



**REPUBLIC OF UGANDA**

**Ministry of Health**

**Report on Midyear  
Health Sector Performance Review:  
(July to December) FY 2010/11**

**December, 2010**

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## Acronyms

ACHS	Assistant Commissioner Health Services
ACP	AIDS Control Programme
ACT	Artemisinin Combination Therapies
ADB	African Development Bank
AI	Avian Influenza
AIDS	Acquired Immuno-Deficiency Syndrome
AIM	AIDS Integrated Management
AMREF	African Medical Research Foundation
ARC	Alliance for Rabies Control
ARCC	African Regional Certification Commission
ART	Antiretroviral Therapy
ARVs	Antiretroviral Drugs
AWP	Annual Work Plan
AT	Area Team
BCC	Behavioural Change and Communication
BEmOC	Basic Emergency Obstetric Care
BFP	Budget Framework Paper
BOP	Best Operational Practices
CB-DOTS	Community Based TB Directly Observed Treatment
CBDS	Community Based Disease Surveillance
CBGPM	Community Based Growth Promotion Monitoring
CDC	Centre for Disease Control
CDD	Control of Diarrhoeal Diseases
CDP	Child Days Plus
CHS	Commissioner Health Services
CL	Credit Line
CMD	Community Medicine Distributor
CME	Continuing Medical Education
CORPS	Community Owned Resource Persons
CSO	Civil Society Organization
DANIDA	Danish International Development Assistance
DGHS	Director General of Health Services (of the Ministry of Health)
DHT	District Health Team
DISP	District Infrastructure Support Programme
DOTS	Directly Observed Treatment, short course (for TB)
DPs	Development Partners
ECN	Enrolled Comprehensive Nurses
EDP	Epidemic and Disease Prevention, Preparedness and Response

EHD	Environmental Health Division
EMHS	Essential Medicines and Health Supplies
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response
FP	Family Planning
FY	Financial Year
GAIN	Global Alliance for Improvement of Nutrition
GDF	Global Drug Fund
GBV	Gender Based Violence
GF	Global Fund
GoU	Government of Uganda
HBMF	Home Based Management of Fever
HC	Health Centre
HCT	HIV/AIDS Counselling and Testing
HDP	Health Development Partners
HIV	Human Immuno-Deficiency Virus
HMBC	Health Manpower Resource Centre
HMIS	Health Management Information System
HOD	Head of Department
HP&E	Health Promotion and Education
HPA	Hospital Performance Assessment
HRHIS	Human Resource Information System
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ISS	Integrated Support Supervision
ITNs	Insecticide Treated Nets
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agencies
JMC	Joint Monitoring Committee
JMS	Joint Medical Stores
JRM	Joint Review Missions
LGDP	Local Government Development Project
LLINs	Long Lasting Insecticide Treated Nets

MCP	Malaria Control Programme
MMR	Maternal Mortality Rate
MOH	Ministry Of Health
MOES	Ministry of Education and Sports
MOFPED	Ministry of Finance, Planning and Economic Development
NACME	National Committee on Medical Equipment
NCRL	National Chemotherapeutics Research Laboratory
NDA	National Drug Authority
NCD	Non Communicable Diseases
NGOs	Non-Governmental Organisations
NMS	National Medical Stores
NRH	National Referral Hospital
NTDs	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Control Program
PAU	Policy Analysis Unit
PEAP	Poverty Eradication Action Plan
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PHC	Primary Health Care
PHP	Private Health Practitioners
PM	Program Manager
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private Not for Profit
PPPH	Public Private Partnership in Health
PS	Permanent Secretary
PWD	Persons with Disabilities
QAD	Quality Assurance Department
RRH	Regional Referral Hospital
SH	School Health
SHSSPP	Support to the Health Sector Strategic Plan Project
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TB	Tuberculosis
TMC	Top Management Committee
UBTS	Uganda Blood Transfusion Services
UCG	Uganda Clinical Guidelines
UGFATM	Uganda Global Fund for AIDS, TB and Malaria under 5 Mortality Rate
UNCRL	Uganda National Chemotherapeutics Research Laboratory
UNEPI	Uganda Expanded Programme on Immunisation
UNFPA	United Nations Fund for Population Activities
UNHRO	Uganda National Health Research Organisations

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
US/FA	Under Secretary/Finance and Administration
UVRI	Uganda Virus Research Institute
VBDC	Vector Borne Diseases Control
VHF	Virus Haemorrhagic Fever
VHT	Village Health Teams
VPH	Veterinary Public Health
WHO	World Health Organisation
YSP	Yellow Star Program

## **Executive summary**

The review for the health sector performance for the first and second Quarters (July to December 2010/11 Financial Year) was conducted from 13<sup>th</sup> to 14<sup>th</sup> January 2011 at Kabira Country Club Hotel, Kampala.

The general objective of the workshop was to assess the performance of the Ministry of Health departments/Institutions against first and second quarter work-plan for this period.

### **The specific objectives:**

- To assess the implementation status of the planned activities against set targets.
- To highlight budget performance during the six months (utilized Vs budget allocation).
- To discuss challenges/constraints encountered and strategies to address them in subsequent quarters
- To assess progress on implementation of issues raised during the last review (Fourth Quarter Review 2009/10 FY).

### **Methodology:**

The review was held in a two day workshop where representatives from every department, program and the semi-autonomous institutions in the sector participated.

Presentations were made on planned outputs, achievements, corresponding expenditure and explanations for any variation.

There was a plenary during which cross cutting issues were discussed and recommendations made.

Update was provided for the action points agreed on during the last review (i.e. Fourth Quarter sector performance recommendations for 2009/10 FY).

### **Key achievements:**

The following is a summary of achievements registered during the mid-year period:

The Joint Review Mission was conducted from 22<sup>nd</sup> to 24<sup>th</sup> November 2010 during which the National Health Policy (NHP II) and the Health Sector Strategic and Investment Plan (HSSIP) were launched. The priorities for next FY 2011/12 were discussed and clearly identified in the Aide Memoir that was produced. NHP II, HSSIP, and AHSPR documents were completed, printed and distributed.

Guidelines for Management of Private Wings of Health Units in Uganda, the Uganda Clinical Guidelines (UCG) 2010 and the Patients' Charter were also launched during the JRM. Dissemination of the UCG and the Patients' Charter to the key stakeholders commenced.

Support to 112 Districts and 25 Municipalities in planning and budgeting for the next FY through the regional planning workshops was conducted by the Planning Department.

Memorandum of Understanding between Local Government Finance Commission-LGFC and Local Governments on Health Service Delivery was developed and signed.

Under the Global Fund planned activities, a Focal Coordination Office (FCO) was established and 10 districts were supported in conforming to the requirements of the Global Fund Grants.

Quality Assurance Department successfully organised Area Team support supervision for all the districts during the first and second quarters. Pre-JRM field visits for the JRM were also carried out in the second quarter. The supervision reports indicated improvement in availability of six tracer medicines and also improvement in provision of staff houses especially in Northern Uganda through the PRDP program. On the other hand the sector was reported to continue facing the problem of failure to attract and retain staff in the district health facilities.

Support supervision to Mulago National Referral Hospital by Top Management of the MoH, took place during the second quarter. A report was shared and a follow-up visit is scheduled to take place before the end of the FY.

Frame work contract for procurement of Hotel Services and news papers was concluded while those for stationery and toner were to be concluded by the end of January 2011.

MOH e-library portal was updated by the Resource Centre where 80 publications were uploaded, 50 publications accessioned, classified and catalogued. For internet services, there was increase in the bandwidth from 1MB to 4MB by migration from UTL to Orange, MoH LAN extended remote sites (TB & Chemotherapy), Developed & functional; <http://intranet.health.go.ug/support>, Deployment of LAN Antivirus to MoH staff.

In Community Health Department, Village Health Teams (VHT) sensitisation and training was still in progress for Lyantonde and Bulisa districts at the time the review took place.

Prevention, control mitigation of epidemics and other public health emergencies was carried out where control of cholera outbreak in Karamoja region was successfully controlled to zero cases being reported presently. Other conditions dealt with include:

- Relocation and resettlement of Bududa landslide victims in their home in Kiryandongo was conducted together with the OPM.
- The campaign to eradicate Jiggers in the 10 affected districts in Busoga region was launched by Hon. Deputy Speaker of Parliament and the efforts are still going on.
- Yellow fever outbreak was confirmed in the 5 districts of Abim, Kitgum, Lamwa, Agago and Pader in Northern Uganda. A response plan was developed which included mass immunization being conducted in the third quarter of the FY.
- After investigations by the MoH, Viral Haemorrhagic Fever- VHF was ruled out in Bundibugyo and Kyegegwa districts.
- Investigations were carried out and polio was confirmed in Bugiri district. Polio immunization was carried out in the affected districts.

Under Reproductive health planned activities, 30 health workers were trained on Malaria in Pregnancy. The focused was ANC in Lira district. 30 additional health workers were trained on Adolescent sexual health in Masaka district.

Rabies IEC materials were developed and translated in Ateso for the districts of Kaberamaido, Soroti, Bukedea, Ngora and Kumi by the Health Promotion and Education Division.

The Oral health section was able to distribute the National oral health policy to 40 districts. The remaining districts will be considered in the remaining period of the FY.

The department for Clinical Services investigated outbreak of Nodding disease in Pader district. The department also participated in investigation of the Yellow Fever. Both epidemics have been protracted and covered a wide geographical area but effective case management and control measures are in progress.

A list of Medical Equipment by level of health care was revised and detailed specifications completed and electronic version was availed. Health Center level design drawings and Bills of Quantities were completed and these too were made available. Routine Maintenance of Medical Equipment was carried out in all hospitals and 23 HCIVs by the Regional Medical Equipment workshops.

For Works at Masafu Hospital operating theater, a contract was signed and site handed over to the contractor on 23<sup>rd</sup> December 2010 for work to commence. The same applies for the construction works for wards and x-ray unit at Kapchorwa hospital.

Technical support supervision and site meetings were carried out to all civil works going on in different districts/hospitals and relevant technical support provided.

Installation of new x-ray machines completed in Mityana, Atutur, Mubende and Lyantonde Hospitals

Under National Disease Control Department planned activities, mass treatment for Onchocerciasis in endemic districts was conducted in the 22 affected districts. Malaria Control Program through support from Global Fund distributed 7,295,850 Long Lasting Insecticide Treated Nets (LLITNs) in Central, Western, Northern and Eastern Regions.

The process for implementation of the 2010/11 Uganda Aids survey was concluded. Pre-test of the tools and methods was conducted and training of 270 field officers was completed. Data collection commenced in January 2011

Expanded Program on Immunisation (EPI) procured adequate vaccines and gas for EPI related activities and stock outs were greatly reduced.

Child-health Division printed and distributed 165,000 Child Health cards with support from WHO and Glaxo SmithKline (GSK).

The first phase of the Headquarters at Nakasero for the Uganda National Blood Transfusion Services was completed. The second phase will be completed in March and shall be officially commissioned on **World Blood Donor day June 14<sup>th</sup> 2011**. 94,751 units of blood were collected during this period compared to the target of 100,000 units of blood, giving a 95% ability to meet hospital blood demands.

National Medical Stores-NMS procured and delivered to Local Government units, General and Regional Referral Hospitals assorted medicines and Health supplies worth 15.74 billion. For National Referral Hospitals the amount of medicines and Health supplies procured and distributed was worth 3.32 billion.

National Drug Authority approved 169 applications for renewal of license for pharmacies during this period. There were 1,657 consignments inspected from ports of entry, out of which 1,603 were approved, 47 were queried and 07 were rejected.

8 pharmaceutical products manufactured by facilities in Uganda, Kenya, India and China were found not to conform to quality standards and thus recalled from the market.

1389 eligible Nurses, Midwives and Registered/Enrolled were interviewed by the Uganda Nurses and Midwives Council. In addition 20 eligible Nurses and Midwives trained from Japan, India, UK, and Germany were interviewed and registered/enrolled to practice in the country.

Uganda Medical and Dental Practitioners Council investigated 9 cases and appropriate disciplinary action taken on 7 practitioners. 11 unlicensed clinics and those operated by quacks were closed.

In Butabika Hospital, 230 patients were received for care and support at the Alcohol and Drug Unit. Many improved and were discharged. In addition 386 psychiatric patients were effectively managed, resettled and re-integrated into their communities.

Under the Support to the Health Sector Strategic Plan (SHSSP II), all the 6 Mental Health Units constructed with support from Africa Development Bank (ADB) at the RRHs of Masaka, Lira, Mbale, Moroto and Jinja were commissioned by the Minister of Health and Minister of State for General Duties.

### **Challenges:**

The following challenges were reported during this mid-year period under review:

Continued failure to attract and retain staff especially in the hard to reach areas of the country.

Inadequate and delayed release of funds which affected activity implementation for some departments and programmes. This is coupled with lack of access to the Integrated Financial Management System-IFMS by staff who are key in the processing of payments.

Delays in submission of procurement plans and performance reports by user departments has persisted leading to failure to conduct procurement in a more organised manner.

The Headquarters is experiencing lack of sufficient office space for the required operations to be carried out smoothly.

Districts continue to experience low funding for health services delivery including availability of essential medicines and health supplies, and implementation of district based activities for disease control

Under funding and staffing for the professional councils negatively affects their capacity to fulfill their mandate.

## Key cross-cutting issues and proposed actions

The following cross cutting issues and actions outlined in the table below were discussed in detail and recommended actions agreed:

**Table I: Cross cutting issues for first and second quarter review of the health sector held from 13<sup>th</sup> to 14<sup>th</sup> January 2011 at Kabira Country Club, Kampala**

No.	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS
<b>1</b>	<b>SECTOR PERFORMANCE INDICATORS</b>		
1.1	Weak data collection, analysis and interpretation contributing to unreliable health information	<ul style="list-style-type: none"> <li>Build capacity at district level</li> <li>Fill vacant posts at Resource Centre</li> </ul>	ACHS (RC)
1.2	Lack of medical records	MoH to plan for this	CHS (P)
1.3	Include absenteeism as a performance review area in next review meeting.	All reports to capture staff attendance	All CHS
<b>2</b>	<b>FINANCE &amp; ADMINISTRATION</b>		
2.1	Delay in concluding procurements	<ul style="list-style-type: none"> <li>Procurement processes to be streamlined</li> <li>Make procurement Coordinators at user departments functional</li> </ul>	US HOD
2.2	Poor attendance of Finance Committee meetings leading to complaints of inequitable resource allocation	All members to attend regularly	HOD/Units
<b>3</b>	<b>QUALITY ASSURANCE</b>		
3.1	Lack of office space in the entire Ministry	Re-organise office space for efficient coordination within departments	US
3.2	Inadequate funding. Received only 25% of budgeted funds	Increase funding to QAD	DHS (P)
3.3	Performance reports not showing the impact i.e. numbers reached in the community.	<ul style="list-style-type: none"> <li>Planning and reporting using the Output Based Budgeting Tool, survey findings, HSSIP performance indicators</li> <li>Develop an M&amp;E framework capturing data from all stakeholders (Public, PFP, PNFP, TCM)</li> </ul>	All CHS, ACHS, Programme Managers  CHS (QA)
<b>4</b>	<b>HEALTH PLANNING</b>		
4.1	OBT requires active participation of programme and division heads and needs to be understood by all.	Retreat for HOD/Units 24 – 25 <sup>th</sup> January. To be followed by departmental level capacity building.	ACHS (B&F )
4.2	Starting 2011/12 workplans must be linked to the NDP.		CHS (P)

No.	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS
4.3	Development of annual workplans should involve all departmental/unit staff and agree on activities and outputs.	Hold Departmental Planning meetings	All CHS
4.4	Planning department not notified of Supplementary budget and donor funds received	Provide guidelines for supplementary budgets	ACH ACHS (S (B)
<b>5</b>	<b>COMMUNITY HEALTH</b>		
5.1	Oral health services not adequately supported	<ul style="list-style-type: none"> <li>• Provide dental equipment</li> <li>• LGs to recruit Public Health Dental Officers</li> </ul>	PMO Oral Health
5.2	NCD survey funds not accessible because activities were not captured well in the plan	Proper planning for the NCD study.	PMO / NCD
5.3	What is the role of MoH in research? <i>Conflict of interest between researcher and user of findings.</i>	MoH to partner with research institutions e.g. MUK-SPH to carry out this research.	CHS (CH)
<b>6</b>	<b>CLINICAL SERVICES</b>		
6.1	Lack of commodities at health facilities. Essential kit not meeting the needs, over supply and under supply of items varying from region to region e.g. over supply of antimalarials in non-endemic areas.	<ul style="list-style-type: none"> <li>• Mechanism are being worked out with NMS to prepare kits based on disease burden</li> <li>• Build capacity of facilities to select, quantify and forecasts needs</li> </ul>	ACHS (P)
6.2	Wrangles among staff with junior staff over looping seniors is hampering service delivery. Example engineering department. Slowness in coming up with decisions	To streamline coordination mechanism in department	CHS (CS)
6.3	Local Governments conducting construction works without plans yet standards are available.	<ul style="list-style-type: none"> <li>• Districts should consult MoH in areas of development.</li> <li>• Inspection of development projects to ensure conformity to standards</li> </ul>	ACHS (I)
6.4	District PHC Grants too low to cover implementation of activities e.g. 450,000/- per quarter for HC II, 600,000/- for HC III	Advocate for increased funding to health facilities	CHS (P)
6.5	Inadequate funds for mental health services	<ul style="list-style-type: none"> <li>• Cost provision of mental health services in the new Mental Health Units</li> <li>• Budget for mental health drugs and alcohol and drug abuse</li> </ul>	PMO (MH)  CHS (P)

No.	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS
<b>7</b>	<b>BLOOD TRANSFUSION SERVICES</b>		
7.1	What is the real need for blood? Requirements based on funding and utilization rate.	Establish the real need for blood in the country.	D UBTS
7.2	Donor funding for blood transfusion services runs out February 2011.	Follow up on supplementary budget for blood transfusion bags submitted to Parliament.	US
7.3	UBTS Autonomy status request	Internalization of implications in terms of sustainability	D UBTS
<b>8</b>	<b>NURSING SERVICES</b>		
8.1	What is the function of a nurse / Nursing Department?	Internalisation of the function of the nursing department.	ACHS HRM
8.2	Conclusion on Nursing Assistants manning health units. Retention with training or deal away with them. Should assist nursing work but not offer nursing services.	<ul style="list-style-type: none"> <li>CHS CS to prepare presentation to SMC on way forward.</li> <li>Advocate for increase in wage bill to recruit at least 65% of staffing requirements</li> </ul>	CHS (CS) CHS (P)
8.3	Training of comprehensive nurses without recruiting them.	Follow up on consultations with MoES	ACHS (HRD)
<b>9</b>	<b>NATIONAL REFERRAL HOSPITALS</b>		
9.1	Need for Oxygen manufacturing plant at Mulago	To be procured under ADB project	ED Mulago
9.2	Supply of O2 to RRHs	Procurement of O2 gas cylinders for RRHs	GM NMS
<b>10</b>	<b>NURSING SERVICES</b>		
10.1	What is the function of a nurse / Nursing Department?	Internalization of the function of the nursing department.	ACHS HRM
10.2	Conclusion on Nursing Assistants manning health units.	<ul style="list-style-type: none"> <li>CHS CS to prepare presentation to SMC on way forward.</li> <li>Advocate for increase in wage bill to recruit at least 65% of staffing level</li> </ul>	CHS (CS) CHS (P)
10.3	Training of comprehensive nurses without recruiting them.	Follow up on consultations with MoES. Enrolled Comprehensive Nurses training report for presentation to TWG	ACHS (HRD)
<b>11</b>	<b>NATIONAL DISEASE CONTROL</b>		
11.1	MoH gas cylinders on sale – SHELL contravened agreement with MoH because of monopolistic advantage.	<ul style="list-style-type: none"> <li>System of earmarking EPI cylinders should be revived.</li> <li>Clarification on ownership of gas cylinders</li> </ul>	US / ACHS (DC)
11.2	Photo biological control (Larvicidal programme) 3b from GOU – Concern that may not be able to consume the 3b within FY.	To provide workplan	PM Malaria Control

<b>No.</b>	<b>ISSUES</b>	<b>PLAN OF ACTION</b>	<b>RESPONSIBLE OFFICERS</b>
11.3	Why are Child Health cards missing? Had agreed that planning departments takes it up. Need about 450m for a birth cohort (annually)	To be budgeted for by MoH in next FY	DHS (P)
11.4	Funds for Emergency response not forthcoming from GOU (Polio, Yellow Fever Vaccines)	Draft follow up letter for Minister of Health to MoFPED	PS
11.5	Cross border meetings	Meetings should take place	DGHS
<b>12</b>	<b>NATIONAL MEDICAL STORES</b>		
12.1	Shortage of TB drugs - Still depending on donations. TBLP not fully integrated in operations of NMS.	Review agreement for procurement of TB drugs Budget for TB drugs under GOU funding	CHS (NDC)
12.2	Payment of arrears for handling donated medicines both at NMS and JMS esp. HIV medicines. No funds at MoH to clear donated medicines.	Allocate funds	CHS(P)
<b>13</b>	<b>NATIONAL DRUG AUTHORITY</b>		
13.1	MoH not aware of what NDA is doing on narcotics control.	Improve on narcotic control coordination with MoH	NCP Officer

**Note:**

- During the next Quarterly Review meeting, it was agreed to invite the Pharmaceutical Society of Uganda should be invited so that they can clarify on the issue of registration for pharmacists.

# Chapter One: Introduction

## 1.1 Background

Monitoring health sector performance is a key mandate for the Ministry of Health. The Departments and Programmes/Institutions are required on a regular basis to share what they have been able to accomplish at the end of each quarter. The reports made are shared by other stakeholders like Office of the Prime Minister and Ministry of MoFPED.

The first and second quarter performance report took place from 13<sup>th</sup> to 14<sup>th</sup> January 2011 at Kabira Country Club Hotel in Kampala.

## 1.2 General Objective

- To review the performance of the MOH departments/Institutions against the planned outputs for first and second quarter (July to December 2010/2011)

## 1.3 Specific Objectives

- Assess progress on implementation of recommendations on issues raised during the last fourth quarter performance review.
- Assess implementation of planned activities against set targets.
- Highlight budget performance during the first and second quarter (utilized Vs budget allocation).
- Discuss challenges/constraints encountered and strategies to address them during the first and second quarter.

## 1.4 Key outputs

- Detailed report indicating achievements, cross cutting issues and challenges for the first and second quarter 2010/2011 FY
- Recommendations on emerging issues from the review.



**From Left to Right: Senior Presidential Advisor on Population and Health- Dr. Spesioza Wandira Naigaga; MoS for Health in charge of General Duties Dr. Richard Nduhura and the Ag. PS MoH Dr. Asuman Lukwago during the Mid-year Performance Review meeting.**

## 1.5 Health Sector Performance for the period of July 2009 to Nov 2010:

**Table 1.1: Health Sector Performance for the period of July to December 2010**

No.	Indicator	Quarterly Target	Quarter 1 ( July, August, September)	Quarter 2 (October, November, December)
1	Percentage of district HMIS Outpatient returns received (OPD completeness)	100% (336 reports)	92% (309 reports)	90% (302 reports)
2	Percentage of district HMIS Inpatient returns received (IPD completeness)	100% (336 reports)	77% (258 reports)	83% (280 reports)
3	Proportion of Health Facilities reporting (mainly Public and PNFP health facilities reporting)	100%	90%	91%

\* The increase in the number of reports is due to the new districts that started operating this financial year.

\* The HMIS OPD completeness for the Second quarter 2010/11 is based on two months (224 used as denominator)

**Table 1.2: Quarterly Performance of Joint Assessment Framework (JAF) indicators:**

No.	Indicator	Quarterly Target	FY 2010/2011		FY 09/10 Target	Comments
			Quarter 1 ( July, August, September)	Quarter 2 ( October, November, December)		
1	Children <1 received 3 doses of DPT according to schedule	85%	83%	80%	85%	Improved supply for logistics and vaccines has been reported in the districts
2	Couple Years of Protection (CYP)	90,000	216,643	174,911	600,000	
3	Deliveries in Government and PNFP health facilities	40%	31%	30%	35%	
4	<b>Proportion of approved posts filled by qualified health workers</b>				56%	Data got annually, implying that we expect it at the beginning of August, 2011
5	<b>Absenteeism rate</b>					Got from the Panel survey waiting to be conducted by UBOS

\* The second Quarter 2010/2011 indicators are computed based on a quarter (denominator used is for a quarter)

\* The data for indicators is not collected on a routine basis.

**Table 1.3: Quarterly Performance of Local Government Indicators**

No.	Indicator	Quarterly Target	FY 2010/2011		FY 09/10 Target	Comment
			Quarter 1 ( July, August, September)	Quarter 2 ( October, November, December)		
1	<b>Proportion of health centers with approved posts that are filled by trained health workers</b>				56%	Data got annually, implying that we expect it at the beginning of August, 2011
2	<b>Percentage of latrine coverage</b>				70%	Data got annually, implying that we expect it at the beginning of August, 2011
3	Children <1 received 3 doses of DPT according to schedule	85%	83%	80%	85%	
4	Deliveries in Government and PNFP health facilities	40%	31%	30%	35%	
5	<b>% of HC IVs offering HIV/AIDS care with ART services</b>				75%	Data captured currently is aggregated <b>But</b> with the revised HMIS, we shall be able to capture it by level of health care service delivery
6	<b>% of health facilities up to HCIII with PMTCT</b>				80%	Data captured currently is aggregated <b>But</b> with the revised HMIS, we shall be able to capture it by level of health care service delivery
7	Pregnant women receiving 2nd dose Fansidar for IPT (based on ANC new clients)	50%	36.3%	34%	75%	
8	% of women attending Antenatal Care (ANC 4th Visit)	60%	35%	36%	60%	
9	Couple Years of Protection (CYP)	90,000	216,643	174,911	600,000	
10	<b>Number of districts where VHTs are established and functional</b>				42	Data has often been got annually but with the Revised HMIS, it will be got quarterly

No.	Indicator	Quarterly Target	FY 2010/2011		FY 09/10 Target	Comment
			Quarter 1 ( July, August, September)	Quarter 2 ( October, November, December)		
11	No. of health workers trained in health centers					Data got annually, implying that we expect it at the beginning of August, 2011

**Table 1.4 District reporting of Inpatient returns from July to December 2010**

Category	July	August	September	October	November	December
No. of Reports received	78	82	98	92	94	94
No. of "No reports"	34	30	14	20	18	18
Percentage of HU reporting (%)	70%	73%	88%	82%	84%	84%

**Table 1.5 District reporting of Outpatient returns from July to December 2010**

Category	July	August	September	October	November	December
No. of Reports received	102	102	105	102	99	101
No. of "No reports"	10	10	7	10	12	11
Percentage of HU reporting (%)	91%	91%	94%	91%	88%	90%

*Expected total number of reports every month is 112*

**Table 1.6 Timeliness of District reporting from July to December 2010**

Category	July	August	September	October	November	December
% Inpatient (HMIS 124)	46%	63%	75%	57%	65%	75%
% Outpatient (HMIS 123)	63%	74%	80%	63%	72%	79%

**Table 1.7 Health Facilities with “No stock-out” of some of the tracer medicines for the period July to December, 2010**

Drug	2010/2011	
	Quarter 1 ( July, August, September)	Quarter 2 ( October, November, December)
	% of HF with “no stock out”	% of HF with “no stock out”
First line drug for Malaria	84%	88%
Measles vaccine	92%	93%
Fansidar	86%	89%
ORS Sachets	90%	91%
Cotrimoxazole	85%	85%
Depo-Provera	88%	88%

**Table 1.8 Health Facilities that had a stock out of “Any” of the six tracer medicines for the period July to December, 2010**

Health Units that had a stock out	14186
Total Number of health units reported	20061
No. of Health Units no stock out	5875
% No. of Health Units with a stock out	<b>29%</b>

## **Chapters Two: Finance and Administration Department**

### **2.1 Composition of the department**

- a) Minister's Offices
- b) Senior Top Management (PS, DGHS, Directors offices)
- c) Administration Division
- d) Accounts Division
- e) Personnel Division
- f) Procurement and Disposal Unit
- g) Internal Audit

### **2.2 Mandate**

To provide political direction, give policy guidance and render support services to enable the Ministry fulfil its mandate of providing quality and equitable preventive and curative health services to public.

