug shs 16 million of which Ug shs 8million (50%) was released and spent by end of 31<sup>st</sup> December 2014. Expenditures were made on allowances, support supervision and travel inland.

## **b) PHC Development**

### **Planned outputs FY 2014/15**

- Fencing Kochgoma HCIII completed.
- OPD at Langole HCII renovated.
- OPD at Pamokrach HCII renovated.
- Four stance drainable pit latrine at Panokrach HCII constructed
- One block of four units of staff house with a two stance VIP latrine at Paraa HCII constructed
- OPD and maternity ward at Todora HCII rehabilitated.

### **Financial performance**

The approved budget for PHC development for FY 2014/15 Ug shs 307 million of which Ug shs 154 million was released and nothing 0% spent by 31<sup>st</sup> December 2014.

The district carried forward funds from FY 2013/14 worth Ug shs 286 million of which Ug shs 246 (86%) million was spent on the roll over projects. These included Purchase of motor vehicle, completion of OPD at Paraa HC II, completion of pit latrine at Paraa HC II, fencing of Koch-Goma HC III and installation of Solar in Lulyango HC II.

### **Physical Performance**

Overall physical performance for FY 2014/15 planned outputs was at 0%. Details are indicated below;

- The Solicitor General had just cleared two projects for FY 2014/15. These were; construction of one block of staff house at Para HCII and the rehabilitation of the maternity ward at Todora HCII. The contracts for these two projects had not yet been signed.
- The contracts committee had approved initiation of procurements under selective bidding for five outputs. These were; completion of fencing at Kochgoma HCIII, renovation of OPD at Langole HCII, fencing of Para HCII, renovation of OPD at Pankrach HCII, and of a four stance drainable pit latrine at Panokrach HCII.
- The monitoring team visited two health centres those activities/outputs had rolled over from FY 2013/14 and payments made during the period under review. These outputs included; solar installation at Lulyango HCII, and fencing of Kochgoma HCIII. The solar installed at Lulyango HCII was done in September 2014. The beneficiaries appreciated the facility, they noted that it had eased work and enabled them attend to patients including emergencies anytime during the week. The facility had also enabled storage of vaccines and motivation of health workers staying in solar powered housing units.
- Fencing of Kochgoma HCIII; the facility had been partially fenced and completion was expected to be done in FY 2014/15.

### **Implementation challenges**

- Under staffing of the PDU and works department delayed undertaking the procurement process. The PDU had only one procurement officer while the Works department had

only one engineer how is responsible for preparation of BOQs for projects to be undertaken the entire district.

- Inadequate technical and financial capacity of the contractors to undertake works in stipulated timelines.

### Challenges to health service delivery

- Inadequate staffing with the staffing norm at 52%.
- Inadequate funding for the recurrent non-wage activities to the health facilities in the district. For instance, Anaka Hospital gets Ug shs 2.5million, HCIIIs get Ug shs 1.1million and Ug shs 208,125 for HCIIIs per quarter. This is not adequate to finance activities at these health facilities.

### Shema District Local government

#### a) PHC non-wage recurrent

The approved budget for PHC non-wage recurrent expenditure was Ug shs 32 million of which Ug shs 16 million (50%) was released and 100% spent. Table 8.40 indicates expenditure details of the non-wage recurrent grant by 31<sup>st</sup> December 2014.

**Table 8.40: Expenditure performance of the non-wage grant at the DHO's office by 31<sup>st</sup> December 2014**

Item	Expenditure (Ug shs )
Allowances	3,155,500
Travel inland	5,406,100
Books and periodicals	90,000
Computer supplies	430,000
Welfare and entertainment	1,852,000
Stationary	101,600
Bank charges	526,382
Communication	915,000
Information and technology	600,000
Fuel	3,155,500

*Source: Shema District Health Office*

#### b) PHC development

##### Planned outputs FY 2014/15

- Three maternity units at Rugarama HCII, Mabale HCII, and Kabwohe HCIV constructed.

- Staff house at Kyangenyi HCIII and renovation of staff houses at Kigarama HCIII completed.
- Two stance VIP latrine Kabwohe constructed.
- 20 Mattresses and 20 hospital beds procured.
- Three roomed house for a medical store constructed
- Fencing of Kabwohe HCIV completed.
- A projector procured.
- A water dispenser procured.
- One photocopier procured.
- Kigarama HCIII OPD and maternity unit renovated.
- Three- stance VIP latrine at Kigarama HCIII constructed.
- Two Yamaha Motorcycles for field officers procured.
- Tyres replaced and maintained
- Three-stance VIP latrine at Kashozi constructed.
- 500GB laptop and 3 sided board/cupboard procured.

Although the above outputs were planned for the financial year, the district was directed to focus on only four out puts which were; completion of the staff house at Kyangenyi, construction of a VIP latrine at Kabwohe HCIV and construction of maternity wards at Kabwohe HCIV and Rugarama HCIII.

