



THE REPUBLIC OF UGANDA

Health Sector Annual Monitoring Report

Financial Year 2013/14

October 2014

Ministry of Finance, Planning and Economic Development
P.O.Box 8147
Kampala
www.finance.go.ug



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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ADB	African Development Bank
ARVS	Anti-Retroviral
BP	Blood Pressure
CSSD	Central Sterile Supply Department
CATIC	China National Aerial-Technology International Engineering Corporation
COMPLAT	China National Complete Plant
DHO	District Health Officer
DHT'S	District Health Teams
ECG	Electrocardiogram
EmNOC	Emergency Obstetric and Neonatal Care
EMS	Essential Medical Supplies
EPI	Expanded Program on Immunization
FY	Financial Year
GAVI	Global Alliance for Vaccine Initiative
GoU	Government of Uganda
HC	Health Centre
HMIS	Health Management Information System
HSS	Health Strengthening Support
HSD	Health Sub District
HIV	Human Immune Virus
ICT	Information Communication Technology
ID	Infrastructure Design
ICU	Intensive Care Unit
IFC	International Fund Corporation
IFMS	Integrated Financial Management Services
ISDB	Islamic Development Bank
JMS	Joint Medical Stores
KCCA	Kampala Capital City Authority
KM	Kilometers

MRI	Magnetic Resonance Imaging
MMED	Master of Medicine
MFPED	Ministry of Finance Planning and Economic Development
MOH	Ministry Of Health
MOJCA	Ministry Of Justice and Constitutional
MOPS	Ministry Of Public Service
NWSC	National Water and Sewerage Corporation
NMS	National Medical Stores
NRH	National Regional Hospital
NTF	Nigerian Trust Fund
ORS	Oral Rehydration Solutions
OPD	Out Patient Department
PCV	Pneumococcal Conjugate Vaccine
PPDA	Public Procurement and Disposal for Public Assets Authority
Q4	Quarter Four
Q1	Quarter One
Q3	Quarter Three
Q2	Quarter Two
RRH	Regional Referral Hospital
RHI	Reproductive Health Items
STIS	Sexually Transmitted Infections
SPARS	Supervise, Performance, Assessment and Reward Strategy
TT	Tetanus
TBAS	Traditional Birth Attendants
TOT	Training Of Trainers
TB	Tuberculosis
UBTS	Uganda Blood Transfusion Services
UCI	Uganda Cancer Institute
UHI	Uganda Health Institute
UHMG	Uganda Health Marketing Group
UHSSP	Uganda Health Sector Strategic Plan
UNBS	Uganda National Bureau of Statistics

UNEPI	Uganda National Expanded Program on Immunization
UNMHCP	Uganda National Minimum Health Care Package
UGSHS	Uganda Shillings
UNICEF	United Nations International Children Emergency Fund
US\$	United States Dollar
VAT	Value Added Tax
VHTS	Village Health Teams
VCTS	Voluntary Counseling and Testing

FOREWORD

The Government of Uganda is committed to improving service delivery through effective financing, implementation and monitoring of public programmes. The ultimate aim is to enhance citizen's welfare through increased access to basic services including health, education, water and sanitation, agricultural advisory services, energy, roads, ICT and microfinance.

A healthy population is a pre-requisite for any development. The budget strategy emphasized improving human resource development through provision of health services to reduce morbidity and mortality.

This report gives an assessment of the financial and physical performance for selected programmes under the sector votes. Achievements are noted but there is a lot of room for improvement given the various implementation challenges being faced.

This is to urge all stakeholders, at central and local government level, to review this report and take action on the issues that are raised therein. As we pursue the goals and aspirations of the National Development Plan and Vision 2040, let us replicate the good practices and address the binding constraints to service delivery in our country.



Keith Muhakanizi

Permanent Secretary and Secretary to the Treasury

EXECUTIVE SUMMARY

Introduction

The annual monitoring focused on five projects under Vote 014 (Ministry of Health), these were; District Infrastructure Support Programme (Project 0216), Institutional Support to MoH (Project 1027), Uganda Health Systems and Strengthening (Project 1123), Support to Mulago Hospital Rehabilitation (Project 1187), and Global Alliance for Vaccines Initiatives (Project 1141). Other votes monitored included National Medical Stores (Vote 116), Mulago National Referral Hospital (Vote 161), five Regional Referral Hospitals (Jinja, Masaka Lira, Soroti and Mbarara) and Primary Health Care grants in 14 local governments¹.

Selection of projects and programmes was based on the significance of the budget allocations with focus on large expenditure programmes (over Ug shs one billion) were considered. Some referral hospitals and districts were selected with the aim of regional representation.

Data was collected using a number of methods including interviewing project/programme implementors and beneficiaries, review of secondary data sources like policy documents and observation or physical verification of reported outputs. Physical performance was rated using average percentage achievement of set targets during FY 2013/14. The overall financial performance of the sector was derived from the average percentage payments made per vote during the FY. The same was used for projects monitored.

Findings

The overall sector financial performance was excellent, with 97% spent during FY 2013/14. Over 36% of the total sector expenditure was made on procurement and distribution of pharmaceuticals and other health supplies under NMS, 34% on Primary Health Care (PHC) activities, 10% on Regional Referral Hospitals (RRH), 8.4% on Ministry of Health, 7% on National Referral Hospitals and the rest (5%) distributed among Uganda Aids Commission, Uganda Cancer Institute, Uganda Heart Institute, Health Service Commission and Uganda Blood Transfusion Service with each spending 1%.

Financial performance for projects and programmes monitored was 74.3%, with 15% on procurement and distribution of pharmaceuticals and other health supplies under NMS, national referral services at Mulago hospital, Support to Mulago, Institutional support to MoHs project and RRHs at 14% respectively, PHC 12%, District Infrastructure Support Project (DISP) 9% and GAVI at 1%.

The overall average physical performance of the above projects and programmes monitored was 67% with NMS achieving 100% of the set targets, local governments at 98% in achieving Primary Health Care development targets, Rehabilitation of Regional Referral Hospitals project 87%. MoH projects registered good progress with Support to Mulago Rehabilitation at 67%, DISP 63%, Uganda Health System Strengthening project at 44.2%, Global Alliance for Vaccines Initiatives (GAVI) 29% and Institutional Support at 37%.

¹Gulu, Isingiro, Jinja, Kaberamaido Kiruhura, Kitgum, Kole, Kumi, Lira, Masaka, Namutumba, Pader, Soroti, Serere and Mityana

District Infrastructure Support Programme (Project 0216); two out of three targets were achieved during the FY 2013/14. The project performance was good with Kisozi HC III completed, equipped and operational serving over 6,625 people in the surrounding community. Beneficiaries including staff of the health facility were happy with the quality of works undertaken on the infrastructure, however, equipment delivered was substandard.

Global Alliance for Vaccines Initiatives (GAVI-Project 1141); the project performance was below average (37%) achieving only five out of seventeen set targets in FY 2013/14. It was however on track in revitalization of immunization services in Uganda. All the thirteen districts monitored had benefited from at least one or two of the three grant components namely; Immunisation Support Services (ISS one and two) and the Vaccine Introduction Grant. Communities had greatly embraced the Pneumococcal vaccine and coverage of immunization services had improved to cover hard to reach areas. It was however established that the new vaccine was grossly inadequate. Key activities under the project had not commenced due to procurement delays.

Institutional Support to Ministry of Health (Project 1027); the project was to facilitate retooling of the ministry with equipment, transport for top management of and renovations. The project performed below average (29%) with only one of the five set targets achieved, others were partially achieved and ongoing by end of June 2014. They were therefore rolled into FY 2014/15.

Health Systems and Strengthening (Project 1123); four out of nine hospitals were monitored namely: Kiryandongo, Nakaseke, Iganga and Mityana General Hospitals. All construction works were progressing well at physical progress (35%-45%). The average physical performance of the project was 44.2%. Three out of seven planned targets were achieved by 100%. Ability to handle intensive care cases and reduction of floor cases due to availability of equipment, more beds and mattresses were some of the benefits noted at hospitals like Kiryandongo General Hospital. Some of the equipment received was however, noted to be of poor quality. Performance of other project components like Reproductive Health, Human Resource Development and Leadership Management was relative with a number of activities under procurement while others were still ongoing.

Support to Mulago Hospital Rehabilitation (Project 1187); Construction of Kawempe and Kiruddu hospitals was on track at 20% physical and time progress. Average physical performance of the project was 67% with two out of three targets achieved by 100%. Under performance was attributed to the inclusion of the construction of the maternal and neonatal health unit as a project output in FY 2013/14. This undermined overall project performance. Training programs were ongoing with some benefits including reduction in abroad referrals for nuclear medicine cases, installation of a lamina floor bench and renal transplant equipment at Mulago hospital.

National Medical Stores (Vote 116); over 70% of the 21 entities (nine hospitals and twelve districts) visited noted that the National Medical Stores (NMS) had improved health service delivery through prompt delivery of essential supplies. Embossment of drugs with “UG” had greatly contributed to reduced theft and sale government drugs. The NMS reportedly achieved 100% of their set targets, however, stock outs of essential medicines still existed. It is important to note that non availability of certain supplies at a particular time directly translates into loss of lives and undermines the public health care system. The need to minimise stock outs at all health facilities is paramount.

Mulago National Referral Hospital (Vote 161); the hospital achieved 75% of its set targets during the FY. All targets save for procurement of a motorized cleaning equipment were achieved. A total of 1,000 beds and linen were purchased, this reduced the number of floor cases in a number of wards. Construction of the 100 unit staff house was on course at physical progress of 45%.

Although the hospital achieved much of its set targets during the financial year, it was not able to offer quality medical care required of national referral hospital. A lot needs to be done to improve the health care system in Uganda. This includes revision of the existing staff structure taking into consideration both new preventive and curative needs in the health sector.

Vote 163-176: Regional Referral Hospitals; The five referral hospitals (Lira, Masaka, Mbarara, Jinja and Soroti) monitored achieved their planned service outputs by over 99%. This was mainly due to timely release of budgeted funds by over 92%. Timely delivery of essential drugs and in some cases availability and utilization of the Non Tax Revenue. The average physical performance of the rehabilitation of referral hospitals (Project 1004) was excellent at 87.7%; with Jinja RRH 71%, Lira RRH 100%, Masaka 100%, Mbarara 100% and Soroti 65%.

Vote 501-850: Local governments

PHC Wage; release performance for FY 2013/14 was excellent (96%) for all the 14 local governments monitored. They were very happy with the new payment system noting; timely payment of salaries with some health workers receiving their monthly salaries by the 27th day of the month, enhanced management of staff hence reduction in absenteeism. The easy access to the pay roll, enhanced performance and motivation of health workers due to timely response to salary issues among others. Staffing gaps for all the entities visited were noted.

PHC Development grant; all the fourteen districts monitored with the exception of Kumi and Pader districts were on course of achieving the set targets for the financial year. Most of the planned activities were either completed or near completion. In Pader district, most of the planned projects for FY 2013/14 had not commenced, however progress was made on completion projects that rolled over from 2012/13 by 97%. The overall average performance of projects monitored in selected districts was 91% against 80% financial performance.

Challenges

The sector was faced with various challenges.

- Poor and substandard equipment delivered under the DISP and UHSSP projects.
- Procurement processes greatly delayed implementation of planned activities in the sector. These include GAVI, UHSSP and Support to Mulago Rehabilitation and some PHC projects under local governments like Pader.
- Inadequate capacity of some contractors and weak controls in project management under Institutional Support to MoH undermined project performance. Shoddy works under the PHC development grant were noted in Isingiro, Kiruhura, Kole, Gulu and Masaka districts
- Continuous drug stock outs at all entities visited.
- Inadequate budgets constraining amounts and quantities of medical items ordered under the NMS. Field findings indicate budgets for all entities visited were grossly inadequate to respond to curative and preventive needs of their catchment population.

- Abuse of the referral system with most people seeking services of referral hospitals without references from respective regional health care systems. This compromised proper functioning of Mulago hospital since most of its financial and medical allocations were spent on basic rather than specialised services.
- Staffing gaps at all the health facilities visited.

Conclusion

Overall the sector physical performance was good (67%) against 74.3% financial performance. A number of planned activities for FY 2013/14 were ongoing and rolled over to FY 2014/15. The sector was faced with many challenges that threaten effective service delivery.

Recommendations:

- The Uganda National Bureau of Standards should strengthen monitoring and supervision to control substandard materials and equipment on the market
- The MoH should fast track the procurement processes of its projects to facilitate their implementation in stipulated timelines.
- Punitive measures to local governments that do not start the procurement processes in a timely manner should be developed and enforced by MoH and MFPED.
- The need to minimize drug stock outs in health facilities is paramount. The MoH and NMS should invest in training personnel of health facilities to come up with viable procurement plans. The NMS also should expeditiously implement the revised basic kit taking into consideration population levels and disease burden.
- The GoU should support revitalization of the referral system to decongest referral hospitals and improve health service delivery at all levels. This could be achieved through provision of adequate staff accommodation, timely and adequate health supplies and drugs among others.
- District engineers should be held responsible for certifying poor quality works
- District administration should also forward contractors that continue to do shoddy work should also be forwarded to PPDA for blacklisting
- Project monitoring and supervision should be enhanced to ensure that projects are on track in terms of achieving set targets in stipulated timelines

CHAPTER 1: INTRODUCTION

1.1 Background

The health sector comprises a number of votes responsible for different aspects of service delivery. The Ministry of Health (Vote 014) is the central agency in charge of policy analysis and formulation, strategic planning, provision of nationally coordinated services such as emergency preparedness, health research, monitoring and evaluation of the overall health sector performance².

Local governments (Votes 501-850) take primary responsibility for delivery of frontline healthcare services through the 'Primary Health Care' grant system where funds are transferred directly from the Ministry of Finance, Planning and Economic Development (MFPED) to local government general accounts. They are also responsible for management of human resources for District health services, General Hospitals and Health Centre's (HCs) (levels II, III and IV)³. The total number of General Hospitals by December 2013 were 43, 182 HC IVs, 977 HCIII and 1,734 HCII.

A total of 14 Regional Referral Hospitals (Votes 163 – 176) offer specialized clinical services and higher level medical and surgical services. The two National Referral Hospitals (Votes 161 and 162) provide comprehensive specialist services, health research and all services of General and Regional Referral Hospitals⁴.

Other votes include National Medical Stores (Vote 116), Uganda Cancer Institute (Vote 114), Uganda Heart Institute (Vote 115), Uganda Blood Transfusion Service (Vote 151), Uganda Aids Commission (Vote 107), and Health Service Commission (Vote 134).

During FY 2013/14, the sector's key areas of focus were;

- Human resource in terms of attraction, motivation and retention.
- Improvement of maternal and child health services including reproductive health.
- Control of HIV/AIDS, Malaria and Tuberculosis (TB).
- Improving Primary Health Care focusing on disease prevention, health promotion and functionalizing lower level health facilities.
- Reduction of referrals abroad through equipping, recruitment, staff motivation and acquisition of specialized medicines.
- Enhancing blood collection under the Uganda Blood Transfusion Services.
- Control/preparedness for disease outbreaks including surveillance

1.2 Rationale for the Report

Government has been concerned about effective implementation of public programmes. To that effect, the Budget Monitoring and Accountability Unit (BMAU) of Ministry of Finance, Planning and Economic Development (MFPED) was established in FY 2008/09 to track implementation of selected government projects and programmes in a number of sectors. These include; Agriculture, Infrastructure (Energy and Roads), Industrialization, Information

²*Sector Strategic and Investment Plan 2010/11-2014/15; page 3*

³ Ibid

⁴ Ibid.

and Communication Technologies (ICT), Social services (Education, Health and Water and Sanitation), Microfinance and Public Sector Management.

This is achieved through regular field monitoring exercises to verify receipt and application of funds by the user entities. Where applicable, beneficiaries were sampled to establish their level of satisfaction with the public service. The monitoring was confined to levels of inputs, outputs and intermediate outcomes in the health sector.

This report seeks to highlight performance of the health sector in achievement of annual planned outputs of selected programmes and projects during FY 2013/14. The report highlights;

- Overall sector performance
- Linkage between physical and financial performance through assessment of whether funds released were commensurate with outputs.
- Project/programme efficiency, effectiveness and beneficiary satisfaction and
- Implementation challenges

1.3 Report Outline

The report is divided into four chapters. Chapter two is the Methodology while chapter three gives the Sector performance. Chapter four is the Conclusion and Recommendations.

CHAPTER 2: METHODOLOGY

2.1 Scope of the report

The annual monitoring focused on; five MoH projects, National Medical Stores, one National Referral Hospital, five Regional Referral Hospitals and Primary Health Care grants in 14 local governments, details are presented in Table 2.1.

Table 2.1: Projects and programmes monitored in Q4 FY 2013/14

Vote	Program/Project/Grant Name	Location/Institution Visited
014 MoH	District Infrastructure Support Programme (Project 0216)	MoH Headquarters, Kisozi HC III-Gomba district
	Institutional Support to MoH (Project 1027)	MoH Headquarters
	Health Systems and Strengthening (Project 1123)	MoH Headquarters, Kiryandongo General Hospital, Mityana General Hospital, Nakaseke General Hospital and Iganga General Hospital
	Support to Mulago Hospital Rehabilitation (Project 1187)	MoH headquarters, Kawempe Hospital, Kiruddu Hospital
	Global Alliance for Vaccines Initiatives (Project 1141)	MoH Headquarters, Amuru, Gulu, Isingiro, Kaberamaido, Kitgum, Kole, Kumi, Lira, Pader, Soroti, Serere
116 National Medical stores (NMS)	Pharmaceuticals and Other Health Supplies	Mulago National Referral Hospital, General Hospitals (Iganga, Kiryandongo, Nakaseke) Regional Referral Hospitals (Jinja, Masaka, Mbarara, Lira, and Soroti) and Local governments included Gulu, Isingiro, Kaberamaido, Kiruhura, Kitgum, Kole, Masaka, Mbarara, Mityana, Pader, Soroti and Serere.
161 Mulago Hospital Complex	Mulago Hospital Complex	Mulago
Vote 163-176 Regional Referral Hospitals	167 Jinja RRH	Jinja
	169 Masaka RRH	Masaka
	171 Soroti RRH	Soroti
	172 Lira RRH	Lira
	173 Mbarara RRH	Mbarara
Vote 501-850	PHC Wage and Development Grants	Gulu, Isingiro, Jinja, Kaberamaido Kiruhura, Kitgum, Kole, Kumi, Lira, Masaka, Mityana Namutumba, Pader, and Soroti,

Source: Author Compilation

2.2 Sampling

This report is based on selected programmes in the health sector. Selection was based on a number of criteria:

- The significance of the budget allocations to votes within the sector budget, with focus being on large expenditure programmes. Allocations of over Ug shs.1billion by the end of FY 2013/14 were considered.
- The programmes that had submitted progress reports by the end of Quarter three in FY 2013/2014 were followed up for verification as they had specified output achievements.

The sampled outputs were randomly selected from the information provided in the Ministerial Policy Statement and progress reports of the respective departments. Some referral hospitals and districts were selected with the aim of representing all regions in Uganda.

Physical performance of projects and outputs was assessed through monitoring a range of indicators and linking the progress to reported expenditure. The variables monitored depended on whether an output was complete or ongoing and if implementation was according to budget and schedule. For completed projects, monitoring focused on value for money and beneficiary satisfaction.

2.3 Data Collection

Data was collected through a combination of approaches:

- Review of secondary data sources including: Ministerial Policy Statement for FY 2013/2014; National and Sector Budget Framework Paper; Sector project documents and performance reports in the Output Budgeting Tool (OBT), MFPED Budget Documents, Budget Speech and District Performance Reports; Sector Quarterly Progress Reports, Work plans, and Public Investment Plans.
- Review and analysis of financial data in the Integrated Financial Management System (IFMS) and legacy system; progress reports (Performance Form A and B) and bank statements from implementing agencies.
- Consultations and key informant interviews with project managers in implementing agencies both at the Central and Local Government level;
- Field visits to project areas involving discussions with local government officials (Chief Finance Officers, and sector heads of departments; and beneficiaries. Observation and photography were key data collection tools during the monitoring exercise. In some cases call-backs were done to triangulate information.

Assessment guide:

Performance of programs and projects monitored was rated using the following guide (table 2.2).

Table 2.2: Assessment guide used to rate performance of project monitored in FY 2013/14

SCORE	COMMENT
80% and above	Excellent (All set targets achieved and funds well utilized)
70%-79%	Very good (Most of the set targets achieved and funds absorption is 70%-79%)
60%-69%	Good (Some core set targets achieved and funds absorbed to 60%-69%)
50-59%	Fair (Few targets achieved and funds absorption is 50%-59%)
Less than 50%	Below average (No targets achieved and funds absorption is less than 50%)

Source: BMAU

2.4 Limitations of the report

- Limited scope of monitoring due to inadequate time and funding allocated to field work. This was worsened by poor responses in some local governments. On a few occasions, some project managers and officers failed to keep appointments made with the monitoring team.
- Incomplete information especially in cases where responsible officers were new in office or relevant documents not being readily available.
- Limited information on the expenditure of the wage component specifically under referral hospitals and district (Primary Health Care wage grant) due to decentralisation of the payroll system within FY 2013/14.

CHAPTER 3: SECTOR PERFORMANCE

3.1 Introduction

This section presents the overall physical and financial performance of the health sector. Physical performance was rated using average percentage achievement of set targets during FY 2013/14 while the sector financial performance (absorption of released funds) of the sector was derived from the average percentage payments made per vote during the FY. The same was used to rate performance of projects monitored.

3.2 Overall Financial Performance of the Health Sector

The sector was allocated a total of Ug shs 1,142.825 billion inclusive of donor funding, after tax and arrears adjustments in FY 2013/14. This was 8.6% of the national budget. Approximately 41% of the health budget was allocated to MoH, 27% to local authorities and district hospitals, 19.5% for National Medical Stores; 6.2% for Regional Referral Hospitals, 4.2% for National Regional Hospitals and 2.5% for all other spending agencies.

The total donor budget was Ug shs 416.668 billion (37% of the health sector budget), Ug shs 245.031 billion (58%) was released and Ug shs 235.034 billion (95%) was spent. The total GoU budget was Ug shs 705 billion (62% of the health sector budget), Ug shs 629 billion (89%) was released and Ug shs 611 billion (97%) was spent on both development and recurrent activities by 30th June 2014. Table 3.1 indicates budget performance of the health sector.

Table 3.1 Budget performance of the health sector (Ug shs) by 30th June 2014

Vote	Name	Revised Budget	Releases	Expenditure	Un spent Balances
14	Ministry of Health	57,173,035,161	47,933,815,333	46,776,261,552	1,157,553,781
107	Uganda Aids Commission	5,547,968,117	5,508,133,156	5,359,101,355	149,031,801
114	Uganda Cancer Institute	6,582,207,543	6,482,207,543	6,480,107,441	2,100,102
115	Uganda Heart Institute	5,111,047,114	4,977,591,921	4,817,388,848	160,203,073
116	National Medical Stores	219,374,586,943	219,374,586,943	219,374,159,625	427,318
134	Health Service Commission	3,883,401,949	3,603,119,831	3,541,919,552	61,200,279
151	Uganda Blood Transfusion Service	4,087,083,672	4,057,083,672	4,004,844,196	52,239,476
161 - 162	National Referral Hospitals	47,372,956,644	45,716,791,513	44,746,261,766	970,529,747

163 - 176	Regional Referral Hospitals	71,550,915,852	67,144,506,599	63,384,000,000	3,760,506,599
501 - 850	Vote 501-850 (PHC Development Grant, Wage and Non-Wage)	284,761,327,000	224,428,100,000	212,820,000,000	11,608,100,000
Total		705,444,529,995	629,225,936,511	611,304,044,335	17,921,892,176

Source: IFMS, legacy system, sector quarter four progress report and field findings

The overall sector financial performance of GoU funds was excellent, 97% of released funds were spent. Over 36% of the total sector expenditure (Ug shs 611,304,044,335) was spent on procurement and distribution of pharmaceuticals and other health supplies under NMS, 34% on Primary Health Care activities, 10% on regional referral hospitals, 8% on Ministry of Health, 7% on National Referral Hospitals and the rest (5%) was distributed among Uganda Aids Commission , Uganda Cancer Institute, Uganda Heart Institute, Health Service Commission and Uganda Blood Transfusion Service with each spending 1%.

Financial performance for projects and programmes monitored was 74.3%, with 15% on procurement and distribution of pharmaceuticals and other health supplies under NMS, national referral services at Mulago hospital, Support to Mulago, Institutional support to MoHs project and RRHs at 14% respectively, PHC 12%, District Infrastructure Support Project (DISP) 9% and GAVI at 1%.

3.3 Overall Physical Performance of the Health Sector

The overall average physical performance of projects/programmes monitored was good (66%) with NMS achieving 100%, Primary Health Care 98%, Regional Referral Hospitals 87%, Support to Mulago Rehabilitation 67%, District Infrastructure Support Project 63%, Uganda Health System Strengthening project at 44.2%, Global Alliance for Vaccines Initiatives (GAVI) 29% and Institutional Support to MoH at 37% in achievement of set targets for FY 2013/14.

National and Referral hospitals performing excellently (over 100%) in achievement of service outputs. This was partly due to timely release of over 94% of budgeted funds, good record keeping and timely delivery of medical supplies NMS. Detailed performance of all entities visited is highlighted below.

3.4 District Infrastructure Support Programme (Project 0216)

Background

The programme was established to enable government equip and rehabilitate selected health facilities for improved health care delivery. It commenced in July 2010 and is expected to be completed in June 2015⁵. Its main objective is to improve infrastructure of the health system by purchasing essential equipment and rehabilitating regional and district health facilities.

⁵ PIP 2013/14-2015/16

Expected outputs by June 2015

- Essential equipment procured and maintained
- Regional and district health facilities rehabilitated
- New health facilities constructed.

Planned outputs FY 2013/14

- Construction and equipment of Kisozi HCIII in Gomba district completed
- Construction and equipment of Buyiga HCIII in Mpigi district completed
- Retention for Kapchorwa Hospital in Kapchorwa District and Masafu Hospital in Busia district paid.

Findings

Financial Performance

The project revised budget for FY 2013/14 was Ug shs 1,075,865,000; 100% of the budget was released and 63% spent (Ug shs 679,530,437) by 30th June 2014. The release was excellent and resource absorption was good. Expenditures were mainly on payment for non-residential buildings with 68%, gross tax 15%, Travel inland at 8%, maintenance of machinery 4%, Printing and stationery at 4% and goods and services at 1%.

Physical performance

Complete construction and equipping of Kisozi HC III was monitored.

i) Complete construction of Kisozi HC III

The Health Center is located in Kabulasoke sub-county, Kisozi parish, Gomba district. It serves a total population of 6,625 people in three parishes of Degeya, Kisozi and Kawanda. Construction was awarded to M/s Ambitious Construction Company Limited at a contract sum of 2,445,648,148 exclusive of Value Added Tax (VAT).

The scope of works involved construction of an Outpatient Ward (OPD), general and maternity wards, two bedroom staff houses accommodating 10 staff and external works involving establishment of waste pits, access roads, attendants' kitchen and laundry room, toilet and bathrooms. The scope also included provision and installation of medical equipment and furniture according to MoH standards of HC III.

Works commenced on 17th August 2011 and were expected to be completed within 12 months (by August 2012). The contractor did not complete the works as scheduled and requested for extension of time. The completion date was revised to 30th November 2012 and the defects liability period from 22nd December 2013 to 11th February 2014. A number of defects were identified including substandard equipment that was supplied by the contractor. The MoH rejected substandard equipment like fridges and advised the contractor to attend to the defects.

The contractor was paid a cumulative total of Ug shs 2,394,550,637 of which Ug shs 65,641,204 was paid in FY 2013/14. Physical progress was at 100% against 98% financial progress. The health facility was operational, the OPD accommodated four admission rooms, an examination, treatment, immunization, dispensing, store, laboratory and counselling room. The maternity block had an office, examination, delivery and postnatal rooms. Staff houses were in place accommodating 12 health workers. Equipment delivered included two oxygen cylinders, three Blood Pressure (BP) machines, one autoclave, two delivery sets, weighing scales, furniture (chairs, cabins, wheel chairs stretchers and examination couch).



Newly constructed Kisozi HC III



Staff houses at Kisozi HC III

Users were happy with the quality of works and a number of benefits had been registered. These include;

- Ability to admit patients due to availability of beds and admission rooms.
- Staff accommodation led to availability of health workers at the facility 24 hours a day. This had greatly improved the efficiency and improved service delivery at the facility.
- Access to health services including Voluntary Counselling and Testing (VCT), antenatal, immunization and treatment of general illness. The facility undertook outreaches leading to reduction of the disease burden.

The administration was dissatisfied by the quality of equipment supplied. The contractor was tasked to replace all substandard equipment; however, some of the replaced equipment like delivery sets had rusted in less than six months of use.



A delivery set that had rusted



Medical beds delivered to Kisozi HC III

In spite of the rust, health workers continued to use them due to lack of alternative means, thus causing a health risk to mothers. Two out of six BP machines failed to work and gave inaccurate results when used. The solar system was weak and could not light for more than six hours a night. The health facility therefore resorted to use of lamps and torches to deliver mothers that gave birth at night.

Implementation challenges

- Equipment including fridges worth Ug shs 5.5million was substandard and rejected by MoH. The equipment had not been replaced by end of the financial year.

- Delays in payment of contractors leading to accumulation of interest. A total of Ug shs 43,898,246 accrued to the contractor after failure to pay a total of Ug shs 789 million in stipulated timelines.

Recommendations

- The MoH should ensure that all the substandard equipment is replaced including the weak solar system.
- The MoH should procure competent contractors to supply standard and quality equipment.
- The MoH should also check, verify and test the quality of equipment prior to acceptance and delivery to benefiting entities.
- The Uganda National Bureau of Standards should strengthen monitoring and supervision to control substandard materials on the market.
- The MFPED should front load development funds to enable MoH pay its commitments and avoid accumulation of interest.

Analysis

Link between financial and physical performance

There was a positive link between financial and physical performance of the project, the release performance of the project was good (63%) and 68% of the funds were spent on completion and equipping both Buyiga and Kisozi HC III. A total of Ug shs 396,334,569 remained was not spent and therefore returned to consolidated fund.

Achievement of set targets

One out of three targets was achieved; Buyiga HCIII in Mpigi district remained incomplete while review of the payment report from MoH indicated that retention for Kapchorwa and Masafu Hospital was not made during FY 2013/14.

Challenges affecting effective project implementation

- Inadequate allocations to the program leading to scaling down on a number of projects to be implemented and rolling over works to subsequent FYs.
- Program versus project mode of implementation often affected budgetary allocations. Project implementers believed the project should be a program streamlined in the Ministry rather than a project with timelines.

Conclusion

The project fairly performed well in terms of achievement of set targets during the FY (at approximately 63%). Construction and equipping of Kisozi HC III was complete while Buyiga HCIII was reportedly at 90%. Both projects were roll over projects that had time progress of over 200%. Quality of works at Kisozi HCIII was good, however, equipment supplied was substandard. Replication of such projects across different parts of the country should be prioritized, however, it requires capital investments and use of contractors with credible history of good quality works.

Recommendations

- The MoH should integrate the project activities into the mainstream programmes of the ministry.

- The MoH should forward contractors that continually supply substandard equipment to the Public Procurement and Disposal of Public Assets Authority (PPDA) for blacklisting.

3.5 Institutional Support to MoH (Project 1027)

Background

The project started in FY 2008/09 and is expected to end on 30th June 2015. The project aims to rehabilitate and retool MoH headquarters and other ministry units such as the research centers and mechanical workshop which were depreciating at high rate. In terms of retooling, the project was expected to procure office and transport equipment for entitled officers and political leaders. These needs could not properly be met under the recurrent budget allocations to MoH.

Expected outputs by June 2015

- Full rehabilitation and retooling of MoH Headquarters undertaken,
- Additional office space and other service rooms provided,
- A fully equipped and staffed institutional clinic established,
- Office furniture, equipment and transport equipment.

Planned outputs FY 2013/14

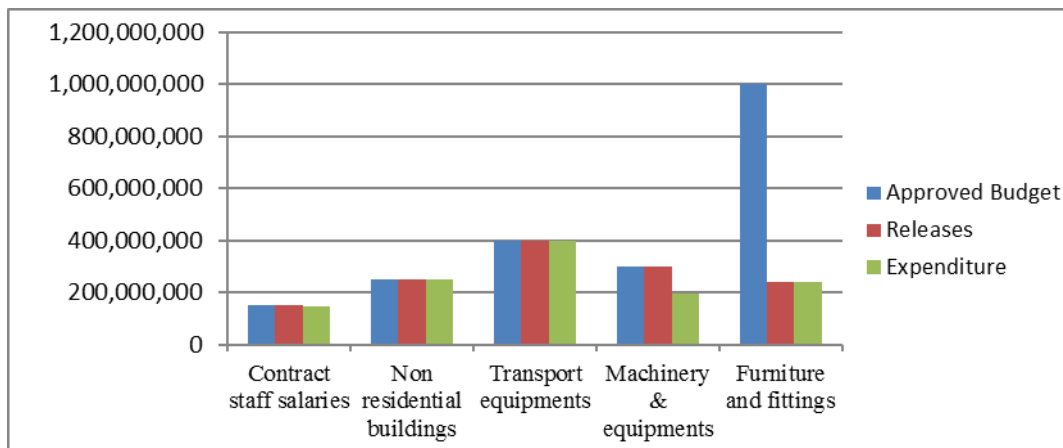
- Vehicles for top ministers procured,
- The MoH headquarters and Wabigalo offices renovated,
- Machinery and equipment procured,
- Contract staff salaries paid,
- Plumbing and electrification works at the MoH headquarters done.

Findings

Financial performance

The project total approved budget for FY 2013/14 was Ug shs 2,096,320,774 of which Ug shs 1,336,320,774 (63.7%) was released and 1,227,597,016 (91.8%) spent by 30th June 2014. Figure 3.1 illustrates that all funds released under contract staff salaries, machinery and nonresidential buildings (renovations) were spent except the machinery and equipment line item with 65% spent. Release performance under the furniture and fittings line was poor with only 24% released of the approved budget.