### **2.3 Targets for the 4th Quarter 2009/2010**

#### **2.3.1 Ministers and Senior Top Management activities**

- a) Issue weekly press statements to disseminate the ministry's strategies to improve Health Care Management.
- b) Inspect the delivery of health services in 13 RRHs and 15 General Hospitals.
- c) Hold monthly press conferences to update the public on the efforts of the ministry to improve health service delivery.
- d) Monitor medicines distribution, storage, allocation, records and dispensation system in districts.
- e) Supervision of PHC activities in 20 districts quarterly.
- f) Monitor the functionality of HC IVs and HC IIIs in 15 districts quarterly.
- g) Support supervision of DHTs in 15 districts quarterly.

#### **2.3.2 Administration and support services**

- a) Prepare and submit activity and financial reports for the previous quarters (1st and 2nd 2010/11) to MOFPED.
- b) Prepare and submit to PAC, responses to all queries raised on the accounts of the ministry for financial year 2007/08 and 2008/09, and responses to Auditor General's Queries for FY 2009/2010.
- c) Inspect the utilization and accountability for PHC Grants in the Districts.
- d) Inspect the utilization of the Development Budget in 13 RRHs.
- e) Ensure all the outstanding financial advances are accounted for.
- f) Inspect and assess the standards of financial book keeping, maintenance of accounting records and adherence to financial regulations and procedures in the districts.
- g) Pay all staff emoluments in time.

- h) Enter Frame Work Contracts with providers for procurement of vehicle repair services, tyres, clearing and forwarding services, courier services, hotel services (workshops & meetings) and stationary.
- i) Coordinate the organization of public events / observances that fall within the two quarters for example World Aids Day, African Union Summit and Surgeons' Conference.
- j) Audit the Ministry pay roll.
- k) Inspection of construction works, solar & Equipment
- l) Audit on expenses on supervision and workshops.
- m) Complete and submit 5 Cabinet Memoranda.
- n) Assess recruitment needs for RRHs for 2010 / 2011 Financial Year.
- o) Prepare and submit all procurement and disposal reports to PPDA.

## **2.4 Main achievements attained during the 4th Quarter 2009/10**

### **2.4.1 Ministers and Senior Top Management**

- (a) Issued press statements on jiggers in Busoga region, Wild Polio in Bugiri district and Yellow fever in Northern Uganda.
- (b) Inspected service delivery in 13 RRHs and 15 General Hospitals.
- (c) Held 4 press conferences to update the public on medical emergency activities on jiggers in Busoga region, Cholera in Karamoja, Wild Polio in Bugiri district and Yellow fever in Northern Uganda.
- (d) Inspected the management of medical supplies in several districts.
- (e) Supervised PHC activities in several districts.
- (f) Monitored the functionality of HC IVs and IIIs in the districts.
- (g) Did support supervision of DHT activities in all the regions.

### **2.4.2 Administration and Support Service achievements**

- a) Activity and financial reports for the 1st and 2nd quarter prepared and submitted to MOFPED
- b) Responses to queries raised in Audit Reports for FY 2007/8 and 2008/9 prepared and submitted to PAC and Auditor General.
- c) Inspected utilization of and accountability for PHC Grants in all the regions.
- d) Inspected utilization of the Development budget in 13 RRHs.
- e) 60% of the outstanding advances accounted for.
- f) Inspection of financial book keeping, maintenance of accounting records and adherence to financial regulations and procedures done in all the regions.
- g) (g) All staff salaries for the 6 months fully paid in time.
- h) Frame work contract for procurement of Hotel Services and news papers approved (MCC) while those for stationery and toner to be concluded this month. Motor repairs and tires to be advertised next month.
- i) World Aids Day was observed.
- j) The Human Resource Audit was conducted.
- k) 5 Cabinet Memoranda were submitted.
- l) Exit Management Sensitization was conducted at the Headquarters and 11 RRHs.
- m) Induction training for newly recruited staff was conducted in 6RRHs and UVRI.

- n) Followed up operationalization of Workplace, Health and Safety Policy in 8 districts.
- o) Prepared all procurement and disposal reports and submitted to PPDA.

## 2.5 Major challenges encountered

- a) Unforeseen / unbudgeted but important and urgent expenditures
- b) Lack of access to the IFMS by staff who are key in the processing of payments.
- c) Incomplete and irregular financial requisitions from staff.
- d) Poor and delayed accountability from staff.
- e) Irresponsible handling of queries raised by oversight and accountability agencies of Government.
- f) Delays in submission of procurement plans and performance reports by user departments.
- g) Frequent interruptions and breakdown of the IFMS.
- h) User departments do not adhere to Procurement Plans and PPDA Regulations.
- i) Late initiation of procurements.
- j) Delayed procurement evaluation processes.
- k) Inaccurate statement of requirements by User departments.
- l) Lack of proper procurement coordination within User departments.
- m) Weak contract management by User departments.

**Table 2.1: Ministerial & Top management services (F & A): Outputs Attain (Code 084903)**

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output	1st & 2nd Q Release	1st & 2nd Q Actual Expenditure	Provide Reasons for Any variance
<b>Ministers and Senior Top Management Services: 084903</b>						
Attend international and regional fora on health	Ministry represented at regional and international fora	84,500,000	6 Conferences abroad.	36,735,106	28,583,850	
Information & communication technology	Ministry Information & Communication technology functional	25,000,000	Done	10,868,375	8,456,760	
Inspection of sector activities/projects	reports	184,500,000	Inspection of sector activities/projects in 30 districts.	80,208,605	62,410,891	
Preparation & submission to policy proposals	Cabinet memos and information papers produced and submitted	50,000,000	5 Cabinet memos and information papers produced.	21,736,749	16,913,521	

<b>Annual Planned Output Targets</b>	<b>1st &amp; 2nd Q Planned Output Target</b>	<b>1st &amp; 2nd Q Planned Expenditure (Ushs)</b>	<b>1st &amp; 2nd Q Actual Output</b>	<b>1st &amp; 2nd Q Release</b>	<b>1st &amp; 2nd Q Actual Expenditure</b>	<b>Provide Reasons for Any variance</b>
Press statement/media briefs	Press statements	53,000,000	4 press statements	23,040,954	17,928,332	
Solicitation of additional support/funding for the sector	Funding for the sector solicited					
Staff entitlements: general staff salaries	Staff entitlements and salaries paid	606,960,500	Paid salaries for three months	263,866,965	205,316,778	
Train support staff in offices' of the PS, DG and US	Support staff trained	29,522,000	4 staff were trained	12,834,246	9,986,419	
<b>TOTALS</b>		<b>1,033,482,500</b>		<b>449,291,000</b>	<b>349,596,551</b>	

**Table 2.2: Ministry Support Services (F & A): Outputs Attained (Code 084902)**

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any Variance from Quarterly plans
<b>Administrative and Support Services: 084902</b>						
Carry out board of survey	report	2,300,000	Board of Survey for FY 09/10 facilitated	1,817,283	1,725,111	
Follow up the management and utilization of primary health care grants and other advances to local governments and regional referral hospitals.	Reports	35,200,000	Management and utilization of primary health care grants and other advances to local governments and regional referral hospitals followed up in all the regions.	27,812,343	26,401,713	
Inter MLGA coordination e.g. MoFPED, BOU, Parliament, and other ministries.	Inter MLGA coordination conducted	7,300,500	Facilitation for Inter MLGA coordination provided.	5,768,295	5,475,730	
Operation, servicing, maintenance and report of IFMS System	Functioning IFMS System	27,500,000	IFMS System serviced and properly maintained	21,728,392	20,626,338	
Preparation of periodic financial reports and statements in accordance with the public finance act and regulations 2003	Reports	6,035,500	2 main Reports submitted and other subsidiary monthly reports prepared..	4,768,789	4,526,919	
		0		0	0	
Prepare for formal opening of new financial year	Vote books and ledgers	2,750,000	Vote books and ledgers purchased	2,172,840	2,062,634	
Reconciliation of books of accounts(projects)	reports	1,200,000	Reconciliation of books of accounts done.	948,148	900,058	
Train/sensitize staff of the ministry, local Governments, regional referral hospitals and other institutions in the public sector on financial	reports	19,000,000	Activity is still On going	15,012,344	14,250,925	

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any variance from Quarterly plans
<b>Administrative and Support Services: 084902</b>						
management rules and procedures.						
Training on published standards	reports	5,000,000	Training on Management of Letters of Credit was done with BOU and Citi Group.	3,950,617	3,750,244	
Update Ministry assets inventory and upload it on the IFMS SYSTEM	Asset Inventory updated	9,700,000	Asset Inventory updated and still ongoing.	7,664,197	7,275,472	
Cleaning services	Ministry cleaned	92,000,000	Cleaning Services paid for.	62,421,789	62,138,385	
Disposal of old assets	report	28,500,000				
Facilitation of staff to deliver sector services utilities electricity water	Receipts	51,000,000	Paid for utilities water and Electricity	26,187,378	27,292,713	
Facilitation of staff to deliver sector services information and communication	Telephone bills paid	63,250,000	Done	47,074,103	58,001,893	
Facilitation of staff to deliver sector services transport and travel	reports	66,250,000	Officers facilitated to travel and carry out activities as required	54,536,375	49,103,908	
Maintenance of ministry assets	Ministry assets maintained	68,000,000	Ministry assets maintained as required.	51,123,230	51,701,144	
Organizing official events/observances /celebrations	official events/observances /celebrations held	78,500,000	official events/observances/celebrations held	62,143,100	58,847,100	
Pay staff salaries	Staff salaries paid	206,405,000	Staff salaries paid to date	132,674,918	162,959,749	
Responding to queries and following up issues raised by	reports	206,905,000	Held several meetings to prepare responses to the Public	162,963,874	126,476,311	

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any variance from Quarterly plans
<b>Administrative and Support Services: 084902</b>						
accounting and oversight institutions of government			Accounts Committee			
Routine sensitization and refreshing of in house staff on government regulations, procedures, standards and policies	reports	82,500,000	Done	64,356,263	62,101,053	
Security of persons, property and premises	Ministry premises secured	67,000,000	Security Guards paid.	57,438,085	49,047,909	
Top management leadership and management training	reports	54,026,000	Done	41,260,051	40,904,416	
Carrying out HMIS informatics research	reports	89,326,206	Done	54,300,206	48,142,520	
Conduct on spot ICT support among hospitals and districts	reports	23,000,000	All the 4 regions supervised	15,094,013	18,075,834	
Procure McIntosh laptops	Laptops procured	22,000,000				
Annual internet premium for MOH bandwidth	Ministry Internet functioning	119,021,395	Done	75,021,395	70,063,302	
Connectivity to TB& chemotherapy	TB& chemotherapy connected	2,500,000				
Connectivity to UNEPI-Entebbe	UNEPI-Entebbe connected	5,000,000				
Connectivity to Wabigalo	Wabigalo connected	2,500,000				
Procure & Operationalize intranet	Intranet operationalised	31,500,000	On- going	24,888,886	23,626,533	
Procure computing accessories (RAM, HDD, Tonner)	Computer accessories procured	2,500,000				

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any variance from Quarterly plans
<b>Administrative and Support Services: 084902</b>						
Procure working toolkits		8,500,000	Done	6,716,049	6,375,414	
Procure cable, signal & WIFI		3,000,000				
Purchase of stationery	Stationery purchased	10,250,000	Done	8,098,765	7,687,999	
Renew maintenance contracts for server room	Server room maintained	7,500,000		5,925,925	5,625,365	
Procure a helpdesk solution	helpdesk solution procured	2,750,000				
Renew mail server software	mail server software functioning	5,000,000	Done	3,950,617	3,750,244	
Conduct comprehensive HR audit	report	25,000,000	HR Audit Conducted and 1 report produced	19,753,084	18,751,217	
Exit management sensitization	report	2,500,000	Exit Management sensitization conducted at the Headquarters. And 11 regional referral Hospitals	1,975,308	1,875,121	
Conduct visits to PNFP training	report	5,000,000	Visits Conducted	3,950,617	3,750,244	
Induction training for newly recruited staff in regional referral hospitals	report	10,000,000	Induction training conducted in 6 Regional referral Hospitals and UVRI	7,901,234	7,500,487	
Follow up on the operationalisation of workplace	report	20,000,000	Conducted in 8 districts	15,802,467	15,000,973	
Payroll monitoring in regional referral hospitals	report	10,000,000	Conducted in 11 Regional referral Hospitals	7,901,234	7,500,487	
Procurement of small office support like fuel, service	report	3,500,000	Done	2,765,432	2,625,170	
Support supervision to hard to reach areas of north & north eastern Uganda	report	10,000,000	3 supervision visits done	7,901,234	7,500,487	
Contracts committee meetings and other	Minutes	6,001,500	Facilitated 30 CCM	20,465,380	19,427,386	

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any variance from Quarterly plans
<b>Administrative and Support Services: 084902</b>						
expenses						
General office support		19,900,000				
Monitoring of procurement contracts performance	report	17,271,500	Monitored	13,646,615	12,954,466	
Procurement of office equipment	Office equipment procured	1,656,000	1 printer	1,308,445	1,242,080	
Training of PDU members	Reports``````\`	5,000,000	3 trained	3,950,617	3,750,244	
<b>TOTALS</b>		<b>1,495,677,000</b>		<b>1,140,691,102</b>	<b>1,102,212,208</b>	

**Table 2.3: Transfers to international organization: Outputs Attained (Code 084951)**

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ushs)	1st & 2nd Q Actual Output Target (Qty and Location)	1st & 2nd Q Release (Ushs Millions)	1st & 2nd Q Actual Expenditure (Ushs Millions)	Provide Reasons for Any variance from Quarterly plans
<b>Transfers to international health organizations: 084951</b>						
Contribution to international health organizations	Contribute to all the health organizations	164,158,000	Part payment made to ECSA and WHO.	164,158,000	163,864,948	
<b>TOTALS</b>		<b>164,158,000</b>		<b>164,158,000</b>	<b>163,864,948</b>	

**Table 2.4: Internal Audit Department: Outputs Attained (Code 084902)**

Annual Planned Output Targets	1st & 2nd Q Planned Output Target	1st & 2nd Q Planned Expenditure (Ug. Shs)	1st & 2nd Q Actual Output	1st & 2nd Q Release	1st & 2nd Q Actual Expenditure	Provide Reasons for Any variance
<b>Internal Audit services: 084902</b>						
				137,501,702	133,403,386	
Review Stores.	Report		A Report Issued to PS			
Payroll Audit	Report		A Report			

<b>Annual Planned Output Targets</b>	<b>1st &amp; 2<sup>nd</sup> Q Planned Output Target</b>	<b>1st &amp; 2<sup>nd</sup> Q Planned Expenditure (Ug. Shs)</b>	<b>1st &amp; 2<sup>nd</sup> Q Actual Output</b>	<b>1st &amp; 2<sup>nd</sup> Q Release</b>	<b>1st &amp; 2<sup>nd</sup> Q Actual Expenditure</b>	<b>Provide Reasons for Any variance</b>
Review Accounting Systems	Report		A Report Issued to PS			
Audit of Fleet Management	Report		A Report pending Discussion			
Audit of procurement processes	Report		Report submitted to PS			
Inspection of construction works, solar & Equipment	Report		2 Reports Issued to PS after visiting 4 regions		35,080,586	
Audit of Global Fund project	Report		Report pending Discussion			
Investigations (PHC Funds)	Report		A Report		31,620,000	
Audit of utilities payments	Report		A Report Issued to PS			
Audit on expenses on supervision and Workshops	Report		A Report pending Discussions		21,500,000	
<b>TOTALS</b>				<b>137,501,702</b>	<b>133,403,386</b>	

**In the totals, some of the funds and activities were carried forward from the previous quarters.**

## Chapter Three: Quality Assurance Department

### 3.1 Background

- Mandate of QAD is to ensure guidelines and standards are developed, disseminated and used effectively
- Supervision mechanisms strengthened and supervision undertaken at all levels
- Internal QA capacity is built at all levels including hospitals

### 3.2 Departmental objectives

- Ensure standards and Guide Lines (GL) are developed and disseminated at all levels
- Support routine use of standards & GL in the districts
- Ensure that a regular supervision system has been established and strengthened at all levels
- Facilitate establishment of internal QA capacity at all levels including operations research on quality health services

**Table 3.1 Sector Performance Monitored and Evaluated: Output 080101**

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure
4 Q reviews	2 Quarterly Reviews	<ul style="list-style-type: none"> <li>• 1 Mid Year Review, in progress</li> </ul>	Q1=27.8 Q2=29.1 (56.9m)	22.6 m
		<ul style="list-style-type: none"> <li>• Printed 200 copies of Q4 report</li> </ul>		7m
12 SMER-TWG mtgs	6 SMER-TWG meetings	<ul style="list-style-type: none"> <li>• 5/6 SMER- TWG mtgs held</li> <li>• TOR for the Supervision framework drafted.</li> <li>• Finalized the JRM Aide Memoire.</li> </ul>		
12 SMER-TWG mtgs	6 SMER-TWG meetings	<ul style="list-style-type: none"> <li>• Work on HSSIP M&amp;E framework continues.</li> <li>• In put into Health Systems assessment by MUSPH.</li> <li>• Review of the Quality improvement framework.</li> </ul>		6M for all meetings
12 SMC mtgs	Monthly SMC	<ul style="list-style-type: none"> <li>• 5/6 SMC mtgs held</li> </ul>		
12 QAD mtgs	Monthly QAD mtgs	<ul style="list-style-type: none"> <li>• 5/6 QAD mtgs held.</li> </ul>		
		<ul style="list-style-type: none"> <li>• Fuel for monitoring activities by QAD</li> </ul>		10m
<b>Output 080102: Standards and Guidelines disseminated</b>				

Annual target	Q1&Q2 planned output	Achieved	Q1 & Q2 Release	Q1 & Q2 expenditure
5 Standards /GL disseminated	Disseminate Uganda Clinical Guidelines-UCG to all districts	Dissemination of UCG to 50 districts	Q1=14.1 Q2=13.5 (27.6m)	75m
<b>Output 080103: Supervision of Local Governments and Referral Hospitals</b>				
Quarterly visits to all districts	2 Supervision visit to all districts	16 districts supervised during Pre- JRM.	Q1=123.4 Q2=125.4 (248.8m)	16.06m
		1 AT/TMC visit to all districts ongoing.		107.6m
Support supervision to National Referral Hospitals-NRHs	Support supervision to NRHs conducted.	Support supervision to Mulago NRH conducted.	2.0 m	2.0 m Used to facilitate external supervisors and members of the press.
Quality improvement assessment & inspection carried out in 60 districts	QI assessment & inspection carried out in 30 districts	QI assessment & inspection ongoing in 24 districts in all regions		38.3m
<b>Output 080104: Standards and GL developed</b>				
Finalize development of 4 standards and GL	2 STDs and GLs Developed	Finalization of the Radiation and Imaging Standard on going. Infection control GL drafted	Q1=22.6 Q2=21.6 (44.2m)	10m  Consultant hired, paid by DPs.
		Patients' charter (paid bill for 5000 printed copies)		30m

**Table 3.2 Vote function 0801: overall budget performance**

Quarter	Approved vote on account	Budget release	Overall expenditure	Overall performance
Q1:	442,858,808	186,302,891 (42%)		
Q2:	442,858,808	191,314,913 (43%)		
<b>Total</b>	<b>885,717,616</b>	<b>367,617,804 (42%)</b>	<b>316,560,000</b>	<b>86%</b>
<b>Mid year</b>			<b>26%</b>	

### 3.3 Challenges

- Inadequate office space.
- Very low Quarterly releases.
- The Increasing number of districts making it difficult to plan with the available resources.

**SUPPORT SUPERVISION TO MULAGO HOSPITAL BY THE TOP MANAGEMENT OF THE MOH**



Some of the senior staff for Mulago NRH met during support supervision conducted during the second Quarter.



Patient being received at the Causality ward of Mulago hospital



The Ag. PS Dr. Assuman Lukwago talking to the staff of Mulago Hospital during the support supervision.



## Chapter Four: Planning Department

### 4.1 Mandate of Planning Department

- Production of sector policies, strategies, plans and budgets
- Policy Analysis
- Human Resource Development
- Health Management Information System-HMIS
- Resource mobilization for implementation of sector strategies and plans

### 4.2 Divisions of the Planning Department

- Resource Centre
- Human Resource Development
- Policy Analysis
- Planning
- Budget and Finance

### 4.3 Departmental objectives

- Ensure that sector BFP, Ministerial Policy Statement, annual workplans and performance reports are produced
- Support to sector institutions, LGs and NGOs in strategic and operational planning
- Ensure that the annual health sector performance report is produced
- Resource mobilization and budget monitoring
- Policy analysis and production of sector policy documents
- HMIS coordination
- Human Resource Capacity building

### 4.4 Performance of the Planning Department

**Table 4.4.1: Planning Department:**

Planned Annual Outputs	Q1 and Q2 Planned Output Target (Qty and Location)	Q 1 and Q2 Planned Expenditure (Ush Bn)	Q 1 and Q2 Actual Output (Qty and Location)	Q 1 and Q2 Actual Expenditure (Ush Bn)	Reasons for variation in performance
<b>Vote code: 084901: Policy, consultation, planning and monitoring services</b>					
<ul style="list-style-type: none"> <li>• Annual work plan for FY 2010/11 produced,</li> <li>• 4 quarterly performance reports,</li> <li>• 4 HMIS Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Quarterly performance reports, 2 HMIS Quarterly Reports,</li> <li>• 137 LGs supported in planning and Budgeting,</li> </ul>	1.636Bn	<ul style="list-style-type: none"> <li>• JRM workshop conducted, NHPII, HSSIP, and AHSPR completed, printed and distributed.</li> <li>• Guidelines for Management of Private Wings of Health Units in Uganda compiled</li> <li>• 2 Data validation exercises carried out in two regions of the country (HMIS for AHSPR)</li> </ul>	1.614Bn	<ul style="list-style-type: none"> <li>• Budget cuts</li> <li>• No proper timelines and targets set during the planning process.</li> </ul>

Planned Annual Outputs	Q1 and Q2 Planned Output Target (Qty and Location)	Q 1 and Q2 Planned Expenditure (Ush Bn)	Q 1 and Q2 Actual Output (Qty and Location)	Q 1 and Q2 Actual Expenditure (Ush Bn)	Reasons for variation in performance
<ul style="list-style-type: none"> <li>• Reports,</li> <li>• 89 districts supported in planning,</li> <li>• 1 DHO meeting report,</li> <li>• 1 Joint Review Report,</li> <li>• 1 Technical Review Report,</li> <li>• 1 CSO report,</li> <li>• 1 Annual Performance Report,</li> <li>• 1 BFP for FY 2010/11,</li> <li>• 4 HPAC reports,</li> <li>• 4 International coordination reports,</li> <li>• 1 consolidated NGO plan,</li> <li>• 4 NGO supervision reports,</li> <li>• 1 NSHI Report,</li> <li>• 2 RIA Report,</li> <li>• 2 Health Acts approved,</li> <li>• 4 bills developed , 2 policy documents developed ,</li> <li>• 4 policies developed ,</li> <li>• Technical support supervision Report,</li> <li>• Training Needs Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• 2 HPAC report,</li> <li>• 1 International coordination report,</li> <li>• 2 NGO supervision report, , 2 RIA Report,</li> <li>• 1 bill developed, 1Health policy document developed,</li> <li>• 2Technical support supervision Reports, 1Training Needs Assessment Report,</li> <li>• 100 post basic and post graduates trained,</li> <li>• 1 HRH stakeholders report,</li> <li>• 2 CPD Centre monitored,</li> <li>• 15 heads of HSD inducted,</li> <li>• 6 Districts supported for in service Training,</li> <li>• 6HUMCs supported in 6 Districts, 13 HSD managers trained in leadership and management,</li> </ul>		<ul style="list-style-type: none"> <li>• Proposal for conducting and Work plan for Institutionalization of NHA completed (implementation awaits availability of funding),</li> <li>• Guided LGs on Health policy issues for FY 2011/12 in the LGBFP workshops</li> <li>• Finalized mapping of sector goals and interventions to NDP objectives,</li> <li>• Progress report for Q4 FY 2009/10 and Q1 for FY 2010/11 submitted,</li> <li>• Budget Monitoring carried out in 12 RRHs and 22 LGs,</li> <li>• Mentored all LGs in output based planning and management,</li> <li>• HMIS Quarterly Report produced,</li> <li>• 112 Districts and 25 Municipalities supported in planning and budgeting.</li> <li>• 1 HPAC report produced,</li> <li>• 1 International coordination report produced,</li> <li>• 1 NGO supervision report made,</li> <li>• 1 RIA Report completed,</li> <li>• 1 bill developed, 1 policy document developed on (PPPH),</li> <li>• Technical support supervision Report,</li> <li>• Training Needs Assessment Report made, 100 post basic and post graduates trained,</li> <li>• 1 HRH stakeholders report produced,</li> <li>• 1 Continuing Professional Development (CPD) Centre monitored,</li> <li>• 15 heads of HSD inducted, 6 districts supported for In service Training (IST),</li> <li>• HUMCs supported in 6 districts, 13 HSD managers trained in leadership and management,</li> <li>• Developed and signed a MOU with n LGFC and LGs on Health Service Delivery</li> <li>• Facilitated preparatory work in preparation of RRH master plans,</li> <li>• Participated in training LGs</li> </ul>		

Planned Annual Outputs	Q1 and Q2 Planned Output Target (Qty and Location)	Q 1 and Q2 Planned Expenditure (Ush Bn)	Q 1 and Q2 Actual Output (Qty and Location)	Q 1 and Q2 Actual Expenditure (Ush Bn)	Reasons for variation in performance
<p>Report,</p> <ul style="list-style-type: none"> <li>• 100 post basic and post graduates trained,</li> <li>• 4 HRH stakeholder s reports,</li> <li>• 5 CPD Centres monitored,</li> <li>• 60 heads of HSD inducted,</li> <li>• 25 districts supported for IST, HUMCs supported in 25 districts,</li> <li>• 50 HSD managers trained in leadership and managem ent,</li> <li>• Technical support supervision Report,</li> <li>• Training Needs Assessment Report,</li> <li>• 100 post basic and post graduates trained,</li> <li>• 4 HRH stakeholder s reports,</li> <li>• 5 CPD Centres monitored,</li> <li>• 60 heads of HSD inducted,</li> <li>• 25 districts supported for IST, HUMCs supported in 25</li> </ul>			<p>on exhaustive budgeting for wages,</p> <ul style="list-style-type: none"> <li>• Quarterly HMIS support offered to 13 districts of Eastern Uganda,</li> <li>• Laid out and designed the printing of the 2010 MOH statistical Abstract ,</li> <li>• 2 workshops held and 3 technical working group meetings held to finalise the revision of HMIS tools,</li> <li>• Technical Support supervision provided to 10 districts on functionality of district libraries, Electronic blue libraries installed in 10 districts,</li> <li>• Updated MOH e-library portal and 80 publications uploaded, 50 publications accessioned, classified and catalogued,</li> <li>• Increased bandwidth from 1MB to 4MB by migration from UTL to Orange, MoH LAN extended remote sites (TB &amp; Chemotherapy), Developed &amp; functional; <a href="http://intranet.health.go.ug/s">http://intranet.health.go.ug/s</a> upport, Deployment of LAN Antivirus to MoH staff,</li> <li>• Recruited Systems Administrator, Standard Operating Procedures for handling HMIS data developed</li> <li>• Held 2 stakeholder workshops to review HMIS tools ,</li> <li>• Held a 5 days TOT workshop on the revised HMIS tools,</li> <li>• Held a 2 weeks customization workshop on the customization of the DHIS 2 software for HMIS data management,</li> <li>• Focal Coordination Office (FCO) for Global Fund established, supported 10 districts in conforming to the requirements of the Global Fund Grants,</li> <li>• 4 Country Coordinating Mechanism (CCM) meetings held,</li> <li>• Developed and submitted four national consultative</li> </ul>		

Planned Annual Outputs	Q1 and Q2 Planned Output Target (Qty and Location)	Q 1 and Q2 Planned Expenditure (Ush Bn)	Q 1 and Q2 Actual Output (Qty and Location)	Q 1 and Q2 Actual Expenditure (Ush Bn)	Reasons for variation in performance
districts, <ul style="list-style-type: none"> <li>• 50 HSD managers trained in leadership and management,</li> <li>• Review the HMIS Systems</li> <li>• Review the SHI scheme</li> <li>• Support and mentor LGs /RRHs on Planning and Budgeting issues</li> <li>• Carry out 4 technical support supervision to health sector institutions.</li> <li>• Hold TWG meetings to review health sector Budget and planning issues.</li> <li>• Coordinate Health sector Donor Projects management and offer Technical supervision.</li> </ul>			proposals. <ul style="list-style-type: none"> <li>• Process of reviewing SHI SCHEME on going by the task force</li> </ul>		

**JOINT REVIEW MISSION WAS HELD FROM 22<sup>ND</sup> AND 24<sup>TH</sup> NOVEMBER 2010.**



Some of the participants who attended the JRM at Munyonyo Resort Hotel



Dr. Spesioza Wandira Niagaga, the First Deputy Prim-minister Hon. Eriya Kategaya and the Chairman for the HSC Prof. George Kirya during the review.



