

Vote:173 Mbarara Referral Hospital

V1: Vote Overview

I. Vote Mission Statement

To provide inclusive comprehensive, Super specialized Health services, Conduct Tertiary Health Training, Research and Contribute to the health Sector Strategic objectives.

II. Strategic Objective

- a. Offer comprehensive super-specialised curative, promotive, preventive and rehabilitative health care services.
- b. Provide outreach specialist support supervision services for District general Hospitals and lower level Health Facilities.
- c. Offer tertiary and continuing Professional Development to health workers.
- d. Contribute to the formulation of policies and guidelines of the Ministry of Health.
- e. Participate in the monitoring and evaluation of health services in the country.
- f. Undertake and conduct operational, technical and professional research.
- g. Provide quality assurance and support services to health care delivery system.
- h. To improve on the infrastructure of the entity through provision of adequate staff accommodation, improve working conditions and increase patient space within the next five years.
- i. To improve maternal child health care services and have safe deliveries, successful caesarean sections and eliminate fresh still births for mothers who come timely.
- j. To procure and maintain modern medical and non-medical equipment and furniture within the next five years to improve service delivery.

III. Major Achievements in 2018/19

1) Inpatient services:

1. 7,853 admissions, cumulative 13,423 against (14,700) planned with
2. 4 days average length of stay. Bed occupancy rate was 80% against annual target of 85%.
3. 2,682 operations done in the quarter two (1,479 major and 1,185 Minor). Total cumulative were 6,599 operations by end of Q2
4. 990 Gynecology operations done in Q2 two cumulative were 1,497.

2) Outpatient services

1. A total of 8,832 General OPD attendances were registered out of (9,975) planned, Cumulative output was 17,170 against (19,950) and
2. 31,330 achieved, cumulative is 63,058 special clinics attendance achieved against (73,000) special clinics
3. 2,315 deliveries done and cumulative output being 4466 (1,558 normal deliveries and 757 caesarean sections, cumulative being 2,944 normal deliveries and 1,620 caesarian sections)

1) Diagnostics:

1. 32,219 out (22,500) Lab examination tests done in the quarter. Cumulative output 67,153 against (45,000)
2. 1,669 out of (1,250) X-rays examinations carried out in the quarter, cumulative output 3,258 against (2,500);
3. 1,562 out (1,950) Ultra sound examinations held in the quarter and cumulative output of 3,314;
4. 168 out of 275 ECG tests done and cumulative 324 against (550);
5. 51 ECHOs out of 70 and cumulative 103 done out of 140
6. 548 Ct Scan Investigations done in the quarter. Cumulatively 938 out of Target for the year (1,600).
7. 54 Endoscopy tests out of 70, cumulative 107 up to quarter two against 140
8. 476 Dialysis sessions carried out of 25. Cumulative 93 sessions against target of 50 up to quarter two

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2) Prevention Services

1. 2,084 out of (737) planned Antenatal attendances in the Quarter, cumulative 4,071 against planned target up to quarter two 1,474;
2. 1,511 EMTCT achieved in the quarter and cumulative up to quarter two is 2,477.
3. 3,227 HCT achieved, cumulatively 5,986.
4. 688 family planning contacts seen and cumulatively 2,294 up to quarter two

3) Immunization Services:

- 2,088 Immunizations out of 3,856 planned immunization contacts in the quarter, Cumulative 6,156 out of 7,712

4) Management Services:

1. Two Hospital Management Board meetings and 4 Committee sat as per plan. Three contracts committee meeting was held; 14 senior management Meetings held; 48 departmental meetings held Two Hospital Management Board meeting was held as per plan.
2. Three contracts committee meeting was held; Conducted 6 Medicines and Therapeutic Committee meetings.
3. Utility payments (Yaka for power) and water were paid for the two quarters. However, Power was very erratic with frequent black outs associated with high fuel expenses for stand by generators.
4. Meals provided to 5,796 malnourished children, destitutes and oncology patients (This includes children from Oncology and Nutrition wards, Psychiatric ward and TB wards including vulnerable and abandoned patients in the wards. Buried (114 adults and 41 Children unclaimed bodies).
5. Daily morning meetings progressively continued; daily night superintendence's done with daily reports produced. Management updates and communications made Hospital was well cleaned with close supervision by the administrators and the Infection Control and Prevention committee.
6. Items for disposal identified; Board of survey report in place; these include old vehicles and obsolete medical equipment.
7. Final accounts prepared audited and verified; Domestic arrears submitted for verification by Earnest and Young as advised by Finance; Value for money audit exit meeting held with the Internal Audit team and a report produced.
8. Conducted support supervision to Ntagamo district and Kitwe Health Center IV.
9. Conducted a QI bench marking tour to Kabale on 5S and KAIZEN
10. Started the budgeting process for the FY 2019/20 with hospital setting priorities, consultative meetings, board discussions
11. All hospital vehicles inspected for functionality by the Engineer Ministry of Works and in running condition;

5) Human Resource:

1. All staff on payroll received salaries for the three month amounting to Ugx 1,194,355,003 with a saving of Ugx 93,191,977 made in the quarter (All the 307 staff on payroll with no outstanding salary arrears);
2. Salaries for the quarter paid with the new enhancements. Problem cases being sorted out and all cleared
3. Monthly data capture was done including entry of newly transferred staff. Recruitment plan for FY 2019/20 being followed and clearances made recruitment exercise to be started.
4. Domestic arrears for pensioners were submitted to Earnest and Young for Audit and onward transmission to Ministry of Finance for processing payments. Additional funds allocated by Finance to clear gratuity and pension arrears.
5. Hospital restructuring with support from Ministries of Public service, Health with support from partners (Intra-Health) being concluded, Draft report produced and being reviewed.
6. The staff formally under PEPFAR were regularized by the Health Service Commission and deployed to the hospital.

6) Records:

1. Weekly surveillance reports were produced and submitted (MTRAC);
2. HMIS Monthly and quarterly reports were produced and submitted to (DHIS2);
3. Three In-house trainings in Data capture and reporting held with support from RHITES SW.
4. On job mentorship about data capture and report compilation by records team.
5. Monthly data cleaning carried out in various data tools, Data used for reporting and giving updates; One quarterly data review meeting was held attended by all respective stake holders and partners.
6. Departmental data review meeting carried out to appreciate data quality Draft quarterly report for compilation of the hospital quarterly performance report submitted Data capture tools were received from partners (IDI, WHO, RHITES SW)

7) Internal Audit:

1. Stores were inspected; management was guided in areas of internal controls,
2. Advances and financial accountability and value for money.
3. The quarterly report produced for management review.

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4. The PAC report was received and responses made, Clearance made through Ministry of Health.
5. Exit meeting with the Auditor General was done and responses cleared.
6. The FY 2016/17 internal audit report was produced and circulated. Corrective actions taken. Management went through an internal audit exit meeting. Deliveries of items purchased witnessed and verified.

8) Capital development:

1. The 16 Unit staff house completed fully equipped with separate YAKA meters for each staff house and a water meter. House allocations in progress for occupation and a certificate of occupation is being processed from Mbarara Municipal Council.
2. The process for perimeter wall construction initiated:(Ministry of Works appointed a committee to guide the process, Communication to the District building committee for its clearance sent,
3. BoQs reviewed by the committee and Contracts committee due to sit for advert).
4. East African Public Health laboratory support to construct hospital laboratory is ongoing. The site was handed, hoarded, excavation works started and foundation works being done to put up pillars. Site meeting started so far two held.

