

Vote:175 Moroto 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	3.682	4.331	0.880	4.331	4.331	4.331	4.331	4.331
Non Wage	1.049	1.507	0.320	1.507	1.507	1.507	1.507	1.507
Devt. GoU	1.488	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	6.219	7.326	1.201	7.326	7.326	7.326	7.326	7.326
Total GoU+Ext Fin (MTEF)	6.219	7.326	1.201	7.326	7.326	7.326	7.326	7.326
<i>A.I.A Total</i>	0.022	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	6.242	7.326	1.201	7.326	7.326	7.326	7.326	7.326

(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

Performance for Previous Year FY 2018/19

- 7641 out of planned 14,557 Patients Admitted, 75 % bed occupancy rate, 6 days average length of stay, 184 out of planned 4,705 Deliveries registered, 488 out of planned 2,268 major surgeries done
- 77,549 out of 75,000 General out Patients seen, 6852 out of 3,600 Casualty Cases attended, 30,724 out of 20,000 planned Out Patient Special Clinics done
- 107,325 out of 92,941 planned laboratory & pathological, 2867 out of planned 6,886 X-ray examinations done, 3594 out of planned 4,066 Ultra sound done, 632 out of planned 600 Blood transfusions
- 3647 out of planned 4,500 antenatal cases attended, 528 out of planned 2,000 of family planning users attended
- 15880 out of planned 21,033 of children immunised
- 5 Hospital Board meetings held, 36 Top Management meetings held, 36 Finance meetings held, 8 Quarterly Reports submitted, 4 Out Reaches to lower health level units, Vehicles, plants and equipments maintained, Utility consumption monitored, Laundry services done, Compounds & buildings cleaned, Daily security services ensured

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

- 4,094 Patient Admitted, 98% Bed Occupancy Rate, 6 Days average length of stay, 219 Deliveries registered, 520 Major surgeries done,
- 19,059 General out Patients seen, 3,768 Casualty Cases attended, 5,729 Patients in Out Patient Special Clinic attended
- 45,851 Laboratory and Pathological cases done, 0 X-ray examinations done, 1,211 Ultra Sound scans done, 2,518 Blood transfusions done
- 927 Family Planning contacts done, 702 Antenatal Attendances, 1,606 Prevention of mother to child transmission of HIV, 1,606 Physiotherapy cases handled,
- 2,738 People immunised as static service including Vit A, De-worming and tetanus,
- 1 Hospital Board meeting held, 9 Top Management meetings held, 9 Finance meetings held, 2 Quarterly Reports submitted, 1 Out Reach to lower health level units done, Civil works continued, 2 Site meetings conducted, Evaluation on Progress of works done,

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FY 2020/21 Planned Outputs

1. 15,000 Patient Admitted, 85% Bed Occupancy Rate, 4 Days average length of stay, 1,000 Deliveries made , 2,500 Major surgeries done
2. 80,000 General out Patients seen, 30,000 Patients in Out Patient Special Clinic attended,
3. 150,000 Laboratory and Pathological cases done, 4,000 X-ray examinations done, 5,000 Ultra Sound scans done, 3,000 Blood transfusions done
4. 3,500 Family Planning contacts done, 3,000 Antenatal Attendances, 8,000 Prevention of mother to child transmission of HIV,
5. 10,000 People immunised as static service including Vit A, De-worming and tetanus,
6. 5 Hospital Board meeting held, 8 Top Management meetings held, 8 Finance meetings held, 8 Quarterly Reports submitted, 4 Out Reach to lower health level units done, Civil works continued, 4 Site meetings conducted, Evaluation of works done, 2 certificates issued, Assorted medical equipment and furniture and fittings procured

Medium Term Plans

1. Completing construction of 30 Units staff accommodation to improve on attraction and retention of staff
2. Completion of maternity ward construction by July 2020.
3. Strengthen, functionalise and support the community health department
4. Strengthening of support and technical supervision activities in the lower health facilities in the region.
5. Strengthening the regional workshop activities in the region through building capacity of the leader ship.
6. Ensuring regional stakeholder meetings take place annually, involving the regional stakeholders.
7. Attract, recruit and retain more specialists and technical staff.
8. Lobby regional Stake holders for unfunded priorities like feeding of patients, operationalisation of the Neonatal Care unit in the region,
9. Operationalisation of the regional Blood distribution center.

