



REPUBLIC OF UGANDA



Ministry of Health

Semi-Annual (First and Second Quarters)

Performance Review Report, FY 2011/12

January 2012

Ministry of Health,

Semi-Annual (First and Second Quarters)

Performance Review, Report FY 2011/12

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ACRONYMS

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	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
AWP	Annual Work Plan
AT	Area Team
AZT	Azidothymidine
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
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
DCCAs	District Cold Chain Assistants
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
HP&E	Health Promotion and Education
HPA	Hospital Performance Assessment
HR	Human Resource
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
IT	Information Technology
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
MAAF	Ministry of Agriculture, Animal Industry and Fisheries
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
NPA/AI	National Plan of Action for Avian Influenza
NRH	National Referral Hospital
NTDs	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Control Program
PAU	Policy Analysis Unit
PEAP	Poverty Eradication Action Plan
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PHC	Primary Health Care
PHP	Private Health Practitioners
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private Not for Profit
PPP	Public Private Partnership in Health
PWD	Persons with Disabilities
QAD	Quality Assurance Department
RRH	Regional Referral Hospital
SGBV	Sexual Gender Based violence
SH	School Health
SHSSPP	Support to the Health Sector Strategic Plan Project
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TB	Tuberculosis
UBTS	Uganda Blood Transfusion Services
UCG	Uganda Clinical Guidelines
UGFATM	Uganda Global Fund for AIDS, TB and Malaria
UMR	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
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 2011/12 Financial Year) was conducted from 6th to 8th January 2012 in a workshop held at Imperial Royal Hotel, Kampala.

The general objective of the workshop was to review performance of the Ministry of Health (MoH) Departments/Institutions/Projects against the planned outputs for first and second quarters of 2011/12 financial year (July to December 2011)

THE SPECIFIC OBJECTIVES:

- To assess the progress made on implementation of recommendations on issues raised during fourth quarter of 2010/11 review workshop.
- To assess the implementation of planned activities against set targets for the mid-year period of this financial year.
- To evaluate budget performance (utilized Vs budget allocation) during this period.
- To make recommendation on cross cutting issues from the mid-year performance review.

METHODOLOGY:

The review was held in a three day workshop where representatives from the departments, programs, projects and the semi-autonomous institutions in the sector participated. The representative made presentations based on circulated format which focused on planned outputs (annual and for quarter one and two), actual achievements, corresponding expenditure and explanations for any variation.

In addition an update was provided for the action points agreed upon during the last review (i.e. Fourth quarter sector performance recommendations for 2010/11 FY).

KEY ACHIEVEMENTS:

The following is a summary of achievements registered on during the first and second quarter period:

Ministry of Health departments and programmes performance:

Resource Centre:

Health Sector Performance: 28 Districts submitted a report using revised HMIS reporting tool. More districts were expected to report with the new tool by the end of the financial year.

Finance and Administration Department:

Responses to queries raised in Audit reports for FY2008/9 and the Management letter of the Auditor General were prepared and submitted to the Public Accounts Committee and the Auditor General respectively.

The department coordinated commemoration of the World Wetlands Day, Leprosy Day, Women's Day and World Water Day during the period under review.

The ministry of health general budget performance was calculated as 45%. It is expected that this would improve to meet the target by the end of the financial year.

Quality Assurance Department:

The department successfully conducted semi-annual (Quarter 1 and Quarter 2) performance review of implementation of Ministry of Health workplan.

The 8th National Health Assembly (NHA) and the 17th Joint Review Mission (JRM) were successfully conducted in first Quarter of the period under review. The Annual Health Sector Performance Report (AHSPR) for FY 2010/11 was compiled, printed and distributed to key stakeholders.

National Infection Control and prevention Guidelines were harmonised into one final document which is ready for printing. The standards on Diagnostic Imaging and Therapeutic Radiology for Uganda were also in the final stages of being finalised.

Pre-JRM field visits were conducted in 8 districts and findings shared during the JRM. Area Team support supervision visits for the second quarter were conducted to all the 112 districts in the country. The department also participated in joint inspection visits which included MoPS, Officer of the IGG, MoFPED, MoLG and MoES to four districts.

Community Health Department:

The department published one newspaper supplement in New Vision; produced five banners; held two press conferences and broadcasted; five announcements on Uganda Broadcasting Cooperation and on the Nation Television for the JRM.

The African Decade for Road Safety for parliamentarians was successfully launched in December 2011. In addition, commemoration of the World Disability Day was marked in Lira and Older Persons' Day in Kyenjojo District.

The department also developed and printed 10,000 Job aids for prevention and management of adverse Family Planning drug reactions; 150 copies quarterly child health dialogue; revised and pre-tested the Integrated Child Health tool. Nutrition Also Standards for the different levels of health service delivery were developed.

The department supported prevention, control and mitigation of epidemics and other public health emergencies. Weekly coordination meetings were held at national level for landslides in Bulambuli, floods in Teso sub region, malnutrition in Namutumba, cholera outbreak in Kasese and Nodding Disease in Northern Uganda.

Rapid emergency response was provided which included distribution of medicines to districts of Rukungiri, Kasese, Bulambuli and those with Nodding disease: Kitgum, Pader and Lamwo. Needs assessment was conducted in the 8 districts of Teso sub region during the October 2011 floods and gaps were corrected.

The department worked closely with Epidemiology Surveillance Division (ESD), National Disease Control (NDC) and Clinical Services (CS) and Office of the Prime Minister (OPM) in the control of all these outbreaks

Clinical Services Department:

The department celebrated International Oral Health day at Mulago Dental School. Ten primary schools in Kampala and Wakiso districts participated in the screening exercise for oral related health conditions. Another 3,000 pupils were screened at North-road Primary School Mbale. In addition, Palliative care was supported by providing Morphine through National Medical Stores.

The department conducted Rehabilitation of Pediatric Ward at Apac Hospital which was completed and handed over on 13th October 2011. Rehabilitation of Water Supply and Sewerage system at Nebbi Hospital is almost complete although water supply was noted to be insufficient. Other activities conducted included: Construction of Operating theatre at Masafu Hospital which is in progress with wall painting being carried out; Works on wards and x-ray room at Kapchorwa Hospital is substantially complete remaining with internal finishing; External works at Mbale Regional Blood Bank was completed and handed over to the administration on 15th December 2011. The works for Mbarara Regional Centre was in the final stages of completion; Construction of an office block at the Ministry of Health Headquarter was completed in August 2011. However, the building has not yet been occupied due to defects liability which ends August 2012. Procurement for the extra works for burglar proof, pavers and curtain blinds was initiated and is in progress; Construction and equipping China Uganda Friendship Hospital at Naguru was completed and handed over to the MOH administration; Structural framing has been completed for construction of Masaka Regional referral Hospital (OPD with casualty unit and operation theatre) and Mubende Hospital (OPD, Theatre, maternity ward and male ward); Installation of solar energy packages (Energy for Rural Transformation) was completed in 15 health centres in Kanungu District, 19 health centres in Rukungiri District and 31 health centres in Luwero District. Installation of solar energy packages started in Nakaseke (1 health centre IV was completed) and Kitgum districts (installation was completed in 10 health centres).

Nursing Department:

The department carried out technical support supervision visits to Gulu and Lira regional referral hospitals and 6 general hospitals. A two day Nurse Leadership workshop for 25 nurse leaders was conducted with emphasis on ethical codes of conduct and quality of care, practical and managerial skills.

National Disease Control Department (NDC):

The Department coordinated the commemoration of the World AIDS which took place on 1st December 2011. H.E. the President launched the National HIV Prevention Strategy and Plan for elimination of mother to child transmission.

Preliminary data analysis ongoing for the AIDS Indicator Survey activities 2010/11 The preliminary report was due for release in February 2012. The AIDS Control Programme coordinated enrollment of 40,000 new clients on ARVS.

The department also oversaw provision of ACTs through both public and private sectors under the Affordable Medicines Facility – malaria (AMF-m) which is still ongoing in the whole the country.

The department coordinated training of six Regional referral Hospitals and nine General hospitals under Strengthening of Laboratory Management Training (SLMTA) towards accreditation.

In addition, NDC department investigated and confirmed measles in Busia and Wakiso, Cholera in Kasese, Typhoid fever in Bundibugyo and Kasese, Bubonic Plague in Nebbi and Zombo.

UNEPI continued to lead the process to ensure that safe and effective vaccines are available in all health facilities in the country. UNEPI installed 609 gas fridges, 265 electric fridges and 53 deep freezers for cold chain maintenance in various district health facilities.

Other activities implemented by the department included; Preliminary activities for Indoor Residual Spraying (IRS) for malaria control were ongoing in the districts of Kumi and Ngora. Larviciding research protocol, workplan and budget activities were completed. Breeding sites to be used for larviciding were also mapped out.

SIMI-AUTONOMOUS INSTITUTIONS:

- *Uganda Blood Transfusion Services (UBTS):*

The institution collected 97,396 units of blood compared to a target of 110, 000 (97% achievement). Construction of Gulu and Fort-Portal Regional Blood Banks was begun with funding from Centre for Disease Control (CDC). The institution procured 4 blood bank fridges; 40 blood transportation cool boxes.

- *Uganda Virus Research Institute (UVRI):*

A total of 515 sera specimen were received by the laboratory, 487 (94.4%) were for case based measles surveillance and 29 from outbreak investigations. 510 specimens had results out within seven (7) days (98.8% timely reporting). 2(0.4%) tested positive for measles IgM and 175 (33.9%) tested positive for rubella IgM. Five districts: Arua, Bugiri, Butambala, Serere and Zombo reported suspected measles outbreak which were later confirmed as Rubella cases.

- *National Medical Stores (NMS):*

Assorted Essential medicines and health supplies worth 111. 5 billion Uganda shillings was procured and distributed to public health facilities in the country. 90% of expired medical medicines and supplies have been retrieved from districts.

- *National Drug Authority (NDA):*

National Drug Authority received 506 applications for renewal of license for pharmacies, inspected 401 and approved 395 facilities. A total of 116 batches of male latex condoms were tested, all passed the tests done. 105 batches of medical gloves were tested, 11 batches failed the water leak test.

- *Natural Chemotherapeutics Research Institute (NCRI):*

Ethnopharmacological and ethnobotanical survey in Dokolo District conducted in which 40 medicinal plants were collected and curated.

Safety and efficacy evaluation of herbal formulae for management of patients suffering from “Nodding disease” carried out.

- *Uganda National Health Research Organisation (UNHRO):*

Inception report to develop Strategic plan and research agenda was finalised. Consultant hired in September 2011 to expedite the process. Draft zero plan is being discussed with stakeholders

- *Allied Health Professionals Council (AHPC):*

Inspection and closure of illegal clinics was carried out in Eastern and Central regions. The Council funded CPD meetings for Associations of Uganda Medical Laboratory Technology, Physiotherapy, Occupational Therapy and Ophthalmic Clinical Officers.

- *Uganda Nurses and Midwives Council (UNMC):*

2,311 Nurses and Midwives were registered/enrolled during the period under review. Completed the review of the Uganda Nurses and Midwives Act, 1996, and the document is ready to be submitted to the MoH for final review.

- *Pharmacy Council:*

The council participated in joint inspection for Eastern and Western Regions.

- *Uganda Medical and Dental Practitioners Council (UMDPC):*

Investigated three cases of professional misconduct. Twenty other cases were still pending investigations. The council also facilitated various Continued Professional Development activities organized by local professional Associations.

- *National Referral Hospitals (Mulago and Butabika hospitals):*

Mulago Hospital registered 61,723 (88%) in-patients and 317,541 (91%) outpatients. The casualty section and wards 5A, 4A, 3B were renovated to completion.

Butabika National referral Mental hospital had 128 Clinic days where a total of 14,898 mental patients were treated in the specialized mental health clinics. The hospital also handled 421 students from various institutions of higher learning sent for mental health placement. The procurement team completed the bidding process for the construction of 2 storied staff houses (4 Family unit size)

PROJECTS:

Support to Health Sector Strategic Plan (SHSSPP) II: Constructed six Mental Health Units which were commissioned and are already in use. Specialised medical equipment (lot) 1 and medical furniture for Mbarara regional referral hospital was procured and delivered to the hospital.

Provision of Scholarships mostly for trainings in mental health is ongoing.

Uganda Health Systems Strengthening Project: NEMA approved four environment and social impact assessment reports for Eastern, Western, Central and Northern Uganda. Development of detailed designs, Bills of Quantities (BOQs) and tender documents for 2 RRHs, 17 General hospitals and 27 Health Centre IVs was in progress.

30 Double cabin pickups (out of 58 planned) and 1 Omnibus were delivered to MoH headquarter and handed over to the beneficiaries. UHHSP recruited a Reproductive Health Advisor to support the RH division in executing the planned activities.

The East African Public Health Laboratory Networking Project (EAPHLNP): Collection of baseline data from satellite sites for populating the results framework was completed in July 2011. Civil works and designing for the proposed National Health Laboratory (NHL) and National TB Reference Laboratory (NTRL) were cleared by SMC and progress has been made towards getting construction started in this financial year.

Global Fund Local coordination office: Round 10 Grants was signed. Budgets and work plans, Procurement and Supply Management (PSM) plans and other support documents for Health Sector Strengthening, TB and Malaria prepared and submitted to Global Fund.

Global Alliance for Vaccine and Immunisation (GAVI): New and underused vaccines Pentavalent vaccines and injection materials worth Ug. Shs. 25,961,483,384 were procured. MoU to be signed between GAVI and GoU (MoH and MoFPED) has been cleared by Solicitor General and was submitted to GAVI.

Institutional Capacity Building in Planning, Leadership and Management: The project is focused on effective delivery of an integrated Uganda National Minimum Health Care Package. Supported processes among others include: developing the Annual Health Sector Performance Report (AHSPS) 2011, Area Team support supervision visits for the fourth quarter 2010/11 FY, and the Review of the support supervision strategy.

Uganda Sanitation Fund Project: The Agreement between GoU and United Nations Office for Project Services (UNOPS) was signed in July 2011. Districts received 1st and 2nd quarter funds by end of October 2011 amounting to Ug. Shs. 667,600,000 and started implementation in January 2012.

Italian Support to the HSSIP: Karamoja sub-regions received support for outreach health activities; rehabilitation of Nabilatuk HC IV (Nakapiripirit district) water system and payment of salary for some health workers in the region. In Acholi sub-region the project supplied microscopes and laboratory equipment for 7 health facilities and a back-up system for Kitgum district vaccines central store. Gulu University was supported with laboratory equipment and materials for the microbiology laboratory.

Peace Recovery and Development Project (PRDP) 2: Consultation concluded. Project, is expected to start in July 2012 for another three years.

Avian and Human Influenza Preparedness and Response Project (AHIP): Procured 10 motorcycles, computers and internet modems for use to strengthen communication activities in the districts.

Small and large scale evaluation of mosquito larvicides for malaria control: Five main Larvicides products selected and evaluated by NEMA and NDA. Large scale mapping for Aquitaine and small scale studies have been initiated.

Challenges:

The following challenges were reported during the period under review:

- Inadequate and under release of funds affected performance of most departments and programmes in the sector.
- Continued lack of access to the Integrated Financial Management System (IFMS) by staff who are key in the processing of payments. Where accessible there is frequent interruptions and breakdown of the system.
- Failure to submit user department procurement plans required for compilation of the consolidated MoH procurement plan.
- Shortage of Anti TB medicines in the country due to the ongoing transition of Anti-TB medicines procurements to NMS.
- Inadequate office space for most departments and delays to open-up space in the newly completed building at the MoH headquarters.
- Delays in issuance of required approvals/clearance is a constraint in implementation of some activities including those operated under projects.
- Increasing fuel costs which affects some operations like administration and critical services areas like the cold chain maintenance for vaccines; last mile delivery of EMHS, etc.
- Delay to operationalise the dully amended PPDA Acts still constrains the procurement at NMS.
- Mushrooming sub standard training institutions schools and continued forgery of professional and academic papers.
- Uncertainty in funding going forward especially for some projects operating in Northern.

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 1.0: Cross cutting issues for the first and second quarter review of the health sector held from 6th to 8th January 2012 at Imperial Royal Hotel, Kampala.

ISSUE	RECOMMENDATIONS	RESPONSIBLE PERSON
1. HEALTH SECTOR PERFORMANCE INDICATORS		
<ul style="list-style-type: none"> • Health Sector reports having different figures for same Indicators • Consistent delay in reporting by a group of districts (11-15) 	<ul style="list-style-type: none"> • Resource Centre should be the only source of MOH official data • Before any data/information is released, the DGHS has to approve. • External dissemination of data should be endorsed by the PS • RC should support those districts; DGHS should generate a circular to the affected districts; ATs should also follow up with the districts. 	ACHS (RC)
2. FINANCE AND ADMINISTRATION		
<ul style="list-style-type: none"> • Procurement delays/lost file in PDU 	<ul style="list-style-type: none"> • Hold meeting between PDU, HODs & Procurement focal persons to be chaired by PS. 	US
<ul style="list-style-type: none"> • Lack of space in PDU 	<ul style="list-style-type: none"> • Expedite the completion of the new building. 	PS
<ul style="list-style-type: none"> • Delay by user departments to submit procurement plans 	<ul style="list-style-type: none"> • PDU to support user depts. To produce PP. 	PPrO
<ul style="list-style-type: none"> • Payment of contributions to regional and international organizations 	<ul style="list-style-type: none"> • This should be addressed as required. 	PS & AC (Accounts)
3. PLANNING		
<ul style="list-style-type: none"> • Funds allocated to items more than what is required for that particular item 	<ul style="list-style-type: none"> • Write warrant of re-allocation before actual release of funds 	HODs AC /(Accounts)
4. COMMUNITY HEALTH		
<ul style="list-style-type: none"> • Delay in rolling out Maternal Child Health Passports 	<ul style="list-style-type: none"> • Expedite the consultative process 	CHS (CH)
<ul style="list-style-type: none"> • School Health Policy not yet completed 	<ul style="list-style-type: none"> • Expedite the consultative process with stakeholders and disseminate. 	CHS (CH)
5. CLINICAL SERVICES		
<ul style="list-style-type: none"> • A lot of equipments being supplied to health facilities. 	<ul style="list-style-type: none"> • Ensure all equipments are engraved. 	CHS (CS)

ISSUE	RECOMMENDATIONS	RESPONSIBLE PERSON
Lack of Asset Registers/inventory	<ul style="list-style-type: none"> Equipment inventory should be introduced at all levels. 	CHS (CS)
Delay in evaluation of bids for Equipment by NACME	<ul style="list-style-type: none"> A meeting should be held with NACME to see how they can expedite evaluation. 	Co-ordinator of the project
Inadequate mechanism to supervise and maintain the newly installed medical equipments.	<ul style="list-style-type: none"> Clinical services should develop supervision mechanism for medical equipment. SBWG should factor maintenance of the new equipments in the workplan. 	CHS (CS) CHS (P)
Ambulance access road in Mubende RRH in road reserve	<ul style="list-style-type: none"> In future infrastructure should conduct extensive assessment to avoid similar occurrence 	CHS (CS)/ACHS (I)
Lack of skilled Human Resources to handle medicines/stores (nurses filling in the gap)	<ul style="list-style-type: none"> Need to conduct basic stores management training to the unskilled H/Ws manning stores 	ACHS (Pharmacy) ACHS (HRD)
Lack of progress report on recruitment and deployment of the newly qualified health workers using the funds from MOH budget	<ul style="list-style-type: none"> Provide periodic progress report to TMC Need of immediate progress report (Within 2 weeks) 	CHS (CS)
6. UGANDA BLOOD TRANSFUSION SERVICES		
Inadequate blood	<ul style="list-style-type: none"> Intensify community sensitization on importance of blood donation Take advantage of social gatherings to collect blood such as NHA/JRM, INDEPENDENCE DAY etc 	Dir. (UBTS)
7. NURSING DEPARTMENT		
Ambulance for Anaka taken over by the district chairperson	<ul style="list-style-type: none"> MOH should write a letter to the district providing guidelines on use of ambulance. The MoH should write to the chairman to handover the ambulance. 	PS/ Area Team for Acholi sub-region
Inadequate funding to the department	<ul style="list-style-type: none"> Write proposal to mobilise more funding to cater for underfunded priorities 	CHS (Nursing)
8. BUTABIKA NATIONAL REFERRAL HOSPITAL		
Challenge in operationalising newly constructed Mental units	<ul style="list-style-type: none"> MOH work with the Regional Hospitals to operationalize these units 	DGHS
9. NATIONAL DISEASE CONTROL		
Delay in integrating procurement and distribution	<ul style="list-style-type: none"> Expedite the integration and procurement of the drugs 	CHS (NDC)/ ACHS

ISSUE	RECOMMENDATIONS	RESPONSIBLE PERSON
of TB Medicines into the mainstream system by NMS.		Pharmacy
10. NATIONAL MEDICAL STORES		
New Health Facilities not on NMS distribution inventory	<ul style="list-style-type: none"> MoH to update the Health Facility inventory. This should be a regular activity for every new financial year. 	CHS (CS)/ ACHS (HIS)
11. NATIONAL DRUG AUTHORITY		
Lack of GoU funding to National Drug Authority (NDA)	<ul style="list-style-type: none"> SBWG should plan some funding to NDA MoH to pay verification fees 	DHS (P&D)
Health workers reluctant to document adverse drug reactions	<ul style="list-style-type: none"> Carry out sensitization of health workers at all levels 	ES-NDA
12. MALARIA CONTROL PROGRAMME		
<i>Inadequate funding for Indoor Residual Spraying (IRS).</i>	<ul style="list-style-type: none"> Consider alternative sources of funding 	DHS (P&D) PM-NMCP
13. UHSSP		
Delivery of the 58 vehicles in installments	<ul style="list-style-type: none"> All the 58 vehicles should be delivered by Nissan before payment is effected 	Project Coordinator
14. UNEPI/GAVI		
Low immunization coverage Delay to sign the MOU between GoU and GAVI	<ul style="list-style-type: none"> Address human recourse constraints in the system. Increase allocation of PHC funds for implementation of outreaches to districts. DHOs to be more accountable for immunisation Progress on status of the MOU should be presented to the next HPAC Workplan to be presented and approved by HPAC 	DGHS PM, UNEPI
15. UGANDA SANITATION FUND PROJECT		
Inadequate representation of MOH at Water and Sanitation Inter-ministerial forum	<ul style="list-style-type: none"> Top Leadership of MOH should actively participate in the forum 	DGHS
16. NTLP		
Increasing cases of Multi-Drug resistant TB (237 cases)	<ul style="list-style-type: none"> Fast track the purchase of medicines for treatment of MDR. 	DHS (P&D)

Chapter one: Introduction

1.1 Background

Monitoring health sector performance is a key mandate for the Ministry of Health. Departments, Institutions and Projects are required to review their performance in implementation of the MoH workplan for each quarter. The report from the review is shared with stakeholders who include the Office of the Prime Minister, Ministry of Finance, Planning and Economic Development (MoFPED), etc.

1.2 General Objective

- To review performance of the MoH Departments/Institutions/Projects against the planned outputs for first and second quarters of 2011/12 financial year (July to December 2011)

1.3 Specific Objectives

- Assess progress made on implementation of recommendations on issues raised during the last review workshop (**fourth quarter**).
- Assess implementation of planned activities against set targets for the mid-year period this financial year.
- Highlight budget performance (utilized Vs budget allocation) during this period.
- Make recommendation on cross cutting issues from the mid-year performance review.

1.4 Key outputs

- A report indicating achievements, cross cutting issues and challenges for the mid-year period for 2011/2012 FY
- Recommendations on emerging issues from the review.



Hon. MoSH for Health in charge of General Duties Dr. Richard Nduhuura addressing participants



Ms. Carol Kyoziira from the Resource Centre delivering HMIS report on health sector performance report:

1.5 Health Sector Performance for the period of Jan 2011 to Feb 2011

Table 1.2: Reporting Trends

Indicator	Quarterly Target	Q3 FY2010/11	Q4 FY2010/11	Q1 FY2011/12	Q2 FY2011/12
% OPD reports received (completeness)	100% (336 reports)	96% (321 reports)	95% (319 reports)	88% (295 reports)	83% (278 reports)
% IPD reports received (completeness)	100% (336 reports)	87% (291 reports)	86% (290 reports)	82% (275 reports)	76% (254 reports)
Proportion of H/Fs reporting (Public and PNFP) - OPD	100%	92%	94%	91%	95%
Proportion of H/Fs reporting (Public and PNFP) - IPD	100%	83%	81%	82%	72%

Table 1.3: Monthly district reporting Outpatient and Inpatient Department:

Month	FY 2010/11						FY 2011/12					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
OPD Reports received – (No. of “No reports”)	108 (4)	105 (7)	108 (4)	107 (5)	108 (4)	104 (8)	99 (13)	95 (17)	101 (11)	96 (16)	89 (23)	93 (19)
% reporting - OPD	96	94	96	96	96	93	88	85	90	86	79	83

IPD Reports received – IPD (No. of “No reports”)	95 (17)	97 (15)	99 (13)	99 (13)	96 (16)	95 (17)	87 (25)	92 (20)	96 (16)	86 (26)	83 (29)	85 (22)
% reporting - IPD	85	87	88	88	86	85	78	82	86	77	74	76

Figure 1.1: Monthly District reporting OPD & IPD - FY2011/12

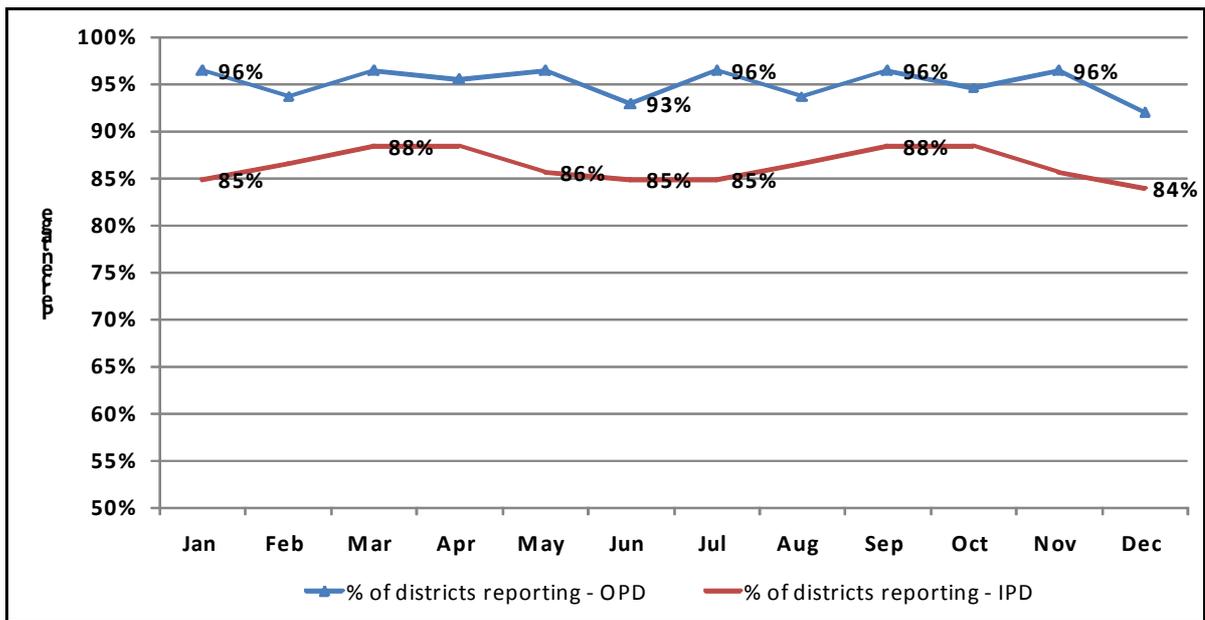


Table 1.4: Timeliness of district

	FY 2010/11						FY 2011/12					
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% Inpatient Reports	81	91	89	83	88	88	78	86	91	77	82	88
% Outpatient Reports	81	90	88	82	87	88	77	85	90	79	84	88

Figure 1.2: Timeliness of district reporting

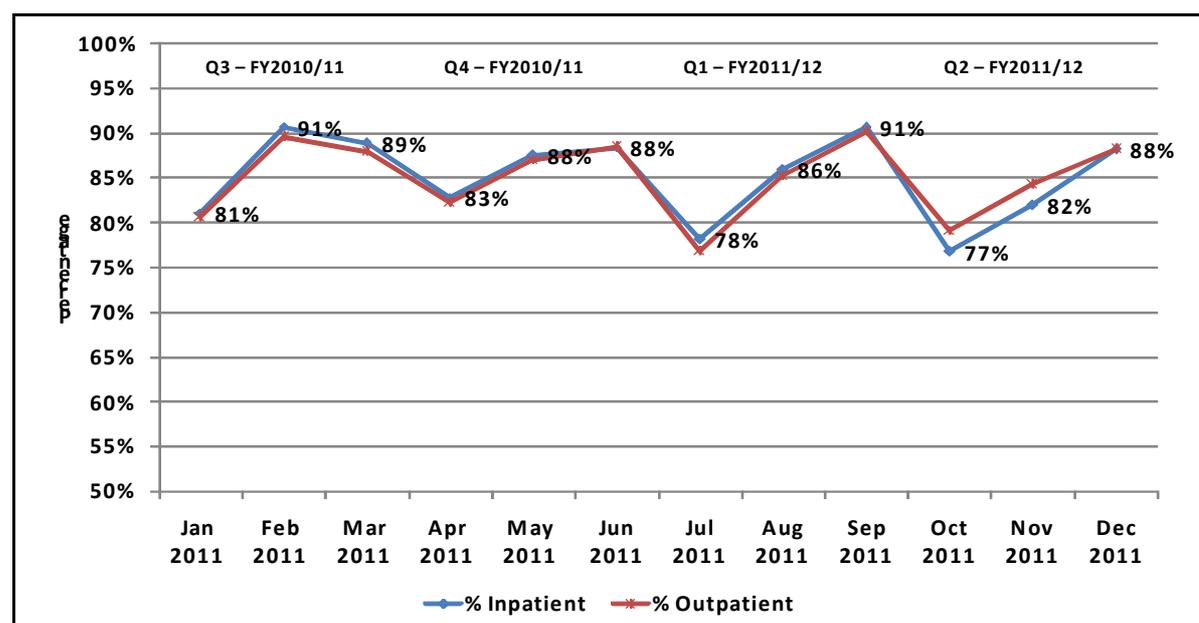


Table 1.5: Districts submitted a report using revised HMIS reporting tool

No.	DISTRICT NAME	No.	DISTRICT NAME
1	Agago	15	Kumi
2	Alebtong	16	Kyankwanzi *
3	Amolatar	17	Lamwo
4	Amuru	18	Lira
5	Bukedea	19	Iuuka
6	Bulambuli	20	Luwero
7	Buvuma	21	Mbale
8	Buyende	22	Nakaseke
9	Dokolo	23	Nebbi
10	Gulu	24	Otuke
11	Iganga	25	Oyam
12	Kiboga *	26	Pader/aruu
13	Kitgum	27	Serere
14	Kole	28	Zombo

* Indicates districts that have received training in DHIS2 software, the new software for managing HMIS data.