9) Institutional Support:

1. Staff canteen construction completed and hand over. Works to level started and already started to be in use.
2. Coaster was cleared and the bus, delivered and already in use.
3. Construction Works on the orthopedic structure near completion 98% to house the unit that was demolished to provide for the Laboratory construction by the EAPHLN. Completion of remodeling of gynecology ward and is now occupied

IV. Medium Term Plans

Medium term Plans:

Improve hospital security, staff accommodation, rehabilitate existing infrastructure, reduce on costs of utilities by use rain water harvesting and solar power , filling of existing staffing gaps within the wage bill, closing gaps in data collection; lobbying for the reconstruction of the hospital to meet the service demands especially patient space and turn the entity into a Regional Centre of Excellence for provision of inclusive specialized health care services, conduct training and health research. The hospital will be committed to:

1. Fast track Phase Two hospital construction to meet the service delivery demands especially patient space and to cater specialised health care services for the patients both within the district and municipality of Mbarara and those referred from other facilities and regions.
2. Completion of the hospital Perimeter Wall Fence to improve on hospital security and safety.
3. Strengthen Community health department to coordinate and support the lower health facilities through frequent integrated supervision visits, mentorship, and support and stake holders/partners.
4. Start-up construction of the Four Storied 56 Single Unit (One bed room and sitting room) staff housing project to address staff accommodation shortage including, temporary accommodation for doctors and nurses in critical care and staff on call.
5. Establish and functionalise a Regional Medical Equipment Maintenance workshop for Ankole Sub Region.
6. Procurement of assorted medical equipment including washing machine, Central Sterilization unit equipment, Ventilators, ICU equipment, BP machines stretchers, Repair and upgrade the oxygen plant and CT scan machines and equipping high dependence units of the four major departments theatres and wards.
7. Rehabilitate existing old structures especially OPD, Paediatric, Medical and Surgical wards.
8. Enforce cost cutting initiatives on utilities by investing in rain water harvesting and solar power back up for power
9. Filling of existing staffing gaps within the wage bill to improve on staffing.
10. Computerization of data (Digitalising data collection) for improved records management, evidence based decision making and timely reporting.
11. Strengthen collaborations and partnerships especially with Mbarara University and other health training institutions both within and out of Uganda.

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V. Summary of Past Performance and Medium Term Budget Allocations

Table 5.1: Overview of Vote Expenditures (US\$ Billion)

	2017/18 Outturn	2018/19		2019/20	MTEF Budget Projections				
		Approved Budget	Expenditure by End Dec		2020/21	2021/22	2022/23	2023/24	
Recurrent									
Wage	2.983	5.150	2.340	5.150	5.150	5.150	5.150	5.150	5.150
Non Wage	1.380	1.961	0.720	3.664	3.664	3.664	3.664	3.664	3.664
Devt.									
GoU	1.872	1.978	0.479	1.978	1.978	1.978	1.978	1.978	1.978
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	6.235	9.089	3.540	10.792	10.792	10.792	10.792	10.792	10.792
Total GoU+Ext Fin (MTEF)	6.235	9.089	3.540	10.792	10.792	10.792	10.792	10.792	10.792
Arrears	0.027	0.162	0.112	1.122	0.000	0.000	0.000	0.000	0.000
Total Budget	6.262	9.251	3.652	11.914	10.792	10.792	10.792	10.792	10.792
A.I.A Total	0.432	1.400	0.231	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	6.694	10.651	3.883	11.914	10.792	10.792	10.792	10.792	10.792
Total Vote Budget Excluding Arrears	6.667	10.489	3.771	10.792	10.792	10.792	10.792	10.792	10.792

