

Vote:175 Moroto Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	1.617	2.977	0.328	2.977	2.977	2.977	2.977	2.977
Non Wage	1.017	1.066	0.144	1.009	1.066	1.066	1.066	1.066
Devt. GoU	0.392	1.488	0.000	1.488	1.488	1.488	1.488	1.488
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	3.025	5.531	0.472	5.475	5.531	5.531	5.531	5.531
Total GoU+Ext Fin (MTEF)	3.025	5.531	0.472	5.475	5.531	5.531	5.531	5.531
<i>A.I.A Total</i>	0.000	0.025	0.000	0.025	0.030	0.035	0.040	0.045
Grand Total	3.025	5.556	0.472	5.500	5.561	5.566	5.571	5.576

(ii) Vote Strategic Objective

To provide comprehensive, super specialized health service, contact tertiary health training, research and contributing to health policy and planning.

V2: Past Vote Performance and Medium Term Plans

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Performance for Previous Year FY 2016/17

- 9,612 General admissions
- 8 Days Average Length of Stay
- 137% Bed Occupancy rate
- 66,656 Patents attended to in the general Outpatient clinics,
- 15,871 Patients attendant to in the specialized outpatient clinics
- 73,172 Total Lab. Tests conducted
- 4,740 X-ray(Imaging)
- 4 29 Ultra-sound scans done.
- 425 Blood transfusions were done
- ?2 Hospital Board management meetings held
- 7 Monthly senior staff meeting held
- 13 Top management meetings held ?
- 2 Quarterly general staff meetings
- 5,351 Mothers attended to in Antenatal clinic.
- 1,106 family planning contacts
- 18,202 immunizations
- Recruitment of close to 45 staff by mainly HSC, and other collaborating partners (Rhites E)
- Renovation of old theater into a neonatal unit done and the unit operationalized to reduce the neonatal mortality in the region worth 90million
- Procurement of Specialized Machinery and equipment completed 30million
- Construction of Oxygen plant house and installation and commissioned done for worth 470million
- Procurement of assorted furniture for operationalization of the new OPD worth 20million
- Procurement of transport equipment was done worth 150million.
- 4 Internal audit conducted
- 4 Regional workshops out reaches.
- Planting and maintaining trees and grass to improve on the beauty of the hospital compound was done for worth 3million

Performance as of BFP FY 2017/18 (Performance as of BFP)

- No. of in-patients (Admissions) 2542
- Average Length of Stay (ALOS) 6 days
- Bed Occupancy Rate (BOR) 71%
- Number of Major Operations (including Caesarian section) 691
- No. of general outpatients attended to 15597
- No. of specialized outpatients attended to 7097
- Referral cases in 126
- No. of laboratory tests carried out 20694
- No. of patient x-rays (imaging) 1210
- No. of antenatal cases (All attendances) 1108
- No. of children immunized (All immunizations) 4531
- No. of family planning users attended to (New and Old) 690
- Number of ANC Visits (All visits) 1,108
- Number of Childhood Vaccinations given 4,531
- Assets register updated on a quarterly basis 1
- Timely payment of salaries and pensions by the 2
- Timely submission of quarterly financial/activity
- Value of medical equipment procured (Ush Bn) Value 200,000,000
- Timely payment of salaries and pensions by the 20th of every Month
- Timely submission of quarterly financial/activity reports that is by 30th of the Month after the end of a quarter

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FY 2018/19 Planned Outputs

- 14,557 Admissions planned
- 80% Bed occupancy
- 5Average length of stay
- 1,200 Deliveries
- 1,476 Major surgeries
- 92,941 laboratory & pathological
- 6,886 X-ray examinations
- 4,066 Ultra sound
- 21,033 Immunization static
- 75,000 OPD ATTENDANCE
- Casualty cases
- 14,600 Special clinics outpatient
- Blood transfusion
- 2,000 Family planning contacts
- 4,500 ANC
- Assets register updated on a quarterly basis 1
- Timely payment of salaries and pensions by the 2
- Timely submission of quarterly financial/activity
- Value of medical equipment procured (Ush Bn) Value 200,000,000
- Timely payment of salaries and pensions by the 20th of every Month
- Timely submission of quarterly financial/activity reports that is by 30th of the Month after the end of a quarter

Medium Term Plans

1. Completing construction of 30Units staff accommodation to improve on attraction and retention of staff
2. Continue to lobby for the World Bank Project phase II for the inpatient facilities; like wards and theater
3. Start construction of a new maternity ward
4. Renovation of the Children and TB wards
5. Strengthening of support and technical supervision activities and health promotion and prevention activities through support to community health department.
6. Strengthening the regional workshop activities in the region through building the capacity of the leadership and recruitment of more technical staff, ensuring regional stakeholder meetings take place annually, involving the regional stakeholders like the CAOs, DHOs and Medical Superintendent and other health facility in-charges.
7. Lobby regional Stake holders for unfunded priorities like Isolation unit, follow-up of the ART patient, feeding of patients, support for transportation of dead bodies, operationalization of the Neonatal Care unit in the region, operationalization of the regional Blood distribution center.

Efficiency of Vote Budget Allocations

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The votes plans to efficiently and effectively utilize the planned resources through; installation of rain water harvesting tanks on all new constructions and renovate the existing ones, appoint all hospital management committees to support top management in the day today management of the hospital. Ensure that there is an active and functional rewards and sanctions committee in place and operationalize the hospital biometric machines to support management of absenteeism. Operationalize vehicle trackers to reduce on cost of fuel and maintenance of its fleet. Make sure all staff are accessed on both payroll and pension payroll within two months and all staff salaries are paid by the 25th of every month.