Table 1.6: Performance for HSSIP indicators

Indicator	Quarterly Target	FY 2011/2012				FY 11/12 Target	Comment
		Q1	Q2	Q3	Q4		
Deliveries in Government and PNFP health facilities	55%	31%	30%	-	-	50%	
Pregnant women receiving 2nd dose Fansidar for IPT (based on ANC new clients)	60%	36%	34%	-	-	55%	
% of women attending Antenatal Care (ANC 4th visit)	55%	35%	36%	-	-	53%	
% of HC IVs offering HIV/AIDS care with ART services						75%	Data captured currently is aggregated But with the DHIS2, we shall be able to capture it by level of health care service delivery
% of health facilities up to HCIII with PMTCT						80%	Data captured currently is aggregated But with the DHIS2, we shall be able to capture it by level of health care service delivery
No. of health workers trained in health centers							Data got annually, implying that we expect it at the beginning of August, 2012

Table 1.7: Performance for "JAF" Indicators

Indicator	Quarterly Target	FY 2011/12				Target	Comments
		Q1	Q2	Q3	Q4		
Children <1 received 3 doses of DPT according to schedule	85%	74%	78%			82%	
Couple Years of Protection (CYP)	150,000	202,103	160,147			600,000	
Deliveries in Government and PNFP health facilities	55%	31%	30%			50%	
Proportion of approved posts filled by qualified health workers						56%	Data got annually
Reduction in Absenteeism rate						20%	Panel survey by UBOS

Figure 1.3: Proportion of malaria in pregnancy by ANC Visits

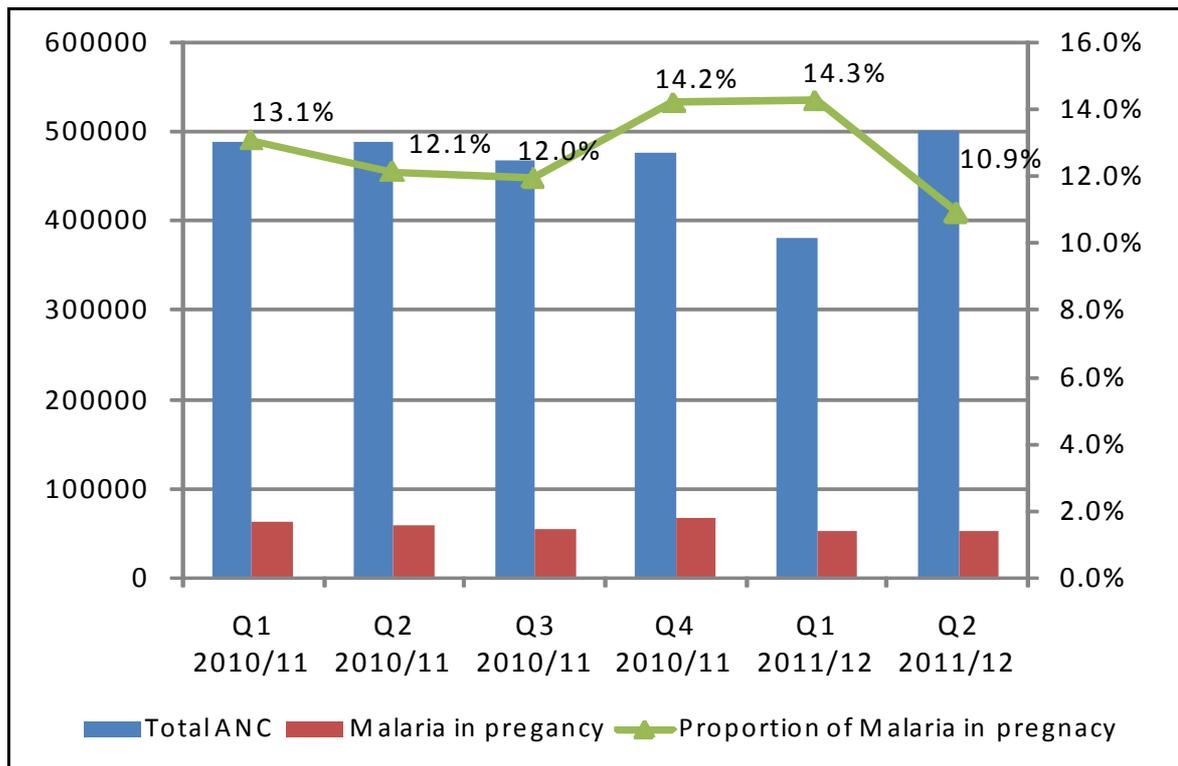


Figure 1.4: Trend of Selected maternity variables reported over the quarters

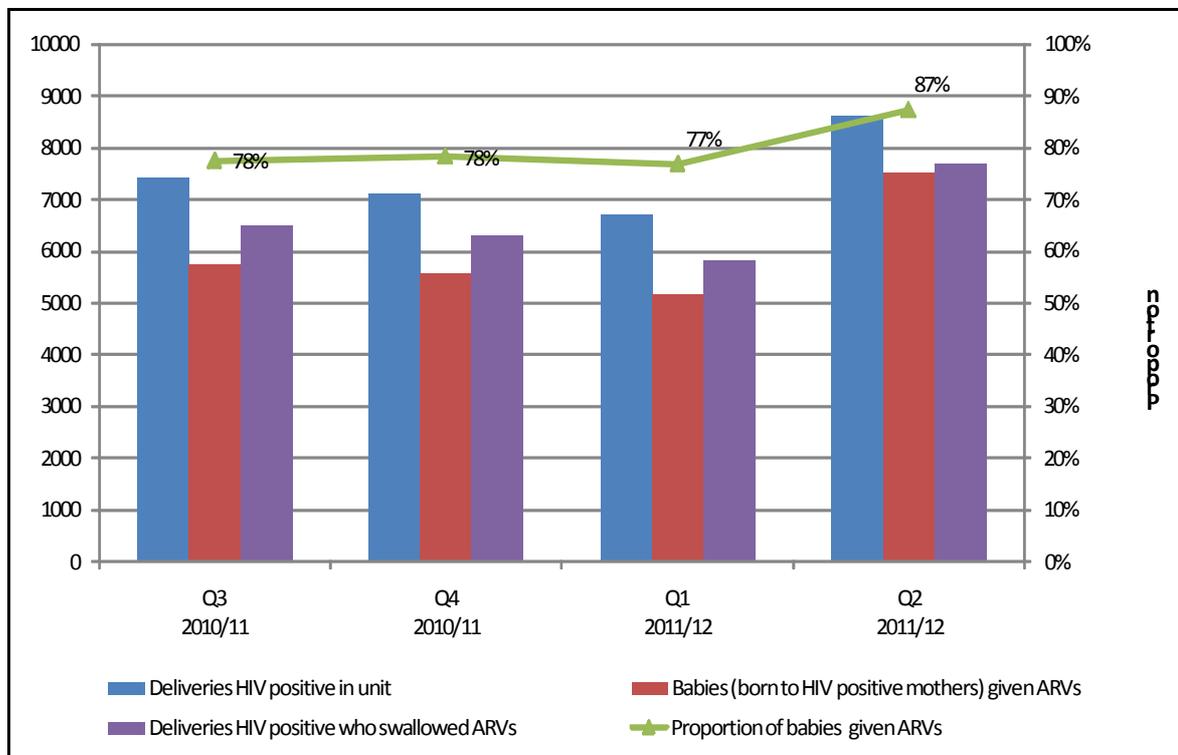


Figure 1.5: Individuals Tested from laboratory, those found HIV positive and those given CTX prophylaxis

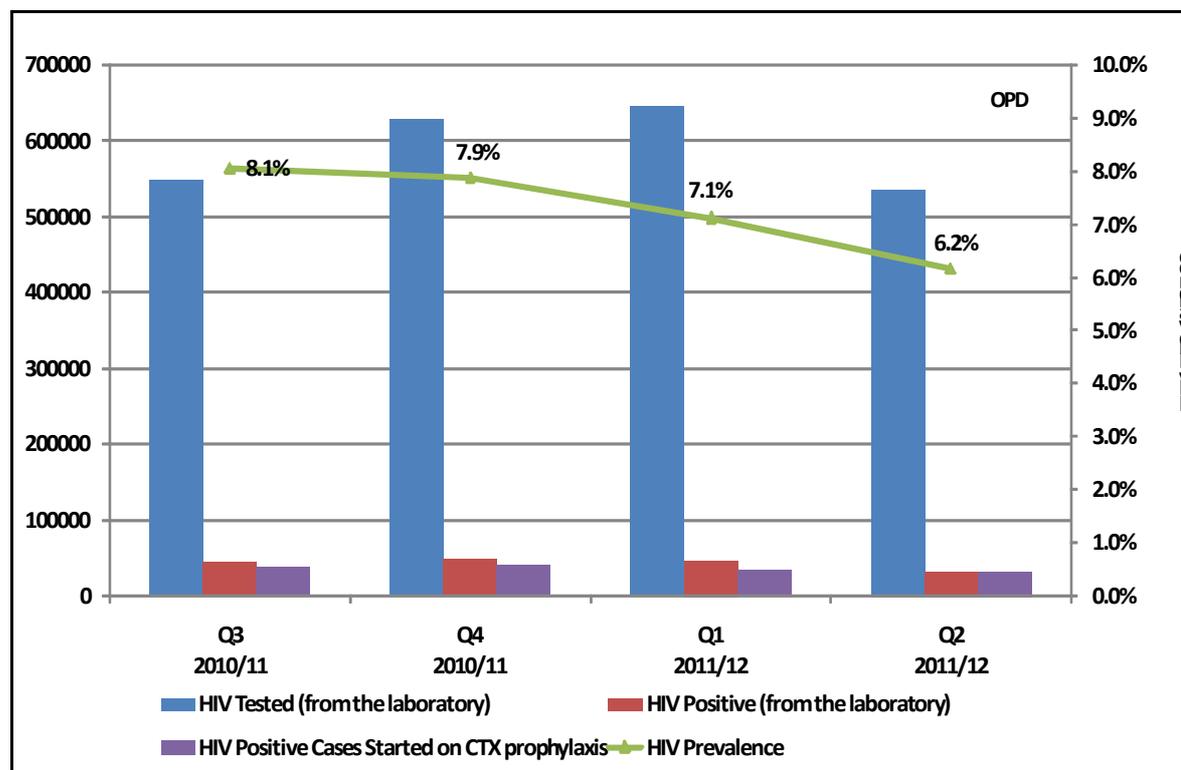


Figure 1.6: Health Facilities with “No stock-out” of any of the tracer medicines:

Tracer Drugs	Percentage of HF with “NO STOCKOUT” by Quarter			
	Q3 2010/11	Q4 2010/11	Q1 2011/12	Q2 2011/12
First line drug for Malaria	87%	89%	93%	88%
Measles vaccine	93%	94%	96%	93%
Fansidar	89%	91%	93%	90%
ORS Sachets	91%	92%	95%	92%
Cotrimoxazole	80%	86%	92%	84%
Depo-Provera	88%	92%	96%	95%

Chapters Two: Finance and Administration Department

2.1 Administration

2.1.1 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
- h) ICT Unit

2.1.2 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.

2.1.3 Targets for the 1st and 2nd Quarter 2011/2012

2.1.3.1 Ministerial and Senior Top Management activities targets

- 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 30 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 40 districts for the two quarters.
- f) Monitor the functionality of HC IVs and HC IIIs in 30 districts.
- g) Support supervision of DHTs in 30 districts.

2.1.3.2 Administration and support services targets

- a) Prepare and submit activity and financial reports for the previous quarters (1st and 2nd) to MOFPED.
- b) Prepare and submit to PAC, responses to all queries raised on the accounts of the ministry for financial year 2009/10, and responses to Auditor General's Queries for FY 2010/2011.
- 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
- g) Keeping, maintenance of accounting records and adherence to financial regulations and procedures in the districts.
- h) Inspect the utilization of salaries for interns in 13 RRH's.
- i) Pay all staff salaries in time.
- j) Enter Frame Work Contracts with providers for procurement of various goods and services.
- k) Coordinate the organization of public events / observances that fall within the quarter for example World Population day, World Heart day, older person's day and many others.
- l) Verify the Ministry pay roll.
- m) Conduct comprehensive HR Audit in districts and regional referral hospitals.
- n) Conduct visits to PNFP training institutions.
- o) Payroll monitoring in 13 RRHs.
- p) Performance planning for HR Division.
- q) Complete and submit 10 Cabinet Memoranda.
- r) Assess recruitment needs for RRHs.

2.1.4 Main achievements attained during the 1st and 2nd Quarter 2011/2012

2.1.4.1 Achievements / outputs on key central level activities

(i) Ministers and Senior Top Management

- a) Issued press statements regarding a wide range of issues, among them, Maternal death reports at Mulago and Lacor Hospitals, Uganda's positive action on ECSA Health Ministers' resolutions, Outbreaks of Hepatitis B, Cholera and Typhoid, on the status of ARV stocks, marking the elimination of Maternal and Neo-natal Tetanus in Uganda, clarification on media reports that prayer heals HIV to mention but a few.
- b) Inspected service delivery in 13 RRHs and 30 General Hospitals.
- c) Held press conferences to update the public on medical emergency activities.
- 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.
- h) Appraised Hospital directors in 13RRHs.

(ii) Administration and Support Services

- a) Activity and financial reports for the 1st, 2nd and 3rd quarter prepared and submitted to MOFPED
- b) Responses to queries raised in Audit Reports for FY2008/9 and the Management letter of the Auditor General prepared and submitted to PAC and Auditor General respectively.
- c) Inspected utilization of & accountability for PHC Grants in all the regions.
- d) Inspected utilization of the Development budget in 13 RRHs.
- e) All staff salaries for the 3 months fully paid in time.
- f) Framework contracts for procurement of Stationary, tonner & newspapers approved while for Motor repairs will be ready this month.
- g) World Wetlands Day, Leprosy Day, Women's Day and World Water Day were observed.
- h) The Human Resource Audit was conducted and support supervision conducted in the districts of Busia, Namayingo, Bugiri and Buikwe.
- i) 5 Cabinet Memoranda were submitted.
- j) RRHs payrolls monitored and verified i.e. Jinja, Masaka, Mbale, Soroti, Lira, Mbarara, Fort Portal, Hoima and Kabale.
- k) Organized and held a workshop on performance planning for the Human Resource division and Malaria Control Programme.
- l) Followed up on the implementation of performance agreements for Hospital Directors.
- m) Followed up on the implementation of circular ...instructions No. 3 which clarifies the probationary period.
- n) Carried out activities i.e. benchmarking, consultative workshops to restructure the Uganda Virus Research Institute (UVRI).

2.1.5 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.

2.2 Accounts Division:

2.2.1 Mandate:

The Mandate of the Accounts Division is to provide financial management support to management to ensure efficient and effective utilisation of resources

2.2.2 Budgeting and Releases

- The preparation of budget for the Ministry is the responsibility of programmes/budget holder
- Budget prioritisation should be throughout the entire budget level.
- The sector, Programme, output, item etc.
- Planning should be extended to releases to ensure timely and efficient allocation of resources

2.2.3 Key Release Processes

- Release process begins with the preparation and submission of cash projections by MDAs. This is to ensure resource allocation efficiency
- MoFPED issues Cash limit which is the basis of warrant request
- Warrant request is then prepare at item level and submitted to MoFPED for approval.
- At the moment warrants details are prorated based on annual budget.

2.2.4 Key Disbursement Processes

Paragraph 156 of the TAI provide that funds available under one item or sub item of expenditure may not be transferrable to another item save for the authority of a virement or warrant nor may expenditure be charged to an item merely because funds are available under that item.

2.2.5 MoH Budget Performance

In the quarter under review the budget performance on GoU funding is as below:

Annual budget:	37,069,000
Release :	16,841,038
Percentage Performance:	45%

Release breakdown:

Quarterly	Recurrent	Development
Quarter 1	5,467,215	1,955,622
Quarter 2	7,671,000	1,747,201

2.2.6 Expenditure performance

	Release	Expenditure	Balance
Non-Wage	13,138,215	9,051,622	4,086,592
Development	3,702,823	1,963,252	1,739,571
Total	16,841,038	11,014,874	5,826,164

2.2.7 Possible Causes of the poor budget performance may include among others:

- Poor budgeting
- Non preparation of quarterly cash projections
- Delayed requisition for warrants.
- Poor prioritization of warrants to reflect programme quarterly expenditure requirements
- Lengthy approval and payment process
- Slow procurement
- Lack of adherence to procurement procedures

2.2.8 Challenges

- Lack of accountability culture
- Uniqueness of the sector

2.2.9 Domestic Arrears

- The Ministry's domestic Arrears stand as follows:
 - Verified 2.4bn
 - Unverified 12bn

2.2.10 Challenges

- Inadequate resources
- Missing documents
- Lack of adherence to procurement procedures
- Commitment of Government outside the IFMS
- Lack of IFMS at programme level

2.2.11 Conclusion

The followings should be done;

- More resources is required for the Ministry
- More efforts need in budgeting
- Quarterly cash projections should be implemented
- Accounts must prepare warrant requests on time
- Procurement department should reorganize and deliver timely procurements
- Procurement procedures and commitment control system should be adhered.

2.3 Procurement and Disposal Unit (PDU)

2.3.1 Summary of activities carried out by PDU for 1st and 2nd Quarters:

Activities/Methods	No.
Procurements done under Open bidding	8
Procurements done under Restricted bidding	17
Procurements done under Framework contracts	65
Procurements done under RFQ	42
Procurements done under Micro Procurements	102

2.3.2 Work plan for Qtr 2 & 3

- Routine procurements. This involves liaising with users to prepare specifications and TOR and ensuring timely submission of items for processing
- Prequalification exercise for the period 2012-2013, 2013-2014 and 2014-2015. The exercise is to be undertaken in the first quarter of 2012 and is already underway. A prequalified list is expected for display by 30/6/2012
- Disposal –The exercise has commenced and completion is expected by March, 2012
- Train users; specifications, period of procurement. The Unit intends to liaise with PPDA to conduct capacity Building workshops to help appreciate the procurement law and the basic procurement principles

Challenges	Proposed Solutions
<ul style="list-style-type: none"> • Office space 	<ul style="list-style-type: none"> • PS has promised to allocate adequate office space to the PDU in the new building.
<ul style="list-style-type: none"> • User abuse of procurement methods 	<ul style="list-style-type: none"> • We are planning to carry out training for the Users, PDU Staff, Contracts Committee and RRHs in the roles and responsibilities of the various stakeholders in the procurement process. BTC has promised us funding.
<ul style="list-style-type: none"> • Lack of User department procurement plans for compilation of the consolidated procurement plan 	<ul style="list-style-type: none"> • The PDU has moved an extra mile to extract procurement activities from the OBT and compiled them into a consolidated plan as per PPDA format. We appeal to all Users to fill in and submit to PDU the User department procurement plans for FY 2012/13. The format has been explained and sent to the Users during the planning retreat at Ridar Hotel last week.
<ul style="list-style-type: none"> • Poor filing system due to lack of shelves and space. This has led to loss of files and greatly affected the speed of procurement. Also it has caused mistrust and loss of confidence in the PDU. 	<ul style="list-style-type: none"> • As mentioned above, we have been promised adequate space in the new building and we are optimistic the filing system will improve. • We are planning to acquire a Procurement Tracking Software (called Matrix)

Challenges	Proposed Solutions
<ul style="list-style-type: none"> • Inadequate Framework Contracts especially on repairs, tyres, stationery, fuel & lubricants, hotels (especially upcountry hotels), computer consumables like tonner, cleaning services. 	<ul style="list-style-type: none"> • We are in the process of reviewing rates for all existing framework contracts namely; stationery, hotels and computer consumable. • We are also finalizing the process of approving the framework contracts on maintenance of office equipment, computers and accessories, courier services, clearing and forwarding.
<ul style="list-style-type: none"> • Delayed procurements due to: <ul style="list-style-type: none"> - Long procurement process as per the PPDA Act. - Delayed initiation of procurements by Users. - Late submission of BoQs and poor drawing of specifications by Users - Delayed clearance by Solicitor General for procurements above 50m. - deviations from the right procurement process - Poor procurement planning and failure to adhere to procurement plans. 	<ul style="list-style-type: none"> • The Unit is planning to sensitize Users on the mandatory timelines for bid invitation, evaluation, contract award and management. • We appeal to Users not to wait for money to reach their accounts before initiating the procurement process. Note that there is a difference between confirmation of funding and confirmation of availability of funds. The former aims at ascertaining whether the activity was planned for while the latter is about committing the Entity through issue of letters of bid acceptance and contract signing. • The Unit is now equipped with young, energetic and self motivated procurement team. These will provide technical advice to the Users from time to time. • The Contracts Committee is also committed to handling procurements as fast as submitted and they have accepted to conduct meetings twice a week. • Top Management is also committed to offer the PDU the necessary support to enhance speed and effectiveness in the Unit.
<p>Lack of Office Equipment Such as:</p> <ul style="list-style-type: none"> - Printers - Scanners - Furniture - Telephone Sets - Photocopier 	<ul style="list-style-type: none"> • The items have been included in the 2012-2013 Budget preparation framework
<ul style="list-style-type: none"> • Delay in Evaluation of Bids due to lack of facilitation of evaluation Committees and Commitment by the Evaluation team 	<ul style="list-style-type: none"> • Most of the Members proposed to the Evaluation Team view the exercise as secondary to their routine Duties and therefore don't give it the seriousness it deserves. There is also need to provide sitting Allowance and necessary facilities to the team to carry out the exercise with minimum interference

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 Department Objectives

- Ensure standards and GL are developed, disseminated and used effectively.
- Build and strengthen regular supervision system at all levels of care in-order to promote provision of quality health services.
- Facilitate establishment of internal QA capacity at all levels including operations research on quality health services
- Monitor performance of the sector.

Table 2.1: Sector Performance Monitored and Evaluated (Output 080101)

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
4 Q reviews	1 Midyear (Q1 & Q2) Review	1 Mid Year Review, in progress	Q1+ Q2 = 3 1 m	31 m
Print Quarterly Review reports	Print the Q4 FY 2010/11 Report	Printed 150 copies of Q4 report	7m	7m
NHA/ JRM for the Sector.	NHA/JRM conducted	8th NHA/ 17th JRM held AHSPR compiled & printed	NA	QAD assigned responsibility of coordinating the NHA/JRM not originally planned and budgeted for.
12 SMC meeting	6 SMC meetings held	5 SMC meetings were held	NA	NA
12 SMER TWG Meetings	6 SMER-TWG meetings	Held 5 SMER-TWG meetings	NA	Missed mtg of Dec 11 bse of competing demands

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
12 QAD meetings	6 QAD meetings	6 QAD meetings	NA	NA
International QI meeting organised	1 International QI meeting.	QI conference was held in Lake Victoria Serena Hotel Kampala in Oct. 2011	Funded by USAID	Conference was organized by RCQHC.
Conduct client satisfaction survey	Client satisfaction survey conducted	TOR was developed and Procurement process initiated	NA	Under the UHSSP / WB)
Office operations carried out	Welfare for staff	Tea and snacks for SMER-TWG, SMC & Departmental meetings.	4m	4m

Table 2.2: Standards and Guidelines disseminated (Output 080102)

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
Uganda Clinical Guidelines printed.	3,000 copies of UCG printed	Printed 3,000 copies	54m	54m .More copies needed
Infection Control & preventions Guide- lines	Guidelines reviewed and harmonised	Consultations mtgs. held and GLs were finalized, awaiting printing.	7.4 m	7.4 m
Standards on diagnostic imaging and therapeutic Radiology for Uganda finalized	2 consultative meetings	1 expert review & consultative meeting held during Q1.	9.6m+8m (17.6m)	9.6m. The planned Q2 final experts meeting will be held in Feb (funds for the activity was released in mid January).
M&E Plan for the HSSIP printed	Finalise and print 2,000 copies	M&E plan was launched during the JRM 2,000 copies to be printed.	NA	Supported through UHSSP Printing process delayed

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
2011/12 M & E Calendar printed	850 copies of the 2011/12 M & E Calendar printed	1,500 copies of the 2011/12 M & E Calendar were printed.	NA	Printing was supported by WHO.
National QI Framework and Strategic Plan developed.	Draft National QI Framework and Strategic Plan developed.	National stakeholders consultative meeting held Draft QIF & SP presented to SMC & comments being incorporated for re-submission to SMC	NA	Supported by Capacity Programme.
Comprehensive supervision monitoring & inspection framework developed	Consultant hired to lead the process.	Procurement of Consultant on going	NA	Supported by ICP-BTC.
National Hospital accreditation system developed	Consultant hired to lead the process.	ToR for the consultant was developed.	NA	Supported through UHSSP
Translate Patients charter into local languages.	Patients charter into 2 local languages.	Translated into 2 local languages – Ateso and Luganda.	NA	Done by Action Group for Health Human Rights and HIV/AIDS (AGHA). Copies were inadequate.
MoH Client charters reviewed and customised to RRHs	MoH Client charters reviewed and customised to RRHs.	Working together with MOPS, concept note was developed. Process is continuing	NA	Supported by UHSSP.

Table 2.3: Supervision of Local Gov't and Referral Hospitals (Output 080103)

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
1 Pre-JRM Field visit	1 Pre JRM Field visit conducted	Pre-JRM visit was conducted in Q1	46 m	No variation
3 AT Support supervision to districts	AT Support supervision visits conducted	AT Field visits (Q2) conducted	137 m	Due to delayed release of funds the activity done in Jan 2012
Joint Inspection with MoPS and other line ministries	Participation in Joint Inspection visits conducted MoPS	Joint Inspection visits conducted with MoPS, IGG, MoFPED, MoLG & MoES to 4 districts (Namaingo, Kaliro, Buliisa & Kiryandongo)	NA	Organized by MoPS
Technical supervision on Quality Improvement in districts	4 visits to QI implementing districts.	46 districts supervised by HCI. 5 districts supervised jointly by QAD, HCI and STAR-EC.	NA	Supported by HDPs (HCI and STAR-EC)
Establishment of internal QA Capacity.	Capacity built for Internal QA	Staffs of Tororo & Busolwe Hospitals trained on 5S-CQI-TQM	NA	Supported by JICA

Table 2.4: Standards and GL developed (Output 080104)

Annual target	Q1 & Q2 planned output	Achieved	Q1 & Q2 Release	Expenditure/ explanation for variation
Dissemination of guidelines and standards	5,000 UCGs	5,000 UCGs to all 112 districts.	28 m	28m.
M&E Plan for HSSIP disseminated to all (112) districts and stakeholders	M&E Plan for HSSIP disseminated to all (112) districts.	CDs disseminated to most districts through Area Teams.	NA	

3.3 Challenges

- Inadequate office space.
- Very low Quarterly releases.
- Delays in the procurement processes.

Table 2.5: Vote function 0801: overall budget performance

Quarter	Approved vote on account	Budget release	Overall expenditure	Overall performance (%)
Q1:	176 m	117m	332	97%
Q2:	176 m	224m		
Total	352 m	341m		



Hon. MoH Dr. Christine Ondo addressing participants



TASO being recognised during NHA/JRM



A cross section of participants during the NHA/JRM meeting: 24th – 26th October, 2011

Chapter Four: Planning Department

4.1 Planning Department Mandate

- Production of sector policies, strategies, plans and budgets
- Policy Analysis
- Human Resource Development
- 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 Key outputs achieved under the planning department in quarter 3.

- TOR for evaluation of Health Sub District strategy prepared and procurement for consultancy begun under the World Bank Project
- Procurement for Consultancy for Leadership and Management plan for the Sector over HSSIP has started under the World Bank Project.
- Requisite policy and planning documents printed and Distributed
- Technical support supervision and performance monitoring carried
- PNFP Hospitals rationalisation and assessment carried out
- Capacity building trainings and mentoring carried for staff and for the Local Governments
- Budget framework paper for FY 2011/12 prepared and submitted
- NHIS bill reviewed, draft cabinet memo prepared and community mobilisation for NHIS carried

- Prepared and analysed Q 2 report for the MOH and LGs.
- TWG meetings held (SBWG)
- Trainings carried on HMIS
- Staff supported for training under HRD.
- Developed and submitted request for continued funding under Global Fund and M&E field visits carried.

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

- To develop policies and guidelines;
- To conduct technical support supervision to districts;
- To building capacity of the districts - training of health care workers;
- To monitor and evaluate programs under the Department.
- To respond and coordinate the management of the PHEs – epidemics and other disasters in collaboration with other departments and sectors.

5.3 Divisions/Sections

- **Reproductive Health Division** – Safe motherhood -Antenatal care, Safe deliveries, Emergency obstetric care, family planning and sexual gender based violence etc
- **Child Health Division** – Integrated Management of Childhood illnesses, school health, control of diarrhoeal diseases
- **Nutrition Section** – Promotion of good feeding habits, breastfeeding, treatment of the malnourished.
- **Environmental Health Division** – Environmental hygiene, sanitation, water, public health Act and ordinances
- **Vector Borne Disease Control Division** – Neglected diseases.
- **Veterinary Public Health Division** – diseases transmitted from man to animal and vice versa
- **Health Education and Promotion Division** – health promotion messages and interventions
- **Disability and Rehabilitation Division** - coordinates preventive and rehabilitative Health care Services - Visual and hearing impairment and blindness, deafness, physical disabilities ,injury prevention and control, rehabilitation of the injured
- **Non-Communicable Diseases section** – life styles diseases
- **Public oral health and hygiene section**
- **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. Policies, laws, guidelines plans and strategies

3. Technical support, monitoring and evaluation of service providers & facilities
4. Training and capacity building for service providers
5. Prevention, control & mitigation of epidemics & other public health emergencies

Table 5.1: Prevention and control of communicable and non communicable diseases (80401)

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Conduct the safe motherhood day in Q2.	46.30	Conducted safe motherhood day in Q2 in Luwero district	46.30	Govt contributed 31.00 and UNFPA 15.30
Hold (2) National maternal and perinatal death review meetings	10.60	Two (2) National Maternal and perinatal death review meetings (MPDR) held, one each quarter.	10..60	
Conduct (1) quarterly independent maternal and perinatal death review assessments	13.30	Independent Maternal Perinatal Death Review assessment in 2 districts	13.30	
Raise awareness on prevention of oral diseases through Community oral health care support to nine districts (Jinja, Kamuli, Kayunga, Mayuge, Namutumba, Tororo, Kiboga, Hoima, Kibale)	12.22	Community oral health care support to nine districts (Jinja, Kamuli, Kayunga, Mayuge, Namutumba, Tororo, Kiboga, Hoima, Kibale)	12.22	None
Establish VHT in 2 districts	60.00	VHT training on going in Nakaseke district	53.00	Part of funds allocated for vehicle maintenance
Hold workshop to develop and review health messages for increasing Health awareness and literacy	5	Workshop not held yet	0	Payment being processed

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Advocate for the health sector through media	19.00	Published (1) newspaper supplement in New Vision, Produced (5) Banners, held (2) press conferences and broadcasted (5) announcements on UBC & NTV TVs for JRM	14.50	Some LPO still being processed
Hold (1) Stakeholders advocacy meeting for protection, prevention& treatment of pneumonia / diarrhea	3.00	Meeting held	3.00	Done
Develop Nutrition Messages, pretest (Mpigi Lira Mbarara and Iganga Districts) and disseminate through media Q1	6.06	Develop Nutrition Messages, pretest (Mpigi Lira Mbarara and Iganga Districts) and disseminate through media Q1.	6.06	Done
Conduct stakeholders meeting to Disseminate of Nutrition Messages Q 2.	1.35	Stakeholders meeting to Disseminate of Nutrition Messages Q 2.	0.00	Funds being processed.
Hold 2 planning meetings for Child Days Plus one for each quarter.	2.89	1 planning meetings for Child Days Plus held.	1.80	One planning meeting held as planned
Conduct ecological studies for Ebola, field outbreak investigations, Sero-prevalence surveys, KAP studies, for prevention and control of zoonotic diseases	2.22	engaged a consultant to study the epidemiology and case management of snake bites in the country	3.00	Insufficient funds available to complete the consultancy

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Conduct two (2) child Health Division retreat to review performance	2.00	activity rescheduled	0	Funds for procurement of the venue not released
Support 20 districts to carry out home improvement campaigns (Open Defecation Free)(ODF), & hand washing in 2 villages per district.	45.00	Done in 16 districts of Mayuge, Namaingo, Busia, Tororo, Bugiri, Butaleja, Iganga, Jinja, Kamuli, Luuka, Kaliro, Mpigi, Wakiso, Nakasongola, Nakaseke, & Luweero	35.73	Done in Q1
Hold 1 meeting to develop advocacy plan& IEC Materials for disability prevention	3.80	-	00	No resources released. Advocacy not done.
Hold (1) road safety policy workshop	0.00	Policy workshop held at Masaka on 26/11/2011	0.00	Supported by Uganda National Road Authority (UNRA)
Launch the African decade for road safety for Parliamentarians		Launched the African decade for road safety in Parliament on 13/12/2011	0.00	Supported by (UNRA)
Commemorate (3) International Days World Sight day, World Disability Day, Older persons Day	15.00	Commemorated two International Days : World Disability Day 3/12/2011 in Lira and Older Persons' Day 1/10/2011 in Kyenjojo District	9.00	
Hold National Prevention of Blindness Committee (NPBC) meeting twice a year.	0	Held National Prevention of Blindness Committee (in December 2011 at MOH Boardroom.	0	Supported by Sight Savers, Lions Aid Norway and Light for the World Organisations.

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Scale up Baby Friendly interventions in 54 Health Facilities in 20 Districts through mentoring and coaching of HWs	16.19	45 Health Facilities in 5 Districts mentored and coached	16.19	45 Health facilities reached in 5 districts, funds were inadequate – high fuel prices
Conduct TOT for 20 National Trainers for the VHT on Nutrition Module	4.08	Not yet trained	0.00	Funds being processed (Supported by UNICEF)
Conduct (6) monthly community Health departmental meetings (review work plan and assess progress) and daily office operations	7.33	Meeting held to review implementation of activities, stationary provided to the department	7.33	Done

Table 5.2: Training and Capacity building for service providers (80402)

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Train 60 health workers on sexual g Gender Based Violence (SGBV)in the districts of Yumbe, Oyam, Kanungu, and Mubende	54.60	60 Health workers Trained SGBV in 4 districts of Yumbe, Oyam.	54.60	done
Train 90 HWs on minimum initial services provision(MISP) of RH in Teso, Mbale and Rwenzori regions	58.50	78 HWs trained on RH services (MISP) in the districts of Teso, Mbale and Rwenzori regions.	54.30	Ongoing, slow process of procurement for venues and stationery
Training of 160 HWs on the promotion and use of the female and male condoms as a dual protection method in the 8 districts of GoU/UNFPA	111.50	160 health care workers trained and sensitised 8 districts of GoU/UNFPA	111.50	done

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Conduct (1) training for HWs on Child Health (Program Managers course) in 2 regions with poor indicators	4.00	-re-scheduled	-	Funds on vote were not yet released.
Conduct parasitological and immunological studies for development of a vaccine against schistosomiasis in Mayuge district		study done in Q1 in Namoni community in Mayuge district		Funded by the Wellcome Trust Schistovac project.
Orient regional mentors to support roll out of newborn and child health interventions (perinatal death auditing) in 5/12 regions to mentor lower level HWs	35M	Mentors trained on HBB. Two regions have started implementing – Jinja and Masaka catchment regions	18M	Partial release of funds. 2nd batch of funds has just been released
Train master trainers in school health services in 11 districts	11.1M	Pending	-	Awaiting completion of standards
Organize regional training sessions for 60 HWs from RRH and school teachers on rabies management and control	8.08	Done for HWs in Masaka RRH, Lyantonde & Rakai General Hospital Teachers in Nakasongola districts trained	8.0	
Training of 24 Ophthalmic Clinical Officers (OCOs) in Refraction in Masaka	0	12 HWs (OCOs) from trained on refraction	0	supported by Light for the World (LFW
Hold disability staff office retreat to review Performance and appraisals	3.2	Office retreat not carried out,	0	No funds released

Table 5.3: Policies, laws, guidelines, plans and strategies (80403)

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Develop and print 3,350 Job Aids for Emergence Obstetric Care	13.45	Printed 1,000 Job Aids for Emergence Obstetric Care)	13.45	Target no was not printed because of the changes in foreign exchange rates
Conduct workshop to develop Job aids for prevention and management of adverse FP drug reactions	12.81	Job aids developed	12.81	To be distributed in 8 districts (GoU/UNFPA) Kotido, Kaboong, Moroto, Katakwi, Oyam, Yumbe, Mubende and Kanungu
Develop & print 10,000 Job aids for prevention and management of adverse FP drug reactions	69.49	done	69.49	Printed less due changes in foreign exchange rates
Develop and Print, disseminated 150 copies quarterly child health dialogue	2.00	150 copies developed & printed	2.00	Activity ongoing
Revise and pretest child health supervision tools	2.00	Integrated child health tool developed and pretested	2.00	Tool revised and pretested.
Review perinatal death auditing and confidential enquiry tools	0	Tool reviewed	0	Done
Hold One WASH coordination meeting in the Karamoja region.	1.19	One WASH coordination meeting attended in Abim district.		Done

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Produce 1Mcopies of Mother Child health passport and introduce it in 30% of districts	5.00	Passport developed	0	Further consultations Production awaits the release of funds
Develop, print & disseminate IEC materials on rabies in English and two main vernaculars - IEC materials 5,000 copies	5.57	Brochures, guidelines, fact sheet developed and pretesting of rabies IEC materials completed	5.57	Done
Develop and disseminate school health standards in 30% districts	12.4	Standards developed.	12.4	Activity is ongoing, more funds needed to cover all districts
Develop School health monitoring indicators	7.00	Ongoing	7.00	
Develop and disseminate SH policy brief	4.9	Pending	0	
Hold (1) meeting to finalization nutrition Standards for Different levels.	1.34	Nutritional; standards finalized	1.34	Done
Launch of the Integrated Management of Acute Malnutrition (IMAM) guidelines.	15.28	Activity ongoing.	15.28	Preparations for the activity are ongoing. (UNICEF funds)

Table 5.3: Technical support, monitoring and evaluation of service providers & facilities (80404)

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Support supervision to ten districts and to 6 Orthopaedic workshops in the North and North Western regions	10.0	Supervised Gulu, Lira, Pader, Arua, Nebbi, Moyo, Maracha, Yumbe and Koboko Districts and Gulu, Fort portal and Arua regional Orthopaedic workshops.	8.6	Done
Conduct (1) one bi-annual joint (RH division/ Nursing Department/ACP and Child Health) integrated technical supervision on RH at district level including non-public maternity facilities	9.0	One Integrated support supervision on RH services Kotido, Kaabong, Moroto, Katakwi, Oyam, Yumbe, Mubende and Kanungu	9.0	Done
Technical support supervision on Mass Drug Administration (MDA) in 10 selected MDA implementing districts and 4 recently surveyed districts - Onchocerciasis	11.50	The supervision was done in the following districts: Wakiso, Ibanda, Kamwenge, Kabarole, Ntoroko, Kasese, Rubirizi, Busia, Bugiri, Namaingo, Mayuge, Jinja, Mukono and Buikwe	11.50	The activity was planned to take place in September 2011, but due to the delay in release is ongoing
Child Health technical supervision in 11 districts on child health	7.00	(Mpigi, Bukomansimbi, Kalungu, Masaka, MuLwengo, Kayunga, Buikwe, Wakiso, Butambala, Gomba)	7.00	
Follow up of districts affected by malnutrition	4.30	Done in Butaleja, Bugiri, Bulamburi, and Bududa districts	4.30	Funds could not cover more districts
Technical support supervision to 40 districts on EH	9.24	Districts not yet visited	0	

Q1&Q2 planned output target	Q1&Q2 planned Expend' UGX M	Q1&Q2 Actual output	Q1& Q2 Actual Expend' UGX M	Provide reasons for variance
Office operations for EHD; stationery, minor repairs, machine servicing, Vehicle maintenance & repairs	12.24	Photocopier& 3 Vehicles serviced, repaired & provided with fuel, Stationery provided	12.24	done
Conduct support supervision in 40 districts on Child Days plus	52.0	Support supervision in 40 Districts done.	52.0	Done supported by UNICEF
Daily office operation and maintenance of office equipment for Nutrition section – toners for printers, internet cards,	7.39	Fuel for operations provided	2.25	other activity are in procurement

Table 5.4: Prevention, control & mitigation of epidemics & other public health emergencies (80405)

Q1&Q2 planned output target	Q1&Q2 planned	Q1&Q2 Actual output	Q1& Q2 Actual	Provide reasons for variance
Hold weekly / monthly NTF or coordination meetings held	4.21	Weekly / monthly task force and coordination meeting held at national – Landslides in Bulambuli, Floods in Teso sub region, malnutrition in Namutumba, cholera in Kasese Nodding Disease meeting still ongoing Continue to participate in OPM meetings – work closely with other departments – ESD, NDC, CS etc	4.21	Ongoing. Major infectious outbreaks controlled. Nodding diseases in Northern Uganda is still a challenge. Integrated response plan developed funding being mobilised

Provide Rapid emergency response (ordering / delivery of emergency supplies and conduct emergency interventions- needs assessments) to all major PHEs – in 15 districts prone to PHE	9.01	Medicines provided to districts with major PHEs – Rukungiri, Kasese, Bulambuli and those with nodding disease – Kitgum, Pader and Lamwo. Needs assessment conducted in 8 districts of Teso sub region during October 2011 floods. Gaps corrected.	9.01-	Medicines supplied by NMS. Good collaboration with NMS in supplying medicines
Conduct emergency technical support supervision to 15 district affected or reporting PHEs (floods, landslides, outbreaks etc)	10.7	Landslide districts - Bududa, Manafwa, Mbale, Kasese and Rukungiri Districts with Malnutrition - Namutumba	10.7	Done. Inadequate facilitation at district level to follow up on recommendations by districts – fuels, PHC transport Bad roads



Some of the cases with nodding disease syndrome during the consultative meeting with local leadership in Kitgum district



MOH team was led by Hon Dr. Richard Nduhura

Table 5.5: Budget performance

Items	Q1 UGX	Q1&Q2 UGX
Funds UGX allocated	787.27	987.87
Funds available on account	385.35	220.46
Utilized funds – Payments	401.92	767.42
Percentage utilised	51%	78%

5.5 Challenges/ Constraints

- In Q1: Only a half of the allocated funds were utilized due to the following challenges / constraints:
 - Late allocation of funds to the department,
 - Bureaucracy,
 - Queries at various levels e.g. value for money
 - Allocation of money to irrelevant items such as consultancy services
- These challenges reduced in Q2 utilization of 105%
- High fuel prices

Chapter Six: Clinical Services Department

6.1. Objectives

- To develop and coordinate standards guidelines and policies on infrastructure, medicines and health supplies, and integrated curative services.
- To provide support supervision referral hospitals and the districts.
- Coordination of medical board, interns and tertiary health issues.