The longest serving Health Worker from Kalangala District being recognized during the JRM

## Chapter Five: Community Health Department

### 5.1 Mission:

To support integrated public health services for control of both endemic and epidemic diseases.

### 5.2 Specific tasks of the department

- Development of policy guidelines;
- Technical support supervision to districts;
- Capacity building - training of health care workers;
- Monitoring and Evaluation of programs under the Department.
- Response and coordination for management of epidemics and emergencies, in collaboration with other departments and sectors.

### 5.3 Divisions/Sections of the Community Health Department

- **Reproductive Health**
- **Child Health** – Integrated Management of Childhood illnesses, school health, control of diarrhoeal diseases and nutrition.
- **Environmental Health**
- **Vector Borne Disease Control** – Neglected diseases.
- **Veterinary Public Health** – diseases transmitted from man to animal and vice versa
- **Health Education and Promotion**
- **Disability and Rehabilitation Division.**
- **Non-Communicable Diseases** – life styles diseases
- **Public oral health and hygiene**
- **Public Health Emergencies Section** – response to public emergencies – coordinates response to epidemics and disasters

### 5.4 Key departmental outputs

1. Prevention and control of communicable & non-communicable disease
2. Training and capacity building for service providers
3. Policies, laws, guidelines plans and strategies
4. Technical support, monitoring and evaluation of service providers and facilities
5. Prevention, control & mitigation of epidemics & other public health emergencies

## 5.4.1 Actual Quarterly Outputs and Expenditure.

**Table 5.4.1.1 Prevention and control of communicable and non communicable diseases (80401)**

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expend	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release	Q1&2 Actual Expend	Reasons for variance
Roadmap for accelerating reduction of maternal and newborn morbidity and mortality rolled out in 82 districts	Roll out roadmap to 112 districts	18.5	Social mobilization and sensitization on RH done in all districts but commemoration of safe motherhood Day in Mityana	18.5	18.5	done
7 districts covered for advocacy meetings on Kampala Declaration on Sanitation & the use of PHAST tools	21 participants from 5 districts advocated for in the area of KDS and in the use of Partipitoryhygiene (PHAST)	7.115	Meeting held in Jinja. 7 districts - Budaka, Bududa, Bulambuli, Sironko, Butaleja, Kayunga, and Pallisa	7.115	7.116	Activity finalized in December 2010
Conduct internal assessment for BFHI in 40 health facilities	40 health facilities	12.111	60 health workers trained on BFHI	12.111	17.930	Done
Held 14 meetings for the seven Nutrition thematic areas	14 meetings	14.100	2 TWG meetings held	2.260	Ü	done
Held commemoration of World Sight Day, World Disability Day and International Day for the Elderly.	Days celebrated and Disability advocated.	11.52	Days commemorated in Masaka, Jinja and Gulu all Stakeholders involved.	8.9	8.9	Large turn up of communities and PWDs on all the days.  World Sight Day used to launch the Guidelines on Low Vision.
4 road safety seminars for communities along highways held	Sensitization of Communities on road safety on Highways in 10 Districts	13.3	Sensitisation of Communities on road safety on Highways in 10 Districts	13.3	13.274	done
Held meetings to finalize the nutrition handbook	Finalise the guide	2.5	Final copy available	2.8	2.8	done

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expend	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release	Q1&2 Actual Expend	Reasons for variance
Support supervision of trained HWs on Integrated mgt of acute malnutrition done	Two districts	7.00	Conducted in Wakiso and Mpigi	4.00	2.5	done
Technical support supervision and follow up of trained HWs in Infant and Young Child Hood Feeding	4 districts supervised and supported	7.00	Follow u in 4 district in Eastern Uganda - Soroti, Iganga, Jinja and Mayuge	4.00	4.00	done
- VHTs established in 25 District	- VHTs established in 6 Districts	162.6	VHT Sensitisation and training on going in Lyantonde and Bulisa districts	158.1	158.1	done
	Assessment of VHT activities	7.5	Assessment of VHT activities	7.6	7.6	done
Health awareness and literacy increased	Health awareness and literacy conducted in 20 districts	2.0	Promotion of Health through drama	1.0	1.0	done
	Social mobilization for cholera control in Kotido	8,000,000	Emergency cholera control in Kotido district	7.6	7.6	done

**Table 5.4.1.2 Training and Capacity Building for service providers (80402)**

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release ( Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
90 HWs trained in Clinical management of SGBV the districts of Mpigi , Arua and Kiboga	Training HWs in Clinical management of SGBV in Mpigi district	13.6	Waiting for funds to train 30 HWs in Mpigi district	13.6		Funds not released
Training of trainers in Participatory Hygiene and Sanitation Transformation tools in 16 districts conducted	16 Trainers at district level trained in Central and Eastern Uganda	13.546	Request submitted, waiting for funds	13.5	0	Funds not yet released
90 HWS trained on Malaria in Pregnancy and Focused ANC in the districts of Lira, Jinja and Nakaseke	30 HWS trained in Lira	8.012	30 HWS trained in Lira	8.012	8.012	

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release ( Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
90 HWS trained on Adolescent sexual health in the districts of Nakasongola, Mayuge and Masaka)	30 HWS trained	11.550	30 HWS trained in Masaka	11.550	11.550	
Conducted sensitization meetings on School Health	Held a stakeholders workshop to discuss ways of improving the School Health Programme	8.25	Workshop held with officials of MoH, MoE&S and development partners	8.25	8.25	Activity well implemented
Increased awareness on major zoonotic diseases in 30 districts	Teachers and school children trained in 15 districts	40	Training teachers and school children in 4 districts of Alebtong, Otuke, Kaberamaido and Dokolo	11	10.065	Reduced funding & increase in fuel prices

**Table 5.4.1.3: Policies, laws, guidelines, plans and strategies (80403)**

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release ( Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
Environ' Health Staff in 20 districts oriented in development of ordinances and bye-laws	40 Environmental Health staff oriented in developing ordinances and bye-laws	13.7	40 Environmental Health officers from the 20 districts oriented - Kiboga, Nebbi, Manafwa, Kibuku, Budaka, Butebo, Tororo, Busia, Namutumba, Mbale, Kibaale, Kiruhuura, Lwengo, Sembabule, Kalungu, Masindi, Nakasongola, Luwero, Buikwe and Nakaseke	13.7	13.7	Activity is on-going.

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release ( Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
RH strategies reviewed / finalised ( maternal and prinal deaths audit, RH)	Reproductive Health strategy Reviewed	14.7	Reproductive Health strategy Reviewed	14.7	14.7	Done
IEC Materials on RH reviewed	RH IEC material reviewed	8.955	Final copies RH IEC material available	8.955	8.955	Done
RH IEC material disseminated	Distribution of RH IEC Materials in the Western region	3.6	RH IEC materials disseminated in Western Uganda	3.6	3.6	done
IEC Materials on Adolescent sexual reproductive health printed.	Printing of IEC Materials on ASRH	9.875		0	0	Funds not released
IEC materials on rabies developed and translated - available in English and two main vernaculars	Translated and pre-test rabies IEC materials in Ateso	7.50	Developed, & translated rabies IEC materials in Ateso in the districts of Kaberamaido, Soroti, Bukedea, Ngora and Kumi.	4,94	4.94	Done
IEC materials assessed in 20 districts and health units to improve public education strategy on zoonotic diseases	Assess IEC materials on zoonotic diseases in 6 districts	12,000,000	Material assessed in districts and health units in Mityana, Kyegegwa, Kyenjojo, Kabarole, and Ntoroko	6.17	5.80	Unpredictable Funds release

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release ( Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
a) Guidelines and Standards. b) Trachoma Report for 5 surveyed Districts produced.	Guidelines on Low Vision printed & launched Report written.	10.2	1 Guideline	0	0	Funds got from International Centre for Eye Care Education and MOH NTD Programme.
National Oral health policy developed	National oral health policy disseminated	8	Policy distributed to 40 districts	8	8.0	done

**Table 5.4.1.4: Technical support supervision, monitoring (80404)**

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release (Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
Support Supervision to 8 Districts on Disability.	8 Districts supervised in E.N.T. Eye Care & Physical Disabilities.	6.19	Supervised Rakai, Masaka, Mukono, Buikwe, Butambala, Jinja, Kayunga	6.19	6.19	Funds released in December 2010 and activity on going.
Support supervision on Lymphatic filariasis carried out	20 districts in North and Eastern Uganda	9.80	Soroti, Kaberamaido, Katakwi, Amuria, Kamuli, Kaliro, Pallisa, Budaka, Namutumba, Iganga ....	9.8	9.8	Ongoing
Conducted School Health support supervision 8 districts	Technical Supervision conducted in 4 districts of Eastern Uganda	6.6	4 Districts of Pallisa, Bugiri, Budaka & Mbale supervised	9.8	9.8	Included districts of western Uganda. Western Uganda to be finalised next quarter

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release (Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
Support Supervision to 8 Districts on Disability.	8 districts	6.19	.8 Districts supervised in E.N.T. Eye Care & Physical Disabilities.	6.19	6.19	Funds released in December 2010 and activity on going.
Environmental Health services improved in the 3 districts.	Technical support supervision and monitoring in the 5 districts of Busoga region	3.2	Support supervision and monitoring carried out in the districts of Kamuli, Buyende, Kaliro, Iganga, Jinja	3.2	3.05	Done
Provide support supervision to 6 orthopedic workshops	Support supervision of 6 Orthopaedic workshops	9.4	5 Orthopaedic workshops supervised		0	Orthopedic workshops supervised – Mbale, Mbarara, Gulu, Fort Portal and Soroti and all need special funding.
District capacity for Oral health supervision strengthened	two supervision visits	4	Technical oral health Supervision in 10 districts	4	4	done
Technical Support Supervision conducted in 100% of Districts	Technical Support Supervision conducted in 25% of Districts	14.07	Technical support supervision to promote UMHCP done in 10 districts	14.00	14.079	done

## Prevention, control Mitigation of Epidemics and other Public Health Emergencies (80405)

The thrust was on three types of PHEs

1. Control of cholera outbreak in Karamoja region – cholera successfully controlled – zero cases now. Nakapiripirit was the last district in the region to report cholera cases.



2. Relocation and resettlement of Bududa landslide victims – was done Office of the Prime Minister led the process – The Bududa victims are now in their new home in Kiryandongo but the community is vulnerable to new emergencies – such as malaria, etc



3. Eradication of Jiggers in Busoga region – 10 districts are affected by jigger infestation. Campaign to eradicate jiggers was launched by Hon. Deputy Speaker of Parliament, efforts are ongoing



4. Recently (November -December 2010), the control of the yellow fever outbreak in Northern Uganda – 12 districts reported suspected cases. Yellow fever diagnosis was a big challenge. Following diagnosis on 23<sup>rd</sup> December 2010, yellow fever response plan was developed. The response plan had five key interventions including mass vaccination. Vaccination campaign was carried out in the third quarter of 2010/11 in the 5 districts with confirmed yellow fever cases namely: Abim, Kitgum, Lamwo, Agago and Pader). The launch was in Kitgum **district by Hon. Minister of State for Health Dr. Richard Nduhura.**



**Table 5.4.1.5: Prevention, control Mitigation of Epidemics and other Public Health Emergencies (80405)**

Annual planned output target (qty and location)	Q 1&2 Planned output Target	Q1&2 Planned Expenditure:	Q1&2 Actual Output Target (Qty and Location)	Q1&2 Release (Ug. Shs Millions)	Q1&2 Actual Expenditure	Reasons for variance
HWs oriented on recommended protocols for PHEs in 10 prone districts	HWs in 10 districts prone to cholera, flood and landslide oriented	16.00	22 districts in Eastern Uganda oriented workshops held in Mbale and Jinja	0	0	Activity supported by Development partners
Emergency sanitation and hygiene promotion conducted in 10 districts affected with major PHEs	5 district reporting PHEs	16.0	Supported Nakapiripirit, Kotido and 10 districts in Busoga region – Jigger campaign launched	16.0	23.0	Jigger campaign still on
Coordination of interventions and monitoring to prevent and control PHE strengthened	Weekly / monthly NTF or coordination meetings held	2.00	Weekly / monthly task force and coordination meeting held at national and district in districts with PHEs Continue to participate in OPM meetings – work closely with other departments – ESD, NDC, CS etc	2.00	2.00	Yellow fever response plan developed immunisation to start soon. Supplementary budget requested. Waiting for feedback from MoFPED
Field visits by rapid response teams conducted	Rapid response to all major PHEs	22.00	Responded to malaria outbreak in the Kiryandongo camp, conducted needs assessments in Kiryandongo, Tororo and Butaleja following floods	22.1	5.1	done
30 districts with PHE supported with supplies and medicines to mitigate health effects	Support all district reporting major PHE	200.00	Medicines provided to 10 Busoga districts, Kiryandongo, Apac, Nakapiripirit, Manafwa, Tororo, Amuria, Katakwi, Adjumani, Kitgum, Pader, Abim	Funds with NMS	--	NMS has improved in handling emergency orders

**Table 5.6: Budget performance QTR 1&2**

<b>QTR</b>	<b>Releases (UGX)</b>	<b>Planned (BFP) (UGX)</b>	<b>Percent release of Planned(BFP)</b>	<b>Percent Payment of the release</b>
1st	663.40	996.00	66.67%	86.4%
2nd	651.90	996.00	65.00%	81.8%
Average	657.65	996.00	66.00%	84.1%

## **5.5 Constraints / Challenges**

- Inadequate funding – the release for the last two quarters was less than planned
- Increase in fuel prices
- Shortage of staff – unfilled places
- Weak diagnostic capacity – Diagnosis of Yellow Fever took long. Uganda Virus Research Institute established in 1932 for Yellow Fever prevention however it had no capacity to confirm cases

**N.B: Appreciation to F&A: The processing of requisitions has improved greatly though.**

## Chapter Six: Clinical Services Department

### 6.1. Departmental units

- Office of the Commissioner
- Integrated Curative Division
- Health Infrastructure Division
- Pharmacy Division
- Capital Development/Programmes

### 6.2 Mandate

- Policy , Standards & Guidelines on
  - Clinical care
  - Health Infrastructure (Buildings, Equipment, Communication & Ambulatory services)
  - Pharmaceutical Services

### 6.3 General Achievements/Activities

- Divisional work plans implemented (ref to next presentation)
- The Department participated in other activities not reflected in the work plan
  - Surgeon's Conference
  - First Aid coordination for various national & International Conferences (AU, EAC etc)
  - Participation in international conferences and meetings
- A kit system as an interim measure to address medicines management capacity issues were agreed to be sent by NMS to HC II & III. The kit has been revised.
- 3 staffs completed their training programmes, one is continuing.
- Others training is planned for Q3 & 4.

### 6.4 Clinical Services Outputs: Integrated Curative, Health Infrastructure and Pharmacy

**Table 6.4.1: Integrated Curative Services**

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
<b>Prevention and control of communicable and non communicable diseases: Output code 80401</b>						
Procurement of abduction braces for club foot clinics at NRH & RRHS	0					Q3 & 4 activity

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
Establishing palliative care services in hospitals and HCVs		1,600,000	0	0	0	
Case management of outbreaks and epidemics		10,500,000	Case management of yellow fever	1- Investigations and case management of outbreak of Nodding disease in Pader district, 2- Investigation and case management of Yellow fever outbreak in Abim, Agago, Kitgum, Lamwo, Lira, Kaabong, Gulu districts	74,869,280	Both epidemics have been protracted and covered a wide geographical area and still continuing
Orienting health workers on medical male circumcision	6 Regional referral hospitals	4,350,000	Not done	Not done	0	Policy was launched in Q1, implementation guidelines is in the final stages of development
Supervision of infection control committees in health facilities	6 Regional referral hospitals	4,800,000	Not done	Not done	0	Infection control guidelines is still under development in QAD
Training of health workers on pathology services	4 Regional referral hospitals	13,700,000	Not done	Guidelines being developed	0	Funding from UNFPA through ministry of Internal Affairs
Training of ambulance drivers	13 Regional referral hospitals	4,070,000	Not done	Not done	0	Insufficient funds
Epidemic preparedness and meetings	2 meetings	13,500,000	Not done	0	0	
Hold meetings of expert committees for specialized services		4,000,000	Not done			

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
<b>Training and capacity building for service providers: 80402</b>						
Travel for seminars and meetings		712,500			1,396,000	Some members of Top management travelled to Tororo to witness and officiate at opening and closing ceremony of 5S-Kaizen - TQM TOT
Training of officers to improve skills (in country)		4,054,800		Equipment user trainer of trainers done in Masafu hospital for Busolwe, Bugiri, Bududa, Masafu, Tororo General hospitals	0	TOT done with support of JICA
<b>Policies, Laws, guidelines, plans and strategies: Output code 80403</b>						
2 workshops to finalize interns policy		1,200,000		Not done	0	
Consultation meetings for guidelines review		1,200,000	Not done	Not done		
Stakeholders meeting to develop 5S-TQM Guidelines	2 meetings	800,000	Not done	0	0	Due to mandate change QAD takes over this role
Stakeholders meeting to finalize national infection control guidelines	1 meeting	600,000	Jointly done with QAD		0	Being undertaken by QAD
Stakeholders meeting to draft the human organ transplant bill		20,900,000	Not done			
<b>Technical support , monitoring and evaluation of service providers and facilities: Output code 80404</b>						
Emergency supervision to health units		7,000,000		Visited Mubende, Soroti, Apac, Arua, Moroto.	10,928,000	Moroto, Mbarara and Itojo to be visited in Q3

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
Integrated support supervision visits to 13 RRHS and 2NRH	6 RRHS Planned	15,000,000		0	20,120,000	Activities ongoing
Supervision of CHD in North east and eastern region		3,000,000	Not done			No funds requested
Supervision of TQM centers in Mbale, Tororo, Busolwe, Kapchorwa, Entebbe, and Masafu	2 visits	6,000,000	2 Visits	Mbale, Tororo, Entebbe, Masafu	2,790,000	Done with further support from JICA
Technical support supervision to hospitals and HCIVs	4 Regions	6,350,000		Kyangwali HCIII and Erusi HCII	1,365,000	Visit to assess the upgrading of the facilities to HCIV level
Inspection of selected GH and RRH		5,850,000		Follow up visits to Nakaseke, Arua and Mityana and catchment areas	3,900,000	
Supervision of Private and PNFP hospitals in Kampala region		4,300,000			22,375,000	The department identified the dire need to validate the status of staff on wage subvention in PNFP facilities Nationwide and do a head count. Activities will be completed in Q3
<b>Prevention, control and mitigation of epidemics and other public health emergencies: Vote code 80405</b>						
Mentoring and support supervision to epidemic areas		6,050,000		Support to Anaka GH, Pakwach HCIV, Lacor hospital following road traffic accident on Karuma Arua road	2,735,000=	Mentoring being done together with case management of yellow fever in the affected areas

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
Develop and distribute treatment protocols for hepatitis rabies and typhoid fever		3,900,000	Not done			Postponed to Q4
Conduct regional training on case management of outbreaks		4,000,000	On going	Done in Jinja, Mbale, Soroti, Lira, Gulu, Fort Portal, Mubende, Hoima RRHs and Iganga, Kumi, Kiryandongo, Kilembe, Kiboga, Kapchorwa GHs	42,000,000	Funds from AHIP world Bank project used
Train infection control committees		7,600,000		Not done		Awaits development of guidelines, networking with ACP ongoing
Procure office stationary		350,000				
Maintenance of vehicles		1,250,000				
Conduct departmental meetings		600,000				
Train health workers on guidelines on incident management of highly pathogenic disease		3,000,000				No guidelines developed yet
Procure small office equipment		750,000				
<b>Coordination: Output code 80406</b>						
Procure stationary for division of clinical services		600,000				
Provide office Imprest for daily office running		600,000			1,200,000	Imprest for daily use

Annual planned output target	Q1 & Q2 planned output target	Q1 & Q2 Planned expenditure	Q1 & Q2 Actual output target	Q1 7 2 actual output (Qty and location)	Q1 & 2 Actual expenditure	Reasons for variance
Coordination of surgical camps	2 camps	4,000,000		VVF camp organised by Engender health in Kitovu	920,000	Major funding by Engender health
Hold monthly and quarterly meetings		500,000				
Coordinate 18 medical board meetings		9,250,000		8 medical board meetings held in Mulago NRH	6,290,000	
Coordinate visiting specialist groups	2 visits	1,000,000		1 visit by Emergency group to assess land at Mukono	360,000	
Hold obstetric fistula technical committee meetings	2 meetings	5,000,000		2 meetings at Imperial Royale	0	Funding by Engender health
Procure small office equipment for div. of curative services		900,000				
Maintenance of office vehicles and fuel		1,500,000				
office Imprest		600,000				
<b>Medical intern services: Output code 80451</b>						
Induction courses for interns	2 inductions	44,000,000		1 done in Q1 at Ridar hotel for about 315 interns	21,420,000	Planned to induct 150 interns but 315 reported
Payment of salaries for interns		1,060,000,000				
Supervision of interns training sites		24,000,000		Meeting held in Mulago	3,814,000	Held one National interns committee meeting

**Table 6.4.2: Health Infrastructure:**

Financial Year 2010-11.					
Annual Planned Output Target	Q 2 Planned Output Target	Q 2 Planned Expenditure:	Q 2 Actual Output Target	Q 2 Actual Expenditure:	Provide Reasons for Any variance
<b>Training and Capacity Building for service providers: Vote Code 080402</b>					
<ul style="list-style-type: none"> <li>Application training conducted for engineers and technicians on Laboratory and infection control equipment</li> </ul>	<ul style="list-style-type: none"> <li>Application training conducted for engineers and technicians on Laboratory and infection control equipment</li> </ul>	40.0	<ul style="list-style-type: none"> <li>Planned training Laboratory and infection control equipment not undertaken.</li> <li>15 Technicians from Wabigalo workshop and GHs; and 5 MoH Engineers attended the 2nd E. African Regional Health care Engineering Conference in Pope Paul Memorial, Hotel Kampala.</li> </ul>	0.0	<ul style="list-style-type: none"> <li>In adequate funds provided to carry out planned activity on Laboratory and infection control equipment Application training. Activity pushed to next Quarter when adequate funds are expected to be available.</li> <li>Engineers and Technicians who attended E. African conference got Sponsors or sponsored themselves</li> </ul>
<ul style="list-style-type: none"> <li>Solar systems User manual</li> <li>Revise guidelines on medical buildings designs &amp; standards</li> <li>List of Medical equipment by health care level and detailed equipment specifications</li> </ul>	<ul style="list-style-type: none"> <li>Seminar for dissemination of Health infrastructure guidelines.</li> <li>Print and distribute new medical equipment guidelines &amp; specifications</li> <li>Review and print all HC level design drawings and BOQs.</li> </ul>	18.0	<ul style="list-style-type: none"> <li>Final 2010 Health facilities inventory list prepared and awaits clearance to print.</li> <li>Revised list of Medical equipment by health care level and detailed specifications completed and electronic version availed on rest.</li> <li>Revised HC level design drawings and BOQs completed and are available on rest.</li> </ul>	0	<ul style="list-style-type: none"> <li>Required clearances for printing of guidelines have delayed start of procurement processes.</li> <li>Procurement of Printing services have been pushed to next quarter.</li> </ul>

Financial Year 2010-11.					
Annual Planned Output Target	Q 2 Planned Output Target	Q 2 Planned Expenditure:	Q 2 Actual Output Target	Q 2 Actual Expenditure:	Provide Reasons for Any variance
<b>Technical support, monitoring and evaluation of service providers &amp; facilities: Vote code 080404</b>					
<ul style="list-style-type: none"> <li>Medical Equipment maintained in central region</li> <li>At least 18 support supervision and monitoring visits conducted to the regional maintenance workshops</li> <li>At least 2 regional medical equipment maintenance workshop management committee meetings held by each regional workshop.</li> </ul>	<ul style="list-style-type: none"> <li>One routine medical equipment maintenance visit carried out to all hospitals &amp; HCIVs in Central region by Central workshop Wabigalo.</li> <li>Support supervision and monitoring visits conducted to at least 2 regional maintenance workshops</li> <li>1 regional medical equipment maintenance workshop management committee meeting held.</li> <li>Medical equipment spare parts procured</li> </ul>	165.800	<ul style="list-style-type: none"> <li>Routine Maintenance carried out in all hospitals and 23 HCIV.</li> <li>Support supervision visits carried out to Hoima, Masaka, Lira, Gulu, Fort Portal and Masindi hospitals by MoH Engineers.</li> <li>Request for Procurement of Medical Equipment Spare parts placed with the PDU and is ongoing.</li> </ul>		<ul style="list-style-type: none"> <li>Procurement of spare parts for medical equipment servicing &amp; repair is still being undertaken by the PDU but has been very slow.</li> </ul>
<b>Prevention, control &amp; mitigation of epidemics &amp; other public health emergencies: Vote 080405</b>					
NIL	NIL		NIL	NIL	No activity was planned
<b>Co-ordination: Vote code 080406</b>					
<ul style="list-style-type: none"> <li>Carry out routine maintenance of equipment in hospitals &amp; HCIVs</li> <li>Organize Regional workshop Management Committee meeting for central region</li> <li>Monitor &amp; supervision all equipment regional workshops &amp; health infrastructure projects country wide</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly medical maintenance report prepared by each regional equipment maintenance workshop</li> <li>1 Regional workshop Management Committee meeting for central region held</li> <li>Support supervision and monitoring visits conducted to at least 2 regional</li> </ul>	100.0	<ul style="list-style-type: none"> <li>Central Region Workshop Management Committee meeting held in Masaka RRH.</li> <li>Quarterly Medical Equipment Maintenance reports prepared regional Workshops.</li> <li>Support supervision and monitoring carried out on equipment maintenance and</li> </ul>		

Financial Year 2010-11.					
Annual Planned Output Target	Q 2 Planned Output Target	Q 2 Planned Expenditure:	Q 2 Actual Output Target	Q 2 Actual Expenditure:	Provide Reasons for Any variance
	maintenance workshops • A least 2 infrastructure development projects/sites monitored and supervised.		infrastructure development project by MoH Engineers. •		

## 6.5 Development Projects

Vote Function Name: Health Systems Development

**Table 6.5.1: Health Systems Strengthening: Function code 0802:  
Project code: 1123**

Annual Planned Output Target (Qty and Location)	Q1 Planned Output Target (Qty and Location)	Q1Planned Expenditure (Ush mil)	Actual Q1 Output Achieved	Q1 Release (Ush mil)	Q1 Expenditure (Ush mil)	Provide Reasons for Any variance:
<b>Monitoring, supervision and Evaluation of health systems carried out for rehabilitation of 2RRH, 17GH &amp; 27 HC IV: Vote code 080201</b>						
<ul style="list-style-type: none"> <li>Acquire engineering consultants</li> <li>Prepare engineering designs and tender documents for civil works</li> <li>Prepare tender documents for medical equipment and transport equipment</li> </ul>	<ul style="list-style-type: none"> <li>Sign contract for engineering design</li> </ul>		Contracts awarded by Contracts committee ready for signature			- Lengthy approval procedures
<b>Office and ICT equipment procured including software: Vote 080276</b>						
Office & ICT Equip, including software procured.	<ul style="list-style-type: none"> <li>Preparation of tender document</li> </ul>		•No action			-

**Table 6.5.2: Institutional Support to Ministry of Health: Project code: 1027**

Annual Planned Output Target	Q1Planned Output Target	Q1Planned Expenditure	Actual Q1 Output Achieved	Q1 Release	Q1 Expenditure (Ush. mil)	Provide Reasons for Any variance
<b>Monitoring, Supervision and Evaluation of health systems: Vote code 080201</b>						
Budget monitoring and support	1 No. quarterly visit		Requisition funds to carry out inspection early in the second quarter			Allowed lead time for implementers to start utilization of the funds.
Staff training	Identify staff for training and start		Identified staff to be trained			Inadequate funds released in the quarter
Procure vehicle (Pick up)						
<b>Government Buildings and service delivery Infrastructure. Vote code 080272</b>						
New staff canteen, New staff clinic and Office extension constructed	Complete and commission		70% completed			<ul style="list-style-type: none"> <li>• Slow progress exhibited by contractor</li> <li>• Delays in payments to the contractor</li> </ul>