VI. Budget By Economic Classification

Table V6.1 2018/19 and 2019/20 Budget Allocations by Item

<i>Billion Uganda Shillings</i>	2018/19 Approved Budget				2019/20 Draft Estimates		
	GoU	Ext. Fin	AIA	Total	GoU	Ext. Fin	Total
Output Class : Outputs Provided	7.111	0.000	1.370	8.481	8.814	0.000	8.814
211 Wages and Salaries	5.210	0.000	0.620	5.830	5.639	0.000	5.639
212 Social Contributions	0.352	0.000	0.040	0.392	0.477	0.000	0.477
213 Other Employee Costs	0.502	0.000	0.006	0.508	0.718	0.000	0.718
221 General Expenses	0.184	0.000	0.087	0.271	0.228	0.000	0.228
222 Communications	0.016	0.000	0.012	0.028	0.016	0.000	0.016
223 Utility and Property Expenses	0.524	0.000	0.018	0.542	0.807	0.000	0.807
224 Supplies and Services	0.107	0.000	0.458	0.565	0.522	0.000	0.522
225 Professional Services	0.003	0.000	0.000	0.003	0.003	0.000	0.003
227 Travel and Transport	0.128	0.000	0.064	0.192	0.210	0.000	0.210
228 Maintenance	0.086	0.000	0.065	0.151	0.189	0.000	0.189
273 Employer social benefits	0.000	0.000	0.000	0.000	0.005	0.000	0.005
Output Class : Capital Purchases	1.978	0.000	0.030	2.008	1.978	0.000	1.978
312 FIXED ASSETS	1.978	0.000	0.030	2.008	1.978	0.000	1.978
Output Class : Arrears	0.162	0.000	0.000	0.162	1.122	0.000	1.122

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321 DOMESTIC	0.162	0.000	0.000	0.162	1.122	0.000	1.122
Grand Total :	9.251	0.000	1.400	10.651	11.914	0.000	11.914
Total excluding Arrears	9.089	0.000	1.400	10.489	10.792	0.000	10.792

VII. Budget By Programme And Subprogramme

Table V7.1: Past Expenditure Outturns and Medium Term Projections by Programme and SubProgramme

Billion Uganda shillings	FY 2017/18 Outturn	FY 2018/19		2019-20 Proposed Budget	Medium Term Projections			
		Approved Budget	Spent By End Dec		2020-21	2021-22	2022-23	2023-24
56 Regional Referral Hospital Services	6.694	10.651	3.883	11.914	10.792	10.792	10.792	10.792
01 Mbarara Referral Hospital Services	4.805	8.627	3.394	9.910	8.788	8.788	8.788	8.788
02 Mbarara Referral Hospital Internal Audit	0.017	0.016	0.008	0.016	0.016	0.016	0.016	0.016
03 Mbarara Regional Maintenance Workshop	0.000	0.000	0.000	0.010	0.010	0.010	0.010	0.010
1004 Mbarara Rehabilitation Referral Hospital	1.228	1.578	0.433	1.278	1.978	1.978	1.978	1.978
1479 Institutional Support to Mbarara Regional Hospital	0.644	0.430	0.048	0.700	0.000	0.000	0.000	0.000
Total for the Vote	6.694	10.651	3.883	11.914	10.792	10.792	10.792	10.792
Total Excluding Arrears	6.667	10.489	3.771	10.792	10.792	10.792	10.792	10.792

VIII. Programme Performance and Medium Term Plans

Table V8.1: Programme Outcome and Outcome Indicators (Only applicable for FY 2019/20)

Programme :	56 Regional Referral Hospital Services				
Programme Objective :	Quality inclusive and Accessible Regional Referral Hospital Services				
Responsible Officer:	Dr. Barigye Celestine Hospital Director				
Programme Outcome:	Quality and accessible Regional Referral Hospital Services				
<i>Sector Outcomes contributed to by the Programme Outcome</i>					
1. Improved quality of life at all levels					
Outcome Indicators	Performance Targets				
			2019/20	2020/21	2021/22
	Baseline	Base year	Target	Projection	Projection
• % increase of specialised clinic outpatients attendences			10%	15%	18%
• % increase of diagnostic investigations carried			55%	60%	65%
• Bed occupancy rate			85%	85%	85%
SubProgramme: 01 Mbarara Referral Hospital Services					
<i>Output: 01 Inpatient services</i>					
No. of in-patients (Admissions)			30,000	32,000	34,000

