

Vote:173 Mbarara Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings	FY2018/19 Outturn	FY2019/20		FY2020/21 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2021/22	2022/23	2023/24	2024/25
Recurrent Wage	4.753	5.427	1.213	5.427	5.427	5.427	5.427	5.427
Non Wage	1.984	3.664	0.730	3.664	3.664	3.664	3.664	3.664
Devt. GoU	1.921	1.678	0.117	1.678	1.678	1.678	1.678	1.678
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	8.658	10.770	2.060	10.770	10.770	10.770	10.770	10.770
Total GoU+Ext Fin (MTEF)	8.658	10.770	2.060	10.770	10.770	10.770	10.770	10.770
<i>A.I.A Total</i>	0.407	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	9.065	10.770	2.060	10.770	10.770	10.770	10.770	10.770

(ii) Vote Strategic Objective

1. To offer comprehensive inclusive, accessible and participatory specialised curative, promotive, preventive and rehabilitative health care services.
2. To provide outreach specialist and technical support supervision services for prevention and control of Non-Communicable and Communicable Diseases with focus on high burden diseases like diabetes, Hypertension and HIV/AIDS, TB and Malaria.
3. To build capacity, offer tertiary training and continuing Professional Development to health workers for improved service delivery and HCIV functionality.
4. To strengthen operational health, technical and professional research.
5. To strengthen the referral systems for efficient and effective for improvement of quality, safety and scope of health care services.
6. To improve managerial efficiency and partnerships in resource mobilization, allocation, utilization and accountability.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2018/19

Inpatient services:

There were 31,285 total admissions against (29,400) annual planned.
 4 days' average length of stay achieved.
 Bed occupancy rate was 83.25% against annual target of 85%.
 A total of 11,946 operations were done against 10,000 annual planned
 2,554. Gynaecological operations done.

Outpatient services:

- 1) General OPD attendances were 35,394 against (39,900) annual planned.
- 2) Specialized Clinic attendances were 126,491 against (126,000) annual planned
- 3) Total deliveries done were 8,996 of which (5,631 normal deliveries and 3,297 Caesarean sections)

Diagnostics:

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- 1) 154, 433 laboratory tests were done out of (67,500) annual planned
- 2) 5,818 X-ray investigations done out of (5,000) Planned annual.
- 3) 6,619 Ultra sound examinations done out of 7,800 planned annual.
- 4) 480 ECG tests done out of 1,100 planned annual.
- 5) 210 ECHOs tests done out of 280 planned annual
- 6) 1,328 Ct-Scans out of 1,200 planned annual.
- 7) 226 Endoscopy tests done out of 280 planned annual.
- 8) 218 Dialysis sessions done against 100 planned

Management:

1. Hospital Management Board meetings and 7 Committee sat. There was one special committee meeting. 44 senior management Meetings held; 168 Departmental meetings held; 11 contracts committee meeting were held; Conducted 14 Medicines and Therapeutic Committee meetings.
2. Utility payments (Yaka for power) and water bills were cleared for the Four quarters. But power blackouts continued since the hospital has no dedicated power line thus increase in fuel consumption
3. Meals provided to 6,802 malnourished children, destitutes and oncology patients. Buried (155 adults and 93 Children with 143 unclaimed bodies); Daily morning meetings progressively continued; daily night superintendence's done with daily reports produced.
4. Hospital cleaning done supervised by the administrators with close support of the Infection Control and Prevention committee. An assessment was done on IPC by a team from IDI and the results shared.
5. Items for disposal identified; Bids for items already evaluated and are awaiting clearance for disposal; Final accounts prepared audited and verified; The returned Domestic arrears submitted for verification by Earnest and Young as advised by Finance; Value for money audit exit meeting held and report shared with the team.
6. Conducted support supervision to Ntungamo district and Kitwe Health Centre IV. The Obs/gynae technical team supported Lyantonde following high incidences of maternal death in the Referral hospital being referred from this district facilities, A team of consultants supported Isingiro districts following up on Gender Based Violence (GBV). There was support to Rubiirizi by a team of paediatricians following up and mentoring health workers on Malnutrition management
7. Conducted a QI bench marking tour to Kabale on 5S and KAIZEN; attended JICA review meeting. & Medical equipment maintenance review meeting in Hoima. Q4 quarterly review meeting was hosted by Mbarara RRH.

Prevention:

17,218 Family panning contacts made against annual target of 2,350; 3592 PMTCT contacts achieved out of 3,500 planned annual. 11,476 HCT achieved out of 12,000 planned annual.