**Table 6.5.3: District Infrastructure Support Programme: Project code: 0216**

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<b>Government Buildings and service delivery Infrastructure. Vote code 080272</b>						
Bududa hospital Paediatric and Male wards rehabilitated	Bududa – Tender received and evaluated		Bududa – Bids received and evaluated and report submitted to PDU			Delays in the procurement process
Operating theatre at Masafu Hospital	Contract Signature and Commencement of work		Contract signed and site handed over to contractor on 23 <sup>rd</sup> December 2010 for work to commence			
Kambuga hospital wards rehabilitated	Kambuga – Tender documents prepared		No action yet			Schedule
Construction of wards and x-ray at Kapchorwa hospital	Contract Signature and Commencement of work		Contract signed and site handed over to contractor on 23 <sup>rd</sup> December 2010 for work to			On schedule

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any Variance
			commence			
Construction and Equipping of Buyiga HC III	Contract Signature and Commencement of work		Retendered			Bids submitted were not satisfactory
Construction and equipping of Kisozi HC III	Contract Signature and Commencement of work		Retendered			Bids submitted were not satisfactory
Electrical Works at Abim Hospital	Preparation of bills of quantities and tender documents		No action yet			
External works at Mbale and Mbarara regional blood banks	Preparation of bills of quantities and tender documents		Tender documents prepared and submitted to contract committee for approval.			
Improvement of sewerage system at Yumbe hospital	Preparation of bills of quantities and tender documents		Tender documents prepared and submitted to contract committee for approval.			
Medical ward constructed at Rushere Hospital.	Preparation of bills of quantities and tender documents		Tender documents prepared and submitted to contract committee for approval.			
<b>Monitoring, Supervision and Evaluation of Health Systems. Vote code: 080201</b>						
Monitoring previously completed projects in the defects liability period	Quarterly inspection of the following rehabilitated facilities Tororo, Fort Portal, and improvement of infrastructure for Butebo HC IV		One (1) inspection of each within the quarter			
Supervision of works carried over from last financial year	Monthly inspection and site meeting for rehabilitation of Itojo, Bududa, Kambuga, Rushere, Masafu, Nebbi & Apac hospitals		Monthly site meeting held for Masafu and Itojo hospitals, One site inspection and meeting held for the others.			Slow pace of work exhibited by contractors
Monitoring of infrastructure development projects in RRHs, districts and	11 RRHs and all districts, SHSSPP works		Monthly inspection for Fort Portal Hospital and SHSSPP projects. Selected			

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
projects			districts			
Supervision and monitoring of other projects by other development partners such as construction of Naguru hospital,	Weekly inspection and monthly site meeting		Weekly inspections and monthly site meetings			
<b>Purchase of Motor Vehicles and other Transport Equip. Vote code 080275</b>						
Vehicles procured for supervision and monitoring, and medical equipment maintenance workshops	<ul style="list-style-type: none"> <li>Preparation of tender documents</li> <li>Tendering</li> </ul>		Tender documents prepared and submitted to PDU for contracts Committee approval of procurement method		0	

**Table 6.5.4: Imaging and Theatre Equipment: Project code: 0224**

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<b>Monitoring, Supervision and Evaluation of Health Systems. Vote 080201</b>						
<ul style="list-style-type: none"> <li>Maintenance of Theatre and imaging equipment supervised in all beneficiary health facilities</li> <li>Installation of theatre equipment supervised in Awac, Bufumbo, Bukedea, Butenga, Kakindo, Kakumiro, Kasanda, Kangulumira, Ntwetwe, Pajule &amp; Rhino Camp HCIV.</li> <li>Theatre and imaging equipment spare parts procured</li> </ul>	<ul style="list-style-type: none"> <li>Supervision of routine maintenance of imaging &amp; theatre equipment carried out for 2nd quarter maintenance works.</li> <li>Start pre-installation works in the beneficiary health facilities.</li> <li>Equipment orders placed and shipment started.</li> <li>Adequate office supplies procured for efficient office running.</li> </ul>	85.0	<ul style="list-style-type: none"> <li>Supervision and monitoring visits carried out in the beneficiary hospitals and HCIVs.</li> <li>Required spare parts procured and repairs undertaken in Fort Portal and Masaka RRH.</li> <li>Pre-installation works and installation of X-ray machines completed in Mityana, Atutur &amp; Mubende hospitals.</li> <li>Lyantonde hospital pre-installation</li> </ul>			<ul style="list-style-type: none"> <li>Pre-installation works for Kapchorwa GH delayed because the X-ray department is under construction and not yet complete.</li> </ul>

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
			works completed & equipment delivered on site. <ul style="list-style-type: none"> <li>• Pre-installation works and equipment installation completed in Pajule, Kapelabyong, Walukuba &amp; Kakumiro HCIVs.</li> <li>• Orders placed and shipment done for Buwasa, Bukulula, Bufumbo, Kakindo &amp; Bukedea HCIV.</li> </ul>			
<b>Purchase of specialized machinery &amp; Equipment. Vote code 080277</b>						
<ul style="list-style-type: none"> <li>• 3 x-ray machines installed in Atatur, Mubende &amp; Mityana hospitals.</li> <li>• Installation of balance of theatre equipment completed in Awac, Bufumbo, Bukedea, Butenga, Kakindo, Kasanda, Kangulumira, Kakumiro, Pajule, Ntwetwe and Rhino Camp HCIV</li> <li>• Theatre equipment installed in 5 additional HCIVs.</li> <li>• Health care waste management facilities constructed in hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule of equipment and health care waste management facilities to be procured completed.</li> </ul>	0.0	<ul style="list-style-type: none"> <li>• Schedule of equipment prepared for available funds on opened LC.</li> </ul>			<ul style="list-style-type: none"> <li>• Not all the funds required for full complement of planned equipment were released in Q1 for opening the LC.</li> <li>• Partial equipment procurement has been undertaken for available funds.</li> </ul>

**Table 6.5.5: Energy for Rural Transformation: Project code: 1094**

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<b>Monitoring, Supervision and Evaluation of Health Systems. Vote code: 080201</b>						
<ul style="list-style-type: none"> <li>Maintenance of solar energy packages in beneficiary HCs carried out by the Maintenance Contractors</li> <li>Supervision and monitoring installation of solar PV energy packages in 16 beneficiary districts carried out</li> <li>Energy needs assessment surveys carried out for selected HCs in Bukwo, Sironko, Mbale, Mayuge, Katakwi, Amuria, Masindi, Bundibugyo, Soroti, Amuru, Amolatar, Pader, Gulu &amp; Bulisa districts.</li> <li>Adequate stationery procured for Project operations</li> <li>Office equipment and vehicles maintained</li> </ul>	<ul style="list-style-type: none"> <li>Supervision and monitoring installation of Solar PV energy packages for HCs in Kabale, Kibaale, Mityana &amp; Mubende districts carried out.</li> <li>Maintenance carried out on all installed solar PV energy packages for HCs in Arua, Yumbe, Nebbi, Pallisa, Kumi &amp; Kotido districts.</li> <li>Procurement process started for supply and installation of solar energy packages in HCs in Bukwo, Sironko, Mbale, Mayuge, Katakwi, Amuria, Masindi, Bundibugyo, Moyo, Pader, Gulu, Soroti, Bulisa &amp; Amolatar districts.</li> <li>Office equipment and vehicles efficiently maintained</li> <li>Adequate office stationery provided to run Project operations.</li> </ul>	34.0	<ul style="list-style-type: none"> <li>Supervision and monitoring of installation of solar energy packages in HCs in Kibaale, Mityana, Mubende and Kabale districts carried out.</li> <li>Routine servicing &amp; repair of solar energy packages in HCs in Arua, Yumbe, Nebbi, Pallisa, Kumi &amp; Kotido districts carried out by the Maintenance Contractors. Energy needs assessment surveys carried out for HCs in Soroti, Amuru, Amolatar, Pader, Gulu &amp; Bulisa districts and report prepared.</li> </ul>			<ul style="list-style-type: none"> <li>Payments for servicing and repair of solar energy packages by Contractors not made because funds for Q2 were not released.</li> <li>Survey of HCs in Soroti, Amuru, Amolatar, Pader, Gulu &amp; Bulisa districts carried out using IDA funds.</li> </ul>
<b>Acquisition of Other Capital Assets. Vote code 080279</b>						
<ul style="list-style-type: none"> <li>Solar energy packages installed in HCs in Kabale,</li> </ul>	<ul style="list-style-type: none"> <li>Installation of solar energy packages completed in</li> </ul>	4.0	<ul style="list-style-type: none"> <li>Installation of solar energy packages started in HCs</li> </ul>			<ul style="list-style-type: none"> <li>Procurement of solar energy packages for HCs in Bukwo, Sironko,</li> </ul>

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<p>Kibaale, Mityana, Mubende, Rukungiri, Kanungu, Luwero, Nakaseke, Amuru, Kitgum, Adjumani, Apac, Dokolo, Moroto, Kaberamaido &amp; Nakapiripirit districts.</p> <ul style="list-style-type: none"> <li>• User Manuals on solar systems operation, maintenance and management produced.</li> <li>• Bids for installation of solar energy packages in HCs in Bukwo, Sironko, Mbale, Mayuge, Katakwi, Amuria, Masindi, Bundibugyo, Moyo, Pader, Gulu, Soroti, Bulisa &amp; Amolatar districts received.</li> </ul>	<p>HCs in Kabale, Kibaale, Mityana &amp; Mubende districts.</p> <ul style="list-style-type: none"> <li>• Advert soliciting for Bids for supply and installation of solar energy packages for HCs in Bukwo, Sironko, Mbale, Mayuge, Katakwi, Amuria, Masindi, Bundibugyo, Moyo, Pader, Gulu, Soroti, Bulisa &amp; Amolatar districts published.</li> </ul>		<p>in Kibaale district 95% completed.</p> <ul style="list-style-type: none"> <li>• 60% of the solar equipment for HCs in Kabale, Mubende &amp; Mityana districts arrived in the country and Customs clearing started.</li> <li>• Procurement of printing serviced for production of User Manual on solar systems operation, maintenance and management started.</li> <li>• Blue Print installation and training for the District Engineers and Cold chain Technicians for Mityana, Mubende &amp; Kabale districts completed.</li> <li>• Preparation of tender document for procurement of solar energy packages for HCs in Moyo, Pader, Gulu, Soroti, Bulisa &amp; Amolatar districts has started.</li> </ul>			<p>Mbale, Mayuge, Katakwi, Amuria, Masindi &amp; Bundibugyo districts will be handled after carrying out energy needs survey in the next quarter.</p>

## Mental Health Section

**Table 6.5.6: Mental Health Section: Project code: 07**

Financial Year 2010-11.				
Annual Planned Output Target (Qty and Location)	Q1 & Q2 Planned Output Target (Qty and Location)	Q1 & Q2 Actual Expenditure	Q1 & Q2 Actual Output Target (Qty and Location)	Provide Reasons for Any variance
<b>Prevention and control of communicable &amp; non-communicable disease. Vote code 080401</b>				
	<ul style="list-style-type: none"> <li>Stakeholders meeting to mental health issues.</li> <li>Preparation and commemoration of the world mental health Day.</li> </ul>	10,885  7,337	<ul style="list-style-type: none"> <li>Stakeholders meeting to discuss mental health issues.</li> <li>Preparation and commemoration of the world mental health Day.</li> </ul>	
<b>Training and Capacity Building for service providers. Vote code 080402</b>				
	Orienting Mental health workers in use of the 'WHO ASSIST Tool'	1,960	Money not yet out	
<b>Policies, laws, guidelines plans and strategies. Vote code 080403</b>				
	<ul style="list-style-type: none"> <li>Meeting with stakeholders to discuss the Mental Health Bill</li> </ul>	1,427	Drafting team held meeting in Butabika hospital to incorporate views from the civil society	
	<ul style="list-style-type: none"> <li>Development of the communication strategy for Mental Health</li> </ul>	8,125	Money not yet released	
<b>Technical support, monitoring and evaluation of service providers &amp; facilities. Vote code 080404</b>				
To provide support to health facilities offering curative services in the country	Technical support supervision to districts and health facilities	12,433	Supervision to Masaka, Fort portal, Hoima, Gulu and Lira mental health units	
<b>Prevention, ctrl &amp; mitigation of epidemics &amp; other public health emergencies. Vote code 080405</b>				
Contribute to the rehabilitation and case management of epidemics and public health emergencies	Supervision of Psycho trauma services in the war affected, Northern Uganda.	1,646	Reviewed the Psycho Trauma services in Pader, Amuru, and Kitgum.	
	Assessment of Psycho trauma services needs for the newly resettled people in Kiryandongo	5, 224	Money not yet released	

## Pharmacy Division

**Table 6.5.7: Pharmacy Division (Quarter One): Project code: 07**

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<b>Support supervision to districts</b>						
Sentinel survey on medicine and health supplies availability for AHPR 09/10	Provide support supervision to 6 districts.	11,360	Work in progress	11,360	11,360	Formerly funded by DANIDA
<b>Support supervision on medicines and health supplies</b>						
support supervision on inventory and stores mgt for medicine and health supplies	New 12 districts selected	34,250	Work in progress	31,900	31,900	Delayed release of funds (received 1 <sup>st</sup> week of October)
<b>Support supervision</b>						
Monitoring performance of National Pharmaceutical mgt systems for HIV/AIDS, TB and malaria medicine	Sampled sites in (5) districts in Arua, Gulu, Mbale Jinja and Kampala	14,295 (WHO)	Work in progress	14,295	14,295	Activity part of WHO multinational monitoring.
<b>Monitoring and Evaluation</b>						
Review of the logistics mgt information (LMIS) Tools and supply Chain training manuals	Centre, MOH, HQ	6,000 (SURE)	Review complete	6,000	6,000	Worked in collaboration with Resource Centre and the SURE programme. Drafts available yet to be finally printed

**Table 6.5.8: Pharmacy Division (Quarter Two): Project code: 07**

Output description	Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
Support supervision to districts	Supervision on medicine management in all districts.	Provide support supervision to 20 districts.	34,250	Work in progress	36,100	36,100	Delayed release of funds (late Dec)
Train in RUM	Training in the use of UCGL 2010 (Uganda Clinical Guideline)	Trained in six districts (Kyegegwa, Kyenjojo, Kamwenge, Kasese, Ntoroko and Bundibugyo)	WHO	Work done	22,000	22,000	Funds from WHO
Support supervision	Technical meetings and workshops	Facilitation of UMTAC (Uganda Medicines and Advisory Committee) develop essential medicine and health supplies list	8,250	Ongoing	4,600	4,600	Process ongoing
Welfare		Daily activities in the office operation	2,500		2,019	2,019	Funds provided for meetings
Small office Equipment		Servicing of photocopying, computers and cartridges	2,500	Machines serviced	1,760	1,760	Machines serviced and cartridges received.

## 6.6 Challenges/Constraints

- Coordination with other departments, programmes & implementing partners
- Inadequate and delayed release of funds for activity implementation
- Still have few staff on the ground despite existing vacancies
- Unforeseen emergencies & epidemics that are unfunded using funds of planned activities on the work plan
- The kit system has resulted in accumulation of some medicines like, reproductive health commodities, foley catheters, X-pen, Gentamycin etc. at the lower level units
- Some of the medicine quantities in the kit is inadequate for HCII & III due to limited funds
- Lack of knowledge on new management tools and reporting formats e.g. OBT, PM, ROM, etc.

## Chapter Seven: Nursing Department

### 7.1 Background

The Nursing Department is charged with the responsibility to maintain the quality of nursing services in the country in accordance with the government policies and priorities

### 7.2 Over all objectives

- To support/supervise the nursing activities in the country, to ensure quality nursing services is provided to the community
- To build the capacity through training/ induction workshops
- To coordinate nursing activities nationally and internationally
- To present nursing interests at various forum

### 7.3 Key outputs for 4th quarter

- Hold meeting with nurse leaders from RRH, and general hospitals, UNMC and other stake holders
- Carry out Technical Support Supervision to health units in the Districts to ensure quality of nursing care
- Conduct Leadership for change training course for nurse leaders
- Procure office equipment

**Table 7.1: Nursing Department: 1st and 2nd quarter Actual Outputs and Expenditures (Programme Code: 011)**

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
<b>Output description : 8 Technical support supervision to 29 districts</b>						
2 Technical Nursing Support Supervision visits (including 2 from Q1) = 4 visits	Two visits to 13 districts	19.490	3 RRH, 6 Gen Hosp 5 HCVs 2HCIII visited	Q1-19 .M Q2-20.637	19.0	Implemented as planned
T/ support Supervision visit to Kampala District Hospitals		1.0	i) Kampala District Hospitals supervised - Butabika Hospital - Mengo Hospital - Mulago Hospital ii) Conducted a meeting with the nurse leaders under the guidance of P/S iii) Reviewed the		1.0M	Done

Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target	Q2 Planned Expenditure	Actual Q2 Output Achieved	Q2 Release	Q2 Expenditure	Provide Reasons for Any variance
			Nurses Strategic Plan and Nurses Policy with the Nurse Leaders			
<b>Coordination of Nurses activities</b>						
Tea Imprest	1	1.2			1.2	
Fuel		8.2			3.4	Only 2 officers were considered
Office Imprest	1	1.0			None	System was decentralized
Participated in the Safe Motherhood day in Mityana District	1	1.0			1.0	
Development of Nurses Policy (Draft)		1.0			1.0	
ECSA Conference	2	-13.0	2 Officers were supported to attend ECSACON Conf. in Zambia		-13.0	This meeting was budgeted for but was never funded
One officer from Depart. Of Nursing attended a partially sponsored Workshop on Disaster preparedness in Singapore		- 3.5 for the Air ticket			-3.5	Borrowed funds
Office stationary		1.3			none	System was Decentralized.
<b>TOTAL- Actual Expenditure</b>		<b>39.637</b>			<b>27.090</b>	<b>Received less funding to cover the travel expenses.</b>

**Table 7.1.1 Additional funding from Developmental Partners:**

Annual Planned Output Target (Qty and Location)	Q 1 Planned Output Target	Q1 Planned Expenditure (Ush Millions)	Q1 Actual Output Target	Q1 Release (Ush Millions )	Q1 Actual Expenditure (Ush Millions)	Provide Reasons for any variance
Development of Nurses Policy (Draft)					1.0 M	MOH
Department of Nursing / JICA user training for Nurses and Midwives in Masafu, Bugiri, Bududa and Busolwe Hospitals						Fully sponsored workshop by JICA
Department of Nursing / ICN/ UNMU conducted Positive Practice Environment(PPE) workshop for 25 midwives						Fully sponsored by ICN/ WHO
Conducted joint (RH Division/ Nursing Department) for integrated technical support supervision		11.0M			11.0M	Supported by UNFPA/ Midwifery Project
The process for the procurement of Nurses Uniforms including other Health workers has begun	(CHS(Nursing & ACHS)				On going	MOH
Participated in the development of strategic plan for the Nurses and Midwives council						Capacity Project

## 7.4 Challenges

- Low releases for the department and yet Nurses constitute more than 60% of the entire Health Work Force
- Shortage of human recourse has greatly affected nursing services
- Leadership for change training for Nurse Managers has not been completed. (Modular course from ICN)
- Nursing Assistants have continued to carry out nursing functions leading to mismanagement of pts eg Apac Case where the mother died in the hands of a Nursing Assistant
- Distribution of hard to reach allowances need to be revisited. Currently the nurses working in Municipalities are not considered and the entire district is hard to reach
- Issues of Litigation are on the raise affecting mainly the Nurses and midwives whore at the fore front.
- Unresolved wrangles within the nurse's leadership continue to threaten the nursing profession.

## Chapter Eight: National Disease Control Department

### 8.1 Overview of the NDC Department:

- Mandate on Policy Development, Coordination, Planning, Implementation oversight, investigation of disease outbreaks, Monitoring and Evaluation of Communicable Disease Control Programs in Uganda.
- Responsible for specific elements of the Health Sector Strategic Plan - Uganda Minimum Health Care Package (UMHCP).

### 8.2 NDC components:

- Office CHS-NDC
- Office ACHS-NDC
- ESD (Epidemiology and surveillance Division)
- UNEPI ( Uganda National Expanded programme on immunization)
- ACP/STD(Aids Control Programme)
- UGWEP ( Uganda Guinea Worm Eradication Programme)
- OCP (Onchocerciasis Control Programme)
- NTLP (National TB & Leprosy Programme)
- CPHL (Central Public health Laboratory)
- MCP (Malaria Control Programme)
- UMRC ( Uganda Malaria Research Centre)

### 8.3 Key objectives outputs

- To provide policies and standards for the control of communicable diseases
- To reduce the morbidity and mortality due to childhood immunizable diseases to levels where they are no longer of public health importance.
- To prevent and control malaria, HIV/AIDS, TB and Onchocerciasis morbidity and mortality
- To contribute to the global effort of eradicating Polio, Guinea worm and Leprosy
- To minimize the impact of epidemics by timely epidemic detection, investigation and confirmation

**Table 8.1: Program 08 Targeted Outputs (NDC)**

Output Code	Output Description
080401	Prevention & control of communicable & non communicable diseases
080402	Training and capacity building for service providers
080403	Policies, laws, guidelines, plans and strategies
080404	Technical support, monitoring & evaluation of service providers & facilities
080405	Prevention, control & mitigation of epidemics & other public health emergencies

#### 8.4. Preventive and control of communicable and non-communicable diseases

**Table 8.2: NDC: Prevention & control of communicable & non communicable diseases (Output code: 080401)**

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
Departmental Programmes Managed and Coordinated	Conduct 12 monthly departmental meetings	6 meetings	4 meetings held	Provided self and collegial review and performance
International Days for TB, Leprosy , AIDS and Malaria Commemorated	4 days commemorate d (HIVAIDS, Malaria, TB, Leprosy)	Mark World Aids Day	Marked the World Aids day on 1st Dec, 2010	Created public awareness on prevention of HIV/Aids
Partners actions in disease control programs coordinated	Meet with partners whenever need arise	Meet with partners whenever need arise	Had 14 key meetings with partners	Helped to remove duplication and activities outside our plans
Integrated Disease Surveillance and Response (IDSR) promoted	Conduct 12 monthly IDSR coordination meetings	6 meetings	5 meetings held	Resolved areas of integration
National Health Laboratories Technical matters identified and disseminated	Conduct 12 technical meetings	Conduct 6 meetings	Conducted 6 meetings	Identified proficiency gaps and addressed
Conduct laboratory coordination and advocacy meeting with District Laboratory Focal Persons (DLFP)	Meet with DLFP from 112 districts	Meet with DLFP from 112 districts	Held one meeting with DLFP from 112 districts	The roles of DLFP were understood
Vaccines and supplies for childhood immunization (EPI vaccines) Received and Customs clearance fees	Receive vaccines Doses, BCG 2662500 , Polio 3348000, Measles 1122000, TT 1749000	BCG 436,600, Polio 1259000, Measles 800000, TT 1202000	Received BCG 436,600, Polio 1259000, Measles 800000, TT 1202000	

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
paid	Receive 8,764,800 of 0.5 ml syringes, 1,814,000 of 0.05 ml syringes, 2,516,400 of 2 ml syringes and 155,700 safety boxes	Receive 4,382,400 of 0.5 ml syringes, 907,000 of 0.05 ml syringes, 1,258,200 of 2 ml syringes and 77,850 safety boxes	Received 4,382,400 of 0.5 ml syringes, 907,000 of 0.05 ml syringes, 1,258,200 of 2 ml syringes and 77,850 safety boxes	
Warehouse for EPI vaccines storage hired	Hire warehouse for 12 months	Hire warehouse for 6 months	Warehouse hired for 6 months in Entebbe	Provided extra storage space required for inputs
Vaccines and other Immunization supplies delivered to districts on a monthly basis	Delivered to 112 districts 12 times	Deliveries made to each of the 112 districts 6 times in the 2 quarters	Visited all the 112 districts 6 times in the 2 quarters	Vaccine stock out was minimised
Cold Chain assessment carried out in the districts	Carryout cold Chain Assessment in 32 new districts	Carryout cold Chain Assessment in 32 new districts	Cold Chain Assessment carried out in 32 new districts	Identified gaps and necessary actions needed
Gas for EPI fridges provided to districts	Refill 16,800 gas cylinders	Refill 8400 gas cylinders	Refilled 6,569 gas cylinders	
Mass treatment for Onchocerciasis delivered in endemic districts	Conduct Mass treatment in all Onchocerciasis endemic districts	Conduct mass treatment the 22 districts	Mass treatment conducted in 22 districts	
Onchocerciasis vector elimination activities Conducted	Conduct Onchocerciasis vector elimination activities in all transmission foci	Conduct River dosing and monitoring in Kashoya-Kitomi	River dosing was done and no adult fly was caught	Highly optimistic to achieve the elimination goal soon
Onchocerciasis vector elimination activities Conducted	Conduct Onchocerciasis vector elimination activities in all transmission foci	Mapping of the Simulium vector in Kitgum & Lamwo districts	Mapping of the Simulium vector was done in Kitgum & Lamwo districts	

<b>Output Description</b>	<b>Annual Target</b>	<b>Target output for Q1 &amp; Q2</b>	<b>Actual Output Target for Q1 &amp; Q2</b>	<b>Remarks</b>
Coartem use in HBMF in Districts and Security Forces Rolled out	39 Districts and 3 Forces	39 Districts and 3 Forces	35 Districts and 3 Forces Trained	Coartem not yet available But procurement in process
Indoor Residual Spraying (IRS) against Malaria carried out	Carry out IRS in 3 districts of Katakwi, Kumi and Bukedea	Carry out IRS in 3 districts of Katakwi, Kumi and Bukedea	Not done due to shortfall in Financial releases to the Dept	
Photo-biological control of malaria carried out	Research into efficacy and safety of candidate larvicides	Research into efficacy and safety of candidate larvicides	Preliminary activities leading to product evaluation completed	Funds from GF.
LLINs Distributed	7,295,850 LLINs distributed in Central, Western, Northern and Eastern Regions.	7,295,850 LLINs distributed in Central, Western, Northern and Eastern Regions.	Distributed 7,295,850 LLINs in Central, Western, Northern and Eastern Regions.	Funds from GF.

