

# Vote:176 Naguru 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	5.988	6.732	1.474	6.732	6.732	6.732	6.732	6.732
Non Wage	1.006	1.437	0.165	1.437	1.437	1.437	1.437	1.437
Devt. GoU	1.056	1.056	0.000	1.056	1.056	1.056	1.056	1.056
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>GoU Total</b>	<b>8.050</b>	<b>9.225</b>	<b>1.639</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>
<b>Total GoU+Ext Fin (MTEF)</b>	<b>8.050</b>	<b>9.225</b>	<b>1.639</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>
<i>A.I.A Total</i>	0.077	0.000	0.000	0.000	0.000	0.000	0.000	0.000
<b>Grand Total</b>	<b>8.126</b>	<b>9.225</b>	<b>1.639</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>

### (ii) Vote Strategic Objective

- 1.To provide quality health care services
- 2.To strengthen health services research
- 3.To conduct training of health workers and students
- 4.To strengthen the supportive role to other health facilities in the region
- 5.To strengthen hospital partnerships
- 6.To build a healthy, productive and motivated workforce

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## *V2: Past Vote Performance and Medium Term Plans*

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### **Performance for Previous Year FY 2018/19**

Capital development of 1.055562168 included:

staff accommodation Construction of 12 unit's staff apartments, expansions on gatehouse and gate construction, under staircase space creation for records, repairs of Lab for pathology services purchase of Assorted Medical Equipment for Accident and Emergency unit and Water harvesting channels, hazardous wastes disposals and ICT equipment for IICS.

Inpatients: 15986 Admissions, 120% Bed Occupancy Rate (BOR), 5 Average Length of Stay (ALOS), 6958 Major Operations (including Caesarean section).

Outpatients: 184964 Specialized Clinic Attendances, 321 Referrals cases in, 122843 Total general outpatients attendance

Diagnostics: 5211 X-rays Examinations, 9460 Ultra Sound scans, 202 CT Scans, 119663 Laboratory tests including blood transfusions

Prevention and rehabilitation: 12,268 Childhood Vaccinations given, 30393 Antenatal cases (all attendees), 43094 Children immunized (all immunizations), 4022 Family Planning users attended to (new and old), 3219 ANC Visits (all visits), 77% HIV positive pregnant women on HAART receiving ARVs for EMCT during pregnancy.

An end of year asset register assessment was done during the quarter. Reports were submitted on time. The safety of records improved with introduction of electronic records systems. The HMIS tools were updated and reports submitted by 12th of each month.

Human resources activities: Pre-retirement counselling/sensitisation was done, as well as the Induction of interns. All new staff were subjected to taking official oath and oath of secrecy, timely. The Heads of department & In-charges were trained on Leadership skills. The hospital conducted Performance review meetings for the departments. In addition, Exit interviews for staff retiring in the year were done. The hospital also analysed Monthly staff attendance to duty, successfully completed performance appraisals, supported staff welfare- including weddings, birthdays and burials. Recruitment exercise for support staff was done, ensuring timely access to payment of salary and pensions by 28th every month for these and all other eligible staff, together with, updating HRIS as new staff were received. On a quarterly basis staff list on PBS was also updated.

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

The Quarter 1 achievements were as follows:

Inpatients: 4274 Admissions, 120% Bed Occupancy Rate (BOR), 5 Average Length of Stay (ALOS), 1785 Major Operations (including Caesarean section).

Surgery and Medical departments had high BOR and ALOS due to the nature of health conditions that cause long stays in the ward. However, regular review of clients in Paediatric ward and quick management of Cases of common child acute infections reduced general ALOS and BOR. BOR remained high because the bed capacity is static yet the numbers of patients were increasing. This calls for space expansion of the hospital. The increasing number of Ceaser cases was mainly attributed to the referrals of mothers from lower facilities for the attention of specialist Obs&Gyn as the mandate of the hospital.

Outpatients: 43891 Specialized Clinic Attendances, 85 Referrals cases in, 19627 Total general outpatients attendance. There was notably High turn up for Peadiatric services because all discharged children were encouraged to come back for review and follow-up. There are 3 Paediatric specialized clinics that boosted the numbers. Medical, Orthopeadic, Eye and general surgery specialized clinics had high turn up attributed to the availability of specialists at the clinics and patients gaining confidence in service delivery.