### **Financial performance**

The approved budget for PHC development for FY 2014/15 Ug shs 314 million of which Ug shs 157 million (50%) was released and Ug shs 26 million (17%) spent by 31<sup>st</sup> December 2014. Expenditures were made on completion of Kyangenyi staff house (61%), Construction of two stance VIP latrine Kabwohe 31% and Appraisal of capital development projects by Engineering department 7%.

### **Physical performance**

The district achieved 48% of the revised targets.<sup>19</sup> Detailed performance is indicated below;

- **Maternity wards at Kabwohe HCIV and Rugarama HCIII constructed;** the two projects were under procurement (0% achieved). Delays were caused by failure to identify a suitable bidder for the works. Most bidders had quoted prices way above the estimated budget (Ug shs 140million). The lowest bidder's price was Ug shs 250 million while the highest was Ug shs 500 million. Negotiations with the bidders proved futile and the district therefore opted to re-advertise the works.
- **Two stance VIP latrine Kabwohe constructed;** works were awarded to M/s Be-Camel Uganda Limited at ac contract sum of Ug shs 8.8 million. Works started in June 2014 and completed in August 2014. A total of Ug shs 8.3 million was paid to the contractor. Works

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<sup>19</sup> Includes performance on two rolled over projects.

had been completed and the latrine was in use (100%). The beneficiaries were happy and satisfied by the quality of works done by the contractor.

- **Staff house at Kyangenyi completed;** M/s Ronosa Investment Limited was awarded the contract at a contract sum of Ug Shs 32million. The works started on 7<sup>th</sup> March 2014 and completion was expected by end of July 2014. By 27<sup>th</sup> January 2015 the staff house had reached 95% completion level with walling, roofing, plastering, and shuttering all complete. Pending works included wiring, painting, and completion of ceiling.



**Staff house at Kyangenyi HCIII substantially completed**

### **Implementation challenges**

- **Political Interference:** This resulted into change in planned activities to construction of the maternity wards in Kabwohe and Rugarama HCIIIs. This affected service delivery in other areas.

### **Challenges Service Delivery:**

- Budget cuts; the district often did not receive 100% of the budget resulting into rolling over of planned activities to the subsequent financial years.
- Lack of transport to undertake the routine monitoring and support supervision of health facilities and also other administrative activities.
- Delayed release of funds from the district General Fund Account to the health department account. This was attributed to lack of release letters from MFPED on utilization of released funds.
- Lack of operational funds; some development partners such the Global Fund UNICEF, release funds to the district without operational funds, this infringes on the district's limited budget.

- High bank charges: the health facilities operate current accounts which attract very high bank charges as a result little is left for health service.

## **Yumbe District Local government**

### **a) PHC Non-wage:**

The allocated budget for PHC non-wage for the DHO's office is Ug shs 51 million of which Ug shs 25 million (50%) was released and spent by 31<sup>st</sup> December 2014. Table 8.41 indicates Expenditure performance of the Non-wage funds by 31<sup>st</sup> December 2014

**Table 8.41 indicates Expenditure performance of the Non-wage funds by 31<sup>st</sup> December 2014**

<b>Line Item</b>	<b>Amount</b>
Travel inland	4,000,000
Maintenance of Vehicles	3,355,000
Fuel	6,600,000
Stationary	1,000,000
Other activities	8,045,000

*Source: Yumbe district Health Office*

### **b) PHC development**

#### **Planned outputs FY 2014/15**

- Ceiling at Apo HCIII maternity ward replaced.
- OPD at Moli HCII completed.
- General ward at Kelwa HCII constructed.
- Maternity Kochi HCIII completed.
- Maternity ward at Yoyo HCIII renovated.
- Goboro HCII OPD completed.
- Completion of solar project payment for Yumbe hospital and solar batteries procured.
- Five stance VIP latrine at Midigo HCIV constructed.

## **Financial Performance**

In FY2014/15 the approved budget for PHC development grant including PRDP was Ug Shs 472 million of which Ug Shs 274 million was released (58%). A total of Ug shs 70 million (25%) had been spent on various projects. Table 8.42 indicates payments made per output during the first half of the FY2014/15.

**Table 8.42: Expenditure performance of the PHC development Grant by 31<sup>st</sup> December 2014**

Output description	Contractor	Contract sum (Ug shs)	Payments in FY2014/15
Goboro HCII OPD completed	Alwa Kin Construction Limited	47,215,778	2,819,743
Construction of Kochi General ward	Home Way Traders	58,000,000	27,565,000
Solar Installation Yumbe Hospital	Global Solar	64,163,000	10,522,506
Construction of OPD at Moli HCII	Platinam Engineering Limited	30,000,000	26,498,086
Payment of retention for the staff house at Kochi HCIII	Agenda One		3,362,110

*Source: Yumbe District Local Government*

### Physical performance

Goboro HCII OPD was reportedly completed in FY 2013/14, however final payments were done during FY 2014/15. Maternity ward at Yoyo HCIII was under procurement while the other two outputs; General ward at Kelwa HCII and Five stance VIP latrine at Midigo HCIV were be at 0% physical progress since sites had just been handed over to contractors.