**Table 8.3: NDC: Training and capacity building for service providers (Output code 080402)**

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
MLM training on EPI conducted	MLM training conducted in all districts	OPL training in West Nile Region (7 districts)	Trained 7 districts in West Nile Region on MLM for EPI	AFENET support
OPL training on EPI conducted	OPL training conducted in all districts	OPL training in Bundibugyo, Mubende and Kyegegwa	79 H/workers trained in the 3 districts	UNICEF support
H/Workers trained on Rapid HIV testing	Train 200 health workers on Rapid HIV testing	Train 100 health workers on Rapid HIV testing	100 health workers trained on Rapid HIV Testing	CDC Support
Training of health workers on Guinea Worm case detection, management and containment	Train of health workers on Guinea Worm case detection, management & containment in all at risk districts	Train of health workers on Guinea Worm case detection, management and containment in two districts	Health Workers in Koboko and Adjumani districts were trained	Accomplished in 2 districts

**Table 8.4: NDC: Policies, laws, guidelines, plans and strategies (Output code 080403)**

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
Field guide for mass polio immunization campaigns developed and disseminated	Produce 2000 copies of the field guide	Produce 2000 copies of the field guide	2000 copies of the field guide for mass polio immunization campaigns were produced	WHO support
Guidelines on vaccine Management produced	Produce & print 3,000 posters on vaccine Management	Produce & print 3,000 posters on vaccine Management	Produced & printed 3,000 posters	WHO support
Review technical Legal and Regulatory Framework for safe male circumcision	Technical Legal and Regulatory Framework for safe male circumcision finalized	Review technical Legal and Regulatory Framework for safe male circumcision	Legal and Regulatory Framework for safe male circumcision reviewed and are awaiting presentation at the CDC TWG	

**Table 8.5: NDC: Technical support, monitoring and evaluation of service providers and facilities (Output code 080404)**

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
Onchocerciasis Endemic Districts on control activities Supervised	29 districts to be supervised	22 districts that administered MDA to be supervised	22 districts supervised	
Onchocerciasis activities Monitored	Community Directed Treatment with Ivermectin (CDTI) activities supervised	Supervise CDTI activities in Kitgum, Pader, Gulu, Oyam and Amuru	CDTI activities supervised in Kitgum, Pader, Gulu, Oyam and Amuru	
	Collect data on CDTI in all implementing districts	Collect data on CDTI from Moyo, Arua, Koboko and Maracha	Data on CDTI collected from Moyo, Arua, Koboko and Maracha districts	
Community Monitoring of Oncho control activities	Introduce Community self Monitoring tools in all Oncho endemic districts	Introduce Community self Monitoring tools in 8 Oncho endemic districts	Community Self monitoring tools introduced in 8 districts of Amuru, Arua, Kyenjojo, Masindi, Kasese, Kibale, Buhweju and Kanungu	
Cold Chain for EPI vaccines maintained	Repair all cold chain equipment brought to the UNEPI workshop	Repair all cold chain equipment brought to the UNEPI workshop	42 equipment repaired	Cold Chain maintained
	Conduct Cold chain system maintenance visits all districts	Carryout chain system maintenance visits in 12 districts	Maintenance visits made to 12 districts in North, Karamoja and West Nile	
General Support supervision on disease control, EPR and Lab Services Conducted	Supervision conducted in 40 districts	General TSS by CHS (NDC) and ACHS (NDC) in 8 districts	Covered 3 districts. Visits still ongoing	
Technical SS provided to all districts at risk of Guinea Worm	Provide TSS to all at risk districts	Provide TSS to 14 at risk districts	TSS provided to 14 at risk districts in West Nile, Northern and Karamoja regions	
Mentoring visits done to regional hospital laboratories in performing microbiological cultures conducted	Conduct mentoring visits in 12 Regional Hospitals	Visit 6 laboratories (Mbale, Lira, Jinja Fort Portal Soroti and Kabale Hosps)	Visited 6 laboratories (Mbale, Lira, Jinja Fort Portal Soroti and Kabale Hosps)	

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
TSS ART, PMTCT, HCT, STD & infection Control provided	TSS provided in all districts	40% of districts	40% of districts	
National EPI review conducted	Conduct EPI review activities in 28 districts	Conduct EPI review activities in 28 districts	EPI review conducted in 28 districts.	Report is available
Child Health cards Printed and Distributed	Print and Distribute 1,000,000 Child Health cards	Print and Distribute 500,000 Child Health cards	Printed and Distributed 165,000 Child Health cards	WHO and GSK support
EPI Job AIDES for Nurses Developed	Pre-test the EPI Job AIDES in Nursing Schools	Pre-test the EPI Job AIDES in Mulago School of Nursing and Midwifery	EPI Job AIDES pre-tested in Mulago School of Nursing and Midwifery, 200 students involved	MOES Collaboration

**Table 8.6: NDC: Prevention, control & mitigation of epidemics & other public health emergencies (Output code 080405)**

Output Description	Annual Target	Target output for Q1 & Q2	Actual Output Target for Q1 & Q2	Remarks
Suspected Disease outbreaks investigated	Investigate to 100% of the suspected outbreaks reported	Investigate 100% of the suspected outbreaks reported in the period	<ul style="list-style-type: none"> <li>Investigated Yellow Fever in 10 districts in Northern Uganda; confirmed in 4 districts</li> <li>Confirmed and responded to Cholera in Kotido and Nakapiripirit</li> <li>Investigated and ruled out VHF in Bundibugyo and Kyegegwa</li> <li>Investigated and confirmed polio in Bugiri district.</li> <li>Conducted further investigations of Nodding Syndrome in Kitgum, Lamwo and Pader</li> </ul>	

<b>Output Description</b>	<b>Annual Target</b>	<b>Target output for Q1 &amp; Q2</b>	<b>Actual Output Target for Q1 &amp; Q2</b>	<b>Remarks</b>
Mass vaccination in response to Polio outbreak conducted	Conduct two rounds of SIAs in 48 high risk districts	Conduct one round of SIAs in 48 high risk districts	Conducted one round of SIAs in 48 districts	The 2nd round starts on 15th Jan, 2011
Guinea Worm. Investigated and documented	Investigate and document all rumor cases of Guinea Worm.	Investigate and document all rumor cases of Guinea Worm.	No case was reported across the country	
Rumuors of suspected Guinea worm cases investigated	All rumuors of suspected cases investigated	All rumuors of suspected cases investigated	Rumuors were reported	None was +ve
Imported Guinea worm cases contained	Contain all imported Guinea Worm cases	Contain all imported Guinea Worm cases	No imported cases were reported	
AFP and measles cases detected and investigated in all districts	Receive Specimens for AFP and measles cases from all districts	Receive Specimens for AFP and measles cases from all districts	Specimens shipped for measles from 62 districts and AFP from 68 districts	
National Polio Committee activities Supported	National Polio Committee activities functional throughout the year	National Polio Committee activities functional throughout the Quarter	Supported all planned National Polio Committee activities in the quarter	
Laboratory investigations for reported suspected measles cases implemented	Laboratory investigations done for reported measles cases in the year	Laboratory investigations done for reported measles cases in the quarter	286 blood specimens were received from 51 district of which 2 (0.7%) tested +ve for measles & 11 (3.8%) were +ve for rubella	
Weekly surveillance bulletins Compiled and disseminated	Compile and disseminate 52 bulletins.	Compile & disseminate 12 bulletins	Compiled and disseminated 12 bulletins	

**Table 8.7: NDC: STD/AIDS Control Programme**

Output Description	Planned Annual outputs	Q1,Q2 Planned expenditure	Actual	Reasons for variation
Policy, Consultation, planning and monitoring services	<ul style="list-style-type: none"> <li>HCT, PMTCT, ART policies reviewed</li> <li>HBC and Circumcision policies Launched</li> </ul>	Funds from CDC, WHO, PACE	Funds from CDC, WHO, PACE	No variation
Office management	• Coordination Meetings	5,187	0	Offsetting of q4 Payments
	• Inland travel	10,000	5,000	
	• General goods supply	30,000	3,700	
	• Office equipment and maintenance	3,000	0	
	• Small equipment	5,000	0	
	• Staff welfare /entertainment	10,000	5,000	
	• Stationery	10,000	0	
Coordination	• Coordinated response to PEPFAR RFAs	nil		No variation
	• Coordinated 15 new PEPFAR awards projects worth \$ 300m	0	Paid for by PEPFAR	
	• Coordinated R10 GF HIV proposal development	150,000	100m	
HSS	• ACP wrote a proposal for HRH development worth 15m \$		7,000	Supported by WHO
Supervision	• Conducted the 1 <sup>st</sup> integrated supervision	200,000	150,000	No variation but funds from CDC and GF
Service Delivery	~30,000 new patients put on ARVs		1.5bn	
Procurement	• ARVS	GF	11bn	
	• Condoms	GF	7bn	
	• Equipment	GF	1.5bn	
	• Printing	GF	410,000	
	• Web & Computers	GF	920,000	

**Table 8.8: NDC: Financial performance of Programme 08**

<b>Output Description</b>	<b>Q1 &amp; Q2 Planned Expenditure (Ush Thousands)</b>	<b>Q1 &amp; Q2 Release (Ush Thousands)</b>	<b>Q1 &amp; Q2 Actual Expenditure (Ush Thousands)</b>
<b>080401:</b> Prevention & control of communicable & non communicable diseases	2,311,416	2,311,634	1,973,943
<b>080402:</b> Training and capacity building for service providers	30,806	30,805	8,490
<b>080403:</b> Policies, laws, guidelines, plans and strategies	34,000	34,000	9,320
<b>080404:</b> Technical support, monitoring & evaluation of service providers & facilities	30,577	18,774	11,740
<b>080405:</b> Prevention, control & mitigation of epidemics & other public health emergencies	41,319	41,319	23,802
<b>080408:</b> Photo-Biological control of malaria	1,500,000	1,500,018	215,513
<b>Total</b>	<b>3,948,117</b>	<b>3,936,552</b>	<b>2,242,811</b>

## 8.5. Overall Challenges

- Under release of budgeted/allocated funds
- Funding dependency on donors. Sustainability a challenge (e.g. ACP, MCP and NTL) especially in supply of key inputs like TB & HIV drugs
- Shortage of manpower (health workers) at all levels.
- District PHC grants is too low to cover implementation of district based activities for disease control
- Threats of Cross Border Disease Transmission with little Cross border efforts to mitigate them.
- Laboratory capacity especially at peripheral level is still weak to adequately address disease control concerns
- Slow community behavioural change towards good practices for disease prevention and control hence a need for intensified community education and mobilization

## Chapter Nine: Institutions

### 9.1 Uganda Blood Transfusion Services

#### 9.1.1 Background

- The UBTS is an Integrated Health Support System Service in the Health Sector, which plays a critical role in the management of patients by providing safe blood for transfusion to all hospitals in the country.
- UBTS is a department under Clinical and Community Services of MOH. Composed of seven Regional Blood Banks and five blood collection centers, all coordinated by a National Headquarters at Nakasero Blood Bank.
- It is planned to turn the collection centers into distribution centers in an effort to reduce on transport costs and taking services nearer to hospitals (Masaka; Hoima).

#### 9.1.2 Major objective

- The main objective of UBTS is to make available adequate quantities of safe blood and blood products for treatment of patients.

#### 9.1.3 Specific objectives

- The demand for safe and sufficient blood throughout the country has increased and UBTS has an important task of expanding blood collection capacity to meet this challenge.
- Through the efforts of a dedicated and well motivated staff, UBTS hopes to double its efforts to meet this challenge.

#### 9.1.4 Organisation of UBTS:

- The UBTS is a semi-autonomous organisation and is working towards an autonomous status.
- It operates seven Regional Blood banks in Arua, Fort-Portal, Gulu, Kitovu, Mbale, Mbarara and Nakasero supported by six collection centres in Hoima, Masaka, Kabale, Rukungiri, Jinja and Soroti.
- Two purpose built RBBs, Mbale and Mbarara were constructed under Pefar 1.
- The 1st phase of the Headquarters at Nakasero was completed. The 2nd phase will be completed in March and will be officially commissioned on World Blood Donor day June 14th 2011.

#### 9.1.5 UBTS plays an important role in the delivery of the UNMHCP especially:

- Management of obstetric emergencies and childhood anaemia, which utilize over 70% of all the blood issued to hospitals. Particularly important to Health Centre IVs located in rural areas that serve the majority of people.
- Prevention and control of communicable diseases by availing safe blood to all hospitals in the country. Unsafe blood is one of the major routes of spreading HIV/AIDS, Hepatitis B, C, Syphilis and other

diseases. (Transmission of HIV by blood contributes 5-10% of all transmission)

#### **9.1.6 Achievements in quarters 1 & 2**

- UBTS with their partners URCS have made significant contribution to:
- Reduction of child mortality -60% of all blood collections go to children
- Reduction of maternal mortality- 30% of all blood collections go to maternal patients
- Management of patients with HIV/AIDS and other medical and surgical cases- 10%
- Reduction in the transmission of HIV; Hepatitis B,C and Syphilis through the provision of safe blood thus contributing to the attainment of MDGs 2,4 and 6



***The new administrative block of UBTS***

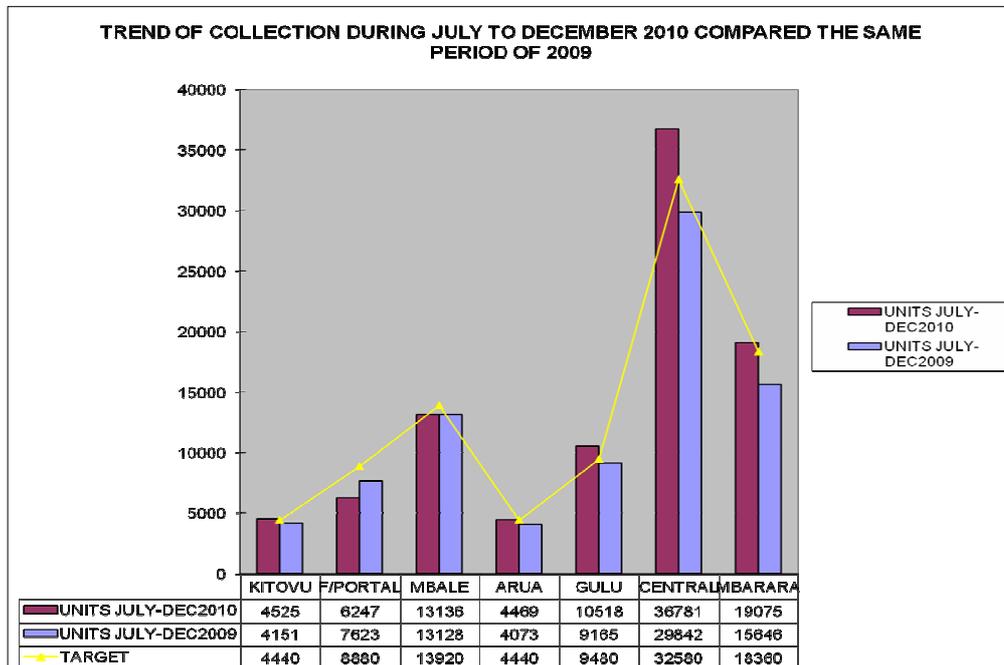
#### **9.1.7 Strengthen UBTS Infrastructure**

- Procure appropriate equipment and supplies for laboratories; blood donor recruitment, collection, transportation, testing and storage
- Procurement of standby generators for Arua, Gulu, Fort-Portal and Kitovu RBBs
- With TA assistance UBTS will roll out the MIS that has been developed by CDC to cover all RBBs; laptop computers will be procured for use in the field to improve data collection. This will contribute to effective M&E program.

#### **9.1.8 Increase blood collection from VNRBD**

- 94,751 units of blood were collected during this period compared to the target of 100,000 units of blood giving a 95% ability to meet hospital blood demands.
- UBTS will increase blood collection by 20% by devising a number of strategies.
- Increase awareness of blood safety activities, blood donor mobilisation, education and motivation through improved,

innovative (IEC) with the blood donor community and the general public.

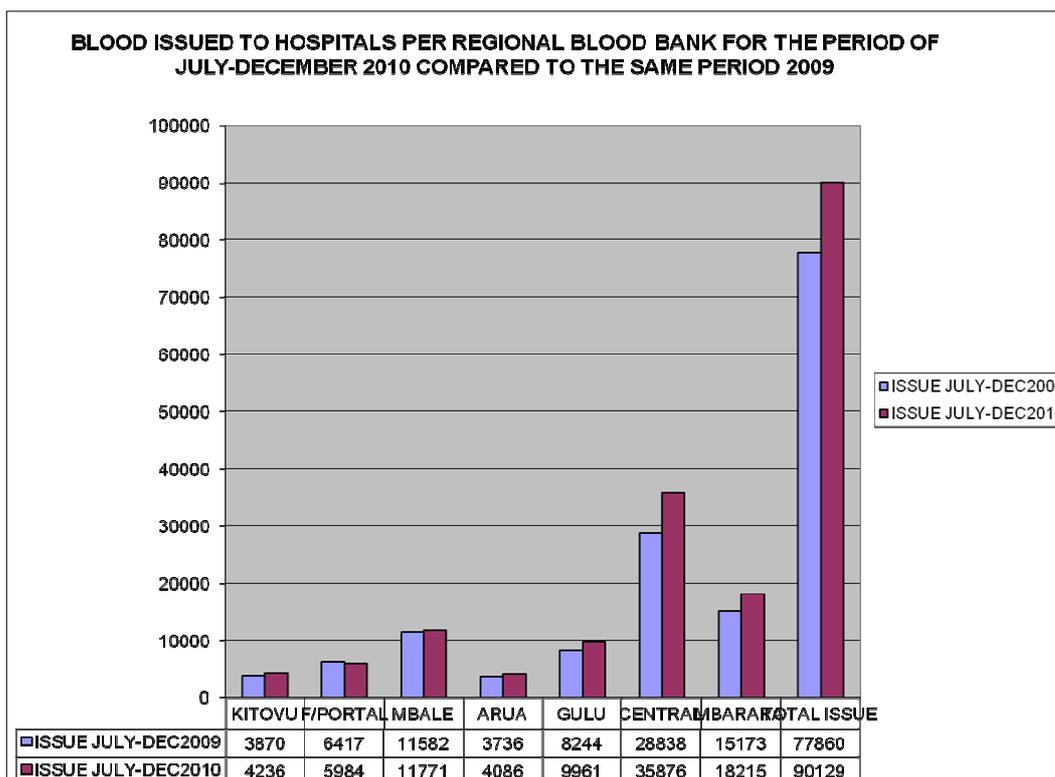


#### 9.1.9 Improve the quality of blood available for transfusion

- Develop new and revise existing protocols for the testing, selection and evaluation of appropriate assays
- Screen all donated blood for TTIs – HIV, Hep. B, C, Syphilis in a quality controlled manner.
- Establish a functional internal and external QAs
- Provide for safe disposal of biological waste generated from blood collection, testing and processing activities.

#### 9.1.10 Improve transfusion practices in hospitals

- Reinforce appropriate and rational use of blood and blood products through the support of pre-and in service training and increased information to stakeholders-health facilities, consumers and the general public
- Improve haemovigilance through establishment of HTCs.
- Advocate for the availability of IV fluids in HC
- Collaborate with other programs to reduce the need for blood MCH, malaria, road safety etc.



#### 9.1.11 Health System Strengthening-a) Training

- Support human capacity development in blood transfusion service
- Develop new and review existing training materials in counseling, public relations donor mobilisation/retention, testing and data management
- Introduce Blood transfusion curricula in Institutions of Higher learning.
- Identify and source Technical Assistance from experienced organisations and consultants to build capacity in various aspects of blood safety.

#### 9.1.12 Health Systems Strengthening –b) M&E

- With TA from META ensure possible tracking of blood units from source to destination and vice versa thus promoting hemovigilance.
- Develop and implement a project-specific M&E plan by drawing on national requirements and tools
- Implement the annual work plan to guide the program activities to achieve the planned outcomes.
- Carry out support supervision to ensure ongoing QA of all the program activities.

#### 9.1.13 Implement a plan for sustainability

- Establish autonomy of the UBTS
- Lobby the MOH for more funding for blood safety activities
- Develop a financial sustainability plan for UBTS

- Collaborate with implementing partners (injection safety, President's malaria initiative; MCH, laboratory, HIV/AIDS care and treatment programs) to address the gaps in Blood transfusion services and develop strategies for the Blood Safety program.

**Table 9.1.1: Uganda Blood Transfusion Service Actual Outputs and expenditures against plans (Function vote 151)**

Annual Planned Output Target (Qty and Location)	Q1,2 Planned Output Target	Q1,2 Planned Expenditure	Q41,2 Actual Output Target	Q1,2 Actual Expenditure	Provide Reasons for Any variance
<b>Administrative Support Services: Output code 085301</b>					
Programme operations coordinated; vehicles, equipment & property maintained; staff salaries paid on time	Programme operations coordinated; vehicles, equipment & property maintained; staff salaries paid on time	332,774	Programme operations coordinated; vehicles, equipment & property maintained; staff salaries paid on time	201,790	New staff had not yet accessed the payroll
<b>Collection of Blood: Output code 085302</b>					
200,000 units of blood collected; 400 blood collection sessions; proportion of repeat donors 58%	100,000 units of blood collected; 200,000 blood collection sessions; proportion of repeat donors 58%	1,168,969	94,751 units of blood collected; 2,836 blood collection sessions	976,539	Some contracts for supply of blood bags had not performed by 31st December 2010.
<b>Monitoring &amp; evaluation of blood operations: Output code 085303</b>					
Annual work plan Reports	Reports	130,926	2 reports	124,832	
Summary expenditure		1,632,668		1,303,161	80% utilization. Contracts for Blood collection inputs had not performed by 31/12/10

#### 9.1.14 Challenges

- Funding gap of 10 billion shs. We need 19 billion shillings but only have 9 billion shillings for Blood safety activities of which 60% are donor funding.
- Blood collection bags and test kits can only last till February 2011.
- Through the PS MOH we put in a request for supplementary funding. Waiting for a response
- External works for Mbale and Mbarara not yet done.
- Equipment and vehicles for blood collection operations have grown old. Need replacement.

## 9.2 Uganda Virus Research Institute (UVRI)

### 9.2.1 Objectives

- To conduct relevant research in viral and other infectious diseases
- To contribute to effective infectious diseases surveillance and monitoring systems
- To contribute towards the strengthening of laboratory networks
- To provide critical information for policy development and decision-making

**Table 9.2.1 Quarterly actual Output and Expenditures against plans**

Annual planned output target	Q1&2 planned output target	Q1&2 planned Expenditure (Ug Shs)	Q1&2 Actual output target	Q1&2 Actual output	Q1&2 Actual expenditure	Provide Reason for any variance
<b>Evaluate efficacy of larvicides: Output code: 04/080301/18</b>						
At least one product adequately evaluated	-Photo-biological control of Malaria study undertaken	Unknown	1 product undergoing evaluation	Photo-biological Egyptian product evaluated in one week consisting of 25 mosquito larvae per dish and 5 dishes evaluated and one control dish; observed 100% kill within 2 hours in the presence of sunlight; is environmentally friendly	Unknown	-No performance variance
<b>Monitoring for plague outbreak. Output code 04/080301/17</b>						
15 health centres in Nebbi monitored	-Health Centres in Nebbi monitored for plague cases and relevant GPS information obtained; reports produced and publications made	5,000,000	8 health centres monitored	12 health centres monitored for plague; 6 suspected cases reported (1 from Arua, 5 from Zombo); no confirmed cases; GPS coordinates for suspected cases obtained.	2,800,000	Used CDC grant funds

Annual planned output target	Q1&2 planned output target	Q1&2 planned Expenditure (Ug Shs)	Q1&2 Actual output target	Q1&2 Actual output	Q1&2 Actual expenditure	Provide Reason for any variance
<b>Monitoring for mosquito insecticide resistance. Output code 04/080301/18</b>						
Update effectiveness of IRS in different parts of the country	-2000 mosquitoes from different parts of the country monitored quarterly for resistance to conventional insecticide	2,500,000	1000 mosquitoes obtained	Mosquitoes obtained from Apac district: 25% resistant to DDT; 7% to Pyeroid; Icon not evaluated.	No funds received from MOH	-Used grant funds
<b>Surveillance for co-infection of malaria and arboviruses. Output code 04/080301/22</b>						
3000 mosquitoes collected from Wakiso, Arua and Koboko districts and isolations attempted	-Rates of co-infection among 500 samples of clinically resistant malaria from Kampala and Wakiso districts; reports available and publications submitted	5,000,000	500 samples collected	-No co-infection detected	2,800,000	- Inadequate funds to travel to Arua and Koboko
<b>Surveillance for all types of influenza: Output 04/080301/08</b>						
12 surveillance sites established and functioning well	-Document presence/absence of highly pathogenic avian and seasonal influenza and other organisms among humans at 12 surveillance sites established across the country	5,000,000	12 sites established and functioning well	Total specimen received from 12 sites were 319: Influenza type A (HI) 1; Pandemic A (H1N1) 0, A (H3) 21, A(H5) 0, A (untypable) 0; Flu B - 1, total positive 23(7.2%)	No funds received from MOH	-Used program funds
<b>Strengthen capacity for outbreak investigations. Output code 04/080301/08</b>						
Surveillance for highly pathogenic, viral hemorrhagic fever established	-Strengthened, rapid and appropriate outbreak/epidemic detection; timely response instituted;	5,000,000	Surveillance for VHF conducted in various parts of the country	Surveillance for Viral Hemorrhagic and highly pathogenic organisms strengthened: assessment of sentinel sites in progress; visited hospitals (3 in Kasese, 2	No funds received from MOH	Used programme funds

Annual planned output target	Q1&2 planned output target	Q1&2 planned Expenditure (Ug Shs)	Q1&2 Actual output target	Q1&2 Actual output	Q1&2 Actual expenditure	Provide Reason for any variance
				in Kamwenge, 3 in Bundibugyo); the surveillance system to be included part of case definition in IDSR bulletin; study of Marburg ecology established in Queen Elizabeth Park, Kasokero in Masaka and population of bats in Kapchorwa assessed for feasibility, surveillance forms are part of ESD, and lab is ready for outbreak investigation.		
<b>To monitor HIV Drug Resistance at HIV treatment sites. Output code 04/080301/08</b>						
Support the national HIV Drug resistance surveillance programme	Screen for HIV DR among DART participants	10,000,000	100 samples to be screened	50 samples screened and no resistance detected	9,525,000	No performance variance
<b>Recruiting staff into declared posts. Output code 04/080301/04</b>						
All the new staff oriented	Hold a workshop to orient new staff	10,000,000	A successful 5 day workshop held	50 newly appointed staff oriented and Inducted	Not available	Inadequate information to provide opinion
<b>Restructure UVRI as per government recommendation. Output code 04/080301/05</b>						
Appropriate structure in place	Restructuring Uganda Virus Research Institute (UVRI)	25,000,000	3 consultative workshops	Consultative meetings held with Heads of Departments and Collaborators	Not available	Inadequate information to provide opinion

Annual planned output target	Q1&2 planned output target	Q1&2 planned Expenditure (Ug Shs)	Q1&2 Actual output target	Q1&2 Actual output	Q1&2 Actual expenditure	Provide Reason for any variance
				at UVRI Campus,		
				Task force members for restructuring appointed by the PS/MOH		
				Restructuring On going		
<b>Provision of HIV Testing Quality Assurance. Output code: 04/080301/12</b>						
Provide QA to 150 testing sites and re-test 725 QC samples	Provide quality assurance to 75 sites and retest 365 QC samples	16,000,000	HIV quality assurance provided to 75 testing sites and 365 QC samples re-tested	HIV QA provided to 2000 sites	No funds received from MOH	Used CDC grant funds

## **9.3 Uganda National Health Research Organization (UNHRO)**

### **9.3.1 Mandate of UNHRO**

- Umbrella organization for health research coordination: UNHRO, UVRI, NCL, TDRI and UCI
- Coordination, alignment and harmonization of health research in the country
- Setting priorities for essential national health research
- Facilitate dialogue and information sharing among researchers and stakeholders
- Ensure adherence to research ethics and good practice
- Translation of research finding into evidence based policies and interventions

### **9.3.2 UNHRO ACT 2009**

- Autonomous body secretariat reporting to UNHRO Board
- UNHRO Bill signed into Act by HE President last quarter – now UNHRO Act
- UNHRO Board appointed – some staff in place at Secretariat
- Budget and provisional work plan developed and submitted to MOH
- TMC had appointed a sub-committee to guide implementation(chair – US/FA)
- Major challenge is funding during FY 2010/11

### **9.3.3 Why research in HSSP?**

- Tool for effective planning process that identifies our health priorities – enhance dialogue (policy, and community).
- Ensure EQUITY in health delivery, Development linkages and balanced access to services.
- Supports evidence based policies and interventions, and cost effectiveness.
- Identifies the gaps for improvements.
- Would address the special needs vulnerable groups – women, children, and IDPs'.

**Table 9.3.1: Uganda National Health Research Organisation (Research Institutions) - Programme Code: 04**

Annual Planned Output Target	Q1 planned Output target	Q1 Planned expenditure	Q1 Actual output Target (Qty and Location)	Q1 Release (Ush Millions)	Q1 Actual expenditure (Ush Millions)	Provide reasons for Any variance:
<b>Strengthen UNHRO. Output code: 080303</b>						
Hold 1 Board meeting Pay Salaries	Hold 1 Board Meeting Pay staff	43,379,000	2 UNHRO Board meetings held in August and October 2010	22,000,000	21,000,000	Extraordinary Board meeting held i.e. doubled planned output
<b>Develop Research Priorities. Output code 080303</b>						
Prepare initial drafts for discussion	1 Draft report prepared	13,270,000	Assessed priorities in 8 districts	9,270,000	9,270,000	Funding to develop the strategic plan has been a problem
Develop Strategic Plan for UNHRO and identify Research priorities						
Roadmap and Inception Report made	Regional meeting for stakeholders for Eastern Region held 6 <sup>th</sup> Jan in Mbale		Regional meeting of Stakeholders held to review strategy and priorities	10,000,000	10,500,000	

## 9.4 National Medical Stores (NMS)

### 9.4.1 Background

- 1) National Medical Stores is a state Corporation that is established by an Act of Parliament, National Medical Stores Act Cap.207 of the laws of Uganda.
- 2) The major objective for the creation of NMS as provided under S.4 (a) of the Act is to ensure, for national and public benefit, "the efficient and economic procurement of medicines and of certain other medical supplies of good quality, **primarily to the public health services**".
- 3) The importance and relevance of NMS to the health sector, therefore, is to ensure that essential medicines and other health supplies are made available to all government health facilities.
- 4) The availability of these supplies, however, is subject to the budget of the respective health facility and the funds made available to NMS for procurement of the supplies.