Dr. Jacinto Amandua CHS (CS)

6.2 Departmental units

- Office of the Commissioner
- Integrated Curative Services
- Pharmacy
- Health Infrastructure.

6.3 Office of the Commissioner

- Participation in other key activities of MOH
 - Restructuring exercise
 - Presidential pledges
 - Bilateral discussions
 - Emergency for Paediatric Surgical Hospital in Uganda
 - ADB Mulago
 - World Bank

Table 6.3.1: Clinical Services provided – 080402

Annual Planned Output Target	Q1&2 Planned Output Target	Q1&2 Actual Output Target	Q1&2 Release	Q1&2 Actual Expenditure
Support Supervision to all Mental Health units	Support supervision and monitoring for Mental health units at Lira and Gulu	Done	6,516	
	Mentoring and Support supervision for Mental health units at Jinja	Done	2,941	

Annual Planned Output Target	Q1&2 Planned Output Target	Q1&2 Actual Output Target	Q1&2 Release	Q1&2 Actual Expenditure
To improve Health worker skills in various capacities	Staff training on policy briefs	Done	1,539	
	Seminar on strategic planning	Done	2,680	
Newspapers and IT materials		Bought	549	
Coordination meetings for mental health stakeholders	consultative meeting for the mental health policy and strategic plan	Done	3,550	
	Coordination of meetings of stakeholders	Done	727	
	1.36 M	One obstetric fistula camp held at Hoima RRH	Nil	Supported by Engender Health
	0.1 M	Done in 1 Regional Referral Hospital	Nil	Limited funding
		Managed malnutrition outbreak in Namutumba district and Nodding disease in Northern Uganda		Worked with department of community health
	12.524 M	Not done		Delayed procurement
	2.8 M	Held final consultation meeting	1.7 M	Limited fund
		Meeting to draft Manual of Hospital Operations	24.0 M	Postponed to Feb. supported by ICB

Annual Planned Output Target	Q1&2 Planned Output Target	Q1&2 Actual Output Target	Q1&2 Release	Q1&2 Actual Expenditure
	7.184 M	Support supervision to Mubende, Fort Portal, Hoima, Soroti, Jinja and Mbale RRHs	7.184 M	
	0.25M	Held 2 division meetings	NIL	
	0.85 M	One departmental meeting held at Wabigalo	NIL	
	12.5 M	Held 7 medical board meetings	7.8 M	Limited fund
		Held one FTWG meeting in Kampala	12.M	Meeting was supported by ENGENDER HEALTH
	4.242 M	NIL	NIL	Limited funding
	88 M	One induction course for interns at Imperial Royale Hotel	88 M	
	937 M	All allowances paid		Other payment - Accommodation -Feeding
	24 M	Supervision of interns at Fort Portal, Hoima, Soroti, Jinja, Mbale and Mulago	NIL	Limited Fund
	4.1M	7 dental units supervised Mulago, Butabika, Jinja, Mbale, Hoima,	4.1M	2 Dental units at NRH and 3RRH visited as Division of ICS. 2 visited as oral

Annual Planned Output Target	Q1&2 Planned Output Target	Q1&2 Actual Output Target	Q1&2 Release	Q1&2 Actual Expenditure
		Fortportal, Mubende		section
	nil	1 dental camp at Kalongo hospital	nil	Camp was sponsored by AMREF.
	3M	1 oral health officer from each NRH and RRH	3 M	
	2.5 M	Attended 2 dental Conferences in Kenya and Tanzania	2.5 M	Supported by MoH Kenya and Tanzania dental Ass.
	10m	Oral Health day celebrated at Mulago Dental School	2.6M	Supported Rotary club, NSSF, Colgate palm-olive.
	4M	10 primary schools in Kampala and Wakiso districts\ 3000 pupils screened at North road primary school Mbale	nil	Funds from MoH not yet available \ Mbale activity sponsored by Colgate Palmolive

Challenges

- Limited fund
- Lack of transport
- Variations between funds disbursed
- Few staff

6.4 Pharmacy division

Table 6.4.1: Planned activities for quarter one and two

Annual Planned Output Target	Q1&2 Planned Output Target	Q1&2 Actual Output Target	Q1&2 Release	Q1&2 Actual Expenditure
Supervision	AHSPR Survey report on the Indicator Items	Survey conducted	Collection of data from six sentinel districts	Q1 14.7 million
	12 hospitals supervised, MTCs revitalized in 12 hospitals	12 hospitals supported 50 Lower HC supported	Supervision and mentorship	19.8 million
	Palliative care supported through provision of Morphine	As above		
Policy and guidelines	Number of EMLU, EMHSL printed	8 dissemination meetings, 5,000 EMLU/EMHSL printed Printing of 3,000 additional UCGS supported	Printing and dissemination meetings	Q1/Q2 6.3 million (printing costs supported by partner funds)
	Pharmacy bill Redrafted	Two workshops with stakeholders held on the bill	Consultative meetings	11.4 million
	National medicines Policy reviewed	Two consultative meetings to review the deferred Pharmacy bill	Consultative meetings	11.4 million
coordination	Coordination meetings and meeting reports	One coordination meeting with IPs held	Meeting with IPs	Q1
	UMTAC meetings	One meeting held	UMTAC meetings	Q1/Q2
	TWG MPM meetings held	Six TWG meetings in the two quarters held	Organize, coordinate and guide TWG MPM	Q1/Q2

Table 6.4.2: Performance - Supervision

Output indicator	Planned target	Planned activities	Achievements	Expenditure (UGX)
AHSPR Survey report on the Indicator Items	Survey conducted	Collection of data from six sentinel districts	Survey conducted and fed to the AHSPR -	12.0 million GoU
12 hospitals supervised, MTCs revitalized in 12 hospitals	12 hospitals supported 50 Lower HC supported	Supervision and mentorship	6 hospitals supported -	16.9 million GoU
Palliative care supported through provision of Morphine	As above	Morphine provided through NMS	NMS now able to supply Morphine to facilities routinely	Part of the above
Districts supported under UHSSP support	10 districts supported	Support supervision in UHSSP supported districts	Requisitions raised, funds not yet availed	18,6 million

Table 6.4.3: Performance – Policy and Guidelines

Output indicator	Planned target	Planned activity	Achievements	Expenditure (UGX)
Number of EMLU, EMHSL printed	8 dissemination meetings, 5000 EMLU/EMHSL printed Printing of 20, 000 additional UCGS supported	Printing and dissemination meetings	Printers identified and printing of 6000 EMLU/EHSL on going	SURE funding (following signing of MoU)
Pharmacy bill Redrafted	Two workshops with stakeholders held on the bill	Consultative meetings	Deferred to 3rd quarter	

Table 6.4.4: Performance – Coordination

Output indicator	Planned Targets	Planned Activities	Achievements	Expenditure (UGX)
Coordination meetings and meeting reports	One coordination meeting with IPs held	Meeting with IPs	Meeting held (in Imperial Royale Hotel) with good outcomes	5.7 million
UMTAC meetings	One meeting held	UMTAC meetings	One meeting held in Hotel Protea to finalize Lab. List	SURE funding
TWG MPM meetings held	Six TWG meetings in the two quarters held	Organize, coordinate and guide TWG MPM	TWG MPM held promptly on the 3rd Wednesdays of every month	600,000 (office support, welfare)

Challenges

- Delayed disbursements
- Variations between funds disbursed and planned activities
- Protracted budget discussions and reallocation delayed initiation of activities
- Non endorsement of MoU between MoH and the SURE programme

6.5 Health Infrastructure Division

Mandate and Objectives

- Development of Policies related to Health Infrastructure
- Development of Minimum Standards for buildings and equipment in the Health Sector
- Provision of Technical Support related to Health Infrastructure to districts and Referral Hospitals.

Capital Development

- DISP
- Institutional Support
- Imaging And Theatre Equipment
- Energy For Rural Transformation (ERT)Project
- UHSSP
- Italian Support
- Others

DISP

	PROJECT	PROGRESS	REMARKS
1.	Rehabilitation of Pediatric Ward at Apac Hospital.	Completed and handed over on 13th Oct 2011	Defects Liability ongoing
2.	Improvement of Water Supply and Sewerage system at Nebbi Hospital	- Practically Complete.	Water supply not sufficient. Procurement for second borehole ongoing
3.	Construction of Operating theatre at Masafu Hospital	Painting Works on going	Expected to be completed on 25th Feb 2012
4	Construction of wards and x-ray at Kapchorwa Hospital	-x-ray substantially Complete - Wards: Internal finishes ongoing	Expected to be completed end of March 2012
5.	Construction and Equipping of Buyiga HC III	Contract signed on 2nd June 2011. Site handed over on August 2011	Challenges in delivery of materials to the site
6.	Construction and equipping of Kisozi HC III	Contract signed on 2nd June 2011. All buildings roofed.	Ahead of Schedule. Expected to be completed in August 2012
7.	External works at Mbale and Mbarara regional blood banks	Mbale: Handed over on 15th Dec 2011 Mbarara: Final Stages	-



Apac Pediatric Ward



Mbale Ext. Works Completed



Transport to Buyiga



Off loading construction materials

Institutional Support

	Project	Progress	Remarks
1.	Construction of an Office Block at the Ministry of Health Headquarter	Practically completed in August 2011	- Building not yet occupied. Defects liability ends August 2012 - Extra works requisition (Burglar proof, pavers and curtain blinds) submitted to Contracts committee in August 2011 for approval. Still awaited



Office Block at the Ministry of Health Headquarter

Energy for Rural Transformation (ERT):

Key Achievements

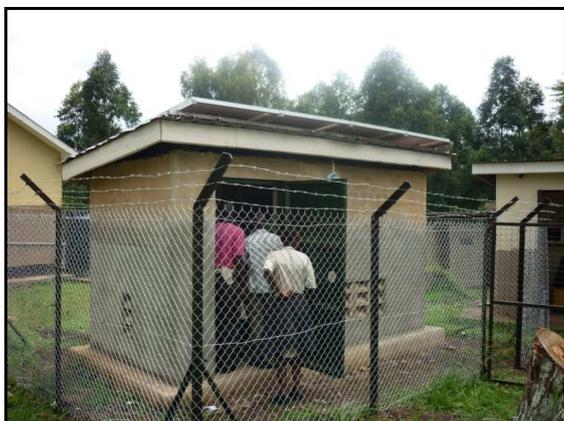
1. Installation of solar energy packages was completed in 15HCs in Kanungu District, 19HCs in Rukungiri District and 31HCs in Luwero District.
2. Installation of solar energy packages started in Nakaseke (1HCIV completed) and Kitgum Districts (installation completed in 10HCs)
3. The Contract for installation of solar packages in 97HCs in Gulu, Soroti, Moyo and Amolatar Districts was signed. **Signing of the Contract for Buliisa and Pader Districts for 54HCs was still pending Solicitor General's clearance.**
4. The Consultancy Contract for assessing the performance of the standard MoH solar PV packages for HCII, III & IV cleared by the Solicitor General for signature.
5. Bidding documents for procurement of solar packages for HCs in Bukwo, Sironko, Mbale, Mayuge, Katakwi, Amuria, Masindi and Bundibugyo Districts were submitted to the MoH Contracts Committee for approval - **No objection received from World Bank**

6. Energy needs assessment survey of HCs in Kisoro, Hoima, Kiboga, Kyankwanzi, Kapchorwa, Kamuli, Kaliro, Nakasongola, Lira and Bududa Districts was completed – ***draft bidding documents being prepared.***

ERT Constraints

- The Health Component has continued to realize planned outputs although later than planned. There is potential to achieve even more if given support and additional resources.
- Delays in issuance of required approvals/ clearances remain the major challenge - both within (i.e. Contracts Committee, Solicitor General & MEMD/BoU) and outside Government system (i.e. World Bank)
- Work plans and Budgets should be approved to facilitate coordinated and smooth implementation of Project activities.

HCIV Centralized Solar PV – Generator System Layout



Staff House Stand alone Solar System Layout



Imaging and Theatre Equipment

- HCIV Theater Equipment for Awach, Bukedea, Butenga, Kakindo, Ntwetwe and Rhino Camp held at customs since September
- X-ray equipment for Kapchorwa on site awaiting completion of the Civil Works
- Generator for Mubende RRH and Bukedea, Awach and Rhino Camp HCIVs on site awaiting construction of Generator House.

- Diploma training at ECUREI for ultrasonography completed in Dec 2011 for 28 Students from the beneficiary units.
- Diploma training for Biomedical Engineering at Kyambogo now in its second year. (1st year: 10 students, 2nd Year :19 students)
- Arrangements being made for installation of 14 of 34, HWI-5 incinerators ongoing.
- Maintenance of Equipment across the site ongoing by the supplier.

Other Projects

Naguru Hospital

Project	Progress	Remarks
Construction and Equipping of Naguru General	Completed and handed over	Payment to UMEME for HV line awaited before start of Works Approval to supply 1000KV Transformer awaited by Contracts Committee

UGANDA CHINA FRIENDSHIP HOSPITAL NAGURU-NOW OPEN:



Other Projects

	Project	Progress	Remarks
1.	Italian Support to Karamoja Funds: Euro 4,200,000 Construction of Staff Houses at HCIIIs and HCIIIs as follows: Moroto – 18; Abim – 27; Kotido – 10; Kaabong – 16; Nakapiripirit -10	ToR for Design Consultants completed	To be forwarded to Contracts Committee for approval
2.	GAVI Support (UNEPI Offices) Construction and Equipping of UNEPI offices and Stores in Kampala.	Nil	Resolving Contractual Delays
3.	PRDP and NUSAF 2 implemented by Office of the Prime Minister – IDA funded	Ongoing	Attended the monthly TWG and TWC meetings Participated in the TWC field visits
4.	DANIDA / HSPS to Essential Medical Equipment Credit Line (EMECL)	Ongoing	Received medical equipment, documented and with POS prepared Delivery notes to districts prior to flagging off – as and when equipment arrived into the Country

Japanese International Cooperation Agency (JICA)

	Project	Progress	Remarks	
1.	- Masaka Hospital: Construction of OPD with casualty unit and operation theatre. - Mubende Hospital: Construction of OPD, Theatre, maternity ward and male ward	Structural Framing Completed	On Schedule	

Saudi Fund

- Proposal for renovation and Equipping of Kayunga, Kagadi and Bundibugyo Hospitals prepared and forwarded to the MOFPED on 7th December 2011

Chapter Seven: Nursing Department

7.1 Mandate

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 The role of nursing department

- To provide leadership to nursing
- Develop policy and set nursing standards
- To supervise the implementation of the policies and standards
- To identify nursing gaps for training
- Advocate for the nursing image nationally and internationally
- To collaborate with departments, sectors, and internationally
- To emphasize on evidenced based nursing

7.3 Objectives

- To support/supervise the nursing activities in the country, to ensure quality of nursing services are provided to the community
- To build the capacity through training/ workshops
- To coordinate nursing activities nationally and internationally
- To present nursing interests at various forums
- Interdepartmental collaboration
- To develop scope of practice for nursing and midwifery

7.4 Planned activities

- Hold 2 Nurse Leaders meetings from RRH, general hospitals, UNMC and other stake holders.
- Strengthen Coordination and Collaboration of Nursing activities.
- Carry out 4 Technical Support Supervision to enhance quality of nursing care.
- Carry out 3 integrated support supervision under the support of UNFPA.
- Coordination of procurement of health workers uniforms.
- Procurement and maintenance of office equipment.
- Maintenance of departmental vehicles.

Technical Support supervision

Output description	1Q & Q2 Planned output	Actual Output FOR Q1 & Q2	Qtly Expenditure	Output Achievements
Technical Support Supervision	4 technical support supervision	3 technical support supervision visits conducted in Gulu and Lira RRH and 6 general hospitals; Anaka, Kitgum, Kalongo, Apach, Amolatar, Oyam Hospitals.	17M	Strengthening nursing services in provision of quality health care.

Integrated Support supervision

Output description	1Q & Q2 Planned output	Actual Output for Q1 & Q2	Qtly Expenditure	Output Achievements
Integrated Support Supervision	3 Int. Support Supervision	Carried out 3 integrated support supervision Supported by UNFPA	UNFPA	Strengthening RH/nursing & Midwifery services in the UNFPA supported districts

Capacity building

Output description	1Q & Q2 Planned output	Actual Output Q1 & Q2	1&2 Qtly Expenditure	Output Achievements
Capacity building	2 Nurse Leaders workshops	2 day Nurse leadership workshop conducted for 25 nurse leaders.	5.M	-Emphasized on ethical codes of conduct and quality of care -N/M practical skills improved -Managerial committees streamlined

Coordination and collaboration of nursing Activities

Output description	1Q & Q2 Planned output	Actual Output Q1 & Q2 (Qty and Location)	1&2 Qtly Expenditure	Output Achievements
Coordination and collaboration of nursing midwifery activities	Carry out 3 consultative meetings	Held 5 National Uniforms Task Force meetings to Coordinate the procurement of uniforms with NMS.	5.6M	National Uniform steering committee in place Streamlined the Uniform colours and fashion for all health workers. Generated data base for most of the health workers.
Collaboration and coordination of Nursing activities	-	Carried out 2 workshops	RQHC/ ECSACON	Under the support of Regional Centre for Quality Health Care/ ECSACON - 80 midwives were trained in Help Baby Breath Plus initiative.
Collaboration and coordination of Nursing activities	Carry out training for Midwifery tutors	48 midwifery tutors were updated under the support of WHO	WHO	48 midwifery tutors were updated in the provision of Youth friendly services under the support of WHO
Office maintenance Welfare	Smooth run office	Transport facilitation Teas and refreshments provided	3.6M	Maintained smooth running of the office

Budget performance

Q1	Q2	Actual	% Budget performance
17M	25M	42M	38.1%

Challenges

- Inadequate funding
- Shortage of man power at all levels.
 - For example no Dr, no dispenser in Anaka Hospital, adding pressure on nursing and midwifery services.
- It has been difficult to generate a complete database of health workers Uniforms. The committee is still receiving hard copies of staff lists after submission to NMS
- Hard to reach allowance is not well explained in most districts
- Most items to be procured are still pending since Q1 - Office equipment – SPNO computer
- There is gross shortage of nurses at district level leaving unskilled personnel to carry out medical procedures (Medical diagnosis, prescribing and putting up IV line, etc).

Chapter Eight: National Disease Control Department

8.1 Overview of the NDC Department:

- Mandate on Policy Development, Coordination, Planning, Implementation oversight, 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 Workplan Implementation units in NDC:

1. ESD (Epidemiology and surveillance Division)
2. UNEPI (Uganda National Expanded programme on immunization)
3. ACP/STD(Aids Control Programme)
4. UGWEP (Uganda Guinea Worm Eradication Programme)
5. OCP (Onchocerciasis Control Programme)
6. NTLP (National TB & Leprosy Programme)
7. CPHL (Central Public health Laboratory)
8. MCP (Malaria Control Programme)

8.3 Key objectives

- 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: Vote Function Outputs for Program

Output Code	Output Description
80403	National endemic and epidemic disease control services provided.
80405	Immunisation Services Provided
80408	Photo-Biological Control of Malaria Implemented
80409	Indoor Residual Spraying (IRS) Services Provided

Table 8.2: National endemic and epidemic disease control services provided (80403)

OUTPUT DESCRIPTION	Annual Target	Target output for Q1&Q2	Actual Output Target for Q1&Q2	Remarks
Conduct monthly coordination Departmental meeting	Conduct 12 monthly meetings	Hold 6 meetings	4 meetings held	Some meetings were missed due to other competing activities
Hold Monthly IDSR meetings	Conduct 12 monthly meetings	Hold 6 meetings	3 meetings held	Some meetings were missed due to other competing activities
Conduct Monthly CDC TWC meetings	Conduct 12 monthly meetings	Hold 6 meetings	5 meetings held	
Hold Quarterly National Health Laboratory Technical and Advisory Committee meetings	Conduct 2 quarterly meetings	Hold 2 meetings	Held 2 meetings	
Quarterly National Certification Committee (NCC) meeting on onchocerciasis	Conduct 4 meetings	Conduct 2 meetings	Held 2 meetings	
Compile & disseminate national weekly surveillance epi. bulletins	Compile and disseminate 52 bulletins.	Compile and disseminate 24 bulletins	Compiled & disseminated 12 bulletins	
International Days for TB, Leprosy , AIDS and Malaria Commemorated	4 days commemorated	Mark World Aids Day	Marked World AIDS Day on 1st Dec, 2011	HE President launched the national HIV prevention strategy and plan for elimination of mother to child transmission
Provide technical support supervision to districts on EPR, TB, HIV/AIDS, Malaria Onchocerciasis & GW	Conduct Quarterly TSS	Conduct Quarterly technical support supervision	Provided technical support supervision to 84 districts	

Table 8.3: Financial performance of Programme 08 in 1st and 2nd Quarter

OUTPUT	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	Remarks
Completed AIDS Indicator Survey activities 2010/11		Over 22,000 samples taken Central level sample analysis	Preliminary data analysis ongoing	Preliminary report due for release in Feb 2012
Developed the Minimum Standards of Procedures for Safe Male Circumcision				
Circumcision happening	2.5m			Activity ongoing. Data collection if thru MEEP
Examples from Kamuli and Bugiri shown below				
Planned to attend 16th ICASA	10 Officers		10 Officers from Health Sectors	Over 100 Ugandans attended including DGHS and SPA/HP
Enroll new clients on ARVS	100,000 new patients initiated on ART	50,000	48,000	
Resource Mobilization for HIV response	a) 25m US \$ b) GF R 7P2		a) \$25 approved by PEPFAR b) \$131	Cleaning up the E-MTCT of HIV
Scale up EID			Launched 15 Regional Transport hubs system	An excellent innovation of ACP to transport DBS samples
Procurement of CD4 Count Machines	200	100	280	Country will have very good CD4 Coverage
Distribute TB/Leprosy medicines to all districts	Make 12 trips for distribution of TB/Leprosy medicines	Make 6 trips	Made 3 trips	
Assess laboratory capacity for TB Diagnosis	Assess laboratories in 9 operational zones	Assess laboratories in 9 operational zones	Assessed laboratories in 9 operational zones	

OUTPUT	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	Remarks
Develop Laboratory standards documents	Develop 5 documents (Lab testing menu, Lab equipment standards, quality assurance manual, National Lab Physical Infrastructure Guidelines)	Develop Final draft of National Laboratory Physical Infrastructure Guidelines	Draft of National Laboratory Physical Infrastructure Guidelines developed	
Assess 22 laboratories in preparation for initiation of strengthening of Laboratory Management Training towards accreditation (SLMTA) 4 National: Mulago, Butabika, NTRL, CPHL; 7 RRH: Jinja, Soroti, Hoima, Mbale, Arua, Gulu, Mbarara, 11 GH: Kagadi, Kiboga, Atutur, Adjumani, Kisoro, Iganga, Ibanda, Bugiri, Kamuli, Kapchorwa, Masindi	Conduct two rounds of assessment	Conduct one round of assessment (Baseline assessment)	Baseline assessment for SLMTA performed in 22 Labs	
Conduct mentoring visits to 22 laboratories under SLMTA	Conduct 2 mentoring visits to each of the 22 laboratories	Conduct 1 mentoring visits to each of the 22 laboratories	1 mentoring visit conducted to each of the 22 laboratories under SLMTA	
Train 46 personnel from 22 laboratories through two rounds of SLMTA training	46 persons from 22 labs taken thru 2 rounds of SLMTA training	46 persons from 22 labs taken thru 1 rounds of SLMTA training	42 persons taken thru 1 rounds of SLMTA training	
Mentor 6 RRH labs in Microbiological cultures	Mentor Lab Personnel in all RRH on Bacterial	Mentoring on Bacterial culture procedures in 6	Mentoring on Bacterial culture procedures was done in 6 RRH labs	

OUTPUT	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	Remarks
	culture procedures	labs	(St. Joseph's Kitgum, Kabale, Masaka, Mbale, Arua)	
Training Lab personnel on laboratory diagnosis of sexually transmitted infections (STI)	Training 80 personnel in laboratory diagnosis of STIs	Training 80 persons in laboratory diagnosis of STIs	Trained 60 personnel from (10 HCs in Mukono and Iganga in laboratory diagnosis of STIs)	
Train Lab Personnel in GLP, ethics, QA and Biorisk	Train 60 health facility level staff	Train 30 health facility level staff	Trained 6 RRH and 9 GH not under SLMTA	
Train DHTs on EPR and IDSR	Train DHTs 32 new districts on EPR and IDSR	Train DHTs 19 new districts in Eastern and Northern Uganda on IDSR and EPR	Train DHTs 9 new districts in Northern Uganda on IDSR and EPR	
Investigate suspected outbreaks	Investigate all suspected outbreaks in the year	Investigate all suspected outbreaks in the 2 Quarters	Investigated and confirmed measles in Busia and Wakiso, Cholera in Kasese, Typhoid fever in Bundibugyo and Kasese, bubonic Plague in Nebbi and Zombo	
Administer ivermectin treatment for Onchocerciasis in semi-annual treatment districts	Ivermectin treatment conducted in 16 districts	Ivermectin treatment to be conducted in 16 districts	16 districts treated with ivermectin	
Monitor Community Directed Treatment with Ivermectin (CDTI) in districts	Collect CDTI data from 24 districts	Collect CDTI data from 24 districts	CDTI data collected from 24 districts	
Continue to promote active GW surveillance	500,000/=	WHO agreed to pay	Revised case reporting reward system	
To ensure Uganda remains GW free	All rumours investigated.		4 investigated (Amuru, Kitgum, Buikwe & Soroti)	

OUTPUT	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	Remarks
Develop New Malaria Control Policy	Policy completed and launched	Get TMC approval of the Draft Policy	Draft Policy awaiting TMC approval	
Develop New Malaria Control Strategic Plan and M&E plan	Strategic plan and M&E plan completed and launched	Strategic plan and M&E plan completed and launched	Strategic plan and M&E plan completed and await costing by a Consultant with support from Malaria Consortium	
Provide Bicycles, medicine boxes and T-shirts to VHTs for malaria control	Distribute 110,000 bicycles, medicine boxes and T-shirts to VHTs in All districts	Distribute 110,000 bicycles, medicine boxes and T-shirts to VHTs in all districts	Distribution is ongoing 110,000 bicycles, medicine boxes and T-shirts to VHTs	
Evaluate RDTs products in the country	Evaluate 17 RDTs products	Evaluate 17 RDTs products from different manufactures	In-country testing of 17 RDTs products from different manufactures on going	
Distribute LLINs to Pregnant mothers through ANC clinics	Distribute LLINs to Pregnant mothers through ANC clinics in 51 districts	Distribute LLINs to Pregnant mothers through ANC clinics in 51 districts	Distribution of LLINs to Pregnant mothers through ANC clinics in is ongoing in 51 districts	
Eliminate stock outs of ACTs	ACTs use scaled up nationally through both public and private sectors under the AMFm	ACTs use scaled up nationally through both public and private sectors under the AMFm In the whole country	Provision of ACTs through both public and private sectors under the AMFm is ongoing In the whole the country	

Circumcision performed in Kamuli district

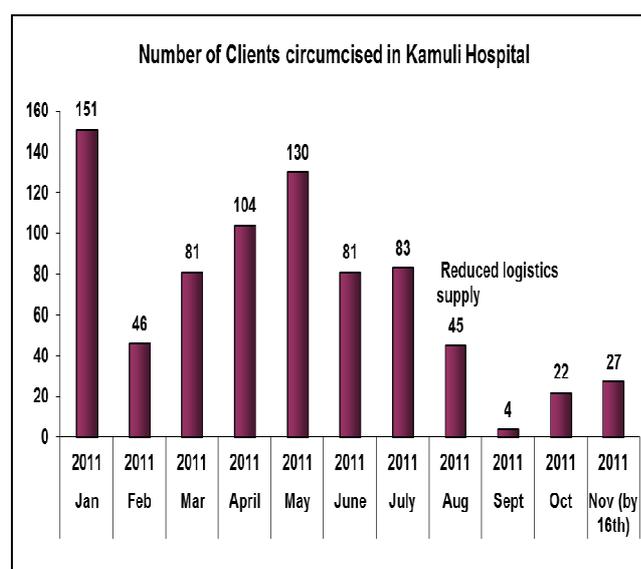
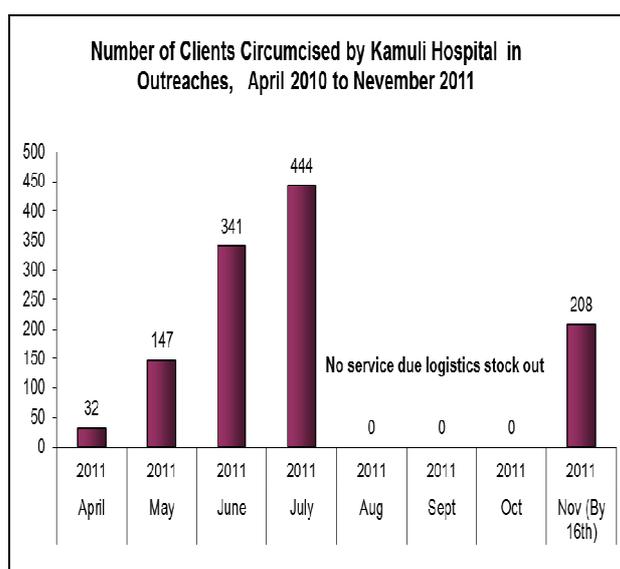


Table 8.4: Immunization Services Provided (80405)

OUTPUT DESCRIPTION	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	
Conduct OPL training on Immunization services	Conduct OPL training on Immunization services for 200 HWs	Conduct OPL training on Immunization services for 100 HWs	Trained 81 HWs in Mubende and Kyegegwa districts	
Pay for shipment of specimens for polio and measles specimens form districts	Pay for shipment of specimens for all polio and measles specimens form districts	Pay for shipment of specimens for all polio and measles specimens form districts in the quarter	Received 366 AFP stool specimens and 556 blood specimens for measles. Measles confirmed in Wakiso and Busia. No WPV isolated	
Provide technical support supervision to districts on immunization services.	Provide technical support supervision to 112 districts during the mass vaccination campaigns & to at least 78 RED districts.	Provide technical support supervision for 30 districts that conducted mass house to house polio campaigns	Provided technical support supervision for 30 districts that conducted mass house to house polio campaigns	
Deliver vaccines, injection materials, gas cylinders and other immunization	Make 12 monthly trips to deliver vaccines & other immunization	Make 6 monthly trips to deliver vaccines & other immunization	Made 6 monthly trips to deliver vaccines & other immunization	

OUTPUT DESCRIPTION	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	
supplies to Districts	supplies to all districts	supplies to all districts	supplies to all districts	
Maintain cold chain equipment districts	Maintain cold chain equipment in 112 districts	Maintain cold chain equipment in 80 districts	Maintain cold chain equipment in 95 districts	
Install New Cold chain equipment in District Vaccine Stores and Health Facilities	Distribute and install JICA Cold chain Equipment in 95 districts	Install JICA Cold chain Equipment in 95 districts	Installed 609 gas fridges, 265 electric fridges and 53 deep freezers	
Provided fuel for standby generator and program vehicles; Service them to ensure uninterrupted operations	Service and fuel Standby Generator and program vehicles	Service and fuel Standby Generator and program vehicles for two quarters	Serviced and fuelled Standby Generator and program vehicles for two quarters	

Table 8.5: Indoor Residual Spraying (IRS) Services Provided (80408)

OUTPUT DESCRIPTION	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	
Implement IRS for Malaria Control in selected districts	IRS implemented in 12 districts	Initiate preparatory activities for IRS implementation for 2 districts in Eastern Uganda	Preliminary activities for IRS ongoing in 2 districts In Kumi and Ngora districts	

Table 8.6: Photo-Biological Control of Malaria (80408)

OUTPUT DESCRIPTION	Annual Target	Target output for Q1& Q2	Actual Output Target for Q1&Q3	
Use larvicides in control of Malaria	Evaluate 3 candidate larvicides and conduct small and large scale larviciding trials	Develop protocol and tools for the trials and evaluation studies	Larviciding research protocol, workplan and budget completed and breeding sites mapped	

Table 8.6: Financial performance of Programme 08 in 1st and 2nd Quarter

Output	Q1 & Q2 Planned Expenditure (Ush Thousands)	Q1 & Q2 Release (Ush Thousands)	Q1 & Q2 Actual Expenditure (Ush Thousands)	Remarks
80403: National endemic and epidemic disease control services provided.	409,516,000	394,656,999	303,304,573	
80405: Immunisation Services Provided	500,000,000	670,179,817	589,197,394	
80408Photo-Biological Control of Malaria	1,248,000,000	1,641,077,822	730,795,523	
80409: Indoor Residual Spraying (IRS) Services Provided	1,010,000,000	1,434,769,694	675,710,970	Unspent by31 Dec
Total	3,167,516,000	4,140,684,332	2,299,008,460	1,841,675872

8.4 Overall Challenges

- Underfunded priorities; emergency response to disease outbreak. Shs.5bn are needed to supplement the donor support of 25bn for emergency response Mass measles campaign in April 2011
- There is a shortage of Anti TB medicines in the country due to the ongoing transition of Anti-TB drugs procurements to NMS. Discussions are ongoing with NMS to avoid severe stock out.
- High fuel consumption by generator due to extended power cuts by UMEME. This has made maintenance of the vaccine Cold room at UNEPI very costly
- Inadequate human resources for health particularly the critical cadres.