Figure 3.1: Financial performance (Ug shs) of the project in FY 2013/14



Source: IFMS MFPED

Physical progress

Procurement of vehicles for top ministers; one out of the three cars ordered had been delivered and fully paid by end of June 2014. M/s Toyota Uganda supplied one Land Cruiser VX, 4000cc capacity vehicle at a sum of Ug shs 344million. There was a change in vehicle specifications (from 3,000cc to 4000cc) upon clearance from the Office of the Prime Minister.



One of the new vehicles procured for top management of MoH

Procurement of machinery and equipment; Information, Communication Technologies (ICT) equipment like computers, software and printers were procured. Numbers could not be verified because most of the procurements bypassed the project manager and different projects procured their own accessories and equipment.

Renovation at Wabigalo offices; M/s Rohi Engineering Services had been contracted to re-roof the board room, replace ceiling and paint MoH offices at Wabigalo. The contract was signed in March 2014 and expected to be completed in March 2015. The contract sum was

Ug shs 550 million and no funds had been advanced to the contractor. No civil works had been done by end of June 2014; the project manager had recommended termination of the contract upon establishment that the contractor lacked adequate capacity to undertake the works in a timely manner.

Renovation at MoH headquarters; the scope of works involved remodeling and refurbishment works including tiling of selected floors and ceiling works. Tiling of 3rd and 4th floors was completed and done by M/s ABM Investments at a sum of Ug shs 79,000,000. Works were certified and contractor paid 100% of the total sum by end of the FY.

Plumbing and electrification works at MoH headquarters; this was premised on the need to reduce the utility bills of the Ministry. It was established that the MoH loses over Ug shs 300,000 monthly in wastage of water through faulty systems. Electrical installations and replacement of pipes and taps had not started by 30th June 2014.

Payment of staff salaries; 40 contract staff of the MoH were paid a total of Ug shs 145,965,817.

Implementation challenges

- **Weak internal controls:** lack of clarity on the procedure of acquiring funds to implement project activities. Various officers requisitioned project funds directly from the accounting officer without clearance from the project manager.
- Ineffective supervision of the project due to under staffing
- Inadequate capacity of the contractor stalling works at MoH Wabigalo.

Analysis

Link between financial and physical performance

The project exhibited good release performance (63%) and excellent absorption performance (91.8%). High absorption was in the areas of contract staff salaries, nonresidential buildings, furniture, fittings and transport equipment as all funds allocated to these activities were absorbed. Physical performance was rather poor because only one planned target (Payment of contract salaries) was achieved (100%) by end of the financial year. Others were partially achieved and ongoing.

Achievement of set targets

The project set targets for FY were partially and most of them were rolled into FY 2014/15. Procurement of vehicles for top management was rated at 33%, renovation of MoH offices at 50%, Machinery and equipment at 0%, payment of contract staff salaries at 100%, Plumbing and electrification works at the MoH headquarters at 0%. Overall, average achievement of set targets was below average at 37%. Poor performance was attributed to the inadequate capacity of some contractors to accomplish works according to schedule and weak controls in project implementation.

Conclusion

Although 91% of the funds released were spent, some of the set targets were not achieved for example the plumbing system was not done, one out of three vehicles was procured and renovations at Wabigalo did not commence by end of the FY. Weak internal controls and management of project resources were noted.

Recommendations

- The MoH should streamline project activities into the development grant. This should come along with staffing for proper project implementation.
- The accounting officer MoH should ensure that staff follow work plans and guidelines in relation to use of project funds.
- The contracts and evaluation committee of MoH should adequately assess and verify capacity of contractors prior to contract award.
- The MoH should forward poor performing contractors to PPDA for blacklisting.

3.6 Uganda Health Systems Strengthening (Project 1123)

Background

The Uganda Health Systems Strengthening (UHSSP) project commenced on 25th May 2010 and is expected to end on 31st July 2015. It is aimed at reducing maternal mortality through

renovation and infrastructure development of health facilities in Uganda. It is set to achieve the following objectives;

- i) Strengthen human resource management and development.
- ii) Enhance physical functionality of health facilities by renovating health infrastructure and provision of medical equipment.
- iii) Strengthen provision of reproductive health services to reduce maternal and pre-natal death through provision of Emergency Obstetric and New-born Care (EmNOC) equipment.
- iv) Strengthen the leadership and management of the health sector through training, performance, contracting, and client charters among others.

The project is financed by a World Bank loan worth US\$130million over a period of five years. It is expected to benefit two Regional Referral Hospitals, 17 General Hospitals and 27 Health Centre IVs.

The project has four components namely;

- (a) Improved infrastructure of existing health facilities: allocated US\$85 million (US\$ 61million for civil works and US\$ 24 million for medical equipment and furniture). Funds for civil works were insufficient thus the number of beneficiary health facilities were scaled down from 13 to nine and an additional US\$90 million has been approved for remaining works.
- (b) Improved maternal health, new-born care, and family planning services allocated US\$30 million.
- (c) Improved management, leadership, and accountability for health service delivery allocated US\$10 million.
- (d) Improved health workforce development and management allocated US\$5 million.

Expected outputs by June 2015

- Physical functionality of health facilities enhanced by renovation of health facilities.
- Leadership and management strengthened in areas of logistics and procurement, contracting, health communication and feedback management, accreditation of health facilities and training managers of health facilities.
- Systems for Human Resource Development and Management strengthened through offering scholarships to health workers and support to professional councils.

Planned outputs for FY 2013/14

- Civil works in 13 General Hospitals
- Procurement and distribution of 276,000 safety delivery kits
- Family planning methods, contraceptives and gloves procured and distributed under NMS
- Hospital equipment and furniture procured and distributed to 13 health facilities
- A total of 19 ambulances and mobile workshop vehicles procured and distributed to 19 hospitals
- Support Village Health Teams to register mothers
- Short term consultancies in hospital accreditations, community strategy for MoH, business plans for professional councils, customer satisfaction survey among others.

Findings

Financial Performance

Cumulatively, the World Bank disbursed US\$ 51,272,946.47⁶ out of the signed loan amount of US\$130 million. A total of US\$ 42,727,977 was spent by end of the financial year. During FY 2013/14, the GoU released only 29% while World Bank disbursed 99% of its annual budget.

In terms of expenditure, 100% of GoU funds and 45% of World Bank disbursements were spent. Tale 3.2 indicates detailed financial performance of the project in FY 2013/14.

Table 3.2: Financial performance of UHSSP FY2013/14 (Ug shs)

Funder	Budget	Release	% release of the Budget	Expenditure	% Expenditure of the release
GoU	5,400,000,000	1,544,450,000	29	1,544,450,000	100
World Bank	107,420,000,000	106,904,093,389	99.52	47,889,807,158	45
Total	112, 820,000,000	108,448,543,390		49,434,257,158	

Source: IFMS, field Findings and MoH

Over 78% of GoU releases were paid as gross tax, 4% on allowances 4% on staff training among others in FY 2013/14. Cumulatively, good allocative efficiency of donor funds was noted with 61% on civil works and procurement of medical equipment while 23% of the funds were spent on reproductive health. Table 3.3 indicates cumulative expenditure details by component.

Table 3.3: Cumulative Expenditure details of UHSSP by component (World Bank) by 30th June 2014

Component	Budget (US\$)	Cumulative Expenditure (US\$)	% Cumulative expenditure
Health Infrastructure	84,231,244	26,219,597	61.4
Human Resource Development and Management	4,168,714	1,758,159	4.1
Reproductive Health	30,000,000	9,949,868	23.3
Leadership and Management	3,220,000	1,353,629	3.2
Project Management	8,380,042	3,446,726	8.1
Total	130,000,000	42,727,977	100

Source: MoH

⁶ Exchange rate is 1 US\$=Ug shs 2,085

Performance by component

Component 1: Improved infrastructure of existing health facilities

This component focuses on provision of medical equipment and hospital furniture, strengthening the referral system, improving operations, maintaining existing health infrastructure and renovation of selected health facilities.

Financial performance

Phase I covered nine hospitals and contracts worth US\$52,609,809.63 were signed to undertake construction works in Anaka, Entebbe, Iganga, Kiryandongo, Mityana, Moroto, Moyo, Nebbi and Nakaseke. Contracts were signed in November 2013 and expected to be completed within 18 months (Table 3.4).

Table 3.4: Contracts for UHSSP civil works under Phase I

Hospital	Contractor	Contract sum (US\$)
Mityana	Sino Hydro Corporation Ltd	6,090,929.55
Nakaseke	Yanjian Uganda Company Ltd	5,090,612.33
Kiryandongo	China National Complete Plant (COMPLAT)	5,654,229.90
Nebbi	China Railway No.5 Engineering Group Ltd	3,876,045.19
Anaka	Excel Construction Ltd	6,545,233.13
Moyo	Prism Construction Company Ltd	4,541,931.32
Moroto	Excel Construction Ltd	8,842,878.01
Entebbe	China National Aero-technology International Engineering Corporation (CATIC)	7,034,065.42
Iganga	China National Aero-technology International Engineering Corporation (CATIC)	4,933,884.78

Source: MoH

The M/s Arch Design Limited was contracted to supervise construction works at five hospitals (Nakaseke, Mityana, Entebbe, Moroto and Iganga) at a sum of US\$ 521,777.80. The rest of the hospitals (Kiryandongo, Anaka, Moyo and Nebbi) were contracted to M/S Infrastructure Design (ID) Forum at a sum of US\$ 1,222,200.625. All contractors had been paid the advance payment of 20% by 30th June 2014.

Physical performance

Civil works under Phase I commenced in February 2014 and will be completed August 2015. Overall physical progress was reported to be 25%. The monitoring team sampled and visited four out of nine General Hospitals. These included; Kiryandongo, Mityana, Nakaseke and Iganga. The following was established;

3.6.1 Iganga General Hospital

It is a 100-bed district hospital serving a population of 1.5 million people in the surrounding districts of Iganga, Bugiri, Namutumba and Mayuge among others. The project was introduced to the hospital in 2013. The physical performance was at 42% ahead of the target of 40% and beneficiaries were extremely happy with the project and its core objectives. The

hospital administration however noted that the entire infrastructure at the health facility was dilapidated and needed renovation. The contract details for rehabilitation of Iganga hospital are presented in Table 3.5;

Table 3.5: Contract details and progress of civil works of the UHSSP at Iganga Hospital by 4th August 2014

Contractor	China National Aero-Technology International Engineering Corporation (CATIC)
Contract Sum	4,933,884.78 (US\$)
Contract period	18 months
Commencement date	31 st January 2014
Completion date	31 st July 2015
Physical progress	42%
Financial progress	1,142,876.81 US\$ (23%)
Time progress	39%
Scope of Works	
<ul style="list-style-type: none"> • Remodelling and refurbishment of the OPD • Construction of OPD extension • Remodelling of Maternity ward to enlarge labour suites • Construction of new theatre with two operating rooms • Construction of four unit-two bedroom staff houses • Construction of attendants kitchen and laundry • Construction of new mortuary with nine body fridge • Construction of placenta pit and medical pit • Upgrading water supply including 144,000 reservoir and boreholes with solar water pumps • Construction of new sewage lagoons and upgrading network 	
Consultant	Arch Design

Source: MoH, contractor, consultants and field reports

Physical progress was estimated at 42% against the planned 40%. The contractor was ahead of schedule by 2%, works were progressing well with the placenta and medical pit completed. Renovation works on the antenatal and maternity block had not commenced save for the T-Block which was at 10%. Table 3.6 indicates physical progress by scope.

Table 3.6: Implementation status of the UHSSP at Iganga Hospital as of 4th August 2014

Item	Physical Progress	Remarks/ Outstanding works
New Infrastructure		
Mobilisation	100%	All equipment, material and human resource required on ground with over 128 workers.

Theatre	60% superstructure complete, electrical and plumbing conduits fixed.	Roofing, window and door installations, plastering, painting, floor works and general finishes.
Causality ward	50%, structure was at ring beam level	Roofing, window and door installations, plastering, painting, floor works and general finishes
OPD	45%, structure was at ring beam level	Roofing, window and door installations, plastering, painting, floor works and general finishes
Staff houses	60% super structure in place	Painting, Plastering, electrical, plumbing fittings and general finishes.
Placenta pit	100%	Handed over to hospital
Medical pit	100%	Handed over to hospital
Kitchen and attendant laundry	80%	Roofing, mechanical and electrical fittings.
Mortuary	50% at ring beam level	To be completed and handed over by September 2014. Procurement of the fridge was completed and installation was awaiting completion of the infrastructure.
Renovation Works and scope involved scrapping off old plaster, roofing, plastering, painting, splash apron and floor works (Terrazzo), new toilet system		
Existing OPD	10%	Demolitions and works on the new toilet system were ongoing
Antenatal and Maternity Block	0%	Awaiting completion of OPD then antenatal patients will be shifted there
External works	20%	Clearance was completed and outstanding works included construction of walk and drive ways, demolitions, fencing with chain link and upgrading water systems.

Source: Field findings and CATIC reports

Implementation challenges

- Delays in payment of the contractor: payment of approved certificates took more than 60 days yet the contract stipulated a payment period of 56 workdays upon certificate approval.
- Unavailability of materials within the project area delayed implementation of scheduled activities and increased transport costs.

Recommendation

- The MoH should ensure timely payments to avoid delay in implementation and payment of interest that may accrue to late payments.



Left: Ongoing works on the OPD and (right) completed Placenta Pit at Iganga General Hospital

3.6.2 Kiryandongo General Hospital

Kiryandongo Hospital is located 225km along the Kampala - Gulu Highway. The hospital is in Kikube parish, Kiryandongo sub-county, Kibanda County in Kiryandongo district. It is a 109 bed hospital serving a population of over 400,000 people from areas of Kiryandongo, Masindi, Nakasongola, Oyam, Apac, Amuru, and Nwoya districts. The hospital offers a number of services including OPD, in patient, optical, X-ray, ultra sound, orthopaedics, health promotion and education, occupational therapy, HIV, immunisation, environmental health special clinics among others. Implementation of the UHSSP project in the hospital started in 2013. The contract details and progress are shown in Table 3.7

Table 3.7: Contract details and progress of civil works of the UHSSP at Kiryandongo Hospital by 30th July 2014

Contractor	China National Complete Plant (COMPANT)
Contract Sum	5,654,612.33 (US\$)
Contract period	18 months
Commencement date	6 th December 2013
Completion date	30 th June 2015
Physical progress	40%
Financial progress	US\$1,590,000 (28%) was paid to the contractor by 27 th July 2014. Payments were inclusive of advance payment of 20%
Time progress	39%
Scope of Works	
<ul style="list-style-type: none"> • Construction of new OPD, causality, T-block extension, laundry house, attendant's kitchen, incinerator house, placenta and medical pit. • Renovation of old OPD, old T-block and staff houses (12 units). This included replacement of old roof, re-enforcement with steel structure and suspended ceiling. Internal and external painting, electrical and plumbing works. Replacement of glasses in the windows and doors, old 50KVA transformer with a 500KVA capacity transformer. • Upgrading water supply including 144,000 reservoir and boreholes with solar water pumps 	
Consultant	Infrastructure Design (ID) Forum

Source: MoH, contractor and consultants meetings and reports

The contractor had registered 40% physical progress and was on schedule. Works were at different levels of completion as indicated in Table 3.8.

Table 3.8: Implementation status of the UHSSP at Kiryandongo Hospital as of 27th July 2014

Item	Physical Progress	Remarks/ Outstanding works
New Infrastructure		
Mobilisation	100%	All equipment, material and human resource on ground.
Theatre	40% super structure, internal and external plastering was complete	Ongoing works including fabrication of windows and doors, electrical and plumbing works were ongoing.
Construction of new OPD and causality	50%, super structure was at ring beam level	Roofing, window and door installations, plastering, painting, floor works and general finishes were outstanding
T-Block (Wards, Theatre, offices and Mortuary)	30%, the buildings were roofed	Ongoing works were internal and external plastering. Outstanding works included installation of windows and doors, floor works, painting, electrical and mechanical works.
Laundry house	40% structure and roof were completed	Floor works, painting, washing basins and toilets, electrical and plumbing works were outstanding.
Attendants Kitchen	40% completed structure and roof structure and roof were completed	Contractor was awaiting consultants approval of a sub-contractor to fix 22 stoves
Placenta pit	0%	Consultant indicated a change in designs and contractor had not received the structural designs yet.
Incinerator	80% structure, roofing and internal walls were completed	Painting, splash apron, windows and doors and power connection was outstanding. The relocation of the incinerator had not been planned; US\$ 9,000 was therefore paid as a variation cost. (within the contingency allocation)
Renovation works and scope involved scrapping off old plaster, roofing, plastering, painting, splash apron and floor works (Terrazzo), new toilet system,		
Existing T-Block	45% Works were ongoing with demolition of old ceiling and roofing complete.	Painting, ceiling, replacement of damaged parts of the floor were outstanding while electrical and plumbing works, tiling of toilets and bathrooms was ongoing,

Old OPD	0%	Not started. Site had not been handed over to contractor due to lack of space to relocate patients
Power house	0%	Not started
Staff houses	0%	Not started
External works	0%	Not started

Source: COMPANT; field findings



Ongoing renovation works on the existing T-block at Kiryandongo Hospital

New T-Block with Wards, Theatre, offices and Mortuary under construction at Kiryandongo Hospital

Gender, HIV, Environment and Safety Measures

- The contractor hired a safety and environmental officer. She was tasked to oversee safety and environmental issues on site.
- No environmental and safety complaints had been received from both the hospital and surrounding community.
- All workers were provided with safety wear including gloves, helmets and safety belts
- Sensitization about HIV, first aid and provision of condoms to all workers was done.
- Workers had access to a first aid tool box, fully stocked with essential drugs on site.
- The project hired 20 females out of 100 workers on site. Most of the female were involved in casual labour.

Equipment delivered

The hospital received a list of assorted equipment from Sino Africa and Simed International by 11th April 2014; these included autoclaves, bowel kick and stand, examination light, patients trolley, vasectomy instrument set, anesthesia unit, obstetric bed, surgeon stool, cabins and filling cabinets, incubator, examination couches, drip stands, hot air oven, sterilizing equipment, oxygen concentrators, patients screen, evacuation and delivery beds, mattresses and mackintosh among others.



Oxygen Concentrator and incubator in the maternity ward of Kiryandongo Hospital

Beneficiary Satisfaction

Stakeholders including the hospital administration was happy and satisfied with the quality of civil works, however they noted that the following issues ought to have been done for efficient and effective functionality of Kiryandongo Hospital.

- Consideration of needs and priorities identified during needs assessment.
- Overhauling of the entire sewage system of the hospital, otherwise partial works on the system were envisaged to be expensive in the long run.
- Renovation of all staff houses, selective works were likely to cause misunderstandings between staff and hospital administration. All staff houses were dilapidated and leaking. There were no clear criteria on which houses to renovate and those to leave out.
- Presentation of a plan to fill the existing staffing gaps; despite the fact that the number of infrastructure had increased, the staffing levels remained stagnant. The hospital had 126 out of 192 health workers needed on site. This was likely to translate into a gap in timely and effective service delivery.
- Follow designs undertaken and presented to the hospital in 2011; these indicated that the entire hospital was dilapidated and would be given a facelift, however at project implementation in 2013, selective renovations were undertaken without clear explanations to stakeholders.
- Proper communication and awareness creation on project implementation and revised designs was vital for project ownership and sustainability.
- External works excluded fencing and securing of staff houses yet they were within the hospital boundaries. It was important to have health workers live within the hospital boundaries for timely response to emergencies. The hospital attended to over four emergencies daily and most of them occur at night.
- Provision of good quality equipment; the hospital administration was grossly dissatisfied with the quality of equipment delivered.

Benefits

- Ability to handle intensive care cases due to availability of oxygen concentrators.
- Reduction of patients without beds due to availability of more beds and mattresses.
- Training on usage of some of the equipment delivered like operation of oxygen concentrators, suction and Electrocardiogram (ECG) machines.

- Safety of drugs and other supplies due to availability of cabinets.
- Eased movement of patients due to availability of patient trolleys and wheel chairs.

Challenges

- Delays in payment of the contractor, although the contract clearly stipulated that all payments shall be made within 58 days upon submission of certificates; the contractor often received payments beyond 70 days.
- Delays in approval of construction samples. For example the contractor submitted door and window samples to the consultant M/s ID Forum in March 2014 and approval was received in July 2014.



Delivery bed that had broken down in the Maternity Ward of Kiryandongo Hospital

- Delayed project implementation due to regular design changes and lack of space for relocation of patients.
- The scope of works was inadequate; it did not take into consideration overhauling the sewerage system in staff houses.
- Poor quality equipment like BP machines, examination light, delivery beds, and the mackintosh was weak and already tearing apart.
- Some equipment was not used; midwives and nurses were not trained on how to use the incubator in the maternity ward.
- The sterilizing equipment (autoclaves) was not used due to lack of space.

Recommendations

- The MoH together with World Bank should make timely payments to avoid interest on delayed payments.
- The MoH should engage M/s ID Forum to make timely investigations and approvals of samples submitted by the contractor.
- The MoH should ensure that the sewerage system at the staff houses is fully overhauled.
- The MoH and project consultant should support the contractor to complete at least one block and have patients relocated to allow timely renovation of other structures.
- The MoH should task the suppliers to collect and replace poor quality equipment.
- The MoH through the National Advisory Committee on Medical Equipment (NACME) should effectively inspect and reject all substandard equipment delivered.
- The UNBS should strengthen quality assurance of medical equipment in the country.
- The hospital should prioritize use of delivered equipment.

3.6.3 Mityana General Hospital

The hospital is located 77km away from Kampala City in Mityana district. It is the main health care facility in the district serving over 600,000 people in Mityana, Mpigi, Kiboga, and Gomba districts. It is a 100 bed capacity hospital. The monitoring team visited the project on 22nd July, 2014, and the following was established the following; The UHSSP project

commenced on 24th February 2014 and expected to be completed by 24th August 2014, contract details are indicated in table 3.9;

Table 3.9: Contract details of UHSSP civil works at Mityana General Hospital by 22nd July, 2014

Contractor	Sino Hydro Corporation Ltd
Contract Sum	6,090,929.55 (US\$)
Contract period	18 months
Commencement date	24 th February 2014
Completion date	24 th August 2015
Physical progress	35% out of 40% expected works
Financial progress	US\$ 1498,380.65 (25%)
Time progress	33%
Scope of Works	
Construction of new Out Patient Department (OPD), Causality unit, female and maternity wards, theatre, mortuary, six unit staff accommodation, placenta and medical pit, attendants kitchen and laundry. Electricity, water and sewerage improvement works, external works including construction of walk ways and compound works among others.	
Consultant	Arch Design

Source: Sino Hydro Corporation Ltd

Physical progress was estimated at 35% against the planned 40% for a time lag of 33%. Some works were completed including the placenta and medical pit, kitchen and laundry. Other activities were still ongoing (Table 3.10).

Table 3.10: Implementation status of the UHSSP at Mityana General Hospital by 22nd July, 2014

Item	Physical Progress	Remarks/ Outstanding works
Mobilisation	100%	All equipment, material and human resource required on ground.
T-block accommodating wards, theatre and mortuary	10%	Earth works were 100%; construction of the retainer wall was ongoing at 90%. Pending works involved superstructure, roofing and general finishes.
OPD/Causality ward	25% at slab level	Earth works at 100%, foundation 100%. Outstanding works included erecting of the super structure, roofing, plastering, painting, electrical and plumbing works as well as general finishes.
Generator house	45%, structure was at ring beam level	Roofing, window and door installations, plastering, painting, floor works and general finishes were pending.
Staff houses	70% super structure at three levels and works were ongoing. The	Roofing, plastering, Painting, fixing windows and doors, electrical and plumbing fittings.

	structure was at wall plate level.	
Placenta pit	100%	Not yet handed over to hospital
Medical pit	100%	Not yet handed over to hospital
Generator house	100%	Not yet handed over to hospital
Kitchen and attendant laundry	95%	Outstanding works involved painting of the structure
External works	0%	Not yet done

Source: Sino Hydro Corporation Ltd and field findings



Left: Ongoing works on the staff house and Status of works on the T-Block at Mityana General Hospital (Right)

Equipment delivered

The hospital received equipment from Simed International and Sino Africa Medicines between 31st May 2013 and 31st January 2014. Equipment included delivery beds, patient beds (adult and paediatric), examination couches, incubator, cupboards and cabins, patient screens, BP machines, vaccine fridge, hot air oven, autoclave and delivery sets among others. The monitoring team noted that only 40% of equipment delivered was in use, the rest was stored due to lack of space.

Benefits

A number of benefits were registered from the use of equipment including;

- Motivation of health workers to offer services in the different units of the hospital.
- Reduced patients that did not have beds due to availability of 53 beds and mattresses.
- Reduced theft of mattresses due to labelling of mattress covers (Mackintosh)
- Enhanced theatre operations due to availability of an auto clamp and delivery sets.



Newly delivered patient beds in use in the male ward

- Improved storage of drugs

Challenges

- Regular design changes due to errors in the drawings.
- High taxes on imported machinery.
- Unfavourable Weather conditions delayed implementation of scheduled works.
- Delayed commencement of works due to unskilled personnel operating the construction equipment.
- Poor quality equipment; a number of items broke down in less than three months of use. These included patient trolleys, incubator, delivery beds, lockable cupboards and examination couches.

Recommendations

- The MoH should ensure that adequate designs are developed to avoid delays in project implementation. Designs should also be reviewed for any changes prior to contract signing and site handover.
- The MFPED could consider exempting Value Added Tax (VAT) from all supplies and contractors undertaking activities in the health sector.
- The Ministry of Works and Transport (MoWT) should train more personnel operating construction equipment.
- The MoH should ensure that the supplier replaces substandard equipment.

3.6.4 Nakaseke General Hospital

The 100 bed capacity hospital is located in Nakaseke town, 65km away from Kampala, and serves a population of over 200,000 people. The district hospital was built in the 1970s and serves people in Nakaseke, parts of neighbouring Luweero, Nakasongola and Wakiso districts among others. Construction works were ongoing and the following was established (Table 3.11).

Table 3.11: Contract details of civil works for the UHSSP at Nakaseke General Hospital by 23rd July 2014

Contractor	Yanjan Uganda Company Ltd
Contract Sum	US\$ 5,090,612.33
Contract period	18 months
Original Commencement date	21 st December 2013
Revised commencement date	31 st January 2014
Original completion date	31 st June 2014
Revised Completion date	31 st July 2014
Physical progress	44.62% out of 40%
Financial progress	US\$ 771,459.30 (15%) exclusive of advance payment
Time progress	39%
Scope of Works	
<ul style="list-style-type: none"> • Mobilisation • Construction of new OPD 	

<ul style="list-style-type: none"> • Construction of causality block • Construction of attendants kitchen and laundry • Construction of placenta pit and medical pit • Remodelling and refurbishment of the T-block (Theatre, labour suit, private wards and mortuary) • Refurbishment of the two staff houses • Upgrading water supply including 144,000 reservoir and boreholes with solar water pumps • External works involving construction of walk ways, compound access roads, fending, clearing and landscaping, earth works and embankments, drainage works among others. 	
Consultant	Arch Design
Variation amounts	40,682.96 Paid (part of 5% variation orders in the BoQs). This was paid for relocation of the incinerator house, diversion of utility lines, door and window structural related changes.

Source: Yanjian Uganda and field findings

Physical progress was estimated at 44.62% against the planned 40% and the project was ahead of schedule. Construction works had commenced on the new buildings and renovation and expansion works had started on the T-block. Implementation status is indicated in Table 3.12.

Table 3.12: Implementation status of the UHSSP at Nakaseke General Hospital as of 23rd July 2014

Item	Overall physical Progress	Remarks/ Outstanding works
Preliminary works (Mobilisation, setting out, access and temporary roads)	70%	Mobilisation was 100%, area to be occupied by contractor at 100%, access roads 100%, and setting out at 75%. Materials on site at 60%.
Construction of new OPD	51%	Super structure was roofed. Plastering at 70%, internal wall finishes 40%, mechanical and electrical installations at 60%. Outstanding works included; stair cases, ramps and guard rails, joinery fittings, (concrete waiting benches), floor works, gutters, fascia boards, fixing windows and doors and general finishes.
Construction of Causality ward	51%	Super structure completed, internal finishes at 40%, external finishes at 70%, electrical and mechanical installations at 58%. Pending works included fixing of doors and windows, stair cases, ramps and guard rails.
Attendants Kitchen	53.3%	Substructure, reinforced concrete frame and walling were completed. External finishes at 70%, internal finishes at 40%, joinery fittings (Concrete benches and shelves) 20%, electrical and mechanical installations 60% and 55% respectively.
Attendants Laundry	60%	Substructure, reinforced concrete frame and walling completed. Door installations at 0%, windows at 50%, external walls 70%, electrical and mechanical installations at 60% and 50% respectively.

Placenta pit	56%	Walling completed, general surface doors at 0%, vent installation at 10%. Plastering, painting, decorations at 70%
Medical pit	90%	Walling completed, plastering, painting and decorations at 70%
Refurbishment and expansion works		
T-block	39.7%	Demolitions and alterations were ongoing at 30%, substructure at 100%, stair cases, ramps and guard rails at 40%, walling at 80%, doors and windows at 0%. The contractor was handed over only 25% of the entire block.
Existing OPD	0%	Not handed over to the contractor
Staff houses	0%	Not handed over to the contractor
Generator house	0%	Not yet done
External works	10%	Filling of embankments around the T-block, kitchen and laundry was ongoing

Source: Yanjian Uganda Company Ltd and field findings



Left: Ongoing expansion works on the existing T-block. Right: new OPD under construction at Nakaseke Hospital

Gender, HIV and Safety Measures

- The project employed 7 females out of the 70 workers on site. Most females were involved in casual work.
- All workers were provided with safety wear including gloves, helmets and safety belts
- Sensitization on compliancy to safety was routinely done.
- Sensitization on HIV and provision of condoms to all workers was done.

Beneficiary satisfaction

The hospital administration staff were happy with the project. They however, expressed dissatisfaction on the following issues;

- Mismatch between the BoQs and signed contract. The contract signed on 29th October 2013 clearly stated that six units of new staff accommodation will be constructed, however, the contractor planned to renovate only one staff house accommodating only two health workers. Stakeholders sought an explanation regarding that anomaly from both MoH and contractor which has not been given.
- Failure to take into consideration priorities identified in the needs assessment. The most pressing need of the hospital was staff accommodation since most of the staff houses were dilapidated leaving several health workers demotivated. One of the

health workers noted “...how do you expect me to work happily when my house is leaking, I have to stay awake all night during the rainy season,” senior midwife, Nakaseke Hospital.

“We did not need a patients laundry yet the main hospital did not have a place to wash linen not to mention a washing machine....there was need for prioritization of needs,” said the Senior Hospital Administrator.

- The quality of window frames and iron sheets used was poor. During renovation, the old iron sheets of gauge 22 were replaced by gauge 26 which are weaker.
- Future projects should consider involvement of stakeholders from the planning stage to implementation to enable enhanced ownership of projects.

Implementation challenges

- Regular design changes leading to structural variations.
- Delayed implementation of scheduled activities due to failure to locate existing utility lines within the project area.
- Intermittent power delaying progress of works.
- Unavailability of materials on the local market leading to high costs of transporting materials from Kampala.
- Delays in site hand over, 75% of the T-block had not been handed over to the contractor by 23rd July 2014.

Recommendations

- The MoH should have approved designs and drawings prior to project implementation.
- The MoH should avail as-built drawings to the contractor to enable location of utility lines in the project area.
- The MoH should ask the contractor to get a heavy duty standby generator for continued progress of works without UMEME power.
- The UMEME should minimize power shutdowns to hospitals and high return investments to avoid losses and delays.
- The contractor should expeditiously accomplish renovation works on the T-block so that patients can be relocated. This will enable the hospital handover the remaining 75% of the block.

Component 2: Improved health workforce development and management

This component focuses on strengthening human resource management in the health sector, consolidation of central level human resource development functions at the MoH including pre-service and in-service training and improvement of staff retention in remote and hard to reach areas.

A number of achievements were registered including training of MoH officials in management and 756 health workers (of which 390 health workers were considered in FY 2013/14) from hard to reach areas were trained. The project supported recruitment of a consultant to set up a Job Bureau in collaboration with the Health Service Commission; this was expected to curb the high staffing gaps in the health sector.

Component 3: Improved management, leadership, and accountability for health service delivery

This component involves implementing performance-based management approaches; professionalizing and strengthening the management of hospitals; developing and rolling out implementation of the hospital policy framework and procurement, logistics, and supply chain management.

Key project achievements include;

- Development of client charters for referral, general hospitals and HCIVs
- Training of health workers in a number of fields to develop professionalism and strengthening the management of hospitals. A total of 46 health workers completed the Advanced Diploma in Health Services Management in FY 2011/12 and 2012/13 while 47 completed the MSc in Hospital Administration, and 42 successful candidates for the FY 2013/2014 were still pursuing their studies.
- Completion of the Supervision, Performance, Assessment and Reward Strategy (SPARS) training of health workers which were identified by District Health Teams (DHTs) in all districts. Trained personnel are expected to be Medicines Management Supervisors in their areas of jurisdiction.

Component 4: Improved maternal health, new-born care, and family planning services

This component aimed at improving access to quality maternal, neonatal care and family planning services through expansion, improvement of quality, demand and availability of the above services to communities.

The EmONC equipment was procured and distributed to 191 out of 230 selected health facilities. The EmONC and Family Planning hands-on training was ongoing with particular focus on management of post-abortion care. Mentorship of health workers in the provision of family planning methods was ongoing. The National Medical Stores (NMS) was contracted to supply safe delivery kits, estonogesterel implants, medroxyprogesterone, and gloves (Family planning supplies). By March 2014, none of the above consignments had been delivered save for medroxyprogesterone supplies.

Summary of the UHSSP performance

The performance of the UHSSP during FY 2013/14 is summarized in Table 3.13. Most of the project targets were not achieved while others were partially achieved. The number of beneficiary hospitals reduced from thirteen to nine due to limitation of funds, the rest of the facilities were moved to subsequent phases of the project. Procurement and distribution of safety kits, family planning contraceptives and ambulances were ongoing.