Vote Investment Plans

Complete Construction of phase two of staff accommodation worth 2.6Billion 10 unit staff accommodation with a current allocation of 0.988billion, Continues with construction of a new maternity ward 0.400billion, Procurement of Medical equipment and machinery 0.050billion, Procurement of furniture and fittings 0.050billion.

Major Expenditure Allocations in the Vote for FY 2018/19

More than half of the vote capital development funds shs. 0.988billion was allocated for construction of staff accommodation, shs. 0.400billion allocated for starting the construction of a maternity wards which could not take place under the UHSSP project, procurement of Medical equipment and machinery worth shs. 0.050billion and Procurement of furniture and fittings worth

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide comprehensive, specialized Health services, contact tertiary Health training, research and contributing to the Health policy and planning.						
Responsible Officer:	Mr. Mawa Geoffrey						
Programme Outcome:	Quality and accessible regional health services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Percentage increase of speciliezed clinic out patient attendance	0				20%	20%	20%
• Bed Occupancy	0				85%	85%	85%
• Diagonostic services	0				0%	10%	20%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18	2018-19	MTEF Budget Projections
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	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :175 Moroto Referral Hospital								
56 Regional Referral Hospital Services	2.687	5.531	0.459	5.475	5.531	5.531	5.531	5.531
Total for the Vote	2.687	5.531	0.459	5.475	5.531	5.531	5.531	5.531

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Moroto Referral Hospital Services	2.248	3.908	0.449	3.855	3.908	3.908	3.908	3.908
02 Moroto Referral Hospital Internal Audit	0.007	0.010	0.000	0.007	0.010	0.010	0.010	0.010
03 Moroto Regional Maintenance	0.124	0.125	0.010	0.125	0.125	0.125	0.125	0.125
1004 Moroto Rehabilitation Referral Hospital	0.392	1.200	0.000	1.388	1.200	1.200	1.200	1.200
1472 Institutional Support to Moroto Regional Referral Hospital	0.000	0.288	0.000	0.100	0.288	0.288	0.288	0.288
Total For the Programme : 56	2.770	5.531	0.459	5.475	5.531	5.531	5.531	5.531
Total for the Vote :175	2.770	5.531	0.459	5.475	5.531	5.531	5.531	5.531

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :175 Moroto Referral Hospital	
<i>Programme : 56 Moroto Referral Hospital</i>	
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : (0.016)	The services are offered in a new structure that has low maintenance cost and has increased partner support..
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : 0.025	Increased number of staff in the area and also need to contribute resources for improved performance and contribution to help hospital achieve its strategic objectives
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.005	New out put with increased staff who need facilitation and stationary to improve performance, development of human resource for health, and improve health infrastructural on the HIMS for quality records
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : (0.038)	The current financial year furniture procured should be able to furnish most of the rooms in the new OPD. Hence reduced budget for furniture.
Output: 82 Maternity ward construction and rehabilitation	

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Change in Allocation (US\$ Bn) :	0.200	Changing from remodeling to a new maternity ward if resources allow.
Output: 85 Purchase of Medical Equipment		
Change in Allocation (US\$ Bn) :	(0.150)	More resource needed for infrastructure development and equipping follows after the construction is complete.

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19	
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs	
Vote 175 Moroto Referral Hospital			
Programme : 56 Regional Referral Hospital Services			
Project : 1004 Moroto Rehabilitation Referral Hospital			
Output: 81 Staff houses construction and rehabilitation			
10 units staff house constructed	Procurement process is at the stage of signing of contract with consultant.	Construction works for the Second phase of the 10 units of staff houses continued. Civil works continued, Civil works started, Site meeting done, Measurement sheets filled, certificates for payment, payments made	
Total Output Cost(US\$ Thousand):	1.000	0.000	0.988
Gou Dev't:	1.000	0.000	0.988
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

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1. Old, inadequate and dilapidated infrastructure especially wards, administration block and mortuary that are condemned and becoming public nuisance has negatively affected service up-take since most clients would prefer not to be admitted in the hospital wards.
 2. Under staffing for both specialized and support staff, coupled with poor attitude towards work is a deterrent factor to quality services in the hospital.
 3. Absence of incentives to attract and retain both specialized and support health staff like hard to reach allowance, high cost of living and high cost of accommodation, and lack of social amenities has contributed to poor attraction and retention of the hospital staff.
 4. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruitment process and also management challenges at vote level.
 5. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruited processes and poor management at the vote level. Which we are trying to address in this financial year.
 6. Delayed and lengthy recruited process for the much needed staff is a challenge, as a result the hospital returned funds for wage back to the treasury.
 7. High cost of utilities like fuel, electricity coupled with electricity supply being inconsistent and unstable hence affecting specialized medical equipment which is costly to repair.
 8. Inadequate funds for major capital development infrastructure activities like staff accommodation hence scheduling the projects as multi-year projects
 9. Inadequate and stagnant NWR funding to support meeting the cost of allowances, fuel, electricity and rent for the hospital and staff.
10. Sparse population in the area increases our cost of service delivery in the region since more area and distance has to be covered to see few people especially during community out reaches.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 175 Moroto Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 81 Staff houses construction and rehabilitation	
Funding requirement US\$ Bn : 7.600	•Contribute to production of a healthy human capital through, infrastructure development, by ensuring that the staff and institutions need for new infrastructure are identified, planned and budgeted for and implemented to attract and retain the much needed human resource in Karamoja region to improve on the accessibility, efficiency and quality of the health services in the region. And also contribute to training of the much needed human resource for health in the region.
OutPut : 82 Maternity ward construction and rehabilitation	
Funding requirement US\$ Bn : 3.600	•Contribute to reduce maternal mortality through access to conducive hospital environment with skilled Birth Attendants (SBA), Emergency Obstetric Care (EmOC) and equipment to support human resource to offer quality and accessible MCH services in the region.