Chapter Nine: Institutions

9.1 Uganda Blood Transfusion Services

9.1.1 Background

- The Uganda Blood Transfusion Service is the MOH semi-autonomous organization that is mandated to make available safe and adequate quantities of blood and blood products to all hospitals for the management of patients throughout the country.
- In this task, UBTS works closely with Uganda Red Cross Society (URCS) in the area of voluntary blood donor recruitment through a formalized MoU.

9.1.2 Objectives of UBTS

- To expand Blood Transfusion Infrastructure to operate adequately within a decentralised health care delivery system
- To increase the annual blood collection necessary to meet the transfusion needs of all patients in the country
- To operate an active Nationwide quality assurance program that ensures blood safety – from vein to vein
- To promote appropriate clinical use of blood in all health care facilities
- To maintain efficient/effective service delivery

9.1.3 Specific objectives for Financial Year 2011/12

- Strengthen UBTS infrastructure
- Increase blood collection by 10% from voluntary non-remunerated blood donors(VNRBDs)
- Improve the quality of blood available for transfusion
- Improve transfusion practices in hospitals
- Monitoring and Evaluation of the program

9.1.4 Achievements for the 6 months of the FY

9.1.4.1 Infrastructure Development

- Construction of Gulu and Fort-Portal RBBs has begun with funding from CDC
- External works for Mbale and Mbarara RBBs are nearing completion with funding from MOH
- Renovation of Main laboratory at NBB completed
- Finalising the procurement process for 3 blood collection vehicles
- Procured 4 blood bank fridges; 40 blood transportation cool boxes
- Procured blood collection equipment : - BP machines; kidney dishes; gallipots; bowels; artery forceps ; first –aid kits

- An inventory for maintenance of laboratory equipment has been put in place

9.1.4.2 Increase Blood collection by 10% from Voluntary non-remunerated blood donor (VNRBD):

- Mobilised communities (parliamentarians; schools; institutions and general public) to donate blood
- Conducted 2,8380 blood donation sessions (mini drives, camping, special blood drives) compared to a target of 2,640 for this period
- Collected 97,396 units of blood compared to a target of 110, 000
- Provided pre- and post donation counseling to donors

9.1.4.3 Improve the quality of blood available for transfusion

- All blood was tested for TTIs (HIV, Hepatitis B;C; Syphilis) in addition to Blood grouping in a quality controlled manner
- Training in bio safety and waste management for all staff was conducted with assistance from Safe Injection project
- Procured protective gear and waste management supplies
- Procured and distributed adequate supplies for maintenance of the cold chain at all stages of blood/blood product handling, processing, storage and transportation

9.1.4.4 Improve transfusion practices in hospitals

- Program for training clinicians in appropriate blood use has been drawn
- Plan for proper documentation of each transfused unit is in final stages
- Staff have undergone training in various fields

9.1.4.5 Monitoring and Evaluation of Blood Safety Activities

- 2 Team supervision visits were carried out in the first half of the year to check on progress of the activities against the set performance indicators
- Process to establish hospital transfusion committees to monitor blood use in hospitals has started

Table 9.1.1: Summary of Actual Outputs and expenditures against plans

Output Code	Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target (Qty and Location)	Q1&Q2 Planned Expenditure (Ush Millions)	Q1&Q2 Actual Output Target (Qty and Location)	Q1&Q2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
085301	Administrative Support Services	Programme operations coordinated; vehicles, equipment & property maintained;	Programme operations coordinated; vehicles, equipment & property maintained;	0.366	Programme operations coordinated; vehicles, equipment & property maintained;	0.343	Procurement process not complete

Output Code	Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target (Qty and Location)	Q1&Q2 Planned Expenditure (Ush Millions)	Q1&Q2 Actual Output Target (Qty and Location)	Q1&Q2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
		staff salaries paid on time	staff salaries, utilities & rent paid on time		staff salaries paid on time		
085302	Collection of Blood	220,000 units of blood collected; 5,280 blood collection sessions; proportion of repeat donors 60%	110,00 units of blood collected; 2,640 blood collection sessions; proportion of repeat donors 58%	1.727	97,396 units of blood collected; 2,8380 blood collection sessions	1.635	Underperformance due to Exam period in schools; festive season; community yield less than school yield even when the number of sessions were more than the planned.
085303	Monitoring & evaluation of blood operations	Annual work plan developed, Quarterly M&E reports & Quarterly Support supervision Reports	2 rounds of quarterly supervisory visits to the 7 RBBs undertaken	0.235	Quarterly reports in place	0.216	
				2.328		2.194	94.2% absorption

Table 9.1.2: Actual Outputs and expenditures against plans - Development

Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target (Qty and Location)	Q1&Q2 Planned Expenditure (Ush Millions)	Q1&Q2 Actual Output Target (Qty and Location)	Q1&Q2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
Procurement of transport equipment & commence the process of construction of stores at NBB	Procure 2 vehicles and 1 store	Procure 2 vehicles and 1 store	0.370	Contracts expected to be signed by mid February	0.000	Part of the funds released in Q2

9.1.4.6 Challenges

- Unfunded priorities – There is a shortfall in funding for medical supplies including test kits, laboratory consumables and blood labels. The shortfall is due to insufficient UBTS budget allocation to NMS for the current financial year and rising costs of inputs.
- Negative response from communities towards blood donation
- Mobilization for blood donation – media; community sensitization etc
- Inadequate transport

- Inadequate staffing especially the blood collection teams – ideally each team should have 10 members but currently have only 8 members
- The festive holiday period and school holidays negatively affected blood collection as students form a big proportion of our regular blood donors.

9.2 Uganda Virus Research Institute (UVRI)

9.2.1 Mandate:

UVRI is a semi-autonomous under UNHRO belonging to the Ministry of health (MoH). The Institute’s broad mission is to carry out scientific investigations concerning communicable diseases especially viral diseases of public health importance and to advise government on strategies for their control and prevention.

9.2.2 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: Actual Output and Expenditures against plans (Output: 080301)

Output Description	Annual planned output target	Q1& Q2 planned output target	Q1&Q2 planned Expenditure	Q1& Q2 Actual output target	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual expenditure	Provide Reason for any variance
Measles and AFP cases with Sabin isolate for clinical and immune responses on follow up	Testing of all specimens received for AFP and measles surveillance. 93.3% results out within 14 days of specimen receipt. 100% of ITD results out within 7 days of isolation results. 98.8% of measles	Testing of all specimens received for AFP and measles surveillance. Follow up of AFP cases with Sabin isolates at their homes for further clinical investigations and obtaining information for final classification Collection of specimens	20M	6M	A total of Five hundred fifteen (515) sera specimen were received by the lab. (487 94.4% were for case based measles surveillance and 29 from outbreak investigations . 510 specimens had results out within 7 days (98.8%% timely reporting).	Lack of funds to carry out field activities; follow up AFP cases with Sabin isolates and collection of specimens for virus isolation from districts that had suspected measles outbreaks...	Received fund from WHO

Output Description	Annual planned output target	Q1& Q2 planned output target	Q1&Q2 planned Expenditure	Q1& Q2 Actual output target	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual expenditure	Provide Reason for any variance
	results out within 7 days of specimen receipt.	for measles and rubella virus isolation from confirmed outbreaks.	0		<p>2(0.4%) tested positive for measles IgM and 175 (33.9%) tested positive for rubella IgM. Five districts: Arua, Bugiri, Butambala, Serere and Zombo reported suspected measles outbreak. All the reported outbreaks were confirmed rubella. There was no measles outbreak confirmed.</p> <p>360 AFP specimens were received. Out of these 245 (68.1%) were from Uganda. Test results of 221 (90.2%) were reported within 14 days (timely) to EPI. No wild polio virus was detected. All specimens sent for ITD had results out within 7 days from isolation results.</p>		

Output Description	Annual planned output target	Q1& Q2 planned output target	Q1&Q2 planned Expenditure	Q1& Q2 Actual output target	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual expenditure	Provide Reason for any variance
Monitor 22 health centres in Arua and Nebbi	Surveillance in 15 HCs in Arua and Nebbi cases reduced by 40%	Obtain GPS information on suspected plague cases	40M	0	22 HCs visited	Nil	No funds were received in these quarters from MOH, but Received funds from CDC
Strengthening rapid and appropriate outbreak/epidemic detections	Ability to detect Ebola, Marburg, Yellow Fever, Dengue Fever, HepE, Hep B and other arboviruses	Rapidly detect all viral outbreaks especially VHFs	26M	3.9m	Renovated a Bio-Safety level 3 Laboratory for Arboviruses.	CDC funded the activity	No funds were received in this quarter from the MoH
To build capacity for human resource and the organization's structure	Welfare to UVRI staff	UVRI staff supported towards welfare/audit meetings supported	9.3m	100% of staff supported	80%	8m	The funds were not enough
	Pay salaries to staff	Salaries paid	818,456,000/=	100% salaries paid to staff.	100%	818,456,000/=	
	Finalize the UVRI restructuring	UVRI draft restructuring report produced and submitted to Public Service.	100m	80% of the draft report	UVRI completed and approved by Ministry of Public Service.	72m	
To provide support supervision to HIV testing laboratory nationally	Provision of HIV quality testing to 1,000 HIV testing sites	Provide quality testing to 1,000 HIV testing sites	6,000,000	Quality testing provided to 2,225 testing sites	3.5m	CDC funded the activities	Half of the money from MoH. was received
Determine prevalence of for HIV + Syphilis on Antenatal surveillance	Performed HIV and Syphilis test on 180,000 samples delivered to	Performed HIV and syphilis tests on 45,000 samples of the antenatal		Analyze and confirm 3342 samples of the	Tested and confirmed 13,365 samples for HIV tests. Only 3000		

Output Description	Annual planned output target	Q1& Q2 planned output target	Q1&Q2 planned Expenditure	Q1& Q2 Actual output target	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual expenditure	Provide Reason for any variance
samples	UVRI from the antenatal sites on quarterly basis	sentinel sites.		ANC for HIV and syphilis delivered in the 4 th Quarter of 2011.	out of 13365 samples of ANC were tested for Syphilis. computation for is ongoing to determine prevalence of HIV and syphilis in ANC samples		
Monitor mosquitoes from different parts of the country quarterly for resistance to conventional insecticides	Carry out pre-spraying survey of Anopheles mosquitoes.	Carry out pre-spraying survey of Anopheles mosquitoes.	23M	–	–		No funds received
A data management and statistical center established at UVR (6 work stations to be established)	Establishment a data management and statistical center	6 work stations to be established	7M	–	–		No funds received

9.2.3 Challenges in the 1st & 2nd quarters

- Inadequate funding and late release of funds.
- Inadequate transport
- Lack of funds to carry out field activities
- No funds were provided during the quarter and it was a challenge to carry out the planned activities.
- High electricity bills
- High fuel costs because of frequent power cuts.

9.3 National Medical Stores (NMS)

9.3.1 Background

- 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.
- 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”.
- 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.
- 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.

9.3.2 Mandate

Procurement, Storage and Distribution of Medicines and Medical Supplies to Public Health Facilities

Table 9.3.1: 1st and 2nd quarter performance progress report FY 2011/12

Output Code	Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target	Q1&Q2 Planned Expenditure	Q1&Q2 Actual Output Target	Q1&Q2 Actual Expenditure (Ush billions)	Provide Reasons for Any variance
085906 Procure, store and distribute Basic EMHS Kit to Health centres 11(HC11)	Basic EMHS kits procured and distributed to HC 11 facilities.	11.1 billion	Basic EMHS kits procured and distributed to HC II facilities.	6.24 billion	6.24 billion	6.24billion	No variance for the half year performance
085907 Procure, store and distribute Basic EMHS Kits to Health centres 111(HC111)	Basic EMHS Kits procured and distributed to HC 111 facilities.	18.3 billion	Basic EMHS Kits procured and distributed to HC III facilities.	10.20 billion	10.20 billion	10.20 billion	No variance for the half year performance
085908 Procure, store and distribute essential medicines and health supplies to Health centres 1V (HC1V).	Essential medicines and health supplies procured and distributed to HC 1V facilities.	7.99billion	Assorted Essential medicines and health supplies procured and distributed to HC 1V facilities.	4.26 billion	4.26 billion	4.26 billion	No variance for the half year performance

Output Code	Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target	Q1&Q2 Planned Expenditure	Q1&Q2 Actual Output Target	Q1&Q2 Actual Expenditure (Ush billions)	Provide Reasons for Any variance
085909	Procure, store and distribute essential medicines and health supplies to General Hospitals	16.9 billion	Assorted Essentials medicines and health supplies procured and distributed to General Hospitals.	8.28 billion	8.28 billion	8.28 billion	No variance for the half year performance
0859010	Procure, store and distribute essential medicines and health supplies to Regional Referral Hospitals.	13 billion	Assorted Essential Medicines and health supplies procured and distributed to Regional Referral Hospitals.	7.22 billion	7.22 billion.	7.22 billion	No variance for the half year performance
085911	Procure, store and distribute essential medicines and health supplies to National Referral Hospitals.	11.9 billion	Assorted Essential medicines and health supplies procured and distributed to Mulago National Referral Hospital and Butabika National Referral Hospital.	6.33 billion	6.33 billion	6.33 billion	No variance for the half year
085912	Procure, store and distribute ACTS and ARVS to all health facilities and accredited centres respectively.	100 billion	Assorted ACTS and ARVS procured and distributed to Health Facilities and Accredited Centers.	53.3 billion	53.3 billion	53.3 billion	No variance for the half year performance
085913	Procure, store and distribute essential medicines and health	17 billion	Assorted Specialized supplies procured and distributed to Specialized Units	9.66 billion	9.66 billion	9.65 billion	No variance for the half year performance

Output Code	Output Description	Annual Planned Output Target	Q1&Q2 Planned Output Target	Q1&Q2 Planned Expenditure	Q1&Q2 Actual Output Target	Q1&Q2 Actual Expenditure (Ush billions)	Provide Reasons for Any variance
	supplies to specialized units.		appropriately				
085914	Emergency and donated supplies cleared, stored and distributed to health supplies.	2.5 billion	Assorted Emergency and donated supplies incidental costs cleared, stored and distributed to health supplies.	1.33billion	1.33 billion	1.33 billion	No variance for the half year performance
085915	Procure, store and distribute reproductive health supplies to health facilities.	8 billion	Assorted Reproductive health supplies Procured and distributed to Health Facilities.	4.67billion	4.67billi on	4.67 billion	No variance for the half year performance
Total		206.811		111.530	111.530	111.530	

9.3.3 Challenges:

- PPDA Acts still constrains the procurement at NMS. Although the Act was duly amended, the regulations operationalising it have not yet been put in place.
- Last mile providers not doing their best as there are still delays and they blame it on the increase in prices of fuel and other input when their contract prices could not be amended to take care of these increases.
- Non-compliance with procurement plans- we are working with facilities to resolve this issue.
- Updated Health Facility Inventory does not reflect some newly completed facilities
- c complete as some districts have not yet retrieved expired items from lower facilities.
- Uniforms procurement delayed because of new specifications received from MOH.
- Low utilisation of budget by facilities e.g. Soroti RRH
- Delay in payment of handling fees by MOH for Family Planning and Global Fund commodities.
- Increased work load : 350 health facilities of Uganda Peoples Defense Forces (UPDF), Uganda Police Force (UPF) and Uganda Prison Services (UPS):
 - 95% of PNFPs for ARVs and related supplies
 - this has also increased our distribution costs

9.4 National Drug Authority (NDA)

9.4.1 Introduction

National Drug Authority (NDA) was established by the National Drug Policy and Authority (NDP/A) Act, Cap. 206 (Laws of Uganda 2000 Revised edition)

9.4.2 NDA mandate

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

9.4.3 Objectives of the National Drug Authority

In pursuit of its vision, mission and mandate, NDA has developed 5 general strategic objectives that relate to the regulation of drugs and one that relates to food safety. These are listed below:

- 1) To ensure that essential, safe, efficacious and cost-effective drugs and other healthcare products are made available to the entire population to provide satisfactory healthcare.
- 2) To ensure that appropriate information on the correct use and storage of drugs is readily available, widely disseminated and used accordingly.
- 3) To support the development of efficient local product of essential drugs of good quality relevant to national needs and resources.
- 4) To ensure that adequate financial, physical, technical and human resource capacity is available so as to maintain effective and efficient operations of NDA and satisfy customers.
- 5) To contribute to the process of transformation of NDA into NFDA.

To achieve the above general strategic objectives, 11 specific strategic objectives have been developed. These are listed below:

- 1) To ensure effective regulation of the human and veterinary pharmaceutical sector.
- 2) To ensure effective control over the quality, safety and efficacy of all human and veterinary medicines and other healthcare products (including biologicals and vaccines) available in the country.
- 3) To promote/contribute to the accessibility and cost-effectiveness/affordability of human and veterinary (including traditional) medicines and other healthcare products.
- 4) To strengthen the regulation of traditional/herbal and complimentary medicines.
- 5) To combat drug and substance abuse in order to protect society against the associated harmful effects.
- 6) To ensure the establishment of an effective system for regulation and control of importation, advertising and sale of nutritional supplements, medical devices, diagnostics, medical equipment and sundries for human and veterinary use.

- 7) To ensure the establishment of an effective system for regulation and control of local manufacture, importation, advertising and sale of public health products and animal ectoparasiticides.
- 8) To provide drug Information to stakeholders, pharmaceutical service providers and the general public.
- 9) To promote and control local production of human and veterinary medicines.
- 10) To put in place mechanisms to ensure the financial sustainability, control and effective functioning of NDA and efficient service delivery to the people.
- 11) To provide a harmonised regulatory framework for food safety.

9.4.3 1ST AND 2ND quarter actual outputs (July – December 2011)

9.4.3.1 Market Authorisation of Medicinal Products

230 conventional human and 13 vet drug applications were approved for registration. In addition, 422 registration amendment applications were received and processed during the period.

9.4.3.2 Inspection of Manufacturers, Importers and Distribution Channels

(i) Licensing of Drug Outlets

National Drug Authority received 506 applications for renewal of license for pharmacies, inspected 401 and approved **395**. However, only 230 have paid license fees and have been issued with licenses.

Regions	Total No Processed / Inspected
Central	401
South Western	23
Eastern	14
North	14
South Eastern	40
West Nile	8
Western	33
Total	533 [6th FEB 2012]

1,402 applications for drug shop renewal were licensed during the period.

Regions	Total No Processed / Inspected
Central	801
South Western	934
Eastern	
North	401
South Eastern	700
West Nile	161
Western	511
Total	3508 [6th FEB 2012]

(ii) Inspection of pharmaceutical and medical device manufacturing establishments

- A total of 08 local private manufacturing facilities were licensed during the period.
- 59 foreign facilities were inspected. Out of which 38 were compliant, 01 non - compliant, 02 partial complaints and 18 pending committee discussion.

(iii) Inspection of drugs at ports of entry

- There were **1,754** consignments inspected from ports of entry, out of which **1,752** were approved and **02** were rejected.
- 4,044 applications for drug imports and exports were received; 3,845 applications were processed
 - **2,708** verification certificates have been issued.

9.4.3.3 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.

- 355 health workers and 130 students were sensitised during support supervision
- 5 sensitisation pharmacovigilance events were held in Kampala where 619 health workers were sensitised
- 280 veterinary professionals were sensitised in the districts of Lyantonde and Rakai.

9.4.3.3 Drug promotion:

Received 73 applications for vetting promotional material:

- 69 were approved
- 04 were rejected – (3 for unsubstantiated claims and 1 wrong audience).

Held 3 sensitization workshops in 5 districts (Lira, Dokolo, Hoima, Kibale and Masindi) on Herbal Medicine Regulation with emphasis on advertising.

9.4.3.4 Regulation of clinical trials

Protocol evaluation for clinical trials

- Received - 25
- Approved - 17
- Pending - 08

GCP inspection

- 7 clinical trial sites were inspected; Kisiizi Hospital, Bwizibwera, Mbarara, Mbarara University, Iganga Hospital, Jinja Hospital, Walukuba health centre IV.
- 1 site did not meet the GCP requirements.

9.4.3.5 Testing of medicines and public health product samples

(i) Analyzed 584 drug samples at the laboratory, 528 passed and 56 failed.

Category	Tested	Passed	Failed
Antibiotics	14	11	3
Anti-Malarials	165	142	23
Analgesics	7	7	0
ARVs	102	102	0
Veterinary	3	3	0
Anti-TB	4	4	0
Minilab samples	279	255	24
Other medicines	10	4	6
Total	584	528	56

(ii) Testing of condoms and medical gloves

- A total of 116 batches of male latex condoms were tested, all passed the tests done.
- 105 batches of medical gloves were tested, 11 batches failed the water leak test.

Gloves	Samples rcvd	Tested	Pass	Fail
Total	109	105	94	11

9.4.3.5 NDA/National Food and Drug Authority (NFDA) transformation process

Ministry of Health presented to Cabinet the Cabinet Memo on NDA/NFDA transformation. Due to objections raised by MAAIF, Cabinet directed National Planning Authority to make consultations with various stakeholders and advise Cabinet accordingly. National Planning Authority (NPA) held a series of meetings with NDA and other stakeholders (MAAIF, UNBS, Academia, Private Sector representatives among others) in order to come up with a position for Cabinet.

NDA has not yet received any communication from Cabinet on the way forward or on the outcome of the NPA consultations.

9.4.4 CONSTRAINTS

9.4.4.1 Inadequate funding

NDA needs to increase its revenue base to enable sustained funding for more staff and increased surveillance and enforcement activities. The current level of funding has been further eroded by the high inflation rates.

9.4.4.2 Delayed payments from stakeholders

The Government of Uganda (Ministry of Health) owes NDA Shs. 2,999,864,017 (1,557,320,843 for prior years and 1,442,543,173 for current year) for verification fees. The Ministry of Health has promised to pay Shs. 1,557,320,843 in 2012/13 and budget for verification of their drug imports in future.

9.4.4.3 Gaps in the NDP&A Act

The Act does not explicitly provide for the regulation of cosmetics, medical and veterinary devices, health care products, public health products, chemicals for public health use, vaccines, blood and biological products.

The Act does not provide for effective enforcement and deterrent penalties. NDA does not have sufficient powers to effectively control illegal practices and counterfeits including traditional/herbal practices. The penalties are not sufficiently deterrent and this has partly encouraged recurrent breach of the law.

16 Statutory Instruments designed to plug these gaps are before the 1st Parliamentary Council for review.

9.4.4.4 PPDA Act constraints

Testing of emergency samples (suspected products on the market) is difficult because of the lengthy and rigid procurement requirements. Chemical reference standards, chemicals and reagents are not locally available. The procurement process as prescribed by the PPDA Act takes a minimum of six weeks which cannot address the emergency cases. This delays testing and release of results.

The Health Sector has proposed amendments to the PPDA Act to allow less bureaucratic procurement of urgent chemicals and materials.

9.4.4.5 Inadequate office and storage space

NDA plans to redevelop its current properties to create more office, lab and storage space.

9.4.4.6 Shortage of transport facilities

NDA operates an old fleet of vehicles which are inappropriate for its activities. The Government suspended purchase of vehicles. However, NDA recently secured special clearance from the Prime Minister's office to purchase 5 new motor vehicles from its reserves.

Table 9.4.1: NDAs Actual Outputs and Expenditures against Plans

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
1	Dossier evaluation	400 dossiers	200 dossiers	68,750,000	Approved - 230 Human & 13 veterinary drugs for registration	31,400,000	
2	Inspection and Licensing of pharmacies	100% of the premises inspected by December of every year	100% of the premises inspected by December of every year	37,400,000	Received 509 applications for renewal of licenses - 401 pharmacies were inspected (76%) by December 2011 - 395 pharmacies approved; only 107 have been issued with licenses after payment of fees - 09 applications were deferred	27,457,339	- Some applicants have not yet submitted their application forms. Reminders to be sent out. - Slow pace of payment of license fees.
3	Inspect all public drug outlets	100% of the premises inspected by December of every year	100% of the premises inspected by December of every year		0% of the premises inspected by December 2011		Plan to inspect premises in a phased manner starting March 2012. SURE project has supported the MoH to train Managers and upgrade the premises prior to inspection and certification

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
4	Inspection and licensing of drug shops	100% of the premises inspected by December of every year (10,000 drug shops)	100% of the premises inspected by December of every year (10,000 drug shops)		1,402 drug shops licensed		Some applications were queried
5	Eradicate unlicensed drug outlets and dealers with cooperation of Police and LCs	All identified unlicensed drug outlets closed by end of Sept of every year	All identified unlicensed drug outlets closed by end of Sept of every year	10,800,000	47 pharmacies were investigated - 38 complied and were licensed - 09 were closed	5,138,400	Some illegal drug outlets disguise as clinics, initiated joint inspections with the health councils
6	Conduct cGMP inspection of foreign pharmaceutical manufacturing sites	100 GMP inspections	50 GMP inspections	410,425,000	59 GMP inspections were carried out 38 compliant (Passed) 01 non-compliant 02 partial compliant 18 pending discussion	524,749,205	More facilities were inspected than planned.
7	Conduct GMP inspection of local private manufacturing facilities	- All inspections for annual licensing conducted by end of Feb of every year - 3 follow-up inspections per manufacturer per year	1 cGMP audit & 3 follow-up inspections per factory	20,750,000	One follow-up inspection was done per facility 70% of the facilities were inspected 8 manufacturers were licensed	15,230,000	Lack of timely availability of human resource and other resources (transport)

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
8	Process verification certificates for drug imports and exports	Process 95% of the VCs within 5 working days of application	Process 95% of the VCs within 5 working days of application	-	4,044 applications received - 3,845 VCs were issued - 199 applications were queried	-	Computerization of the process would improve on efficiency
9	Inspection of drugs at ports of entry	Inspect all consignments presented to the Inspector within 24hours	Inspect all consignments presented to the Inspector within 24hours	33,720,000	1,754 consignments inspected of which : Released: 1,752 Rejected: 02	13,850,610	
10	Testing of samples (drugs, condoms and medical gloves)	- 700 drugs samples - 500 condom samples - 110 glove samples	350 drug samples 250 condom samples 55 glove samples	116,750,000	- Tested 584 drug samples:- Passed – 528 Failed – 56 - Tested 116 condom samples: Passed – 116 - Tested 105 glove samples: Passed –94 Failed – 11	110,240,891	
11	Sensitise health workers on drug regulation, ADR monitoring & reporting	Continuous sensitisation of health professionals	Sensitisation of health workers in Kampala and in regional hospitals	26,800,000	- 355 health workers and 130 students were sensitised during support supervision - 5 sensitisation pharmacovigilance events were held in Kampala where 619 health workers were sensitised	18,609,000	

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
12	Sensitise veterinary professionals and the public on veterinary pharmacovigilance (monitoring and reporting of ADE)	Continuous sensitisation of veterinary professionals	Continuous sensitisation of veterinary professionals	6,020,000	- 280 veterinary professionals were sensitised in the districts of Lyantonde and Rakai	5,370,000	
13	Follow up of ADR cases	Two cases per year to be followed up	Follow up reported cases	1,200,000	- 1 ADR case was followed up in Kayunga district. The patient had developed Steven Johnson Syndrome due to Nevirapine	846,000	
14	Conduct active monitoring of safety of drugs	Cohort event monitoring for three selected drugs per year	Develop 1 proposal for monitoring HIV drugs		- 1 proposal for targeted spontaneous reporting of Tenofovir and Zidovudine was developed and approved for funding (USD 30,000) by WHO.		
15	Establish and maintain a database for promotional materials	All promotional materials received and entered into the database	Receive at least 40 promotional materials, vetted and entered in the database		- 73 applications were received and vetted: - Approved - 69 - Rejected – 04 (3 for unsubstantiated claims and 1 wrong audience) - All entered in the database		

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
16	Sensitise the public about drug promotion and advertising	<ul style="list-style-type: none"> - One print media interface per quarter - Annual workshop - One talk-show per quarter per region 	<p>Annual workshop</p> <p>One talk show per region</p> <p>One print media interface</p>	21,000,000	<ul style="list-style-type: none"> - Held 3 talk shows on drug promotion on Radio Buddu and TV West - 1 TV show (TV West) on Drug Regulation - Held 3 radio talk shows (Radio Kagadi, Hoima and Masindi) on Herbal Medicine Regulation with emphasis to advertising - Held 3 sensitization workshops in 5 districts (Lira, Dokolo, Hoima, Kibaale and Masindi) on Herbal Medicine Regulation with emphasis to advertising 	19,557,000	
17	Protocol evaluation for clinical trials	<ul style="list-style-type: none"> - Protocol evaluated within three months of submission 	<p>Protocol evaluated within three months of submission</p>		<p>Received -25</p> <p>Approved – 17 within 3 months</p> <p>Pending - 08</p>		
18	GCP inspection	<ul style="list-style-type: none"> - 4 clinical trial sites per quarter 	<p>8 clinical sites inspected</p>	4,687,500	<p>7 clinical trial sites were inspected; Kisiizi Hospital, Bwizibwera, Mbarara, Mbarara University, Iganga Hospital, Jinja Hospital, Walukuba health centre IV</p> <ul style="list-style-type: none"> - 1 site did not meet the GCP requirements 	6,300,000	

	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure (Ush millions)	Q1 & Q2 Actual Output	Q1 & Q2 Expenditure (Ush millions)	Reasons for any variance
19	NDA/NFDA transformation process	-	-	-	Ministry of Health presented to Cabinet the Cabinet Memo on NDA/NFDA transformation. Due to objections raised by MAAIF, Cabinet directed National Planning Authority to make consultations with various stakeholders and advise Cabinet accordingly. National Planning Authority (NPA) held a series of meetings with NDA and other stakeholders (MAAIF, UNBS, Academia, Private Sector representatives among others) in order to come up with a position for Cabinet.	-	NDA has not yet received any communication from Cabinet on the way forward or on the outcome of the NPA consultations.

9.4.4.6 Challenges

(i) Inadequate funding

NDA needs to increase its revenue base to enable sustained funding for more staff and increased surveillance and enforcement activities. The current level of funding has been further eroded by the high inflation rates.

(ii) Delayed payments from stakeholders

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(iii) Gaps in the NDP&A Act

- The Act does not explicitly provide for the regulation of cosmetics, medical and veterinary devices, health care products, public health products, chemicals for public health use, vaccines, blood and biological products.
- The Act does not provide for effective enforcement and deterrent penalties. NDA does not have sufficient powers to effectively control illegal practices and counterfeits including traditional/herbal practices. The penalties are not sufficiently deterrent and this has partly encouraged recurrent breach of the law.
- 16 Statutory Instruments designed to plug these gaps are before the 1st Parliamentary Council for review.

(iv) PPDA Act constraints

- Testing of emergency samples (suspected products on the market) is difficult because of the lengthy and rigid procurement requirements. Chemical reference standards, chemicals and reagents are not locally available. The procurement process as prescribed by the PPDA Act takes a minimum of six weeks which cannot address the emergency cases. This delays testing and release of results.
- The Health Sector has proposed amendments to the PPDA Act to allow less bureaucratic procurement of urgent chemicals and materials.

(v) Inadequate office and storage space

- NDA plans to redevelop its current properties to create more office, lab and storage space.

(vi) Shortage of transport facilities

- NDA operates an old fleet of vehicles which are inappropriate for its activities. The Government suspended purchase of vehicles. However, NDA recently secured special clearance from the Prime Minister's office to purchase 5 new motor vehicles from its reserves.

9.5 Natural Chemotherapeutics Research Institute (NCRI)

9.5.1 Introduction:

NCRL was started as a government department under the Ministry of Health in 1964 with the original mandate to carry out applied research on natural products (plants, animal parts and mineral) for the purpose of verifying therapeutic claims from the communities.

NCRL became NCRI on the enactment of the UNHRO Act in 2009.