Efficiency of Vote Budget Allocations

1. Infrastructural Developments: Construction and rehabilitation and remodeling: (1.488Bn) Resources have been devoted to staff house constructions since only about 20% of the staff are housed. Completion of the staff house will address staff accommodation challenges leading to staff attraction and retention. Relatedly, construction of a medical ward and completion of works on the maternity ward structures will be done. This will contribute to reduction on infrastructure pressure and overcrowding on the wards thus creating conducive working environment for staff and at the same time improve quality of care. Rehabilitation on mortuary, sewerage and walkways will give a facelift to the hospital.
2. 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. The available wage will carter for recruitment and filling of staffing gaps; focus will be of specialists whose services are urgently needed. Ensure most of the resources are allocated to care of Inpatient, Outpatient and human resource function which are critical for service delivery
3. Strengthening Diagnostic services to improve on prescription and supporting community interventions; this will minimise medicine wastage and patient treatment outcomes. It will also reduce patient hospital days (ALOS) and the associated costs on utilities and out of pocket health expenses from the population. Part of the allocation will carter for Specialist outreaches, surgical camps and media engagements for social mobilisation and sensitization on disease preventions especially to the most remote, vulnerable and neediest.

Vote Investment Plans

1. Construction of the 30 unit multi-year storied staff house
2. Completion of multi-year maternity ward
3. Renovation of wards and other dilapidated hospital infrastructures
4. Procurement of assorted medical equipment and furniture and fittings

Major Expenditure Allocations in the Vote for FY 2020/21

1. Service delivery: Provision of specialised and general health care services, procurement of medicines and supplies including reagents, Payment for utilities (Water and Power/Yaka), minor repairs on structures and staff duty facilitation.
2. Residential and None Residential buildings; Continuation of the 10-unit multiyear staff house construction. Works are ongoing; roofing, plastering, fixtures and fittings to be done The building is expected to be complete by 2020/2021

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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 :	<ul style="list-style-type: none"> a) To expand and sustain the delivery of high quality safe services. b) To scale up promotive, preventive and surveillance health care services c) To attract and retain critical human resources for health d) To strengthen the referral systems and collaborate for efficient health care services e) To strengthen collaboration and partnership with other sectors, development partners, institutions and health care provisions in the region, within and outside the country, 				
Responsible Officer:	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				
	2019/20 Plan	2019/20 Q1 Actual	2020/21 Target	2021/22 Target	2022/23 Target
• Percentage increase of speciliezed clinic out patient attendance	25%	0%	35%	45%	55%
• Bed Occupancy	90%	98%	85%	85%	85%
• Diagonostic services	20%	45%	40%	50%	60%

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

Billion Uganda shillings	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
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56 Regional Referral Hospital Services	5.859	7.326	1.159	7.326	7.326	7.326	7.326	7.326
Total for the Vote	5.859	7.326	1.159	7.326	7.326	7.326	7.326	7.326

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

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 Moroto Referral Hospital Services	4.357	5.706	1.133	5.706	5.706	5.706	5.706	5.706

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02 Moroto Referral Hospital Internal Audit	0.007	0.007	0.002	0.007	0.007	0.007	0.007	0.007
03 Moroto Regional Maintenance	0.105	0.125	0.024	0.125	0.125	0.125	0.125	0.125
1004 Moroto Rehabilitation Referral Hospital	1.388	1.413	0.000	1.488	1.488	1.488	1.488	1.488
Total For the Programme : 56	5.907	7.326	1.159	7.326	7.326	7.326	7.326	7.326
Total for the Vote :175	5.907	7.326	1.159	7.326	7.326	7.326	7.326	7.326