Diagnostics: 1250 X-rays Examinations, 2894 Ultra Sound scans, 98 CT Scans, 42264 Laboratory tests including blood transfusions. Targets were achieved because the machines were all operational. The reagents, films were procured from private services collections to boost the need for both general and private patients. Private wing services were able to boost maintenance of equipment and procurement of supplies not available at NMS

Support services: Not all departments have been initiated into the IICS, therefore, data integration with HMIS is was a challenge and takes time. Funding was inadequate to implement all planned activities for Human Resource.

Preventive services: 7830 Antenatal cases (all attendees), 11702 Children immunized (all immunizations), 966 Family Planning users attended to (new & old), 3649 ANC Visits (all visits), 95% HIV positive pregnant women not on HAART receiving ARVs for EMCT during pregnancy, 10100 Childhood Vaccinations given. Set targets were achieved, the numbers of clients were increasing because of trust in the services being delivered. Mostly attributed to the self-referrals. Health Talks at ANC boosted attendance at FP and the location of FP and ANC services near each other encouraged clients and male involvement.

The increasing number of mothers delivering contributed to the increase in the number of vaccinations. in addition, Immunization outreaches were not conducted due to inadequate funds, therefore, clients had to seek for the services at the hospital.

Cross-cutting issues:

Hospital increased HIV awareness and reduced stigma through public health talk. At least 95% of those who attended health talks were tested for HIV and received their results. However, the hospital was constrained with funding to implement some of the prevention strategies such as safe male circumcision.

On gender, at least heads from all units were sensitized on GBV in health care. Patients' data reports from all departments specified the demographic characteristics that contributed to information for better care. Men were involved in reproductive health and services were provided considering the nature of all people. However, more training and mind-set change was still required for both clients and service providers

On the environment, there is a well-designated area for hazardous waste with a waste treatment system that ensured hazardous waste from the hospital was not harmful to the people during transportation out of the hospital. However, more Training was needed of clients who come to the hospital to avoid Hospital-acquired infection through good practice such as disposals, and use of public facilities.

Capital Investments: Capital development allocation is 1.055562168bn.

Hospital continued with completion of staff House construction in Q1 at 0.6bn; began construction of the Perimeter wall at Staff residence in Q2 at 0.1bn; ongoing development of Strategic & Master plan for 2020/21-2024/25 at 0.205bn in Q1; procured ICT equipment and services for implementation of IICS project for electronic Medical records system at 0.055562168bn in Q2; ongoing functionalising the existing equipment and Plants namely CT scan, Fluoroscope, Oxygen plant, Mammography etc. at 0.050bn in Q3.

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## FY 2020/21 Planned Outputs

Capital development: The following are the targets:

Begin another Staff House construction.

Continue construction of the Perimeter wall at Staff residence.

Functionalize Strategic plan for Trauma Center for 2020/2021-2024/2025.

Procure Assorted ICT related equipment.

Functionalising the existing equipment & Plants.

Inpatients 15000 Admitted, 85% Bed Occupancy Rate (BOR), 5days Average Length of Stay (ALOS), 5400 Major Operations (including Caesarean section).

Outpatients: 120000 Specialized Clinic Attended, 300 Referrals cases in, 80000 Total general outpatients attended

Diagnostics: 4000 X-rays Examinations, 8000 Ultra Sound scans, 500 CT Scans, 140000 Laboratory tests including blood transfusions

Prevention and rehabilitation: 20000 Childhood Vaccinations given, 28000 Antenatal cases (all attendees), 12000 Children immunized (all immunizations), 4000 Family Planning users attended to (new and old), 20000 ANC Visits (all visits), 80% of pregnant women who are successfully linked and started ART after testing positive for HIV

Asset register updated. Safety of records further improved with introduction of electronic records, HMIS tools updated and financial reports submitted by 12th of each month. Timely access to payment of salary and pensions by 28th every month, Updated HRIS.

## Medium Term Plans

Specialist support supervision in the central region will include specialist camps, mentoring and coordination role.

Provide for a new patient's ambulance.

Reduction on utility bills especially UTL, water and electricity. Get connected to the national Grid for Electricity to avoid black outs. Installation of rain water reservoir tanks.

Create space for Trauma tertiary services to accommodate more Inpatients, Operation rooms, equipment. Train staff in trauma emergence care. Histopathology lab, ENT, Ophthalmology, High Dependency Unit. More Staff accommodation and a Hospital sound proof from the noisy environment.

## Efficiency of Vote Budget Allocations

While the funds allocated for the hospital is inadequate, the hospital will do more with what is available. Specifically more attention will be in the way hospital strategies are aligned with those of the Sector and national development plans.