The current mandate of the NCRI is “to **research on natural products and traditional methods in the treatment and control of human diseases.**”

9.5.2 GOAL:

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

Table 9.5.1: Summary for the Quarterly Actual outputs and Expenditures against plans for all recurrent programmes (Output: 080302)

Output description	Annual planned output target	Q1,Q2,Q3 and Q4 Planned output target	Q1,Q2,Q3 &Q4 Planned Expenditure (Ush millions)	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual Expenditure (Ush. Millions)	Reasons for variance.
Ethnobotanical and ethnopharmacological collection and documentation of medicinal plants	Ethnobotanical and ethnopharmacological data collected.	Ethnobotanical and ethnopharmacological documentation of 30 medicinal plants in four regions of Uganda.	27,185,000	1.Ethnopharmacological and ethnobotanical survey in Dokolo District conducted in which 40 medicinal plants were collected and curated.	6,444,000	
					3,095,000	
				2.Ethnopharmacological and ethnobotanical survey in Kabale district conducted in which 30 Medicinal plants were collected and curated	6,992,000	
				3.Ethnobotanical and ethnopharmacological survey in Bukwo district conducted in which 33 medicinal plants		

Output description	Annual planned output target	Q1,Q2,Q3 and Q4 Planned output target	Q1,Q2,Q3 &Q4 Planned Expenditure (Ush millions)	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual Expenditure (Ush. Millions)	Reasons for variance.
				were collected and curated and also trained 69 herbalists and farmers in Good Agricultural and Collection Practices of medicinal plants with emphasis on <i>Moringa oleifera</i> 4. An assessment on use of herbal medicine for control of the 'nodding disease' in Pader district was conducted.	3,890,000	
Sub total			27,185,000		20,421,000	
Validation of new herbal samples/ herbal formulae	Non clinical and clinical validation of new herbal samples/herbal formulae	Non-clinical validation of 10 herbal formulae and clinical validation of 1 herbal formulae.	26,078,000	1. A herbal formulae for management of jiggers in Iganga standardized. 2. <i>Phytochemical and pharmacological analyses of a hepatoprotective formulae determined.</i> 3. Safety and efficacy evaluation of herbal formulae for management of patients suffering from "Nodding disease" carried out 4. Toxicological and pharmacological evaluation of a	1,183,000 2,546,000 3,875,000 3,139,000	Still in progress Still in progress

Output description	Annual planned output target	Q1,Q2,Q3 and Q4 Planned output target	Q1,Q2,Q3 &Q4 Planned Expenditure (Ush millions)	Q1&Q2 Actual output (Qty and location)	Q1&Q2 Actual Expenditure (Ush. Millions)	Reasons for variance.
				herbal antidote carried out.		
Sub total			26,078,000		10,743,000	
Development of human resource(Staff and herbalist)	Human resource developed.	Human resource developed; 10 NCRI staff trained in selected professional areas, orientation of staff to UNHRO structures and training of 300 THs in traditional medicine plants conservation and standardization in selected districts of Uganda; Subscription to relevant scientific research journals and database.	58,933,000	1. Training workshop for 36 NCRI staff on new mandate under UNHRO conducted. 2. Training for 25 Herbalists on value addition to medicinal plants in Jinja Conducted 3.Capacity building on guidelines for registration of herbal medicine for 40 herbalists from Luwero District	7,984,000 4,490,000 5,190,000	Expect to do more work in Q3 & Q4 depending on the availability of funds Not yet completed.
Sub total			58,933,000		17,664,000	
Ensuring that research information reaches the public	Research information disseminated	Research information disseminated through publication of research work, conferences and exchange visits, ATM day.	29,907,000			To be done in Q3 & Q4
Sub total			29,907,000			
Develop HSSP	Strategic plan development in line with HSSP.	HSSP strategic plan developed.	25,486,000			To be done in Q3 & Q4
Sub total			25,486,000			
Grand total			167,589,000		48,828,000	

9.5 Uganda National Health Research Organisation (UNHRO)

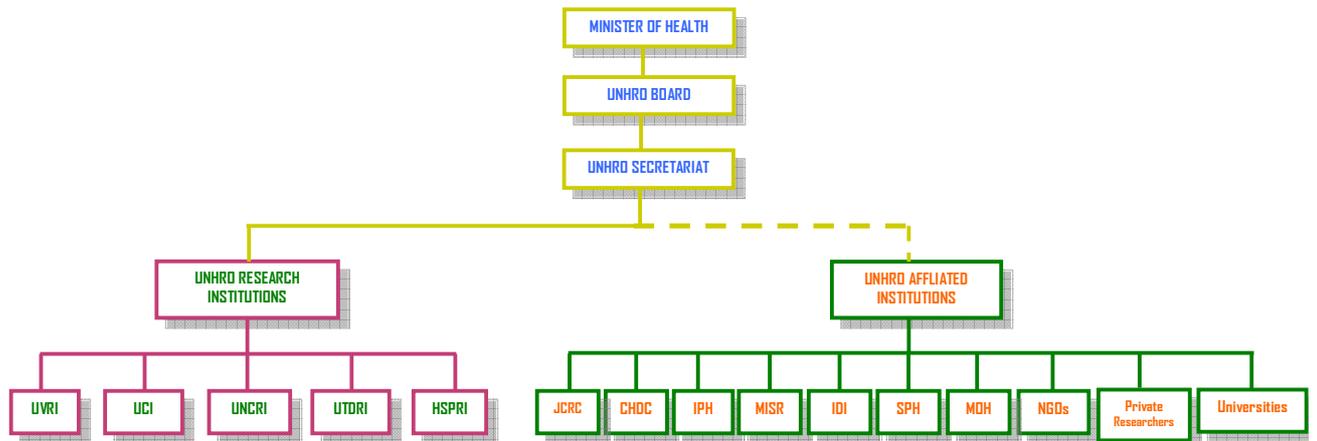
Background:

- National Development Plan: Stresses science and innovation
- MOH: Health Strategic and Investment Plan- Uses of evidence based Innovations
- Parliament: Enacts UNHRO Act 2011- Semi auto to promote coordinated health research; gazzeted 2011
- UNHRO mandate:
 1. Coordination, Alignment and Harmonization
 2. Priority setting and research agenda (ENHR)
 3. Ethics and good practice regulation and appreciated.
 4. Information sharing and Dialogue with Shold.
 5. Knowledge translation- Findings to policies
- UNHRO Board appointed in April 2010; Secretariat in place, operationalization started.

Table 9.6.1: Q1 and Q2 report 2011-12 for UNHRO, FY 2011/12

Output Code	Output Description	Planned Annual Outputs	Annual Actual Output (Qty and Location)	Reasons for variation in performance
Example 080303	Example Policy, consultation, planning and monitoring services	2 Board meeting	Board meeting held in 29 th August 2011 and 14 th Dec 2011.	As planned
	Develop research priorities for heath.	Consultative meetings carried out in 8 selected districts.	Draft report available for 4 districts further discussion.	Rescheduled
	Develop the strategic plan and standard operating manuals.	Develop Strategic plan and research agenda	Inception report developed. Consultant hired in September 2011 to start the process Consultations and consultations on schedule according to timelines. Draft zero plan being discussed with stakeholders	Consultant appointment delayed up to Sept 2011.

UNHRO ORGANOGRAM



Abbreviation Interpretations

UVRI	Uganda Virus Research Institute	JCRC	Joint Clinical Research Centre
UCI	Uganda Cancer Institute	CHOC	Child Health & Development Centre
UNCRI	Uganda Natural Chemotherapeutics Institute	SPH	School of Public Health
UTDR	Uganda Tropical Disease Research Institute	MISR	Makerere Institute of Social Research
HSPRI	Health Systems & Policy, Public Health & Epid Research Institute	IDI	Infectious Diseases Institute
		MOH	Ministry of Health
		MUJU	Makerere University john Hopkins institute

Chapter Ten: Councils

10.1 Allied Health Professionals Council (AHPC)

10.1.1 Introduction

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.

10.1.2 Vision

To be the leading Allied Health Professionals' regulatory body responsible for protecting the public from harmful and unethical practices.

10.1.3 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.

10.1.4 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 unprofessional conduct

10.1.5 Main Achievements

Registration and licensing of professionals and clinics carried out.

Item	Number
Registration	450
Renewal of annual Practicing license	610
New Allied Health Clinics licensed	121
Renewal of Allied Health Clinic license	115

Allied Health Training Schools Inspected

Inspections were conducted in seven new private Allied Health training Institutions.

- (i) Pharmaceutical Training college Soroti
- (ii) Kyabazinga School of Health Sciences
- (iii) Mbarara Medical Laboratory Training School
- (iv) Isaya Memorial Laboratory School Kabale
- (v) Kibuli school of Medical Laboratory Technology
- (vi) Medicare Health Professionals college Mengo
- (vii) Uganda Christian Institute of Professional Development, Lira

Inspection findings

- Two schools (Kibuli and Mbarara) met the minimum requirements to start training Laboratory Assistants.
- Four schools were given time to improve on the infrastructure and teaching facilities before being allowed to start training.
- One school (Uganda Christian Institute) was below standard and recommended to re-locate to a new site under construction.

Other achievement

- Recruitment exercise for vacant positions at AHPC was carried out and 15 new staffs have been appointed.
- Meeting of EAC Health regulatory boards and Councils was attended at Arusha, Tanzania.
- The Council funded CPD meetings for Associations of Uganda Medical Laboratory Technology, Physiotherapy, occupational Therapy and Ophthalmic Clinical Officers.
- An investigation on Maternal Death was conducted at Clinic Africa Muhanga Kabale District.
- Consultative meetings were held with DHO's on the establishment of Allied Health Professionals regional offices in the districts of Kabarole, Mbale, Masaka, Mbarara, Jinja, Arua and Gulu.
- Inspection and closure of illegal clinics was carried out in eastern and central regions.
- Inauguration of the new Council was held at Fairway Hotel, Kampala
- Council held a retreat at Sunset Hotel Jinja, where the financial manual and new staff appointments were approved.
- The council was allocated a second vehicle.

Table 10.1.1: Q1 and Q2 actual outputs and expenditures

Output Description	Annual planned output Target	Q1& 2 planned output Target	Q 1 & 2 planned Expenditure (Ushs millions)	Q 1 & 2 actual output target	Q 1&2 release (Ushs millions)	Q1&2 Actual expenditure (Ushs in Millions)	Reasons for any variance
Sensitization and Consultative meetings with AHPS and employers	sensitization of AHP and employers carried out in 50 districts	Sensitization of AHP and employers carried out in 25 districts	32 M	Sensitization carried out in 7 districts	0 m	6.15 M (council)	Insufficient funds to cover all the Districts.
Sensitization of AHP through mass media	2 Adverts in mass media	1 Advert in Vision and Monitor news papers	3.4 M	1 Job Advert placed in New vision	0	3.4M (council)	
Joint Inspection of health facilities	Joint Inspection carried out in 5 regions	Inspection carried out in 2 regions Eastern and Western regions	15.0M	Inspection carried out in eastern region	15M (M.O.H)	15.0M (M.O.H)	Late release of funds for 2 nd quarter. Activities to be carried out in 3 rd Quarter.
Inspection of training schools conducted	24 training schools inspected	12 training Schools inspected	12M	8 training schools inspected	0	7.9 M	
CPD meetings held	8 CPD meetings held	4 CPD meeting held.	12.0M	4 CPD meetings supported	0	7.74M (council)	Funds not enough to cover the activities
Council meeting and retreat conducted	4 meetings held	1 meeting held in Kampala and 1 retreat held at sunset hotel Jinja	19.00M	1 Council meeting and 1 retreat, held in Kampala and Jinja	0	15.9M (Council)	
Committees and board meetings	12 committee and 8 board meetings held in Kampala	6 committee and 4 Board meetings held in Kampala	12.5M	3 appointments and 2 finance committee meetings held	0	9.3M (council)	No board meetings held. Board members not yet appointed
Registration	2500	1250	6.25M	450	0	2.1m	30.6%

Output Description	Annual planned output Target	Q1& 2 planned output Target	Q 1 & 2 planned Expenditure (Ushs millions)	Q 1 & 2 actual output target	Q 1&2 release (Ushs millions)	Q1&2 Actual expenditure (Ushs in Millions)	Reasons for any variance
of allied professional s carried out	professional s registered	professional s registered		professional s registered		(council)	were registered.
Annual practicing licenses (APL) renewed	8000 Annual practicing licenses (APL) renewed	3000 Annual practicing licenses (APL) renewed	12M	610 practitioners renewed APL		3.45M (council)	Only 23% renewed their practicing license
Allied health units licensed	900 Allied health units licensed	400Allied health units licensed	2.7M	236 Allied health units licensed	0	0.36m (council)	58% Allied Health units licensed
Travel abroad	7 Trips Registrar Chairperson Council members	2 trips Registrar	18.22 M	One week Meeting attended By the registrar at Arusha Tanzania	0	8.00M	Second trip scheduled for Feb 2012
Vehicle repaired and serviced		2 vehicles serviced and repaired	16.3	2 vehicle serviced and repaired	0	11.68M (council)	
Salaries and wages paid	12 months salaries paid	6 months salaries paid	35.63M	6 months salaries paid		35.63m	Paid on Time

10.1.7 Challenges and Constraints

- Mushrooming Sub -standard Medical laboratory training schools.
- Lack of sound vehicles to carry out inspections and investigations.
- Inadequate office space.

10.1.8 Way forward

- Publish and Gazette all recognized Allied Health training schools.
- Sensitization of employers will be stepped up to ensure that, all allied health professionals renew their annual practicing licenses (APL).
- Expanding the secretariat by opening up Regional offices.
- Appointing Regional Allied Health supervisor to co-ordinate, supervise and enforce ethical code of conduct.
- Full support be given to the formation of National Health Professions Regulatory Authority.
- Address the understaffing.

10.2 Uganda Nurses and Midwives Council (UNMC)

10.2.1 Background:

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

Since 1964, the Uganda Nurses and Midwives Council was governed by the Uganda Nurses, Midwives and Nursing Assistants Act. The Act was later revised and replaced by the Uganda Nurses and Midwives Act, 1996 which is operational to date.

10.2.2 Mission

UNMC exists to set and regulate standards of training and practice, register nurses and midwives and provide professional guidelines for public safety

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

- Protect the Public from unsafe practices.
- Ensure quality of services
- Foster the development of the profession
- Confer responsibility, accountability, identity and status of the Nurses/Midwives

10.2.5 Core Functions of the Council

These are as stated by the Nurses and Midwives Act, 1996 Part II Section 4

- 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 Core Values

- Accountability
- Consultation
- Gender sensitiveness
- Inclusiveness
- Innovativeness
- Integrity and objectivity
- Learning organization
- Mutual respect
- Networking and collaborating
- Professionalism
- Service above self
- Strive for excellence
- Transparency

Table 10.2.1: Summary of planned activities 1st & 2nd Quarters

No.	Activity
1.	Secretariat and Council meetings
2.	Enrolment and Registration of Nurses and Midwives
3.	Inspection of proposed schools of Nursing & Midwifery
4.	Inspection of Nursing schools intending to start new programmes
5.	Investigations of alleged unprofessional conduct by Nurses and Midwives
6.	Joint inspection of Private Health facilities in the selected Districts in Eastern Uganda
7.	Formation of District Supervisory Authorities (DSAs) in the selected Districts in Northern, Central and Western parts of Uganda
8.	International /Regional Conferences
9.	Review of UNMC Act. 1996 and consultancy services
10.	Stakeholders workshops for Decentralization of UNMC activities
11.	Review of accreditation standards for Nursing/Midwifery Training
12.	Printing and launch of a five-year Strategic Plan 2010-2015
13.	Development of Council website
14.	Inscribing of certificates
15.	Signing of certificates
16.	Operational/Administrative costs

Table 10.2.2: Outputs of UNMC during the 1st & 2nd quarters 2011

Out Put Code	Output description	Q1 & Q2 planned target	Q1 & Q2 planned expenditure	Q1 & Q2 Actual output expenditure	Q1&Q2 Actual output Target (Qty and Location)	Reasons for any variance
1040	Meetings Secretariat Staff	6 meetings	0.03m	0.02m	4 meetings to assess performance programmes of UNMC were conducted. Gaps identified were addressed to streamline UNMC operations to ensure efficiency & effectiveness	2 meetings were not conducted due to competing demands
1040	Committee Full Council and Committee meetings	6 meetings, conducted	15.5m	15.5m	2 Full Council meetings and 6 committees (Finance & Administration, Education & Training and Enrolment & Registration meetings conducted	Meetings conducted as planned
1040	Stakeholders	15	1.4m	1.2m	12 stakeholders meetings attended organized by; MoH, AMREF, AHPC UNMEB, UNFPA, Intra-Health, Medical Teams International	3 meetings not attended due competing priorities.
1080	International/Regional conferences	3	20.5m	16.3m 6.8m 3.2m 6.3m	3 conferences/ meetings were attended; Assessment of examination mechanism with Sister Board of Kenya Nurses Council Participated in the interviews of students from South Sudan to be trained in Uganda (60) EA community meeting in Arusha Tanzania	The 3 conferences attended were all at Regional level Carried out as planned and supported by UNMEB – MoE&S This was a Bilateral arrangement between the Government of Uganda (GoU) and Government of Southern Sudan (GOSS) supported by UNFPA Meeting held to discuss the progress report on the Draft Protocol on the formation of the EAC Health

Out Put Code	Output description	Q1 & Q2 planned target	Q1 & Q2 planned expenditure	Q1 & Q2 Actual output expenditure	Q1&Q2 Actual output Target (Qty and Location)	Reasons for any variance
						Profession Authority and the Establishment of the National Health Professions Authority supported by UNMC. Follow up meeting planned for 27 th February 2012
1110	Registration /Enrolment Registration / Enrolment of Nurses/ Midwives trained within Uganda	2,500 local nurses and midwives	46.0m	41.6m	2,311 Nurses and Midwives were Registered /Enrolled	About 189 nurses & midwives did not show up for registration and Enrolment. New arrangements have been finalized to Register/enroll them in the 3 rd quarter
1110	Registration / Enrolment of Nurses/ Midwives trained outside Uganda	60 nurses and midwives trained outside Uganda	4.89m	4.07m	41 Nurses and Midwives interviewed and Registered/ Enrolled to practice. These were trained; Pakistan, America, Germany, Italy, Kenya, Ireland, UK, Ethiopia, India, Slovakia, and Congo DRC	About 19 nurses & midwives did not show up for registration and Enrolment. New arrangements have been finalized to Register/enroll them the 3 rd quarter

10.2.7 Summary of Achievements

During the period under review, the Council has been able to record the following achievements;

- 1) Printed 1000 copies and Launched a Five year Strategic Plan (2010-2015)
- 2) Registered & enrolled 2311Nurses and Midwives who successfully complete their training
- 3) Registered private midwifery practitioners (Domiciliary and General Clinics).
- 4) Developed a Council website; www.unmc.ug
- 5) Improved service delivery and corporate image of the council
- 6) Inspected Health Facilities (HFs) and Health Training Institutions (HTIs)
- 7) Strengthened collaboration with key development partners and stakeholders; VSO, AMREF, UNFPA, MTI, UNICEF, WHO
- 8) Completed the review of the Uganda Nurses and Midwives Act, 1996, ready to be submitted to the MoH

- 9) Participated in the establishment of District Supervisory Authorities in about 36 Districts
- 10) Reviewed the guidelines for the establishment of new nursing and midwives schools
- 11) Conducted a stakeholders' meeting to establish UNMC Regional centres in the 13 Regional Referral Hospitals to handle some of the selected activities of the Council
- 12) New members of the Council were appointed for a 3-year term

10.2.8 Challenges

- Inadequate funds and office equipment
- Inadequate staff at the UNMC secretariat
- Forgery of professional & academic papers
- Mushrooming training schools/institutions for nurses/midwives
- Over admission of students in the training schools especially public schools
- Illegal people practicing as nurses and midwives
- Unresolved issue of training and recruitment of Nursing Assistants
- The outstanding conflict between the two Nurses Unions

10.2.9 Way forward

- Recruit more staff at the secretariat
- Generate more resources to run council activities more effectively and efficiently
- Promote collaborative mechanism with various stakeholders to develop self regulatory mechanisms to ensure that the profession is more accountable to society
- Present the amended UNMC Act 1996 to the Ministry of Health
- Equip , facilitate and operationalise the Regional Advisory Centres (RACs) and District Supervisory Authorities (DSAs) to ensure their functionality, accessibility and visibility
- Intensify the inspection of Health Facilities and Health Training Institutions (HTIs) streamline standards of training
- Publish a list of fake nurses and midwives in the New Vision and Monitor
- organize selected modules of CPD Programmes for nurses and midwives at the regional centres
- Conduct more sensitization programmes to the public on the mandate of Council through the electronic and print media
- Organize more disciplinary sessions to address issues of indiscipline and unethical code of conduct among nurses and midwives
- Organize a stakeholders meeting to determine the cadres of nurses and midwives to be trained in Uganda

10.3 Pharmacy Council

10.3.1 Mandate

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

10.3.2 Mission

Protect the Society from Harmful and Unethical Pharmaceutical Practices.

10.3.3 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

10.3.4 Functions

- Enforce standards of pharmacy practice in the private and public institutions
- Regulate the conduct of and discipline of all pharmacists
- Maintain a register of pharmacists
- Ensure pharmacy training institutions conform to set standards
- Approve all pharmacy practice outlets both public and private
- Coordinate CPD & community empowerment to seek quality pharmaceutical services

10.3.5 1ST & 2ND quarter 2011/12 allocations

- 26,142,240=

10.3.6 Outputs and achievements of pharmacy council

Table 10.3.1: Pharmacy practice standards and ethical codes of conduct enforced

Activities	Budget	Actual Expenditure	Target Output	Comments
Joint Inspection	20,000,000	16,000,000	Eastern & Western Regions Visited	Inspection On-Going
Pharmacy Board Meetings	10,000,000	3,800,000	Two Meetings Held	Pharmacy Board Has Just Been Appointed
District Sensitisation On Council Activities	-	-	Western/ Midwest	Joint HPCS activity (Capacity Prog.)
Council meetings (members allowances)	7,000,000=	0	8 meetings held	Facilitated by PSU
Pay for fax/tel. Services	3,500,000=	0		Funds requested for

Table 10.3.2: Operations of the council supported

ST 1 & 2 quarters planned activities	Budget SHS.	Actual Expenditure	Target-Output	Comments
Purchase of manufactured goods	4,000,000=	0	Goods delivered	procurement initiated
Vehicle repair/service	7,000,000=	5,000,000	Vehicle serviced and repaired	Repair ongoing. Vehicle old, needs replacement
Small equipment service	2,000,000=	2,000,000	Equipment Serviced	A few are for boarding off

10.3.6 Challenges:

- Weak regulatory frame work
- Human resource shortages
- Inadequate finances
- Inadequate space

10.3.7 Way forward

- Strengthen regulatory frame work
- Mobilize additional funds
- Expedite the consultative process for the pharmacy bill, 2006.

10.4 Uganda Medical and Dental Practitioners Council (UMDPC)

10.4.1 Establishment

UMDPC is a statutory body, established under statute No 11 of 1996

10.4.2 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

10.4.3 Mission

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

10.4.4 Mandate

To regulate and enforce standards of medical practice and promote professional education among health professionals in Uganda in order to protect society from harmful medical and health practices.

While carrying out this mandate, councils are guided by the overall goal of the health sector, which is “the attainment of good standards of health by all people in Uganda in order to promote a healthy and productive life”. The councils therefore strive to contribute to the achievement of this goal.

10.4.5 Objectives

- 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

10.4.6 Major Achievements

- Conducted joint inspecting of private health units Eastern Uganda, and inspection of health units in mid central is in progress.
- Conducted three inquiries and investigating over 20 reported cases of professional misconduct.
- EAC Medical Council/Boards meetings going on in Mwanza, Tanzania
- Provided funds to support various CPD activities organized by local professional Associations.
- Reviewed and revised fees payable by practitioners to improve the revenue base of Council.
- Launched telephone directory for practitioners
- Launched and sensitized DSA in selected districts in western and North eastern Regions

- Sensitized medical students at Makerere University college of health sciences
- Procured a vehicle for the Council

10.4.7 Major Challenges

- Regulatory Issue: The UMDP Act is weak and has many loopholes.
- Inadequate funding: All the 4 HPC were allocated UGX 150m for the whole FY2011/12 to be shared.
- Staffing: Absence of an internal Auditor and other critical staff at the secretariat.
- Transport: Inadequate transport facilities.

10.4.8 Strategic Interventions

- Review and amendment of UMDP Act and harmonization of roles, mandates and capacity of UMDPC
- Travel to South Africa for experience sharing on proposed establishment of an independent umbrella National Regulatory Authority
- Expansion of staffing at the Council Secretariat, with creation of inspectorate division
- Regular inspection of Health Units in Kampala and up country Towns.

Table 10.4.1: Budgetary Performance Report for Q1 & Q2 2011/2012

Output Description	Annual planned target	Q1 & Q2 Planned output target	Q1&Q2 Planned Expenditure	Q1 & Q2 Actual output	Q1 &Q2 Actual Expenditure
1: Standard of Ethical Practice and quality of care improved					
Joint inspection of private health units up country	4 rounds of visit in a year in selected districts	2 rounds of visit in selected districts in 2 regions of Uganda	60,000,000	Visited selected districts in Eastern Region and mid-western visit is in progress	54,671,195
Investigation of reported cases of misconduct and conducting medical inquiry	27,660,000	–	13,830,000	Conducted 3 inquiries and investigating over 20 cases.	12,518,000
MLEB Exams	4 rounds of exam	2 rounds of exam	4,400,000	Conducted two rounds of Examination	5,610,000
Sensitization of students	Sensitize students in two Universities	Sensitize students in one University	–	Sensitized students from MUCHS on the functions and roles of UMDPC.	–
Launch of telephone directory	To launch telephone directory	To launch telephone directory	–	Launched telephone directory for practitioners	

Output Description	Annual planned target	Q1 & Q2 Planned output target	Q1&Q2 Planned Expenditure	Q1 & Q2 Actual output	Q1 &Q2 Actual Expenditure
Contribution to local Prof. Associations	20,000,000	–	–	–	5,500,000
2: Improving Capacity Development and Technical Support					
Attending meetings of EAC Medical Council/Boards	To attend four meetings	–	17,360,000	–	11,677,500
Staff training	5,000,000	–	3,754,000	–	3,754,000
Launch and sensitization of DSAs	Finalize launch and sensitization of DSAs	Launch & Sensitize DSAs in West and West Nile Regions	Capacity Program	Launched and sensitized DSA in West and West Nile	Capacity Prog. + 1,120
3: Improving Coordination and Resource Mobilization					
Council and Committee Meetings	Hold 20 meetings	Hold 2 Council & 3 committee meetings	13,460,000	Held two Council meetings and 3 Committee meetings	14, 695,200
4: Supporting Departmental Operations					
Paying staff Salaries	Full pay	Full pay to all staff	15,300,000	Fully paid salaries	23,587,500
Consolidated Allowance	Full pay	Full pay to all staff	31,920,000	Fully paid allowances	41,920,000
Staff welfare	14,200,000		7,100,000	–	2,621,200
Operation and maintenance of vehicles	–	–	55,508,684	–	29,890,958
Office Expenses, Supplies and services	–	–	29,040,000	–	17,688,036
Travel inland, lunch and mileage	–	–	52,290,000	–	19,487,000
Total			306,708,684		244,740,389

Chapter Eleven: National Referral Hospitals

11.1 Mulago National Referral 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 Budget Priorities

- To improve on the quality of clinical care provided to patients referred.
- To acquire & improve on the maintenance of medical equipments.
- To upgrade infrastructure e.g. staff accommodation
- To improve the functionality of support services.eg oxygen plant ,

Table 11.1.1: Staff by terms of employment

Terms of employment	Number	Percentage
Permanent Staff	1714	78.1%
PPS	143	6.5%
Expatriates	9	0.4%
Probation	332	15.1%
Total	2,198	100%

Table 11.1.2: Number of Mulago staff by category

Group	Number of staff	Percentage
Pharmacist	8	0.36%
Dental surgeons	11	0.5%
Other professionals	24	1.1%
Consultants	65	3.0%
Medical Officers	151	6.8%
Midwives	271	12.3%
Allied Professionals	281	12.8%
Administration & support staff	673	30.6%
Nurses	714	32.5%
Total	2,198	

Mulago staff by category

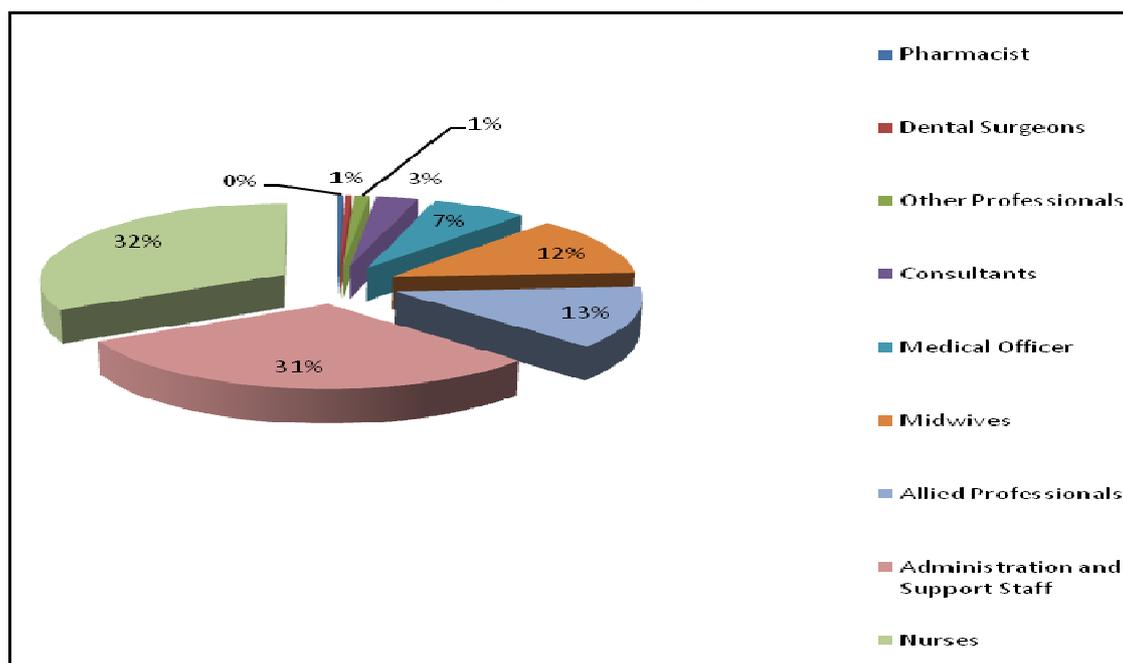


Table 11.1.2: Mulago Hospital budget allocation for FY 2011/12

ITEM DESCRIPTION	AMOUNT (Ushs)
Wage	18,000,000,000/=
Non Wage	9,820,566,000/=
Capital development	5,020,000,000/=
Support to rehabilitation of Mulago	18,000,000,000/=
Non Tax Revenue	6,960,000,000/=
Taxes	200,000,000/=
Grand Total	58,095,000,000/=

Table 11.1.3: Planned Activities under procurement of specialized equipment

	Item	Amount
1	Assorted Medical Equipment for Burns Unit	56,000,000
2	Assorted Medical Equipment for Accidents and Emergencies	409,000,000
3	Assorted Medical Equipment for Radiology	203,000,000
4	Assorted Medical Equipment for Physiotherapy	73,756,000
5	Assorted Medical Equipment for Nursing	674,447,000
6	Assorted Medical Equipment for Laboratory	81,575,100
7	Assorted Medical Equipment for Intensive Care Unit	476,000,000
8	Assorted Medical Equipment for Paediatric Unit	318,460,000
10	Assorted Medical Equipment for Orthopaedics	170,000,000
11	Assorted Medical Equipment for Neurosurgery	45,000,000
12	Assorted Medical Equipment for Physiotherapy	73,756,000
13	Anaesthesia Machines complete with Patient Monitors	713,400,000

Table 11.1.4: Planned Activities under Civil Works and ICT

ITEM	Amount (Shs)
Rehabilitation of staff Quarters	200,000,000/=
Piped network for oxygen, gases, vacuum and other Equipments	300,000,000/=
Furnishing all the wards and offices	300,000,000/=
Communication and management systems including IT Network	150,000,000/=
Master Plan	300,000,000/=

Table 11.1.5: Mulago donor fund of 18Bn

Item	Budget	Remarks
1. Procurement, installation and commissioning of the oxygen plant	4,500,000,000	Procurement processes have commenced, adverts have been made but funds have not yet been released.
2. Engineering and Design studies	1,200,000,000	Same as above
3. Staff Houses	12,300,000,000	Contract can only be awarded after bills of quantities are drawn

Table 11.1.6: Mulago budget performance for Capital Development

Code	Item	Approved budget	Warrants	Releases	payments	commitments	Funds available
231002	Residential buildings (staff house rehabilitation)	200,000,000	100,000,000	100,000,000	2,099,000	97,901,000	97,901,000
231005	IT equipment	150,000,000	100,000,000	100,000,000	13,962,960	86,037,040	86,037,040
231005	Medical equipment	4,070,000,000	2,035,000,000	2,035,000,000	123,060,000	1,911,940,000	1,911,940,000
231006	Office & ward furniture	300,000,000	175,000,000	175,000,000	870,000	174,130,000	174,130,000
281503	Engineering designs studies	300,000,000	150,000,000	150,000,000	86,015,755	63,984,245	63,984,245
312206	taxes	200,000,000	66,666,666	66,666,666	66,666,666	-	-
Total		5,220,000,000	2,626,666,666	2,626,666,666	292,674,381	2,333,992,285	2,333,992,285

Table 11.1.7: Mulago budget performance for Recurrent budget

Output No	Output description	Approved budget	Releases	Payments	Funds available
85401	Inpatients Services	18,063,267,004	7,962,998,310	7,853,672,533	109,325,777
85402	Outpatient Services	259,565,094	129,782,500	120,922,200	8,860,300
85403	Medical and Health Supplies	597,000,213	298,489,500	257,527,960	40,961,540
85404	Diagnostic Services	139,000,049	69,500,000	67,659,958	1,840,042
85405	Management and support services	6,947,703,173	3,473,954,976	3,319,519,960	154,435,016
85451	Research Grants	1,814,000,646	907,000,000	897,205,000	9,795,000
	Total	27,820,536,179	12,841,725,286	12,516,507,611	325,217,675

Table 11.1.8: Patients Workload FY 2011/12 (July 2011- Dec 2011)

Item	Number expected	Actual output	Actual as a percentage of expected targets
Inpatients	70,000	61,723	88%
Outpatients	350,000	317,541	91%
Laboratory tests done	900,000	765,952	85%
Images done	30,000	39,432	131%

Table 11.1.8: Overall summary assessment of outputs for Mulago Hospital

Output Code	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure	Q1 & Q2 Actual Output Target	Q1 & Q2 Actual Expenditure	Reasons for variance from
085405	Maintenance Civil	1. Installation of 10 Lightening Arresters. 2. Renovation of civil works (carpentry, glass, electrical ,plumbing)	1. Installation of 10 Lightening Arresters. Partial renovation of civil works (carpentry, glass, plumbing)	12,000,000 61,375,000	Casualty, Wards 5A, 4A, 3B have been renovated	61,375,000	Procurement in progress for lightening arresters and funds committed

Output Code	Output Description	Annual Planned Output Target	Q1 & Q2 Planned Output Target	Q1 & Q2 Planned Expenditure	Q1 & Q2 Actual Output Target	Q1 & Q2 Actual Expenditure	Reasons for variance from
085472	Government building & Administration	Engineering and design studies	1.Consultancy services for designing staff Accommodations (400 units) 2.Formulation of Hospital master & strategic investment plan	100,000,000 300,000,000	Consultation in progress Procurement in progress	86,015,755	Procurement in progress for these items
085476	Office & IT equipment	Expansion of LAN	LAN Expansion/ Servicing and Maintenance	100,000,000	LAN Expansion /Servicing and Maintenance done	13,962,960	The balance is committed for computer hardware and software and procurement in progress.
085477	Machinery & Equipment	1.Assorted medical equipment 2.Oxygen Piping extension 3.Security equipment	1.Assorted medical equipment 2.Oxygen piping extension 3.Security equipment	3,052,000,000 300,000,000 as extension of oxygen to all wards in the hospital 80,000,000	Advert for assorted medical equipment (theatre, intensive care A&E, ENT, EYE etc) & security equipments were made for bid submission	10,000,000	Equipments Advertised and procurement in progress Procurement in progress
085482	Residential buildings	Staff houses construction and rehabilitation	Staff houses rehabilitation	100,000,000	Plumbing and Electrical installation done	2,099,000	The balance is committed for further rehabilitation
085478	Office furniture and fittings	Office and ward furniture	Office and ward furniture	125,000,000	Furniture has been delivered and more to be delivered soon. A/E is already covered	125,000,000	At delivery stage

11.1.3 Planned activities

1. Africa Development Bank(ADB):

- 2 KCCA Hospitals i.e. Kawempe and Kiruddu
- Rehabilitation of Lower Mulago Hospital block
 - The total cost = USD 64 million
 - GoU counter funding 10%

2. Islamic Development Bank (IDB):

- Women Hospitals at Mulago Hospital
 - The total cost = USD 29 million
 - GoU counter funding 10%

Proposed women's hospital view along Owen road



Proposed women's hospital view from middle block also showing the ramps



11.1.4 Strategies to improve vote performance - Customer Care System (CCS)

- SMS (Short Message System) Platform (8888)
- Interactive Voice Response (Still building it up testing line (0902000010)
- Website Design has been developed.
- Establishment of a signage system with a Google map and electronic display board
- Establishment of telephone lines for patients to call in case of any problem
- Establishment of a front office with a computer and telephone operational 24 hrs

11.1.5 Strategies to improve vote performance - Integrated Intelligence Computer System (IICS)

The system would assist in streamlining the following;

- Drugs and supplies management
- Health services staff management
- Patient records and information management
- Inventory and assets management

11.1.6 Strategies to improve vote performance - Proximity security system

In order to monitor the movement of people in certain key areas, a proximity security system is to be installed this financial year. The system is linked to the computer and this enables to track the visitors to such areas. The areas are Intensive Care Unit, all High Dependence Units, Special Care Units and Labour wards. Once this system is fully installed, only authorized personnel will be given access rights and this will reduce overcrowding and thefts

11.1.7 Challenges

- Poor staff remunerations, currently staff get funds in terms of consolidated allowance one night allowance per month which is only 110,000 shillings. Preferably this could be increased to 3 nights allowance per month so that a health worker goes home with an allowance of Shs 330,000 per month. The current hospital budget does not permit this.
- Understaffing
- Under funding especially for recurrent expenditure like on food for patients
- High patient turn up leading to work overload as well as many patients sleeping on the floor.
- Poor infrastructure especially for staff accommodation.