**Table 9.4.1: NMS: First and second Quarter Actual Outputs and Expenditure (Program Code: 01)**

<b>Procurement and distribution of pharmaceuticals and health supplies to national referral hospitals: 085902.</b>						
<b>Output Description</b>	<b>Annual Planned Output Target</b>	<b>Q1&amp; Q2 Planned Output Target</b>	<b>Q1&amp; Q2 Planned Expenditure</b>	<b>Q1&amp; Q2 Actual Output Target (Qty and Location)</b>	<b>Q1&amp; Q2 Actual Expenditure (Ush billions)</b>	<b>Provide Reasons for Any Variance</b>
<b>Procurement, storage and distribution of pharmaceuticals and health supplies to LG units, general and regional referral hospitals: 085901.</b>						
Pharmaceuticals and health supplies	10.5 billion	Assorted medicines and health supplies	6.24 billion	Assorted medicines and health supplies worth 5.32 billion procured and delivered	3.32 billion	Contracts of specialized items by National referral hospitals had not yet been concluded.
Pharmaceuticals and health supplies	41.228 billion	Assorted medicines and health supplies	27.27 billion	Assorted medicines and health supplies worth 15.74 billion procured and delivered	15.74 billion	The procurement of specialized items required by referral hospitals had not yet been concluded.
<b>Procurement and distribution of ACTS and ARVS under Government of Uganda program: 085903</b>						
Procure and delivered to ACTS and ARV therapies general and regional referral hospitals. all accredited centers	60 billion	Procure and distribute ACTS and ARVS to their accredited hospitals. centers	39.68 billion	19.61 billion procured and distributed to LG units, general and regional referral hospitals. all accredited health centers	19.61 billion	QCIL had not yet provided an advance payment guarantee.
<b>Procurement and distribution of ACTS and ARVS under Global fund program: 085903</b>						

Acts and ARVS procured and distributed to accredited centres	40 billion	Procure and distribute ACTs and ARVs Therapies to all accredited health centers.	26.45 billion	Procurement not yet concluded	NIL	There was need for more funds to award framework contracts and open appropriate of Letters of Credit and have Solicitor General clear contracts.
<b>Procurement and distribution of Anti malarial drugs under Global fund program: 085904</b>						
Anti Malarial drugs procured and distributed to all health facilities	40 billion	Procure and distribute anti-Malarias under Global Fund Program to all health facilities	26.45 billion	Procurement not yet concluded	NIL	There was need for more funds to award framework contracts and open appropriate Letters of credit and have Solicitor General Clear Contracts.
<b>Procurement and distribution of diagnostic equipment for HIV,TB and Malaria: 085905</b>						
Diagnostic equipment and rapid kit tests for HIV,TB and Malaria procured and distributed to health facilities	10 billion	Procure and distribute diagnostic equipment for HIV,TB and Malaria to all Health facilities	6.61 billion	Procurement not yet concluded	NIL	There was need for more funds to award framework contracts and open appropriate of Letters of credit and have Solicitor General clear the contracts.

## 9.5 National Drug Authority (NDA)

### 9.5.1 NDA mandate

- To promote use of safe, efficacious and good quality medicines

### 9.5.2 NDA objectives

- To ensure effective regulation of the pharmaceutical sector
- To promote & control local production of medicines
- To ensure effective control over the quality, safety & efficacy of medicines & other health related products
- To provide medicines information to stakeholders, pharmaceutical providers and general public
- To combat drug and substance abuse
- To strengthen the regulation of traditional/herbal and complimentary medicines

### 9.5.3 1st and 2nd Quarter Actual Outputs – July – December 2010

### 9.5.3.1 Market Authorisation of Medicinal Products

158 conventional human and 17 vet drug applications were approved for registration. In addition, 490 registration amendment applications were received and processed during the period.

### 9.5.3.2 Inspection of Manufacturers, Importers and Distribution Channels

#### (i) Licensing of Drug Outlets

National Drug Authority approved 169 applications for renewal of license for pharmacies during the period. 2,927 applications for drug shop renewal were received and licensed. Pharmacy/ drug shop licenses are renewed every year on calendar basis and therefore the peak season for licensing is third quarter of the financial year 2010/2011.

#### (ii) Inspection of pharmaceutical and medical device manufacturing establishments

- A total of 13 local pharmaceutical facilities were followed up to assess the corrective action implementation.
- 77 foreign facilities were inspected. Out of which **60** were compliant, 5 non - compliant, **5** partial complaint and **7** pending discussion.

#### (iii) Inspection of drugs at ports of entry

There were **1,657** consignments inspected from ports of entry, out of which **1,603** were approved, **47** were queried and **07** were rejected.

### 9.5.3.3 Post Market Surveillance

- (i) Recalls of drugs were implemented following the NDA procedure for product recall. Through Post Market Surveillance:-

(a) 8 pharmaceutical products manufactured by facilities in Uganda, Kenya, India and China were found not to conform to quality standards and thus recalled from the market.

- Amoxyren, Amclorene and Ampiren Dry Syrup
- Falcimon Kit (Artesunate + Amodiaquine) tablets batch nos. K91605 & K91488 manufactured by Cipla Limited, Mumbai – India
- Agomol tablets batch no. T9516 manufactured by Agog Pharma Limited, India
- Asuamoon tablets (Artesunate + Amodiaquine) tablets batch no. LQ090605 manufactured by Guilin Pharmaceuticals Ltd, China
- Fural 30% w/w Powder manufactured by Agrar Holland BV, Netherlands – it was found that Fural, a Nitrofurantoin has got

mutagenic / carcinogenic potential which is harmful to both humans and poultry.

- Fuzol (Furazolidine) Water Dispersible Granule and Fuzol (Furazolidine) Suspension manufactured by Cosmos Limited – Kenya, it was found that Furazolidine, a Nitrofurans has got mutagenic / carcinogenic potential which is harmful to both humans and poultry.
- Aspirin tablets 300mg manufactured by Rene Industries Ltd.

**Table 9.5.1: 15 counterfeits were found on the market namely:-**

Drug Name	Generic Name	Manufacturer/ Purported Manufacturer	Batch No.	Date Of Man.	Date Of Exp.	Analysis Results
Rimodar tablets	Sulphadoxin e/ Pyrimethami ne	Anglo French Drugs & Industries	01694-PF-1	1/1/2007	1/12/2011	Failed
Rimodar tablets	Sulphadoxin e/ Pyrimethami ne	Anglo French Drugs & Industries	01694-PF-2	1/1/2007	1/12/2011	Failed
Methomine-S tablets	Sulphadoxin e/ Pyrimethami ne	Universal Corporation Ltd	820858	1/5/2009	1/8/2012	Failed
Eloquine tablets	Quinine Sulphate	Elys Chemical Industries Ltd	GE 408	4/1/2008	4/1/2012	Failed
Eloquine tablets	Quinine Sulphate	Universal Corporation Ltd	020077	1/1/2010	1/12/2012	Failed
Oroquine tablets	Chloroquine phosphate	Elys Chemical Industries Ltd	8K134-X	1/9/2008	1/10/2012	Failed
Oroquine tablets	Chloroquine phosphate	Elys Chemical Industries Ltd	8K134-Y	1/9/2008	1/10/2012	Failed
Amodiaquin e HCl tablets	Amodiaquin e HCl	Mac's Pharmaceuticals Ltd	3A22-X	1/2/2009	1/2/2012	Failed
Amodiaquin e HCl tablets	Amodiaquin e HCl	Elys Chemical Industries Ltd	3A22-Y	1/6/2009	1/9/2013	Failed
Laridox tablets	Sulphadoxin e/ Pyrimethami ne	Ipca Laboratories Ltd	PP8007R	1/10/2008	1/9/2011	Failed
Quinine Sulphate tablets	Quinine Sulphate	Mac's Pharmaceuticals Ltd	ST250	1/2/2009	1/2/2012	Failed
Nokof syrup	Chorphenira mine/Citric	Levi Safeways Company Ltd	M120	17/3/2010	-	Failed

Drug Name	Generic Name	Manufacturer/ Purported Manufacturer	Batch No.	Date Of Man.	Date Of Exp.	Analysis Results
	Acid/Menth ol					
Magnic Suspension	Magnesium Trisilicate/ carbonate	Levi Safeways Company Ltd	M120	27/3/2010	27/3/2012	Failed
Agoquine tablets	Quinine Sulphate	Agog Pharma Ltd	T72214	1/2/2009	1/2/2012	Failed
Sulfran tablets	Cotrimoxazol e	Universal Corporation Limited	821510	1/12/2008	1/11/2011	Failed

- (ii) Carried out support supervision in 45 districts from regional offices and veterinary support supervision in 16 districts.
- (iii) Supervised drug destruction of 89.612 tonnage at Nakasongola

### 9.5.3.4 Pharmacovigilance Activities

#### Sensitization of health care professionals and support supervision

Sensitized the health personnel on adverse event reporting. In addition, conducted support supervision to support the core team members improve on the implementation of Pharmacovigilance activities in the regions.

**Table 9.5.2: Sensitization of health care professionals and support Supervision.**

Activity	Areas covered	Number reached	Dates
Sensitization workshops	Mulago Hospital	25 interns	21 <sup>st</sup> Sept, 2010
	accredited drug sellers in Kibaale district	104 drug shop operators	1 <sup>st</sup> – 4 <sup>th</sup> August 2010
	Village Health Teams in Mpigi district	68 health workers	3 <sup>rd</sup> - 24 <sup>th</sup> September 2010
	Drug shop owners in Wakiso district	226 drug shop operators	
	Students of Kiwoko and Nyenga Health Training Nakaseke and Buikwe districts Institutions in.	213 students	18 <sup>th</sup> - 30 <sup>th</sup> October 2010
Support supervision	Bugiri	15 health workers	
	Mpigi, Butambala, Gomba and Wakiso.	40 health units	3 <sup>rd</sup> -24 <sup>th</sup> Sept 2010
	Districts of Luwero, Nakasongola, Nakaseke, Buikwe and Mukono.	69 health facilities	18 <sup>th</sup> – 30 <sup>th</sup> October, 2010
	Masaka region, (Rakai, Lyantonde, Lwengo, Bukomansimbi, Kalungu and Sembabule Districts).	51 units were visited	29 <sup>th</sup> November to 11 <sup>th</sup> December 2010

### 9.5.3.5 Drug promotion

Received 67 applications for vetting promotional material:-

- 63 were approved
- 4 were rejected – One application was rejected because of exaggerated claims and the others had products which were not on the current register.

#### **9.5.3.6 Public Awareness activities**

- Printed 216 booklets for pharmacovigilance guidelines, 700 ADR posters in Luganda, 2100 copies of bulletins 4th version and 500 ADR posters in English.
- Printed IEC materials e.g. umbrellas (100), key-holders (375), Caps (200) and x-mas cards (1000)
- 4 talk-shows on radio stations (Jinja, Iganga, Kyenjojo and Kamwenge).
- Contributed articles to various health journals in the country

### 9.5.3.7 Testing of medicines samples

(i) Analyzed drug samples at the laboratory

**Table 9.5.3: medicine samples tested.**

Category	Tested	Passed	Failed
Antibiotics	117	110	7
Anti-Malarials	36	11	25
Antiprotozoals	40	40	0
Analgesics	30	29	1
Antidiabetic	17	17	0
Veterinary	14	14	0
LLINs	45	45	0
ARVs	7	7	0
IVs	3	3	0
Anti-histamine	3	0	3
Other medicines	14	10	4

#### **Antibiotics**

1 batch failed dissolution, 1 batch was a counterfeit, 1 batch failed assay and the others were not on the Drug Register.

#### **Antimalarials**

13 batches failed identification  
2 batches failed assay and dissolution  
2 batches failed dissolution and labeling  
1 batch failed assay  
3 batches failed dissolution  
4 batches failed packaging

#### **Analgesics**

1 batch failed dissolution

#### **Others**

3 batches failed physical appearance  
1 batch had a foul smell and the manufacturing facility was not inspected for cGMP. (Magnesium Trisilicate + Carbonate manufactured by Levi Safe Ways and Pharma Ltd.)

(ii) Tested condoms and medical gloves

**Table 9.5.4: Condoms and medical gloves tested.**

<b>Category</b>	<b>Tested</b>	<b>Passed</b>	<b>Failed</b>
Condoms	227	221	6
Gloves	26	25	1

**Condoms**

- 3 batches failed airburst
- 1 batch had black color on the sample
- 2 batches had visible defects

**Gloves**

- 1 batch failed holes

(iii) Tested Public Health Products

45 samples of LLINS were tested and all passed.

## 9.6 Natural Chemotherapeutics and Research Laboratory

### 9.6.1 Mandate and objectives for the department.

The Natural Chemotherapeutics Research Laboratory is a government research and development centre under the Ministry of Health (MoH). It was created in 1964 with the mandate to carry out applied research on natural products (plants, animal parts and minerals) with the view of justifying therapeutic claims from traditional medicine practitioners (TMPs) in Uganda. The centre undertakes the development of quality natural products and services for improved health care delivery by applying both indigenous and modern technologies.

NCRL is constituted of a multidisciplinary research team of skilled and technical scientists. This team, in collaboration with other partners and stakeholders, ensures that the centre fulfils its mandate to coordinate research and development on traditional medicine.

### 9.6.2 Vision:

"A centre of excellence for scientific research and development in Traditional and Complimentary Medicine".

### 9.6.3 Mission:

"Research, develop and promote quality Natural Products and Services for improved Health Care and Economic Development by applying indigenous and modern technologies through collaborative efforts".

### 9.6.4 Goal:

"Transformation and sustainable utilization of Traditional and Complimentary Medicine contributing towards its integration into the Health Care Delivery System"

**Table 9.6.1.1: The Quarterly Actual Outputs and Expenditures against plans for all recurrent programmes under the Vote Function:**

Annual planned output target	Q1&2 planned output target (Quantity and location)	Q1&2 planned Expenditure	Q1&2 Actual output target	Q1&2 Actual out-put	Q1&2 Actual Expenditure	Provide Reason for Any variance
<b>Hold the 8<sup>th</sup> African Traditional Medicine Day (also mark the Decade of Traditional Medicine: Output code: 04/080302/01</b>						
African Traditional Medicine (ATM) Day and the Decade marked	Activities in line with the 8 <sup>th</sup> African Traditional (ATM) Day and the Decade rolled out <i>Theme: The Decade of African Traditional Medicine (2001-2010)</i>	37,061	8 <sup>th</sup> African Traditional Medicine Day and the Decade of Traditional Medicine marked. WHO Country Report Produced A report on Capacity Building	Achieved	15,515,000 5,050,000 4,120,000 1,000,000 1,130,000	The 8 <sup>th</sup> ATM Day and the Decade successfully marked

Annual planned output target	Q1&2 planned output target (Quantity and location)	Q1&2 planned Expenditure	Q1&2 Actual output target	Q1&2 Actual out-put	Q1&2 Actual Expenditure	Provide Reason for Any variance
			produced			
<b>Ethnobotanical and ethnopharmacological data collection: Output code: 04/080302/02</b>						
Planned field work activities done	Collection of samples, documentation of samples, authenticate samples carried out	22,077	5 samples collected and authenticated	Achieved	3,185,000 6,127,000	
<b>Development of GAP and GMP for Medicinal Plants and herbal medicine: Output code 04/080302/03</b>						
Develop standards for Good agricultural practices (GAP) for medicinal plants	Develop standards for Good Agricultural Practices (GAP) for Medicinal Plants	23,077	Not Done	Not achieved	-	Initiatives taken on by the Herbalists after the Training
<b>Non-clinical and clinical validation of herbal formulae/medicinal plants: Output code 04/080302/04</b>						
Non-clinical and Clinical validation of herbal formulae/medicinal plants	Non-clinical and Clinical validation of herbal formulae/medicinal plants	41,531	Laboratory validation still in progress  Students reports	Partly achieved	3,200,000 4,956,000 3,500,000 3,005,000 4,823,000 1,787,000 3,130,000	
<b>Capacity building and general office maintenance: 04/080302/05</b>						
Some small ICT equipments and accessories procured, Internet Installation done	Some small ICT equipments and accessories procured, Internet installation in progress	128,973	Equipment procured Installation in Progress	Partly achieved	1,737,000	
<b>Staff Training and Professional development(s) on short term courses: 04/080302/06</b>						
Staff Trainings done	Staff Trained in: - Customer care - Records management - Monitoring and Evaluation - Minutes and Report Writing - Bioinformatics - Pharmaceutics Training - Seminar in Chinese herbal medicine - Conference (Two staff travelled to Italy	44,989		Partly achieved	500,000 1,050,000 1,050,000 500,000   560,000	

## Chapter Ten: Councils

### 10.1 Allied Health Professionals Council (AHPC)

#### 10.1.1 Introduction

- The Allied Health Professionals Council is a statutory body put in place by an Act of Parliament in 1996 to; Register, license, discipline and regulate the Allied health professionals in the Country.
- The Council is supposed to get funding from money appropriated to it by Legislature.
- Fees and other moneys paid for services rendered by the Council

#### 10.1.2 Mandate

The Allied Health Professionals Council is a statutory body, established under statute No10 of 1996 to; Register, license, supervise and regulate the training and practice of Allied health professionals in Uganda. The Council is a policy making body with a secretariat headed by a registrar to implement council decisions.

#### 10.1.3 Vision

To be the leading allied health professionals' regulatory body responsible for protecting the public from harmful and unethical practices.

#### 10.1.4 MISSION

To regulate, supervise, control and enforce standards of training and practice of Allied Health Professionals in order to protect society from harmful and unethical professional practice.

#### 10.1.5 Objectives

- To register all allied health professionals.
- To license private allied health units.
- To renew annual practicing licenses.
- To inspect Private, PNFP and public health units
- To Inspect Allied Health training institutions.
- To conduct Council, Boards, Committees and CPD meetings.
- To sensitize employers of allied Health Professionals on the requirement to have annual practicing licenses on their personal files.
- To investigate cases of un professional conduct

### 10.1.6 Main Achievements

- Eight (8) new private Allied Health Training Institutions were inspected. Only two (2) schools were recommended to start training of Laboratory assistants
- Inspection of both government and private health facilities were conducted in districts of Luwero, Nakasongola, Masindi, Kiryandongo, Mbarara, Bushenyi and Kabale. Some of the units were managed by Nursing assistants.
- Sensitization meetings with DHO's and Hospital Directors on the requirement for registration and annual practicing licenses were conducted. 84% were registered but only 12% had valid practicing license.
- Interim CPD accreditation board and District supervisory authorities have been launched with assistance from capacity program.
- Human resource operations manual has been developed to improve on the staffing levels and spell out new terms and conditions of service.
- Out-reach program on issuing of annual practicing licenses (APL) has been piloted in Mbarara, Bushenyi, Kabale and Gulu districts
- New guidelines for opening a private allied health unit have been developed.
- New guidelines for opening a laboratory training school have been finalised.
- The 1st report by the task force working on the establishment of a national health professions authority has been finalised.

**Table 10.1.1: AHP: Outputs and expenditures.**

Output Description	Annual planned output Target	Q1 and 2 planned output Target	Q1 and 2 planned Expenditure	Q1 and 2 actual output target	Q1 and 2 release	Q1 Actual expenditure	Reasons for any variance
Sensitization of AHP and employers carried out	sensitization of AHP and employers carried out in 4 regions	Sensitization of AHP and employers carried out in 30 districts	32M	Sensitization carried out in 14 districts in western and eastern regions	0	8.5M (council)	Funds not enough to complete the activity
Professional misconduct investigated	8 Cases of professional misconduct investigated	4 cases of professional misconduct investigated	8.5M	1 case investigated in Kampala district	0	2.2M (council)	Only one case was reported
Public, PNFPs and private health units inspected	Inspection carried out in 60 Districts	Inspection carried out in 30 Districts	42.5M	inspection carried out in 8 Districts of western	12.5M	12.5M (MOH)	Funds not enough to complete the activity

Output Description	Annual planned output Target	Q1 and 2 planned output Target	Q1 and 2 planned Expenditure	Q1 and 2 actual output target	Q1 and 2 release	Q1 Actual expenditure	Reasons for any variance
				region			
Consultations on pre-registration of students	1 seminar conducted	1 seminar conducted	6.5M	1 seminar conducted at Hotel Africana	0	6.2M (council)	Pre-registration to start by July 2011
Inspection of new training schools conducted	12 new training schools inspected	6 new training Schools inspected	7.0M	8 new training schools inspected	0	8.4M	Only two schools met the required standards
CPD meetings held	10 CPD meetings held	5 CPD meetings held in Kampala and Gulu.	10M	3 CPD meetings held in Kampala and 1 in Gulu	0	3.4M (council)	CPD work plans developed but funds not enough to implement the program.
Council meeting held	4 council meetings held in Kampala	2 meeting held in Kampala	8M	2 Council meetings, held in Kampala	0	7.5M (Council)	Payment of duty facilitation allowance to staff was approved
Committees and board meetings held	12 committee and 8 board meetings held in Kampala	6 committee and 4 board meetings held in Kampala	9M	3 comt & 3 board meetings held	0	8.9M (council)	Funds not enough to conduct all board meetings
International conferences/courses attended	4 International conferences/courses attended	2 international conferences/courses attended	14M	1 conference and 1 course attended Tanzania and Kenya respectively	0	12.5M (Council)	ACHIEVEMENTS Net working with Principals of training schools Capacity building in financial mgt.
Registration of allied professionals carried out	2000 professionals registered	1000 professionals registered	5.0M	834 professionals registered	0	4.5m (council)	83.4% were registered.

Output Description	Annual planned output Target	Q1 and 2 planned output Target	Q1 and 2 planned Expenditure	Q1 and 2 actual output target	Q1 and 2 release	Q1 Actual expenditure	Reasons for any variance
Annual practicing licenses (APL) renewed	8000 Annual practicing licenses (APL) renewed	3000 Annual practicing licenses (APL) renewed	6.5M	355 practitioners renewed APL		2.3M (council)	Only 11.8% renewed their practicing license
Allied health units licensed	900 Allied health units licensed	300 Allied health units licensed	4.5M	165 Allied health units licensed	0	2.86m (council)	55% Allied Health units licensed
Vehicle repaired and serviced Computers procured		1 vehicle serviced and repaired	3M	1 vehicle serviced and repaired	0	2.6M (council)	Servicing and minor repairs done
	2computers procured	1 computer procured	2.0M		0	0m	No funds
Salaries and wages paid	12 months salaries paid	3 months salaries paid	8.2M	3 months salaries paid		8.2m	Paid on time

### 10.1.7 Challenges and Constraints

- Some cadres practice beyond their scope of training and fail to refer patients in time.
- The majority of professionals working in government health units do not renew their annual practicing licenses.
- Inadequate human resource and transport to carry out inspection in all Allied health units.
- Inadequate office space for secretariat

### 10.1.8 Way forward

- A person will only be allowed to open one private health unit.
- Sensitisation of employers will be stepped up to ensure that, all health professionals poses valid annual practicing licenses (APL).
- District Allied Health supervisor will be appointed to work with the DHO's office to Supervise private practice and enforce ethical code of conduct.
- Full Support should be given to the formation of National Health Professions Authority.

## **10.2 Uganda Nurses and Midwives Council**

### **10.2.1 Background:**

Uganda Nurses and Midwives Council is a statutory Professional Body responsible for the regulation of the Nursing profession in Uganda.

### **10.2.2 Mission**

To protect the public from unsafe nursing practices through Regulation of Nursing Professionals.

### **10.2.3 Vision**

To develop, improve and maintain the quality of Nursing Services delivered to individuals and the Community in Uganda in accordance with Government policies and Guidelines of International Council of Nurses (ICN).

### **10.2.4 Mandate**

The mandate of the Uganda Nurses and Midwives Council is regulation of the Nursing profession in Uganda with a view:-

- To protect the Public from unsafe practices.
- To ensure quality of services
- To foster the development of the profession
- To confer responsibility, accountability, identity and status of the Nurses/Midwives

### **10.2.5 Core Functions of the Council**

- Regulate the standards of Nursing and Midwifery in the country.
- Regulate the conduct of Nurses/Midwives and exercise disciplinary Control over them.
- Approve courses of study for nurses and Midwives.
  - Supervise and regulate the training of Nurses and Midwives.
  - Grant Diplomas and Certificates to persons who have completed the respective courses of study in nursing or midwifery.
  - Supervise the Registration/Enrolment of nurses and midwives and publication of their names in the Gazette.
  - Advise and make recommendations to Government on matters relating to nursing and midwifery profession.
  - Exercise general supervision and control over the two professions and to perform any other functions relating to those professions or incidental to their practice.