Immunisation:

There were 13,821 mothers and children immunised out of 15,424 annual planned.

Human Resource:

1. Total wage allocation of Ugx 5,150,800 was given to the hospital and 4,779,000 was absorbed (92.78%) The balance of Ugx 370,450,000 remained un spent hence taken back (7.19%). with 304 staff on payroll and no outstanding salary arrears and all staff were paid with the new enhancements
2. 33 positions declared for recruitment and Ministry of Health Continues to deploy staff to fill the cleared vacant posts. The staff formally under PEPFAR were regularized by the Health Service Commission and deployed to the hospital
3. 64 Pensioners received their payments and some files undergoing to be paid after clearance by public service. Queried Domestic arrears for pensioners re-submitted to Earnest and Young for Audit and onward transmission to Ministry of Finance to process payments. Additional funds were received for payment of gratuity and pension arrears. Assessment for full decentralization of pensions processing was done
4. 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.
5. 60 staff trained in Occupational Health and Safety & Refresher training on Performance done by Ministry of Public service to 100 staff. 15 Staff participated in the review of the standing Orders exercise conducted by Ministry of Public Service. 60 staff trained on sexual harassment and a committee in place and Sexual harassment policy functionalised
6. Hospital Structure review done with support from Ministries of Public service, Ministry of Health with support from partners (Intra-Health). Report produced and submitted for approval.
7. Annual performance review for all staff done; 33 staff confirmed by the Health Service Commission with confirmation letters issued and 12 staff granted study leave during the year; The Client Charter was reviewed and submitted for approval before submission to Ministry of Public Service.

Data Management

1. Weekly, monthly and quarterly
2. Surveillance reports were produced and submitted to the DHIS 2 and captured in the (MTRAC); 12 HMIS Monthly and 4 HMIS quarterly reports were produced and submitted to (DHIS2)
3. Three In-house trainings in Data capture and reporting were held for 150 staff with support from RHITES SW; On job mentorship about data capture and report compilation by records team were done regularly.
4. Monthly data cleaning carried out in various data tools, Data used for reporting and giving updates; One quarterly data review meeting was held

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attended by all respective stake holders and partners.

5. Departmental data review meeting carried out to appreciate data quality. 4 Draft quarterly report for compilation of the hospital quarterly performance report submitted Data capture tools were received from partners (IDI, RHITES SW)
6. Electronic data capture continues to be implemented in the emergency, OPD, private wing and the HIV clinic; The hospital was also connected to the IICS for general data capture and this has been adopted and monitored by Ministry of Health with a WhatsApp

Internal Audit:

1. A new officer, an Internal Auditor was received at station as a replacement to the one transferred; The quarterly report produced for management review.
2. The PAC report was received and responses made, Clearance made through Ministry of Health. Management appeared before the PAC committee and issues raised addressed.
3. Exit meeting with the Auditor General was done and responses cleared. A report to PAC was provided and copies of responses delivered. Management was advised on risk mitigation and performance improvement. The implementation of these strategies is ongoing
4. The FY 2018/19 internal audit report was produced and circulated. Corrective actions taken and report reviewed; Stores were inspected; management was guided in areas of internal controls.
5. Value for money audit was done, the management report discussed and actions taken according to the recommendations; Auditor Generals reports and responses submitted to PAC.

Medical Equipment workshop:

1. List of the required tools generated for possible support by the regional Partner (Rhites- SW)
2. LPOs issued for Electrical and Plumbing materials and some items already received and installed
3. Attended the Regional Medical Equipment Quarterly review meeting in Mbale; Routine repairs and equipment maintenance in the hospital ie X-Ray, CT scan and ECG machine
4. Inventory entered on the NOMAD system and Inventory register being updated; User training routinely done for items like Pulse Oxy-Meter and Table Autoclave use and maintenance

Performance as of BFP FY 2019/20 (Performance as of BFP)

Inpatient services

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FY 2020/21 Planned Outputs

1. Inpatients: 30,000 admissions, 85 % bed occupancy and 4 days Average Length of Stay; 10,000 surgeries
2. Out patients: 40,000 General out patients, 128,000 special clinics attendance; 4,580 Referrals
3. Diagnostics: 5,500 X-ray examinations, 8,000 Ultra sound examinations; 93,000 lab tests, 6,000 blood transfusions CT scans 1,600, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations, 200 Renal dialysis sessions.
4. Management:
 - 1) 3,000 patients given meals, 24 top management, 20 other committee meetings, 12 contracts committee meetings, 4 hospital Board meetings, 8 board committee meetings; 14 evaluation committee meeting, 48 other staff meetings;
 - 2) Medical equipment repaired, 7 Vehicles and 6 generators repaired & serviced. Hospital cleaned and contractor paid;
 - 3) Strengthen Community health department to coordinate and support the lower health facilities. Involving supervision, mentorship, support and stake holders/partners.
5. Prevention:

2,400 family planning contacts, 3,000 Antenatal attendances/PMTCT/HCT, 400 EMTCT mothers handled. Immunizations 15,500.
6. Human Resources:
 - 1) All staff accessed to payroll and salaries paid by 28th of every month.
 - 2) Submissions for recruitment made; Have all disciplinary cases handled and reported. Recruitment plan for the next FY 2018/19 produced;
 - 3) Pensioners files cleared for payment;
 - 4) Staff supported to capture data, Data updating done.
 - 5) Required reports produced; Filling of existing staffing gaps within the wage bill,
7. Institutional support:
 - 1) Rehabilitate existing old structures especially the old Paediatric, Medical, Surgical wards and OPD;
 - 2) Procure more Laundry and sterilization equipment /assorted medical equipment including monitors for high dependence units procured.
 - 3) Procure a pick up car to support community health activities
 - 4) Renovation of Maternity and surgical ward.
8. Capital Development:
 - 1) Start-up construction of the Four Storied 56 Single Unit (One bed room and sitting room) staff housing project to address staff accommodation shortage;
 - 2) Construct an Incinerator to improve on waste management
 - 3) Fast Track Phase Two hospital construction to meet the service demands especially patient space;
 - 4) Improve hospital security, staff accommodation, rehabilitate existing infrastructure,
 - 5) and reduce on costs of utilities by use rain water harvesting and solar power back up.
10. Data: Electronise data, capture, storage and use.
11. Internal Audit: Strengthen the internal controls; PDU and Finance management units' function strengthened.
12. Medical Equipment maintenance:
 - 1) Strengthen a Regional Medical Equipment Maintenance workshop for Ankole Sub Region.
 - 2) Procurement of assorted medical equipment including washing machine, purchase of central sterilization unit equipment, Ventilators, ICU equipment, BP machines stretchers,
 - 3) Repair and upgrade the oxygen plant and CT scan machines and
 - 4) Equipping high dependence units of the four major departments.

Medium Term Plans

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1. Improve hospital security, staff accommodation, rehabilitate existing infrastructure, reduce on costs of utilities by use rain water harvesting and solar power.
2. Reduce staff gaps by timely identification declaration and recruitment of staff within the allocated wage bill.
3. Strengthen and improve on data management, utilization and dissemination through digitalization
4. Continue lobbying and fast tracking Phase Two hospital construction of the hospital to meet the client service demands especially and move to meet national demands of Mbarara Capital City with the entity serving as a Regional Centre of Excellence
5. Continue developing and improving Specialized health care services, emergency and accident care, training and health research for improved livelihoods and labour productivity in the region.

Efficiency of Vote Budget Allocations

Efficiency in budget allocation is guided by the Vision and mission of the hospital that drives it to be a Regional Centre of Excellence for specialised health services provision and in the long run, attain National referral status to meet the growing health needs of the up growing Mbarara City.

This is in line with the National Development Plan objective of improving productivity, inclusiveness and the wellbeing of the population through Human Capital Development and Social protection.

Also, it is in line with the health sectoral objective of improving the populations health, safety and management where resources are allocated efficiently towards:

1. Wage bill for acquisition of the human capital that is critical for quality inclusive, participatory and accessible specialized regional referral health services to the population.
2. Infrastructural Developments: Construction, rehabilitation and remodeling: (1.78Bn) Resources have been devoted to staff house constructions since only about 12% of the staff are housed. The 16-unit staff house has been completed and more resources have been put towards starting construction of another four storied 56-unit staff house to address staff accommodation challenges. Relatedly, renovation and refurbishment works on old dilapidated structures(Wards) will be done. This will contribute to reduction on infrastructure pressure and overcrowding on the wards thus creating conducive working environment and at the same time improve quality of care. Improvement on security will be done by construction of a perimeter wall fence, civil works on the sewerage and walkways.
3. Strengthening Laboratory and Diagnostic services to improve on prescription; minimise medicine wastage and patient treatment outcomes. This will reduce patient hospital days(ALOS) and the associated costs on utilities and out of pocket health expenses from the population.
4. Support functionalization of the lower facilities in the region (General hospitals and HCIVs) to handle and manage simple cases, emergencies and improve on referrals of complicated cases (especially pregnant mothers and very sick children in order) to reduce maternal and child mortality in the region.
5. Supporting community interventions (Specialist outreaches, surgical camps and media engagements) for Health Promotion, Prevention and Early Intervention, social mobilisation and sensitization especially on Non Communicable Diseases to the most remote, vulnerable and neediest.
6. Performance Management, Efficiency and Accountability.