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Average Length of Stay (ALOS) - days		4	4
Bed Occupancy Rate (BOR)	82%	85%	85%
Output: 02 Outpatient services			
No. of general outpatients attended to	40,000	42,000	42,000
No. of specialised outpatients attended to	128,000	130,000	132,000
Referral cases in	4,580	4,900	4,950
Output: 03 Medicines and health supplies procured and dispensed			
Value of medicines received/dispensed (Ush bn)	1,750,000,000	1,800,000,000	1,900,000,000
Output: 04 Diagnostic services			
No. of laboratory tests carried out	93,000	95,000	96,000
No. of patient xrays (imaging) taken	5,500	5,800	5,900
Number of Ultra Sound Scans	8,000	8,500	9,000
Output: 05 Hospital Management and support services			
Quarterly financial reports submitted timely	4	4	4
Output: 06 Prevention and rehabilitation services			
No. of antenatal cases (All attendances)	3,000	3,200	3,500
No. of children immunised (All immunizations)	15,500	15,800	16,000
No. of family planning users attended to (New and Old)	2,500	2,800	3,000
Number of ANC Visits (All visits)	3,000	3,500	3,800
Percentage of HIV positive pregnant women not on H	0%	0%	0%
Output: 07 Immunisation Services			
Number of Childhood Vaccinations given (All contac	15,500	15,500	15,500
SubProgramme: 02 Mbarara Referral Hospital Internal Audit			
Output: 05 Hospital Management and support services			
Quarterly financial reports submitted timely	4	4	4
SubProgramme: 03 Mbarara Regional Maintenance Workshop			
Output: 05 Hospital Management and support services			
Quarterly financial reports submitted timely	Yes	Yes	Yes
SubProgramme: 1004 Mbarara Rehabilitation Referral Hospital			
Output: 80 Hospital Construction/rehabilitation			
No. of reconstructed/rehabilitated general wards	1	1	1
No. of hospitals benefiting from the renovation of existing facilities	1	1	1
Cerificates of progress/ Completion	4	4	4

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Output: 81 Staff houses construction and rehabilitation			
No. of staff houses constructed/rehabilitated	1	1	1
Output: 83 OPD and other ward construction and rehabilitation			
No. of wards/buildings constructed/rehabilitated	1	1	1
SubProgramme: 1479 Institutional Support to Mbarara Regional Hospital			
Output: 85 Purchase of Medical Equipment			
Value of medical equipment procured (Ush Bn)	.4	.5	.5

IX. Major Capital Investments And Changes In Resource Allocation

Table 9.1: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2018/19		FY 2019/20	
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Dec	Proposed Budget and Planned Outputs	
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<i>Program : 08 56 Regional Referral Hospital Services</i>			
Development Project : 1004 Mbarara Rehabilitation Referral Hospital			
Output: 08 56 81 Staff houses construction and rehabilitation			
16 Unit staff house construction completed. 2 Site meetings held, works supervised. Certificates issued payments done	1. Hospital Construction: Clearances from the various authorities for the wall construction secured. The BoQs were developed reviewed and reviewed from Ministry of works; The The process for perimeter wall construction initiated: 1) (Ministry of Works appointed a committee to guide the process, 2) Communication to the District building committee for its clearance sent, 3) BoQs being reviewed by the committee and 4) Contracts committee due to sit for advert) Hospital Contracts Committee approved the procurement. Advert for bidders due and contract signing and works set to start in Q3 as per plan. The 16 Unit staff house complete with water and YAKA for each unit fixed. Allocations committee appointed and reviewing occupancy terms; Houses due for handover and occupation by staff.	Start up construction of Phase One 4 storied 56 Unit staff house.	
Total Output Cost(Ushs Thousand)	178,000	114,000	600,000
Gou Dev't:	178,000	114,000	600,000
Ext Fin:	0	0	0
A.I.A:	0	0	0

X. Vote Challenges and Plans To Improve Performance

Vote Challenges

Vote Challenges.