In the way the hospital service outputs will be realized through tagging them to individual performance targets and allocating commensurate resources. Institute a conflict resolution guideline.

In the way medicines and sundries will be planned, ordered and procured from NMS based on disease trends, population health needs, Quality Improvement plans and projects and Infection control needs.

In the way the health workers' capacities and motivation will be addressed through implementing strategies for improved productivity and performance.

In the way hospital admissions will be managed i.e. having day care surgeries, reducing Out Patient waiting time and average length of stay, in order to cut costs in utilities. The Paediatrics morbidity clinics will have follow-up after discharge and chronic conditions. Maternity integration with Family Planning and Immunisation services. A Guided tour for pregnant mothers in their last trimester to maternity ward and labour suit. Integrating services for Elderly, Adolescents, disabled and segregating data by sex and age a focal person for Gender Based Violence cases. 1/3 of females in all work areas and committees.

In the way the procurement and contracting processes abide with the guidelines of PPDA and PFMA to cause timely and complete budget absorption

In the way the hospital support services are effected to reduce on the utilities' cost.

## Vote Investment Plans

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Capital development allocation is 1.055562168bn.

Hospital Planned to begin staff House construction in Q2 at 0.5bn;

Continue construction of the Perimeter wall at Staff residence in Q1 at 0.3bn;

Functionalize Strategic plan for Trauma Center for 2020/2021-2024/2025 at 0.1bn in Q1;

planned to procure Assorted ICT related equipment at 0.055562168bn in Q2;

planned to functionalise the existing equipment and Plants at 0.1bn in Q3.

## Major Expenditure Allocations in the Vote for FY 2020/21

Wage allocation is 6. 731971837bn for staff salary of 347 staff and inclusive of any new recruits.

Non-wage operational allocation is 1.437161593bn for providing Patient safety and health care services; conducting internal health professionals training; supporting operational research; community outreaches & coordination roles; quality improvement projects and innovations;

implementing the cross cutting issues of Gender, Environment and HIV/AIDS; staff performance and productivity Improvements and medical equipment's including Oxygen plant operational costs. Payments of Pension and Gratuity

Medicines allocation is 1.2bn supply from NMS for medical related supplies and medicines much as this figure is not adequate to cater for outbreaks and infection control practice.

Capital development allocation is 1.055562168bn. Hospital Planned to begin staff House construction in Q2 at 0.5bn; Continue construction of the Perimeter wall at Staff residence in Q1 at 0.3bn; Functionalize Strategic plan for Trauma Care at 0.1bn in Q1; planned to procure Assorted ICT related equipment at 0.055562168bn in Q2; planned to functionalise the existing equipment and Plants at 0.1bn in Q3.

## V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

**Table V3.1: Programme Outcome and Outcome Indicators**

<b>Programme :</b>	<b>56 Regional Referral Hospital Services</b>				
<b>Programme Objective :</b>	To contribute to the reduction of morbidity and mortality in the catchment area, through provision of quality Emergency Care and Trauma Health Care services, research, training and collaboration.				
<b>Responsible Officer:</b>	Dr. Batiabwe Emmanuel Paul - Hospital Director				
<b>Programme Outcome:</b>	<b>Quality and accessible Regional Referral Hospital Services</b>				
<i>Sector Outcomes contributed to by the Programme Outcome</i>					
<b>1. Improved quality of life at all levels</b>					
Programme Performance Indicators (Output)	Performance Targets				
	2019/20 Plan	2019/20 Q1 Actual	2020/21 Target	2021/22 Target	2022/23 Target
• % increase in diagnostic investigations carried	5%	5%	3%	3%	3%
• Bed occupancy	85%	85%	85%	85%	85%
• % increase of specialised clinics outpatients attendances	10%	10%	5%	5%	5%

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

Billion Uganda shillings	2018/19	2019/20	2020/21	MTEF Budget Projections
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	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2021/22	2022/23	2023/24	2024/25
<b>Vote :176 Naguru Referral Hospital</b>								
56 Regional Referral Hospital Services	7.763	9.225	1.666	9.225	9.225	9.225	9.225	9.225
<b>Total for the Vote</b>	<b>7.763</b>	<b>9.225</b>	<b>1.666</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>