Table 3.13: Achievement of set targets of the UHSSP by 30th June 2014

Out put	Performance	Remarks
Civil works in 13 General Hospitals	Ongoing works in Mityana, Nakaseke, Anaka, Moyo, Entebbe, Nebbi, Iganga Kiryandongo and Moroto RHH. Average physical performance for the four projects visited was 40%.	Works were phased into two; in the first phase construction of nine hospitals were reportedly ongoing and on schedule. The rest was expected to be undertaken in phase two which was yet to begin. Monitoring visits to four out of nine hospitals established that works were

		ongoing.
Procurement and distribution of 276,000 safety delivery kits.	Not achieved (0%)	Procurement stalled because of misplaced performance securities.
Family planning methods, contraceptives and gloves procured and distributed under NMS.	Not achieved (0%)	The contract had stalled following inclusion of a pre-shipment clause in the Letter of Credit by Bank of Uganda. This had earlier been excluded in the signed contract for procurement of gloves. Procurement stalled because of NMS reservations on capacity to distribute contraceptives. The World Bank had recommended that MoH directly procures the supplies and consigns them to Uganda Health Marketing Group (UHMG) for distribution.
Hospital equipment and furniture procured and distributed to 13 health facilities	Achieved (100%)	A number of benefits had been registered however; some equipment had broken down while others were not used.
A total of 19 ambulances and mobile workshop vehicles procured and distributed to 19 hospitals.	Not achieved (0%)	Procurement was on-going; No successful bidder from local procurement system was registered, a decision was therefore made to procure vehicles using the United Nation Procurement systems (UNOPIS)
Supporting Village Health Teams to register mothers.	Achieved (100%) for the first phase	On-going in selected villages and parishes
Short term consultancies in hospital accreditations, communication strategy for MoH, business plans for professional councils, customer satisfaction survey among others.	Partially achieved (70%)	Activities were still ongoing.
Total average Performance (%)		44.2%

Source: Field findings, MoH and UHSSP reports

Analysis

Link between Financial and Physical performance

Over Ug shs 108.448 billion (96%) of the project budget was released and only Ug shs 49.434 billion (45%) of was spent. This indicated poor absorption capacity. The project however exhibited good allocative efficiency with 61% of the disbursed donor funds spent on

construction and equipping of health facilities. Reproductive health 23%, Human Resource Development and Management 4%, Leadership and Management 3%. All the above was expected to translate into remarkable effects on service delivery.

Achievement of set targets

Project performance was below average with absorption at 45% and physical performance of 44.2%. Remarkable achievement in the health infrastructure component was noted. Civil works were ongoing in nine out of thirteen hospitals. The rest of the civil works were planned to be implemented in the subsequent phases of the project. Supply of medical equipment to health facilities was also achieved and some benefits had been registered. However, some equipment was noted to be of poor quality. Procurement and distribution of family planning contraceptives and gloves was not achieved. Initiatives under Human Resource Development and Leadership Management components were partially achieved since a number of set activities were still ongoing.

Comparative Analysis

Of the four hospitals visited, works at Nakaseke General Hospital were ahead of schedule by 5% mainly because they contractor had heavily mobilized both material and personnel. Mityana General Hospital works were behind schedule by 5%, delays in commencement of works and unfavorable weather conditions were noted.

Compared to other programmes like PHC development projects monitored, the UHSSP involved all key stakeholders in project implementation, monthly site meetings were carried out to track performance of the contractor, check quality of works, discuss challenges and way forward of the project. . This strategy not only led to ownership of projects, it also led to timely implementation of good quality works by the contractor.

Implementation challenges

- Regular design changes affected progress of works on all projects visited.
- Procurement delays.
- Poor quality equipment delivered to health facilities
- Inadequate counterpart funding for activities like servicing of project vehicles, monitoring, supervision by MoH and payment of taxes among other things.

Conclusion

Some of the project targets were partially achieved while others were not. The MoH should fast track implementation of this project to ensure achievement of set targets in the remaining one year. All construction works visited were progressing well at physical progress (35%-45%). Performance of the project regarding other components like Reproductive Health, Human Resource Development and Leadership Management was relative with some activities under procurement while others were still ongoing.

Stakeholders were happy with the project, however expressed concerns about unexplained design changes, poor quality of equipment delivered and scope of the project. The need to implement priorities identified in the needs assessment is paramount for genuine project ownership and sustainability.

Recommendations

- The MoH should ensure accuracy and readiness of designs for construction of the remaining health facilities to avoid regular changes and delays.
- The Uganda National Bureau of Standards should strengthen monitoring and supervision to control substandard materials on the market.
- The MoH should forward contractors that continually supply substandard equipment to the Public Procurement and Disposal of Public Assets Authority (PPDA) for blacklisting.

3.7 Global Alliance for Vaccines Initiatives (Project 1141)

Background

The Global Alliance for Vaccines Initiatives (GAVI) was launched in 2000 to improve access to immunisation services for children in Uganda. The project main objective is to contribute to strengthening Uganda's health system to deliver the Uganda National Minimum Health Care Package (UNMHCP), including immunization, in an efficient, equitable and sustainable manner for reduced morbidity and mortality in Uganda. The first phase of the project is expected to end in June 2015.

In 2006, support to the project was suspended due to misappropriation of allocated funds. On 2nd April 2008, an agreement on further support was reached and an Aide Memoire was signed between GoU and the GAVI Alliance. It led to suspension of a ban on cash transfers towards support to immunisation services in Uganda.

Grant disbursements and approval to utilise recovered funds from the alleged misappropriation of Ug shs 2,046,060,487 followed the signing of another Memorandum of Understanding (MoU) between the two parties in June 2012. The funds were directed to support of Immunisation Support Services (ISS one).

Disbursements were made on three project components as; Health System Strengthening (HSS) at US\$ 19,242,000, Immunisation Support Services (ISS Two) at US\$ 2,649,520 and Introduction of new vaccines-Pneumococcal Conjugate Vaccine (PCV) US\$ 1,372,000.

Additional funds amounting to US\$ 7,022,215 were disbursed to GoU on 5th June 2013, of which US\$ 4,372,695 (62%) was allocated to the HSS while US\$ 2,649,520 (38%) was allocated to the ISS to improve immunization coverage in Uganda.

The Health Systems Strengthening grant (HSS) component focuses on four objectives:

- To improve the delivery of UNMHCP including immunization by providing the necessary infrastructure, logistics supplies and management training
- To support the participation of communities in health care delivery and decision making through scaling up of the establishment and training of village health teams.
- To strengthen the capacity of the health workers at all levels of health care delivery at district level to manage and utilize their data.
- To strengthen the capacity of the private sector to deliver immunization and other child health services by providing cold chain, training and other related issues.

ISS one (recovered funds) has 3 major objectives;

- Logistics support for cold chain and vaccine distribution.
- Strengthen and revitalizing immunization services, with special focus on outreach and hard to reach.
- Monitor immunization performance through the use of data

The objectives of the ISS two component are:

- To improve immunization coverage.
- To strengthen capacity for service delivery.
- To improve vaccine cold storage capacity.

Expected outputs by June 2015

- Staff accommodation, vaccines and medicine stores in selected districts constructed
- Transport and logistics provided to selected districts
- Health care delivery and decision making at village level supported through training of Village Health Teams (VHTs)
- Health workers at Health Sub District (HSD) level to manage and utilize Health Management Information System (HMIS) trained
- A total of 35 newly created districts equipped with computers and Internet connectivity
- Capacity of private sector to deliver immunization and child health services strengthened
- Medicine and vaccines stores for Uganda National Expanded Programme on Immunisation (UNEPI) constructed
- Vaccine storage and transfer equipment purchased and installed
- 95% of infants immunised against Diphtheria

Planned outputs/ activities for FY 2013/14

According to the Ministerial Policy Statement (MPS) of the health sector; the following activities were planned;

- Traditional vaccines like Pentavalent, Polio, Tetanus (TT), Bacillus Calmette–Guérin (BCG), Measles vaccines procured; Pneumococcal vaccine and immunization related supplies procured
- Cold chain maintenance
- Community awareness and sensitization carried out
- A total of 52,347 kits procured to support VHTs
- Mapping and accreditation of private clinics in Kampala conducted
- Static and outreach immunization including child health days operationalised
- A total of 200 health workers from private clinics in Kampala trained
- Consultancy services for design, construction and supervision of Central Vaccine Store and UNEPI Offices in Butabika, eight Regional vaccine hubs at regional referral hospitals, 20 District medicines stores in 20 new districts and 26 staff houses in 13 districts with hard to reach areas procured.
- Two (50KVA) generators, eight (25KVA) generators for the regional hubs and solar energy in 26 new staff houses procured and installed.
- Motorised boats (40HP) for Namayingo, Kalangala Mukono, and Buvuma districts with deep water islands procured.
- Six motorised boats (25HP) for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri procured
- Four insulated trucks for transportation of vaccine supplies, 69 pick-up motor vehicles for districts and two station wagon vehicles for monitoring of GAVI operations procured.
- Motorcycles for HC III's (584) and 3,000 bicycles for HCII's procured
- Computers (35) with all accessories and connectivity for new districts procured

- Assorted cold chain equipment including, 22 cold rooms, one freezer room, 270 assorted cold chain equipment (refrigerators and freezers), 1,000 vaccine carriers, assorted tool kits and spare parts, regional hubs and other health facility's (public and private) procured and installed.

Financial Performance

The approved project budget for FY 2013/14 was Ug shs 63.9 billion, of which Ug shs 60.71 billion (95%) was financed by GAVI and Ug shs 3.2 billion (5%) by GoU. All funds (100% of GoU) were released and reportedly spent on procurement and distribution of vaccines through NMS (*IFMS data/ the MPS and the Approved estimates and Expenditure for MoH*).

Contrary to the above policy documents, GAVI Alliance indicated that the total approved budget for FY2013/14 was US\$ 21,945,013.55 (Ug shs 54,862,533,887) and US\$ 605,102.95 (Ug shs 1,512,757,372) spent during the FY⁷. Overall, a total of Ug shs 4.7billion (7.4% of the total approved budget) was spent. There is a discrepancy between the financial information from GAVI and MFPEd. The need to harmonise both positions is paramount for accountability and transparency.

Table 3.14 indicates that 40% of the funds released were spent on activities of ISS two grant, 34% on Vaccine Introduction Grant, 15% on HSS grant and 11% on ISS one.

Table 3.14: Financial Performance of GAVI project by grant (Ug shs) in FY 2013/14

Grant	Rolling Budget	Disbursement for FY 2013/14	Expenditure by 30 th June 2014	% Expenditure
HSS Grant	46,180,800,936	46,180,800,936	223,878,800	15
ISS One Grant	2,046,059,631	860,950,281.3	169,139,020	11
ISS-Two Grant	6,358,853,680	6,358,853,680	605,206,500	40
Vaccine Introduction Grant	3,384,276,000	1,461,928,990	514,533,052	34
Total	57,969,990,247	54,862,533,887	1,512,757,372	100

Source: GAVI Secretariat MoH

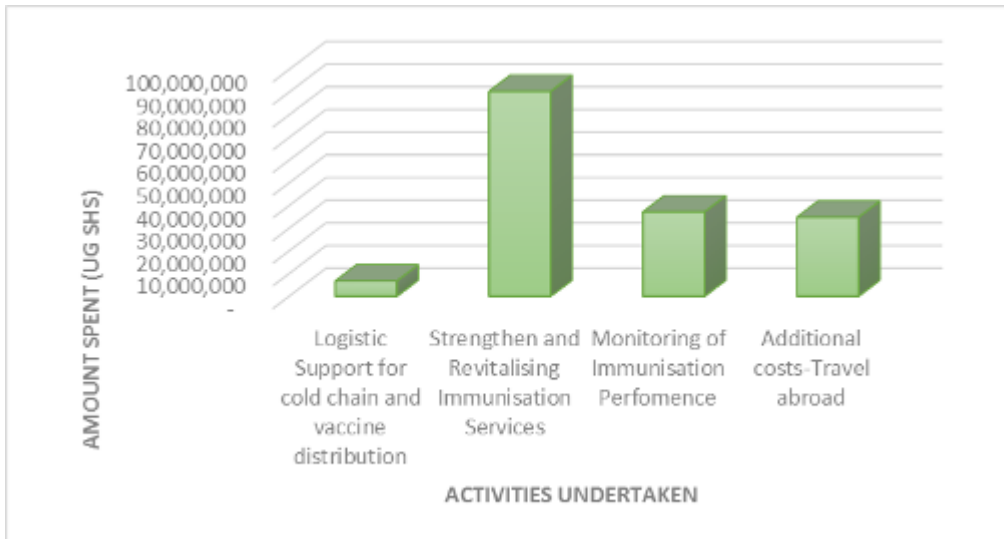
Expenditure of the grants is indicated as follows;

- Health System Strengthening (HSS Grant); a total of Ug shs 223,878,800 (100%) of the funds were spent on strengthening the capacity of the private sector to deliver immunisation and other child health services. Activities included; accreditation and mapping of private clinics in Kampala, evaluation of the private sector involvement in Expanded Programme on Immunisation (EPI) and other Maternal Child Health Activities (MCH).

⁷ Exchange rate of Ug shs 2,500

- Immunisation Support Services (ISS One Grant); these were recovered funds allegedly been misappropriated. Figure 2 indicates that a total of Ug shs 90,358,000 (50%) was spent on strengthen and revitalising immunisation services and Ug shs 37,220,000 (22%) on monitoring of immunisation performance, Ug shs 34,841,520 (20%) spent on travel abroad and only Ug shs 6,719,500 (4%) on logistic support for cold chain and vaccine distribution.

Figure 2: Expenditure of recovered funds under ISS one grant by 30th June 2014



Source: GAVI, MoH

- ISS-Two Grant; figure 3 illustrates that a total of Ug shs 444,272,500 (73%) of the expenditures were made on technical and financial support to improve immunisation coverage at district level, Ug shs 88,048,000 (15%) on community mobilization and Ug shs 72,886,000 (12%) on support to integrated service delivery through child health days.

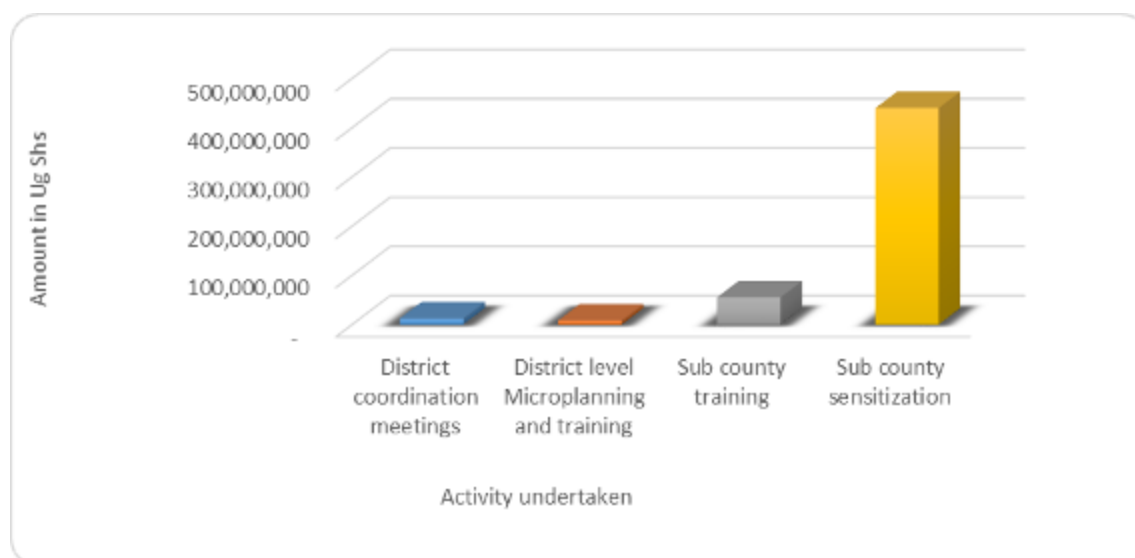
Figure 3: Expenditure of GAVI-ISS Two Grant (Ug shs) by 30th June 2014



Source: GAVI, MoH

- Vaccine Introduction Grant; Figure 4 illustrates that Ug shs 439,599,052 (85%) was spent on sub county sensitisation, Ug shs 54,682,500 (10%) on sub county training, Ug shs 12,049,000 (2.3%) on district coordination meetings and Ug shs 8,202,500 (2%) on district level micro planning and training.

Figure 4: Expenditure details of GAVI-Vaccine Introduction Grant by 30th June 2014



Source: GAVI, MoH

Physical Performance

Most of the planned targets were not achieved; this was mainly because of procurement delays caused by several administrative reviews. The GAVI Alliance resolved to undertake delegated procurement using international agencies like UNICEF, United States Agency for International Development (USAID) and Catholic Relief Services (CRS). Table 3.15 indicates project performance by output.

Table 3.15: Performance of GAVI on set targets by 30th June 2014

Out put	Performance	Remarks
Traditional vaccines (Pentavalent, Polio, Tetanus (TT), BCG, Measles vaccines) procured	Achieved (100%)	Procurement through NMS
Pneumococcal vaccine and immunization related supplies procured	Achieved (100%)	Procurement through NMS, however communities noted that they were inadequate.
Community awareness and sensitization carried out	Achieved (100%)	Most of beneficiary districts visited were aware about the need and availability of the new PCV vaccine.
Static and outreach immunization including child health days operationalized	Achieved (100%)	Child health days operationalized and most health units visited had work

		plans to this effect. Outreach programs had partially been achieved due to lack of transport facilities for EPI activities.
Cold chain maintenance	Not achieved (0%)	No fridges were procured and cold chain maintenance support at district level was constrained at all districts visited
Mapping and accreditation of private clinics in Kampala conducted	Partially (90%) achieved	Ongoing and MoH was awaiting for the final report.
Health educators trained and operationalization of VHT strategy targeting 36 poorly performing districts	Not achieved (0%)	This activity was dependant on the procurement of VHT kits which was not yet be done.
52,347 kits procured to support VHT's	Not achieved (0%)	Procurement ongoing
200 health workers from private clinics in Kampala trained	Not achieved (0%)	Had not commenced, awaiting for completion of mapping.
Consultancy services for design, construction and supervision of Central Vaccine Store and UNEPI Offices in Butabika, eight Regional vaccine hubs at regional referral hospitals, 20 District medicines stores in 20 new districts and 26 staff houses in 13 districts with hard to reach areas procured.	Not achieved (0%)	Under procurement. Confirmation of land availability was received from 9 out of 19 districts.
Two (50KVA) generators, eight (25KVA) generators for the regional hubs and solar energy in 26 new staff houses procured and installed	Not achieved (0%)	Procurement ongoing
Motorised boats (40HP) for Namayingo, Kalangala Mukono, and Buvuma districts with deep water islands procured	Not achieved (0%)	Procurement ongoing
Six motorised boats (25HP) for Wakiso, Kabale, Kisoro, Nakasongola, Mayuge and Bugiri procured	Not achieved (0%)	Procurement ongoing
Four insulated trucks for transportation of vaccine supplies, 69 pick-up motor vehicles for districts and two station wagon vehicles for	Not achieved (0%)	Procurement ongoing

monitoring of GAVI operations procured.		
Computers (35) with all accessories and connectivity for new districts procured	Not achieved (0%)	Procurement ongoing
Motorcycles for HC III's (584) and 3,000 bicycles for HCII's procured	Not achieved (0%)	Procurement ongoing
Assorted cold chain equipment including, 22 cold rooms, one freezer room, 270 assorted cold chain equipment (refrigerators and freezers), 1000 vaccine carriers, assorted tool kits and spare parts, regional hubs and other health facility's (public and private) procured and installed.	Not achieved (0%)	Procurement ongoing
Average physical performance in achievement of set targets)	28.8%	The performance was below average.

Source: GAVI Country office, MoH

Field Findings

Eleven districts that had benefited from GAVI were monitored. The monitoring focused on three grants namely; ISS one, ISS two, and Vaccine Introduction Grant, however, all districts monitored could not distinguish funds received by grant. The following was established;

Gulu district

The project was introduced in September 2013 and the district received Ug shs 43,883,000. Funds received were used for re-orientation of Expanded Programme on Immunisation (EPI) programs in 79 health facilities including the Private not for Profit (PNFP) facilities, cold chain maintenance, outreaches in the hard to reaches areas, social mobilization, support supervision by the District Health Team (DHT) and Health sub district.

In addition the district benefited from Training of Trainers (ToT), vaccines including 2,000 doses of PCV and Ug shs 24 million that was used to re-orient health workers and local leaders about the new vaccine. The district conducted a mini launch of the vaccine on 8th July, 2014.

Benefits

Since introduction of the project, the following benefits were registered;

- Introduction of immunisation services in hard to reach sub-counties of Odek, Paibona, Anywer and Latwong.
- Motivation of health workers to participate in the integrated outreach activities involving immunization.
- Created good collaboration, enhanced partnerships and team work among district, Sub Counties and communities, politicians, religious leaders, non-governmental and faith based organisations.

- Reduced stock outs of antigens; this led to 100% district performance on immunisation indicators.

Challenges

The district EPI focal person noted the following;

- Delays in project implementation due to a communication gap between GAVI officials and the district. Funds meant for GAVI activities were often sent to the District General Fund Account without communication or guidelines on utilisation. Funds sent to the district in September 2013 were utilised in February 2014.
- Lack of transport constrained distribution of logistics and outreach programs in the district.
- Poor record keeping due to lack of immunisation logistics like vaccine control books and revised child health cards.
- Inadequate supplies of items like vitamin A.
- Limited budget for community mobilisation and cold chain maintenance.

Recommendations

- The MoH should adequately communicate to districts regarding funds released and guidelines on expenditure.
- The MoH should expedite the procurement processes to facilitate provision of transport facilities to enhance immunisation services at lower levels of government.
- The MoH should provide adequate funds to facilitate effective mobilisation of communities and cold chain maintenance.
- The MoH, MFPED and NMS should ensure that adequate logistics like vaccine control books and revised child health cards are provided to enhance proper record keeping and track performance of the project at outcome level.

Isingiro District

The project was introduced in FY 2012/13. In FY 2013/14, the district received Ug shs 20,393,000 which was used for payment of health worker outreach allowances, delivery of vaccines to HSD, quarterly meetings, parish mobilization, cold chain maintenance and district support activities. All funds had been utilized and accountabilities submitted to GAVI. In addition the district benefited from vaccines including 36,000 doses. The communities had embraced the new vaccine and immunization coverage had improved.

Challenges

- Limited coverage of immunization services in 58 out of 68 health facilities (in 64 out of 94 parishes) due to inadequate funding.
- Lack of transport to undertake immunization outreaches in the entire district.
- High stock outs due to presence of refugees who access health supplies and are not planned and budgeted for.
- Limited number of gas cylinders available to health facilities.

Recommendations

- The MoH/GAVI should revise the budget allocations based on consultations with districts and other stakeholders to reach all health facilities.

- The MoH should provide transport to the district EPI office to increase the coverage of both immunization services and outreach programs.
- The MoH and districts should prioritize procurement of gas cylinders. Each health facility should have a minimum of two cylinders to ensure availability of gas at all times.

Lira District

The district received training on the introduction of PCV, funds amounting to Ug shs 22,652,000 and vaccines including 27,600 doses of PCV by 30th June 2014. The funds were used to undertake the following activities; Micro planning and travel at district and HSD level, social mobilization, coordination meetings, cold chain maintenance, District Health Team (DHT) support supervision, payment of allowances to health workers and parish mobilizers, distribution of vaccines and other supplies and sensitization of communities about immunization programs.

Challenges

- Lack of adequate transport to deliver vaccines to the lower level health facilities in the district.
- Poor record keeping and management due to lack of immunization logistics like vaccine control books, child health cards and tally sheets.
- Lack of adequate skills in administering vaccines limits participation of some health workers in immunization activities.
- Demotivation of health workers due to differences in amounts of outreach allowances between GoU and development partners. The GoU paid only Ug shs 5,000 while development partners paid Ug shs 30,000.

Recommendations

- The MoH should provide transport to the district EPI office to increase the coverage of both immunization services and outreach programs.
- The NMS should supply adequate immunization stationery to enable the district keep proper records.
- The MoH should support refresher training programs in administration of vaccines. This will create confidence among health workers to effectively undertake immunization programs.
- The MoH should prioritize support to outreaches through increased budgets allocated to immunization services at the district.

Kaberamaido District

The project was introduced in July 2013. The district received vaccines including 9,400 doses of PCV, training and funds amounting to Ug shs 29,012,100 inclusive of Ug shs 2,521,000 released during FY 2013/14. Activities regarding district level planning, training and social mobilization were undertaken. The community embraced the new vaccine and immunization coverage had greatly improved. Cases of pneumonia illnesses among infants had reportedly reduced.

Challenges

- Irregular release of funds led to inconsistencies in project implementation.

- Lack of transport to conduct regular outreach programs in all the 18 health facilities of the district.

Recommendations

- The MoH should release funds on a quarterly basis to facilitate effective delivery of immunization services in the district.
- The MoH should facilitate provision of transport facilities to enhance immunization services in the district.

Kole District

The project was introduced in the district during FY 2012/13. In FY 2013/14, a total of Ug shs 3,979,500 was received. Funds received were spent on the following activities; payment of supervision allowances and fuel for DHT, operationalization of static and routine outreach immunization programs at the lower health units, DHT immunization meetings, cold chain maintenance, distribution of immunization logistics and sensitization of communities through radio talk shows. The district was happy with the intervention because it led to increased coverage of immunization services within the area.

Kumi District

The project was introduced in April 2013. The district received vaccines including 20,400 doses of PCV and Ug shs 4,789,000 in FY 2013/14. The following activities were undertaken; Immunization outreaches in hard to reach areas. Integrated health services such as nutrition screening, mobilization, postnatal services, and health education. Payment of allowances, stationery and fuel expenses for the above activities.

Challenges

- Lack of transport to conduct all EPI activities such as trainings, outreaches and cold chain maintenance.
- Poor road network translating into inadequate coverage of immunization services specifically in hard to reach areas.
- High staffing gaps at all levels constrained coverage of immunization services.
- Lack of cold chain equipment like vaccine fridges especially at HCIIIs.
- Lack of a power back-up facility at the district specifically for the vaccine store often disorganized the immunization schedule at both the district and lower health facilities.

Recommendations

- The MoH should facilitate provision of transport facilities to enhance immunization services in the district.
- The Uganda Road Fund together with district should improve the state of the roads at lower levels of government in order to make the hard-to-reach areas accessible.
- The MoH, MoPS, Health Service Commission and the districts should improve the staffing levels to enhance service delivery.
- The MoH should revitalize the regular maintenance of cold chain equipment. Old fridges with frequent breakdowns should be replaced.
- The MoH should provide solar backup equipment for the district vaccine store to avoid regular interruptions in planned immunization schedules.

Masaka District

The project was introduced in FY 2012/13 and by end of June 2014, the district had received vaccines including 16,000 doses of PCV, training on the introduction of the vaccine and a total of Ug shs 13,042,500. The following activities were undertaken; micro planning, district support supervision, DHT immunization practice orientation, cold chain maintenance, distribution of logistics, operationalization of static immunization and outreaches, community mobilization, payment of allowances and fuel.

The district officials noted that pneumonia cases have reduced among infants. Infection levels were expected to further reduce to zero cases for children completing their doses. The new vaccine led to increased turn up of community members for immunization services, this translated into increased receipt of other antigens among infants. The initiative was expected to contribute towards a health population in the long run.

Challenges

- Inadequate funding to immunization services making distribution of gas and other logistics very difficult. Instances of failure to adhere to immunization schedules due to lack of logistics were noted.
- Inadequate transport to undertake outreach immunization programs.
- Vaccines stock out of PCV10, BCG and sometimes times Polio. The NMS delivered only 45% of PCV doses ordered.

Recommendations

- The GoU should support provision and distribution of adequate vaccines and other immunization sundries. This could be done through sourcing alternative sources of funding.
- The MoH should facilitate provision of transport facilities to enhance immunization services in the district.

Mbarara District

The project was introduced in May 2013 and by end of June 2014. In FY 2013/14, the district received vaccines including 11,600 doses of PCV 10, training and Ug shs 22,117,500. The main purpose of funds were spent on revitalization of immunization services and introduction of PCV10 vaccine. Activities undertaken involved; revitalization of the EPI activities, micro planning, parish mobilization, outreaches at lower level units, cold chain maintenance and repairs, logistics and vaccine distribution, sensitization programs and training on introduction of PCV, DHT supervision and meetings with all in charges to discuss the status of immunization, performance and challenges.

Challenges

- Delays in project implementation due to communication gaps between GAVI (MoH) and the district. The GAVI released funds to the district in May 2013; however, the Health Department received the funds in September 2013. Details on availability and guidelines on utilization of funds were not received in a timely manner.
- Inadequate transport to undertake routine and adequate immunization outreaches.
- Demotivation of health workers and parish mobilisers due to deductions in field allowances. These reduced from Ug shs 12,000 in 2013 to Ug shs 6,000 in 2014.
- Lack of immunization logistics like gas cylinders, vaccine control books, child health cards, registers and tally sheets.

- Regular delays of immunization activities at lower health facilities due limited resources to collect vaccines and gas from the district store.
- Stock outs of BCG and PCV vaccines.
- Limited coverage of immunization services in hard to reach areas of Rwampara HSD.
- Lack of coherency between district and GAVI work plans on immunizations services.

Recommendations

- The MoH should establish an effective communication strategy taking into consideration methods like text messaging, e-mails and telephone calls notifying project implementers about funds released and implementation guidelines.
- The MoH should prioritize provision of transport facilities to enhance immunization services within the district.
- The MoH should allocate more funds to PHC-Non-wage to facilitate timely collection of vaccines and gas from the district store. District authorities should also sensitize health workers on the need to collect vaccines from the district store in a timely manner.
- The district should procure more gas cylinders to ensure continuous supply of gas, cold chain management and effective immunization services.
- The NMS should step up its procurement and distribution efforts to effectively deliver vaccines, stationary and other immunization logistics to districts.
- The GAVI should release funds to selected beneficiaries based on their work plans.

Pader District

The project was introduced in May 2013. It received vaccines including 17,600 doses of PCV, training on introduction of the PCV vaccine and a total of Ug shs 5,458,000 in FY 2013/14. The following activities were undertaken; support supervision of lower level health facilities, micro planning, immunization outreaches and static immunization.

Challenges

- Inadequate transport to effectively undertake immunization services.
- Inadequate facilitation of vaccinators and mobilisers
- Delays in project implementation due to communication gap between GAVI and the district.
- Lack of cold chain technicians and equipment. Eight health facilities did not have fridges and health workers moved over five miles to store their vaccines.
- Lack of logistics like vaccine carriers affected quality and proper handling of vaccines.

Recommendations

- The MoH should facilitate provision of transport facilities to enhance immunization services in the district.
- The GAVI should prioritize facilitation of mobilisers and vaccinators for effective project implementation.
- The MoH/GAVI should adequately communicate to districts regarding funds released and implementation guidelines.
- The MoH/GAVI should fast track the procurement process of all equipment including the cold chain.

Serere District

The project was introduced in the district in May 2013 and it received the following in FY 2013/14; vaccines and funds amounting to Ug shs 2,569,500. The funds were used to undertake district level planning and training on the introduction of PCV10, social mobilization, support and strengthening of immunization services. The district officials were happy with the intervention because it enabled revitalization of immunization services in hard to reach areas.

Challenges

- Inadequate transport to effectively undertake immunization services in hard to reach areas of Kateta, Pangire and Bigondo islands on Lake Kyoga.
- Lack of a district store hence vaccines were stored at Serere HC IV.
- Vaccine stock outs of both PCV and BCG meant that the children could not complete their immunization schedules, leading to frustration among communities.
- Staffing gaps to effectively deliver immunization services at all levels. The district had 193 out of 204 health workers required on ground.

Recommendations

- The MoH should prioritize provision of transport facilities to enhance immunization services.
- The district should prioritize construction of a district store.
- The NMS should step up its planning, procurement and distribution efforts to effectively deliver vaccines, stationary and other immunization logistics.
- The MoPS, MoH and Health Service Commission should ensure reduction in staffing gaps by recruiting and deploying staff required on ground for effective service delivery.

Soroti District

The GAVI activities were introduced to the district during FY 2012/13. A total of Ug shs 22,767,000 and 11,600 PCV10 doses were received during FY 2013/14. Funds received were spent on training of 130 health workers on administering and importance of the new vaccine, strengthening immunization systems, delivery of vaccines and other immunization logistics at health facilities, maintenance of cold chain equipment and support supervision.

Challenges

- Delays in project implementation led to loss of morale and skills in application of the vaccine; health workers and communities were mobilized and trained in November 2013 however, vaccines were brought in April 2014.
- Inadequacy of the PCV 10 vaccine led to stock outs and frustration of communities. Only 11,600 out of 43,734 doses ordered were received. Soroti RRH received only 400 doses during the FY and 80% administered in the first three days of delivery.
- Lack of immunization logistics such as vaccine control books, tally sheets, weighing scales among others.
- Lack of transport to undertake outreach programs and support supervision.
- Lack of motivation for VHTs to carry out effective mobilization of communities.

Recommendations

The following recommendations were made;

- Availability of adequate vaccines, deliveries should be made according to orders submitted to NMS.
- The MoH should avail transport to both the district and HSD to ease both support supervision and immunization outreach programs.
- The NMS should avail all immunization logistics like tally sheets, child immunization certificates and vaccine control books.
- The MoH through the district should motivate VHTs to effectively mobilize communities and enhance health service delivery.



People waiting for immunization services at the Pediatric Section of Soroti RRH

Analysis

Link between Financial and Physical performance

There was good allocative efficiency for GoU allocated funds, 100% of the funds were reportedly spent on procurement and distribution of vaccines under NMS. Only 3% of the GAVI budget was spent. Expenditures were made on activities regarding strengthening and revitalizing immunization services in districts. All grant components performed below average with introduction of PCV at 35%, HSS at 0.4%, ISS one (recovered funds) at 20% and ISS two at 10%⁸. Most of the planned works had not taken off.

Achievement of set targets

A number of project set targets including procurement of transport and cold chain equipment, were not achieved as indicated in table 7.16; however progress was registered in the introduction of the pneumococcal vaccine and revitalization of immunization services at local government level. The new vaccine was embraced by the population; both districts and health facilities had started recording fewer cases of pneumonia cases among infants. Coverage of immunization services especially in hard to reach areas was greatly embraced by DHOs.

Implementation challenges affecting effective project implementation

- Delays in procurement procedures leading to enormous delays in project implementation.
- Inadequate co-funding from GoU to facilitate coordination activities including travel and communications.
- Restricted chart of accounts on the Integrated Financial Management System (IFMS) constrained reporting systems and accountabilities as required by GAVI Alliance.