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1. The entity has inadequate resources both financial and manpower, space and staff accommodation, overwhelming work load, continuous stock out of medicines and sundries due volume of patients served against limited medicines budgetary allocation.
2. There is need for general structural up lift of the hospital (Phases Two and Three of hospital construction) as most of the hospital infrastructure/wards are old, tiny, dilapidated and congested.
3. The hospital establishment structure is limited and requires urgent review. With the expansion of Mbarara University of Science and Technology medical school, the hospital has introduced many specialised and super specialised units run by professors and lecturers from the university but these require staff on ground including Nurses, midwives and other support staff that the hospital structure does not have. This results into work overload, staff burn out and this compromises the quality of services delivered.
4. The hospital has no Medical Equipment Maintenance Workshop hence frequent equipment break down due to poor maintenance, lack of routine servicing and user training associated with high repair costs
5. The hospital has limited staff accommodation with only about 15% of the staff accommodated. Rentals are far as the area is covered by student hostels and staffs stay far away from the hospital. This affects retention, duty coverage and attendance to emergencies.
6. The hospital has installed vital specialised equipment such as Oxygen Plant, CT scan and X-ray and Central suction unit that consume a lot of power. Power is erratic and affects equipment functionality. This has increased the power consumption against a limited budget. The newly installed YAKA is inadequate to sustain this equipment and associated rampant outages, high fuel costs to run stand by generators and domestic arrears on power
7. Delayed referrals of complicated cases from the lower facilities causing increased hospital associated mortalities from the lower level facilities like Lyatonde district, Isingiro, Ntungamo and other districts..
8. The area is prone to epidemics like Rift Valley haemorrhagic fever, Cong Crimean fever and other epidemics. This is complicated by high refugee influx from Congo, Burundi Somalia, South Sudan and Rwanda. The community is vulnerable
9. Inadequate equipment to handle some major centralised hospital activities especially sterilization and laundry for theatre, words and lab to prevent Hospital acquired infection and control.
10. Limited land for hospital expansion: The hospital plans to have in place a Heart treatment centre, Nurses training school and HIV Aids clinic and future Geriatric services, Interns mess, senior staff quarters and neonatal hospital. But land is limited.
11. The Oxygen plant has limited capacity to meet hospital Oxygen needs as well as support to the lower facilities. The plant can only supply directly to theatres, ICU, Private ward, Accident and emergency services. Cylinders cannot be filled to cater for other wards like Paediatric and medical wards.

Plans to improve Vote Performance

Plans to improve Vote Performance

The entity will continue to utilize allocated resources inclusively and efficiently, seek to fill the vacant posts as per the recruitment plans within the available wage bill, agitate for expansion of the staffing structure to meet the increasing work load demands; improve data collection for informed decision making.

The hospital will be committed to:

1. Working within the provisions of the approved budget and service delivery targets with emphasis to quality improvement with due regard to gender and Equity considerations.
2. Management will constitute technical teams and strengthen Integrated Technical Support supervision to the lower facilities in the catchment area for improved service delivery.
3. Management will enforce and empower structures for improved integrated internal supervision of the hospital units for improved performance, check on duty coverage and absenteeism
4. 5S implementation will be fully encouraged for Quality improvement, quality improvement initiatives will be supported and obsolete equipment will be disposed to create space and allow planning for procurement of new ones; and routine medical equipment maintenance and user training both in the hospital and in the lower facilities will be done.
5. Staff welfare Improvement for motivation, team building and improved performance through provision of tea, support to games and work up exercises; provision of working tools; timely payments of emoluments;
6. Adherence to procurement regulations, timelines and procurement plans; Strict and close Supervision of works to ensure quality and value for money working through project management committees (Appointed Project managers) to oversee works.
7. Enforce service contracts with duty schedules, task allocations and checklists for improved performance management.
8. Improve duty coverage using biometric analysis and duty attendance registers; lobby with partners to fill service delivery gaps.
9. Observe workers and user's rights, Improvement of the working environment, ensure equipment functionality, ensure user/patients/workers' rights and safety.
10. Strengthen governance, leadership and accountability for effective and efficient health services delivery.

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11. Computerization of data (Digitalising data collection) for improved records management, evidence based decision making and timely reporting.