11.2 Butabika National Referral Hospital

11.2.1 Background

- A National Mental Referral, teaching and research hospital.
- It offers specialized mental and general outpatient services to the populace.

11.2.2 Vision:

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

11.2.3 Mission Statement:

- To offer super specialized and general mental health services
- To conduct mental health training
- To carry out mental health related research
- To provide support to mental health care services in the country for economic development.

11.2.4 Key Objectives

- 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.

11.2.5 Planned Activities 1st & 2nd Quarter 2011/2012

- Provision of Mental Health care (review and diagnosis, investigations, provision of food, medicines, dressing, beddings etc).
- Provision of General Outpatients care and Community Outreach Clinics
- 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.
- Complete construction of Ceiling for OTD.
- Initiate procurement process for construction of 2 storied staff house.
- Continuous provision of guidance and resources to the implementation of SHSSPP II.

11.2.6 Quarterly Actual Outputs and Expenditures against Plans for all Recurrent

Table 11.2.1: Management (Programme Code: 01, Vote: 085501)

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2 Release	Q 1 & Q 2 Actual Expenditure	Provide Reasons for Any variance
Administration and Management	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 two quarters. High standard of patient's welfare. Maintenance to hospital buildings, sewerage and drainage lines; open grounds and perimeter fence. Utilities paid for in time.	1,583.89	Standard of Patients' welfare has been kept high with patients having 3 meals. Maintenance has been made to Hospital infrastructure, open grounds and perimeter fence. Six months salaries and allowances paid.	1,583.89	1,128.11	The Hospital is still utilizing the prepayments made at the end of financial year 2010/2011, hence no payment has been effected on electricity and water this FY. Procurement process for other supplies ongoing.

Table 11.2.2: Management (Programme Code: 01, Vote: 085502)

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2 Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
Mental Health Inpatient Services	A range of Specialized Medical drugs and sundries shall be provided on	A range of Medical drugs and sundries shall be provided on quarterly basis to	307.48	A range of Medical drugs and sundries were provided	307.48	229.43	Procurement process is ongoing. The hospital has scaled up HIV/AIDS activities with support from

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
	quarterly basis to facilitate treatment , 10,800 X-ray, 20,000 Laboratory, and 1,040 Ultrasound investigations.	facilitate treatment, 2,700 X-ray, 5,000 Lab and 260 Ultrasound investigations.		which facilitated 11,293 investigations conducted in Laboratory, 680 in X-ray, 701 in Ultrasound, 151 EEG investigations done and a total number of 130,424 patients seen			Mulago-Mbarara Joint Aids Program (MJAP) – (increased testing).

Table 11.2.2: Management (Programme Code: 01, Vote: 085504)

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
		Alcohol and Drug Abuse as well as Child and Adolescent psychiatric care. 14,000		mental patients were treated in the specialized mental health clinics:			
		Mental Patient to be seen and 25,000 Medical Outpatients to be seen.		12,469 in the mental health clinic, 1,716 in the Child mental health clinic,			

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
				418 in the Alcohol and drug unit and 295 in the Psycho-trauma unit. 28,037 patients with general ailments were handled in line with the Primary Health Care (PHC) requirements.			
Specialized Outpatient and PHC Services provided.	28,000 Mental Patients to be seen and 50,000 Medical Outpatients to be seen.	Develop and accelerate growth of new sub specialties of Psycho trauma, Alcohol and Drug Abuse as well as Child and Adolescent psychiatric care.	22.29	128 Clinic days were registered and a total of 14,898 mental patients were treated in the specialized mental health clinics: 12,469 in	22.29	9.95	Procurement process ongoing.
		14,000 Mental Patient to be seen and 25,000 Medical Outpatients to be seen.		the mental health clinic, 1,716 in the Child mental health clinic, 418 in the Alcohol and drug unit and 295			

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
				in the Psycho-trauma unit. 28,037 patients with general ailments were handled in line with the Primary Health Care (PHC) requirements.			

Table 11.2.3: Management (Programme Code: 01, Vote: 085505)

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
Community Mental Health Services and Technical Support Supervision	48 Outreach Clinical to be conducted and 2,600 patients to be attended to. Advocacy workshops conducted.	Support regional Referral Hospitals through Technical Support Supervision . Run outreach clinics on a regular basis. Ensure advocacy for the mentally sick.	61.05	Technical support supervision undertaken in Mbale, Soroti, Moroto and Fortportal. Strengthened the community team, regular visits by outreach clinics were carried out:	61.05	49.03	Funds reserved for Hospital's Film Festival/Open Day.

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
				<p>18 Outreach clinics conducted in the 5 centres of Nkokonjeru, Kitetikka, Nansana, Kawempere and Katalawa in which 1,476 patients were seen. 167 patients were assisted to resettle to their homes within Kampala and Wakiso, 331 patients resettled upcountry. 2,318 patients rehabilitated and 19 integrated through the Occupational Therapy department.</p>			

Table 11.2.4: Management (Programme Code: 01, Vote: 085501)

Output Description	Annual Planned Output Target	Q 1 & Q 2 Planned Output Target	Q 1 & Q 2 Planned Expenditure (Ush Millions)	Q 1 & Q 2 Actual Output Target	Q 1 & Q 2. Release (Ug. Shs. Millions)	Q 1 & Q 2 Actual Expenditure (Ush Millions)	Provide Reasons for Any variance
Administration and Management	Periodic Reports on control systems over Hospital resources. Annual Report on conformity of financial and operational procedures with laid down regulatory framework. Production of Quarterly Report on the adequacy of Hospital Management action on Recommendations made by competent government organs.	Quarterly reports on routine audits. Ad hoc stores inspections and Audits.	1.50	Audited the payroll and HRM allowances and advances , NTV, fixed assets and SHSSP II Project.	1.50	1.50	N/A

11.2.7 Achievements

Provision of Mental Health Training:

- 421 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.

Human Resource:

- During the 1st and 2nd quarter, 40 staff members were confirmed in into service, 20 vacancies for clinicians were declared for filling by the Health Service Commission (HSC). The process of recruiting 24 support staff is still on-going.

Research and Advocacy:

- 1 Journal Article in preparation stage

Construction of staff houses:

- Completed the bidding process for the construction of 2 storied staff houses (4 Family units)

Maintenance of grounds, buildings and infrastructure:

- Hospital buildings and grounds were kept exceptionally clean and well maintained throughout the period.

11.2.8 Challenges**Human Resource:**

- The care for the mentally sick poses unique challenges; the recommended ratio of staff to patients has not yet been realized especially in the key sector of Nursing. It is therefore common 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 for the completion of the restructuring process which has been ongoing for the last three or so years.

Inadequate Budget:

- Over the years, the Hospital's budget ceiling has remained the same despite the high inflation vis-a-vis the increasing number of patients. The resultant effect has been inadequate food, drug supplies and staff welfare needs. Additional budgetary resources are required to fill the current funding gap.

Patient Attendance:

- Patient attendance remains very high in spite of opening up new mental health units in all the Regional Referral Hospitals. Bed occupancy has remained at over 130% over the last several years.

Infrastructure:

- The nature of our clients/patients demands that regular maintenance is carried out. However, funding for maintenance of the infrastructure and equipment has remained at the same level. Most of the equipment was procured more than five years ago, thus becoming more expensive to maintain especially the laboratory equipment.

Load Shedding:

- With effect from this FY 2011/12, the Hospital has not been spared of electricity load shedding hence leading to darkness at night and a threat to both the patients and the staff considering the kind of patients the Hospital its managing.

11.3 SUPPORT TO HEALTH SECTOR STRATEGIC PLAN (SHSSPP) II ACTIVITIES

11.3.1 OBJECTIVES:

- 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 11.3.1: SHSSPP II: Civil Works

Activity	Planned	Achieved	Remarks
Construction of Health Center IVs	13 HCs at 100% completion	<ul style="list-style-type: none"> • 8 HC complete and handed over, in use • About 80% progress achieved 	Some works subcontracted to fast track progress, Hamurwa + Kihihi partial hand over.
Construction of Health Center IIIs	26 HCs at 100% completion	<ul style="list-style-type: none"> • 16 sites completed. • 4 over 85% complete, 6 behind schedule 	Some works subcontracted to fast track progress. Nyakayojo HC III partial handed over
Construction of Mental Health Units	6 MHUs at defects if any corrected	<ul style="list-style-type: none"> • All 6 sites completed by 2010, commissioned, in use 	Defects corrected and in use
Redevelopment of Mbarara Hospital	Phase 1 100% completion	<ul style="list-style-type: none"> • MHU completed in July 2011 and in use • Main block at 98% progress 	Main complex awaiting power installation/ Connection before commissioning. Wiring complete

Table 11.3.2: SHSSPP II: Consultancy services

Activity	Planned	Achieved	Remarks
Design and supervision of Mbarara Hospital	<ul style="list-style-type: none"> • Progress reports • Financial Appraisal 	Monthly site meetings held	Supervision especially defects ongoing
Supervision of 39 HCs being renovated by the project	<ul style="list-style-type: none"> • Construction supervision • Handover of sites 	<ul style="list-style-type: none"> • PMU Supervising directly ongoing construction & defects because contracts of consultants expired 	Could not extend contracts of consultants because of lack of funds

Table 11.3.3: SHSSPP II: Procurement

Activity	Planned	Achieved	Remarks
Procurement of Specialised Equipment and Furniture for Mbarara hospital	Complete delivery of specialised Equipment and Furniture for Mbarara hospital	Medical equipment (lot) 1 and Medical Furniture Delivered.	Delivered to site, verified by NACME, some in use other stored till new blocks open
CT scan for Mbarara hospital	Sign contract	Contract signed. To be delivered March 2012	Initially delayed by procurement audits



Completed Mbarara Hospital Mental Health Unit – Entrance, Parking View



Mbarara Hospital new MHU Interior – Completed May 2011



Mbarara Hospital Progress – Parking area paving now ongoing



Mbarara Hospital Progress – Block B rear elevation

Training

Scholarships for most supported trainings in mental health are ongoing esp. M. Med (Psychiatry) and other courses.

11.3.2 Challenges

VAT Arrears:

- The VAT policy change midway the project affected performance since all contractors claimed this was affecting their cash flows for the non refundable input VAT. However, this was later solved during the financial year.

Contractor Performance:

- The contractors with the exception of the Mbarara Hospital and the MHU contractors have been too slow in performance.

Budget Inadequacy:

- A number of items/activities need additional funding especially the upgrading of the Mbarara hospital power. Currently, the existing 200KV transformer is insufficient to run the new complex. Only the MHU has been connected and the new complex with a bulk of equipment requires additional transformers and hence funding.

Others:

- The nature of the project area (south western Uganda) paused implementation hindrances like the terrain, bad roads, landslides and material long haulage distances. In most sites, for instance, good quality sand was all ferried from Masaka to as far Rukungiri and Kabale Districts.

Chapter Twelve: Projects

12.1 Uganda Health Systems Strengthening Project

12.1.1 Introduction and Project Issues

- The GoU received financing of SDR 85.7 million equivalent to US\$ 130 million from the World Bank for implementing the Uganda Health Systems Strengthening Project (UHSSP).
- UHSSP was declared effective on 10th February 2011 following the fulfillment of all conditions for project effectiveness.
- The project is now in its second year of implementation. Key outputs over the last two financial years include: recruitment of project consultants; preparation of designs for rehabilitation of 19 Hospitals and 27 HCIVs; and procurement and distribution of double cabin pick-ups.
- Below is a progress report for activities implemented as at 7 February 2012.

12.1.2 Progress Report per Component

Table 12.1.1: UHSSP - Health Infrastructure

Activity	Progress to date
1) Carrying out environmental and social impact assessments	<ul style="list-style-type: none">• The National Environment Management Authority approved four environment and social impact assessment reports for Eastern, Western, Central and Northern Uganda.
2) Development of Detailed Designs, Bills of Quantities (BOQs) and Tender Documents for 2 RRHs, 17 GHs and 27 HCIVs	<ul style="list-style-type: none">• Contracts with consultancy firms were signed on 6th January 2011. Inception reports were submitted on 21st January 2011.• The firms submitted draft final designs on 20th November 2011.• Senior Management approved designs for HCIVs and General Hospitals.• A meeting is yet to be scheduled to review designs for Regional Referral Hospitals.
3) Printing of implementation manuals	These were printed and distributed.

Activity	Progress to date
4) Procurement of multipurpose vehicles, drug delivery trucks, ambulances, motor cycles and tri cycles.	<ul style="list-style-type: none"> The contract for supply of 58 double cabin pickups was awarded to Nissan Limited on 26 September 2011. 30 Double cabin pickups were delivered to MoH offices while 28 are scheduled for delivery by March 2012. An Omnibus was also delivered. MoH signed a contract with Toyota Uganda to supply 3 station wagons. The supplier is reluctant to supply the vehicles without a letter of credit.
5) Procurement of ambulances, transport vehicles, delivery trucks motor cycles and tri cycles (Cont'd)	<ul style="list-style-type: none"> MoH signed a contract with Kenya on 26th Sept 2011 for supply of 2 medicine delivery trucks. Initiation of shipping is awaiting opening of a letter of credit. Registration of 27 motor cycles is in progress supplied by Nile Fishing Company Limited. On 27 December 2011, Cooper motors Corporation signed a contract to supply 17 ambulances. A letter of credit has not yet been opened.
6) Procurement of Medical Equipment and Hospital Furniture not requiring installation.	<ul style="list-style-type: none"> Bids for medical equipment and hospital furniture were opened on 19 September 2011. 34 bids were received with some bidders submitting bids for more than 2 lots. Bid evaluation has been completed.
7) Procurement of startup furniture and office equipment	<ul style="list-style-type: none"> Assorted furniture including: office desks (5), side returns (5); high back chairs (5), cupboards and book cases (10) were delivered in August 2011.
8) Recruitment of a Quantity Surveyor and Architect	<ul style="list-style-type: none"> Both the Quantity Surveyor and the Architect were recruited and started work on 14 December 2011.
9) Procurement and installation of computers and printers for 2 RRHs, 17 GHs, 27 HCIVs, 19 DHOs and 25 MoH HQs, 43 for HRH	<ul style="list-style-type: none"> Bidding documents are being finalised.
10) Procurement and installation of photocopiers	Technical specifications are under review

Table 12.1.2: UHSSP - Human Resource Management and Development

Activity	Progress to date
1) Implement a scholarship scheme to train health workers in hard- to-reach/underserved districts.	<ul style="list-style-type: none"> The bank approved guidelines for management of scholarships. Scholarship applications closed on 28 October 2011. 3,600 applications were received. Short listing of applicants will be completed by 28 February 2012.

Activity	Progress to date
2) Provide scholarships/loan schemes for training of HWs in short supply.	<ul style="list-style-type: none"> The bank approved guidelines for management of scholarships. Scholarship applications closed on 28 October 2011. 3,600 applications were received. Short listing of applicants will be completed by 28 February 2012.
3) Recruitment of a Human Resources for Health (HRH) Policy Advisor	<ul style="list-style-type: none"> Interviews for the HRH Policy Advisor were held on 21 October 2011. The Delegated contracts committee approved the interviewing report on 25 November 2011. Contract negotiations were concluded on 26 November 2011. The contract is yet to be signed.
4) Recruitment of an HRM Management Information System Strengthening Advisor	<ul style="list-style-type: none"> The HRH MIS Advisor started work on 1 February 2012.
5) Development of business plans for four Professional Councils	<ul style="list-style-type: none"> Invitation for bids closed on 22 September 2011. Evaluation of Expressions of Interest is ongoing.
5) Development of business plans for four Professional Councils	<ul style="list-style-type: none"> TOR were finalized and submitted to the PDU for contracts committee decision.
6) Roll out an integrated HRH MIS linking the MoH headquarters with 19 project districts plus 21 non-project districts.	<ul style="list-style-type: none"> To expedite the roll out of the HRH MIS, Intra Health was invited to express interest in scaling up the HRH MIS. Review of Intra Health's HRH MIS roll out budget which was submitted in October 2011 has not been concluded
7) Provide basic teaching materials and aides including anatomical models for example library text books, learning models and equipment for skills laboratories in 5 training schools.	<ul style="list-style-type: none"> The activity has not been initiated by the user department despite several reminders to do so.

Table 12.1.3: UHSSP - Reproductive Health

Activity	Progress to date
1) Provision of EmONC equipment.	<ul style="list-style-type: none"> Receiving of bids closed 12 October 2011. Evaluation is ongoing. Bid evaluation was delayed partly due to busy schedules of committee members.

Activity	Progress to date
2) Procure long term family planning commodities for rural health facilities and family planning equipment, lifesaving medicines and supplies.	<ul style="list-style-type: none"> The procurement of family planning commodities was allocated to National Medical Stores. 7 A Memorandum of Understanding between MoH, NMS and MoLG was signed on 30 March 2011. For a period of over 7 months, bidding documents have not been finalised partly due to high turnover at NMS affecting continuity.
3) Procurement of contraceptives	<ul style="list-style-type: none"> NMS has not finalised preparation of bidding documents for a period of over 7 months.
3) Recruitment of a Reproductive Health Project Advisor.	<ul style="list-style-type: none"> The RH Advisor started work on 1 November 2011.
4) Establish and operationalize Health Facility Maternal and Perinatal Death Auditing Committees in all hospitals	<ul style="list-style-type: none"> MoH has revised the RH budget following guidance from Parliament of Uganda. Approval of the revised budget by the World Bank is awaited. The Department has in the mean time submitted a request for funds.

Table 12.1.4: UHSSP - Leadership and Management

Activity	Progress to date
1) Study and Pilot introduction of performance based contracts in 3 RRHs	<ul style="list-style-type: none"> Meetings were held between MoH and Ministry of Public Service although limited progress has been registered with regard to piloting the performance contracts. It is anticipated that the activity will be fast tracked when the HRH Policy Advisor is recruited.
2) Train health facility managers in leadership and management (Masters in Hospital Management).	<ul style="list-style-type: none"> 26 Health Workers were enrolled onto the MSc in Hospital Management while 30 Health Workers were enrolled onto the Diploma in Health Services Management at Nkozi University.
3) Evaluate the operations of the Health Sub-District Concept since its inception in 1998/99 financial year.	<ul style="list-style-type: none"> Adverts were placed in the Newspapers on 7 June 2011 and closed on 24 June 2011. Bid evaluation has not been finalised.
4) Develop and pilot a hospital accreditation System.	<ul style="list-style-type: none"> The ToR were revised following extensive comments from the World Bank and revised ToR were re-submitted to the Bank for approval.

5) Conduct a client satisfaction survey.	<ul style="list-style-type: none"> Bids were advertised in the local newspapers on 7 June 2011 and closed on 22 June 2011. Evaluation of the bids has not been concluded.
7) Preparation of project level indicators	<ul style="list-style-type: none"> Draft project level indicators were developed and are due for submission to the World Bank.
8) Developing a communication strategy for the Ministry of Health	<ul style="list-style-type: none"> An advert was placed in the newspapers on 5 September and receipt of EoIs closed on 22 September 2011. Bids were evaluated and an evaluation report is yet to be finalised.

Table 12.1.5: UHSSP - Systemic and cross cutting issues and measures

Implementation issues	Measures taken
<p>1) Opening Letters of Credit</p> <ul style="list-style-type: none"> There have been extensive delays by the Accounts Department to open letters of credit leading to delays in conclusion of procurements. For example the supply of the 58 double cabins has been protracted due to delays in opening LCs. Toyota Uganda has expressed its unwillingness to supply the 3 Station Wagons (whose contract was signed on September 26 September 2011). Several procurements have been delayed. 	<ul style="list-style-type: none"> The Accounting Department is expected to expedite the process of opening Letters of Credit.
<p>2) Delayed Payment of Consultants' Salaries</p> <p>The payment of salaries to staff is irregular and rarely paid within the month of work. The delays come with inconveniences and uncertainty to staff.</p>	<ul style="list-style-type: none"> The Project Accountant has regularly been requested to initiate salary requisitions early in the month to minimise delays.
<p>3) Lag in implementation of Human Resource Component and Leadership and Management Components</p> <p>Save for scholarships, other critical activities for example roll out of the HRH MIS, establishment of performance contracts at 3 Regional Referral Hospitals have not been initiated.</p>	<ul style="list-style-type: none"> It is anticipated that the implementation of these two components will be expedited with the recruitment of the HRH MIS Advisor and the HRH Policy Advisor.

<p>4) Allowances to Civil Servants</p> <p>The focal persons and component coordinators are not receiving any direct incentives and in several instances, this has affected their motivation.</p>	<ul style="list-style-type: none">• Use of counterpart funding for allowances.
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12.2 The East African Public Health Laboratory Networking Project (EAPHLNP)

12.2.1 Background & Introduction

Project Area: Regional project being implemented in all the 5 East African countries

Project aim: To establish a network of efficient, high quality accessible public health laboratories for diagnosis of tuberculosis & other communicable diseases

Three (3) project components

1. Strengthen the regional capacity to diagnose communicable diseases of public health importance and share information to mount an effective regional response (*Component I*);
2. Support joint training and capacity building to expand the pool of qualified laboratory technicians (*Component II*); and
3. Fund joint operational research and promote knowledge sharing to enhance the evidence base for these investments and support regional coordination and program management (*Component III*).

12.2.2 Commencement of the Project

- Project became effective on January 31st, 2011
- First disbursement arrived in April 2011 (\$ 747,500)
- Since then, project implementation started and is ongoing
- Project being implemented in 5 sites in Uganda and a total of 23 sites in East Africa
- Activities being reported on fall under the three different project components
- Important to note that the Institutional Arrangement for implementation is LTIA; and not PMU or PIU

Location of the 24 satellite sites

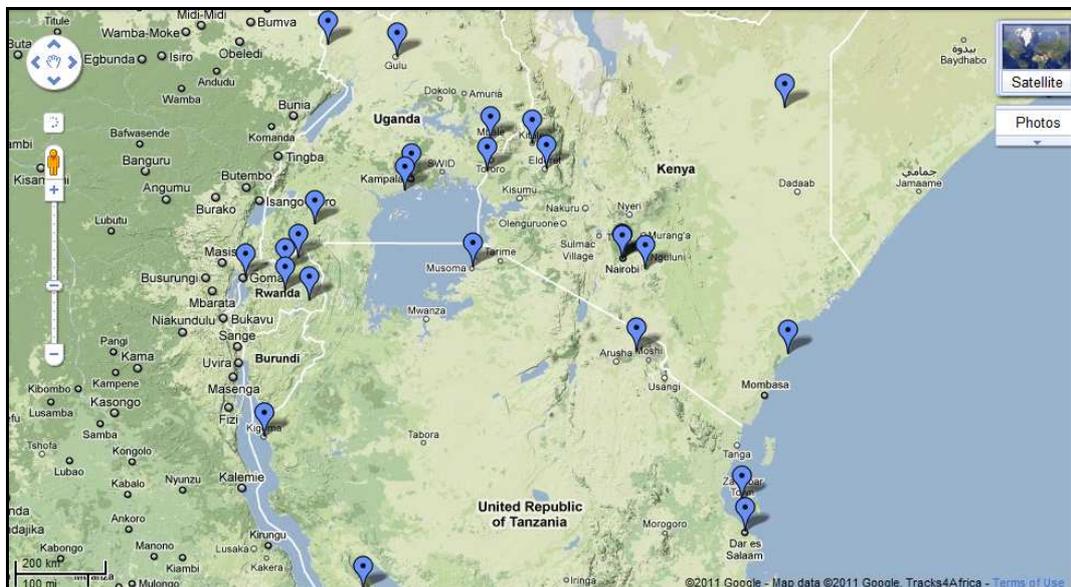


Table 12.2.1: Plan 01: Cost by Disbursement Category

Category	Amount
Disease Surveillance & Outbreak Investigation	USD 10,000
Establishing Satellite Diagnostic and Treatment Centers	USD 71,000
Joint Training & Capacity Building	USD 70,000
Joint Operational Research & Knowledge Sharing	16,500
Contribution to ECSA-HC	125,000
Procurement of Goods & Services	455,000
Total	747,500

Table 12.2.2: Plan 02: Cost by Disbursement Category

Category	Amount
A. Goods	401,990
B. Works	941,000
C1. Consultants	386,000
C2. Training	123,750
Operating costs	295,535.2
ECSA-HC	125,000
Grand Total	2,273,274

Progress in implementation**Table 12.2.3: Project Coordination**

Planned activity	Progress made
Hold Project Coordination Meetings	A number of Project Coordination Meetings were held and; <ol style="list-style-type: none"> 1. Regular monitoring of progress in project implementation done 2. Information shared 3. Routine planning issues considered
Establish TWGs for the Project	Five (5) TWGs established; members from stakeholder organizations were formally appointed by PS.

12.2.3 Disease Surveillance TWG Scope of Work

- To empower and facilitate disease surveillance experts in the region to discuss various aspects regarding policies, training, cross border surveillance, harmonization of tools and data, linkages between laboratory and disease surveillance
- Strengthening communications and data sharing which will strengthen project implementation and support the milestones and deliverables of the project.

Table 12.2.4: Diagnostic and Surveillance Capacity

Planned Activity	Progress
Collect baseline data from satellite sites for populating the results framework.	Baseline data collection was done and completed in July 2011. Data was used to inform site work plans development and populating the results framework.
Conduct quarterly support supervision of satellite sites to monitor project implementation.	<ul style="list-style-type: none"> • Two rounds of support supervision of the satellite sites were conducted.
Develop satellite work plans and critical equipment lists	<ul style="list-style-type: none"> • Site work plans completed in Sept 2011. • Satellite staff were oriented on financial management guidelines. • Disbursement of initial funds to satellite sites effected in November. • Developed critical equipment list for sites
Specimen referral to the satellite sites from peripheral laboratories	Starting soon; funds disbursed to satellite sites to facilitate the activity.
Outbreak investigation	<ul style="list-style-type: none"> • Hosted and supported VHF Experts Meeting which held in Entebbe on 11th -12th July 2011. • Participated in development of the Regional Framework on Integrated Disease Surveillance and Response. • Participated in development of Training Modules for IDSR under the project. • Participated in regional coordination activities, namely; VCs and regional TWG meetings
Participation in joint cross boarder IDSR activities	Activity not yet implemented; but due to start soon; it awaited disbursement of funds to the satellite sites.

12.2.4 Operational Research TWG – Scope of work

- (i) To provide in-country oversight and guidance in conducting the OR activities under the regional project;
- (ii) To facilitate local and regional capacity to conduct operational research and evaluation in medical diagnostics,
- (iii) Involve the public health laboratories and stakeholders such as research institutions, academic institutions and civil society groups in project OR activities.

Table 12.2.5: Joint Operational Research and Knowledge Sharing

Planned Activity	Progress
Participate in regional OR activities and conduct in country OR studies.	<ul style="list-style-type: none"> • OR TWG participated in the development of the joint OR Protocol. Kenya led the process. • Participated in regional workshops and VC's. • In country OR TWG meetings have been held monthly to discuss progress. • Actual studies have not yet started; awaiting the finalization of research proposal. • Process to sensitize in country research teams planned for February 2012, but will be completed when the protocols are finalized.

12.2.5 Training TWG Scope of work

- To support joint training approaches and expand a pool of qualified laboratory technicians.
- To standardize training approaches of the Health Workforce to build capacity of the satellite sites to conduct quality diagnosis of tuberculosis and other communicable diseases.

Table 12.2.6: Joint Training and Capacity Building

Activity	Progress
Participation in the in-country and regional training activities	<p>Identified the training needs and supported a number of personnel to participate in the following regional training courses:</p> <ol style="list-style-type: none"> 1. Laboratory management course (July) 2. Procurement course (September) 3. Union TB control course. 4. Training of the TWG Members; Members participated in a September Regional Training Workshop held in Tanzania.

Table 12.2.7: Laboratory Accreditation & Networking TWG

Planned Activity	Progress
As the lead country, coordinate regional Lab Accreditation & Networking activities	a. Uganda coordinated the regional level activities such as VCs b. Coordinated development of Regional Work plan and Roadmap Towards Accreditation; done during a July 2011 face-to-face Kampala meeting
Develop national work plan for Lab accreditation and Networking and Hold TWG in-country meetings	a. Developed national work plan and roadmap b. Held regular in-country TWG meetings
Build capacity for peer assessment of the satellite laboratories	Three Ugandan Regional Assessors were trained by ASLM
Peer assessment of the Satellite Labs using WHO stepwise accreditation checklist	Peer assessment of the satellite laboratories was carried out in November 2011

Participants of the Laboratory Accreditation and Networking Kampala face-to-face meeting



12.2.6 Information Communication Technology (ICT) TWG Objectives

- To provide in-country oversight and guidance on ICT infrastructure and info-structure for the project sites.
- To provide oversight and guidance to in-country project sites on building capacity for ICT which will strengthen implementation and achievement of the milestones and deliverables under the project.

Table 12.2.8: ICT Project Component

Planned Activity	Progress
Participate in regional ICT activities	Participated in regional ICT Activities organized by Rwanda (lead country) <ol style="list-style-type: none"> 1. VCs 2. Regional meetings 3. Assessment of ICT capacity of the Satellite Sites
Hold ICT TWG meetings	ICT TWG meetings have been held

12.2.7 CIVIL WORKS -DESIGNING NHL AND NTRL BUILDING:

- Engaged a CDC procured Design Consultant and had the initial briefing of Consultant on client’s needs. Thereafter, regular consultation meetings during design.
- Preliminary design developed and approved by the Ministry’s SMC
- Final design has been developed; and approved by the Ministry’s Technical Team led by HID
- Following the approval of the final design
 - Bid documents from potential Supervision and Construction Consultant for NHL have been received.
 - Design plan submission to KCCA next week for approval
- Ground breaking expected around April 2012



Approach to NHL sample reception area



Artistic impression of NHL from the East



NTRL from the West



NTRL Bird's eye view



Bird's eye from Butabika road - West

Table 12.2.9: SUPPORT TO EAST CENTRAL AND SOUTHERN AFRICA=HEALTH COMMUNITY:

Planned Activity	Progress
Disburse funds to ECSA-HC	USD 250,000 was disbursed to ECSA-HC Secretariat to support regional level activities

12.2.8 Progress report on procurement**Table 12.2.10: Progress in procurement**

Planned activity	Budget (USD)	Progress made
Hire personnel to support project implementation: Administrative Secretary and Drivers		<ul style="list-style-type: none"> One driver has been hired. Shortlist of candidates for Administrative Secretary has been approved by CC.
Procure office equipments		Office equipment has been procured; activity accomplished.
Supply of One 4WD Pick	29,996	A Double Cabin Pick up (Nissan Hard Body) was procured.
Supply of One Station Wagon	49,857.74	A Station Wagon is not yet delivered due to delayed payment.
Supply of eleven Gene Xpert units	573,685	A No objection to directly contract with Cepheid given in December. Initial submission made to CC and approval given. A Shopping Document sent to Cepheid and response is awaited.
Hire Consultant to carry out ESIA at the construction sites for NTRL, NHL building and the Satellite Labs	50,000	A No objection given and RFP has been Issued to the Consultant. Closing date of submission is 30th January 2012
Hire Supervision Consultant for the Design and Construction of Labs at the Satellite Sites	272,000	Procurement process has just commenced; process was delayed until the design plans have been completed and approved by MoH
Construction of NTRL, Construction of Molecular Laboratory in Mulago, Construction of 4 Satellite labs	2,550,000	Procurement had to await the completion of Design Consultancy.
Supply of Office furniture	3,001	Goods were delivered
Supply of Office Equipment	20,363	Goods were delivered
Supply of Laboratory furniture	45,000	Bidding document ready for submission to CC
Supply of Office stationery at Secretariat	2,934	Goods have been delivered

Planned activity	Budget (USD)	Progress made
Supply of Office stationery at Satellite sites	25,000	Not yet due. Procurement is planned to start in February 2012
Supply of critical equipment and other supportive infrastructure for NTRL	399,000	The bidding document will be presented to CC by end of January 2012
Consultant services to design, and construction supervision for NTRL and satellite labs	272,000	RFP Documents were issued on 17th December 2011 and pre- proposal meeting was held on 10th January 2012 . Bidding closes on 30th January 2012
TA for Laboratories Accreditation	350,000	Short listing completed and a report prepared for submission to CC
TA for Lab QA	220,000	Short listing completed, submission due to CC
Hire TA for LMIS	220,000	Short listing of the candidates have been done
Hire Lab Scientists to be trained as mentors to assist set up TB labs for satellite sites	2,000 monthly	Short listing completed; report is to be presented to the CC and the Bank for approval
Hire Lab Scientists to be trained as mentors to assist set up general satellite labs	2,000 monthly	Short listing completed; report awaiting approval of the CC and WB NO
Hire TA for Needs Assessment of Human Resource for Laboratory	30,000	Terms of Reference of the Consultant has been approved

Table 12.2.11: OVERALL PROGRESS IN FINANCIAL DISBURSEMENT:

Receipts	Disbursement area	Amount disbursed
Received the 1 st trunch of funds equivalent to the 1st year approved budget of USD 747,498	In country activities; including support for the Satellite Site activities	USD 267,717
	ECSCA-HC Secretariat	USD 250,000
Total disbursement to date (69.3%)		USD 517,713

12.2.9 Challenges

- Delayed declaration of project effectiveness till January 2011 led to delay in receipt of initial funds and initiation of project implementation
- Lengthy procedures under the LTIA system have led to delays in procurement and disbursement of funds.
- Challenge in harmonizing regional level activities; e.g.; when to hold VCs, faster speed of implementation by other countries, etc

12.3 GLOBAL FUND FOCAL COORDINATION OFFICE:

- Operationalize the LTIA in the management of Global Fund grants in Uganda
- Coordinate and ensure timely, complete and quality reporting
- Coordinate communication between MOH, MOFPED, LFA, Global Fund and SRs
- Coordinate CCM functions(resource mobilization and oversight
 - Phase 2 grants(malaria and HIV \$ 194m)
 - Round 10 phase 1 (\$ 80m)

Support Supervision & Program Audits

Output	Planned	Achieved	Money	Variance
Technical Support Supervision (AIDS)	30 districts	30 districts	42m	
Technical Support Supervision (TB)	30 districts	30 districts	42m	
Technical Support Supervision (Malaria)	30 districts	30 districts	42m	
Budget monitoring	26 districts	26 districts	56m	
DQA	26 districts	26 districts	30m	

Meetings and Workshops

Output	Planned	Achieved	Money	Variance
LG BFP meetings	15	0	39,501,750	
Regional planning meetings	15	0	39,501,750	Meetings yet to take place
Regional review Meetings(Kampala, Masaka, Mbarara, Fort portal, Mbale , Soroti, Gulu, Arua, Hoima, Jinja, Moroto)	11	12	33m	Meetings focused on Round 11 gap analysis
FCO Meeting	1	1	7.2m	

Half Year performance

- Round 10 Grants signed.