⁸ Percentage Expenditure of disbursements for FY 2013/14

Conclusion

The project was on track in revitalization of immunization services at lower local units. Communities have greatly embraced the pneumococcal vaccine and coverage of immunization services was improved through provision of vaccines. This is expected to translate into healthy population with less expenditure on immunisable diseases. Procurement processes greatly delayed implementation of planned activities however, procurement lead agencies like John Snow Inc. were engaged and approval from GAVI Alliance was awaited to award contracts to both contractors and service providers. The need to fast track the procurement process was paramount for effective project implementation.

Recommendations

- All stakeholders including procurement lead agencies should expedite the procurement processes to avoid further delays in project implementation.
- The MFPED should expedite the process of approving an already developed template including specific items on the IFMS as requirements by GAVI alliance.

3.8 Support to Mulago Hospital Rehabilitation (Project 1187)

Background

The project is aimed at improving health services at Mulago Hospital, the referral and counter referral system. The excess demand for services and overcrowding of facilities at Mulago hospital necessitated creation of new facilities serving Kampala area, remodelling and rehabilitation of Mulago existing facilities. This was done to precipitate its functioning to provide super specialised services for a national referral hospital.

The project total loan is US\$ 86 million of which US\$ 71.3 million (82%) is from African Development Bank (ADB) and US\$ 15.5 million (17%) is financed by Nigerian Trust Fund (NTF). The Project commenced in January 2012 and is expected to be completed in June 2015.

The project is premised on three components. These include;

- Expanding and Improving Specialised Health Services in Kampala City
- Capacity Development and Systems Strengthening
- Revitalising Referral and Counter-referral Systems

Expected out puts by June 2015

- Master plan for Mulago Hospital
- Health workers trained
- Ambulance management system
- Kawempe and Kiruddu hospitals and lower Mulago constructed.

Planned outputs for FY 2013/14

- Construction of hospitals at Kawempe and Kiruddu.
- Maternal and neonatal health unit constructed in Mulago.
- Signing of the design and supervision consultancy contract, completion of designs and tender documents, tendering and selection of contractors for rehabilitation of Mulago hospital.

Financial Performance

The total project approved budget for FY 2013/14 was Ug shs 59.7billion of which Ug shs 58.0 billion (97.2%) was financed by African Development Bank (ADB) and Ug shs 1.2 billion (2%) by GoU. The GoU budget (100%) was released and 94% spent by the end of the FY. The GoU expenditures were spent on operations, non-residential buildings and trainings.

During FY 2013/14, a total of US\$ 9,942,264.32 was released by ADB and a cumulative total of US\$ 8,926,169.82 (90%) was spent by 30th June 2014. Expenditures were mainly made on payment of both Kawempe and Kiruddu contractors (63%), the balance was paid to project consultants.

Physical performance by component

Most of the planned activities were not accomplished by the end of the FY, table 3.16 indicates physical performance of the project by component.

Table 3.16: Physical performance of Support to Mulago Hospital Rehabilitation by 30th June 2014

Component	Planned Activities	Progress	Remarks
Capacity Development and Systems Strengthening	Trainings in Leadership and Management, Clinical Excellence and Ethics and Customer Care	300 health workers (71 male and 229 female) from Mulago and Kampala City Council Authority were trained on infection control measures, 83 health workers in Trauma and Injury, 31 officers (12 male and 19 female) in Administrative Law, two officers in Nuclear Medicine, 15 nurses in Pulmonology, 40 nurses in Intensive Care, 15 health workers in Geriatrics and Stroke Management, 10 physicians in Echocardiography, 10 technicians in Electrocardiogram (EcG).	On track and a number of benefits including; reduction in abroad referrals upon training of two officers in nuclear medicine and installation of a lamina floor bench at Mulago hospital. Trainings informed the set up a renal transplant equipment. Knowledge enhancement led better services to patients.
	Awarding long term scholarships to eligible health workers	10 Scholarships (7 male and 3 female) were awarded for Masters of Medicine (MMED), Internal Medicine Paediatrics Surgery Obstetrics/Gynaecology, Anaesthesia and Ophthalmology	
Revitalising Referral and Counter-referral	Procurement of 10 ambulances for Kampala metropolitan area	Procurement of ambulances was ongoing	Component not achieved by end of FY.

Systems	Training of paramedics to manage the ambulance system	Training was awaiting procurement of ambulances.	
	Establishment of ambulance call centres and sensitization of communities on referral system and ambulance services.	Direct procurement of a consultant to provide technical assistance to MoH in design and development of a sustainable referral, call centres and ambulance management system in the Kampala metropolitan area was under way. International Finance Corporation (IFC) had been identified to offer the service at a cost of US\$40,000.	
Expanding and Improving Specialised Health Services in Kampala City	Construct and equip two 200-Bed General Referral Hospitals at Kawempe and Kiruddu.	Physical progress was at 20% for both contracts. M/s Perse Architecture was contracted on 23rd May 2013 to review designs, evaluate and supervise civil works for both Kawempe and Kiruddu at a sum of US\$ 693,059 and by end of June 2014, he had been paid a total of US\$ 199,253.74 (28.7%).	Construction was on going and on schedule.
	Develop a 30 year Master Plan for Mulago National Referral Hospital	The consultant (Joadah Consult) was contracted to develop the master plan at a sum of US\$ 369,900.00, 50% of the contract sum had been paid. The contractor had submitted the final draft of the master plan which was yet to be reviewed.	Although, a final draft of the master plan was submitted, Joadah Consult had delayed to complete the work despite several warning letters about implications of delays. Original completion date was 30th November 2013, it was revised to 30th April 2014.
	Rehabilitate, modernise and equip lower Mulago Hospital to provide super specialised services	Project to rehabilitate lower Mulago was under procurement.	

Source: MoH

Details of project implementation on the infrastructure component

i) Construction of Kawempe General Referral Hospital;

This project was awarded to M/S China National Aero-Technology International Engineering Corporation at a contract sum of US\$ 11,341,651.23. Works commenced on 1st January 2014 and expected to be completed by 31st December 2015 (within 2 years). Selection of the hospitals was based on; consideration of a health centre with land, proximity to the main road and population of the area.

Scope of works involved construction of a 10 storey main hospital building, two storey services /administration block, four storey staff housing block for 16 staff houses and external works involving opening and construction of access roads, parking, fences and gate.

Equipment of the hospital with CT-Scan, medical gas installation for each bed and a centralised oxygen plant.

The hospital will house the following services;

Level 1: Accident and emergency/casualty, laundry and mortuary;

Level 2: OPD housing consultation rooms, treatment rooms, ample waiting spaces;

Level 3: Laboratory, imaging diagnostic services including Ultra sound, X-Ray, Fluoroscopy, Mammography, CT-Scan, Magnetic Resonance (Imaging MRI) Pharmacy with Dispensing and Store;

Level 4: Central Sterile Supply Department (CSSD), Main Operation Theatre with two operation rooms and recovery beds.

Level 5: Maternity Ward complete with obstetrics theatre with 26 patient beds, 10 delivery beds.

Level 6: Paediatric Ward with 66 beds

Level 7: Male and Female Wards with 66 beds

Level 8: Private Clinic and Ward with 5 Single bed rooms, 7 twin bed rooms and 1 Four-bed room, Clinic to include Paediatric, Dental, Antenatal and Laboratory;

Level 9: Main Board Room (100 Sitter)

Level 10: Helipad and water tank

Financial performance

The contractor was paid a total of US\$ 3,295,765.11 (29%) inclusive of advance payment by 1st August 2014.

Physical performance

The contractor was fully mobilised with over 250 workers on site, demolitions and excavations were completed. Foundation was completed and superstructure frame at 50%, slab casting of the main hospital building at level 5. Foundations works for the services block was also ongoing at 5%. Works on the staff accommodation had not yet started due to inadequate land. The KCCA was advised to find suitable space for construction of the block. External works were also at 0%. Overall physical progress was 20%. The client (MoH) was happy and satisfied with quality of work done so far.



Left: Artistic impression of proposed Kawempe General Hospital. Right: Ongoing works on the main hospital block

Challenges

The contractor noted the following;

- Demarcation of site boundaries delayed commencement of works for over one month.

- Inadequate BoQs; these missed out important items like the ramp leading to variations; these were however contained in the contingency amount.
- Lack of space to construct the staff houses delayed progress of works.

ii) **Construction of Kiruddu Hospital;** M/s China New Era – China No.4 Metallurgical Joint Venture was awarded the contract to construct the hospital at a sum of US\$ 10,369,012.18. The hospital was a selected because of its proximity to Kampala City, availability of land and high population in its catchment area. It is expected to serve people from surrounding areas of Salama, Busabala, Makindye, Munyonyo, Muyenga, Kabalagala and Kasanga among others.

Scope of works involved construction of a 10 storey main hospital building, two storey services or administration block, four storey staff housing block for 16 staff houses and external works involving opening and construction of access roads, parking, fences and gate. Equipment of the hospital with CT-Scan, medical gas installation for each bed and a centralized oxygen plant. The 10 storey main building will house a number of services (*as those of Kaweppe General Hospital*). Civil works commenced on 1st January 2014 and expected to be completed on 31st December 2014.

Financial performance

The contractor had been paid a total of US\$ 2,973,795.22, inclusive of advance payment (29% of the contract sum) by 1st August 2014.

Physical Performance

Overall physical progress was 20% against time progress of 25% by end of the FY. Super structure frame and casting works on the main building were at the 4th floor (20%), service block at 5% and further works awaited completion of the main building. This was because structural works necessitated use of a crane which was already engaged on the main building. Staff houses at 30% and external works at 0%. The contractor was fully mobilized with over 120 workers on site, adequate equipment and materials necessary for scheduled works were noted to be on site. The client represented by the clerk of works on site was satisfied with the quality of works done.



Left: Ongoing works on the main hospital block, Right: staff house at Kiruddu General Hospital

Outstanding works included roofing, internal and external walling, mechanical and electrical installations, plastering, painting and general finishes on the staff houses. Main building works included completion of the frame structure on the remaining six levels, walling, mechanical and electrical installations, internal and external decorations as well as general

finishes. Works on the services block involved completion of structural works on the remaining levels, walling, roofing, internal and external finishes, electrical and mechanical works.

In terms of safety and gender measures, the monitoring team noted that the workers had protective wear. The contractor had over 20 female workers on ground, as casual laborers.

Challenges

- Unforeseen additional works affected project time and physical progress. These included extension of the fence and relocation of service utility lines.
- Delayed approval of architectural designs led to interruptions in submission of procurement plans. The contractor could not establish the exact quantities of certain materials or fittings needed.

iii) Rehabilitate modernise and equip lower Mulago Hospital to provide super specialised services; works were estimated to cost US\$ 23million. Planned civil works included overhauling mechanical and electrical systems including;

- Installation of an oxygen plant
- Installation of medical gases and vacuum for every patient bed
- Expansion of the Intensive Care Unit to 26 beds
- Expansion and redesigning the Accident and Emergency Unit
- Expansion and remodeling of the Main Operation Theatre from 8 to 15 operation rooms
- Installation of ICT systems to support telemedicine, human resource management, access control, display screen for health education and supply and installation of new lifts.

The project will involve supply and installation of an assortment of high tech-medical equipment estimated to cost US\$18.3m. Procurement of the equipment was also ongoing with the main batch expected to be delivered in June 2016 just before completion of construction works.

Planned activities FY 2013/14

These were;

- Signing of the design and supervision consultancy contract,
- Completion of designs and tender documents,
- Tendering and selection of contractors for rehabilitation of Mulago hospital.

Financial Performance

M/S AMPC in Joint Venture with Sharp Shop Architects, South Africa and Joadah Consult of Uganda were awarded the contract to design, review tender documents and supervise contractors at a sum of US\$ 935,945.00. By 30th June 2014 a total of US\$ 46,797.25, (5% of the contract sum).

Physical performance

The consultancy was ongoing with tender documents delivered, approved by the MoH and received the ADB No Objection. The procurement process of attaining a contractor on board was underway, civil works were expected to commence in September 2014 and completed within two years.

iv) Support to Maternal and neonatal health unit constructed in Mulago; this project is funded by both the Islamic Development Bank (IsDB) and GoU. It is estimated to cost US\$ 34.14 (IsDB \$ 30.72 and GOU \$3.42). The project's main objective is to reduce maternal and neonatal mortalities through improvement of healthcare service delivery. It has two components namely;

- Improvement of access to specialized maternal and neonatal health care services through construction and equipping a 320 bed six storey hospital complex to offer services including risk antenatal, delivery, postnatal, gynecological oncology, urogynaecology especially obstetric fistula, assisted Reproductive Health technologies and a private wing.
- Improve quality of care through specialized training, preparation of guidelines and medicals protocols.

Financial performance

The IsDB disbursed US\$ 411,653.00 exclusive of US\$277.058 direct payments to Arch Consultant, undertaking detailed engineering/architectural designs. A total US\$ 293,466.71 (71%) had been spent and expenditures were mainly made on office operations.

Physical progress

The training plan was developed and expected to be implemented mid-August 2014. Arch design was contracted to develop detailed engineering/architectural designs and bid documents at a contract sum of US\$ 542,000. Designs were completed and submitted to the MoH on 10th July 2014. The consultant had been paid a total of US\$ 217,058 inclusive of advance payment. Tender for a supervision consultant advertised and bids were under review. Procurement of the contractor to undertake civil works and equipment of the hospital was in its early stages and expected to be completed by December 2014. Civil works were expected to commence in January 2015 and completed within two years.

Analysis

Link between financial and physical performance

There was good allocative efficiency of the project with 80% of funds directly paid for civil works at both Kawempe and Kiruddu General Hospitals. The GoU funds were spent on operations and trainings. It is worth noting that these are two different projects with different funders and objectives however all policy documents lumped them together as one project, with support to maternal and neonatal health unit constructed in Mulago as an output of Support to Mulago Rehabilitation project. This means that objectives of the former were not clear and targets could not easily be measured. Over 71% of funds disbursed from IsDB to support to maternal and neonatal health unit project were made on office operations and salaries.

Achievement of set targets

Support to Rehabilitation Hospital had achieved two out three planned outputs of the FY. Construction of Kawempe and Kiruddu was on track at 20% physical and time progress. Signing of the design and supervision consultancy contract, completion of designs and tendering process was completed. The maternal and neo natal unit had not taken off. Training programs were ongoing with some benefits achieved especially under nuclear medicine. The final 30 year master plan for Mulago Hospital had not been submitted to MoH.

Implementation challenges

- Land issues for Kawempe Hospital delayed construction of staff houses.
- Inadequate funds for rehabilitation of Mulago Hospital led to reduced scope of works. Upgrading of hospital was budgeted to cost US\$ 23 million yet the actual total project cost was estimated at US\$38 million.
- Delayed commencement of works at both Kawempe and Kiruddu hospitals. This was mainly due to changes in ADB payment procedures hence late advance payments to contractors.

Conclusion

Overall the project performed well since it achieved most of its set targets within the FY save for works at lower Mulago. The project was on track and enormous benefits related to improvement of health service delivery in Uganda are expected. The need to separate two projects is paramount to facilitate tracking of progress and measuring achievement of project targets.

Recommendations

- The KCCA, MoH and Ministry of Justice and Constitutional Affairs (MOJCA) should expeditiously verify the authenticity of Kawempe land claimants and agree on requisite compensation.
- The GoU should explore alternative sources of funding to facilitate adequate works on rehabilitation of lower Mulago.
- The two projects should be separated and given different coding, defined targets and outputs to facilitate clear tracking of implementation.

3.9 National Medical Stores (Vote 116)

National Medical Stores (NMS) was established in December, by the National Medical Stores Statute no.12 of 1993 and it is responsible for ensuring continuous distribution of pharmaceutical products in a financially viable and sustainable manner. It distributes various drugs which include; Uganda Essential Drug Kits, Sexually Transmitted Infections (STIs), Anti-Retroviral (ARV), Family Planning Products and MoH direct distributions to the districts. The mission of the NMS is to effectively and efficiently supply essential medicines and medical supplies to health facilities in Uganda.

Its core objectives include;

- Efficient, economic procurement of medicines and other medical supplies of good quality primarily to the public health services.
- Secure safe and efficient storage, administration, distribution and supply of goods in question in accordance to the National Drug Policy and Authority.
- Establishment and maintenance of systems to ensure the quality of goods supplied.
- Estimation of current and future needs as a basis for procurement, planning and budgeting.

Planned activities FY 2013/14

- Procure, store and distribute essential medicines and health supplies to HCIIIs, IIIs, General hospitals, Regional and National Referral hospitals worth Ug shs 81billion.
- Procurement and distribution of Anti-Retroviral (ARVS) and TB drugs valued at Ug shs 100billion to health facilities and accredited centres.

- Specialised items procured and distributed to Uganda Heart Institute (UHI), Uganda Cancer Institute (UCI), Uganda Blood Transfusion Services (UBTS), and Uganda National Expanded Program on Immunization (UNEPI) in accordance with their procurement plans and resource allocation worth Ug shs. 17billion.
- Supply of Emergency and donated medicines.
- Supply of Reproductive Health Items (RHI).
- Acquire land in a strategic location and construct a state of the art warehouse installed with integrated management business solution.
- Distribution of health worker's uniforms in all districts.

Financial performance

The total approved budget for NMS in FY 2013/14 was Ug shs 219,374,586,943 of which a total of Ug shs 219,374,586,943 was released and 219,374,159,625 (99%) spent by end of the FY representing 100% absorption rate.

Physical Progress

Health centres II and III received their Essential Medical Supplies (EMIS) Kits worth Ug shs 29.523 billion using the push system. Kits received included antibiotics, painkillers, non-ACT antimalarial, Intravenous (IV) fluids and cannulas, gauze, wool, plasters, gloves, iodine among others. These were delivered bi-monthly. NMS was yet to implement the EMIS kit taking into consideration regional (district) population, needs and disease burden of beneficiary health facilities.

HC IVs received essential medicines and health supplies worth Ug shs 7.992 billion, Ug shs 18.106 billion for General Hospitals, Ug shs 13.024 billion for RRHs and Ug shs 12.366 for National Referral hospitals.

Anti-Retroviral (ARVS) and TB drugs worth Ug shs 100 billion were distributed to accredited centres. Specialised items worth Ug 27.863 billion were procured and distributed to Uganda Cancer Institute (UCI) Uganda Heart Institute (UHI) Uganda Blood Transfusion Services (UBTS) and UNEPI. Distribution of emergency and donated medicines worth Ug shs 2.5billion and RHI worth Ug shs 8.0 billion.

A total of 10 acres was procured at Kajjansi, Wakiso District at Ug shs 4billion. Structural works were expected to commence during FY 2014/15. Designs were made and approved by the Board.

The NMS distributed uniform and shoes of health workers made by Nytil Limited, total number of uniforms distributed was not available at the time of monitoring.

Implementation challenges

These challenges were noted at NMS-Entebbe office;

- Constant drug stock outs at health facilities due to
 - Poor planning characterised by failure to present adequate and timely procurement plans
 - Poly pharmacy tendencies and irrational prescriptions due to failure to follow clinical guidelines by some health workers.
 - Abuse of the referral system with most people seeking services of referral hospitals without references from respective regional health care systems. This compromised proper functioning of referral hospitals since most of their

allocations were spent on basic rather than specialised services, items and equipment.

- Absenteeism of health workers to receive delivered drugs.
- High costs incurred on curative services rather than health promotion and prevention of diseases at household level.



Stock of drugs at the NMS Warehouse in Entebbe

Recommendations

- The MoH and NMS should continue sensitising hospital administrators and health centre in-charges about the need for accurate predictions based on situations on ground.
- The NMS should continually invest in communication regarding requisition and delivery schedules for timely planning and drug management at all levels.
- The MoH should invest in staff accommodation, prioritise motivation of health workers to reduce absenteeism rates and improve service delivery.
- The MoH and other development partners should focus more on health promotion and disease prevention to reduce the country's disease burden and curative expenditures.
- The MoH should monitor the work of health workers at all levels to ensure that they follow and adhere to clinical guidelines.

Gender, Equity and HIV issues

Prioritisation of maternal health through procurement and distribution of mama kits for delivering mothers, family planning, and reproductive health and child medicines for all health centres. Drugs like Ampiclox (antibiotic), misoprostol which stop maternal bleeding were provided. Iron tablets like Fefol, Folic acid for pregnant mothers were also part of the packages sent to health facilities. Child medicines included Oral Rehydration Solutions (ORS) and zinc kid to prevent and cure diarrhoea one of the number one killer diseases among infants. All above was done to reduce maternal and child mortality rates in Uganda.

In terms of equity, NMS delivered medical supplies to all health facilities throughout the country at the same cost irrespective of the facilities location and population composition.

Procurement and distribution of ACTS, ARVS and TB drugs was intended to deter death arising from HIV/AIDs as well as other opportunistic diseases. Access to antiretroviral treatment was enhanced by accrediting lower health centres to receive and distribute ARVs to HIV patients in their catchment areas.

Field Findings

The monitoring team sampled and visited one National Referral Hospital (Mulago National Referral Hospital), Five RRH (Jinja, Masaka, Mbarara, Lira and Soroti), three General Hospitals (Iganga, Kiryandongo, and Nakaseke) and 13 districts (Amuru, Gulu, Isingiro, Kaberamaido, Kiruhura, Kitgum, Kole, Masaka, Mbarara, Mityana, Pader, Soroti and Serere). The following was established;

3.9.1 National Referral Hospitals

One national referral hospital was monitored; the following was established;

1) Mulago National Referral Hospital

The hospital drug budget for FY 2013/14 was Ug shs 12,866,157,000 of which drugs of Ug shs 12,011,166,699 were received. The hospital also received;

- Special items worth Ug shs 281,796,406. These included dental supplies, record sheets, forms, folders charts, cards, equipment and supplies among others.
- General supplies of Ug shs 1,049,788,032 were also received, these included administrative sets; syringes, cannulas, bandages and dressings, blades, disinfectants, gloves, x-ray supplies, consumables and Computerized Tomography (CT) scan supplies among others.
- The hospital also received 11,741 uniforms worth Ug shs 2,047,442,156.

It was reported that the NMS had greatly improved in terms of meeting their delivery schedules over the years; however, a number of challenges were noted. These include;

- Difficulty in prediction and drawing accurate procurement plans. Instances of over/under ordering of supplies were common and this sometimes led to drug expiries.
- Inflation and volatile exchange rates affected quantity of drugs supplied.
- Non-supply of ordered items with no clear explanations from NMS. On 26th February 2014, medical orders worth Ug shs 531,175,250 were made, however items worth Ug shs 380,449,461 were received in March 2014. Phenytoin Sodium (an anticonvulsant) required by the Neuro unit to treat emergency or traffic accidents cases and convulsions among others was not received since February 2014 yet the unit receives over 47 medical cases daily. Patients were therefore referred to buy the drug from nearby pharmacies. “.... *Non-delivery of ordered items has adverse effects of both human health and service delivery*” Principal Pharmacists, Mulago Hospital.
- Inadequate data management and monitoring systems to track amounts of drugs ordered, dispersed, prescribed and balances.
- Fixed drug budget that has not changed over the years in relation to population.
- Poor quality drugs delivered for example experience and reports from the Micro Biology Department of Mulago indicated that Ceftriaxone sodium IG Powder for injection made in China and India were of inferior quality. Clinicians at the hospital had rejected the drug citing ineffectiveness in killing bacteria.

Recommendations

- The MoH together with Mulago hospital should upgrade data management systems from manual to online orders by requisitioning pharmacies and individuals.
- The NMS should consider undertaking fixed drug contracts with its suppliers to avoid losses on exchange rates.
- The NMS should ensure adequate supply of ordered items in stipulated time lines to avoid loss of lives.
- The MFPED and MoH should increase the hospital drug budget in relation to increase in population.
- The National Drug Authority should ensure that good quality and effective drugs access the Ugandan market. Client satisfaction surveys and reporting systems on use and effectiveness of supplied consignments should be undertaken.

3.9.2 Regional Referral Hospitals

Five Regional Referral Hospitals (RRH) were monitored. The following was noted;

1) Jinja RRH

During FY 2013/14, the hospital budget for essential medicines was Ug shs 1,049,000,000 and supplies worth Ug shs 866,264,249 were received during the FY. The administration noted a number benefits following improvements in medical supplies. These include;

- Improvement in quantity and diversity of supplies over the years.
- Timely supply of drugs and other supplies.
- Communication and feedback on deliveries enabled early planning and drug management.

Challenges

These included;

- Insufficient supply of medical stationery like patient files, books, medical forms among others. This had adverse effects on record keeping and data management.
- Limited supply of laboratory reagents led to wastage of medical resources due to presumption treatment and prescriptions since illnesses could not be adequately diagnosed.
- Poor quality items delivered for example adhesive plaster.
- Inadequate supply of some medicines like antibiotics limited choice in disease management.
- Inadequate order forms and procurement plans with fixed quantities and budgets. These have not changed over the years despite changes in population and disease patterns.

Recommendations

- The NMS should provide necessary and adequate medical stationery to enhance record keeping and data management.
- The NMS should consistently supply laboratory reagents to avoid medical wastage.
- A stocktake of all laboratory equipment should be taken and suppliers identified to supply reagents for different types of equipment to avoid stock outs.

- The National Drug Authority should undertake random quality tests to all supplies delivered by NMS for quality assurance.

2) Masaka RRH

During FY 2013/14, the hospital budget for essential medicines was Ug shs 1.5billion and supplies worth Ug shs 1.09billion were received. The hospital administration acknowledged that deliveries were made according to schedule and emergency orders were delivered in a timely manner. The hospital also received 179 uniforms; these were delivered at the district and later transferred to the hospital.

Challenges

These included;

- Constrained options of essential and health supplies given to referral hospitals yet they were expected to provide specialised services to the population. Items to treat orthopaedic, dental and optical services among others were not provided. This not only led to demotivation of consultants, it also undermined performance of regional referral system.
- Limitations in uniforms delivered in terms of in numbers, sizes and delivery of uniforms of retired health workers.

3) Mbarara RRH

The hospital budget for essential medicines was Ug shs 1.4billion and supplies worth Ug shs 1.8billion (400million over the budget) were received. The hospital received a total of 51 uniforms with belts for enrolled nurses. The hospital was happy with the timely delivery of medicines and supplies; however the following challenges were noted;

- Inadequate budget led to;
 - Accumulation of debts at the NMS,
 - Suffocation of service delivery including postponement of operations.
 - Drug stock outs hence referral of patients to buy certain items from private entities.
 - Frequent borrowing of supplies from lower health units.
- Non-delivery of specialist medicine yet RRH were supposed to offer specialised services like cancer, urology, cardiology, renal surgery, eye, nose and ear services among others. Ordering for such medicines infringes on the budget of essential medicines which was unviable.
- Delivery of drugs with short shelf life, delivery of drugs with two-three months of expiry was noted to be unviable.
- Delivery of incomplete sets of supplies for example intravenous fluid medicine lacked giving sets hence could not be used.
- Gaps in delivered uniforms with some health workers receiving more than three sets of uniforms yet others did not get.

Recommendations

- The hospital administration recommended that their budget should be increased to at least Ug shs 3billion in order to attend to all patient needs in terms of diagnosis, prevention and cure.
- The NMS should accredit RRHs to receive specialist medicines to allow proper functionality of the referral system.

- The NMS should refrain from purchasing and accepting donations of drugs close to expiry.
- The NMS should deliver complete sets of items to facilitate use of ordered items in stipulated timelines.

4) Lira RRH

The hospital budget for essential supplies FY 2013/14 was Ug shs 1.1 billion and a total of Ug shs 907,115,955 (82%) worth of supplies was received. It was noted that the NMS had markedly improved in timely delivery of supplies and effectively communicated regarding delivery schedules. Client queries were also attended to in a timely manner.

The embossment of drugs secured them at both the hospital and lower level health facilities. The hospital received a total of 136 uniforms; 42 uniforms for nursing officers, 33 uniforms for enrolled nurses and 61 uniforms for nursing assistants on 4th February 2014. No shoes were delivered.

Challenges

These included;

- Non-delivery of essential items like oxygen in stipulated timelines yet the functionality of the theatre and Intensive Care Unit (ICU) depended on consistent supply of such. This led to either postponement or failure to undertake certain operations.
- Non-delivery of ordered items like dexamethasone, acetazolamide and sodium ringers among others affected hospital operations.
- Gaps in delivered uniforms; some health workers received more than three pairs of uniforms yet others did not receive. Some male officers received female uniforms (dresses) while other got over/undersized uniforms. The hospital also received *stray uniforms* (with names on unknown health workers).
- Failure to establish the exact numbers and prices of uniforms since deliveries were made at the district headquarters.

Recommendations

- The MoH should support establishment of oxygen plants in all RRHs for improved health service delivery.
- The NMS should ensure delivery of ordered items to avoid interruptions in delivery of services.
- Nytil should be tasked make uniforms in relation to sex and measurements submitted by beneficiaries.
- The NMS should collect and distribute stray uniforms to respective beneficiary health facilities.

5) Soroti RRH

During FY 2013/14, the hospital was allocated a budget of Ug shs 949 million and received medical supplies received worth Ug shs 893,834,964. A total of 66.8% of the essential medicines were received in the six delivery cycles during the FY and the balance of the medicines were out of stock.

Non-delivery and delays meant that patients had to be referred to private pharmacies to buy medicines. Approximately, 50% laboratory items, 32% of health supplies and 49% of medical stationary ordered were supplied. The hospital received 30 uniforms during the FY for nursing assistants. Measurements were taken in 2012 and deliveries were made in 2014.



Health worker wearing a pink uniform delivered by NMS at Soroti RRH



Health worker wearing a pink uniform delivered NMS at Lalogi HCIV-Gulu district

Challenges

- Constant stock outs of some medical and health supplies including sundries, gauze, cotton wool and cannulas among others. This was partly due to high population and disease incidence
- Lack of adequate complementary items for equipment supplied, for example glucometer machines (used to measure glucose levels among diabetic patients) lacked strips, Blood Pressure (BP) digital machines lacked replacement batteries and vaccine syringes lacked diluting agents. All these were not readily available on the local market.
- Delays in delivery of drugs for example during cycle one, deliveries delayed for four days, six days for cycle two, nine days for cycle four, two days for cycle five and six.
- Uniforms delivered were characterised by incorrect sizes, limitations in number, lack of complementary items like shoes, inconsideration of other cadres and delivery of uniforms for retired staff.

Recommendations

- The NMS should step up its planning and projection mechanisms to avoid constant stock outs.
- Use of items like glucometer machines was dependant on delivery of complementary items. It is important that NMS deliveries such items all together to avoid mishaps in service delivery.
- The NMS should stick to delivery schedules and dates as communicated to health facilities

3.9.3 General Hospitals

Three general hospitals were monitored and the following was established;

1) Iganga General Hospital

The drugs and supplies budget for FY 2013/14 was Ug shs 440,000,000 and Ug shs 408,398,000 (93%) was received by end of the FY. All the six cycles were delivered and last mile deliveries were promptly made however the following challenges were noted;

- Stock outs of essential medicines like anti-malarial drugs. Ordered quantities were often not met by NMS. Vital drugs and items like quinine, chloramphenicol injection, surgical blades chloramphenicol injection, insulin and ampicillin, oxygen among others were in most cases inadequate.
- Unbudgeted travel expenditures to collect emergency orders from NMS-Entebbe. Emergency orders were reportedly due to non-delivery of all ordered items, discrepancies and stock outs.
- Insufficient budget led to limitations in ordering adequate essential items.
- Poor quality products for example apron protective disposables.
- Late and weekend deliveries. This hindered thorough verification of delivered items.
- Delivery of incomplete items for example x- ray films or fixers were often delivered without chemicals to develop images.

Recommendations

- The NMS should ensure adequate delivery of ordered items.
- The NMS should ensure delivery of emergency orders to requisitioning entities.
- The NMS should refrain from late and weekend deliveries.
- The NMS should ensure delivery of complete sets of ordered items.

2) Kiryandongo Hospital

The hospital had received medical supplies for essential medicines worth Ug shs 306,414,341.12 in all the six cycles. The hospital received only three pairs of shoes and no uniforms by end of the FY.

Challenges

The following challenges were noted;

- Poor quality supplies for example zinc oxide plasters imported from Yiwu Bangmei Medical Products Company Limited-China were rejected by clinicians citing quality issues.
- Delivery of non-ordered items for like sputum mugs instead of stool containers ordered as an emergency during cycle four.
- Continuous non-supply of ordered items. These include laboratory items and surgical blades which were not delivered for three consecutive cycles in the financial year. Mothers delivering at the facility were requested to either buy or come along with surgical blades to use during labor.
- Limitations of order forms regarding amounts and quantities of items required. These could not be adjusted according to need. The form provided for only 175 doses of Artesunate injection 60ml yet the hospital requirements were over and above 800 doses.

Recommendations

- The GoU and MoH should explore alternative sources of funds to ensure adequate supply of medical supplies to avoid continuous stock outs.

- The NMS should refrain from pushing big quantities of non-ordered items to avoid expiries and wastage.
- The National Drug Authority should be held accountable for allowing poor quality medical items on the market.
- The NMS should ensure timely supply of ordered items.

3) Nakaseke General Hospital

The hospital drug budget was Ug shs 368,982,300 for FY 2013/14, of which Ug shs 350,533,185 (94%) was received as essential medicines and Ug shs 18,449,115 (5.2%) were non-communicable diseases items.

The hospital received 400 sets of uniforms at a total cost of Ug shs 15,613,500 and 112 pairs of shoes at Ug shs 6,241,230. The hospital acknowledged that NMS had greatly improved in terms of delivery of drugs; however a number of challenges regarding delivery of items were noted. These included;

- Delays in delivery of uniforms. Measurements were taken in December 2011 and were made in 2014 hence 32 uniforms could not fit their owners.
- Delivery of stained uniforms hence could not be used.
- Errors in uniform allocations hence some health workers received more than three pairs of uniforms yet others had not got.
- Stock outs for items like jik, intravenous fluids, surgical blades and injection water among others.

Recommendations

- It was recommended that NMS should deliver items as ordered by the hospital to avoid stock outs.
- The MoH should undertake properly planned and viable projects to avoid losses resulting from delayed implementation.