XI Off Budget Support

Table 11.1 Off-Budget Support by Sub-Programme

<i>Billion Uganda Shillings</i>	2018/19 Approved Budget	2019/20 Draft Estimates
Programme 0856 Regional Referral Hospital Services	0.00	1.59
<i>Recurrent Budget Estimates</i>		
01 Mbarara Referral Hospital Services	0.00	1.59
<i>436-Global Fund for HIV, TB & Malaria</i>	<i>0.00</i>	<i>1.59</i>
Total for Vote	0.00	1.59

XII. Vote Cross Cutting Policy And Other Budgetary Issues

Table 12.1: Cross- Cutting Policy Issues

Issue Type: **HIV/AIDS**

Objective :	To give HAART to all eligible clients ((90,90,90 policy)
Issue of Concern :	Total elimination of HIV by Concern to have 90% of the total population tested for HIV, 90% of the positives put into care and 90% Viral suppression. To reach the tipping point and safeguard the population from new infections.
Planned Interventions :	Implement Test, Treat and Suppress interventions, Viral suppression Viral Load monitoring. CD4 Tests Adherence Counselling Provision of PrePEP prophylaxis for Commercial sex workers and discordant couples. Client followed up Lost to follow patients
Budget Allocation (Billion) :	0.200
Performance Indicators:	Number of clients on full HAART, clients counseled, Compliance levels Number of clients followed up
Objective :	To provide inclusive and equal access to health services for all deserving people irrespective of gender, age, sex and sexual orientation, social and economic status and with due consideration disabilities geographical locations.
Issue of Concern :	Increased HIV incidence in the community especially among the most at risk populations (Commercial Sex workers, Working class, Long distance drivers, adolescents, children, youth and women.)
Planned Interventions :	HIV health education behavior change & protection; HIV/TB counseling/testing/co-infection screening; Treat STDs & STIs; Conducting Safe male circumcision; Provide PeP to exposed persons; Moon light clinics, out reaches for MARPs. Condom distribution
Budget Allocation (Billion) :	0.060
Performance Indicators:	Health education sessions held/clients counseled; tested/male; males circumcised; clients initiated on ART;exposed clients provided PEP, Condoms issued, HIV talks held. moonlight contacts & outreaches done; Number of couples tested

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Issue Type:	Gender
Objective :	To sensitise the community on the dangers of late health services seeking behaviour to avoid complications and death of referred patients targeting expectant mothers, the disabled, adolescents and those from risky and unfavorable locations.
Issue of Concern :	Delayed health seeking behaviour resulting into complications, high morbidity and mortality especially expectant mothers, the disabled, elderly, destitutes adolescents and the critically sick.
Planned Interventions :	Gender focal person and desk, Health education talks, Community outreaches, special clinics days for adolescents and pediatrics, special groups Involvement, Capacity built for old, disabled Supervision, referrals, emergency & ambulatory services.
Budget Allocation (Billion) :	0.004
Performance Indicators:	Complaints desk, % of budget, No. of Cases reported, Gender & Equity Education talks, people & locations covered; specialized clinics, early ANC attendance, Hospital deliveries, Reduced maternal perinatal death; cases referred by CHWs &peers.
Objective :	To offer inclusive and accessible emergency ambulatory services to all critically ill and deserving patients irrespective of age, sex and sexual orientations, gender, social status and geographical location within Ankole sub region.
Issue of Concern :	Limited access to emergency and ambulatory services for critically ill patients due to gender and Equity issues.
Planned Interventions :	Stand by functional and fully equipped ambulance for emergency, Waivers for poor and critically ill patients; Improved emergency, critical and accident care. Special considerations for disability, elderly and most at risk cases with budgetary allocations.
Budget Allocation (Billion) :	0.004
Performance Indicators:	Number of Patients offered ambulatory services, Referred in time Aggregated in Age, sex, disability Emergency cases properly managed in the hospital. Cases handled and locations.
Issue Type:	Environment
Objective :	To ensure proper hospital waste disposal and management
Issue of Concern :	Un hospitable and unsafe hospital environment resulting into accidents, insecurity and infection
Planned Interventions :	Safe water portion, constant power; cleaning supervision, QI &5S practiced, Signages; compound beatification, tree cover; staff in protective wear, uniforms; internal supervision and laundry services; Disposal of obsolete items and equipment
Budget Allocation (Billion) :	0.004
Performance Indicators:	Clean & safe working environment; Availability of water, power Proper waste management, staff protected. 5S implemented.