Vote Investment Plans

- 1) Continuation of the project of construction of the 56-unit multi-year 4 storied staff house (Floor one and Two)
- 2) Procurement of a pick-up vehicle to support community health department for community out reaches.
- 3) Renovation of wards and other dilapidated hospital infrastructures
- 4) Completion of wall fence
- 5) Construction of an Incinerator
- 6) Procurement of assorted equipment including ICU ventilators Laundry; central sterilization and up grading & maintenance of oxygen plant. Paying service contract for CT Scan machine

Major Expenditure Allocations in the Vote for FY 2020/21

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1. Human resource for health (Wage Bill of Ugx 5.4Bn, Pensions and gratuity). This takes more than 50% of the total hospital budget due to the need to have the required human resources (Specialists, nurses, Paramedics and the support staff) for specialist services provision and for the entity to perform its mandate as a regional referral hospital. This serves to fill existing staffing gaps leading to quality service delivery.
2. Capital investments for Infrastructure development and construction: (1.78Bn) Resources have been devoted to staff house constructions since only about 12% of the staff are housed. The 16-unit staff house has been completed and more resources have been put towards starting construction of another four storied 56-unit staff house to address staff accommodation challenges. Relatedly, management allocates resources for renovation and refurbishment works on old dilapidated structures(Wards) and improvement on security by construction of a perimeter wall fence, civil works on the sewerage and walkways.
3. Procurement of medicines and supplies including diagnostics reagents (1.9Bn) for service delivery, provision of specialised and general health care services, procurement of assorted specialised medical equipment for ICU, Emergency and transport. (Ambulance service and pickups for community work)
4. Payment for utilities (Water and Power/Yaka), repairs and maintenance of equipment including oxygen plant and Ct Scan and hospital cleaning.
5. Disease prevention and Control: The entity keeps intensifying Prevention and control of Non-Communicable and Communicable Diseases with focus on high burden diseases including (HIV/AIDS, TB, Malaria, Neglected Tropical Disease), epidemics and haemorrhagic fevers Crimean Congo and rift valley fever &Ebola) in addition to enhancement of health promotion, education and prevention services to reduce exposure to communicable and non-communicable conditions.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Programme :	56 Regional Referral Hospital Services				
Programme Objective :	Quality inclusive, participatory 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					
Programme Performance Indicators (Output)	Performance Targets				
	2019/20 Plan	2019/20 Q1 Actual	2020/21 Target	2021/22 Target	2022/23 Target
• % increase of specialised clinic outpatients attendences	10%	75%	45%	75%	85%
• % increase of diagnostic investigations carried	55%	75%	75%	85%	90%
• Bed occupancy rate	85%	89%	85%	85%	85%

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

<i>Billion Uganda shillings</i>	2018/19	2019/20		2020/21	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2021/22	2022/23	2023/24	2024/25
Vote :173 Mbarara Referral Hospital								
56 Regional Referral Hospital Services	8.398	10.770	2.640	10.770	10.770	10.770	10.770	10.770
Total for the Vote	8.398	10.770	2.640	10.770	10.770	10.770	10.770	10.770

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Vote:173 Mbarara Referral Hospital

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

Billion Uganda shillings	2018/19	2019/20		2020/21	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2021/22	2022/23	2023/24	2024/25
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Mbarara Referral Hospital Services	6.464	9.016	2.509	9.016	9.016	9.016	9.016	9.016
02 Mbarara Referral Hospital Internal Audit	0.015	0.016	0.004	0.016	0.016	0.016	0.016	0.016
03 Mbarara Regional Maintenance Workshop	0.000	0.060	0.011	0.060	0.060	0.060	0.060	0.060
1004 Mbarara Rehabilitation Referral Hospital	1.534	1.278	0.017	1.278	1.678	1.678	1.678	1.678
1479 Institutional Support to Mbarara Regional Hospital	0.387	0.400	0.100	0.400	0.000	0.000	0.000	0.000
Total For the Programme : 56	8.400	10.770	2.640	10.770	10.770	10.770	10.770	10.770
Total for the Vote :173	8.400	10.770	2.640	10.770	10.770	10.770	10.770	10.770

N / A

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

FY 2019/20		FY 2020/21
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 173 Mbarara Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Mbarara Rehabilitation Referral Hospital		

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Output: 80 Hospital Construction/rehabilitation

Completion of the Perimeter wall construction Phase Two.