3.9.4 District Local governments

Thirteen district local governments were monitored. The following was established;

1) Gulu district

The district received medical supplies for 50 government health facilities (two HC IVs, 16 HC III and 32 HC II) in all the six cycles of FY 2013/14. Each HC IV received items worth Ug shs 48 million, Ug shs 3.6million for HC IIIs and Ug shs 1.2million for HC IIs per cycle. All supplies were delivered according to NMS delivery schedules, last mile deliveries were also made satisfactorily. However, some items like HIV testing kits were often inadequate and sometimes not supplied.

The district received a total of 442 sets of uniforms, of which 229 uniforms were for the district health workers, 98 for Gulu RRH, 16 for Gulu Municipal Council and owners of the 99 sets (balance) could not be verified. By the time of monitoring done on 30th June 2014, the district had distributed 111 out of 229 sets of uniforms received. The uniforms had a number of challenges. These included;

- Size variances with some staff getting under/oversized uniforms.
- Cases of staff getting more than two sets of uniforms were common.
- Inadequate supply with many health workers not getting uniforms.

- Cases of male health workers getting dresses were also noted.

The monitoring team visited two HCs to establish availability of medical supplies, good practices, challenges and recommendations to improve service delivery. The following was established;

- a) **Awach HCIV**; it is located in Achwa Health Sub-district, Awach Sub county, Puduny Parish, Parongo village. It serves over 19,000 people from the neighboring sub counties. The HC noted that NMS delivered supplies in a timely manner, availed information on drug costs, reminders on submission of orders, supplied order forms and organized quarterly meetings to review budget performance. More than 50% of the staff at the HC had not received uniforms, those that received, had to travel to DHOs office to pick them. This had a cost implication in relation to transport and time off duty.

Other challenges in relation to delivery of medical supplies were noted. These included;

- Non-delivery of requisitioned items for example STI laboratory reagents, testing kits, Tuberculosis's (TB) drugs, mental health drugs like Phenbarbtone yet mental illnesses were rampant in the north as effects of the war.
 - Limited budget allocations to facilitate requisitioning of adequate drug items.
 - The MFPED and MoH should prioritize and provide adequate budgets to medical supplies to cater for the above inadequacies.
- b) **Lalogi HCIV**; it is located in Gem parish, Lalogi village and Lalogi Sub county. It serves a total population of 21,000 from the sub counties of Odek, Lakwana, Gobi, Koro, Ngai in Oyam district and parts of Awere in Pader district. The HC received medical items worth Ug shs 47 million during FY 2013/14, it was noted that;
 - A number of ordered items like injectable drugs and antibiotics were not delivered without clear explanations from NMS.
 - Special order items like gum boots had not been delivered for three subsequent cycles.
 - Chronic stock outs of BCG vaccines and diluents.
 - Lack of gas used in maintenance of cold chain.
 - Although all the 26 health workers at the facility had taken measurements, only 10 received uniforms from NMS, however, many were over/under sized and could not be used. Beneficiaries noted that the uniforms were of high quality, made health workers look smart and very professional.

Recommendations

The in charge of the HC recommended that;

- The NMS should promptly communicate to health facilities about unavailability of certain items to facilitate properly planning and drug management. Better still; certificates of non-availability of drugs should be given.
 - The NMS should deliver all ordered items to avoid stock outs
 - MoH should provide solar fridges at all health facilities to avoid wastage resulting from lack of timely and adequate supply of gas.
 - The MoH should consider taking back the delivery of vaccines and immunization responsibility to UNEPI to avoid mishaps caused by stock outs.
- c) **Odek HC III**; located in Omoro Sub district Odek Sub county, Palaro Parish. It serves a total population of 14,000 in four parishes, Awere Sub County from Pader, some

sub counties from Oyam in Lango sub region. HC noted that supplies were made on time however essential medicines often ran out in the first three weeks of delivery.

Quantities of drugs supplied were very minimal compared to population served. The supplies received lacked hypertensive drugs like Bendro and Propranolol. These were not supplied since February 2014 yet hypertensive cases among the elderly were rampant area of operation.

2) Isingiro District

The district's medical supplies budget for FY 2013/14 was Ug shs 726,220,938 of which Ug shs 701,310,916 (96%) worth of supplies was received. All cycles were delivered according to schedule and the last mile deliveries were efficiently done. Minimal discrepancies between ordered and delivered items were noted. The hospital was therefore happy and appreciated the service.

Challenges

- Inadequate budget for essential medicines.
- The push system often led to unbudgeted travel expenses to redistribute excess supplies to other health facilities. Examples of drugs oversupplied include Septrin 960ml and 480ml at HC IIs and HC IIIs respectively.
- Non supply of vital items like intravenous and dextrose fluids, normal saline water, antimalarial drugs like coarterm and quinine, ethromisine and laboratory supplies to HCIIIs.
- Fixed online order forms that cannot be adjusted to capture amounts and quantities of supplies required for use.
- Delivery of wrong packages to some health centres for example Kasana and Kanywamaizi HCIIIs were upgraded in 2011 but continued receiving HCII level packages.
- Non-supply medical supplies to some HCs like Rwanjongyera HCII, this partly contributed to stock outs in some HCs that continued to share their supplies with the above HC.
- Lack of capacity to dispose expired drugs. Expiries were caused by the push system, directives to phase out certain drugs and continued failure to use some drugs like family planning and antenatal related supplies.
- Non delivery of uniforms and shoes for health workers.

Recommendations

- The NMS
- up its planning activities to enable full supply of ordered items.
- The NMS should should implement the revised basic kit to avoid over/under supply of non-required items.
- The MoH should continuously update NMS on new developments including newly established and upgraded HCs.
- The NMS should pick up and dispose expired drugs at the district to create space for other activities.
- The NMS should step expeditiously deliver uniforms and shoes of health workers.

3) Jinja District

The district received supplied for all the 53 health facilities in six cycles. These were delivered in according to schedules and last mile deliveries were promptly made.

The district received a total of 378 sets of uniforms, with Ug shs 136,620 charged for male enrolled nurses and Ug shs 111,375 for female enrolled midwives. A total of 232 pairs of shoes for female nurses and 37 pairs for male nurses were received at a cost of Ug shs 28,803,200.

Challenges

The following challenges for both drugs and uniforms delivered were noted;

- Wrong sizes received with some staff receiving over/under sized uniforms and shoes.
- Misspelt name tags and wrong cadre titles of uniforms of health workers.
- Wrong deliveries with the Jinja district receiving uniforms of other districts like Ntungamo and Luweero.
- Some health workers received over five pairs of uniforms.
- Stock outs of essential medicines like anti-malarial drugs.
- Order quantities were often not met by NMS.
- Over and understocking of medical supplies in HC IIs and IIIs using the push system.
- Delivery of unordered drugs like Dexamethasone in HCIIIs
- Cases of delivering injectable drugs without syringes were common.
- Inadequate verification of ordered items. This was due to communication delays to facilitate timely mobilisation of various stakeholders to witness delivery and undertake verification.
- Failure to deliver supplies to health centres at Kisiima Island. Three ways, the last mile contractor made deliveries to the main land and staff of different health facilities were often asked to pick up the supplies. This affected health service delivery in terms of costs and time off duty by respective health workers.

4) Kaberamaido District

The district's drug and supplies budget for FY 2013/14 was Ug shs 805,568,104.73, 100% of the budget was received. The district also received Anti-retroviral drugs worth Ug shs 378,560,396.73 during the FY. The district had not received uniforms and shoes for health workers. NMS relatively followed the delivery schedules and the last mile deliveries were adequately done.

Challenges

- Inadequate supplies of essential medicines like anti-malarial drugs causing stock outs and mishaps in health service delivery.
- Discrepancies between ordered items and actual deliveries.

The monitoring team visited one HC IV to establish availability of medical supplies, good practices, challenges and recommendations to improve service delivery.

a) **Kaberamaido HCIV**; it is located in Kaberamaido Health Sub-District and serves a population of 24,466 including people from some areas of Amolator and Dokolo districts. The HC noted the following challenges

- Inadequate medical supplies leading to stock outs and frustration among community members. Stock outs were rampant for anti-malarial drugs including Coartem, quinine and injectable drugs.
- Delays in delivery of ordered items, this led to referral patients to buy drugs from private entities.

Recommendations

- The NMS should deliver adequate drugs in line with orders and catchment population.
- The NMS should promptly follow its delivery schedules.

5) Kiruhura District

During FY 2013/14, the district received medical supplies of Ug shs 471,677,327 against a budget of Ug shs 479,601,224. The NMS greatly improved in terms of timely delivery of supplies, last mile deliveries were promptly done and stock outs had greatly reduced.

The district did not receive any uniforms and shoes for health workers. A number of challenges were, these included;

- Continued pushing of drugs irrelevant to the communities' disease burden like Aspirin and drugs with short shelf live.
- Continued non-delivery of ordered items.

Recommendations

- The NMS should push drugs in line with the district's disease burden.
- The NMS should refrain from buying and accepting donations of supplies about to expire.

6) Kole District

The district received health supplies for all the six cycles, no uniforms and shoes were received during the financial year. A number of challenges were noted regarding delivery of medical supplies by NMS. These included;

- Lack of a district store, all medical supplies were made at Aboke HC IV, 8kms away from the district. This made verification of medical supplies by the district difficult.
- Delivery of unordered drugs about to expire for example promethazine was delivered on 3rd March 2014 and expiring in July 2014.
- Gaps in the push system including over/under supply of certain items. This led unplanned transport and redistribution costs to HC facilities with undersupplies to avoid expiries.
- Inadequate supplies of ordered items for example Aboke HCIV ordered for 35 HIV test kits on 23rd June 2014 and received only nine kits, therefore a big number of people could not be tested as required.

Recommendations

- The district should prioritize construction of a district store using PHC development fund.
- The NMS should expeditiously implement the revised basic kit per district needs, population and disease burden.
- The NMS should refrain from pushing unordered items especially those about to expire.

- The NMS should step up its planning mechanisms to deliver items as ordered by the district and health facilities.

7) Kitgum

The district that noted all the six cycles of medical supplies were received during FY 2013/14. It was noted that the district received only four uniforms for the nursing assistants out of 300 health workers. A number of challenges regarding deliveries were noted. These include;

- Continued pushing of items non-ordered leading to expiry of drugs.
- Low utilization of family planning drugs hence expire on shelf.
- Inadequate supply of some items like antibiotics, EmOC drugs, magnesium sulphate, and hydrazine tablets at HCIII.
- Loss of lives due to failure to offer certain services at lower health units (HCIIIs). In 2012/13, 46 maternal deaths were registered due to lack capacity and EmOC drugs at that level.
- Inadequate budgets compared to the population and disease burden. Only Ug shs 1.2 million was allocated to HCII and Ug shs 3.2million for HCIII.
- Failure to dispose accumulated expired drugs.

Recommendations

- The NMS should expeditiously implement the revised basic kit to avoid continuous pushing of irrelevant supplies.
- The MoH and district should continuously sensitize communities about the importance and use of family planning methods.
- The NMS should endeavor to deliver all ordered items to avoid stock outs.
- MoH should train health workers at HC II to handle and use EmOC drugs to improve service delivery at lower levels of government and reduction in maternal deaths.
- The NMS should be encouraged to collect all expired drugs for safe disposal.

8) Masaka district

The district medical supplies budget for FY 2013/14 was reportedly Ug shs 345,179,325.15 and supplies worth Ug shs 342,015,086.01 (99%) were received by end of the FY. The district received 395 uniforms at a total cost of Ug shs 44,900,266, 53 pairs of female shoes at Ug shs 5,437,800 and nine pairs of male shoes at Ug shs 1,089,612. A number of challenges regarding delivery of medical supplies by NMS were noted;

- Continued balances on the credit line due to non-delivery of ordered items In FY 2012/13, there was a balance of Ug shs 135,562,188.3 and Ug shs 3,164,162 during FY 2013/14.
- Delivery of non-ordered items for example oxytocin injectable drugs (these are used to induce labour, strengthen labour contractions during childbirth) to HC IIs which do not carry out deliveries.
- Delivery of drugs that were about to expire during cycle five and six during the FY. For example Bukakata HC III received 2,500 HIV test kits on 31st May 2014 and expiring 10th September 2014. Kiyumba HC IV received 3,600 kits that had been shipped in the country on 26th May 2014 and expiring on 10th September 2014. The same applied to other health centres.

- Lack of adequate time given to the districts stores department to check and verify items delivered.
- Lack of dispensing envelopes often led to use of patients books/records to pack patient drugs.
- Inadequate supply of highly demanded items like anti-rabies leading to loss of lives. Five cases of dog bites were reported every week.
- Failure to respond complaints forms regarding discrepancies as submitted by health units.

Recommendations

- The NMS should endeavour to give ample time for verification of all items delivered. This will facilitate rejection of none ordered items and those about to expire.
- The NMS should prioritise delivery of items like anti-rabies and dispensing envelopes to the district.
- The NMS should effectively communicate to health facilities regarding discrepancies and non-delivery of ordered items.

9) Mbarara district

The district received medical supplies Ug shs 953,666,115 of during FY 2013/14, these included medicines on the credit line, non-communicable diseases, family planning items, supplies from Centre for Disease Control (CDC). In January 2014, the district received 132 uniforms 65 pairs of shoes. The district received all the six cycles and were delivered on time. The last mile delivery improved from delivery of drugs in 28days to zero days. Improved communications regarding deliveries, online orders and opening up regional offices greatly reduced travel costs to NMS-Entebbe. A number of challenges were however noted;

- Delivery of items about to expire for example delivery of HIV testing kits expiring in October 2014 were received.
- Gaps of the push system were health facilities received more items than those required for example Bwizibwera HC IV ordered for 30 HIV testing Kits on 29th April 2014 and received 60 kits on 2nd June 2014. Other items include TB drugs, progesterin, syringes and green cannulas gauge 18.
- Gaps in delivered uniforms; for example some health workers received over four pairs of uniforms, over/under sized uniforms and shoes.
- Undisposed expired drugs taking up much of the space at the district health store.
- Limited training on effective handling methods of new drug items.

Recommendations

- The MoH should facilitate districts to redistribute excess items and drugs about to expire to avoid losses.
- The NMS should refrain from distribution of large quantities of items about to expiry.
- The NMS should encourage Nytil to cross check finished uniforms for any anomalies for timely correction of errors.
- The NMS should pick up all expired drugs from both the district and health centres for safe disposal.
- The NMS and MoH should organise training sessions for pharmacists and stores personnel proper handling of new drug items.

10) Mityana district

The district medical supplies budget for FY 2013/14 was Ug shs 986,548,509 and supplies worth Ug shs 855,739,417 (87%) were received by end of the FY. In January 2014, the district received 396 uniforms at Ug shs 42,512,445 and Ug shs 18,775,800 for 183 pairs of shoes. The district was happy with the services of NMS; however, the following challenges were noted;

- Continuous delivery of items not ordered and non-delivery of those ordered. This led to drug stock outs. Essential drugs like anti-malarial were often delivered in small quantities.
- Failure to honor discrepancy reports by NMS for example Mwera HC IV ordered for drugs on 30th April 2014, by 13th June 2014 the deliveries had not been made. Ordered items included Gynecological gloves, cannulas, ibuprofen, syringes, Ciprofloxen, Albendazole, Aiazepam, Paracetamal, bandage cotton, Phenytoin sodium, eye ointment, dispensing envelopes among others.
- Wrong sizes, misspelling of name tags and mix up of cadre titles for some uniforms delivered.
- Inconsideration of the following health workers for uniforms and shoes; Doctors, Clinical Officers, Biostatistician, Accounts Assistants, Health Inspectors, Health Educator, Dental Surgeon, Public health Dental Officer, Hospital Administrators, Laboratory Technicians, Laboratory Assistants, Medical Records, Assistants, Dispensers, Kitchen attendants, Askari, Entomological Officer, Stores Assistants and Supplies Officer.

Recommendations

- The NMS sold effectively communicate to districts and health centres regarding delivery failures and discrepancy issues of ordered items.
- Nytil should endeavour to avail all health workers with uniforms, verification of name tags, titles and sizes should also be done.

11) Pader District

The district received medical supplies for all the government health facilities in six cycles during FY 2013/14. The district noted that NMS had greatly improved service delivery in the district; this was mainly due to continued delivery of supplies in specified timelines, training in drawing up clear and accurate procurement plans, regular meetings to review performance and challenges involved in delivery of health supplies.

Challenges

- Continued delivery of HC II packages to HCIIIs like Laguti HCIII.
- Non-delivery of uniforms and shoes.
- Non delivery of supplies to two health centers for three consecutive cycles. These were; Awere and Agangura health facilities.
- Discrepancies between deliveries and information of the delivery notes for example in cycle two, delivery notes for Ogonyo HC II in Puranga Sub county indicated that coartem had been delivered yet the HC had not received it.

- Inadequate supply of essential medicines like anti-malarial and antibiotics frustrated communities. Other vital drugs included asthma, epilepsy, and hypertension drugs.
- Continued Non-delivery of pediatric drugs. Infants and children shared supplies with adult causing stock outs.

Recommendations

- The MoH and districts should continually update NMS on upgraded health facilities for timely deliveries.
- The NMS should ensure supply of health supplies to both Awere and Angangura HCs.
- The NMS should ensure delivery of all items indicated on delivery notes.
- The NMS should include adequate pediatric medicines as part of the package delivered to the district.

12) Soroti District

The district drug budget for FY 2013/14 was reportedly Ug shs 332,459,667 and Ug shs 290,071,942 (87%) worth of supplies was received by end of the FY. All the six cycles were delivered and last mile deliveries were promptly made. The district had not received any uniforms and shoes for health workers yet measurements were done in FY 2011/12.

Challenges

- Late deliveries characterised by one week delays over stipulated delivery schedules. The February 2014 cycle was delayed for over three weeks constraining service delivery in some health centres.
- Inadequate deliveries of essential medicines led to drug stock outs of STI drugs, Oral Rehydration Salts (ORS) and antimalarial drugs.
- Expiry of supplies like injection water and green cannulas.
- Non- supply of some items like Tuberculosis (TB) reagents for the entire FY.
- Failure to redistribute EMIS kits because they were similar across health centres.
- Lack of space for expired items.

Recommendations

- The NMS should ensure that the one- week delay is further reduced to prompt and timely deliveries of supplies.
- The NMS should fast track implementation of the district based kit to take into consideration demand, population and disease burden.
- The NMS should supply TB drugs to avoid further infections and loss of lives.
- The NMS should ensure that all balances carried forward (resulting from undelivered items) are fully paid in subsequent FYs.
- The NMS should continually invest in effective communication regarding outstanding balances on the credit line.

13) Serere District

Information on the drug budget and deliveries was not available at the time of monitoring. The district noted that NMS deliveries had improved over time however a number of challenges were noted;

- Inadequate supply of some drug items including vaccines.
- Poor methods of vaccine handling and delivery compromising quality.

- Weekend deliveries.
- Inadequate verifications of deliveries due to lack of ample time given to the district by distributors.
- Accumulated balances on supplies due to continuous out stocks.
- Late delivery of supplies characterized by 5-10 days delays at Serere HCIV. This led to stock outs and referral of patients to buy from private entities.
- Non delivery of ordered items like normal saline water which was not delivered for three consecutive cycles.
- Limited budgets constraining operations especially at HCIV level leading to frustration of health workers. For example allergy medicines used in theater were limited to only referral hospitals yet HC IVs also undertake theater operations.

Recommendations

- The NMS should improve the methods of vaccine delivery to districts and health centers.
- The NMS distributors should refrain from weekend deliveries and give ample time to districts to verify items delivered.
- The NMS should supply items in line with set delivery schedules.

Analysis

Link between financial and physical performance

There was a positive link between physical and financial performance, 100% of GoU funds released to NMS were reportedly spent on procurement and distribution of essential medical supplies to all government health centers. Despite the fact that, 100% of funds released were spent, cases of balances on the credit line due to non-delivery of ordered items at districts and health facilities were noted. Development partners supporting GAVI and Global Fund greatly contributed to Uganda's health care system, NMS distributed items like vaccines, reproductive health items, and other donations in a timely manner. Health facilities visited acknowledged receipt of such items.

Achievement of set targets

All the set targets were achieved with health supplies worth 219.3billion delivered to all government health facilities. Land for construction of a ware house was acquired in Kajjansi. Distribution of uniforms of health workers in all districts was not achieved, 100% of entities visited did not receive expected quantities of uniforms and shoes.

Summary of implementation challenges

- Continuous stock outs at 100% of all entities visited.
- Non delivery of ordered items at 100% of entities visited.
- Inadequate budgets constraining amounts and quantities of items ordered. Field findings indicate budgets for all entities visited were grossly inadequate to respond to curative and preventive needs of their catchment population.
- Inadequacies of the push system leading to over/under supply of basic kits. This not only led to stock outs, it also led to expiry of some drug items.
- Inadequacies of distributed uniforms and shoes; 100% of entities visited noted that they experienced issues with sizes, name tags, and adequacy of items received.

- Poor record keeping regarding amounts and quantities of medical supplies received from NMS. Some district health officers did not know their drug budgets and items received by end of the FY.

Conclusion

Field findings indicate that over 77% of both health facilities and local governments monitored noted that the NMS had improved health service delivery through timely distribution of health supplies. The NMS warehouse in Entebbe was fully stocked with drugs on 24th June 2014. However, a number of challenges including continuous stock outs of supplies still existed at all levels. It is important to note that non availability of certain types of supplies at a particular time directly translates into loss of lives and undermines the public health care system. The need to minimise stock outs at all health facilities is paramount at all levels.

Key Recommendations

- The MFPED should increase the allocations to NMS in relation to the population and demand for medical supplies across the county. This will translate into reduction in stock outs and delivery of ordered items.
- The NMS should expeditiously implement the district basic kits taking into consideration population and disease burden. Efforts to move towards facility based kits should be undertaken. This will go a long way in minimising stock outs, drug expiries and strengthening of the referral system.
- The MoH should task NYTIL to make uniforms according to details and measurements of health workers submitted. They should also expeditiously complete the assignment within stipulated timelines to avoid wastage of resources.
- Proper planning is paramount for successful project implementation; the MoH therefore should have implemented the uniform project soon after completion of health worker measurements to avoid challenges related to sizes and adequacy. Future initiatives should therefore take into consideration effects of delays and time variances in project implementation.

3.10 Mulago Hospital Complex (Vote 161)

The hospital is Uganda's largest health facility and it's located at Mulago hill in Kampala City. It was founded in 1913 and expanded in 1962 by constructing lower Mulago. It is one of the two National Referral Hospitals in Uganda with a bed capacity of 1,790 and receives an average of 40,000 people daily. The hospital is mandated to provide super-specialized health care, training and conduct research in line with the requirements of MoH.

The monitoring team assessed performance of the complex (Vote 161) on three components; wage, non-wage and development. The following was established;

Planned outputs (FY 2013/14)

In addition to offering various specialized services, the hospital anticipated to achieve a number of outputs. These include;

- Inpatient, outpatient and diagnostic services. These included; 150,000 admissions , 35,000 deliveries, 20,000 surgical operations, 870,230 outpatients, 60,791 emergencies, 245,000 specialized cases, 20,000 renal dialysis sessions, 25,000 Ante natal attendances and 160,000 immunizations, 1,500,000 investigations, 25,000 X-Rays, 30,000 Ultrasound scans, 1,939 ECGs and 1,967 Echos conducted.

- 1,000 mattresses, blankets, bed sheets procured
- Motorized cleaning equipment procured.
- 100 unit staff house constructed.

Financial Performance

In FY 2013/14, the hospital was allocated a total of Ug shs 38,135,045,901 of which 52% was earmarked for wages, 34% Non-wage and 13% development activities. A total of Ug shs 37,021,295,523 (97%) was released and Ug shs 36,444,144,820 (95%) was spent by the end of the FY.

Wage Component

The budget for FY 2013/14 was Ug shs 19,744,477,400, Ug shs 19,080,729,005 was released and Ug shs 18,530,000,000 was utilised representing excellent wage performance (97.1%). Performance was attributed to the introduction of the new salary payment system. Salaries were paid by the 22nd of every month. The gap of 3% was attributed to failure to recruit key staff and non-payment of workers that had wrong bank details by the close of the FY. A total of 1,822 staff employed by the hospital were paid.

Non-Wage Component

The budget for FY 2013/14 was Ug shs 13,362,940,286, 100% was released and Ug shs 12,676,091,086 spent (representing 96% performance). According to the IFMS, expenditures were made on medical services at 49% (inpatient, outpatient and diagnostic services) and management at 46% (maintenance, utilities and arrears).

Table 3.17: Expenditure of the Non-Wage grant at Mulago Hospital Complex

Programme	Item	Budget (Ug shs)	Release (Ug shs)	Expenditure (Ug shs)	% Expenditure of released Funds
1	Management	6,539,829,393	6,539,829,391	6,105,492,623	46
2	Medical Services	6,389,407,108	6,389,405,628	6,389,405,628	49
3	Common Services	141,832,000	141,831,500	87,529,835	0.6
4	Internal Audit	99,500,000	99,499,999	93,663,000	0.7
Total		13,170,568,501	13,170,566,518	12,676,091,086	96

Source: Mulago NRH and IFMS

Development Component

The total approved development budget was Ug shs 5,220,000,000, of which 5,120,000,000 (98%) was released and 100% of the release spent. Expenditures were made on procurement of 1,000 mattresses, blankets and bed sheets at 23%, construction of staff houses 58%, machinery and equipment 13%, gross tax at 4%, roads and bridges at 2%

Physical Performance

Monitoring focused on all planned outputs highlighted in quarter three performance report. The following was established;

i) Inpatient, outpatient and diagnostic services

The hospital performed well in achievement of set targets especially in offering specialised services. The following (Table 3.18) illustrates performance against set targets.

Table 3.18: Achievement of set targets on service outputs FY 2013-14

Service type	Service Output	Target	Achievement	% Achievement
Inpatients services	Admissions	150,000	140,788	94
	Deliveries made	35,000	34,411	98
	Surgical operations done	20,000	21,022	105
	Bed occupancy	90%	95%	106
	Inpatient days	750,000	716,000	95
	Laboratory procedures carried out	1,500,000	1,652,958	110
	Inpatients attended to	150,000	140,788	94
Outpatient's services	General Out Patients	870,230	838,120	96
	Emergencies	60,791	50,079	82.4
	Special cases	245,000	253,451	103
	Renal dialysis sessions	20,000	2,577	13
	Immunization	250,000	202,387	81
	Specialised outpatient cases	245,000	253,451	103
	Antenatal attendances	25,000	39,333	157
Diagnostics services	X-ray examination	26,000	42,360	163
	Ultra sound examinations	30,000	27,054	90
	CT scans	4,000	6,428	161

Source: Mulago NRH

ii) Procurement and distribution of 1,000 mattresses, blankets and bed sheets

These were procured and distributed by Sino Firm Uganda Limited at a contract sum of Ugs shs 1,498,900,000 in May 2014. These had been distributed in different wards and a number of benefits were registered. These included;

- Increased hospital bed capacity of the hospital
- Reduced number of inpatients without beds and mattresses (floor cases).
- Increased willingness to be admitted, this increased the number of inpatients.
- Reduced vermin infestation (Lice and bedbugs from beddings of patients and attendants).

Despite the above benefits, a number of challenges were noted. These included;

- Inadequate space leading to congestion of wards hence patients run a risk of being infected by diseases from their bed neighbours.
- Theft of bed sheets by runaway patients.
- Beneficiaries noted that the beds were weak compared to the old metallic beds. The beds have plastic connections which often come out and users did not have adequate capacity to fix them.



Beds in the Female Ward-Mulago Hospital

iii) Procurement of motorised cleaning equipment

The process of procuring a scabbing machine was ongoing and the equipment was expected at the hospital by end of September. Part of the funds for this item had been paid to Sino Firm, the supplier for beds and mattresses.

iv) Construction of a 100 unit staff house

This output was premised on the fact that over 80% of the hospital staff were not accommodated. This greatly affected the hospital efficiency levels especially during schedule handover periods (5pm-8pm) when some staff were either caught up in traffic jam or rushing to beat the traffic.

A contract to construct two blocks of a 100 units was signed between MoH and Block Technical Services Limited at a sum of Ug shs 17 billion. The works were supervised by MoH Technical Division. Civil works commenced on 24th October 2013 and were expected to be completed within two years (by 24th October 2015). The scope of works involved construction of two-five floor block houses accommodating 100 health workers.

Financial performance

A cumulative total of Ug shs 5,858,942,955 (29.4% of the contract sum) was paid to the contractor, 51% of the payment (Ug shs 2,988,060,907) was made in FY 2013/14.

Physical Performance

Works were on schedule at 45% physical progress. The first floor substructure was done and the second floor had been cast. Outstanding works involved casting of third, fourth and fifth floors, roofing, plastering, painting, electrical, plumbing works and general finishes. The contractor was fully mobilised with necessary materials and over 120 workers on site.

A variation estimated at Ug shs 21million was established had not been approved. It resulted from design changes and omission of some items from BoQs like demolitions, lift shaft, mass excavations, levelling of the parking area and a storm water channels. The contractor had undertaken the above activities and was awaiting approval of the variation request by the client. The administration of Mulago NRH was satisfied with the quality of works done.



Front and side view of the new staff house under construction at Mulago Hospital



Existing accommodation of Health Workers at Mulago Hospital

Analysis

Link between physical and financial performance

There was a positive link between physical and financial performance with over 96% of funds allocated under the wage, nonwage and development grants absorbed. This represented excellent performance. Works on the staff house were at 45% and on schedule. Patient mattresses and beds were procured and had greatly reduced the number of inpatients without beds (floor cases).

Achievement of set targets

The hospital achieved 75% of its set targets save for procurement of motorised cleaning equipment. Excellent performance in achievement of service outputs was registered (100%). All the mattresses and beddings were bought; the construction of the 100 unit was on track. Good performance was attributed to timely delivery of drugs and release of all budgeted funds by both MFPED and NMS respectively.

Implementation Challenges

- High understaffing levels; the hospital had 1,832 out of 2,166 health workers as per the 1995 structure.
- Low payments of consultants in the public compared to private sector led to demotivation and brain drain.

- Limited budget to effectively run the hospital. The hospital had accumulated electricity arrears of over Ug shs 3.1billion. The electricity budget was Ug shs 1.9 billion against consumption of Ug shs 3.6billion per annum. The water budget was Ug shs 1.07 billion against consumption of Ug shs 2.8 billion per annum.
- Complaints and demotivation of service providers regarding limited payments in relation to work requirements. For example the cleaning service providers were paid a monthly fee of Ug shs 35 million, this was very inadequate compared to the hospital cleaning requirements.
- Lack of necessary work items constraining the quality of health services for example the hospital lacked necessary materials like body bags to facilitate safe transportation of people that have died of highly infectious diseases like TB. This not only risked the lives of health workers but also attendants and communities.
- Lack of staff accommodation amidst limited development funds allocated to the hospital.
- Changes in project design led to variations under the construction of the 100unit staff houses.

Conclusion

Although the hospital achieved much of its set targets during the financial year, it was not able to offer quality medical care required of national referral hospital. A lot needs to be done to improve the health care system in Uganda. This includes provision on an adequate budget to improve the staff welfare in terms of accommodation. This will not only motivate health workers but will translate into increased efficiency of the hospital and improved service delivery. The staffing structure of the hospital should be prioritised taking into consideration both new preventive and curative needs in the population.

Recommendations

- The MoPS should expeditiously revise the staffing structure of Mulago to include a mixture of cadres like neurosurgeons, eulogists, and specialists in plastic surgery construction, ICT experts to facilitate telemedicine, counsellors, senior consultants and customer care specialists.
- The GoU should prioritise motivation of health workers including consultants at all levels for improved service delivery.
- The nonwage budget should be increased to at least Ug shs 60billion to effectively run the hospital and improve health service delivery in Uganda.
- The Mulago Hospital together with service providers like Umeme and National Water and Sewerage Corporation (NWSC) to should fast track installation of pre-paid meters to all user departments and all staff houses to allow full control over hospital bills.
- The MoH should prioritise staff accommodation by earmarking adequate funds for either renovation or establishment of new structures.
- The GoU should embrace Public-Private Partnerships in establishment of staff housing. Health workers at Mulago were willing to contribute towards this noble cause.
- Design consultants should be tasked to draw adequate designs taking into consideration all infrastructure needed.

3.11 Votes: 163 – 175: Regional Referral Hospitals

Background

Regional Referral Hospitals offer specialist clinical services such as psychiatry, Ear, Nose and Throat (ENT), ophthalmology, higher level surgical, medical services, and clinical support services (laboratory, medical imaging, and pathology). They are also involved in teaching and research. The mission of these votes is to provide specialized and high quality health services, conduct tertiary medical health training, research and contribute to national health policy.

Annual monitoring focused on five of the fourteen RRHs in Uganda. These were; Lira, Soroti, Mbarara, Jinja, and Masaka. Analysis and verification of outputs reported in the Q3 FY2013/14 progress reports was done, with focus on wage and development grant-Rehabilitation of Regional Referral Hospitals (Project 1004). Objectives of Project 1004 include;

- Rehabilitation of old and broken infrastructure.
- Construction of vital infrastructure including accommodation of staff.
- Adequately equip the hospitals with medical and office equipment and furniture.
- Improve on infrastructural security of the hospitals.
- Provide appropriate transport for the performance of hospital activities
- Improve on internal and external communication.
- Provide alternative/backup power and water sources.

Financial performance

During FY 2013/14, the approved budget including wage, non-wage and development for referral hospitals was Ug shs 71,550,915,852 (10% of the health sector budget). A total of Ug shs 67, 144,506,599 (94%) was released and Ug shs 63,384,000,000 (94%) spent by the end of the FY. RRHs visited were allocated Ug shs 25.5billion, received Ug shs 23.4 billion and spent Ug shs 22.0billion (94%).

3.11.1 Jinja Regional Referral Hospital

The hospital is located in South-eastern Uganda, approximately 87 km east of Kampala. Its bed capacity is 500, serving over 4,000,000 people around Bugiri, Kamuli, Iganga, Mayuge, Namutumba, Kaliro, and islands like Namayingo, Buvuma and Jinja districts.