### **10.2.6 Objectives**

- To strengthen collaboration with line Ministries (MoH, MoE&S) and other stakeholders on issues related to nursing training and practices.
- To assess the performance of selected Health facilities and Training schools
- To renew and confer practicing licenses to eligible nurses and midwives

- Assess the capacity and suitability of new schools intending to start the training of nursing and midwifery
- Provide Technical Support to nurses and midwives under clinical placement

**Table 10.2.1 Planned Activities**

No.	Activity	Budget
1	Committee and stakeholders meetings	10.44 m
2	Council Retreat	8.3m
3	Registration/enrolment of nurses and midwives	21.7m
4	Renewal of practicing nurses/midwives in private general and domiciliary practices	-
5	Licensure of nursing /midwives for private general nursing & domiciliary practice	-
6	Technical support supervision of health facilities and training institutions for Nurses and Midwives	16.2m
7	Inspection and licensure of new schools intending to start the training of nursing and midwifery	5.0m
8	Renovation of council offices	15.0m
9	Development of the strategic plan 2010-2015	31.0m
10	International/Regional Conference in Lusaka Zambia and Ifakara Tanzania	32.8m
<b>Total</b>		<b>140.44</b>

**Table 10.2.2: The summary of outputs of UNMC during the 1st & 2nd quarters (July-December 2010) FY 2010/2011**

Output description	Q1 & Q2 planned out put	Q1 & Q2 planned expenditure	Q1 & Q2 Actual expenditure	Q1 & Q2 Actual out put	Reason for any variance from quarterly plans and explanations
7.1.0 Meetings 7.1.1 Secretariat Staff (2)	6 meetings	0.24 m	0.16m	4 meetings to assess the activities of UNMC were conducted.  Gaps identified were addressed to streamline UNMC operations to ensure efficiency & effectiveness	All planned meetings were not held due to the busy schedule

Output description	Q1 & Q2 planned out put	Q1 & Q2 planned expenditure	Q1 & Q2 Actual expenditure	Q1 & Q2 Actual out put	Reason for any variance from quarterly plans and explanations
7.1.2 Committee (3) i) Education & training (1) ii) Finance & Admin (2 times) iii) Registration & Enrolment (1)	10 meetings	9.0 m	3.6m	4 meetings conducted	Meetings not attended due to busy schedule of the committee members
7.1.3 stakeholders	20	1.1m	1.2m	Council attended meetings organized by; <ul style="list-style-type: none"> <li>• MoH</li> <li>• AMREF</li> <li>• AHPC</li> <li>• UNMEB</li> <li>• UNFPA</li> <li>• Intra-Health</li> <li>• Palliative Care</li> <li>• John Hopkins, MUK.</li> <li>• Gretta Foundation</li> <li>• MTI</li> <li>• ADB</li> </ul>	Council was ably represented in most of the meetings organized by key stakeholders.  More meetings were attended than planned
7.2 Full Council	1m	8.3	8.0m	1 full council meeting/retreat held at Hotel International Limited – Muyenga  This was attended by council member, Mentors and technical advisors in the nursing professional	Retreat conducted as planned
7.3 Regional/ International conferences	2	32.8m	37.2 m	2 conferences were held <ul style="list-style-type: none"> <li>• ECSACON conference in Lusaka Zambia</li> <li>• conference of Association of Principals of Health Training Institutions in Ifakara - TZ attended</li> </ul>	<ul style="list-style-type: none"> <li>• The international conferences were attended by the Registrar, former registrar, chairperson</li> </ul>

Output description	Q1 & Q2 planned out put	Q1 & Q2 planned expenditure	Q1 & Q2 Actual expenditure	Q1 & Q2 Actual out put	Reason for any variance from quarterly plans and explanations
7.4.0 Registration Registration/ Enrolment  7.4.1 Nurses/ Midwives trained within Uganda	4800 Nurses and Midwives	18m	16.5m	1389 eligible Nurses and Midwives interviewed and Registered /Enrolled	Less number of nurses & midwives registered than expected
7.4.2 Interviews and Registration /Enrolment of Nurses/Midwives trained outside Uganda	60 nurses and midwives	3.7m	1.2m	20 eligible Nurses and Midwives interviewed and Registered/ Enrolled to practice from Japan, India, UK, Germany.	The registration/enrol ment of foreign trained was conducted as planned
7.5 Renewal of private Nursing Clinic	1	-	-	3 Nurses renewed their private Practice	Less number of private General nurses renewed their licensure
7.6 Opening of new private Domiciliary practice	10	-	-	5 midwives applied for private Practice	Indicators below target
7.7 Inspection of Nursing Schools/ Universities intending to commence training	10 visits	5.0m	3.3m	8 Inspection visits were conducted in; <ul style="list-style-type: none"> <li>• Mbale</li> <li>• Daban</li> <li>• Kalungi</li> <li>• Hoima</li> <li>• Kabale</li> <li>• Good</li> </ul> <p style="text-align: right;">Sa mar itan</p> <ul style="list-style-type: none"> <li>• Iganga</li> <li>• Gulu</li> <li>• Victoria</li> </ul> <p style="text-align: right;">Uni vers ity</p> <ul style="list-style-type: none"> <li>• IUIU</li> </ul>	Inspection done as planned
7.8 Technical support supervision	5	16.2m	16.2m	Nurses and midwives attached to various hospitals/training Institution were visited to assess their competencies in Arua, Gulu, Pader, Kabale, Rukungiri, Jinja, Kamuli, Iganga supported by UNFPA	Activity carried out as planned

Output description	Q1 & Q2 planned out put	Q1 & Q2 planned expenditure	Q1 & Q2 Actual expenditure	Q1 & Q2 Actual out put	Reason for any variance from quarterly plans and explanations
7.9 Renovation of council offices		15m	1.5m	Part renovation has been done i.e. the records division	Others offices will be renovated in the 3rd and 4th quarters
7.10 Development of strategic plan		31.0m	30.9	The UNFPA facilitated this workshop	Spent more than planned
<b>Totals for Q1 &amp; Q2</b>		<b>140.34m</b>	<b>119.76m (85%)</b>		

### 10.2.7 Achievements

- Developed a UNMC 5 year strategic plan
- Registered & Enrolled of Nurses and Midwives -1389
- Sensitized nurses/midwives on professionalism, ethical code of conduct in Hospital and Training Institutions
- Participated in joint inspection of Health facilities in Kampala District
- Granted practicing licenses to eligible nurses/midwives to practice
- Renovated some of the council offices (Records)
- Reduced on the period of processing professional certificates from 3 months to 1 month.
- Settled the outstanding arrears with NSSF
- Conducted technical support supervision in 10 training Hospitals and 10 institutions
- Established collaboration with key development partners i.e. UNFPA, AMREF, Medical Teams International, Universities (John Hopkins), Palliative Care & The Greta Foundation
- Strengthened the working relationship with the MoE&S, UNMEB, NCHE, UNEB, Police
- Granted provisional licensure to 6 schools to commence the training of Nursing & Midwifery i.e. Iganga, Hoima, Good Samaritan, Mbale, IUIU, Nightingale with effect from November 2010.
- In collaboration with MUK Department of Nursing, John Hopkins University, the Council has started CPD programmes for Nurses and Midwives – CD Rom developed and circulated to various Hospitals and training institutions
- Participated in the inauguration of the establishment of District Supervisory Authority (DSA) initiative by Intra Health Programme

### 10.2.8 Challenges

- Inadequate funds, office equipment and transport
- Inadequate staff at the UNMC secretariat
- Increased rate of forgery of professional & academic papers
- Mushrooming training schools/institutions
- Over admission of students in the training schools especially public and PFP
- Occasional breakings into the premises

- Illegal people practicing as nurses and midwives
- Unresolved issue of the Nursing Assistants training and practicing
- Low staffing levels at the UNMC secretariat (52%)
- Unresolved conflicts between the two UNMUs

#### **10.2.9 Way forward**

- Generate more resources to run council activities more effectively and efficiently
- Promote good working relationship with various partners so as to develop self regulatory mechanisms to ensure that the professionals are more accountable to public.

#### **10.2.10 Acknowledgment**

- The Council is grateful to the Ministry of Health and other stakeholders for the continued support and collaboration.

## 10.3 Pharmacy Council

### 10.3.1 Overall Goal:

Ensure National and International pharmacy practice standards and codes of ethics are adhered to, both in the public and private sectors and control the conduct and discipline of registered pharmacists.

### 10.3.2 Mandate:

- Protect the society from substandard and unethical pharmaceutical practices.
- Regulate pharmacy profession and practice in both the private and public sectors.

### 10.3.3 Mission:

Protect the Society from Harmful and Unethical Pharmaceutical Practices.

### 10.3.4 Specific Goals:

- Set and Enforce Pharmacy Practice standards and Ethics country wide
- Attain the Highest Educational qualification for pharmacists
- Capacity Building of pharmacists and pharmacy auxiliaries
- Community sensitisation

### 10.3.5 Objectives:

- Enforce standards of pharmacy practice in all districts
- Regulate the conduct of and discipline of all pharmacists
- Maintain a register of registered pharmacists
- Ensure pharmacy training institutions conform to set standards
- Approve all pharmacy practice outlets both public and private
- Conduct Continued Pharmacy Education
- Empower the community to seek quality pharmaceutical services

### 10.3.6 Pharmacy Council 2010/11 FY allocation

- Allocations as per Pharmacy Council workplan - 38,443,000/=

### 10.3.7 Releases for 1st and 2nd quarter 2010-11

**Expected quarterly release**                      **9,610,500**

**Actual amount (SHS) released**

- 1st quarter    9,000,000/=
- 2nd quarter     5,625,000/=
- **Total**    **14,625,000/=**

**Table 10.3.1: Pharmacy Council: Ensure operations support to the council**

First Quarter Output description	Output Indicators	1st Quarter output target	Achieved	Q 1 Release 9,000,000	Actual Expenditure (SHS. 000)
Standards/ethics enforced in institutions of learning	Visit Report	1 University visited	Pharmacy School Makerere College of Sciences visited		2,200
Vehicle Maintained	Vehicle running	Vehicle serviced and maintained	Procurement		1,300
Council monthly meetings	Minutes	4 meetings	4 meetings		-----
Pharmacy Board activities	Minutes & Reports	Board launched, meetings carried out	PB appointed		5,200
<b>Total</b>				<b>9,000</b>	<b>9,000</b>

Second Quarter Output description	Out Put Indicators	2nd Quarter output target	Achieved	Q2 Release 9,000,000	Actual Expenditure (SHS.)
Contribution to the Establishment of the National Health profession' Authority	TF report.	TF final report	8 TF meetings held		5,625,000
<b>Total</b>					<b>5,625,000</b>

**10.3.8 Challenges:**

- Inadequate finances
- Lack of supportive structure (HR)
- Inadequate space
- Weak regulatory framework

## 10.4 Uganda Medical and Dental Practitioners Council (UMDPC)

### 10.4.1 Vision

A reputable Council that protects society from abuse of Medical and Dental Practice as well as Research on Human beings in order to effectively contribute to a healthy and productive population.

### 10.4.2 Mission

To regulate and enforce standards of practice and supervise Medical and Dental Education in Uganda.

### 10.4.3 Core Functions

- To register all legible Medical and Dental Practitioners in Uganda
- To supervise Medical and Dental Education in the relevant training institutions
- To enforce acceptable standards of Medical and Dental practice
- To investigate all reported cases of malpractice and take appropriate disciplinary action

### 10.4.4 Objectives

- To register and license qualified practitioners and all private health units that meet the requirements of the Council
- To conduct regular inspection of private clinics in Kampala area and upcountry.
- To investigate all reported cases of alleged professional misconduct and take appropriate disciplinary measures
- Participate in the joint EAC Medical Council/Boards activities

**Table 10.4.1: Standards of ethical practice and quality of care improved:**

Output Description	Annual planned target	Planned output target for Q 1&2	Planned Expenditure (Millions)	Achievements for Q 1&2	Actual Expenditure (Millions)
Support supervision to districts	40	20	4.200	Visited 16 districts. Discussed with DHOs their roles in supervision of medical practice	4.200
Investigating cases of reported malpractice	Investigate all reported cases	Investigate all reported cases	2.600	9 cases investigated. Appropriate disciplinary action taken on 7 practitioners	2.600
Closure of illegal clinics	Close all illegal clinics	Close all illegal clinics	Nil	Closed 11 unlicensed clinics and those operated by quacks	Nil

### 10.4.2: Improving Capacity Development and Technical Support

Output Description	Annual planned target	Planned output target for Q 1&2	Planned Expenditure	Achievement for Q 1&2	Actual Expenditure (Million)
Developing CPD Guidelines	-	-	Nil	Finalized developing & distributing the CPD Guidelines	Nil
Launching of interim CPD Board	1	1	-	Launched with funding from capacity program	-
Launching of District supervisory authorities	1	1	-	Launched with funding from capacity program	-
Participate in AMCOA annual meeting	One meeting	One meeting	-	Participated in AMCOA annual meeting in Nairobi. Protocols were developed on UG medical Education accreditation standards, professional practice, CPD	-
Follow-up visits jointly with NCHE to Gulu University and KIU Medical Schools	Visiting the two Universities	Visiting the two Universities	-	The two University medical schools visited and reports and recommendations given to stakeholders	-
Attending International Meetings	-	-	9.800	Finalized EAC guideline for inspection & accreditation of medical and dental schools in East Africa	9.800
Sensitizing final year students from public university medical schools about functions of UMDPC	All the 4 public universities training doctors	All the 4 public universities training doctors	-	Sensitized the students about functions of UMDPC, licensure and expected ethical conduct	-

**Table 10.4.3: Improving Coordination and Resource Mobilization.**

Output Description	Annual planned target	Planned output target for Q 1&2	Planned Expenditure (Millions)	Achievement for Q 1&2	Actual Expenditure (Millions)
Advertising and public Relations	-	-	6.500	-	6.500
Council and Committee Meetings	13	13	22.300	All meeting held and decisions made	22.300

**Table 10.4.4: Supporting Departmental Operations**

Output Description	Annual planned target	Planned output target for Q 1&2	Planned Expenditure (Millions)	Achievements for Q1&2	Actual Expenditure (Millions)
Employee Costs	-	-	27.300	-	27.300
Fuel and Lubricants	-	-	12.000	-	12.000
Operation and maintenance of vehicles	-	-	10.600	-	10.600
Operation and maintenance of equipment	-	-	5.400	-	5.400
Supplies and services	-	-	9.700	-	9.700
<b>Total</b>					<b>111.400</b>

**10.4.5 Major Challenges**

- Inadequate funding. The Council was allocated UGX 35m as subvention from government for the whole FY2009/10.
- General malaise among practitioners to pay for their APL and operating licenses
- Inadequate staff.
- Transport

#### **10.4.6 Q 3 planned activities**

- Completion of the Councils' strategic Plan.
- Procurement of Council vehicle.
- Launching of the Council Website
- Operationalisation of the New Council guidelines on licensing professionals and health facilities to improve on revenue collections.
- Joint supervision/ inspection of health facilities units in Kampala with other Councils.
- Operationalisation of the CPD Accreditation Board
- Regional sensitisation of the Districts on the District supervisory authorities.
- Visitation of Makerere and Mwanza Universities for Accreditation by EA BMC
- Improving Communication/Education to Professionals and Public through Internet, Media and phones.
- Setting up of a Board to examine foreign doctors trained outside the East African region before they are licensed to practice medicine and dentistry in Uganda Continued Consultations/meetings on NHRA.
- Improving Communication/Education to Professionals and Public through Internet, Media and phones.
- Setting up of a Board to examine foreign doctors trained outside the East African
- Continued Consultations/meetings on the National Health Professions Board.
- Improving Communication/Education to Professionals and Public through Internet, Media and phones

## Chapter Eleven: National Referral Hospitals

### 11.1 Mulago Hospital

#### 11.1.1 Mandate

To provide specialized tertiary health care services, train health workers and conduct operational research in line with the requirements of the Ministry of Health.

#### 11.1.2 Key objectives

- To improve the quality of clinical care provided to referred patients
- To provide super-specialized training
- To provide modern medical equipment
- To upgrade infrastructure
- To improve the functionality of support services
- To conduct research

**Table 11.1.1: Mulago Hospital: 1st & 2nd Quarter Planned Activities and Budget**

Planned Activities	Budget
70,000 inpatients treated	914,000,000/=
350,000 outpatients treated	129,782,500/=
900,000 lab tests done 30,000 patients imaged	69,500,000/=
Medical & health supplies dispensed	4,650,000,000/=
Purchase of Cobalt 60 machine	2,200,000,000/=
Purchase of Operational medical equipments	116,000,000/=
Oxygen extension	100,000,000/=
Records archives	100,000,000/=
Expansion of LAN	50,000,000/=

**Table 11.1.2: Budget Performance**

Budget classification	Annual Budget Shs'000	Half year planned expenditure Q1& Q2	Half year Release Shs'000	Release in Quarters (1&2)	Half year expenditure Shs'000	Expenditure in Quarters (1&2)	Unspent balance as at Dec 2010 Shs'000
wage	18,000,000	9,000,000	7,834,940	87%	7,834,940	87%	
Non wage	11,403,017	5,701,508	6,888,349	121%	6,210,133	109%	678,215
Development	5,120,000	2,560,000	2,020,656	79%	1,160,390	45%	860,265
<b>Total</b>	<b>34,523,017</b>	<b>17,261,508</b>	<b>16,843,945</b>	<b>98%</b>	<b>15,655,463</b>	<b>91%</b>	

Budget classification	Annual Budget Shs'000	Q1 release Shs'000	Q2 release Shs'000	Cumulative Release Shs'000	Q1 expenditure Shs'000	Q2 expenditure Shs'000	Cumulative expenditure
wage	18,000,000	3,871,624	3,963,315	7,934,940	3,871,624	3,963,315	7,934,940
Non wage	11,403,017	2,850,755	4,037,594	6,888,349	2,850,755	3,359,378	6,210,133
Development	5,120,000	1,008,955	1,011,701	2,020,656	1,008,955	151,435	1,160,390
<b>Total</b>	<b>34,523,017</b>	<b>7,731,334</b>	<b>9,012,610</b>	<b>16,843,945</b>	<b>7,731,334</b>	<b>7,474,128</b>	<b>15,305,463</b>

**Table 11.1.3: Achievements/output for 1st & 2nd Quarter**

Achievement/Output	Expenditure
60,536 inpatients attended to	1,031,654,167/=
187,211 outpatients attended to.	143,858,583/=
612,334 lab tests were done 37,643 patients were imaged	71,816,667/=
A new C.T Scan was acquired(\$790,250)	1,817,575,000/=

**11.1.3 Major challenges/ constraints encountered during the 1st & 2nd Quarter**

- Under funding
- Infrastructure breakdown especially plumbing systems and electricity outages
- Inadequate medical oxygen supplies
- Staff discipline

**Table 11.1.4: Overall summary assessment of outputs for 1st & 2nd Quarter**

Output Code	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Millions)	Q1 & Q2 Actual Output Target	Q1 & Q2 Release (Millions)	Q1 & Q2 Actual Expenditure (Millions)	Reasons for variance
085401	Inpatient services	140,000 inpatient services attended to	70,000 inpatients attended to	914,000,000	60,536 inpatients attended to	1,031,654,167		The long stay inpatient services consume more resources than would normally be budgeted for as a unit cost

Output Code	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Millions)	Q1 & Q2 Actual Output Target	Q1 & Q2 Release (Millions)	Q1 & Q2 Actual Expenditure (Millions)	Reasons for variance
085402	Outpatient services	700,000 outpatients attended to	350,000 outpatients attended to	129,782,500	187,211 outpatients attended to	143,858,583		
085404	Diagnostic services	1,800,000 lab tests done 60,000 patients imaged	900,000 lab tests done 30,000 patients imaged	69,500,000	612,334 lab tests done. 37,643 patients imaged	71,816,667		
085472	Non residential buildings	1.oxygen extension 2.Records Archives 3.Guest house 4. Renovation of old doctors mess. 5. Renovation of nurses hostel.	1. Oxygen extension. 2.Records Archives	100,000,000 100,000,000	Oxygen extension 2.Records Archives	51,112,500 51,112,500	51,000,000 50,906,980	
085476	Office & IT equipment	Expansion of LAN	LAN Expansion	50,000,000	LAN expanded	50,000,000	44,407,778	
085477	Machinery & Equipment	1. Cobalt 60 machine. 2.Medical equipments/ Instruments 3.X ray machine 4.Ultrasound machine	Operational medical equipments/Instruments	80,000,000	Operational medical equipments/Instruments	117,316,231	103,060,758	

## **11.2 Butabika Hospital**

### **11.2.1 Background**

Butabika Hospital was established in 1955, and is still the only National Referral Mental Health Institution in the country. The Hospital provides tertiary expert management for all patients with mental and psychological problems on a referral basis with a bed capacity of 550 patients. At the same time, it is a teaching hospital for all students who come for a placement in Mental Health ranging from nursing cadre to Postgraduate students.

The Hospital is also mandated to carry out mental health related research. In addition, Butabika Hospital provides General Outpatient services to the people from the surrounding areas of Nakawa Division.

### **11.2.2 Mandate**

To provide super specialized tertiary health care, train health workers and conduct mental health related research in line with the requirements of the Ministry of Health.

### **11.2.3 Vision:**

A community in a state of complete mental, physical and social well-being as a pre-requisite for development and poverty eradication.

### **11.2.4 Mission:**

To offer super specialized and general mental health services, conduct mental health training, mental health related research and to provide support to mental health care services in the country.

### **11.2.5 Key functions:**

- To provide super specialized, curative and rehabilitative mental health services in the country.
- To undertake and support mental health related research.
- To carry out and support training in mental health.
- To provide outreach and mental health support supervision to Kampala district and Regional Referral Hospitals.
- To provide general health Outpatient services to the neighbouring population.
- To provide advice to Government on mental health related policies.
- To advocate for mental health in the country.

### **11.2.6 Planned Activities 4<sup>th</sup> Quarter 2009/2010**

- Provision of Inpatient Mental Health care (Review and diagnosis, investigations, provision of food, medicines, dressing, beddings etc)
- Provision of General Outpatients and PHC services.
- Community Mental Health services.

- Technical support supervision to Regional Referral Hospitals.
- Resettlement of Patients.
- Provision of Mental Health Training.
- Research and Advocacy in the Mental Health.
- Maintenance of infrastructure and grounds.
- Provide Guidance and Resources to implementation of SHSSPP II.

### 11.2.7 Achievements:

**Table 11.2.1: Actual Outputs and Expenditures against Plans for all Recurrent Programmes: Management (Programme Code: 01)**

Annual Planned Output Target	Q1 & 2 Planned Output Target (Qty and Location)	Q1 & 2 Planned Expenditure (Millions)	Q1 & 2 Actual Output Target (Qty and Location)	Q1 & 2 Actual Expenditure (Millions)	Provide Reasons for Any variance
<b>Administration and Management: Output code 085501</b>					
Salaries and allowances paid promptly to staff for the entire financial year. High standards of Patient's welfare provided. Maintenance to hospital buildings; sewerage and drainage lines; open grounds and perimeter fence conducted. Utilities paid for in time	Salaries and allowances paid promptly to staff During the 1st and 2nd quarter. High standards of Patient's welfare. Maintenance to hospital buildings; sewerage and drainage lines; open grounds and perimeter fence. Utilities paid for in time	1202.4	6 months' salaries and allowances paid. Standard of patients' welfare kept high and maintenance made to hospital infrastructure.	1001.85	
<b>Mental Health Inpatient Services: Output code 085502</b>					
A range of medical drugs and sundries shall be provided on quarterly basis to facilitate treatment: <b>1,200</b> X-ray, <b>20,383</b> laboratory and <b>1,140</b> Ultrasound investigations.	Number of Patients admitted. Number and Quality of investigations conducted. Quantity and Range of medical drugs provided.	293.20	Medical drugs and sundries were provided, 9,437 investigations were conducted in the laboratory, 543 in X-ray and 643 in Ultrasound.	214.87	
<b>Outpatient and PHC Services: Output code 085504</b>					
<ul style="list-style-type: none"> <li>• Number of Mental Patients seen.</li> <li>• Number of Medical Outpatients seen</li> </ul>	<b>6,824</b> Mental patients to be seen. <b>95,106</b> Medical Outpatients to be seen.	21.80	<b>61</b> Clinics were conducted and a total of <b>19,699</b> patients were treated in the categories of General Outpatients.	15.43	

Annual Planned Output Target	Q1 & 2 Planned Output Target (Qty and Location)	Q1 & 2 Planned Expenditure (Millions)	Q1 & 2 Actual Output Target (Qty and Location)	Q1 & 2 Actual Expenditure (Millions)	Provide Reasons for Any variance
			230 patients received care at the Alcohol and Drug Unit, 72 patients were seen in the Psycho-trauma patients was done, 216 patients received care at the Child and Adolescent psychiatric unit.		
<b>Community Mental Health Services and Technical Support Supervision: Output code 085505</b>					
Number of Outreach clinics made Number of Patients seen Number of advocacy workshops conducted	46 General Outreach clinics to be conducted. 51 Forensic Outreach clinics to be conducted. 8,832 Patients to be attended to in the Outpatient clinics to be conducted. 7 Advocacy Workshops to be conducted.	54.63	24 Outreach clinics conducted in the 4 centres of Nkokonjeru, Kitekikka, Nansana and Kawempe in which 1,315 patients were seen. 386 Patients were resettled and re-integrated into their communities; 3 Technical supervision visits were conducted in the mental units in the areas of Gulu, Kitgum and Tororo. 25 Forensic outreach clinics were conducted in Luzira. 268 patients have been rehabilitated therapy by equipping them with basic life skills and 24 reintegrated to their communities through Occupational therapy unit.	41.51	

#### **11.2.7.1 Provision of Mental Health Training:**

- **605** Students from various Institutions of Higher Learning were sent for mental health placement ranging from; undergraduate medical students, postgraduate students specializing in psychiatry, nurses of all cadres and clinical officers.

#### **11.2.7.2 Human Resource:**

- A critical mass of care staff is building up slowly which has enabled us to carry out our mission. Timely submissions are being made to the Health Services Commission.

#### **11.2.7.3 Research and Advocacy:**

- 3 Journal Articles submitted and accepted for publication.

#### **11.2.7.4 Development of Hospital Strategic and Master Plans:**

- The development of both the Strategic and Master plans has been finalized to guide the overall Hospital development programme.

#### **11.2.7.5 Disposal of obsolete vehicles:**

- The final evaluation report from the Engineers is out and the vehicles will soon be disposed off.

#### **11.2.7.6 Maintenance of grounds, buildings and infrastructure:**

- An excellent and high standard of cleanliness of grounds and buildings has been upheld.
- Continuous maintenance and improvement of the infrastructure has been undertaken

### **11.2.13 Construction of 2 Semi-detached staff Houses:**

- **Completed construction of 1 semi-detached staff house (2 in one) and another still under construction.**



***Administration Block of Butabika Hospital***

### **11.2.8 Challenges:**

#### **11.2.8.1 Human Resource:**

The care for the mentally sick poses unique challenges, the recommended ratio of staff to patients have never been realized especially in the key sector of Nursing. It is therefore not unusual for some of the shifts to lack a qualified staff. This will require urgent attention especially by initially filling the vacant posts but also set a clear plan of professionally restructuring the Hospital. The current shortage and inadequacies will sadly continue unless there is a deliberate effort to complete the restructuring exercises between the Ministry of Public Service and Finance, Planning and Economic Development.

#### **11.2.8.2 Insufficient Budget:**

This has been a longstanding challenge but also made worse by some of the Government Policies in which the Hospital is actually deliberately made to remain at the same funding levels despite the inflation and GDP changes. The net effect for this has been a gradual decline in the purchasing power resulting into drug shortages among others. Extra-budgetary resources will have to be mobilized as the current funding mechanism cannot meet all the Hospital financial needs.

#### **11.2.8.3 Patients Load:**

This has persistently remained very high in spite of opening up new Mental Health Units in almost all the Regional Referral Hospitals. The bed occupancy has remained at over 130% over the last several years.

#### **11.2.8.4 Discipline:**

The Hospital has not been spared from the indiscipline of many of civil service workers, especially as far as work ethics are concerned. Late coming and early departures are quite real. Management is faced with the problem of disciplining staff whose remunerations are grossly inadequate to enable them meet their basic daily needs.

#### **11.2.8.5 Infrastructure:**

Though the Hospital was given a major face lift over five years ago, the nature of our clients demands that regular maintenance is carried out. However, funding for maintenance of the infrastructure and equipment has remained at the same level over the years.



***Staff houses at Butabika Hospital***

**SUPPORT TO HEALTH SECTOR STRATEGIC PLAN PROJECT (SHSSPP II)  
QUARTERLY:**

This a five year project funded by the Africa Development Bank (ADB) whose objectives are:

- To contribute to the reduction of maternal mortality in selected districts in Western Uganda, and
- To contribute to the reduction of mental health disorder in Uganda.

**Table 11.2.2: Civil works**

Activity	Planned	Achieved	Remarks
Construction of Health Center IVs	13 HCs at 65% completion	<ul style="list-style-type: none"> <li>• 2 sites are complete, 4 are over 80% complete</li> <li>• About 60% progress achieved</li> </ul>	Contract periods extended by to 15th Feb 2010. Slow progress especially in Kabale
Construction of Health Center IIIs	26 HCs at 65% completion	<ul style="list-style-type: none"> <li>• 13 sites have been handed over, 2 of which partially.</li> <li>• 5 HCs have been commissioned</li> <li>• About 76% progress achieved</li> </ul>	Contract periods extended by to 15th Feb 2010. Slow progress especially in Kabale
Construction of Mental Health Units	6 MHUs at defects if any corrected	<ul style="list-style-type: none"> <li>• All 6 sites complete</li> <li>• 6MHUs commissioned</li> </ul>	Defects identifies and correction ongoing
Redevelopment of Mbarara Hospital	Phase 1 at 60% completion	<ul style="list-style-type: none"> <li>• MHU at 71% progress</li> <li>• Main block at 50% progress</li> </ul>	Roofing ongoing of main block. MHU to be handed over by March 11

**Table 11.2.3: Consultancy services**

Activity	Planned	Achieved	Remarks
Design and supervision of Mbarara Hospital	<ul style="list-style-type: none"> <li>• 3 Progress reports</li> <li>• 3 Monthly site meetings</li> </ul>	2 progress reports received and 2 monthly site meetings organised	Supervision ongoing
Supervision of 14 HCs in Mbarara, Kiruhura, Ibanda & Isingiro (LOT 2)	<ul style="list-style-type: none"> <li>• Construction supervision</li> <li>• 3 Monthly site meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision ongoing</li> <li>• 2 Monthly site meetings organised</li> </ul>	SHSSPP/MoH directly supervising works
Supervision of 13HCs in Ntungamo, Kabale & Bushenyi (LOT 3)	<ul style="list-style-type: none"> <li>• Construction supervision</li> <li>• 3 Monthly site meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision ongoing</li> <li>• 1 Monthly site meeting organised</li> </ul>	SHSSPP/MoH directly supervising works. Contractor slow

Supervision of 12 HCs in Rukungiri, Bushenyi & Kanungu (LOT 4)	<ul style="list-style-type: none"> <li>• Construction supervision</li> <li>• 3 Monthly site meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision ongoing</li> <li>• 2 Monthly site meetings organised</li> </ul>	SHSSPP/MoH directly supervising works. Part of the Works subcontracted
Supervision of 6MHUs in Mbale, Masaka, Mubende, Lira, Jinja & Moroto (LOT 5)	<ul style="list-style-type: none"> <li>• Supervision of defects correction by consultant</li> </ul>	<ul style="list-style-type: none"> <li>• All six sites supervised, defects corrected and ongoing</li> </ul>	Moroto, Mbale, Lira, Jinja and Mubende commissioned

**Table 11.2.4: RH and MH Highlights**

Activity	Cumulative Planned	Cumulative Achieved	Remarks
Training of VHTs	12,204	12,204	Training completed except in 1 HSD
Training Health Workers in EmOC, PAC and other Surgical skills	504	426	Health workers trained from all 10 project districts
Training Health Educators	19	19	15 students trained from UMU, Nkozi and 4 students at Mulago Paramedical Schools
Training Health Workers in Anaesthesia	1	1	1 Health Worker from Bushenyi training at Mulago Paramedical Schools
Baseline Survey Report	Get Final Report	Received Final Report	Final Report received
Training of Specialist Mental Health Workers	50 PCOs, 12 MMed Psychiatry, 3 Health Tutors, 3 MSc Clinical Psychology, 4 Masters in Social Work students supported	51 PCOs, 7 MMed Psychiatry, 3 Health Tutors, 4 MSc Clinical Psychology, 3 Masters in Social Work students supported	Some training is still continuing
Regional Continuing Mental Health Education Session	12	12	All regions covered
Participation VHT Materials Development	Open process	A series of meetings were attended by PHS on behalf of SHSSPP II	A series of VHT materials were developed and distributed by different stakeholders

**Table 11.2.5: Procurement Status**

Activity	Planned	Achieved	Remarks
Procurement of Specialised Equipment and Furniture for Mbarara hospital	Complete delivery of specialised Equipment and Furniture for Mbarara hospital by 28 Feb 2011	Contract signed for Medical equipment (lot) 1 and Medical Furniture. Contract for CT scan to be signed in Feb 2011	On going
Theatre equipment	Complete delivery by end of Quarter	Delivered	Delivered in November 2010
Theatre lighting Equipment for Health centres	Complete delivery by end of Quarter	Delivered	Delivered in November 2010
Medical furniture for Hospitals , HC II and IV and MHUs	Complete delivery by end of Quarter	Delivered	Delivery completed October 2010
Medical equipment for 10 Hospitals, health Centres and Mental Health Units	Complete delivery by end of Quarter	Delivered	Delivered in November 2010

**SHSSPP-Financing**

- Vote 162: Project 981- Strengthening Reproductive/Mental Health
- Financed:

ADB	UA 20,000
GOU	UA 2,200
GOU (additional)	<u>UA 2,800</u>
Total:	UA 25,000
- Disbursement during the quarter FY2010/11

Source/Funder	Budgeted for the FY 2009/10 UAs(Million)	Amount Disbursed Shs('000)	Percentage Disbursed for the quarter
ADB	4.323	4.323	100
GoU	0.58	0.58	100

- Overall project disbursement up to the quarter is in line with the plan.