- Budgets and work plans, PSM plans and other support documents for HSS, TB and Malaria prepared and submitted to GF.
- 12 regional meetings for Round 11 Applications held and consultations conducted with the various stakeholders
- New CCM (17 member team) elected. Reforms carried out.
- Printed and distributed training guidelines for RD 7 HIV/AIDS.
- CCM secretariat recruited
- Spot checks for training activities conducted under R7 Phase 1 HIV funds done
- R10 grants for Malaria, TB and HSS submitted and approved, awaiting signature pending funds flow resolution
- Contract staff salaries paid(13 staff members),
- Data quality Audits in 56 Districts conducted,
- New Country Coordinating Mechanism Committee Constituted,
- Financial Monitoring of GF Supported Activities carried out in 56 districts
- SRs implementation and Financial management capacity assessment carried out
- Progress Update and Disbursement Requests for the HIV, TB and malaria prepared and submitted to Global Fund.
- FCO staff supported to attend International Conferences
- FCO staff capacity built thru training in IFMS.
- 4 CCM Meetings supported and reports produced
- GF informative Pull outs placed in Newspapers
- Procurement Process of the Diagnostic and Transport Equipment initiated.
- Technical reports prepared to inform the programme of the direction through variance analyses,
- 34 Districts supported and supervised to improve Data quality reporting in TB, Malaria, and HIV/AIDS
 - Gou released 1.514billion
 - Spent – 1.109.8
 - Unspent – 404m procurements of equipment
 - To achieve the above targets, we incurred on the following critical areas outlined below;

Expenditure Analysis

• Contract staff salaries	-	411m
• Advertising and Public Relations	-	84m
• Workshop and seminars	-	150m
• Staff training	-	18.4m
• Books, Periodicals and Newspapers	-	0.284m,
• Welfare and Entertainment	-	4m
• Printing, Stationery, Photocopying	-	28.7m
• Telecommunications	-	10.4m
• Consultancy Services	-	33.8m
• Travel Inland	-	275m
• Travel Abroad	-	18.7m
• Fuel, Lubricants and Oils	-	69.9m
• Maintenance –Vehicles	-	4.6m

Challenges

- Increasing workload.
- Continued slow procurement processes which has lead to slow absorption of the grants.
- LTIA vs Projects mode

12.4 Implementation of Round 7 Phase 1 HIV grant Quarter 1&2

Goals for Round 7 Grant

- To Reduce the incidence rate by 40% by 2012
- To Mitigate the health effects of HIV and improve the quality of life of persons infected with HIV
- To strengthen national capacity to coordinate and manage the multi-sectoral response to HIV/AIDS

Status of Round 7 Phase 1 HIV grant

- Under Global Fund Round 7 Phase one HIV, there were three core areas funded:
 - HIV/AIDS-related training
 - Information, Education and communication
 - Infrastructure and equipment, Procurement of computers and related accessories to facilitate web-based reporting.

Implementation design

- Activities were implemented by three partners:
- TASO (GMA for 52 CSOs)
- ACP-MOH (Central activities)
- MOH- Public institutions-Ministries, Districts, Municipalities -84 Sub Recipients

HIV/AIDS-IEC activities

- Reviewed and updated existing IEC materials for general HIV information
- Printed IEC materials (for CSWs, PWDs PLAs etc), Contracted CSOs to distribute condoms at community level Contract CSOs to conduct condom social marketing activities Support CSOs and practitioners to provide PMTCT services.
- Printed, Rolled out and disseminated of infant and young child feeding policy guidelines
- Printed and distribution of infant and young child feeding posters, Job Aids, brochures and leaflets
- Printed IEC materials targeting PMTCT &Communication and information for STI Management.
- Printed IEC for Treatment literacy (healthcare behaviour, correct treatment, adherence, Health care seeking behavior)
- Supported community Adherence monitoring and support Review TB/HIV IEC materials
- Supported District leadership planning Coordination meetings
- Printed of guidelines and training materials

HIV Training

- ART (Trained service providers to offer comprehensive ART services.)-targeted health workers PR and PNFPs in 11 regional w/shops. Funds were also disbursed to other sub-recipients.
- PMTCT (Trained health workers at MCH clinics on comprehensive HIV/AIDS care) - targeted health workers in HCIII and above in 11 regional w/shops. Funds were also disbursed to other sub-recipients.
- STI (STI management using the new guidelines) - targeted health workers in HCIII and above in 11 regional w/shops. Funds were also disbursed to other sub-recipients.
- HCT (Couple, adolescent and child counseling packages)- targeted health workers in HCIII and above in 11 regional w/shops. Funds were also disbursed to other sub-recipients.

Infrastructure & Equipment

- Procured 136 computers for sub recipients both public and CSO

Procurements of Health products

- HIV Test Kits
- Condoms
- Health Equipment
- Lab Reagents

Procurement of Medicines

- HIV Test Kits (4,371,675)
- Condoms (3,600,000) not procured Administrative review
- CD4 machines(718,000)
- Lab Reagents (751,528)

TASO

output	Cost
IEC	699,812,623
Training	2,168,888,363
infrastructure	348,268,250

MOH

output	Cost
IEC	1,080,084,792
Training	1,629,455,891
Infrastructure	0

Public Agencies

output	Cost
IEC	1,214,504,5176
Training	6,227,122,991
infrastructure	516,410,090
Health products	13,047,725,031

Status of Round 7 Phase 1 HIV grant

- Outputs from the activities include:
 - A total of **6,155** health workers were trained on PMTCT service provision;
 - **119** Village health team members and mentor mothers (PLHIV) were oriented on infant and young child feeding.
 - **371** health workers (nurses, clinicians, doctors and midwives) were trained on STD management;
 - **6,664** community members were sensitized on TB/HIV co-infection during social mobilization events where HCT was also offered.
 - **109** peer educators were trained as trainers (TOTs) for peer educators for People with disabilities.
- Other outputs include:
 - Over **10,434** individuals were reached through condom social marketing activities.
 - A total of **13,835,116** male condoms were distributed at community level.

Challenges

- Slow release of funds
- Coordination of multiple stakeholders

12.5 Global Fund Malaria Grants

Round 2

- Proposal for “Scaling up National Response to Malaria”
- Signed phase 1 Grant amount was \$23m for period 2004 to 2006:
- Main areas were:
 - ITN voucher scheme for PW and children <5 years
 - HBMF in remaining districts (using Homapak)
 - IRS in epidemic prone districts

Round 4: Background

- Proposal title: “Support for the Introduction of Highly Effective Artemisinin - Based Combination Therapy Malaria Treatment”
- Duration Dec 2005 to Dec 2012
- Total grant amount USD 112.4m (66.4m Ph.1; 46m Ph.2)
- Main components of phase 1:
 - ACTs procurement
 - HBMF (Change from Homapak to Coartem) in 40 districts

Round 4: Phase 2

- \$24.8m disbursed in Feb 2010 for 6 months
- Areas covered by disbursed amount:
 - Procurement of ACTs and other antimalarials
 - Roll out of the replacement of Homapak with Coartem in the HBMF Strategy in 39 districts and 3 armed forces
 - Roll out of RDTs to cover 17 districts (originally 4)
 - Procurement of commodities for VHTs/CMDs including 110,000 bicycles, medicine boxes and T-shirts
- Grant ended on 28th Feb 2011, leaving several unpaid commitments and some activities not implemented e.g.
 - Supervision of VHT commodities distribution, and
 - Printing of HBMF registers and related stationery

Activities still on-going include the following:

- Distribution of 110,000 bicycles, medicine boxes and T-shirts throughout the country commenced in August 2011
- Progress especially for bicycles hampered by the heavy rains between August and November
- Distribution status by end of December 2011 is as follows:

Item	No. of districts covered
Male bicycles	18
Female bicycles	25
Medicine boxes	104
T-shirts	104

Round 4 Phase 2: AMFm

- Round 4 was amended to Host the AMFm Grant
- The AMFm is an innovative financing mechanism to expand access to affordable ACTs, thereby **saving lives and reducing the use of inappropriate treatments**.
- It aims to enable countries to increase the provision of affordable ACTs through the Public, PNFP and PFP sectors.
- By increasing access to ACTs, taking a commanding market share and displacing artemisinin monotherapies from the market, the AMFm seeks to delay artemisinin resistance.
- The AMFm expands access to ACTs by reducing the cost of these drugs in malaria-endemic countries and by financing Supporting Interventions (SIs) to assist the safe and effective implementation of AMFm.
- The AMFm is hosted and managed by the Global Fund with key financial support provided by UNITAID, the UK and the Bill & Melinda Gates Foundation and with technical support provided by RBM Partnership.
- Phase 1 of the AMFm is implemented as a pilot for 2 years ending Dec 2012 in the following 8 countries: Benin, Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Senegal, Tanzania (including Zanzibar) and **Uganda**.
- Uganda signed up to a \$28.6million 2 year grant in **February 2011**, following negotiations with the GF to assure protection of local industry
- Disbursement request to Dec 2011 of \$19.5million was submitted
- Grant was re-profiled during the GF mission in November 2011 and budgets reduced to \$22.7m to fit into the remaining time for the AMFm grant to Dec 2012
- An emergency disbursement of \$5.6million was made in November 2011 mainly for SIs to be implemented by CSO and Private Sector SSRs:
 - PACE for Public Education and Awareness
 - HEPS for Price and Availability Monitoring
 - Surgipharm for Private Sector Training
- An operational workplan for this disbursement has been signed by the PS and activity implementation commenced
- SSR funds will be transferred upon signing of contracts
- The remaining funds are largely to cover product and PSM costs for RDTs and related supplies to be procured through VPP

- The country VPP application has been cleared by the SG and is to be submitted to the GF by MoF
- As of December 2011, the AMFm ACT order delivery status is as below:

Sector	Approved	Delivered	Balance
Public	20.7m	16.8m	3.9m
Private	8.4m	7.0m	1.4m

- Plans to improve delivery rate have been communicated by the AMFm Director

Round 7: Background

- Originally for LNs distribution to PW and <5s through a campaign followed by routine distribution through AN and EPI clinics over the grant period of 5 years.
- Reprogrammed to achieve target of Universal Coverage (1 LN to 2 persons) by Dec 2010 through mass campaigns in 2 phases
- Phase 1 campaign target was PW and <5s
- Phase 2 campaign target is entire population to achieve Universal Coverage

Round 7: Phase 1

- \$51.4m disbursed for phase 1
- \$40.9m used for procurement of LLINs through VPP
- Total of 7.3m LLINs procured
- \$6.3m disbursed for mostly CSO implemented activities of training, IEC/ BCC, registration, M&E, actual distribution and post distribution activities
- Phase 1 successfully completed in Dec 2010 in all districts except for 7 in Eastern Uganda due to shortfall in quantity of LLINs

Round 7: Phase II

- Phase 2 re-programmed to Universal Coverage
- Grant is for procurement and mass distribution of 10.3m LLINs to achieve UC target
- Grant amount was re-negotiated to \$64million of which \$60m is for LLINs procurement and PSM costs
- Procurement will be through VPP and the related application is ready for submission to GF by MoF
- Grant signing expected after completion of the review of submitted documents by the GF

Round 10

- 5 year grant amount approved by TRP was \$155m
- Negotiated grant amount is \$142m for 5 years of which \$75m is for PR1 (MoF) and \$67m for PR2 (TASO)
- Main components of the grant are:
 - ACTs
 - RDTs & microscopes for diagnostics scale up from 15% to 80% by 2016
 - LLINs for Universal Coverage maintenance distribution through ANC and EPI clinics
 - IEC/BCC, M&E, and Program Management
- Phase 1 (1st 2 years) has been signed at \$26.8m for PR1 and \$20.6m for PR2
- CPs, SCs and MAs related to Rds 7 and 10 are being addressed

Challenges

1. Losses incurred on Rd.4 funds due to progressive devaluation of the shilling against the dollar led to unmet commitments worth Shs. 855m and \$ 1.7m with no funds to pay
2. Key activities not implemented due to expiry of Rd. 4
 - Supervision of VHT commodities distribution
 - Printing of HBMF registers
 - RDTs distributed to all districts while only 21 were trained. 91 districts receiving RDTs without training
 - Capacity gaps in NMCP for effective coordination, monitoring and reporting of LLIN distribution campaigns.
 - Gap between country need of 11m LLINs and GF coverage of 10.3m LLINs of 0.8m for UC distribution

Recommendations

1. Funds should be identified for:
 - paying pending commitments from Rd. 4 worth Shs. 855m and \$ 1.7m
 - Supervision of VHT commodities distribution
 - Printing of HBMF registers (likely to be covered under Rd.10 HSS)
 - Rapid on job training of h/workers on RDT use in 91 districts
3. Provision of full time Technical Assistance to NMCP during UC LLIN distribution
4. Mobilize at least 800,000 LLINs to fill gap in the country need for UC distribution
5. Develop a country strategy to mobilize resources for the LLINs replacement campaign due in 2014

12.6 Global Fund for NTLF

Round 10 – Single Stream Funding (SSF)

Round 6 Phase II and R 10 Consolidate into SSF worth US \$ 17,516,710.8

Objective 1: To expand and consolidate high-quality DOTS

- Procure quality first line anti-TB drugs (FLDs)
- Support sub-county health workers and VHTs to ensure quality DOTS implementation

Objective 2: To strengthen TB/HIV collaboration

Objective 3: To Establish Program Management of MDR-TB (PMDT)

- Procure second line drugs (SLDs) for programmatic management of MDR-TB patients
- Procure drugs for management of adverse events among MDR-TB patients
- Provide adherence enablers to MDR-TB patients to enhance treatment completion
- Procure protective wear for health workers in PMDT Treatment Units
- Provide incentives to Health workers in 5 PMDT treatment units
- Support TB Specimen Referral for Routine Surveillance (TSRS) of Drug resistant TB
- Preparation of PMDT follow up facilities
- Procure laboratory services for managing MDR-TB patients

Objective 4: To strengthen TB control in Uganda Prisons Services

- Emphasis is on on-entry and periodic screening for TB and HIV

Objective 5 & 6: To strengthen partnerships to scale up TB control interventions and program capacity to plan, implement, monitor and evaluate TB control

Output description	Annual Planned output Target	Q1and Q2 Planned output Target(Quantity and Location)	Q1 and Q2 Planned Expenditure	Q1and Q2 Actual Output Target (Quantity and Location)	Q1 & Q2 Actual expenditure (Provide Reason for any variance
Laboratory /Microscope assessment exercise was conducted	All Operational Zones were Visited	Identification of facilities eligible for FM microscope and those for ordinary Microscopes , Staffing in Labs and functionality in Labs	UG X 81,781.214	Laboratories country were assessed in the exercise	81,781.214	Microscopes procured by GF- TB grant and assessment funded by GF TB Grant 130 Olympus binocular 50 LED 20 LED kits
Procurement of second line anti – TB drugs	200 courses procured	Procure second line drugs200 courses procured	\$599,444	0	0	Delayed Release of funds
Programmatic Management of Support to MDR TB -patients to enhance treatment adherence	200 patients supported	100 patients supported	\$210,000	0	0	Delayed Release of funds
Training of peripheral health workers on MDR follow-up care	Health workers in 200 health facilities at most	Health workers in 100 health facilities at most	\$18,200	0	0	Delayed Release of funds
Procurement of protective wear for health workers managing MDR	All Health workers in MDR – TB treatments provided with protective wear	All Health workers in MDR – TB treatments provided with protective wear	\$123,786	0	0	Delayed Release of funds
Support to MDR treatment Supervisors	200 supervisors supported		\$105,000	0	0	Delayed Release of funds

Output description	Annual Planned output Target	Q1and Q2 Planned output Target(Quantity and Location)	Q1 and Q2 Planned Expenditure	Q1and Q2 Actual Output Target (Quantity and Location)	Q1 & Q2 Actual expenditure (Provide Reason for any variance
Transportation of specimens	Specimens from all treatment failures and relapses sent to the National TB Reference lab for culture and sensitivity	Specimens from all treatment failures and relapses in Q1 & Q2	\$36,522	0	0	Delayed Release of funds
National TB/HIV Coordinating Committee (NCC) Meetings	Hold 4 TB/HIV NCC Meetings	Hold 2 TB/HIV NCC Meetings	\$7,725	0	0	Delayed Release of funds
Conduct Advocacy, Communication and Social Mobilization for TB control	40 poorly performing Districts covered	40 poorly performing Districts covered	\$ 123,630	0	0	Delayed Release of funds
Enhanced Intensified Case finding low performing districts	Intensified Case finding in the 40 low performing districts	Enhanced Intensified Case finding 40 low performing districts covered	\$184,800	0	0	Delayed Release of funds
Technical Support Supervision and Quarterly review of Diagnostic and treatment Units by District TB/Leprosy Supervisors	Each of the 948 Units supervised 12 times	Each of the 948 Units supervised 6 times	\$38,304	0	0	Delayed Release of funds

Output description	Annual Planned output Target	Q1and Q2 Planned output Target(Quantity and Location)	Q1 and Q2 Planned Expenditure	Q1and Q2 Actual Output Target (Quantity and Location)	Q1 & Q2 Actual expenditure (Provide Reason for any variance
Quarterly support supervision of DTLs by ZTLs	All Districts in each of the 6 operational zones supervised at least once	All Districts in each of the 6 zones supervised at least once	\$21,090	0	0	Delayed Release of funds
Quarterly review meetings at zonal level	24 Meetings	12 Meetings	\$44,740	0	0	Delayed Release of funds
Quarterly program management meetings at CU between PM, ZTLs and partners	4 Meetings	2 Meetings	\$6,265	0	0	No funds released for the NTLP Meeting

Note that Round 6 Phase II and Round 10 have been consolidated into Single Stream Funding (SSF)

Major Challenges:

1. No dedicated budget line for anti TB- medicines - both First and Second line dependant on GF - Procurement delays.
2. Inadequate facilitation for field visits activities
3. Identification of MDR – TB cases but with no treatment – 237 (2008 – 2011)

12.7 Global Alliance for Vaccine and Immunisation (GAVI)

Mission

Saving children's lives and protecting people's health by increasing access to immunisation in poor countries

GAVI support

1. New and underused vaccines Pentavalent vaccine, which offers protection from diphtheria, tetanus, Pertussis (DTP), HepB and Hib; pneumococcal, rotavirus, Haemophilus influenza type b (Hib), HepB), measles second dose and meningitis A, yellow fever
 - Rubella and HPV vaccines to be listed soon
 - Co –financing policy- countries share a portion of the cost of their new vaccines and safe injection devices (20 cents (US\$) per dose).
2. Immunisation services support (ISS) aims to increase basic immunisation coverage by offering countries US\$ 20 for each additional child vaccinated with three doses of diphtheria, tetanus and Pertussis (DTP3) where DTP3 is the standard measure of the strength of routine immunisation programmes (the reward system is being reviewed).
3. Health system strengthening support (HSS): cash payments to strengthen the capacity of a country's health system to deliver immunisation services;

Quarter 1 and Quarter 2 Achievements

New and underused vaccines Pentavalent vaccines and injection materials (excl. freight and clearing)

GAVI	QRT1	QRT2	TOTAL	Cost (USD)	Cost (Ug Shs)
Vaccines	1,040,800	1,561,800	2,602,600	7,667,670	23,506,772,239
Injection Materials				262,916	804,968,417
Total				7,940,586	24,311,690,656
Co-financing (GOU)					
Vaccines	177,600	-	177,600	523,920	1,604,085,864
Injection Materials				14,292	45,706,864
Total				538,849	1,649,792,728
GRAND TOTAL				8,479,434	25,961,483,384

Pneumococcal Vaccine

- UNEPI resubmitted application to GAVI for introduction of PCV in 2013.
- Uganda was approved for PCV10 by GAVI Board in Sept 2011.
- Expected support
- GAVI - 5,669,400 doses with injection materials \$37,852,535
- GOU – 319,800 doses with injection materials
\$ 1,198,000 (Ug Shs 2,776bn) only 1bn has been committed so far.

Rotavirus Vaccines

Uganda received conditional approval from GAVI in 2009. UNEPI to re-submit application in May 2012.

Immunization Services Support (ISS) & Health System Strengthening Support

- Support has been suspended since the alleged misappropriation of GAVI funds in 2006.
- Memorandum of Understanding to be signed between GAVI and GOU represented by MOH and MOFPED for funds to start flowing again.
- MOU has been cleared by Solicitor General and was submitted to GAVI.
- The GAVI Secretariat will review and hopefully endorse the revised MoU in the coming weeks.

The MoU will then have to be signed by the GAVI CEO and by the Ministers of Health & Finance.

After signing;

- GAVI ISS funds (2 bn) held in Uganda can then be released.
- GAVI will finalize the EDES TA Plan and contract based on the signed MoU.

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After signing;

- GAVI ISS funds (2 bn) held in Uganda can then be released.
- GAVI will finalize the EDES TA Plan and contract based on the signed MoU.
- Before releasing the outstanding ISS (\$3.5m) and HSS (\$22.5m) funds held by the GAVI Secretariat, GAVI will need to receive the following documentation:
- Updated GAVI HSS plan and budget for 2011/12 – 2013/14
- Minutes from HPAC meeting approving the plan and budget for 2011/12 (GAVI ISS & HSS support), including the procurement plan for the GAVI ISS and HSS support
- UNEPI to prepare an Annual Performance Report for 2011 that will trigger vaccines for 2013

12.8 Institutional Capacity Building in Planning, Leadership and Management

Background HICB / PLMP

- During the HSSP II period, the performance of the health sector has been weak and the indicators suggested a failing health system.
- One of the main problems was the overall weak leadership and stewardship at the top of the health sector.
- Weak management is one of the important reasons why major health system issues and inefficiencies have not been adequately addressed.
- MTR 2008: 'L&M capacity gap' is one of the key challenges for the sector.
- "Adding more resources to the sector without **addressing the leadership and management deficiencies** that plague the health sector has been defined to have little impact on system performance, principally in the areas of quality and coverage of health services".

Objectives:

- **Overall objective:**

To improve effective delivery of an integrated Uganda National Minimum Health Care Package (UNMHCP)

- **Specific objective:**

The strengthening of the Planning, Leadership and Management capacities of the health staff at national and local government levels

Key result areas

1. The MoH is strengthened in its organizational and institutional capacity
2. Rwenzori Region: FP RRH & GHs
3. West-Nile region: Arua RRH & GHs
4. Both regions: DHMTs
5. Comprehensive capacity building of HSD MTs
6. Establish regional capacity building centres / HMDC
7. Capitalization - scientific support / policy dialogue

Underlying concepts:

- 'Institutional' versus 'Individual' capacity strengthening – e.g. scholarship programme
- ICB project versus MOH implementation
- Project support versus Sector Budget Support - investments

Project Implementation:

- July- Dec 2010: introduction / set-up

- Jan- June 2011: technical review – governance
- July- Dec. 2011: implementation of workplan (central and regional)
- Budget increase formalized (SIDA)
- Expanded scope: PNFP, HMDC, investments

	Q1&Q2 planned output target	Q1&Q2 planned Expenditure	Q1&Q2 Actual output	Q1& Q2 Actual Expenditure	Reasons for variance from
MOH HQ	Governance: Quarterly SC; Monthly C-PIC; Quarterly R-PIC	20,000,000	SC: 2 / 2 C-PIC: 2 / 6 R-PIC: 2 / 2	15,000,000	Unable to call all planned C-PIC meetings
	Retreat DHS(P&D) July 2011	8,000,000	Retreat July 2011	6,000,000	Reduced number
	Photocopying : DHS(P&D), HPAC / SMC / HPD	45,000,000	2 industrial photocopiers	45,000,000	
	IT equipment	15,000,000	HRD, QA, IHD/HPAC, PAU,	15,000,000	BTC procurement
HPD - PAU	Support PAU	20,000,000	TOR 2 SPAs	0	Delayed procurement
HPD - HRD	Rwenzori: HR L&M training	35,000,000	Phase 1 conducted	30,000,000	Phase 2 Feb 2012
HPD - HRD	TOT Rwenzori : HUMC / HMBs	50,000,000	nil	0	Postponed to Feb 2012
HPD - RC	Rwenzori : IT equipment assessment	17,000,000	Assessment conducted	17,000,000	Detailed report awaited
HPD -RC	Rwenzori & WN regions: HMIS roll-out training	50,000,000		0	Delayed implementation
QA	Q4 2010-2011 AT (14 teams)	104,000,000	All 14 teams supported	91,000,000	13,000,000 unaccounted advances
QA	QA Supervision Framework revision	80,000,000	Procurement: consultancy re-advertised	10,000,000	Adverts only
QA	AHSPR 2011: report development	25,000,000	Draft AHSPR developed	18,000,000	Reduced number of participants

	Q1&Q2 planned output target	Q1&Q2 planned Expenditure	Q1&Q2 Actual output	Q1& Q2 Actual Expenditure	Reasons for variance from
QA	Annual Review Q1&Q2				(Q3)
FP RRH	SIP support	80,000,000	Advertised	5,000,000	Evaluation done
Arua RH	SIP support	80,000,000	Advertised; technical support MOH	10,000,000	Bid closing
Regional	Transport assessment	20,000,000	Ongoing	0	To be completed Q3
Districts	Logistical support 15 districts		Request assessed		
		700,000,000 (Q1 & Q2) 4,116,659,000 (FY 2011-12)		392,523,572	(Budget in EUR); advances not accounted for;

Implementation challenges:

- Technical review mission: lack of L&M vision and strategy at MOH
- MOH implementation (not implementing partner)
- Workplan not integrated in departmental / district / facility work plans (BFP workshop)
- Procurement procedures, delays by PDU
- Execution agreements – Solicitor General GOU
- Financial year versus Calendar year; UGX versus EUR
- Recruitment project staff; no Health Advisor BTC.

Way forward:

- Accelerate implementation of activities 2011-2012 Q3 & Q4
- Allocation of IPF – ICB project
- C-PIC to compose work plan 2012-13

12.9 Uganda Sanitation Fund Project

Background Information

Lead Government Agency: Ministry of Health

Project cost: USD 5 million

Project period 5 years

Project Title: Uganda Sanitation Fund

Location: Fifteen Districts of Katakwi, Amuria, Soroti, Serere, Kaberamaido, Amolatar, Dokolo, Sheema, Bushenyi, Mbarara, Kibuku, Pallisa, Kumi, Bukedea and Ngora.

1.0 Background Information

The Uganda Sanitation Fund Project is a five year project funded by the Water Supply and Sanitation Collaborative Council (WSSCC) under the management of United Nations Office of Project Services (UNOPS) based in Geneva. At its meeting of 13th – 14th March 2008, the Water Supply and Sanitation Collaborative Council Steering Committee approved a selection of seven (7) countries to benefit from a Global Sanitation Fund.

Only three (3) countries were identified for the 1st round of funding and Uganda was among the chosen three which included Madagascar and Nepal.

A formal letter by WSSCC was addressed to the Uganda Government to Hon. Minister of Health seeking approval to initiate the process of setting up a Global Sanitation Fund.

Upon Government approval the processes started and have been completed and 1st batch of funds was released late October 2011.

The USF acts as a valuable catalyst for sanitation financing in Uganda – leading to more resources being allocated to sanitation and hygiene activities by all concerned ministries; Health, MoWE & MoES

2.0 Objective of the Project

Increase development and utilization of sanitation & hygiene facilities with a goal to contribute to the reduction of morbidity and mortality rates due to sanitation related diseases among the population in the project area through improved access to basic sanitation facilities and adoption of good hygiene practices. A key result area is stopping open defecation throughout the project area.

3.0 Key out puts

- Communities construct new latrines and refurbish old ones and use them.
- Number of villages declared Open Defecation Free (ODF) in the communities.
- Communities own hand washing facilities and wash hands with water & soap after using the latrines
- Communities adopt good hygiene practices

4.0 Key Project Management Principles

- The Ministry of Health (MoH) is the USF Executing Agency, consistent with Uganda's Long Term Institutional Arrangement for the management of all funds within the Ministry of Health.
- A sub-group of the National Sanitation Working Group is the USF Coordinating Mechanism
- Project proposals are generated at the local level and must receive approval of the District Water and Sanitation Coordinating Committees and the District Council.
- Sub-grantees shall be District local Governments (DLGs) and NGOs
- Funds are to be used primarily for creating demand, improving the supply chain and enabling environment for improved sanitation and hygiene, as well as capacity building at the local level. **NOT for;**

5.0 Areas not supported by Uganda Sanitation Fund

- Piloting approaches or technologies
- Research
- Drainage of solid/ liquid waste management
- Programmes that offer subsidies (may be waived for disadvantaged communities)

6.0 Implementation Strategies

The USF Project budget is USD 5 million of which USD 4,031,000 (80.6%) will be disbursed to Sub Grantees while USD 969,000 (19.4%) will be spent by the Executing Agency on the directly National level procured programme activities/services. Of the total Project budget, USD 3,750,000 (75%) will be spent on creation of demand, USD 830,000 (16.6%) on improving supply, and USD 420,000 (8.4%) on creating an enabling environment.

The USF has been conceptualized along the national 10-year Improved Sanitation and Hygiene Promotion Strategy (ISH) -GOU, 2006 and is structured around three focus areas:

Demand generation for behaviour change to Construction and use of sanitation and hygiene facilities. There is a wide range of activities that target creating demand for sanitation and hygiene. These include but are not limited to sanitation marketing, participatory approaches as in Community Led Total Sanitation (CLTS), home improvement campaigns and competitions, taking to scale the Kampala Declaration on Sanitation Strategies (KDS+), and social marketing of hand washing with soap.

Sanitation supply chain improvement in terms of prioritized work plans, pro-poor affordable technology and an improved private sector supply chain for construction and maintenance of facilities. The project will conduct capacity building for EH staff local governments, NGOs and other identified stakeholders that deliver sanitation and hygiene promotion services. The fund will also support training of local artisans in the basics of latrine construction under varying technological options.

Creation of an enabling environment to support and facilitate an accelerated scaling up through increased funding, policy and legislation, coordination, monitoring and learning.

The three project components contribute to four main project outcomes, fully aligned with the GSF Results Framework:

- Behaviour change to construction and use of sanitation and hygiene facilities.
- Increased capacities of service providers to deliver and sustain improved sanitation and hygiene.
- Increased financial resources for sanitation and hygiene activities in Uganda.
- Successful and innovative approaches in Sanitation and Hygiene are identified, and spread.

1st and 2nd Quarter performance

Activity	Planned	Achieved	planned expenditure ug.shs '000 millions	Comments on expenditure
Developing marketing & communication materials	Consultant to develop marketing materials	Consultant on board. Work on-going	170,000	WSP - Africa paying for activity
Baseline survey	Procurement of Consultant	Still on-going	122,000	Procurement process on-going
District sanitation Industry assessment study	Consultant	Work on-going	122,000	WSP-Africa
Equipment	3 Vehicles, 4 lap tops, video camera,	Procurement on-going	302,379	Funds not on the account yet
Capacity building for district staff			152,500	-do-
Project staff salaries	3 staff on contract & 1 on part time consultancy	Procurement on-going	54,651	Project staff not yet on board
Capacity building	12 EHD staff	0	15,308	Funds not yet

Activity	Planned	Achieved	planned expenditure ug.shs '000 millions	Comments on expenditure
for EHD staff				on account
Administrative costs		0	35,136	-do-
Total			973,974	

Progress to date:

- The Agreement between GoU and UNOPS was signed in July 2011
- Funds to the tune of US\$ 996,963 dollars equivalent to Ug. Shs 2.4 billion (2,432,588,720=) for management, grants and procurement services already on the account in BoU.
- UNOPS sent 1st and 2nd quarter and a buffer for 3rd quarter early November 2011.
- Districts received 1st and 2nd quarter funds end of October 2011, Ug. Shs 667,600,000= and started implementation in January 2012.
- 3rd quarter has been released Ug. Shs, 333,800,000= (see monitor of Tuesday 31st January 2012.
- Project districts have so far received Ug.shs 1,001,400,000=

Procurement services:

- Procurement of project staff the process has been on stand still for more than a month.
- Procurement of vehicles on-going
- Procurement of computers, Navision soft ware, scanners, cameras and their accessories on- going

Project funds spent so far:

- Executing Agency – No funds received yet
- Sub-grantees / local governments & NGOs – funds spent during the 1st & 2nd quarter Ug. Shs 320,000,000= out of the shs,1,001,400,000=

Challenges

- Delayed release of funds for the Executing Agency (EA/ MoH) from MoFPED.
- Poor quality work plans and reports from implementing project districts.
- Delayed procurement processes
- Delays in funds processing within the MoH
- Delays in Solicitor General's office to clear the USF MoU with Districts.