Planned outputs FY 2013/14

These include both service and development outputs;

- 32,000 admitted
- 5 000 Deliveries made
- 90% bed occupancy rate
- 7 ,000 major Surgeries made
- 120,000 general out patients
- 3,000 casualty cases
- 85,000 special clinics outpatients
- 4,000 x-ray examinations
- 3,000 ultra sound examinations
- 95,000 laboratory and pathological examinations
- 4,000 blood transfusions
- 12,000 immunizations
- 5,000 family planning contacts
- 15,000 antenatal attendances

- 4,000 prevention of mother to child transmission of HIV
- 7,000 physiotherapy cases handled
- W water plumbing system in the hospital overhauled.
- Consultancy Design for the services, supplies and planned hospital renovations
- Renovation of the interns mess.
- Maternity ward renovated.
- Completion of the incinerator.
- The 1st phase of the private patient's wing completed.
- Children's ward renovated.
- Procurement of assorted equipment

Findings

Financial performance

The hospital annual approved budget for FY 2013/14 was Ug shs 5,506,309,000 of which Ug shs 3.4 billion (62%) as wage, Ug shs 1,200,000,000 (22%) was development and Ug shs 906,309,000 (16.4%) was non-wage. The hospital spent Ug shs 5,306,308,324 (96%) of the releases.

Wage component

During FY 2013/14, the approved budget for the wage component was Ug shs 3,400,000,000 and a total of Ug shs 3,200,000,000 was released. The hospital had 360 health workers on pay roll by 30th June 2014. The hospital was happy with the new payment system with most of the health workers getting their salaries on time save for a few cases that had wrong account details and misspelt names. A number of challenges affecting the wage bill were reported.

These included;

- Non-payment of 16 intern doctors posted by MoH for over three months (since May 2014).
- Staffing gaps of more than 165 health workers in the hospital.

Recommendations

- The MoH was should pay all intern doctors posted to various parts of the country to boost their performance.
- The MoPs and Health Service commission should fill existing staffing gaps at the hospital.

Development Component (Project 1004)

During FY 2013/14, the approved development budget for the Referral Hospital was Ug shs 1,200,000,000, 100% of the budget was released and spent by end of the financial year. The following was noted under this component;

Physical performance

i) Service outputs

With the above allocations, the hospital achieved the following.

Table 3.19 Service outputs achieved by Jinja RRH during FY 2013/14

Service type	Planned Target	Achievement	Remarks
Inpatients services	32,000 admitted	27,309	85.3% achieved
	90 % bed occupancy rate	78% of bed occupancy rate	More than half of the target was achieved
	5,000 deliveries made	7,920 deliveries made	158% achieved
	7,000 major surgeries	3823 major surgeries made	55% achieved
Outpatient's services	120,000 general out patients	123,373 general patients	102% achieved
	3,000 casualty cases	2,582 causality cases handled	86% achieved
	85,000 special clinics outpatients	85,363 special clinics of outpatients	100.4% achieved
Diagnostics services	4,000 x-ray examinations	3,436 x-ray examinations made	86% achieved
	3,000 ultra sound examinations	6,008 ultra sound examinations made	200% achieved
	95,000 laboratory and pathological examinations	107,937 lab tests done	114% achieved
	4,000 blood transfusions	9,085 blood transfusions made	227% achieved
Prevention and Rehabilitation	12,000 immunizations	9,259 immunizations conducted	77.1% achieved
	5,000 family planning contacts	3,959 family planning contacts	79% achieved
	15,000 antenatal attendances	10,102 antenatal attendances	67% and
	4,000 prevention of mother to child transmission of HIV	5,425 contacts for PMTCT achieved	130% achieved
	7,000 physiotherapy cases handled	5,228 cases handled	

Source: Jinja RRH

ii) Development outputs

Completion of the Private Wing; M/s Lamber Enterprises Limited was contracted to construct and complete the Private Wing at Jinja RRH at a contract sum of Ug shs 2.7billion. Works commenced on 11th Jan 2011 and were expected to be completed by 30th January 2013 (within two years) however, the contractor was arrested and blacklisted by PPDA. Works stalled and the process of procuring another contractor to complete the works was in advanced stages.

M/s Lamber contractors had completed 90% of the works and paid 79% (Ug shs 2.13 billion). During FY 2013/14, the contractor was paid a total of Ug shs 292,351,441. Completed works included all structure works, plastering and some painting, fixing of windows and doors and floor works with terrazzo. Outstanding works included mechanical and electrical fittings, painting, plumbing, clean up works and polishing of terrazzo.



Newly constructed Private wing at Jinja RRH (Left) Walk way of the private wing with green algae growing on the walls

Completion of the incinerator; M/s Jenach Enterprises Limited was contracted to construct and install an incinerator at a sum of Ug shs 24 million, Works commenced on December 2013 and completed in March 2014. Although the incinerator was completed, it was not operational due to lack of the protective wear estimated at a cost of Ug shs 3 million for the operator. The hospital was in the process of procuring three sets of the protective wear to facilitate operations. The equipment was tested, proved environmentally friendly and improved hospital hygiene. The hospital expected to collect Non Tax Revenue from the Municipal Council and other users for use of the incinerator.

Renovation of the interns mess; works were contracted to M/s Kata Technologies Limited at a sum of Ug shs 264,024,600. Works commenced in March and expected to be completed in six months (by October 2014). The scope of works involved removal of asbestos and replacement with iron sheets gauge 24, new ceiling and floor works, internal works including scrapping off old plaster and painting, new locks, wiring, plumbing works and external works involving compound works, a walkway and gate.

The contractor was paid a total of Ug shs 171,279,500 (65% of the contract sum). Works were ongoing by 4th August 2014 and physical progress was estimated at 60%. Completed works included re-roofing with iron sheets, ceiling works, walkway and replacement of the locks. Outstanding works included painting, kitchen finishes, electrical and plumbing works, installation of the tank stand and tank.

Renovation of the maternity ward; M/s Block Technical Services were awarded at Ug shs 446,057,850 contract to re-roof the delivery wards, remodelling of special care units, give the maternity ward a facelift, new wiring and plumbing system, provision of new toilets and floor works involving laying of terrazzo. Civil works commenced on 19th April and expected to be completed by 19th September 2014 (within six months). The contractor had been paid Ug shs 104,000,000 (23% of the contract sum) and physical progress was 40%. Outstanding works glassing, tiling of toilets and bathrooms, faciar-boards, roofing toilets, painting and floor works.



On-going works on both the maternity ward (Left) and interns mess at Jinja Referral Hospital

Renovation and extension of children's hospital; M/s Kiru General Services Company was awarded the contract at sum of Ug shs 689,279,175. Works commenced on 28th April 2014 and expected to be completed by 28th November 2014. Scope of works involved construction/extension of an office block, floor works involving change of cement to terrazzo, internal remodelling, new outside toilets, plumbing and electrical works, installation of a tank stand with two 5,000 litre tanks. By 4th August 2014, physical works were at 50% with the extension block of four offices, one tea room, a laundry area and a tank stand in place. Completion of works awaited floor works, painting, fixing of internal doors, electrical wiring and fixing the two tanks.

Procurement of assorted equipment; the contract to procure assorted equipment was awarded to Circular Supply Limited at a sum of Ug shs 193,285,000. A total of Ug shs 41,712,000 was paid to the supplier as advance payment. The consignment of assorted equipment including medical beds, paediatric beds, adult mattresses, blankets, delivery beds, wheel chairs, patients trolleys, digital thermometers, oxygen concentrators, bedside lockers, television sets, medical waste pits, incubators, examination couches among others arrived in Uganda in July 2014 and the hospital was awaiting clearance from MoH regarding quality and adherence to specifications provided to the contractor.

Overhauling of the plumbing system; this was undertaken upon advice from NWSC to minimise water losses, bills and arrears. M/s Rural Urban Contractors Limited was contracted to overhaul the water system at a sum of Ug shs 48,000,000. Works commenced on 15th June 2014 and completed on 30th June 2014 (within two weeks). Over 95% of the works were done and the entire contract sum was paid. Use of the facility was awaiting testing and commissioning of the systems. Additional works involving clearing, unblocking and bypassing of the sewage system were noted and the contractor had agreed to undertake the activity at a fee to be agreed upon.

Consultancy design for the services, supplies and planned hospital renovations; a contract was awarded to Fusione Consultants to design, prepare BoQs and supervise works at the children's ward at Nalufenya, maternity ward and interns mess. The contract was signed on 8th October 2013 and completion was slated at actual completion of all specified works. The contract value was Ug shs 100,000,000 and a total of Ug shs 80,000,000 (80%) had been paid.

3.11.2 Lira Regional Referral Hospital

The hospital is 340 Km north of Kampala, located in Lira town. It serves over 4million people in the Lango sub-region comprised of the districts of Lira, Oyam, Amolatar, Otuke, Kole, Alebtong, Dokolo and Apac. The hospital has a capacity of 400 beds, annual inpatient admission of over 18,000 and 20,000 outpatients.

Planned outputs (FY 2013/14)

These include both service and development outputs;

- 20,000 Admissions,
- 220,000 outpatient attendance,
- 90,000 specialised clinic attendance
- 66,000 lab tests,
- 8500 x-ray imaging
- 6500 Ultra sounds
- 22,000 antenatal cases
- 34,000 immunisations
- 3,800 people receiving family planning services
- Renovation of the interns mess
- Installation of intercom

Procurement, construction and installation of the medical waste incinerator

Findings

Financial Performance

The hospital was allocated a total of Ug shs 4,069,928,902 during FY 2013/14, of which Ugshs 2,483,775,112 (61%) was wage, Ug shs 986,153,790 (24%) non-wage and Ug shs 600,000,000 (15%) was development. A total of Ugshs 3,781,985,376 was released and Ugshs 3,501,099,023 spent by 30th June 2013.

Wage component

The wage budget (FY 2013/14) for the hospital was 2.483 billion and Ug shs 2.287 billion, 92.1% was released and 100% spent by 30th June 2014. The hospital had 268 health workers on payroll by end of the FY. The hospital was happy with the new payment system noting a number of benefits including;

- Timely salary payments done by the 23rd of every month.
- Knowledge of payees hence payment of ghosts ceased to be.
- Discipline and reduced absenteeism among staff hence improved service delivery.

A number of challenges regarding the wage component were mentioned. These include;

- Staffing gaps with only 268 out of 349 health workers on ground. The hospital had only 9 out of 38 doctors, 108 out of 114 nurses, no internal auditor, procurement officer and stores person on ground.
- Gaps in staffing establishment; the hospital was still using the structure of 2003, missing out technical cadres like ICT personnel for improved record management.

It was therefore recommended that the MoPs, MoH, Health Service Commission and the hospital should expeditiously fill the staffing gaps to enhance service delivery.

Development Component (Project 1004)

During FY 2013/14, the approved development budget was Ug shs 500,000,000, 100% of the budget was released and spent by end of the financial year.

Physical Performance

i) Service outputs

The hospital performed excellently in achievement of service outputs, Table 3.20 indicates that 207% achievement in undertaking laboratory tests under diagnostic services. Performance of administering family planning services was also excellent at 118%.

Table 3.20 shows the status of service outputs at Lira Regional Referral Hospital

Service Outputs	Planned Annual Outputs	Performance	% Achievement of planned targets
In-Patient services	20,000 Admissions	21,714 Admitted	109
Out-Patient	220,000 out-patient attendance	228,514 treated	104
	90,000 Specialised clinic attendance	1,919 attended to	2.1
Diagnostics	66,000 lab tests	136,537 lab tests done	207
	8,500 X-Ray imaging	7,868 X-Ray done	93
	6,500 Ultra Sound Scans	5,783 Ultra scans	89
Prevention and rehabilitation services	22,000 antenatal cases	15,836 Antenatal cases	72
	34,000 people immunised,	34,328 people immunised	101
	3,800 people receiving family planning services	4,492 family planning services offered	118

Source: Lira RRH

ii) Development Outputs (Project 1004)

Procurement, construction and installation of the medical waste incinerator; the contract to undertake the works was awarded to M/s Biomed Systems at a sum of Ug shs 380,000,000. Works were supervised by M/s KK Partnership Architects at a sum of Ug shs 7,000,000.

Works commenced on September 2013 and expected to be completed within six months, the contract was extended to end of June 2014. Works were completed on 26th June 2014. The project was under defects liability period and the contractor was attending to defects including replacement of wood with metallic tranches on the roof. The contractor had been paid a total of 95% of the contract sum, balance was retention.

Installation of intercom; this was done by Adel Communications Limited at a sum of Ug shs 47,103,500. Works were carried forward in FY 2013/14 and completed on 15th October 2013. The facility was working well and had greatly improved communications at the hospital. It also enhanced coordination of activities in a timely manner.

Renovation of the interns mess; M/s Mikomi General Suppliers and Contractors was awarded the contract to renovate the mess at a sum of Ug shs 24,000,000. Works commenced on 1st August 2013 and completed on 20th August 2013 (within two weeks). Scope of works included replacement of glass and locks in windows and doors, internal and external and external painting of the main house, replacement of all the defective ceilings and iron sheets leaking, security lighting and general plumbing works.



Renovated Interns mess (left) and newly constructed walk ways on the (right)

The facility was in use and intern doctors were happy and comfortable with the newly renovated mess. The contractor was paid 100% of the contract sum by end of the FY.

- **Construction of a walk way linking the theatre to surgical units;** this activity was undertaken using force account. A total project sum was Ug shs 15million, of which Ug shs 11.7million was earmarked for materials and Ug shs 3.3million for labour. A total of Ug shs 10.4 million was spent; Ug shs 7,423,000 on procurement of materials and Ug shs 3million on labour. Two walk ways were completed, some benefits including easy access to theatre and wards using patient trolleys were noted.

Implementation challenges

- Limited development budget to construct new infrastructure. The hospital was still using an OPD constructed in 1922 which was heavily dilapidated and posed a risk to both health workers and patients.
- Lack of necessary infrastructure like staff houses and causality unit.

Recommendation

- The MoH under the Uganda Health Strengthening Support Project (UHSSP) should consider supporting Lira Hospital with the new OPD and causality ward in the next phase of implementation.

3.11.3 Masaka Regional Referral Hospital

The hospital is located in Masaka town in south-central Uganda. It was constructed in 1927 with a bed capacity of 330, it has since then expanded to 540 beds. It serves total population of 2million people in districts of Masaka, Bukomansibi, Kalungu, Sembabule, Kalangala, Lwengo, Rakai, and Lyantonde. The mission of the hospital is to provide the highest possible level of health services to all people in Masaka region through quality general and specialized health service delivery.

Planned out puts (FY 2013/14)

These include both service and development outputs;

- 36,000 Inpatient admissions
- 114,000 In-patient days
- 8,000 Deliveries
- 2500 Major operations
- 85% Bed occupancy

- 9,000 General outpatients y rate
- 3,500 Surgical Patient contacts
- 3,500 Specialized Pediatric Patients
- 8,000 Ear, Nose and Throat
- 25,500 Specialized medical OPD
- 53,000 HIV/AIDS patients contacts
- 12,000 Eye contacts
- 10,000 Mental Health
- 8,000 Ultra sound
- 100,000 Laboratory tests
- 15,000ANC contacts
- 9,000 PMTCT contacts
- 15,000 Immunizations done
- ICT Equipment procured
- Assorted medical equipment procured (Oxygen concentrator and flow station splitter)
- 100 mattresses with Mackintosh covers for adults procured
- Completion of retaining wall and land scaping for the staff hostel
- Maternity complex constructed
- Road network reaching the incinerator constructed
- Three phase power line extended to incinerator
- Consultancy services for design and supervision of the maternity ward complex

Findings

Financial Performance

The hospital was allocated a total of Ug shs 4,197,829,021 during FY 2013/14, of which Ug shs 2,574,032,778 (61%) was wage, Ug shs 897,540,097 (21%) non-wage and Ug shs 706,255,649 (17%) was development. A total of Ug shs 4,072,061,100 was released and Ug shs 4,177,829,000 spent by 30th June 2013.

Wage Component

The hospital received and spent a total of Ug shs 2,574,033,000, (100% of the budget) during the FY. The hospital had 252 health workers on the pay roll by end of the FY. The hospital administration was happy with the new payment system and noted the following benefits;

- Timely payment of salaries with health workers receiving their monthly salaries by the 27th
- Reduction in absenteeism of staff
- Easy access to pay roll
- Enhanced performance of health workers since administration had control over salaries.

Despite the above, a number of challenges affecting the wage component were noted. These include;

- Inadequate staffing structure missing critical cadres in line with present-day disease patterns. The hospital has 252 out of the 322 (78%) health workers required on ground. This translated into heavy workload in relation to remuneration and long waiting hours of about of six hours.

- Frequent and costly travels to Kampala to make salary payments.

Development component (Project 1004)

The approved budget for capital development was 726,256,146 of which Ug shs 706,256,000 was received and spent by the end of the FY 2013/14.

Physical Performance

i) Service outputs

Table 3.21 indicates achievement of service targets, the hospital undertook 326% of outpatient surgeries, 200% of laboratory tests, 144% of HIV patient contacts and 128 major surgeries.

Table 3.21 shows the service outputs at Masaka Regional Referral Hospital

Service category	Indicator	Planned output	Actual Performance	% of achievement of planned targets
In Patients	Inpatient admissions	36,000	33,563	93
	In-patient days	114,000	115,421	101
	Deliveries	8,000	8,879	111
	Major operations	2,500	3,210	128
	Bed Occupancy rate	85	96	85
	Average Length of stay	5	3	60
Outpatients	General outpatients	90,000	64,552	72
	Surgical patient contacts	6,000	19,560	326
	Specialized Pediatric Patients	3,500	4,649	132
	Ear, Nose and Throat	8,000	8,995	113
	Specialized medical OPD	25,500	76,202	85
	HIV/AIDS patients contacts	53,000	76,202	144
	Eye contacts	12,000	12,030	100
Diagnostics and Preventive services	Mental Health	10,000	11,444	115
	Ultra sound	8,000	0	0
	Laboratory tests	100,000	199,655	200
	X-ray Exams	8,000	8,782	109.8
	Blood transfusions	0	5,306	0
	ANC contacts	15,000	13,475	89.8

	PMTCT contacts	9,000	6,386	71
	Immunizations done	15,000	14,080	94%

Source: Masaka RRH

ii) Development component (Project 1004)

Construction of the maternity and children's complex; M/s Tirupati (U) Limited was awarded the contract to construct the complex at a contract sum of Ug shs 10,612,395,786 on 28th May 2014. Scope of works involved construction of a five storey building to completion. M/s Joadah Consult was contracted to design and supervise construction at a sum of Ug shs 328,000,000 in February 2014. By the 30th June 2014, a total of Ug shs 198,800,000 (60%) was paid upon submission of the final designs.

The site was handed over to the contractor on 17th June 2014 and expected to be completed within 36 months. (M/s Tirupati (U) Limited) was paid a total of Ug shs 358,310,160 as advance payment. By 11th August 2014, site clearance was ongoing and civil works had not commenced.



Site clearance for the maternity ward complex



Artistic impression of the maternity and children's complex

Extension of an access walkway to

the incinerator and wiring of the incinerator; M/s Souda Nampera Contractors was contracted to undertake the works at a contract sum of Ug shs 13,208,250. Scope of works involved construction of an access walkway, wiring and fencing of the incinerator with chain link. Works commenced in June 2014 and expected to be completed in July 2014. M/s St Jude electrical and medical equipment was contracted to extend a three phase power line to the incinerator at a sum of Ug shs 4,917,000. The facility was wired, power connected and the access road was in place. The fence was however not done to completion due to limited funds. The contractor was in the process of compiling a variation order to facilitate completion of the fence. All the contract values were paid to 100%.

Supply of 100 adult mattresses with covers; M/s Joint Medical stores supplied mattresses at a sum of 9,478,350 on 23rd April 2014. These had just been engraved by time of monitoring done on 11th August 2014. Distribution of the mattresses was awaiting requisitions from both maternity and TB wards.

Payment of outstanding balances for completion of a retaining wall and land scaping for the staff hostel; M/s Block technical services was paid a total of Ug shs 92,844,614 (24% of

the contract sum) on 10th October 2013 as balance (Ug shs 75million) and retention (Ug shs 17million) for works completed in September 2013. The works involved construction of a retaining wall, landscaping and paving of the new staff house.

Procurement of ICT equipment; M/s Computers and Beyond Africa Limited supplied equipment worth Ug shs 23,950,000. The equipment included seven desktop computers, three laptops, a fax, scanning machine and a printer. The equipment had greatly improved record keeping and data analysis at the hospital.

Supply of oxygen concentrator and oxygen flow station splitter; M/s St Jude electrical and medical equipment supplied the equipment at Ug shs 19,080,000 in May 2014. The equipment was expected to be installed in the neo-natal unit; installations and use were waiting for training on operation and proper handling.

Implementation challenge

- Limited budget to undertake development activities. The hospital was allocated only Ug shs 700billion against a development contract of Ug shs 10billion.

Recommendations

- The MoH should prioritize construction of the maternity and children's complex by allocating adequate funds to development activities.

3.11.4 Mbarara Regional Referral Hospital

The hospital is located in western Uganda and serves over 4million people in the districts of Mbarara, Ibanda, Kiruhura, Isingiro, Ntungamo, Sheema, Bushenyi, Buhweju, Rubirizi and Mitooma. The hospital also received patients from Kabale, MasakaFortPortal and neighbouring countries like Rwanda and Tanzania. The hospital has a capacity of 350 beds and attends to about 1,200-1500 patients including 300 at the HIV clinic and 100 at the Maternal and Child Health Unit.

Planned outputs (FY 2013/14)

These include both service and development outputs;

- 30,000 admissions
- 80 % Occupancy rate
- 5.5 days average length of stay
- 40,000general outpatients attended to
- 110,000 special clinics patients attended to
- 6,000 X-ray examinations done
- 6,000 Ultra sound examinations performed
- 240 CT Scans' done
- 40,000 laboratory examinations done
- 6000 blood transfusions carried out
- 300 post mortems performed
- 30,000 immunizations
- 11,000 antenatal attendances
- 3,000 family planning contacts
- 4,000 PMTCT contacts
- 60 medical equipment repaired and maintained.
- Completion of the 4 level staff house

- Partial overhaul of the sewerage system
- Assorted medical equipment for neuro surgery and maternity delivery sets.

Findings

Financial Performance

In FY 2013/14, the hospital was allocated a total of Ug shs 5,307,141,194, of which Ug shs 3,279,398,031(62%) was wage, Ug shs 1,077,743,163 (20%) non-wage and Ug shs 950,000,000 (18%) was development. A total of Ug shs 5.707billion was released and Ugshs 4.136 billion (72%) spent by 30th June 2013.

Wage component

The wage budget (FY 2013/14) for the hospital was Ug shs 3,279,398,031 of which Ug shs 3,005,360,511 (92%) and 100% spent by 30th June 2014. The hospital had 285 health workers on the pay roll by end of June 2014. The hospital was happy with the new payment system noting a number of benefits including;

- Control over the hospital wage bill.
- Timely payment of salaries.
- Timely establishment of over and under payments.

Challenges

The following affected proper service delivery under the wage component;

- Staffing gaps with 285 out of 369 health workers required on ground.
- Monthly travels to Kampala to effect salary payments were costly and tedious.

Recommendations

- The GoU should deploy health workers to a tune of 800 for effective service delivery at the hospital.
- The MFPED should consider establishing an IFMS site at the hospital to ease payments of salaries.

Development Component (Project 1004)

During FY 2013/14, the approved development budget was Ug shs 750,000,000 100% of the budget was released and Ug shs 522, 000,000 (70%) was spent by end of the financial year.

Physical performance

i) Service outputs

Table 3.22 indicates that hospital performed excellently in achievement of set targets, 564% in offering Voluntary Counselling and testing services, 309% was achieved in undertaking laboratory tests and 243% for CT scans. This indicates that more people were attended to in relation to those planned.

Table3.22: Status of service outputs at Mbarara Regional Referral Hospital

Service Category	Indicator	Planned output	Actual performance	Percentage achievement
Inpatients	Admissions	30,000	28,614	95
	Occupancy rate	80%	78%	98
Outpatients	General outpatients	40,000	36,850	92

	Special clinics patients attended	110,000	127,245	97.5
Diagnostic and Other outputs	X-ray	6,000	2,783	46.3
	Ultra sound examinations performed	6,000	2,953	49
	CT scans done	240	585	243
	Laboratory examinations done	40,000	123,887	309
	Immunizations	30,000	28,351	95
	Antenatal attendances	11,000	9,593	87
	Family Planning contacts	3,000	2,199	73
	VCT and PMCT contacts	4,000	22,561	564

Source: Mbarara RHH

ii) Development Component (Project 1004)

Procurement of assorted medical equipment; M/s Circular supply (U) limited was awarded a contract to supply assorted equipment at a sum of Ug shs 131,345,000. The equipment was delivered in October 2013. It included; maternity delivery sets, oxygen regulators, delivery sets, needle holders, suction machine, size four blades, sterilizing drums, kichery bowls, mosquito forceps, telescope, drug trolleys, voltage stabilizer among others.

Some equipment was observed to in use while others was still kept in the hospital general store on 17th July 2013. It was noted that the store keepers involved in acknowledgement and verification of delivered items were often not informed of quantities and specifications of items to be delivered. This means that they received and acknowledged whatever supplies delivered without proper knowledge quantities and specifications expected at the hospital.



Oxygen regulators still being kept at the hospital store (right) and drug trolleys in the male ward of Mbarara Hospital

Payment of balances and retention for completion of a four storey staff quarters; a total of Ug shs 429,408,239 was paid to M/s Block technical services as balance on works done and retention for works completed in FY 2013/14. The houses had not yet been occupied by 14th July 2014.

Partial overhaul of the sewerage system; M/s Cream general and technical was awarded the contract to work on the hospital drainage system at a sum of Ug shs 98,564,000. Works commenced on 15th August 2013 and completed by 30th June 2014. A total of Ug shs 56,628,344 (57%) had been paid to the contractor by end of the FY.

3.10.5 Soroti Regional Referral Hospital

The hospital serves a total population of over 2,000,000 people in districts of Soroti, Bukedea, Kumi, Serere, Ngora, Amuria, Katakwi and Kaberamaido.

Planned out puts (FY 2013/14)

The following out puts include both service and development;

- Attend to 158,804 out patients
- 28,578 in patients admissions
- 4,672 deliveries made
- 2,220 major surgeries done
- 7,000 minor surgeries done
- 80% of essential medical supplies procured and dispensed
- 120,000 laboratory test undertaken
- 6,000 Antenatal Health Classes done
- 8,000 immunisations done
- 3500 Family planning services conducted
- First floor of a 24 unit staff house constructed
- Maternity ward to include theatre renovated
- Sheltered walk ways constructed.

Financial Performance

The hospital annual approved budget for FY 2013/14 was Ug shs 5,133,659,051 of which Ugshs 2,663,616,000 (52%) was wage, Ug shs 1,570,000,000 (30%) was development and Ug shs 900,043,051 (17%) was non-wage. The hospital received a total of Ug shs 5,028,592,577 and spent Ug shs 4,859,768,491 (97%). Releases for non-wage and development were released as below (Table 3.23)

Table: 3.23 Releases amounts against dates received during FY 2013/14

Grant	Amount	Quarter	Date of Release
Non-Wage	224,689,051	Q1	13 th August 2013
	224,689,000	Q2	23 rd October 2013
	224,689,000	Q3	3 rd February 2014
	225,976,000	Q4	8 th May 2014
Total	900,043,051		
Capital Development	519,500,000	Q1	13 th August 2013
	507,500,000	Q2	23 rd October 2013
	303,200,00	Q3	28 th February 2014
	270,800,000	Q4	5 th June 2014

Total	1,297,800,000		
Grand total	2,197,843,051		

Source: Soroti RRH

Wage Component

The approved annual budget for wages was FY 2013/14 Ug shs 2,663,616,000 of which 2,339,725,440 (88% of budget) was spent. The hospital had 295 health workers on pay roll by end of FY 2013/14. A number of challenges were noted;

- Staffing gaps with only 295 out of 330 health workers on ground. The hospital lacked key personnel like Orthopaedic Surgeon, Psychiatrist and Consultant Physician.
- Lack of feedback from Ministry of Public Service (MoPS) on approvals of recruitment and replacement of staff.

Recommendation

- The MoPS should expeditiously respond to recruitment and replacement requests from the hospital.

Development Component (Project 1004)

The annual budget for this component was Ug shs 1,620,000,000, 100% of the funds were released and spent by end of the FY.

Physical Performance

i) Service outputs

The hospital performed excellently in achievement of service out outs, 129% of inpatients were attended to while 279% ultra sound scans were done. (Table 3.24)

Table 3.24: Service outputs achieved by Soroti RRH during FY 2013/14

Service Category	Indicator	Planned output	Actual performance	% achievement of set targets
Inpatients	Admissions	28,578	21,063	74
	Deliveries	4,762	4,381	92
	Major surgeries	2,200	2,255	103
	Bed occupancy rate	100%	106%	106
Outpatients	General outpatients	56000	72,377	129
	Special clinics patients attended	48,000	60,843	127
Diagnostic	X-ray	5,000	2,783	56

outputs				
Ultra sound examinations performed	3,200	8,917		279
Laboratory examinations done	120,000	153,895		128
Immunizations	8,000	8,591		107
Antenatal attendances	6,000	7,647		127
Family Planning contacts	3,500	3,083		88

Source: Soroti RRH

Construction of a 24 unit staff house; this project was contracted to M/s Nicole Associates at a contract sum of Ug shs 4,374,874,130. Civil works commenced in May 2013 and expected to be completed in May 2014 (Within 34 months). The scope of works involved construction, 24 -two bed roomed self-contained staff units on four floors and a septic tank. The units were designed by M/s Joadah Consults at a total of 49,500,000 in 2012.

Physical progress was estimated at 50% in July 2014. Construction of first and second floor was completed. Outstanding works included construction third and fourth floor, roofing plastering, painting, installation of electrical and plumbing works, construction of a septic tanks. The contractor was paid a total of 1,043,104,325 (24% of the contract sum). The target for construction of phase one (first floor) during the financial year was achieved.



New staff houses under construction (Left) and staff accommodation at Soroti RRH (Right)

The hospital administration was satisfied with quality of works done however the project had enormously been affected by unavailability of building materials for example sand is ferried from Malaba. Maxpan blocks from Kajjansi-Kampala, timber and eucalyptus from Masaka.

Inadequate and untimely release of funds affected timely project implementation. The total approved budget of the hospital was 36% of the contract sum, this was grossly inadequate to complete the project in scheduled time.

Maternity ward to include theatre renovated; this activity was not done, hospital management made a decision with approval from MFPEd to reallocate funds from this

project to remodelling of the private wing. Renovation of the maternity ward is expected to be done with help of donors from Canada.

Remodelling of the private wing; this contract was awarded to M/s Akuca Engineering Works Limited at a contract sum of Ug shs 206,991,710. Works commenced in June 2013 and expected to be completed in December 2013 (within six months). The scope of works included; partitioning of the old building and creation of more work space, ceiling works on the second floor, floor works involving laying terrazzo on the first floor and tiling the second floor, installation of windows and doors, plumbing and electrical installations, external works involving laying of paver blocks in the parking area, construction of the ramp and a gate man's house. Physical performance was estimated at 75% against time progress of 150%.

The contractor was granted time extension of two more months and expected to complete all works by end of August 2014. The contractor had abandoned site for over five months, this caused delays in project implementation. Works resumed in June 2014. A total of Ug shs 41,398,342 (20% advance payment) was paid to the contractor. Outstanding works included; grinding of the terrazzo, skirting, painting, fitting windows and doors, plumbing and installation of electrical fitting, installation of the ceiling boards, fitting guard rails on the ramp, completion of laying of paver blocks.

Construction of the walk ways (Phase I); this contract was awarded to M/s Site tech Uganda Ltd at a contract sum of Ug shs 50,120,175. Works commenced in March 2014 and completed in June 2014. Scope of works included construction of sheltered walk ways from the private wing to paediatric ward connecting to medical and surgical ward. Physical performance was 100% against 99% financial performance (Ug shs 49,565,020).



Newly constructed sheltered walkway at Soroti RRR

The hospital administration was satisfied with quality of works however, upon project completion, it was noted that the walk ways needed lighting and guard rails to avoid misuse by patients. The district engineer was engaged to cost additional works and repair of existing walk ways. The hospital was awaiting response from the district engineer by 7th July 2014.

Implementation challenges

- Delayed release of quarter four funds led to late implementation of planned activities. Releases were made two weeks (5th June 2014) to the end of the FY.
- Inadequate funds to effect substantial payment of certificates.

Recommendations

- The MFPED should ensure timely release of funds in stipulated timelines.
- The hospital should prioritize its development budget to focus on implementation of key outputs.

Analysis

Link between financial and physical progress

Funds released to RRHs were far less than outputs on ground and services offered in hospitals visited, all hospitals attended to more clients than those anticipated. This was partly due to proper planning, use of Non-Tax Revenue (NTR), and borrowing of medical supplies from lower health facilities also contributed to attendance to more cases than planned.

Achievement of set targets

All referral hospitals visited achieved most of their set targets. Service outputs were achieved at over 100%, the average physical performance of RRHs monitored in terms of achieving development targets for the FY was excellent at 87.7%; with Jinja RRH 71%, Lira RRH 100%, Masaka 100%, Mbarara 100% and Soroti 65%. Good performance was attributed to timely release of budgeted funds, over (92%), timely delivery of drugs by NMS and in some cases utilization of the NTR.

Challenges affecting performance of referral hospitals

- Inadequate staffing and obsolete structures at 100% of RRHs visited.
- Inadequate budgets to implement planned activities.
- Inadequate staff salaries led to demotivation of workers.
- Lack of equipment and machinery.
- Non functionality of the referral system partly due to high population, lack of infrastructure and equipment at lower health facilities. This led to congestion of all hospitals visited.

Conclusion

All hospital visited received more inpatient and outpatients than expected meaning that GoU, MoH, NMS and other stakeholders must step up their planning mechanisms for effective service delivery. Findings indicate that a number of both service and development targets were achieved for hospitals visited. Despite the achievements, the health care systems was constrained by a number of factors including inadequate budgets, staffing gaps and nonfunctional referral system. Hospitals operated shoestring budgets in relation to their needs and priorities. The GoU budget should prioritize the health sector by allocating at least 15% of the national budget for improved service delivery.