## 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 Naguru Referral Hospital Services	6.698	8.143	1.665	8.143	8.143	8.143	8.143	8.143
02 Naguru Referral Hospital Internal Audit	0.015	0.026	0.001	0.026	0.026	0.026	0.026	0.026
1004 Naguru Rehabilitation Referral Hospital	0.900	0.900	0.000	0.900	0.900	0.900	0.900	0.900
1475 Institutional Support to Uganda China Friendship Hospital Referral Hospital- Naguru	0.156	0.156	0.000	0.156	0.156	0.156	0.156	0.156
<b>Total For the Programme : 56</b>	<b>7.769</b>	<b>9.225</b>	<b>1.666</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>
<b>Total for the Vote :176</b>	<b>7.769</b>	<b>9.225</b>	<b>1.666</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>	<b>9.225</b>

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
<b>Vote 176 Naguru Referral Hospital</b>		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Naguru Rehabilitation Referral Hospital		
<b>Output: 72 Government Buildings and Administrative Infrastructure</b>		
Begin construction of the Perimeter wall at Staff residence Continuation of Staff House construction Strategic and investment plan developed for 2020/2021-2024/2025	Procurement Process began for construction of the Perimeter wall at Staff residence. Verification of land title and structural drawings and BOQ, approval of method of procurement - Continuation of staff House construction to completion is ongoing - Procurement process for investments plan development has begun for 2020/2021-2024/2025. TOR are developed, PP completed forms are submitted to Contract Committee.	

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<b>Total Output Cost(Ushs Thousand):</b>	<b>0.900</b>	<b>0.000</b>	<b>0.000</b>
Gou Dev't:	0.900	0.000	0.000
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

Specialist support supervision in the central region excludes specialist camps, mentoring and coordination roles, due to inadequate funding.

The current Ambulance is grounded with high cost for repair and, therefore, the need for a new ambulance.

The Cumulative Arrears for UTL, water and electricity must be paid to avoid litigation.

Electricity and water frequent shortages in the area requires Electricity Back up system of Batteries, Inverters, and distributor panels for Electricity backup system for emergency's. The Main water reservoir tanks requires major repairs.

There is no funding for oxygen plant maintenance costs, for its high electricity consumption and cylinder heads, in addition to the costs of production for provision to other health facilities namely Kiruddu, Kawempe, and the lower Health Centres including the private not for profit hospitals.

Need for space for Trauma tertiary services requires expansions to accommodate Inpatients, Operating Rooms, equipment, and develop matching staff skill Histopathology lab, ENT, Ophthalmology, High Dependency Unit. More Staff accommodation in the vicinity and a Hospital sound proof from the noisy environment.

### Table V5.1: Additional Funding Requests

<b>Additional requirements for funding and outputs in 2020/21</b>	<b>Justification of requirement for additional outputs and funding</b>
<b>Vote : 176 Naguru Referral Hospital</b>	
<b>Programme : 56 Regional Referral Hospital Services</b>	
<b>OutPut : 02 Outpatient services</b>	
Funding requirement US\$ Bn : <b>0.146</b>	Conducting specialist support supervision in the central region will contribute to better referral system and improve on emergency care
<b>OutPut : 72 Government Buildings and Administrative Infrastructure</b>	
Funding requirement US\$ Bn : <b>0.336</b>	The availability of water for healthcare is necessary for the delivery of quality healthcare in the hospital.
<b>OutPut : 77 Purchase of Specialised Machinery &amp; Equipment</b>	
Funding requirement US\$ Bn : <b>46.000</b>	0.5 for Strategic plan operationalised and monitored 20 for Equipment, furniture, medical equipment plants for trauma procured 6.5 for ICT equipment & services procured and installed 16.5 for plants & machinery e.g. (H2O purification, Electricity back up, infection control, fluid manufacturing & central sterilizing system, etc.) procured 2.5 for Health professionals on emergency and trauma services and tools trained
<b>OutPut : 80 Hospital Construction/rehabilitation</b>	

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Funding requirement UShs Bn : **26.500**

1.0 for Master plan operationalised: acquiring land  
 2.5 for Staff House at Kireka site constructed  
 3.0 for Perimeter wall at Staff residence continues constructed  
 3.0 for the main hospital Perimeter wall fence Rehabilitated  
 4.0 for Health Information Technology Block reconstructed  
 8.5 for hospital buildings for Specialized Care Reconstructed and Expanded  
 4.5 for Existing infrastructure Rehabilitated (Tower)

***OutPut : 85 Purchase of Medical Equipment***

Funding requirement UShs Bn : **0.100**

Maintenance of Oxygen plant will enable the plant to be operational (provision of UMEME electricity and Generator power, Cylinder heads and major repairs of the plant). This will enable strengthened Health care delivery systems in the region