1. The process for perimeter wall construction was initiated including (Ministry of Works appointed a committee to guide the process, Communication to the District building committee for its clearance sent, BoQs were reviewed, award of the contract done and works started phase one about Three Quarters Phase Two inclusive of security house, Fitting of CCTV cameras and compound beatification soon to be started. Down payment made for the on-going works. Site meetings on going with project management team giving up dates).

2) East African Public Health laboratory support to construct hospital laboratory is ongoing. Monthly Site meetings are ongoing, the site is hoarded, works at roofing level with some finishing's started. However, works have stalled for over two weeks and this issue has been raised to supervisor of works at the Ministry although works expected to be completed by December, 2019.

1. Works on wall completed
2. Finishing done
3. CCTV Cameras, solar lighting and security houses completed.
4. Incinerator constructed
5. Completed certificates paid,
6. Reports reviewed
7. Progress updates made.
8. Works supervised.

Total Output Cost(Ushs Thousand):	0.300	0.009	0.300
Gou Dev't:	0.300	0.009	0.300
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

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Output: 81 Staff houses construction and rehabilitation

Start up construction of Phase One 4 storied 56 Unit staff house.	The process of starting the 56 Unit staff house has been initiated involving (Development of the structural drawings, developing BoQs, starting the bidding the process and seeking for clearances from the various authorities. Various consultations with MOH done on designs and technical advice.	Actual start of construction works from the slab; 1. Actual wall construction started for floor one 2. Laying pillars to cover floor one with progress for floor two being laid. 3. Completed certificates paid, 4. Reports reviewed 5. Progress updates.	
	The 16 Unit staff house project was completed. There was a short delay on occupation due to allocations process given the limited housed against big number of staff needing accommodation. Full occupation already started with clear terms of occupancy as guided by the house allocation committee.		
Total Output Cost(Ushs Thousand):	0.600	0.000	0.600
Gou Dev't:	0.600	0.000	0.600
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2020/21 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2020/21

- 1) The hospital has many specialised services Eg. (Renal Dialysis, CT Scan, Neuro Surgery, Cancer treatment and Electro Encephalogram(EEG) and the medical supplies for these services are not in the NMS list. This calls for adjustments and considerations on budgetary allocations for medicines and supplies.
- 2) Poor medical equipment functionality due to wear, tear, long usage and inadequate maintenance since the hospital does not yet have a fully functional Regional Medical Equipment maintenance workshop. Specialised equipment keeps breaking down (Eg X-ray, CT scan, BP machines, autoclaves associated with high parts/ maintenance costs.
- 3) Inadequate and limited staff accommodation associated with high rents costs, difficulty in staff attraction and retention. This affects duty coverage and emergency response especially at night.
- 4) Lack of a functional Incinerator for proper waste management/disposal. The hospital basically stores the waste but has no facility for final disposal or incineration especially for the infectious waste.
- 5) Old and dilapidated structures with limited working space causing overcrowding. There is limited land for expansion and no attendants shade. Need for fast tracking second phase of hospital construction.
- 6) Heavy Work load/inadequate staff due to the restricted structure: The Current establishment structure is 377 out stripped by increased work load leading to fatigue and inefficiencies. Need to fasten restructuring as already started.
- 7) Utility bills especially the YAKA system for hospital services continues to create domestic arrears

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2020/21	Justification of requirement for additional outputs and funding
Vote : 173 Mbarara Referral Hospital	

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Programme : 56 Regional Referral Hospital Services

OutPut : 80 Hospital Construction/rehabilitation

Funding requirement US\$ Bn : **150.000**

Phase Two hospital Construction will improve on space for the various specialized clinics, work environment for staff and improved service delivery.

OutPut : 81 Staff houses construction and rehabilitation

Funding requirement US\$ Bn : **4.000**

Only 15% of the staff are right now accommodated. More staff housing will attract more staff especially specialists, nurses and other critical cadres . When housed within the hospital, duty coverage, emergencies and night calls will improve