Physical verification therefore focused on four out eight planned outputs; These were ceiling at Apo HCIII maternity ward replaced, Maternity Kochi HCIII completed, Maternity Kochi HCIII completed and installation of solar power at Yumbe hospital had been completed. The following was established;

- **Ceiling at Apo HCIII maternity ward replaced;** works were awarded to M/s Ajobe Rashid and Sons at a contract sum of Ug shs 8.3 million for a period of three months starting from January 2015. Works were ongoing with the ceiling installed and painting was pending. Physical progress was however 0% by 31<sup>st</sup> December 2014.
- **OPD at Moli HCII completed;** M/s Platinum Engineering Limited was contracted to undertake the works at a contract sum of Ug shs 26 million. Works started in FY 2013/14 and were completed (100%) in January 2015. The team observed good quality civil works at the OPD. This OPD had not been operationalized pending accreditation of the facility and funding from MoH.



Left to Right: Ongoing ceiling works maternity ward at APO HCIII and Completed OPD at Moli HCU

- **Maternity Kochi HCIII completed;** the project was awarded to M/s Home Way Traders at a contract sum of Ug shs 58 million. Civil works began in October 2014 and completed (100%) December 2014. The team noted good quality works for both facilities. It was however noted that the health facility does not have access to water facilities is likely to hinder effective use of the ward. Financial progress was at 100% with the retention paid as well.



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Left: completed staff house (right) and maternity ward at Kochi HCIII in Yumbe District



**Left: Solar Panels installed and right: Staff showing the weak batteries and burnt charger control at Yumbe Hospital**

- **Installation of solar power at Yumbe hospital had been completed;** the works were awarded to M/s Global Solar Limited at a contract sum of Ug shs 64 million. Works started in FY 2013/14 and completed (100%) during FY 2014/15. It was however noted that a weaker solar system was provided compared to the one indicated in the BOQs. The charger control had been burnt and installed batteries often bulge. These therefore needed urgent replacement. The installed solar system was used to light the wards for four hours, entertainment, power computers for record keeping, used for Continuous Medical Education (CME) and motivated staffs by charging their phones. The solar has also helped in conducting deliveries at night.

## **Analysis**

### **Link between financial physical performances**

There was a fair link between financial and physical performance. Overall financial performance in terms of absorption of released funds for districts monitored was 13% against physical progress of 19%. Performance was below average and this was attributed to delays in undertaking the procurement processes for the planned outputs for FY 2014/15 across districts.

### **Achievement of set targets**

None of the districts monitored achieved its set targets. This was because of the delayed procurement process which affected implementation of planned outputs.

### **Comparative analysis**

The physical performance varied across the districts monitored, among the good performers was Moroto district (56%) performed since most planned outputs had commenced. Kabale, Nwoya and Ntungamo had not started implementing their planned activities. Substantial progress was noted on implementation of rolled over projects in Sheema 48%, Yumbe 37.5% and Bududa (27%)

In terms of absorption, Albetong had the highest at 27%, followed by Yumbe at 25% and Moroto at 23%. Napak, Butaleja and Ntungamo, had not spent any of the released funds during the period under review.

### **Conclusion**

The budget performance of released funds was excellent (over 50%) however absorption was below average due to delayed implementation of planned activities. Overall the PHC development grant underperformed at 19% with most of the planned outputs not done, this was attributed to delays in commencement of the procurement process. Most districts visited had absorbed the non-wage grant, however some complained of non-receipt of quarter two funds. The districts should adequately plan and come up with clear procurement plans to avoid delays in implementation of planned activities for subsequent FYs.

## **General conclusion**

The sector physical performance of projects monitored was very good at 77% against 59.2% financial performance. Good performance was registered with the National Medical Stores, Referral hospitals and the Uganda Blood Transfusion Services. Performance of PHC development projects, Uganda Cancer Institute, GAVI, Butabika Hospital and Uganda Heart Institute was below average. The need to fast track procurement processes by both implementing agencies and MoH is crucial to enable achievement of annual targets.

Implementation of sector projects was hampered by lengthy procurement processes, staffing gaps, shoddy works under PHC development and continuous drug stock outs in health facilities leading to emergency orders.

## **Recommendations**

- The MoH together with implementing agencies should fast track procurement processes to facilitate implementation of projects in stipulated timelines.
- Punitive measures for local governments that do not start procurement processes in a timely manner should be developed and enforced by MoH and MFPED.
- The MoH should clearly stipulate targets in terms of quantities of medical supplies ordered and expected in the country under Global Fund and GAVI.
- The bi-national project committee on rehabilitation of Kawolo hospital should stipulate clear project implementation timelines on project implementation to avoid further delays.
- District engineers should be held responsible for certifying poor quality works.
- District administrations should forward contractors that continue to do shoddy work to PPDA for blacklisting.
- Project monitoring and supervision should be enhanced to ensure that projects are on track to achieve set targets.

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