Recommendations

- The MoPS, MoH and Health service commission should recruit and deploy health workers to all RRHs, staffing levels should be enhanced to at least 90%
- MoPS should revise staffing structures of referral hospitals to enhance service delivery.
- The MFPED should increase budget allocations to the health sector to facilitate procurement of equipment, undertake development activities and improve service delivery at all levels.
- The GoU should support the referral system through equipping health facilities at all levels with necessary requirements like equipment, drugs, infrastructure and staff. This will facilitate decongestion of referral hospitals.

3.12 VOTES: 501-850 PRIMARY HEALTH CARE GRANTS

Local governments through the Primary Health Care (PHC) system are responsible for delivery of majority of frontline health service delivery through management of resources for general hospitals and health centers II, III, and IV.

Services offered under PHC include;

- Health service delivery by District Health Offices, Health Centres and General Hospitals
- Recruitment and management of personnel for District Health Services.
- Health infrastructure development such as construction of operating theatres, medical wards, staff houses and sanitary facilities at health facilities.
- Provision of basic medical equipment.
- Monitoring, mentoring and support supervision.
- Coordination and supervision of health service delivery by private not for profit facilities.
- Training and capacity building of human resource.

Findings

During the annual monitoring for FY 2013/14, focused on PHC wage and development grants in 14 districts. These included; Gulu, Isingiro, Jinja, Kaberamaido, Kiruhura, Kitgum, Kole, Kumi, Lira, Masaka, Mityana, Namutumba, Pader and Soroti

Financial Performance

The total approved PHC budget for both districts and municipal councils for FY 2013/14 was Ug shs 284.6 billion (24.4% of the health sector budget), Ug shs 224.8 billion (79%) was released and 100% spent⁹.

PHC Wage

The total wage budget was Ug shs 215,022,996,269 of which Ug shs 205,375,017,005 (96%) was released. Among district visited, Gulu district had the lowest release performance of 80% of the approved budget while Kaberaimado, Kumi, Kole, Masaka and Mityana received 100% of their wage allocations in FY 2013/14.

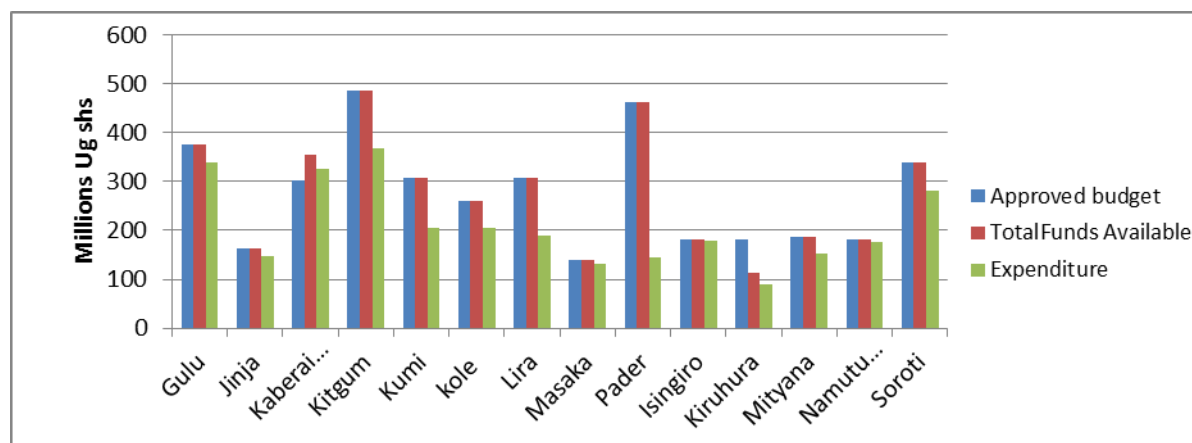
PHC Development

The total development budget was Ug shs 30,083,598,965 and 100% was released and spent¹⁰. Field findings indicate that all local governments visited received over 95% of their budgets. In terms of expenditure, Pader district had the lowest expenditure performance at only 32% while Kaberamaido district had highest expenditure at 108% of the released funds. This was mainly because, the district utilized part of the funds that were carried forward from last financial year FY 2012/13. The figure 5 below shows the release and expenditure performance for PHC development (FY 2013/14) in districts monitored.

⁹ MoH Q4 report, FY 2013/14

¹⁰ Ibid

Figure 5 The budget, release and expenditure performance of local governments under PHC development



Source: Field findings

Field findings

Physical Performance

3.12.1 Gulu District

a) PHC Wage

The allocated budget for PHC wage was Ug shs 2,713,960,041 of which Ug shs 2,165,305,330 (96%) was released and the district had a total of 519 health workers on pay roll by 30th June 2014. A number of challenges faced at both district and health center level were noted and these included;

Challenges

- Lack of timely responses to several pay change queries filed by the district Human Resource Department to MoPS. This led to assignment of wrong account numbers and several computer numbers to one staff member.
- Regular non-payment of MoH bonded health workers. These included four laboratory technicians. This led to demotivation and accumulation of salary arrears for the above mentioned health workers.
- At Lalogi HCIV, nine health workers had not received their allowances for over six months. Mr Ojok Richard, a Records Assistant at the HC had reportedly not been paid a total of Ug shs 1,400,000 as his consolidated allowance since January 2013.
- Unexplained salary deductions for five health workers Lalogi HC IV for over seven months.
- At Awach HCIV, 25 out of 42 health workers complained of unexplained salary deductions.

Recommendations

- The MoPs should step up its communication strategy for timely and adequate feedback to local governments in light of the complaints submitted.
- The MoH should ensure timely payment of bonded staff assigned to districts.

- The districts together with MoPs should harmonize their records and ensure timely payment of salary and allowance arrears for all health workers in the district.

b) PHC Development

In FY 2013/14, the following activities were planned to be undertaken;

- Completion of staff house at Lanenober HCIII,
- Construction of a four in one staff house at Ongako HCIII,
- Completion of a general ward at Pabwo HCIII,
- Completion of a general ward at Labworomor HCIII,
- Completion of OPD at Ngany HCII,
- Completion of general ward at Odek HCIII,
- Completion of administration block DHO's office,
- Completion of OPD at Lujorongole HCII,
- Completion of staff house at Lalogi HCIV,
- Renovation of general ward at Awach HCIV,
- Procurement of ambulance tyres,
- Procurement of furniture for health facilities,
- Construction of a 4 stance pit latrine at Lukwir HCII,
- Completion of a 4 stance pit latrine at Bobi HCIII.

Financial Performance

In FY 2013/14 the approved budget for PHC development grant including PRDP was Ug shs 467,931,000 of which Ug shs 390,856,780(83.5%) was released. A total of Ug shs 339,386,565 (86.8%) was spent. Table 3.25 indicates payments made per output during FY 2013/14.

Table 3.25: PHC Development payments by output at Gulu District FY 2013/14

Output Description	Contractor	Contract Sum (Ug shs)	Payments in FY 2013/14
Completion of staff house at Lanenober HCIII-Retention	Blair foundation		3,748,950
Construction of a four- in-one staff house at Ongako HCIII	Pukwany General Services	85,863,000	81,569,850
Completion of the general ward at Pabwo HCIII	Dento construction company	46,805,000	39,691,000
Construction of general ward at Labworomor HCIII	Pukwany General Services	199,816,500	24,987,938
Completion of OPD at Angany HCII	Pukwany General Services	28,204,230	26,794,019
Construction of the general ward Odek HCIII	Lacan bill	54,564,600	47,083,900
Completion of administration block, DHO headquarters	Ingenuity	80,632,495	0
Renovation of general ward at Awach HCIV	Vosh Uganda limited	47,310,715	46,385,068

Procurement of Ambulance tyres	City tyres	9,017,732	5,653,000
Procurement of furniture to health facilities	Pathway	40,500,000	39,940,000
Construction of 4 stance latrine at Lukwir HCII	Adyero	13,268,840	13,268,840
Completion of a 4stance pit latrine at Bobi HCII	Agira	10,264,000	10,264,000
Total		616,247,112	339,386,565

Source: Gulu District Local Government

Physical performance:

The monitoring team visited four projects; Completion of a four-in-one staff house at Lalogi HCIV, completion of a general ward Odek HCIII, renovation of the general ward at Awach HCIV and procurement of furniture for health facilities.

Completion of a staff house Lalogi HCIV; M/s Pukwany General Services was contracted to undertake works at a contract sum of Ug shs 85,863,000. Works commenced during the third quarter of FY 2012/13 and were completed (100%) on September 2013. The contractor was paid Ug shs 81,569,850 (95%). The facility was handed over to the HC in December 2013.



Four-in-one staff house at Lalogi HC IV, Gem Parish, Lalogi Sub County in Gulu District

The monitoring team noted good workmanship and staff was satisfied with quality of works. The facility had greatly reduced absenteeism and made health workers available at the HC 24 hours of seven days of the week. Staff were also motivated to work since payment of rent and transport expenses ceased to be. This translated into improved service delivery at the HC. *“we can now give more time to our patients.....before the staff house, most of us would leave the health unit on Thursday and come back to work on Monday”* Madera Agnes, Health Assistant, Lalogi HC IV. The facility however, lacked solar installations and sanitary facilities. The staff occupying the units shared latrines with their neighbors which were over 70metres away. It was therefore recommended that the district should prioritize construction of sanitary facilities and grid or solar estimation to the newly constructed staff house.

Completion of a general ward Odek HCIII; M/s Lacan bill was awarded the contract to undertake works commenced on 24th October 2012 and completed in October 2013. By the end of the FY, a total of Ug shs 47,083,900 (86%) was paid to the contractor. The facility was occupied before official hand over by the contractor, it lacked sanitary facilities and the floor had poorly repaired cracks. The door and locks were already coming out since they were not properly fixed. The ward lacked medical equipment hence couldn't be effectively utilized.



Right: Completed general ward at Odek HCIII. Left: a staff showing a broken part of the swing door inside the ward

Renovation of the general ward at Awach HC IV; renovation works were awarded to M/s Vosh Uganda Limited at a sum of Ug shs 47,385,068. Works started in April 2014 and were expected to be completed by mid-July 2014. The scope of works involved; repair of the ceiling board, construction of new toilets in the male section, floor screeding, changing the ventilation nets, painting, fitting of four solid flush doors, new windows and a two elbow complete sink.

Physical progress was estimated at 90%. Civil works were of good quality however, the building lacked a complete gutter system to avoid water splashing through the walls of the facility.



General ward at Awach HC IV in Gulu District under renovation

Procurement of furniture for health facilities; M/s Pathways supplied 93 chairs, 50 tables on 9th June 2013 and 250 benches

on 30th June 2014 at a sum of Ug shs 40,500,000. By end of the FY, a total of Ug shs 39,940,000 had been paid to the supplier. Some of the furniture was seen at Lalogi HCIV.

3.12.2 Isingiro District

a) PHC Wage

The district was allocated a total of Ug shs 2.6 billion of which 91% was released during the financial year. A total of 390 health workers were on the payroll by end of the FY 2013/14. The DHO noted that all health workers at the district had accessed the payroll. Staffing levels were noted to be at 55%, the district lacked midwives, nurses and clinicians among other cadres.

b) PHC development

During FY 2013/14, the following activities were planned to be undertaken;

- Construction of a maternity/general ward at Kasana HCIII,
- Construction of the DHO's office,
- Construction of a staff house at Rushasha HCIII.

Financial performance

In FY 2013/14 the approved budget for the development grant was Ug shs 182,620,250 of which Ug shs182, 620,250 (100%) was released and Ug shs 179, 393,807 (98.2%) spent on activities undertaken highlighted in Table 3.26:

Table 3.26: PHC Development payments by the Health Department of Isingiro District FY 2013/14

Output Description	Contractor	Contract Sum(Ug shs)	Payments in FY 2013/14 (Ug shs)
Construction of the DHO office	Starlite Engineers	129,866,900	70,713,090
Construction of the staff house at Rushasha HCIII	M/S Ham and Kam General Suppliers Limited	34,668,000	17,765,100
Construction of the maternity ward at Kasana HCIII	Buckley Left (U) Limited	98,024,100	77,060,950
OPD construction at Kikokwa HC III Kaberebere T/C	M/S Kabingo Contractors Limited	101,685,840	6,186,292
Monitoring, supervision and approval of capital works	NA	NA	7,668,375

Source: Isingiro District health department

**NA-Not Applicable*

Physical Progress

The monitoring team visited all outputs undertaken during the FY. The following was established;

Construction of the staff house at Rushasha HCIII; M/S Ham and Kam General Suppliers limited was contracted to undertake the works at a sum of Ug shs 34,668,000. Works commenced in March 2014 and were expected to be completed by July 2014. Physical progress was at 97% with all major works complete save for completion of inside painting for the staff house. The contractor had been paid a total of Ug shs 17,765,100 (51%). Completed works on the staff house included; roofing, plastering and shuttering. The pit latrine was 100% complete. The team noted good quality works at this site



Completed staff house and pit latrine Rushasha HCIII

Construction of the DHO's office; Phase one works were contracted to M/s Starlite Engineers at a contract sum of Ug shs 129,866,900. The works involved construction of the substructure, super structure and roofing. Physical progress of the planned activities under phase one was completed (100%). The remaining works were planned under phase two and these include; plastering, fixing of doors and windows, ceiling, laying floor tiles, painting, plumbing and electrical works. Good quality civil works were noted on the completed structure.

Construction of maternity ward at Kasana HCIII; M/s Buckley Left (U) Limited was contracted to undertake the works in during FY 2012/13 and completed (100%) in March 2014. The contract sum was Ug shs 98,024,100 and 79% of the contract sum had been paid by 30th June for works completed. The ward was handed over to the health Centre; it accommodates a general ward, antenatal unit, post natal ward, labor suit, washrooms, stores and the nurses' offices. It was noted that *some door locks were faulty and could be opened by one key, large cracks in the floor, verandah and poor quality timber used for the curtain boxes in the postnatal ward was noted.*



Right: Completed maternity ward, Left is a cracked floor of the ward

Benefits

- Access to delivery and postnatal services; before the intervention, the facility could only offer antenatal services due to lack of a maternity ward.
- Ability to undertake delivery services 24hours a week due to availability of solar lighting system.

In spite of the benefits, it was established that the ward;

- Lacked equipment like the delivery and medical beds. The general ward had only one mattress on the floor. This meant that the ward could not be effectively utilized.
- Lack of water in both the general maternity ward and labor suit. Expectant mothers were therefore encouraged to come along with a jerry can of water to be used during labor. The nearest water source was over one kilometer from the health facility.
- Lack of a midwife to effectively run the facility. All services in the maternity ward



Mattress in the general ward of Kasana Health III in Isingiro District

were offered by a comprehensive nurse.

3.12.3 Jinja District

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 3,118,388,525, of which Ug shs 2,980,555,593 (96%) was released. The total number of health workers on payroll was 498 in the district by end of FY 2013/14. The following challenges were noted;

- Staffing gaps; the district had 498 out of 555 health workers required on ground. Missing cadres included; senior medical officers, bio-statistician, assistant DHO, anesthetic officers, public health nurses, dispensers, psychiatric nurses and midwives.
- Inadequate funds to facilitate recruitment of midwives and nurses for existing health facilities and staffing of newly upgraded Kagoma hospital.

b) PHC Development

The following activities were planned to be undertaken during in FY 2013/14;

- Renovation of roof and ceiling at Budima HC III,
- Renovation of Mutai HC II,
- Renovation Kabembe Health center II,
- Payment of retention for works done at Buwenge General Hospital and Butagaya HC III.
- Completion of Lukolo maternity Phase III.

Financial performance:

The approved development budget for FY 2013/14 was Ug shs 163,380,000, 100% of the funds were released and Ug shs 148,620,350 (92%) was spent. The balance of 9% had been committed to payment for renovation works at Mutai HC II. Table 3.27 gives a summary of the capital development payments for Jinja district local government.



Left: Renovation works of the OPD and Right is the old door frame filled with FILA instead of replacement at Budima HCIII in Jinja District

Table 3.27: PHC Development payments by the Health Department of Jinja District FY 2013/14

Project	Contractor	Contract Sum (Ug shs)	Payments to date (Ug shs)
Renovation of roof and ceiling at Budima HC III	M/s Wanira Investments Limited	20,000,000	18,000,000
Renovation works ceiling at Buwenge and Butagaya HC IIIs- Retention	M/s Kimato Traders and Constructors, M/s Batta Engineering Co. limited	12,000,000	12,000,000
Renovation of Mutai Health center II	M/s Batuli Investment Limited	14,970,000	0
Completion of Lukolo maternity Phase III	M/s Wananira Investments Limited	132,499,050	104,203,750
Renovation of Kabembe Health center II	M/s Jaluuko Hardware and Contractors	14,416,600	14,416,600
Total			148,620,350

Source: Jinja District Health Department

Physical performance

The following projects were monitored: renovation of roof and ceiling at Budima HCII, renovation of Mutai HCII and renovation of Kabembe HCII.

Renovation of roof and ceiling at Budima HC III; M/s Wanira Investments Limited was contracted to undertake works at a sum of Ug shs 20,000,000. The civil works commenced on 23rd May 2014 and expected to be completed on 24th June 2014. The scope of works included replacement of the roof and ceiling, fixing of the gate, demolition of weak walls, reinforcement of internal and vertical cracks, splash apron, replacement of old doors and shutters painting, external works. Physical progress of the facility was estimated at 98% against 90% financial progress. Although a works had been certified and a completion report was submitted by the district engineer. *It was noted that no door frames were replaced, no works on the splash apron and external works (Compound) were done.* The wiring system of the structure had been alternated and not fixed by the contractor.

Renovation of Mutai Health center II; M/s Batuli Investment Limited undertook civil works at a sum of Ug shs 14,970,000. Works commenced on 13th June 2014 and were expected to be completed on 12th August 2014.

Scope of works involved demolition and renovation of OPD walls, floor and ceiling. Assemble and fix widows, door frames and shutters, replacement of broken glass, damaged iron sheets with five ultra violet iron sheets, repair of the splash apron, painting, external works involving soak pit, renovation of the pit latrine and leveling of the compound.

Physical works were estimated at 40% by 4th August 2014, walls and floor works were ongoing, facier board, doors and the transparent iron sheets had been replaced. Outstanding works included replacement of broken glasses, painting, compound levelling and floor works on the splash apron. The contractor had not been paid for works done.



Renovation works at Mutai HCII and right is the replaced doors on the toilet

Renovation of Kabembe Health center II; M/s Jaluuko Hardware and Contractors was contracted to undertake the works at a contract sum of Ug shs 14,416,600. The Scope of works involved removal and replacement of broken roof, ceiling and door shutters, fixing ultra violet iron sheets, painting and repairs on the sanitation facility.

Works commenced on 29th April 2014 and were expected to be completed on 29th July 2014. Physical and financial progress was 100%. Works were completed and handed over the community. The staff at the health facility noted that they were satisfied and happy with quality of works done by the contractor. It was further noted that hygiene had greatly improved at the facility upon removal of a bat infested roof. This translated into increased demand and access to health services.

3.12.4 Kaberamaido District

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 1,327,167,972 and 100% was released. The health department could not establish the exact number of health workers on the pay roll, however the staffing levels were reported to be at 66%. A number of challenges were however noted;

- Staffing gaps at 34%.
- Some health workers had reportedly not received February, March and May salaries while others were underpaid. This led to demotivation of staff and affected service delivery.

b) PHC Development

Planned activities for FY 2013/14 were;

- Construction of a pediatric ward at Ocheru HCIII in Ocheru sub county,
- Completion of the renovation OPD in Bululu HCIII,
- Renovation of staff house at Kaberaimaido HCIV,
- Repair of two ambulances and one double cabin for the DHOs office,
- Procurement of specialized medical equipment for Kaberaimaido HCIV, Alwa HCIII, Kobulubulu HCIII, Ocheru HCIII, Anyala HCIII, Bululu HCIII, Kalaki HCIII and Otuboi HCIII,
- Completion of staff houses at Alwa HCIII,

- Construction of staff houses at Aperikira HCIII,
- Completion of staff houses at Ochero HCIII,
- Completion of construction of laboratory block at Anywara HCIII and Kobulubulu HCIII.

Financial performance

The approved PHC development budget including PRDP for FY 2013/14 was Ug shs 301,526,771 and 100% of the funds were released. A total of and Ug shs 326,215,591 (108%) was spent by the end of the financial year. Over expenditure was due to utilization of Ug shs 24,688,820 which was part of Ug shs 54,457,779 carried forward from FY 2012/13. Table 3.28 indicates payments made in FY 2013/14.

Table 3.28: PHC Development payments by the Health Department of Kaberaimaido District in FY 2013/14

Project	Contractor	Contract Sum	Payments to date
Construction of a pediatric ward in Ochero HCIII	Rovacco Uganda Limited	70,087,500	66,583,125
Completion of the renovation of OPD at Bululu HCIII	Joana Investments	14,000,000	13,775,000
Renovation of staff house at Kaberamaido HCIV	Onyangor Contractors	44,168,000	43,726,369
Repairing of two ambulances and double cabin	Uganda Martyrs Vocational Institute	33,000,000	31,055,000
Repairing of double cabin	Uganda Martyrs Vocational Institute	8,500,000	8,519,000
Completion of staff houses in Alwa HCIII	Light Investment Limited	50,996,788	2,549,839
Construction of pit latrines in Bululu HCIII, Kaberamaido HCIV, Otuboi HCIII and Arwa HCIII	Benezer Trading and Construction Company Limited	11,900,000	595,000
Construction of staff houses at Aperikira HCIII	Epuku Joshua Enterprises	49,566,038	49,566,038
Completion of staff houses at Ochero HCIII	Eriga Engineering Works	43,000,000	23,000,000
Completion of construction of laboratory block at Anywara HCIII	Euro Light Foundation Uganda Limited	47,115,762	23,437,124
Payment of retention for construction of laboratory block at Kobulubulu HCIII	Anyimlach Enterprises	44,409,960	4,409,096
Procurement of specialist medical equipment-dental extraction sets, binocular microscopes, electric autoclaves, and delivery sets	M/s Vet drug (U) Limited	59,000,000	59,000,000
Total			326,215,591

Source: Kaberaimaido District Health Department

Physical performance

The following projects were monitored; renovation of Kaberamaido HCIV, completion of OPD at Aperikira HCIII, specialist medical equipment supplied to Kaberamaido HC IV, and renovation of OPD at Bululu HCIII.

Renovation of staff house at Kaberamaido HCIV; The renovation works were done by M/s Onyangor Contractors at a sum of Ug shs 44,168,000. Works commenced during FY 2012/13 and completed in March 2014. Scope of works included; removal of the floor screed, plastering, ceiling works, re-roofing, electrical works and plumbing works. It was noted that physical progress was at 100% against 95% financial progress. The facility was handed over to the HC and was occupied by staff. Users noted that they had no sanitary facilities and therefore bathed from the bush while others walked more than 50 meters to use toilets of the health facility.

Completion of OPD at Aperikira HCIII; M/s Epuku Joshua Enterprises was awarded the contract to undertake works at a contract sum of Ug shs 49,566,038. Works commenced during October 2013 and were completed at the end of November 2013. Physical and financial progress was at 100%. In spite of the completion, the health facility was not yet to be operationalized by 9th July 2014.

Renovation of the OPD at Bululu HCIII; M/s Joana Investments was awarded the contract to undertake renovation works at a contract sum of Ug shs 14,000,000. Works commenced in June 2014 and completed in mid-July 2014. The scope of works included fitting of new doors and windows, plastering, painting, and construction of a verandah. Physical progress was at 100% against 95% financial progress. The facility was under defects liability period, it was handed over to the HC and was occupied by staff.

Procurement of specialist medical equipment at Kaberamaido HCIV; these were supplied by M/s Vet drug (U) Limited in March 2014 and in use. The procured equipment included two dental extraction sets, three binocular microscopes, five electrical autoclaves and ten delivery sets. Some of the equipment could not be used due to lack of electricity.

3.12.5 Kiruhura District

a) PHC wage

The district budget for PHC wage was Ug shs 2,294,636,000 of which Ug shs 2,196,425,579.2 (95.72%) was released. The district had a total 300 health workers on the pay roll by 30th June 2014. The new payment system was embraced and payments were made on time. The new system reduced frequent travels by health workers to Kampala to complain about salary issues including nonpayment and deductions in payments among others.

It was noted that the district's operational costs had increased due to monthly travels to MoPS to make salary payments. The district did not have a budget line for such travels. It was therefore recommended that districts should be empowered to make salary payments to avoid frequent monthly travels.

b) PHC development:

In the FY 2013/14, the district planned to undertake the following activities:

- Construction of an OPD at Kashongi HCIII,
- Wiring and connection of electricity from the pole to Kiruhura HCIV and Kazo HCIV

- Payment of balance for completed staff house at Nyakashshara HCIII,
- Payment of retention for completed staff house at Burunga HCIII,
- Repair fuel services and allowances for transfer of patients within the district. The construction of OPD at Kashongi HCIII and wiring of Kiruhura HCIV were monitored.

Financial performance:

The approved budget for PHC development grant is Ug shs 114, 000,000, 100% was released and Ug shs 89,977,487 (78.9%) was spent by the end of the FY 2013/14. Details of the expenditures are indicated in Table 3.30 below.

Table 3.29: PHC development payments by Kiruhura district by end of FY 2013/14

Output Description	Contractor	Contract Sum(Ug shs)	Payments in FY 2013/14 (Ug shs)
Construction of OPD at Kashongi HCIII	M/s BATA Engineering Company Limited	50,225,400	47,153,607
Payment of balance for completed theatre at Kazo HCIV	M/s Woodfix Technical Services	81,267,000	15,352,224
Payment of balance for a staff house at Nyakashshara HCIII	M/s Bridge holdings Limited	30,389,838	5,721,656
Payment of retention for maternity ward at Kinoni HCIII	SAGM Technical Services Company Limited	75,000,000	3,750,000
Repair and Servicing of Ambulance	Total Mbarara and Mo gas Petro Station		18,000,000
Total			89,977,487

Source: Kiruhura District Health Department

Physical Performance:

Annual monitoring focused on; Construction of an OPD at Kashongi HCIII and wiring and electricity connection at Kiruhura HCIV.

Construction of OPD at Kashongi HCIII; M/s BATA Engineering Company Limited was awarded the contract to undertake works at a sum of Ug shs 50,225,400. Works commenced on 9th March 2014 and were expected to be completed by end of the FY 2014. The scope of works involved; construction of the substructure, excavation, setting out, super structure, roofing, fixing of doors and windows, plastering, painting, electrical wiring, floor finishes, and external works including soak pit and drainage. The OPD was completed (100%) and operational by 20th July 2014. The monitoring team noted substandard works on the entire structure, the floor and patient benches had cracked. The users were also not happy with the quality of works done by the contractor.



Left: Completed OPD, cracked patient bench (middle) and cracked wall in the new OPD at Kashongi HCIII (Right)

Wiring of Kiruhura HCIV: M/s MaPV Engineering Contractors Limited were contracted to wire both Kiruhura and Kazo HCIV at a sum of 18,665,000. Works started on 6th June 2014 and completed on 26th June 2014. Works in Kiruhura involved wiring the old maternity and OPD wards, store and the laboratory. Four electricity poles had been erected and connections were made.

3.12.6 Kitgum district

a) PHC wage

The total approved budget for FY 2013/14 was Ug shs 2,356,888,999 and Ug shs 2,296,939,768 (97%) was released. The district pay roll had a total of o 350 health workers by 2nd July 2014. It was noted that over 50% of the health workers had complained of payment irregularities and salary deductions at the district Human Resource Department. This affected service delivery and greatly demoralized staff, some health workers were reported to have resorted to alternative means of survival.

Case study one: Mr. Adiga James of IPPS number: 834009 and computer number of L50313004346 is a senior clinical officer at Macwiny HCIII. He assumed duty on 30th January 2013 and had not been paid since February 2013. Accumulated arrears of Ug shs 14,312,177 had not been paid by June 2014.

Although he was appointed as a senior clinical officer, the first payment received was that of a nursing officer. It was also established that he was sharing the same computer number with Mr. Adiga George of Arua district. Despite the fact that the pay roll was decentralized, he still made countless trips to MoPS and MoH but his problems were never solved. He was therefore demotivated and was almost giving up work.

Recommendation

- The district Human Resource Managers at the district should fast track Mr. Adiga's case by activating him on the pay roll and making all necessary payments including arrears.

Source: Field findings

b) PHC development

The following activities were planned to be undertaken during FY 2013/14;

- Completion of maternity ward at Kitgum Town council HCII,
- Payment of retention for the two stance drainable pit latrine at Pawidi HCII
- Construction of OPD at Tumangu HCII,
- Rehabilitation of OPD at Lochomo HCII,
- Completion of maternity ward at Akunalaber HCIII,
- Completion of children's ward at Timiya-anyima HCIII.

Financial performance

The approved development budget was Ug shs 486,708,250 of which 100% was released and Ug shs 367,566,078 (76%) was spent by end of the FY 2013/14. Details of expenditure are indicated in Table 3.30

Table 3.30 PHC development payments by Kitgum district by end of FY 2013/14

Output Description	Contractor	Contract Sum (Ug shs)	Payments in FY 2013/14 (Ug shs)
Completion of maternity ward at Kitgum town council HCII	Abermaicel Construction Company Limited	45,000,000	45,000,000
Payment of retention for the construction of two stance drainable pit latrines at Pawidi HCII	Perse Trust Company Limited	NA	2,867,172
Construction of OPD and pit latrine at Tumangu HCII	Abayo Foundation Stores	120,000,000	81,347,841
Rehabilitation of OPD at Lochumu HCII	Komato Company Limited	52,576,000	42,880,050
Completion of maternity ward at Akubalaber HCIII	Kichaparwot Enterprises	20,000,000	20,000,000
Completion of children's ward at Omiya Anyima HCIII	Force on account	NA	175,471,015
Total			367,566,078

Source: Kitgum District Health Department

Physical performance

Annual monitoring focused on; Construction of the OPD at Tumangu HCII, and completion of maternity ward at Kitgum town council HCII were monitored.

Construction of the OPD Tumangu HCII; M/s Abayo Foundation Stores was contracted to undertake works at a sum of Ug shs 120,000,000. Physical progress was at 80% against 68% financial progress. The structure had been roofed and plastered, pending works included solar installations, plastering, and painting and construction of drainable pit latrines.



Left - OPD at Tumangu HCII, right is the excavated drainable pit latrine

Completion of maternity ward at Kitgum town council HCII; M/s Abermaicel Construction Company Limited was awarded the contract to undertake works at a sum of Ug shs 45,000,000. Works commenced during FY 2012/13 and rolled over to FY 2013/14. Physical and financial progress were 100% and the facility was expected to be handed over to the community in Mid July 2014.



Completed maternity ward Kitgum HCIII

The monitoring team visited the facility on 2nd July 2014 and found no one on ground. The health center was closed by 3pm, this meant that patients in need of health services at that level could not access them and verification of internal quality of works of the maternity ward was impossible.

3.12.7 Kole district

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 914,052,035.5 and Ug shs 914,052,035 (100%) was released. The district had a total of 156 health workers on payroll by 30th June 2014. The payroll management system was decentralized in July 2014. It had been embraced by the district, however, a number of challenges including salary deductions and nonpayment of consolidated allowances to health workers still existed. Staffing gaps of 14% were noted.

b) PHC development

In FY 2013/14, the district planned to carry out the following activities;

- Construction of OPD at Omolodyang HCII
- Construction of twin staff house at Ayer HCII
- Purchase of 3 motorcycles for DHO's office
- Remodeling of general ward at Okole HCII
- Purchase of 2 computers for DHO's office
- Supply of two medical beds at Aboke HCIV
- Expansion of OPD at Okole HCII.

Financial performance

The total approved budget including PRDP was Ug shs 260,446,000 of which Ug shs 260,445,000(99.9% was released and Ug shs 205,359,090 (79%) was spent by end of FY2013/14 Expenditure details are indicated in table 3.31 below;

Table 3.31: PHC development payments by Kole district by end of FY 2013/14

Project	Contractor	Contract Sum (Ug shs)	Payments to date (Ug shs)
Construction of OPD at Omolodyang HCII	M/s Olet Magezi Lira Hardware Limited	88,027,500	85,713,630
Construction of twin staff house and a two stance pit latrine at Ayer HCII	M/s Yen Pharmacy Limited	65,000,000	23,991,015
Purchase of 3 motorcycles for the DHOs office	M/s Toyota Uganda	43,304,820	43,304,820
Remodeling of general ward at Okole HCII	M/s Soloka Enterprises	34,500,000	32,929,625
Purchase of two computers for the DHOs office	M/s Computer Plaza	2,420,000	2,420,000
Supply of medical beds at Aboke HCIV	M/s Robing Enterprises	14,000,000 (10,000,000 was counter funded by LGMSD grant)	4,000,000
Monitoring and supervision of health projects			13,000,000
Total			205,359,090

Source: Kole District Health Department

Physical performance

Annual monitoring focused on; construction of OPD at Omolodyang HCII, construction of staff house at Ayer HCII, expansion of OPD and remodeling of the general ward at Okole HCII.

Construction of OPD at Omolodyang HCII; M/s Olet Magezi Lira Hardware Limited was contracted to undertake works at a sum of Ug shs 88,027,500. Works were planned to be implemented into two phases.

The first phase involved construction of the sub structure, super structure up to roofing level while the second phase will involve roofing, plastering, installation of windows and doors, painting and general finishes.



Construction of OPD at OMolodyang HCII

The first phase started in March 2014 and completed in June 2014. Physical progress was a 100% against 97% financial progress. District officials were happy and satisfied with quality civil works accomplished so far.

Construction of staff house at Ayer HCII; M/s Yen Pharmacy Limited was awarded the contract to undertake civil work at a sum of Ug shs 65, 000,000. Civil works commenced in December 2013 and expected to be completed by end of June 2014. The scope of works involved construction of two bedroomed staff houses and a pit latrine.

Physical progress was estimated at 65% against 37% financial progress the staff house was roofed while the pit latrine had been excavated by 5th August 2014. Outstanding works included plastering, floor screeding, painting, fitting of windows and doors as well as walling of the pit latrine.



Staff house and pit latrine under construction at Ayer HCII

Expansion of OPD Okole HCII; the contract was awarded to M/s Kole Engineering Company at a sum of Ug shs 36,562,000. Works commenced in 22nd July 2014 and expected to be completed by end of August 2014. Physical progress was estimated at 20% against 0% financial progress. The OPD had been expanded to include a consultation room, patients waiting shed and a store. The structure was at wall plate level and pending works included roofing, plastering, fitting of windows and doors as well as general finishes.