**COMMISSIONING THE NEW HEALTH FACILITIES CONSTRUCTED UNDER SUPPORT TO STRATEGIC PLAN PROJECT SHSSP II**



**Hon. Richard Nduhura Commissioning Jinja Mental Health Unit, December 2010**



**Hon. Dr. Stephen Mallinga commissioning Mbale MHU. Looking on is Dr. Fred Kigozi the Project Director (SHSSPP) and Dr. Wanume**



**Hon. Janet K. Museveni, First Lady inspecting Ruhaama HC III after commissioning – Ntungamo, 22<sup>nd</sup> Dec 2010**



# ANNEXES

## ANNEX I: MINISTER'S SPEECH

### OFFICIAL OPENING OF THE MINISTRY OF HEALTH BI-ANNUAL REVIEW: JULY – DECEMBER 2010

**BY HON. DR. RICHARD NDUHUURA MINISTER OF STATE FOR HEALTH (GD)  
13-14 JANUARY 2011  
KABILA COUNTRY CLUB**

The Chairperson and Deputy Chairperson HSC  
Ag. Permanent Secretary, Ministry of Health  
The Secretary HSC  
Ag. Director General Health Services  
Directors of Health Services  
Heads of Departments  
Ladies and Gentlemen:

First of all I would like to congratulate you all for having completed 2010 successfully and to wish you a happy new year 2011. I would also like to welcome you, on behalf of Top Management, to this retreat which is reviewing our performance in the last 6 months of July – December 2010.

Like with previous reviews, we expect to receive presentations from departments and Institutions, your achievements against targets for the last 6 months; including your budget performance. The format for the presentation has been provided to you. While we would like to know the major constraints that affected your performance (and how plan to address them), it is also important that you tell us facilitating factors that enable you to perform well, where you did. Am sure you are also aware that part of this information is required to complete the quarterly report to Ministry of Finance Planning and Economic Development. Please provide the relevant information for this report before the deadline of 15 January 2011. This time round, we are also expected to provide a Bi-Annual Report to the National Planning Authority (NPA). The report is based on the indicators and priority actions that the sector agreed with the NPA in the National Development Plan. While the Permanent Secretaries will be discussing, during their PS's forum, how to harmonise this problem of multiple reporting, for the time being I urge heads of departments to have this form filled so that we submit it before the deadline. The Director Planning & Development will submit the template to all heads of department immediately after this retreat.

I would now like to bring to your attention the GOVERNMENT ANNUAL PERFORMANCE REPORT 2009/2010 and I urge all of you to read that report. The Director Planning & Development will also submit to you copies of the report soon. The performance of the Health Sector in that report is a source of concern to all. Of the 5 headline indicators, only 1 was met, and the other 4 were far below the target. Two of the priority actions agreed for the year were also not undertaken. The Government Annual Performance Report is consistent with our own Annual Health Sector Performance Report.

Let us briefly look at these indicators:

1. ***Proportion of children less than 1 year who received the third dose of DPT (DPT3).*** Target for 09/10 was 85%, achieved 76% (even less than achievement of previous year 08/09 of 85%)
2. ***Proportion of deliveries in health units among women who attended ANC;*** Target for 09/10 was 35%, achieved 33% (also below achievement of 08/09 of 34%)
3. ***Proportion of health facilities without stock out of the 6 tracer medicines and supplies.*** Target for 09/10 was 50%, achieved 21%, compared to 26% of 08/09.
4. ***Couple Years of Protection.*** Target for 09/10 was 600,000, achieved 460,825, compared to 549,594 of FY 2008/09
5. ***Proportion of approved posts filled by qualified health workers.*** Target for 09/10 was 54%, achieved 56%. This is the only indicator that we achieved, among the five Joint Budget Support Framework indicators.

You will note that the trends for other HSSP II monitoring indicators were not very different either- except in a few areas.

Ladies and Gentlemen, this clearly shows that last FY we were just on a down ward trend. Since you are the cream of the Ministry, I would like to hear from you, why this trend? What can we do about it? Are we going to accept the same results this financial year? For sure, this cannot be accepted to continue. I am therefore directing that, a good analysis of this state of affairs be done and strong recommendations be made on the way forward – preferably by the end of this retreat – as we have only 6 months to the end of this FY.

I would now like to comment on the district League Table for last FY. We need to provide special support to the poorly performing districts. This is our responsibility, and should be done as soon as possible starting this quarter. This ranking should help us to focus our attention where support is needed most.

Another area of concern is the functionality of HC IVs. The Last Annual Health Sector Performance Report has done a good analysis of the functionality of the HCIV (section 5.5) – the status of functionality and factors affecting functionality. The report concludes with recommendations, some of which can be implemented immediately. I wish therefore to urge the departments of Planning and Clinical Services to address these recommendations so that we can improve the functionality of these HC IVs.

Finally, I would like to emphasise the importance of efficiency. Resources are scarce; for example we don't anticipate a big increase in our financial envelope in the near future. We must therefore use our resources in the most efficient way – to achieve a lot more with the same resources than we are achieving now. This will entail reviewing a lot the way we do things now; including use of our time.

Ladies and Gentlemen, let me conclude by thanking you all for the work that you continue to do well and for all the positive outputs that have been registered in the sector. I thank the team that has been working hard to control the Yellow Fever outbreak in the north. I would also like to take the opportunity to thank our Development Partners that continue to support us in the various activities.

**I now have the pleasure to officially declare this review open and to wish you good deliberations.**

## ANNEX II:

### PROGRESS ON CROSS-CUTTING ISSUES FROM THE FOURTH QUARTER REVIEW WORKSHOP, KABIRA COUNTRY CLUB HOTEL, KAMPALA FROM 13TH TO 14TH JULY 2010

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
<b>1. Finance and Administration</b>				
1.0	Increased gap for unfunded priorities following the departure of support by HSPS/DANIDA. Areas affected include: Medicines under the credit-line, Area Team visits-preparations and vehicle maintenance; Planning processes for the sector, Equipments etc	Lobby for additional funds to bridge the gap.  Re-prioritize within the available resources.	PS/CHS(P)	The gaps and implications were submitted to MOFPED and Parliament (also forms part of MPS).
1.2	Procurement process has made some improvement. Public Procurement and Disposal of Public Assets Act-PPDA act is in process of review.	All departments and programmes make the necessary inputs in the amendment process.	HOD/ Institutions	Emphasis is on complying with the requirements of PPDA act
1.3	Delay in submission of requirements, failure to adhere to procurement plans and procedure.	Consolidate procurements per department quarterly.  Create a proper bridge between the PDU and the procurement focal persons.  HOD should empower procurement focal point persons.	HODs, PDU	Agreed to pool resources for procurement of bulk requirements-stationary, fuel, maintenance of vehicles; framework contract for hotel services was completed; for garage & stationary is ongoing. Procurement coordinators for user department are in place.
1.4	Diversion of funds from different votes without notifying the HODs resulting in low performance	Expedite setting up the IFMS to enable vote holders access status of their votes.	PS/US	All approval of expenditure is authorized by vote controllers who are the HODs. This has minimized diversion except re-allocations in the case of emergencies.
1.5	MoH participation in joint inspection with MoPS, MoLG and MoE.	MoH should embrace joint inspection with other ministries/stakeholders.	CHS (QA)	MoH-QAD has been participating in the Joint Inspection activities

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
				coordinated by MoPS; and also participated in the review of the inspectorate functions of government.
1.6	Failure of the HODs to empower the procurement focal point persons.	Empower procurement focal point persons.	HODs, CHS (P).	User departments have procurement coordinators.
<b>2. Clinical and Community Health Services</b>				
2.1	Lack of capacity in some Regional Referral Hospital workshops: Inadequate skill by technicians, lack of basic equipment, etc.	Have a skills improvement/Development plan for this cadre	CHS(CS), ACHS (HID)	Kyambogo University has started training Biomedical Technicians.
2.2	Some private clinics are charging patients for items they get free of charge from Government notably vaccines, ACTs and ARVs.	Private facilities are allowed to charge affordable service fee.  Accredited facilities that offer these services should be made known.  Strengthen inspection teams to the private clinics and follow-up on the PPPH policy	CHS (NDC)- [PM-ACP/UNEPI/MCP], CHS (CS), Councils.	Audit directed by MoH Internal Audit undertaking the audit.
2.3	Inadequate supervision of Lower Level Units by the Local Government resulting in poor performance.	Lobby for more resources and build managers' capacity.	TMC	TMC participated in the AT supervision carried out in July 2010 during which districts were urged to carry out regular support supervision of LL H/Us.
2.4	Some districts have continued to open up new health facilities without engaging the relevant sector institutions.	New health facilities should not be opened without additional resource allocation.	CHS(CS)	MoH has issued a circular on new constructions. Health facilities inventory to be coded. Technical Supervision to all districts undertaken.
<b>3. Information Management</b>				
3.1	Declining performance indicators including the JAF indicators	HOD/Institutions to give an up-date on the underlying causes of the poor performance.	PS/ DGHS	Reasons not yet received.
<b>4. Human Resource</b>				
4.1	There are still a number of vacancies in the sector	Have all vacancies declared to the HSC	HODs	100% of the posts at the Centre and RRHs were declared to HSC. For districts the problem affecting declaration is

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
				the limited wage bill.
4.2	Lack of uniforms particularly for nurses.	Lobby for resources to provide uniforms to nurses.	PS/DGHS/CHS (N)	Process for procurement of uniforms has begun. The PS wrote to all RRHs and Districts to provide person specifications of all health workers to MoH.
<b>5. UBTS</b>				
5.1	Delayed completion of external works at Mbarara/Mbale Regional Blood Bank.	Expedite completion of the external works this FY	ACHS (IS)	Tender documents prepared and submitted to contracts committee for approval.
5.2	Some areas like Karamoja are too far from the regional blood banks.	There is need to extend blood banks to other regions like Karamoja.	TMC, Ext. Dir UBTS	To be included in the next budget.
<b>6. National Referral Hospitals.</b>				
6.1	Increased cases of people with mental disorders, as evidenced by the data from Butabika Hospital	Need to evaluate the unmet need for Mental health services and need to sensitize communities on cardinal signs of these disorders	Dir. Butabika hospital, CHS(CS)	<p>Mental Health Programme has visited all regions to assess functionality of Regional mental Health Units and the capacity of districts in the catchment areas to provide primary mental health services.</p> <p>Most districts have recruited Psychiatric Clinical Officers for Hospitals and Psychiatric Nurses for HC IV levels. The major unmet need was supply of mental health and anti epilepsy medicines at Health Centres especially HC III and II</p> <p>The Permanent Secretary has written a letter requesting NMS to supply mental health medicines at HC IV and designated HC III and II which have staff who were trained in provision of mental health services by MoH</p>

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
				and NGOs such as Basic Needs.  The Mental Health Programme has developed information leaflets on common mental disorders which are being disseminated through media and Mental Health Workers but the numbers are too few to meet the need as a result of inadequate funding.
6.2	Constrains in accessing Oxygen due to prolonged and complex process.	Mulago Hospital should get a second tank for liquid O <sub>2</sub> . Shorten process for accessing gaseous O <sub>2</sub> . Shorten process for accessing gaseous O <sub>2</sub> .	Ext. Dir. Mulago/NMS-GM	Access to liquid oxygen was still a problem, purchased in Nairobi.
<b>7. Medicines and Health Supplies</b>				
7.1	NMS reported to be improving in meeting its mandate (as reported by Butabika, Mulago Hospitals)	There is still more to be addressed. Target of 50% for lack of stock out for the 6 tracer medicines in the health facilities should be realized.	TMC, ACHS(Pharm), GM-NMS	Support supervision aimed at improving selection and prioritizing vital medicines are being conducted.
7.2	Oxygen procurement cycle too long resulting in shortages.	Need to purchase a second liquid oxygen tank at Mulago to reduce the risk of shortages	Ext. Dir. Mulago, NMS	No change, only one supplier in the region-BOC.
7.3	There are mixed reactions from districts about the newly introduced basic Kit.	There is need to monitor the performance of this kit and note areas that might need review in the new kit package system.	TMC, CHS (QA), ACHS(Pharm), NMS	Feedback has been received from health units and districts and also from supervision visits; the kit will be reviewed to address undersupply and oversupply of some items.
7.4	Poor quality of IV giving sets reported in some facilities.	NMS/NDA to investigate the problem.	GM-NMS ES-NDA	No investigations report.
7.5	Health Facilities still had stocks of expired medicines and health supplies.	Expired medicines should be collected and destroyed.	CHS (CS)	Plans to destroy expired pharmaceutical products have been drawn awaiting funding

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
				from MOFPED. A supplementary budget has been requested for.
<b>8. National Drug Authority</b>				
8.1	Mushrooming drug shops that dispense irrationally without prescriptions.	Need for concerted effort to streamline licensing, operations & supervision of drug shops.	PS, Ext. Dir NDA	Increased support supervision & sensitization activities to the districts and strengthening of regional offices being carried out. Offenders are taken to court.
<b>9. PROFESSIONAL COUNCILS</b>				
9.1	Weak capacity of councils to execute their mandate, roles and responsibilities.	Professional Councils should work together with MOH to build capacity.	DGHS/ Registrars for all councils.	The UMDPC has started communicating to practitioners and stakeholders about the Council through mails, meetings, phones, and TV. This sensitization will continue also through regional and district supervisions.
9.2	The Uganda Medical professionals authority is taking too long to be presented to the relevant bodies	Speed up the process of establishing a National Health Professional Authority. Organise a national fora for councils.	PS/DGHS/Regi strar councils	The task force has prepared a preliminary report. However, the task force is looking for funds to convene a consultative meeting before the final report in end of Jan. 2011.
9.3	Failure for all health professional to register with the respective councils	Regular and up-to-date publicity of all registered health professionals on the official MoH website or the print media.	PS/ Registrars for all councils.	UMDPC has sent information and forms to all practitioners on the importance of the annual practicing licenses. UMDPC will open a website this quarter to carry registers, CPD, Newsletter and developmental information.
	Persistent and increasing non-professional conduct of persons offering services e.g. <b>Reflexology.</b>	Clear position on these practitioners is required.  Councils to work with other stakeholders to address this problem.	TMC/Registrar s for all councils.	A ministerial statement on reflexology was drafted for a press release. The Minister has not been available to communicate to the public. Meanwhile a Joint operation by the 4

No	ISSUES	PLAN OF ACTION	RESPONSIBLE OFFICERS	PROGRESS MADE:
				councils and NDA to weed out quacks will be conducted in this quarter starting with Kampala and Wakiso districts.
9.3	Status of Pharmacy bill	Was withdrawn from Parliament, responsible officers should work on it to have it re-submitted.	PS/DGHS	Status quo persists.
<b>10. NURSING SERVICES</b>				
10.1	Increased rate of forgery of academic documents.	Forgery cases should be shared with the District Service Commission and the Health Service Commission.	Registrar Councils.	<p>The UNMC wrote a circular to DHOs and other stakeholders-CMB, UPMB, UMMB on the issue.</p> <p>The Council has established a better working relation with UNEB, UNMEB, NCHE, Police and Courts on law.</p>
10.2	Lack adequate quality assurance for some of the training institutions cleared by the Nursing Councils- <b>some schools are admitting too many students.</b>	All training institutions to meet the required minimum standards.	DGHS/Registrar or UNMC	<p>UNMC is participating in recruitment of students.</p> <p>UNMC inspected 15 schools and thereafter held meeting with the Principals, BETVET and UNMEB.</p> <p>Developed monitoring tool with UNFPA &amp; Intrahealth support.</p>

### ANNEX III:

#### PROGRAM FOR REVIEW OF IMPLEMENTATION OF MOH ORKPLANS:

1<sup>ST</sup> AND 2<sup>ND</sup> QUARTER 2010/11:

**Thursday 13<sup>th</sup> July 2010**

TIME	Department	PRESENTER	CHAIRPERSON
8.00 am	REGISTRATION	Secretaries QAD	PMO/ QAD
9.00 am-9.05am	WORKSHOP OBJECTIVES	Ag. DGHS	Ag. PS
9.05- 9.15 am	SECTOR PERFORMANCE INDICATORS	RC	
9.15 am - 9:45am	FINANCE & ADMINISTRATION <ul style="list-style-type: none"> <li>- Ministers activities</li> <li>- Activities of PS/DGHS</li> <li>- Administration</li> <li>- Accounts</li> <li>- HRM</li> <li>- Procurement</li> <li>- Internal Audit</li> </ul>	US (F&A)	
9.45 am-9:10am	QUALITY ASSURANCE	CHS (QAD)	
10.00 am -10.30 am	HEALTH PLANNING <ul style="list-style-type: none"> <li>- Planning Division</li> <li>- Budget and Finance</li> <li>- RC</li> <li>- PAU</li> <li>- HRD</li> </ul>	CHS (P)	
10.30 am -11.00 am	DISCUSSION	All Presenters	
11.00am –11.10 am	<b>Opening Remarks</b>	Hon. MOH	
11.10am –11.30 am	<b>TEA BREAK</b>		
11.30-12.30pm	COMMUNITY HEALTH <ul style="list-style-type: none"> <li>- Reproductive Health</li> <li>- Child Health</li> <li>- HE/ Promotion</li> <li>- Vector Control</li> <li>- Environment Health</li> <li>- VPH</li> <li>- Disability &amp; Rehabilitation</li> <li>- Non Communicable Diseases</li> <li>- Oral Health</li> </ul>	CHS (CH)	DHS ( PD)

TIME	Department	PRESENTER	CHAIRPERSON
	- Response to Public Emergencies		
12.30- 1.00 pm	Discussion		
<b>1.00- 2.00pm</b>	<b>LUNCH BREAK</b>		
2.00- 2.45 pm	CLINICAL SERVICES DEPT - Integrated curative - Infrastructure - Mental Health - Oral Health	CHS (CS)	Chairperson HSC
2.45-3.00 pm	BLOOD TRANSFUSION SERVICES	Director UBTS	
3.00 – 3.15 pm	NURSING SERVICES	CHS (Nursing)	
3.15 – 4.00 pm	Discussion		
	<b>National Referral Hospitals</b>		
4.00 – 4.30 pm	MULAGO HOSPITAL	E/Director	
4.30 – 5.00 pm	BUTABIKA HOSPITAL	E/Director	
5.00 – 5.30 pm	Discussion		
<b>5.30pm</b>	<b>CLOSURE AND EVENING TEA</b>		

### Friday 14<sup>th</sup> January 2011

TIME	DPARTMENT	PRESENTER	CHAIRPERSON
9.00-9.30am	<b>NATIONAL DISEASE CONTROL</b> -ACP -MALARIA CONTROL PROGRAMME -NTBLP -UNEPI -ONCHOCERCIASIS -ESDR -CPHL -UGWEP	CHS (NDC)	DHS (P&D)
9.30-9.45am	National Medical Stores	GM-NMS	
9.45-10.00am	National Drug Authority	Executive Secretary	
10.00-10.30am	Discussions		

10.30-11.00am	Break Tea		
11.00-11.15am	UNRHO	Director UNHRO	Executive Director Butabika
11.15-11.30am	UVRI	Director UVRI	
11.30-11.45am	NCRL	Director NCRL	
11.45-12.00noon	Uganda Medical and Dental Practitioners Council	Registrar	
12.00-12.15pm	Uganda Nurses and Midwives Council	Registrar	
12.15-12.30pm	Allied Health Professional Council	Registrar	
12.30-12.45pm	Pharmacy Council	Registrar	
12.45-1.00pm	Discussions		
1.00-2.00pm	Lunch		
2.00-3.00pm	Wrap up: <ul style="list-style-type: none"> <li>• Report on progress on issues and recommendations of the 4<sup>th</sup> Quarter.</li> <li>• Summary of cross cutting issues.</li> <li>• Way forward</li> </ul>	Chairperson Rappoteurs	DHS (P&D)

**Rappoteurs:**

Dr. H. G. Mwebesa	CHS (QA)	Chairperson
Dr. Byakika	ACHS (QA)	Member
Dr. Isaac Kadowa	PMO (QA)	Secretary
Dr. Martin Ssendyona	SMO/QAD	Member
Ms. Edith Kusasira	PPO / F&A Dept	Member
Dr. Timothy Musiila	SMO (P)	Member
Dr. Bwire Godfrey	SMO / Community Health	Member
Dr. Bernard Opar	SMO / Clinical Services	Member
Mr. Malimbo Mugagga	Epidemiologist / NDC	Member
Dr. Rachael Seruyange	Principal Epidemiologist/RC	Member
Mr. Paul Bamwoze	IT	Member

**ANNEX IV:  
REPORTING FORMAT**

Output Code (6 Digit Code from Draft Estimates)	Output Description	Financial Year 2010-11.					Provide Reasons for Any variance from Quarterly plans and explanations for deviations from planned expenditure levels.
		Annual Planned Output Target (Qty and Location)	Q2 Planned Output Target (Qty and Location)	Q2 Planned Expendit ure (Ush Millions)	Q2Actual Output Target (Qty and Location)	Q2Actual Expenditu re (Ush Millions)	

## ANNEX V LIST OF PARTICIPANTS

<b>Attendance List</b>	-	<b>Designation</b>
1. Hon. Dr. Richard Nduhuura	-	MSH (GD)
2. Dr. Spesioza Wandira Naigaga	-	SPA (P&H)
3. Dr. Lukwago Asuman	-	Ag. PS
4. Dr. N. Kenya-Mugisha	-	Ag. DGHS
5. Dr. Fred Kigozi	-	Director Butabika Hospital
6. Dr. Sam Okware	-	Director General UNHRO
7. Dr. Edward Ddumba	-	Director Mulago Hospital
8. Dr. Dorothy Byabazaire	-	Director UBTS
9. Dr. Grace Nambatya	-	Director NCRL
10. Dr. Ezati Isaac	-	DHS (P&D)
11. Mr. S.S. Kyambadde	-	US (F&A)
12. Prof. A. K. Mbonye	-	CHS (CH)
13. Dr. H.G Mwebesa	-	CHS (QA)
14. Dr. Francis Runumi	-	CHS (P)
15. Dr. Jacinto Amandua	-	CHS (CS)
16. Wasswa Jude	-	SAS (F&A)
17. Dr. Eddie Mukooyo	-	ACHS (RC)
18. Dr. Sarah Byakika	-	ACHS (QA)
19. Dr. Jesca Nsungwa	-	ACHS (CH)
20. Mrs. Mwebaza Enid	-	ACHS (N)
21. Dr. Jennifer Wanyana	-	ACHS (RH)
22. Dr. J. Amone	-	ACHS (IC)
23. Dr. Issa Makumbi	-	ACHS (ESD)
24. Dr. Winyi Kaboyo	-	ACHS (VPH)
25. Ms. Julian Kyomuhangi	-	ACHS (EHD)
26. Mr. Rogers Enyaku	-	Ag. ACHS (B&F)
27. Mr. Paul Kagwa	-	ACHS (HP&E)
28. Mr. E.D Sengonzi	-	PAS (F&A)
29. Dr. Isaac Kadowa	-	PMO (QAD)
30. Mr. Charles Isabirye	-	PHTO (HRD)
31. Mr. Matwale Gabriel	-	MOH
32. Mr. Seru Morries	-	Pharmacist
33. Mr. Mpiima Patrick	-	Registrar AHPC
34. Mrs. Oteba Okuna N.	-	Registrar PC
35. Mr. John Wakida	-	Registrar UNMWC
36. Dr. Katumba Sentongo	-	Registrar UMDPC
37. Mr. Mulabya Fred	-	MOH
38. Dr. Hitimana Lukanika	-	SHP (HRD)
39. Mr. Ssegonga Muhamed	-	PPro.
40. Mr. Collins Kityo	-	HSC

41. Ms. Nalweyiso Regis	-	SA
42. Dr. Seraphine Adibaku	-	PM (NMCP)
43. Ms. Mbogga Olive	-	PHA – Butabika hospital
44. Mr. Eric Kakoole	-	SPA (PAU)
45. Mr. Malimbo Mugagga	-	PB (NDC)
46. Dr. Nelson Musoba	-	SHP (MOH)
47. Dr. Ssali Charles	-	SDS (MOH)
48. Mr. Sylvester Mubiru	-	S. Economist (MOH)
49. Dr. Z. Akol	-	PM (ACP)
50. Dr. Sheila Ndyanabangi	-	PMO (MH)
51. Dr. Francis Adatu	-	PM (NTBLP)
52. Mr. Masaba M. J.	-	SAS (F&A)
53. Eng. Kannyana Stephen	-	Principal Eng.
54. Mrs. Christine Mubiru	-	PPA (MOH)
55. Dr. George Mukone	-	SMO (NDC)
56. Dr. Andrew Byamungu	-	SMO (Oncho.)
57. Mr. G. Kaddu	-	NDA
58. Ms. Logose Juliana	-	MOH
59. Nabugolola Fatuma	-	AS (F&A)
60. Dr. Bwire Godfrey	-	SMO (CH)
61. Dr. Rachael Seruyange	-	PM (UNEPI)
62. Mr. Moses Kamabare	-	GM (NMS)
63. Mrs. Kyozira Caroline	-	SB (RC)
64. Mr. Bakamba V.	-	MOH
65. Dr. Sebisubi Fred	-	Principal Pharmacist
66. Ms. Nantongo Sophia	-	AS (TO)
67. Mr. Ssemwogerere J.B	-	AC (A)
68. Dr. Tusingwire Collins	-	SMO (CH)
69. Mrs. Edith Kusasira	-	PPO
70. Mr. Kagoro John	-	AC (IA)
71. Mr. Patrick Tutembe	-	Economist (MOH)
72. Ms. Agnes Baku Chandia	-	SNO (Nutrition)
73. Mr. Sitra Mulepo	-	SE (HI)
74. Dr. Stanley Bubikire	-	PMO (Disability)
75. Dr. Hafsa Lukwata	-	SMO (MH)
76. Mr. A. C. Nsubuga	-	Manager Operations (JMS)
77. Dr. J. Musinguzi	-	SMO (ACP)
78. Mr. Obua T.	-	Pharmacist
79. Mr. P. Malaba	-	MOH
80. Ms. Namugere M.	-	SNO (RH)
81. Ms. Birungi R.	-	HRM