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 175 Moroto Referral Hospital			
Programme : 56 Regional Referral Hospital Services			
Project : 1004 Moroto Rehabilitation Referral Hospital			
Output: 81 Staff houses construction and rehabilitation			
1. Construction works done	Roofing been done	Roofing done	
2. 2 Site meetings done	1 site meetings done	Plastering, fittings and fixtures concluded	
3. 1 Certificates issued	Supervision and appraisal of works done	8 Site meetings done	
4. Supervision on works done		3 Certificates issued	
		Supervision on works done	
Total Output Cost(Ushs Thousand):	0.200	0.000	0.350
Gou Dev't:	0.200	0.000	0.350
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 82 Maternity ward construction and rehabilitation			
1. Bids evaluated	Roofing been done	Roofing done	
2. Contracts Awarded	1 site meetings done	Plastering, fittings and fixtures concluded	
3. Construction works done	Supervision and appraisal of works done	8 Site meetings done	
4. 3 Site meetings done		3 Certificates issued	
5. 3 Certificates issued		Supervision on works done	
6. Supervision on works done			
Total Output Cost(Ushs Thousand):	1.213	0.000	0.300
Gou Dev't:	1.213	0.000	0.300
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

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Output: 83 OPD and other ward construction and rehabilitation

			Engineering designs and Development of specifications done, Bills of quantities done, Consultancy services procured, Bidding process started, Contracts evaluated, Contracts awarded
Total Output Cost(Ushs Thousand):	0.000	0.000	0.838
Gou Dev't:	0.000	0.000	0.838
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 continues to under perform in some diagnostic areas due to lack of specialists to carry out some services
2. Due to lack of specialists, the hospital cannot have interns who can relieve work load for the available medical officers.
3. Old, inadequate and dilapidated infrastructure especially wards, administration block and mortuary that are condemned has negatively affected service up-take since most clients would prefer not to be admitted in the hospital wards.
4. Lack of incentives to retain both specialized and support health staffs 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.
5. Delays by procurement and user departments to request for funds lead to under performance and none implementation of some activities as planned
6. The constant power outages leading to high consumption of fuel especially for the hospital generator, oxygen plant and fuel for referrals since the locals are unable to contribute towards fuel costs.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2020/21	Justification of requirement for additional outputs and funding
Vote : 175 Moroto Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 05 Hospital Management and support services	
Funding requirement US\$ Bn : 0.060	It should be noted that given the increasing number of specialized staff in the hospital they should be able to intensify support supervision activities to build the capacity and mentor-ship of the lower level health facilities
OutPut : 77 Purchase of Specialised Machinery & Equipment	
Funding requirement US\$ Bn : 0.200	Procuring and installing solar points and back up inverters for security lighting in dark wards, administration block and along the walkways will reduce over dependence on Generators during the frequent power outages. This will also help reduce on expenditure on fuel and electricity bills.
OutPut : 81 Staff houses construction and rehabilitation	

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Funding requirement US\$ Bn : **2.500**

Additional funding for the three phase staff accommodation will lead to Efficient and effective health care services provided. It will greatly help especially to attract and retain newly posted staff in Moroto Regional Referral Hospital, create space for work and improve working environment.

OutPut : 83 OPD and other ward construction and rehabilitation

Funding requirement US\$ Bn : **14.000**

There is need for additional funding for construction of newwards given the dilapidated nature of the existing wards (Surgical, Medical, Children, TB Ward and Neonatal unit). Construction of Construct new wards will provide equitable, safe and sustainable health services for Inclusive and quality healthcare services. The vote will be able to reduce Infant/maternal mortality rate, recruit and attract specialists, start training interns, improve health care services