Remodeling of the general ward at Okole HCII; M/s Soloka Enterprises was awarded the contract to undertake works at a sum of Ug shs 34,500,000. Works had commenced during FY 2012/13 and completed in 2014. Physical progress was at 100% while financial progress was 95%. *Poor workmanship was noted at the health facility, the floor, verandah and patient's benches had large cracks while the glasses in some widows were already coming out. Some widow locks were also not fixed.*



Left: Completed general ward and (right) patient waiting bench at the same ward at Okole HCII

Supply of medical beds at Aboke HCIV; M/s Robing Enterprises supplied 52 medical beds at a sum of Ug shs 14,000,000 in June 2014. Approximately 71% of the total sum was financed under Local Government Management Services Delivery Grant (LGMSD) and 29% was PHC development grant. A total of 36 beds were being utilized while the rest were kept for lack of space in the wards.

A number of benefits were noted including;

- Reduction in floor cases by 100%, this led to improved care given to patients.
- Eased administering of treatment including intravenous fluids due to presence of IV stands



Left: Bed in the children's ward. Right: Some of the beds not in use at Aboke HC IV in Kole District

3.11.8 Kumi district

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 1,787,710,256 and Ug shs 1,787,710,256 (100%) was released. The district payroll had a total of 275 health workers by 30th June 2014. Challenges affecting the above component included delays to access the payroll by new staff and staffing gaps of over 30%.

b) PHC development:

The following activities were planned to be undertaken in FY 2013/14;

- Construction of OPD in Oseera HCII,
- Construction of OPD with 2 stance pit latrine at Aterai HCII
- Construction of a theatre in Kumi HCIV,
- Procurement of medicals equipment for the theatre in Kumi HCIV, and Mukongoror HCIII,
- Payment of retention for construction of OPD, VIP pit latrines and medical pit,
- Construction of 2 in 1 staff house, 2 stance lined pit latrines at Nyero HCIII.

Financial progress

In FY 2013/14 annual approved budget including PRDP of Ug shs 307,274,438 of which 100% was released and Ug shs 204,135,097 (66%) was spent by end of the FY. This represents absorptive capacity of 66.4 %. Details of expenditures are indicated in Table 3.32.

Table 3.32: PHC development payments by Kumi district by end of FY 2013/14

Project	Contractor	Contract sum (Ug Shs)	Payments (Ug Shs)
Fencing of Kumi HCIV	M/s Cecila Electrical Limited	22,678,948	19,542,091
Procurement of medical equipment for the theatre in Kumi HCIV	M/s Joint Medical Stores	14,152,517	14,152,517
Payment of retention for construction of two in one staff house and 2 stance pit latrines at Nyero HCIII	M/s Enways Consult Limited	36,764,640	31,167,540
Construction of a theatre at Kumi HCIV	M/s Green Consult Company	179,579,400	24,352,200
Payment of retention for construction of OPD, VIP latrines and medical pit at Ongoom HCII	M/s Mem Associates Limited	74,200,000	7,269,836
Construction of a two in one staff house and 2 stance lined pit latrine	M/s ALCA (U) Limited	44,291,250	45,669,893**
Payment of outstanding obligations for completion of un finished at Osera HCII OPD	M/s Mem Associates Limited	68,870,550	61,981,020
Total			204,135,097

Source: Kumi District Health Department; ** contractor was overpaid by Ug shs 1,378,643

Physical progress

Annual monitoring focused on construction of theatre and procurement of medical equipment for the theatre in Kumi HCIV.

Construction of theatre at Kumi HCIV; the contract was awarded to M/s Green Consult Company at a sum of Ug shs 179,579,400. Works commenced on 12th May 2014 and were expected to be completed by end of September 2014.

The scope of works involved mobilization, construction of the sub and super structure, roofing, plastering, painting, floor works fitting doors and windows and general finishes.



Theatre at Kumi HCIV under construction

By 10th July 2014, physical progress was estimated at 30% against 13.5% financial progress.

The structure was at ring beam level and both the district and the administration of Kumi were happy with the quality of works done so far.

Procurement of medical equipment for the theatre in Kumi HCIV; M/s Joint Medical Stores supplied medical equipment worth Ug shs 14,152,517 in May 2014. Equipment included Anesthesia machine, examination couch, two

operation laboratory sets, 20 sets vacuum aspirations, heraniography sets among others. Use of the equipment was awaiting completion of the theater under construction.

3.12.9 Lira District

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 1,637,711,909 and Ug shs 1,552,310,869 (95%) was released. A total of 267 health workers in the district were on the district pay roll by 30th June 2014. The district was happy with the decentralization of the payment system, however some staff were still complaining about nonpayment of salaries, allowances and underpayments by the district. The district PHC staffing gaps were at 10%.

b) PHC development

The following activities were planned to be undertaken in FY 2013/14;

- Completion of fencing of Ogur HCIV,
- Completion of staff house at Abala HCIII,
- Completion of staff house at Apuce HCII,
- Construction of staff house at Ogur HCIV,
- Paving of the DHO's Compound.

Financial performance:

The total approved development grant for FY2013/14 was Ug shs 345,282,000 of which 100% was released and Ug shs 190,239,000 (55%) spent by end of the FY. Expenditure details are indicated in the table 3.33

Table 3.33: PHC development payments by Lira district by end of FY 2013/14

Project	Contractor	Contract Sum (Ugshs)	Payments to date (Ugshs)
Paving of the DHO's office	M/s Mid North Contractors	15,680,000	14,896,000
Construction of a staff house at Abala HCIII	M/s CanPay Company Limited	48,000,000	45,600,000
Completion of a staff house at Ogur HCIV	M/s Robtom Company Limited	35,045,000	35,045,000
Completion of OPD at Aromo HCIII	M/s Emman Investment Limited	26,706,000	26,706,000
Completion of payment of balance of medical equipment and supplies of FY 2012/13	M/s Crown Health Care	22,000,000	21,500,000
Completion of fencing Ogur HCIV	M/s Flexsi Investment Limited	43,417,000	43,417,000
Payment of retention for the staff house at Akangi HCII	M/s Megum Technical Services Limited	3,075,000	3,075,000
Total			190,239,000

Source: Lira District Health Department

Physical Performance

Annual monitoring focused on; construction of a staff house at Apuce HCII, construction of a staff house and fencing at Ogur HCIV and completion of a staff houses at Abala HCIII.

Fencing of Ogur HCIV; M/s Flexsi Investment Limited was contracted to fence Ogur HC IV at a sum of 43,417,000. Works were completed in May 2013, both physical and financial progress were at 100%. It was noted that the fence had secured the health facilities since theft cases at both the health center and staff houses had reduced.

In spite of the above, the monitoring team noted that the gate had broken down in barely three months of use. The base of the poles were not reinforced with concrete, this made the fence weak and broke down in some places.

Completion of staff house Ogur HCIV; M/s Robtom Company Limited was awarded the contract to undertake the works at a sum of Ug shs 35,045,000. Completion works commenced in May 2014 and completed in July 2014. Physical progress was at 95% against financial progress of 100%. Outstanding works included fitting internal doors and glasses in windows.

Construction of a staff house at Abala HCIII; M/s CanPay Company Limited was contracted to undertake works at a sum of Ug shs 45, 00,000. Works were rolled over from FY 2013/14 and expected to be completed in August 2014. The contractor was noted to have been slow at implementation of the project, physical progress was at 90% against 95% financial progress. The superstructure was completed, floored, plastered, roofed, doors and window were fitted, outstanding works included glassing, completion of the toilet, and painting.

Completion of staff house at Apuce HCII; Works on the facility were abandoned by the contractor in FY 2012/13 and a decision was made by the district authorities to complete the structure using force account. Works started in June 2014 and expected to be completed by end of August 2014. The scope of works included roofing, plastering, fitting doors and windows, ceiling, and flooring. By 4th August 2014, the structure had been roofed and plastered. Outstanding works included floor works, fixing of doors and completion of pit latrines. Physical progress was at 90%. Good quality works were noted.



Left: Staff house and Pit latrine (Right) under construction

3.12.10 Masaka District

a) PHC wage

The total approved budget for FY 2013/14 was Ug shs 1,416,244,220 and Ug shs 1,413,276,821 (100%) was released. Information on number of health workers on pay roll by end of FY 2013/14 was not readily available by time of monitoring done on 12th August 2014.

b) PHC development

The following activities were planned to be undertaken in FY 2013/14;

- Construction of OPD at Mpugwe HCIII,
- Partial construction of staff house at Kitonga HCII
- Payment of retention and balance for renovation of the OPD at Bukakata HCIII
- Payment of balance for construction of OPD Phase at Kamulegeya HCIII.

Financial performance

The approved development budget for FY 2013/14 was Ug shs 140,378,850 of which 100% was released and Ug Shs 130,581,375 (93%) spent. Expenditure details are indicated in table 3.34.

Table 3.34: PHC development payments by Masaka district by end of FY 2013/14

Project	Contractor	Contract Sum (Ugshs)	Payments to date (Ugshs)
Construction of staff house at Kitonga HCII	M/s Bekabye General Enterprises	33,610,500	30,000,783
Construction of OPD at Mpugwe HCIII	M/s Tick Services (U) Limited	99,950,000	94,948,890
Extra electrical works on OPD at Bukakata HCIII	M/s SMM General Services	40,917,000	1,948,498
Completion of maternity ward at Kamulegeya HCII-retention	M/s SMM General Services	72,079,890	3,683,204
Total			130,581,375

Source: Masaka District Health Department

Physical performance

Annual monitoring focused on; construction of staff house at Kitonga HCII and OPD at Mpugwe HCIII.

Construction of staff house at Kitonga HCII; M/s Bekabye General Enterprises was awarded the contract to undertake works at a sum of 33,610,500. Works commenced on 12th February 2014 and expected to be complete by 23rd June 2014. The scope of works under phase one included mobilization, substructure, superstructure and roofing. By mid-August 2014 the first phase works were completed (100%) against financial progress of 89%. Civil works were noted to be of good quality. Phase two works will involve completion of the structure with fitting of doors and windows, electrical and plumbing works, plastering, painting and general finishes.

Construction of OPD at Mpugwe HCIII; M/s Tick Services (U) Limited was contracted to undertake works at as um of Ug shs 99,950,000. Civil works commenced in March 2014 and were expected to be completed in June 2014. The scope of works included: mobilization, substructure, super structure, roofing, fitting of doors, windows, ceiling, lockable shelves, electrical and plumbing fittings, lightening protection, mechanical installations and water supply.



OPD under construction at Mpugwe HCIII

By 12th August 2014, the works were still ongoing with the following complete; super structure, roofing, plastering, flooring, and doors and window frames fitted. The monitoring team noted *poor quality works characterized by floor and ring beam cracks, weak door fitted on the drug store of the newly constructed OPD.*

3.12.11 Mityana District

a) PHC wage

The total approved budget for FY 2013/14 was Ug shs 3,470,709,903 and Ug shs 3,470,709,902 (100%) was released. Information on number of health workers was not readily available by 22nd July 2014.

b) PHC development

The following activities were planned to be undertaken in FY 2013/14;

- Completion of the staff house at Kasikombe HCII,
- Construction of a four in one staff house at Kitanga and Kikandwa HCIIIs,
- Rehabilitation of Lusarira HCII
- Surveying land titles for Kyamusis HCII and Nam HCIII,
- Fencing of Sekanyonyi HCIV,
- Carry out additional works for the maternity ward at Bulera HCIII

Financial performance

In FY 2013/14 the approved development budget was Ug shs 186,355,205 of which 100% was released and Ug shs 152,883,443 (82%) was spent. This represents excellent absorptive capacity of 82% %. Table 3.35 indicates expenditure details during the FY.

Table 3.35: PHC development payments by Mityana district by end of FY 2013/14

Output Description	Contractor	Contract Sum(Ug shs)	Payments in FY 2013/14 (Ug shs)
Construction of a staff house at Kikandwa HCIII.	M/s Trevor and Son Limited	96,251,500	20,212,766
Construction of a staff house at Kitanga HCIII	M/s Trevor and Son Limited	96,251,500	64,344,926

Completion of the 2in1 staff house at Kasikombe HCII	M/s Cribbson	51,384,425	29,951,776
Construction of Sekanyonyi HCIV theater	M/s Bana Enterprises Limited	56,822,400	9,500,000
Additional works for Bulera HCIII maternity ward		71,855,000	1,417,625
Completion of Nama staff house	M/s Mable and Son Limited	93,719,995	27,456,350
Total			152,883,443

Source: Mityana Health Department

Physical progress

The team monitored construction of the staff house at Kitanga HCIII.

Construction of a four in one staff house at Kitanga HCIII: M/s Trevor and Son Limited was contracted to undertake the works at a sum Ug shs 96,251,500. Civil works started in December 2014 and expected to be completed by end of June 2014. By end of July 2014, physical works were at 90% against 66% financial progress, the super structure was roofed, and plastered. Floor works were ongoing. Outstanding works included; completion of the pit latrine, and painting the staff house. Good quality works were noted.



L-R: Staff house and pit latrine under construction works at Kitanga HCIII

3.12.12 Namutumba District

a) PHC wage

The total approved budget for FY 2013/14 was Ug shs 1,138,840,942 and Ug shs 1,103,083,369 (97%) was released. Information on number of health workers was not readily available by time of monitoring done on 6th August 2014.

b) PHC development

The following activities were planned to be undertaken in FY 2013/14;

- Completion of medical store at the district headquarters
- Procurement of patient beds
- Construction of OPD and two stance pit latrine at Mulama HC II
- Repair of solar system and replacement of seven doors at Bulange HC III

- Partial construction of four unit staff house and pit latrine at Kiranga HCII
- Payment of retention for completion of Maternity ward at Nsinze HC
- Construction of OPD and two stance pit latrine at Bukonte HCII

Financial performance

The total approved budget for FY 2013/14 was Ug shs 180,161,920 and 100% of the budget was released. A total of Ug shs 175,655,395 (97.4%) was spent. Expenditures details are indicated in the Table3.36;

Table 3.36: PHC development payments by Namutumba District FY 2013/14

Project	Contractor	Contract Sum (Ug shs)	Payments to date (Ug shs)
Completion of the medical store at the district	M/s Masaka Agricultural Dealers Enterprises Uganda Limited	53,262,500	50,599,345
Construction of OPD and two stance pit latrine at Bukonte HCII;	M/s Jinja General Company Limited	37,871,821	28,729,015
Construction of OPD and two stance pit latrine at Mulama HC II	M/s Poor no beggar	37,575,275	35,576,528
Partial construction of a four unit staff house and pit latrine at Kiranga HCII	M/s Nile Establishments Uganda Limited	22486500	21,367,115
Procurement of patient beds	Joint Medical Stores	7,778,200	7,778,200
Repair of Solar system and replacement of seven doors at Bulange HC III;	M/s Teco Investments limited	9,928,000	9,922,000
Payment of retention for Completion of Maternity ward	M/s Nile Establishments Uganda Limited	59,986,904	7,149,787
Total			161,121,990

Source: Namutumba District Health Department

Physical performance

The monitoring team visited all the four planned outputs during the FY and the following was established;

Procurement of patient beds; a total of ten beds were supplied by Joint Medical Stores on 30th June 2014. These were delivered to the district on 6th August 2014; the beds were still in the district store waiting for distribution to the recipient health facilities.

Completion of the medical store at the district; M/s Masaka Agricultural Dealers Enterprises Uganda Limited was awarded the contract to undertake works at a sum of Ug shs 53,262,500. Works commenced on 7th April 2014 and were expected to be completed by 30th June 2014. Scope of works involved fixing of windows and doors, internal and external finishes, joinery, electrical and mechanical fittings. By end of July 2014, the store had been

completed with physical progress was at 100% against 95% financial progress. The beneficiaries were happy and satisfied with quality of works.

Construction of OPD and two stance pit latrine at Bukonte HCII; M/s Jinja General Company Limited was awarded the contract at sum of 37,871,821. Works commenced on 24th November 2013 and expected to be completed on 24th February 2014. Physical progress was 100% complete, however, the facility had not been handed over to the users. The health facility was still renting at a cost of Ug shs 400,000 per year in the nearby trading center. *Cracks were noted in the newly constructed splash apron and OPD concrete benches.*



Completed OPD and Pit latrine at Bukonte HCII

Construction of OPD and two stance pit latrine at Mulama HC II; M/s Poor no beggar was awarded the contract at a sum of Ug shs 37,575,275. The scope of works involved construction of a substructure, roof, super structure, fitting of doors, windows and furniture, internal finishes and construction of a two stance pit latrine. The works commenced on 24th January 2014 and were expected to be completed by 30th June 2014. Physical progress was at 100% against 95% financial progress. The facility was under defects liability period. Works completed were noted to be of *poor quality characterized by cracks in the floor and verandah. Some windows were not closing and glasses were coming out.*



Completed OPD and incomplete Pit latrine Mulama HC II

3.12.13 Pader District

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 1,949,780,701 and Ug shs 1,859,208,361 (95%) was released. The exact number of health workers paid by end of the

FY was not readily available by 3rd July 2013; however, the district staffing levels were reportedly at 62%.

The district was happy with the decentralization of the payment system noting that a number of ghost workers were deleted from the pay roll. The system facilitated management of personnel in the health sector.

A number of challenges affecting the new salary payment system were noted. These included; irregularities in payment of salaries and some staff had not received salaries for two months. Deletion of staff from the government pay roll, high attrition rates, and nonpayment of salary arrears.

b) PHC development

The following activities were planned to be undertaken in FY 2013/14;

- Construction of OPD at Pajule HCIV,
- Completion of maternity block at Puranga HCIII, Kilak HCIII and Angagura HCIII.
- Completion of staff house at Angagura HCIII, completion of staff house at Lawire HCII, and Dure HCII,
- Completion of staff house at Lapul HCIII
- Construction of OPD and staff house at Lapul Ochwida HCII.

Financial performance

The approved budget development for FY2013/14 Ug shs 462,264,000 of which 100% was released and Ug shs 145, 427,403 (31.5%) had been spent. Poor absorption was attributed to late award of contracts and break down of the IFMS system which delayed payments to most contractors. Details of expenditure are indicated in Table 3.37

Table 3.37: PHC development payments by Pader District FY 2013/14

Project	Contractor	Contract Sum (Ug shs)	
Construction staff House Lapul Ochwida HCII	M/s Losha Agro & Construction Company Limited	80,721,600	18,196,650
Construction of staff House Lapul HCIII	M/s LimweloLutwa Company Limited	71,788,200	10,914,638
Construction of a drainable latrine Atanga HCIII	M/s Utech Construction Company limited	10,793,000	2,581,828
Construction of a staff house Lawire HCII	M/s Muti Hope Construction Limited	85,499,000	8,049,950
Construction of a staff house Puranga HCIII	Model Partners Limited	84,346,200	7,918,490
Construction of a drainable Latrine Atanga HCIII	M/s Utech Construction Company Limited	10,793,000	993,845
Construction of a staff House Angagura HCIII	M/s Ted Wii Company Limited	80,463,000	75,40,300

Construction of a staff House Dure HC II	M/s Abrash Enterprise Limited	84,738,200	8,207,370
Construction of a Mortuary Pader HCIII	M/s Lujong United Company Limited	33,788,800	3,024,380
Construction of a staff house Lapul Ocwida HC II	M/s Losha Agro & Construction Company Limited	80,721,600	9,914,500
Construction of a drainable Latrine Ogom HCIII	M/s Gene Construction & Motor Garage	10,936,290	1,872,129
Construction of a staff House Lapul HCIII	M/s Limwelo Lutwa Company Limited	71,788,200	15,296,217
Completion of maternity ward at Angagura HCIII	M/s Ted Wii Company Limited	80,463,000	38,150,796
Construction of a mortuary Ward Pajule HCIV	M/s Akemkwene Enterprise Company Limited	79,250,295	7,925,029
Staff House Awere HC III	M/s Getano Company Limited	70,545,668	4,841,281
		Total	145,427,403

Source: Pader District Health Department

Physical Performance

Annual monitoring focused on four out puts, the rest of the planned activities had just commenced and delays were attributed to procurement. The following was established;

Completion of maternity ward Kilak HCIII; M/s Utech Construction Company limited was contracted to undertake works at a sum of Ug shs 31 million. Overall physical progress was 90% against 0% financial progress. Works were expected to be completed by end of end of June 2014. The super structure was roofed, plastered, doors and windows fitted. Outstanding works included painting and glassing.

Completion of a staff house at Lapul HCIII; Completion of staff house at Lapul HCIII had been completed (100%) but not yet occupied. The works were contracted to M/s Limwelo Lutwa Company at a cost of Ug shs 71,788,200. It was noted that the staff house did not have sanitary facilities nearby.



Completed Staff house at Lapul HCIII and completed Maternity ward Kilak HCIII

Construction of staff house and OPD at Lapul Ocwida HCII; Construction of the staff house was contracted to M/s Losha Agro and Construction Company limited at a contract

sum of Ug shs 80,721,600. The monitoring team noted that the facilities were completed (100%) and good quality works were noted at the staff house. *The facilities were not in use (operational), they lacked sanitary facilities. The OPD was already infested with bats and its paint was peeling off. Some door locks on the OPD had been vandalized.*



Top: OPD and staff houses at Lapul Ocwida HCII. Below: defects inside the newly constructed OPD at the same health facility

Construction of maternity ward and staff house Angagura HCIII; M/s Ted Wii Company Limited was awarded two contracts to undertake works at both the maternity ward and staff house at a sum of Ug shs 160,926,000. Construction of maternity ward was almost complete (98%), the super structure was roofed, plastered and painted. Outstanding works included fitting of glass in the doors and windows. The staff house was completed (100%) and occupied by July 2014. Good quality works were noted.



Completed staff house and maternity ward at Anyagura HCIII

3.11.14 Soroti district

a) PHC Wage

The total approved budget for FY 2013/14 was Ug shs 1,237,493,140 and Ug shs 1,063,693,674 (86%) was released. A total of Ug shs 169 health workers were paid. A number of challenges related to the wage component were noted; these include

- Staffing gaps of over 33% and phasing out of nursing assistants with no indications of replacement would make the situation worse.
- Some health workers did not receive their salary arrears and consolidated allowances.

b) PHC Development

The following activities were planned to be undertaken in FY 2013/14;

- Construction of a four stance lined pit latrine at Kamuda HC II in Kamunda Sub County.
- Construction of a semidetached staff house block at Lalle HC II in Kamunda Sub County.
- Construction of a three in one staff house block in Tiriri HC IV in Katine sub county.
- Payment of retention on five contracts completed during FY 2012/13.

Financial performance

The total approved budget for FY 2013/14 was Ug shs 338,422,000 of which 100% was released. A total of Ug shs 281,361,633 (83%) had been spent. Details of expenditure are indicated in table (Table3.38)

Table 3.38: capital development payments by Soroti district FY 2013/14.

Project	Contractor	Contract Sum (Ug shs)	Payments to date (Ug shs)
Construction of 4 lined stance pitlatrine for the OPD at Kamuda HCIII	M/s Halado Enterprises	12,002,936	11,220,725
Construction of a semidetached staff house and 2 stance pit latrine at Lale HCII	M/s Gilads Enterprises Limited	69,682,830	65,513,449
Construction of a general ward at Soroti HC III(balance and retention)	M/s Gillards Enterprises limited	125,605,453	19,683,537
Construction of a 3in1 staff house at Tiriri HCIV	Ogororo Hill constructors	139,446,563	135,254,572
Payment of retention for fencing of Tiriri HCIV	M/s Rukiti Company Limited	66,688,543	2,574,304
Payment of retention for construction of a semidetached staff house at Gweri HCIII – balance and retention	M/s Epic Engineering Services	40,958,416	13,500,788
Payment of retention for the construction of two blocks of semidetached staff house at Tiriri HCIV	M/s Moru Farmers Agency	36,174,557	12,813,559

Payment of retention for the construction of an OPD block at Dakabela HC III	M/s Basere Contractors	67,982,732	6,686,082
Payment of retention for construction of a semi-detached staff house and lined pit latrine at Kamuda HC II	M/s Sky Rock Consultancy Company Limited	45,892,008	14,114,617

Source: Soroti district health department

Physical performance

The monitoring team visited the construction of staff house at Lale HCII, construction of a four stance lined pit latrine at Kamuda HCIII and the construction of a three in one staff house at Tiriri HCIV and the following was established;

Construction of a four stance lined pit latrine for the OPD at Kamuda HC II in Kamunda Sub County; M/s Halado Enterprises was awarded the contract to undertake the works at a sum of Ug shs 12,002,936. Civil works commenced on 28th January 2014 and were completed on 10th May 2014 (within four months). Physical progress was at 99% against 97% financial progress. Good quality civil works were noted however, the facility was poorly maintained since the health facility did not have permanent or casual workers to ensure proper sanitation of the facility.

Constructions of a semidetached staff house block at Lalle HC II in Kamunda Sub County; M/s Gilads Enterprises Limited was awarded the contract to undertake the works at a sum of Ug shs 69,682,830. Works commenced on 28th January 2014 and expected to be completed by 10th May 2014. Contrary to the report presented to the DHO, works were at 90% physical progress rather than 100%. Outstanding works included; painting, rough casting, installation of facier-boards, glassing, sock pit works, solar installation; roofing and plastering of the pit latrine. Good quality works were observed at the site.



Left staff house at Lale HCII and right is the adjacent Pit latrine

Construction of a three-in-one staff house blocks in Tiriri HC IV in Katine Sub County; M/s Ogororo Hill Constructors was awarded a contract to undertake works at a sum of Ug shs 139,446,563. Works commenced on 28th January 2014 and expected to by April 2014 (within three months). The scope of works involved foundation works, sub and super structure, roof structures, window and door fittings, ceiling works, plumbing and septic works, three stance pit latrine and plastering of the entire structure. Actual completion of works was in June 2014

and the project was still under defects liability period expected up to end in December 2014. Physical progress was 100% with all works completed except installation of a 1500 liter tank which had already been delivered and awaiting National Water and Sewerage Corporation (NWSC) water connections.



Completed staff house, Pit latrine and tank stand Tiriri HCIV

Implementation challenges

- Failure to return committed funds that were unspent balances in FY 2011/12 left Soroti district with a total debt of Ug shs 180million owed to contractors that had already undertaken the works.
- Stagnated budget allocations to development activities has over the years constrained implementation of development plans of some district.
- Procurement delays affected implementation of planned activities
- Shoddy works were noted in Namutumba, Masaka, Isingiro, Kole, Gulu and Kiruhura districts.
- Inadequate capacity local contractors to implement activities in scheduled timelines.

Analysis

Link between financial and physical performance

Absorption of released funds by end of June 2014 in the 14 monitored districts varied between 32% in Pader and 108% in Kaberamaido districts. Pader district had the lowest absorption due to late commencement of civil works and breakdown of the IFMS system which delayed payments to most contractor.

Overall, the average absorption rate for the districts monitored was 80% against 91% physical performance of work done on projects visited. Most of the funds were spent on rolled over projects from the previous financial year especially in the PRDP districts. Physical performance ranged from 65% in Kumi district to 100% in Kiruhura and Namutumba districts. The key activity for FY 2013/14 in Kumi district had just commenced by 10th July 2014.

Achievement of set targets

All the districts monitored with the exception of Kumi and Pader districts were on course of achieving the set targets for the financial year. Most of the planned activities were either completed or near completion. In Pader district, most of the planned projects for FY 2013/14 had not commenced, however progress was made on completion projects that rolled over

from 2012/13 by 97%. The overall average physical performance of projects visited in selected districts was 91%.

Comparative analysis

Physical performance in FY 2013/14 varied significantly across the local governments monitored. Namutumba, Kiruhura, Isingiro, Kaberamaido, Gulu, Soroti, and Masaka districts performed excellently in achievement of set targets for the financial year.

Namutumba and Kiruhura achieved 100%, Isingiro and Kaberamaido at 99%, Gulu and Pader achieved 98%. Lira, Masaka, Mityana and Soroti achieved 90%-96%, Jinja and Kole at 77%. The lowest was Kumi district with 65%.

In terms of absorption of released funds, Kaberamaido district had the highest absorption rates of 108%. Pader and Lira district had the lowest absorption rates of 32% and 55% of the released funds.

Conclusion

Release performance for wage was excellent, all local governments monitored received over 85% of their wage allocations. The total average release of districts monitored was 96.3%. All entities (100%) visited were very happy with the new payment system noting; timely payment of salaries with some health workers receiving their monthly salaries by the 27th, enhanced management of staff hence reduction in absenteeism of staff, easy access to pay roll, enhanced performance and motivation of health workers due to timely response to salary issues among others.

Utilization of PHC funds was excellent with less than 25% unspent by end of the financial year for all districts visited save for Pader and Lira. Local governments were already reaping from investments in both health infrastructure. These included availability of staff at health facilities 24 hours, seven days a week. A number of constraints relating to the implementation of the PHC development activities still existed, these include; slow procurement process, limited capacity of contractors, lack of adequate supervision led to shoddy works in some districts among others.

Recommendations

- All local governments should initiate procurement process in a timely manner to avoid delays in project implementation.
- Punitive measures for local governments that fail to initiate the procurement processes in a timely manner should be developed and implemented by MoH and MFPED.
- District engineers should be held responsible for certifying poor quality works.
- District administration should also forward contractors that continue to do shoddy works to PPDA for blacklisting.

3.13 Key Factors affecting Health Service Delivery

A number of factors affected health care delivery in health facilities visited. This section presents key challenges faced by both health facilities and local government level in provision of health services;

- **Inadequate non-wage recurrent budget;** allocated budgets were too small to cater for operational costs such as payment of utilities, cleaning services, referral of patients, maintenance of equipment, provision of technical support to lower health

facilities and continuous capacity buildings. As a result Mulago hospital had accumulated utility arrears of Ug shs 3.1billion.

- **Misappropriation of the PHC funds:** the former in-charge for Kasana HCIII in Isingiro district misappropriated the PHC non-wage grant. As a result, the health facility did not carry out any outreach programs during FY 2013/14.
- **Irregular payment of staff salaries and arrears;** it was established that some health workers had not received their salaries for over twelve months, for example Mr. Adiga James of IPPS number: 834009 and computer number of L50313004346, a Senior Clinical Officer at Macwiny HCIII in Pader, had not received salary since February 2013.
- **Constant stock out of essential medicines including anti-malarial and antibiotics,** 100% of health facilities visited suffered stock outs in FY 2013/14. Variations between ordered and delivered medical supplies were noted. Non availability of certain supplies at a particular time directly translates into loss of lives and poor service delivery.
- **Understaffing at all health facilities visited;** for example regional referral hospitals visited lacked key specialist to offer specialized services. This was partly due to limited remuneration packages offered in government hospitals compared to the private sector. Jinja Referral Hospital had staffing gaps of over 165 health workers, Mbarara RRH had 117 health workers, Lira RRH had 81 health workers and Masaka RRH had gaps of 78 health workers. This translated into heavy workload on part of health workers, long waiting hours of about of six hours for patients to access health services and loss of lives in most cases.
- **Lack of staff accommodation;** this led to demotivation and in most cases absenteeism staff especially in lower health units. For example Kitgum HCII, Lapul HCIII in Pader district had no staff on ground during working hours. The efficiency levels of Mulago national hospital heavily dropped during schedule handover (5pm-8pm) when some staff were either caught up in traffic jam or rushing to beat the traffic.
- **Lack of transport** to undertake support supervision, outreaches, referral of patients and other administrative services. All local governments visited reported that immunization services could not effectively be undertaken due to lack of transport.

Recommendations:

- The MoH should prioritise preventive measures through investment in non-wage supported activities like integrated health out reaches. This will partly translate into a healthy and disease free population in the long run.
- The Chief Administrative Officer (CAO) of Isingiro district should ensure that the charged officer is expelled and made to refund all funds misappropriated.
- The Health Service Commission, MoPS, MoH and health facilities should fast track deployment of health workers at all levels for timely and effective delivery of health services.
- The need to minimize drug stock outs in health facilities is paramount. The NMS should step up its planning and projection mechanisms to avoid constant drug stock outs.
- The MoH and NMS should invest in training personnel of health facilities to come up with viable procurement plans.

- The GoU and Ministry of Health should support Public Private Partnerships towards construction of staff accommodation especially at the major hospitals for improved health service delivery.
- The MoH should prioritize investment in transport to both district health offices and health facilities to facilitate timely referrals and outreach programs.

CHAPTER 4: CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Overall the sector performance was good (67%) against 74.3% financial progress with both the National and Referral hospitals performing excellently (100%) in achievement of service outputs. This is partly due to timely release of most of the budgeted funds.

Utilization of PHC development funds was good with less than 25% unspent by end of the financial year for all districts visited save for Lira and Pader. Over 96% of the wage allocation to PHCs were released. Many districts monitored had substandard civil works.

The MoH progressed averagely in a number of projects including Health Systems and Strengthening (Project 1123) and Support to Mulago Hospital Rehabilitation (Project 1187) and Global Alliance for Vaccines Initiatives (GAVI). The procurement challenges undermined the ministry's performance regarding the above projects.

A number of challenges affected health service delivery including staffing gaps, inadequate nonwage budgets, lack of staffing accommodation and drug stock outs among others were noted. Another concern was the abuse of the referral system where all ailments were reported to higher level health units.

4.2 Recommendations

- The MoH should fast track the procurement processes of its projects to facilitate their implementation in stipulated timelines.
- The need to minimize drug stock outs in health facilities is paramount. The MoH and NMS should invest in training personnel of health facilities to come up with viable procurement plans. The NMS also should expeditiously implement the revised basic kit taking into consideration population levels and disease burden.
- The GoU should support revitalization of the referral system to decongest referral hospitals and improve health service delivery at all levels. This could be achieved through provision of adequate staff accommodation, timely and adequate health supplies and drugs among others.
- District engineers should be held responsible for certifying poor quality works
- District administration should also forward contractors that continue to do shoddy work should also be forwarded to PPDA for blacklisting.
- The MoH should prioritise preventive measures through investment in non-wage supported activities like integrated health out reaches. This will in the long run translate into a healthy and disease free population.
- The Health Service Commission, MoPS, MoH and health facilities should fast track deployment of health workers at all levels for timely and effective delivery of health services.
- The need to minimize drug stock outs in health facilities is paramount. The NMS should step up its planning and projection mechanisms to avoid constant drug stock outs.

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ANNEX 1: LIST OF PERSONS MET

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