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Objective :	To eliminate generated infections and sepsis.
Issue of Concern :	Facility based infections that result into sepsis
Planned Interventions :	Strengthen infection control and prevention with functional committees, supplies and tools; Enforce proper waste management and disposal; isolation of infectious cases; proper sterilization and equipment/protective use & protective gears.
Budget Allocation (Billion) :	0.006
Performance Indicators:	Functional committees' Regular supplies, and tools; reduction in hospital infection and septic cases; Reduced average length of stay;
Objective :	To have a clean and safe working hospital environment
Issue of Concern :	To have a clean and safe working hospital environment
Planned Interventions :	Safe & clean water provision, constant power; cleaning supervision, QI & 5S, Signages; compound beatification, staff in protective wear and uniforms; routine internal supervision, laundry services; Disposal of obsolete items & equipment
Budget Allocation (Billion) :	0.020
Performance Indicators:	Clean & safe working environment; Availability of water, power Proper waste management, staff protected. 5S implemented.

XIII. Personnel Information

Table 13.1 Staff Establishment Analysis

Title	Salary Scale	Number Of Approved Positions	Number Of Filled Positions
SENIOR CONSULTANT	U1SE	1	0
MEDICAL OFFICER SPECIAL GRADE	U2	11	8
SENIOR NURSING OFFICER	U4(Med-2)	12	11
SENIOR RADIOGRAPHER	U4(Med-2)	1	0
ASSISTANT ENGINEERING OFFICER	U5SC	1	0
NURSING OFFICER	U5U	38	36
SENIOR ENROLLED MIDWIFE	U5U	18	3
THEATRE ASSISTANT	U6(Med)	1	0
ENROLLED NURSE	U7(Med)	52	0
ARTISANMATE/ELECTRICAL	U8L	2	0
ASKARI	U8L	16	6
DRIVER	U8U	8	5
KITCHEN ATTENDENT	U8U	8	7

Table 13.2 Staff Recruitment Plan

Vote:173 Mbarara Referral Hospital

Post Title	Salary Scale	No. Of Approved Posts	No Of Filled Posts	Vacant Posts	No. of Posts Cleared for Filling FY2019/20	Gross Salary Per Month (UGX)	Total Annual Salary (UGX)
ARTISANMATE/ELECTRICAL	U8L	2	0	2	1	249,034	2,988,408
ASKARI	U8L	16	6	10	4	855,328	10,263,936
ASSISTANT ENGINEERING OFFICER	U5SC	1	0	1	1	1,200,000	14,400,000
DRIVER	U8U	8	5	3	2	474,138	5,689,656
ENROLLED NURSE	U7(Med)	52	0	52	3	1,839,474	22,073,688
KITCHEN ATTENDENT	U8U	8	7	1	1	280,887	3,370,644
MEDICAL OFFICER SPECIAL GRADE	U2	11	8	3	3	6,086,145	73,033,740
NURSING OFFICER	U5U	38	36	2	2	1,621,886	19,462,632
SENIOR CONSULTANT	U1SE	1	0	1	1	3,152,263	37,827,156
SENIOR ENROLLED MIDWIFE	U5U	18	3	15	2	1,761,232	21,134,784
SENIOR NURSING OFFICER	U4(Med-2)	12	11	1	1	2,200,000	26,400,000
SENIOR RADIOGRAPHER	U4(Med-2)	1	0	1	1	2,200,000	26,400,000
THEATRE ASSISTANT	U6(Med)	1	0	1	1	850,000	10,200,000
Total		169	76	93	23	22,770,387	273,244,644