12.10 Italian Support to the HSSIP

Support Structure

- GOU Budget support, a proportion of which is invested in the health sector and in sectors with a significant influence on the social determinants of health
- Direct support to the Ministry of Health (PPPH and HRD)
- Project support implemented by the Italian Cooperation in Uganda (Mainly targeting Northern Uganda- Acholi and Karamoja Regions)
- Total support from July-December, 2011- U Shs. 1,400,273,554

GOU budget support

- Support to financing PRDP, etc

Direct support to the MOH

- Bursaries to health workers training in both GOU and PNFP training institutions (U Shs. 165,000,000)
- Support to the activities of the PPPH secretariat in the Planning Division at the MOH (U Shs. 30,000,000)- Draft PPPH Policy dissemination for Jinja, Kampala, Mityana, Nakasongola, Mpigi and Kyenjojo Districts; and procurement of a colour scanner for the secretariat)
- Support to printing of the AHSPR 2010-11 and holding of the 17th JRM (U Shs. 65,975,000)
- Technical assistance: To HPAC and the PPPH TWG

Project Support-Karamoja Region

- Support to outreach activities (U Shs. 157,276,000)- Vehicle running, fuel, equipment, HE materials and staff allowances)
- Rehabilitation of Nabilatuk HC IV water system (U Shs. 14,800,000)
- Salary payment to the Doctor at Amudat Hospital since October, 2011 (U Shs. 1,800,000 per month- Total of U Shs. 5,400,000 for 3 months)
- Training of staff at Amudat Hospital in surgical skills (U Shs. 3,500,000)

Project support-Acholi Region

- Microscopes and lab equipment for 7 laboratories (U Shs. 21,299,000)
- Back-up system for Kitgum District Vaccines central store (U Shs. 33,139,600)
- Air conditioning and partitioning of Regional TB Molecular Laboratory (U Shs. 7,982,454)
- Training of HUMCs and VHTs in Pader (U Shs. 20,183,000)
- NTD training in 7 Districts (U Shs. 52,065,700)
- Mental Health Drugs for Gulu, Amuru and Nwoya Districts (U Shs. 46,341,900)
- Repair and fueling of motorcycles (U Shs. 11,477,400)

Project support- Gulu University

- ICU and Theatre equipment for the Hospital (U Shs. 733,788,000)
- Laboratory equipment and materials for the microbiology lab (U Shs. 22,990,500)
- Internet (U Shs. 3,300,000)
- Training Materials and Equipment (U Shs. 8,910,000)

Key Challenge

- Uncertainty in funding going forward, e.g. the fiscal austerity facing many euro-area economies have led to a delay in dispatch of the first installment of resources (Euro- 1.4 million) for the staff housing project in the 7 districts of the Karamoja Region (This is a 3-year 4.2 million euro project)

Concluding Thought

- So many outputs reported in the last 3 days; BUT, are we investing in the right solutions? are we getting value for money? Are the outputs leading to outcomes that improve the health status of our people? Are we getting the production functions for solution production right? What needs to be reformed?

12.11 Peace Recovery and Development Project (PRDP) 2:

PRDP strategic objectives

- SO 1: consolidation of state authority
- SO 2: Re building and empowering communities
- SO 3: Revitalization of the economy
- SO 4: Peace building and reconstruction

Status to Date

- Districts were issued Block PRDP IPFs for FY 2012/13 to determine the sectoral distribution, in line with their priorities guided by the PRDP 2 approved framework
- Districts were advised to prioritise:
 - Functionality of PRDP investments to enhance service delivery, in their planning: ensuring Health units, schools, water sources are being used by communities.
- Districts advised to prioritise the needs of women and girls e.g. latrines for girls in school, maternity wards and Village Health Teams
- In order to strengthen sectoral involvement in PRDP planning and implementation, Local Governments are required to integrate planning for their allocations within their BFPs and to submit their PRDP work plans to the relevant Sector Line Ministries alongside their work plans for their normal conditional grants.

PRDP eligible grant interventions (Health)

- Rehabilitation/construction of lower level health facilities, and health staff accommodation
- Purchase of bicycles (HC IIs), motorbikes, vehicles (HC IIIs & IVs) where needed. MOH will review and recommend
- Training of VHTs including provision of VHT kits and bicycles where necessary
- Training of HUMCs

PRDP Way forward

- Unlike PRDP 1, the new phase will depend on the MOH systems to make it functional
- MOH will now receive & review district work plans and advise OPM for funding
- PRDP & NUSAF are part of the post conflict development agenda
- Funding for PRDP (health component) is within MOH BFP and not parallel funding (IPFs have been provided)
- OPM and MoFPED are in process of developing an AID mgt. system to track who is where, doing what in the north.
- Now OPM and relevant sectors are in consultations to agree on the M & E framework (monitoring indicators)
- PRDP 2 starts in July 2012 for another 3 yrs.

NUSAF in last quarter

- Held review meeting between MOH and NUSAF secretariat.
- By Sept. the health sector had only 17 staff houses against 214 teacher staff houses built
- Following this, regional consultative workshops with technical officers and top executives in the 55 districts supported by the NUSAF/PRDP

Achievements in 1st and 2nd quarter

- DFID availed 24m pounds for building health worker and teachers houses
- From March to September 2011 health sector had only achieved 17 health worker houses built.
- Following this, MOH intervened, and this generated 318 x 2 sub projects that have been approved for building (this excludes those in Karamoja)

12.12 Avian and Human Influenza Preparedness and Response Project (AHIP)

Project objectives

- To substantially reduce the threat posed to the poultry industry and humans in Uganda by HPAI infection and other zoonoses and to prepare for, control, and respond effectively to future avian and human influenza (AHI) pandemics and other infectious disease emergencies in livestock and humans. **Achieved through:** (i) preparedness and prevention, (ii) outbreak response and recovery, and (iii) coordination, monitoring and evaluation.

AHIP IDA credit USD 10m

The Project has four Components

- I. Human Health implemented by MOH (USD 2.06m).
- II. Communication implemented by MOH, MAAIF & OPM (USD 1.83m). (all funds sent to MOH which remits some to OPM & MAAIF under an MoU as per approved workplans)
- III. Animal Health implemented by MAAIF (USD 5.66m).
- IV. Coordination, monitoring and evaluation implemented by OPM (USD 0.45m).

Trust Funds and CPF:

- MOH- USD One million.
- MAAIF- USD One million.
- Counterpart Funds for MOH.
- NIL (AHIP in OPM & MAAIF access CPF).
- Overall funding to MOH about 34% only.

COMPONENT 2: HUMAN HEALTH

2.1: Strengthening of Surveillance of Humans for Influenza

- Training for capacity building of district rapid response teams on disease investigation, case management and disease and response in all districts.
- Has facilitated districts to develop epidemic preparedness and response (EPR) plans
- Outbreak Investigation and response to Ebola outbreak in Luwero, Ecological studies for Ebola, Social mobilization for Yellow Fever, World Hepatitis Day celebrations, Anthrax investigation and response activities in Queen Elizabeth National Park, Sheema district and Rabies outbreak response activities in Bundibugyo district.
- Training of district data managers on influenza and other zoonotic diseases data analysis and interpretation.
- Equipment to support disease surveillance procured (14 PDAs, 2 GPS units).
- Three motor vehicles for central staff (FPO,ESD, HRM) were procured to support project management and surveillance activities in the country

2.2: Strengthening the capacity of Uganda National Health Research Organization (UNHRO)

- Recruitment of staff; Administrative Secretary and Administrator in April 2011
- Logistical support; vehicle, office equipment furniture, etc
- Support field activities on identifying research priorities
- Development of a 5yr UNHRO Strategic Plan

A consultant procured in October 2011, draft report presented to stakeholders

2.3: Consolidation of preparedness for AHI prevention, containment and control

- Table top simulation for outbreaks with health workers in different region of the country
- Training of health workers in regional referral hospitals and general hospitals on the guidance manual for case management and guidelines for infection prevention and control for pandemic influenza and other zoonoses
- Procurement of health supplies; PPEs, drugs, chemicals, etc

Civil works UGX 7.2 b

Construction of two isolation facilities at:

- Entebbe General Hospital 29 beds of which 11 single self-contained
- Mulago National Referral Hospital 40 beds of which 21 single self-contained
 - Upgrading of the National Influenza Centre (NIC) at the Uganda Virus Research Institute
 - Architectural drawings, bills of quantities & Bidding documents finalised on 24th January 2012 & await WB clearance to advertise & procure a contractor.

2.4: Improving Food Safety and Environmental Hygiene

- Development of different manuals and guidelines
- Food safety guidelines development for prevention and control of avian influenza and other zoonoses of public health concern in Uganda.
- Developed a medical examination protocol for food handlers.
- Field visits to roadside poultry and live bird markets districts were also undertaken to sensitise the communities on hygienic handling and slaughter of bird to prevent AHI transmission & spread.
- Participated in development of the Containment & Compensation Policy under MAAIF.

3.0 Communication

- Review, update, translate and pretest IEC materials on human and avian influenza and other zoonoses
- Sensitization of district health educators, journalists and media personnel on AHI and major zoonotic diseases in the country
- Develop M&E matrix for communication activities
- Procured 10 motorcycles, computers and internet modems for use to strengthen communication activities in the districts
- Advocacy and community mobilization against avian and human influenza (AHI) and other zoonotic diseases in high risk districts
- Developing, translation, pre-testing and printing of information, communication and education (IEC) messages on AHI, and other zoonotic diseases such as rabies, brucellosis, anthrax in English and main local languages.

Challenges

- Name of the project in the absence of active AHI infection in the country.
- Delay in approval of project by Parliament (WB approved in October 2008 & Parliament in September 2009)
- Originally 4 yr project squeezed into 2 years from 1st July 2010 to 30th June 2012
- Project is under OPM as NPC & Chair of NSC and has to be coordinated with MAAIF (could also be an opportunity since the OPM supervises MOH & MAAIF activities directly)
- Procurement delays: Letter of credit for a 4WD ambulance from Toyota Motors opened in May 2011 up to now no delivery
- Additional funds for Mulago isolation unit civil works UGX.4.2 b to be committed from GOU CPF FY 2012/13
- World Bank funds only enough for Entebbe Hospital, UGX. 2.5 b & NIC lab at UVRI, UGX 700m
- Risk of returning un-utilised funds to WB by end of project on 30th June 2012

Recommendations

- Procurements to be speeded up by assigning one project staff to work closely with PDU
- MOH to allocate UGX 4.2b CPF in FY 2012/13 for isolation unit at Mulago NRH
- MOH, MAAIF, OPM & MOFP&ED to request WB for No cost extension of the project for at least 1-2 years to complete the civil works.
- MOH staff to respond positively when required to participate in project activities.

12.13 Small and large scale evaluation of mosquito larvicides for malaria control

Background

- The Ministry of Health adopted an integrated Vector Management (IVM) approach for the control of Malaria in Uganda.
- His Excellency the President; Yoweri Kaguta Museveni through bilateral arrangements with the Government of the Republic of Egypt, Republic of Cuba and Israel directed Ministry of Health to revive larviciding as one of the IVM methods for Malaria control in the country.
- Thus his Excellency, the President directed the Hon. Minister of Health to establish a National Task Force Committee (NTFC) composed of key heads of Government Ministries, Institutions, Departments, Academia and Suppliers of Larvicides in 2011.
- The mandate of NTFC is to coordinate and provide stewardship for the Larviciding Programme for malaria prevention and control in Uganda.
- The Permanent Secretary, MOH, had earlier on established a Technical Coordination Committee (TCC) to carry out various larvicides provided by these countries and others as well.
- The findings generated by the committee are expected to guide in deciding whether or not to use these products on a large scale as an additional tool for malaria prevention and control in Uganda and for developing Policy Guidelines on Larviciding in Uganda.

Members of the Technical Coordination Committee

- NCRI, Dr. Grace Nambatya - Chairperson
- CHS (NDC)MoH Dr. DWK Lwamafa - Alternate Chairperson
- NMCP, Dr. Denis Rubahika - Member
- NMCP, Mr. Tom Byembabazi - Member
- InRaD, Dr. Waleed Ali - Member
- Mr. Chris Obbo (Kyambogo University) - Member
- UVRI Dr. Loius Mukwaya - Member
- WHO, Dr. Charles Katurebe - Member
- WHO, Mr. Collins Tumwesigye - Member
- Vector Control Division Mr. Michael Okia (PI) - Member
- UNHRO, Dr. Sam Okware - Member
- OPM, Mr. Matovu Joseph Nsamba - Member
- MoLG, Mr. Badru Mukasa - Member
- Dr. Fabian Kamunvi (Retired Civil Servant) - Member

Members of the National Task Force

- Hon Minister of Health, Dr. D.J Christine Ondo - Chairperson
- CHS (NDC)MoH Dr. D.W.K. Lwamafa
- The Representative of the Embassy of Cuba in Uganda - 1 Member

- The Representative of the Embassy of the United Arab Republic of Egypt - 1 Member
- The Representative of the Embassy of Israel in Uganda - 1 Member
- The World Health Organization Country Representative - 1 Member
- The Permanent Secretary, Ministry of Water and Environment
- The Permanent Secretary, Ministry of Local Government
- Permanent Secretary, Ministry of Agriculture, Animal Industry and Fisheries
- The Permanent Secretary, Ministry of Finance and Economic Development
- The Principle, College of Health Sciences, Makerere University

Terms of Reference

- Develop Memoranda of understanding
- Develop a research protocol
- Submit Protocol to Institutional Review Boards and Uganda National Council of Science and Technology
- Develop Work Plans and Budget
- Implementation pilot larviciding
- Validation of products by NEMA and NDA

Progress to date

- Five main Larvicides Products selected and evaluated by NEMA and NDA : Aquertein AMF from Israel, ABATE, Bti and Griselesf (Cuba) and SAFE (Egypt)
- Aquerteine MF and ABATE recommended for large scale pilot studies
- Bti and Griselesf and SAFE recommended for small scale studies
- Israel MoU finalised
- Large scale Mapping for Aquerteine initiated
- Mapping for small scale studies initiated
- Laboratories assessed
- Special competencies : Geographer, Biostatistician, Social workers, recruited
- Preparation of tools for baseline studies underway
- Programmes to meet District leaders underway
- Capacity building to follow
- Work plan and budget prepared
- Planning meetings progressed well
- Three progress reports prepared
- Cabinet Memo

Funds spent 2ND QUARTER FY 2011/12

• Planning Meetings	-	7,980,000 /=
• Fuel	-	17,260,000/=
• Stationary	-	17,260,000/=
• Facilitation allowances	-	8,630,000/=
• Pretreatment Field studies	-	3,160,000/=
• District meetings	-	440,000/=
Total		54,730,000 /=

Main objective

- To evaluate the new tools for control of malaria transmitting mosquitoes and to supplement the already existing methods.

Specific objectives

- To assess the bio-efficacy and safety of the five larvicides against the larval stages of the major malaria vectors, *Anopheles. gambiae* s.l. and *An. funestus* in natural malaria vector breeding sites
- To compare the costs of applying the five larvicides to control larval stages of the major malaria vectors
- To assess large scale bio-efficacy of Bativec, Griselesf, Aquatain, Abate and SAFE against larval stages of the major malaria vectors, *An. gambiae* s.l., in natural malaria vector breeding sites in both urban and rural areas and impact on malaria transmission.

Progress so far

- Products authenticated by regulators, NEMA and NDA
- Memoranda of understanding developed
- Research protocol finalised
- Workplans and budgets developed
- Protocol submitted to VCD ethical review board
- Protocol submitted to UNCST
- Mapping for small scale studies in process and mapping for large scale studies finalised
- Potential breeding sites have been identified in three districts (Wakiso, Nakaseke and Nakasongola) in an earlier preparatory field visit conducted at the end of last year
- Technical group comprising the Technical Coordination Committee (TCC) and the National Task Force (NTF) committee of Larviciding along with partners from Cuba, Israel, and Egypt will made a follow up visit to Wakiso District as the select pilot district.
- A series of planning meetings have been taking place
- Progress so far has been presented, Districts visited for purposes of identifying breeding potential
- Selection of Wakiso District for small scale studies and large scale assessment

Product providers meeting with district leadership

Objectives

- APPRECIATION OF THE INITIATIVE OF LARVICIDING THROUGH THE INTEGRATED VECTOR CONTROL MANAGEMENT FOR THE CONTROL OF MALARIA IN COMPLEMENT WITH THE ALREADY EXISTING PROGRAMS BY THE MINISTRY OF HEALTH
- BUILDING CONSENSUS ON THE MAPPING STRATEGY

Objectives for small scale studies

- Identify the small breeding sites for the testing
- Identify sub counties for testing and control purposes
- Establish relevant baselines e.g. larvicide densities, etc..
- Identify the large breeding sites for the testing
- Carry out mapping using GPS
- Establish relevant baselines e.g. epidemiological, sociological, entomological

Challenges

- Principal investigator got an accident
- Delays beyond the control of TCC and NTF
- The nature of the project in reference to the required work
- Implementation of the public health act
- The critical need for thorough capacity building
- Procurables allowed
- The need for vehicles - critical
- Timely reacquisition of funds
- The secretariat
- Modalities of recruitment
- Timely implementation

Current progress

- Labs have been assessed and procurements underway
- Procurement for Aquerteine per MOU Uganda – Israel for large scale studies
- Finalisation of MOU'S
- Final approval of protocol by Uganda National Council of Science and Technology
- A coordination committee set up in Wakiso District
- Secretariat organised
- Competencies recruited
- Official Launch of the Programme

Learning Experiences

- The concern for malaria should be for all of us
- It should be a major thought occupying our minds
- Capacity building on sensitising people on what malaria is is a critical part of the puzzle for fighting malaria
- Breeding places that are temporary
- Public Health Act
- Wetlands act
- Human behaviour
- Waste management

Appreciation

- MOH Management
- All members of TCC and NTF
- The Secretariat
- Vector Control Division has been very helpful
- Nominated Vector Control Officers for field work support
- District Officials
- The Public
- Product Providers' cooperation
- Ministry of Foreign affairs

Appeal

- As TCC and NTF we request you for your full support as members of the health sector

Annex I: Ministers speech

OPENING SPEECH FOR THE MINISTRY OF HEALTH BI-ANNUAL

REVIEW (JULY-DECEMBER 2011)

By Hon. Richard Nduhura, MSH (GD),

holding the portfolio of Minister of Health

The Ag. Permanent Secretary, MOH
The Director General Health Services
The Head, Health Development Partners, and Members of HPAC
Director Medicines and Health Services Delivery Monitoring Unit
Heads of Institutions and Departments
Ladies and Gentlemen,

I would like to congratulate you all for concluding last year (2011) successfully and to wish you a happy new year, 2012. I welcome you to this Bi-Annual Review for the first 6 months of Financial Year 2011/2012. In a special way, I would like to welcome and thank, our Health Development Partners, who continue to participate in our sector reviews and to work very closely with us to improve the performance of the sector.

The objectives of this review are very well known to us. In addition, they were highlighted by the Director General, at the beginning of this review. I would like to re-echo that we are here to review our performance for the period July – December 2011; to assess whether we achieved the targets set for that period in our workplans. For targets that we did not achieve, this meeting should discuss critically, reasons why they were not attained, and the way forward. We have also received correspondence from the Office of the Prime Minister (OPM), that compilation of the Government Bi-Annual Performance Report has already begun, and we are supposed to submit the sector report within a week. This process will therefore contribute to the sector bi-annual report to OPM. We should have no reason not to submit our report as required by the OPM.

I would like to remind you that at the start of this FY we agreed on a NEW BEGINNING – i.e. to seriously review and improve our performance and the image of the sector. In this review therefore, we start to assess if we are achieving this commitment.

If we look at our last Annual Health Sector Performance Report for example, there is a mixed picture of performance. In some indicators we met the targets but in others we didn't. We should strive to sustain good performance where we achieved the targets but work even harder where we never met the targets.

I am sure Heads of departments recall that they have signed performance contracts. You have now gone half way the FY.

You should now be assessing whether you are on track to achieve the targets indicated in your performance contracts. I would like to believe that the consequences of not achieving the targets, without reasonable excuses, were clearly explained to you.

I am made to understand that many departments have improved in timely submission of reports and briefs required for preparation of the sector documents and plans. I would like to thank you for this improvement and to urge you to continue with this spirit. Those departments that sometimes delay are strongly advised to pull up their socks. This is part of the commitment we are talking about in this FY. Am advising heads of departments to identify focal persons for the different tasks / reports, give them timelines, and hold them responsible for prompt submission of the required information.

We continue to notice chronic delays in the procurement system and in some cases hear of losses of files. This problem has gone on for too long! We have even lost money, returned un-utilized to Ministry of Finance Planning and Economic Development because of procurements that have not been concluded. Ladies and Gentlemen, you know that we discuss this topic in every quarterly review; but we seem not have made headway. We have recently had changes in Management and other staff in our Procurement and Disposal Unit (PDU). I would like to task the new management to make real and positive changes in that Unit. You should sit down with the user departments and analyze the problems, for positive change, once for all. Am tasking the PS to chair that meeting.

I would now like to comment on our Ministry of Health statistics. I believe, the main source (custodian) of our sector statistics is the Resource Centre. If this is true, then how come that sometimes we submit different figures for the same indicator, for the same period, to different stakeholders? Now, this is a serious matter and to say the least, embarrassing. A number of times the ministry has been tasked to explain the discrepancies; and this has not portrayed a good image of the sector. This is as recent as two months ago! We have invested a lot of resources in the Health Management Information System (HMIS) in this country over many years. The division must put its act together to collect, compile and analyze the correct statistics that reflect the actual performance on the ground.

Of late, senior top Management has been concerned about the low utilization of funds by departments. In this retreat, we would like to receive reports about your utilization rates (of the releases) against activities in your workplans. We would also like to know what steps you have taken to improve on efficiency considering the budget cuts this FY.

Every time we hold the quarterly reviews, we come up with resolutions / recommendations. I would like to guide that some of these resolutions should be discussed in our institutional structures like Technical Working Groups, and progress reported in Senior Management Committee, and if applicable, in HPAC. In this way,

we shall ensure implementation of those resolutions. We should not wait to look at them only when we come back for the next review.

Ladies and gentlemen, I would like to conclude by thanking you all for the good work that you continue to do in the sector. While we continue to challenge you where you fall short of expectations, it does not mean that we don't appreciate your good works. I thank the Quality Assurance Department for organizing the quarterly reviews regularly, within our own Government of Uganda (GOU) resources. I also congratulate all of you for the successful NHA/JRM of October last year that was also fully financed by GOU resources. I would like to remind the Director Planning and Development to fully budget for the JRM under GOU resources this time.

LADIES AND GENTLEMEN, I NOW TAKE THE PLEASURE TO DECLARE THIS REVIEW OPEN; FOR GOD AND MY COUNTRY.

Annex II:

PROGRESS MADE ON CROSS CUTTING ISSUES FOR THE FOURTH QUARTER PERFORMANCE REVIEW OF THE HEALTH SECTOR HELD FROM 1ST TO 2ND AUGUST 2011 IMPERIAL ROYAL HOTEL, KAMPALA:

No.	ISSUE	PLAN OF ACTION / RESPONSIBLE OFFICER	Progress
1. SECTOR PERFORMANCE INDICATORS:			
1.1	Report did not include June reports which are needed to form part of the Annual Health Sector Performance report.	<ol style="list-style-type: none"> 1. Expect data to be in by the end of August (ACHS RC) 2. Provide data required for compilation of AHSPR report (ACHS(QA)) 	Data was received. AHSPR completed.
1.2	Presumed under reporting of Non Communicable Diseases by the HMIS	NCD to liaise with other programs to minimize this. (PMO NCDs and Resource Centre)	<p>List of Non Communicable diseases was included in the revised HMIS.</p> <p>Resource Centre to work with the NCD team on improving reporting.</p>
1.3	Anemia, worms and injuries contributing significantly to morbidity and mortality.	Need to be further analyzed and presented on a regular basis. (ACHS RC)	<p>Conditions mentioned were captured in the revised HMIS.</p> <p>Analyzed data is available.</p>
2. FINANCE & ADMINISTRATION			
2.1	Some supplies like computers delivered do not meet the required standards.	Ensure adherence to specifications given. (Pr.PO / Users)	<ul style="list-style-type: none"> • Ministry has a largely new team for PDU including the head (the Pr.PO) who is addressing the challenges in Procurement. • Retreat has been organised by MoH where some of these challenges shall be discussed for action
2.3	Poor coordination of procurement activities by Departments. Reported cases of impersonation in procurement	Heads of Departments asked to identify officers to handle departmental procurements. (All HODs)	Some Departments have identified focal officers to deal with procurement issues.
2.4	Lack of access to IFMS by user departments	US/FA to follow up with Accountant General (US/FA).	Issue being handled by MoH and MoFPED.

No.	ISSUE	PLAN OF ACTION / RESPONSIBLE OFFICER	Progress
3. QUALITY ASSURANCE			
3.1	Impact of support supervision is not felt on the ground.	Political leadership to take an active role in supervision. (Top Management)	Process to revitalize the support supervision strategy has been initiated with support from ICP-BTC
3.2	Inadequate funding for DHTs to enable support supervision of lower level health units.	Reallocate resources within the MoH budget to facilitate districts (DHS P&D)	Available funds not adequate to address this problem. To be considered in the next financial year planning.
4. COMMUNITY HEALTH			
4.1	Impact of capacity building.	Assess impact of different capacity building (training) activities. (CHS CH)	To be considered as one of the areas to assesses in the mid-year review for HSSIP.
4.2	Maternal Perinatal Death guidelines not available at health facilities.	Provide the guidelines to the service providers. (ACHS RH)	Guidelines have been developed by the Reproductive Health Division and were shared with the districts.
5. CLINICAL SERVICES			
5.1	Many of the planned activities were not implemented e.g. mental health.	Realistic planning, facilitation and follow up to ensure implementation of planned activities. (CHS CS)	Planning in MoH calls for involvement of all heads sub-divisions in the department.
5.2	Health sector not benefiting much from the PRDP and NUSAF implementation in districts.	MoH to guide districts on efficient utilization of funds. Identify districts benefitting from these programmes and the funding available. (AC BF)	MoH working closely with the OPM to ensure resources available for the health sector through PRDP and NUSAF are well utilised.
5.3	Poor quality of most construction works	Carry out systematic and timely supervision by the centre and districts. (ACHS IS)	Area Teams continue to support and also build districts to strengthen support supervision.
5.4	Idle /unutilized equipment at lower level health facilities e.g. due to lack of electricity, result of donations	Carry out inventory and reallocate of this equipment. (ACHS IS)	Process on going.

No.	ISSUE	PLAN OF ACTION / RESPONSIBLE OFFICER	Progress
6. NURSING SERVICES:			
6.1	Officers/staff in the health sector that are supposed to be provided with uniforms by MoH are not clearly known/identified.	Policy on uniforms should be developed and shared with all stakeholders. Uniforms should be factory made. ACHS (N)	Guidelines were developed and initial draft was presented to SMC.
6.2	There is scheme of service for graduate nurses.	Scheme of service should be developed and presented to SMC, HPAC ACHS (N)	Slow progress made so far.
7. BLOOD TRANSFUSION SERVICES			
7.1	Hospitals / HC IVs don't collect blood. How do we overcome this?	<ul style="list-style-type: none"> DHOs to avail transport for blood to HC IVs Increase funding to hospitals to be able to collect blood based on need CHS (CS), Director BTS and DHS P&D	Little progress made on this issue. Need for more community mobilization.
7.2	There are inadequate Regional Blood Bank services. Health Sector should Identify funding for construction of regional blood banks as this will contribute towards reduction on lack of blood in hospitals & HC IVs.	<ul style="list-style-type: none"> Identify resources for construction of more Regional Blood Banks especially for Moroto/Karamoja Region. Establish whether fridges, solar systems provided to HC IVs for blood storage are still there. (Ext Dir UBTS)	No funding identified so far for establishment of more Regional Blood Banks. Moroto RRH for Karamoja is still considered a priority for this activity.
8. NATIONAL REFERRAL HOSPITALS			
8.1	Lack of transparency in procurement of Cobalt machine for Mulago.	Provide status report to Top management (Ext Dir. Mulago)	Issue being addressed by the Mulago Hospital
8.2	Whereabouts of the MRI Machine donated to Mulago not well known.	Installation in the identified space Provide progress report to Top management (Ext Dir. Mulago)	Issue being addressed by the Mulago Hospital
8.3	Current design of staff houses is not suitable to meet the increasing as scarcity for land.	Revise plans to have storied buildings to increase efficient	Designs have been revised and presented to SMC.

No.	ISSUE	PLAN OF ACTION / RESPONSIBLE OFFICER	Progress
		utilisation of the available land. (ACHS IS).	
8.4	Poor maintenance of most of the newly refurbished mental units in the Regional Referral Hospitals.	Regional Referral Hospitals should to plan for maintenance ACHS (IS)	Most RRH have not yet planned for this activity.
9. NATIONAL DISEASE CONTROL			
9.1	Most of the activities have been implemented as planned. How can we assess the impact?	Plan for evaluation studies (CHS NDC)	Not yet handled.
9.2	Increasing number of Multi-Drug Resistant TB reported.	Programme should provide information on the prevalence. (PM NTLP)	NTRP handling the challenge.
9.3	Storage and distribution of anti-TB medicines	Distribution of Anti TB medicines and supplies should be streamlined along with other medicines handled by NMS. (PM NTLP)	Process to harmonise supply of anti TB medicines through NMS has been initiated.
9.4	Increased demand for safe male circumcision might overwhelm the available human resources etc	<ul style="list-style-type: none"> • Task shifting and clarify who is supposed to carry out procedure • Policy review on minimum standards of who should carry out the surgery CHS (NDC), ACHS HRD	Policy is yet to be updated.
9.5	Multiple sources of data	Harmonization of data sources to the Resource Center ACHS (RC) & Program Managers	Still a challenge.
10. NATIONAL MEDICAL STORES			
10.1	Savings from AFM-f being reallocated for procurement of 2 nd and 3 rd line medicines for malaria.	For further discussion PS / PM Malaria / GM NMS	Reallocation handled by NMS
11. NATIONAL DRUG AUTHORITY			
11.1	Payment for testing fees	Treat as domestic arrears for the MoH US/FA	To be considered in the next financial year budgeting process.

No.	ISSUE	PLAN OF ACTION / RESPONSIBLE OFFICER	Progress
11.2	Need to increase budget allocation to cater for recruitment of additional staff	Advocate for increased funding Ext Dir NDA	To be considered in the next financial year budgeting process.
11.3	Operation of drug shops beyond their mandate	<ul style="list-style-type: none"> • Expedite training of drug shop owners and operators • Sensitize the community • Renewal of licenses should be based on good operational practices evidenced by supervision Ext Dir NDA	Consultations with stakeholders is still ongoing on the best way forward.
12. HEALTH SERVICE COMMISSION			
12.1	Term of office for all members except one expired	Await appointments (Ext Dir NDA)	Still awaiting for the appointment authority to make new members to the Health Service Commission.
15. ALLIED HEALTH PROFESSIONALS COUNCIL			
17. CROSS CUTTING			
17.1	Presentation format not uniform	All future presentations to be made in format provided by QAD preferably power point. In addition submit and detailed report following the quarterly report format (All presenters)	Increased adherence to the format provided by QAD.
17.2	Partner support to the sector not reflected	Capture partner support in subsequent reports (All HODs)	Addressed. More time allocated for the review to enable Projects to make presentations.

Annex III:

PROGRAMME FOR REVIEW OF IMPLEMENTATION OF MOH WORKPLANS: MID- YEAR (FIRST AND SECOND QUARTERS) 2011/12:

TIME	DEPARTMENT/ INSTITUTION	PRESENTER	CHAIRPERSON
MONDAY 6TH FEBRUARY 2012			
8.00 - 9.00 am	REGISTRATION	Secretaries QAD	CHS (QA)
9.00 - 9.05 am	WORKSHOP OBJECTIVES	DGHS	Ag. PS
9.05 - 9.15 am	SECTOR PERFORMANCE INDICATORS	RC	
9.15 - 9:35am	FINANCE & ADMINISTRATION - Ministers activities - Activities of PS/DGHS - Administration - HRM - Internal Audit	US (F&A)	
9:35 – 9:45 am	ACCOUNTS	AC (A/C)	
9:45 – 9:55 am	PROCUREMENT	Pr. PO	
9.55 - 10:10 am	QUALITY ASSURANCE	CHS (QAD)	
10.10 -10.40 am	HEALTH PLANNING - Planning Division - Budget and Finance - RC - PAU - HRD	CHS (P)	
10.30 -11.00 am	DISCUSSION	All Presenters	
11.00 -11.10 am	Opening Remarks	Hon. MOH	
11.10-11.40 am	TEA BREAK		
11.40 am - 12.40 pm	COMMUNITY HEALTH - Reproductive Health - Child Health - HE/ Promotion - Vector Control - Environment Health - VPH - Disability & Rehabilitation - Non Communicable Diseases - Oral Health - Response to Public Emergencies	CHS (CH)	DHS (PD)
12.40 - 1.10 pm	DISCUSSION		
1.10- 2.10PM LUNCH BREAK			

TIME	DEPARTMENT/ INSTITUTION	PRESENTER	CHAIRPERSON
2.10 - 2.55 pm	CLINICAL SERVICES DEPT - Integrated curative - Infrastructure - Essential Medicines and Health Supplies - Mental Health - Oral Health	CHS (CS)	US/ FA
2.55 - 3.10 pm	BLOOD TRANSFUSION SERVICES	Director UBTS	
3.10 - 3.25 pm	NURSING SERVICES	CHS (Nursing)	
3.25 - 4.00 pm	DISCUSSION		
	National Referral Hospitals		
4.00 - 4.20 pm	MULAGO HOSPITAL	E/Director	
4.20 - 4.40 pm	BUTABIKA HOSPITAL	E/Director	
4.40 - 5.10 pm	Discussion		
5.10PM	CLOSURE AND EVENING TEA		
TUESDAY 7TH FEBRUARY 2012			
9.00 -10.00 am	NATIONAL DISEASE CONTROL - ACP - Malaria Control Program - NTBLP - UNEPI - Onchocerciasis - ESDR - CPHL - UGWEP	CHS (NDC)	MOSH(GD)
10.00 - 10.30am	DISCUSSION		
10.30 - 11:00am	TEA BREAK		
11.00 - 11:30am	National Medical Stores	General Manager	MOSH(GD)
11.30 - 12: 00pm	National Drug Authority	Executive Secretary	
12.00 - 1.00 pm	DISCUSSION		
1.00 - 2:00 pm	LUNCH BREAK		
	RESEARCH INSTITUTIONS		Executive Director Mulago NRH
2.00 - 2.15 pm	UNHRO	Director UNHRO	
2.15 - 2.30 pm	UVRI	Director UVRI	
2.30 - 2.45 pm	NCRL	Director NCRL	
2.45 - 3.15 pm	DISCUSSION		
	Health Professional Councils		
3.15 - 3:30 pm	Uganda Medical & Dental Practitioners Council	Registrar	
3.30 - 3.45 pm	Uganda Nurses & Midwives Council	Registrar	
3.45 - 4.00 pm	Allied Health Professionals Council	Registrar	

TIME	DEPARTMENT/ INSTITUTION	PRESENTER	CHAIRPERSON
4.00 - 4.15 pm	Pharmacy Council	Registrar	
4.15 - 4.30 pm	DISCUSSION		
4.30 PM	CLOSURE AND EVENING TEA		
WEDNESDAY 8TH FEBRUARY 2012			
9.00 – 9.15 am	Monitoring Projects	DHS (P&D)	
9.15 - 9.30 am	UHSSP	Project Coordinator: UHSSP	Ag. PS
9:30 - 9:45 am	East Africa Public Health Laboratory Networking Project (EAPHLNP)	Project Coordinator: EAPHLNP	
9:45 - 10:30 am	DISCUSSION		
10.30 - 11:00 am	TEA BREAK		
Global Fund for AIDS, TB and Malaria:		Programme Managers	DHS (P&D)
11.00 – 11.15 am	AIDS Control Programme	PM: ACP	
11.15 – 11.30 am	Malaria Control Programme	PM: MCP	
11.30 – 11.45 am	TB and Leprosy Programme	PM: TBLP	
11.45 - 12:00 MD	Global Alliance for Vaccines and Immunisation.	PM: UNEPI	
12:00 - 12:15 pm	Institutional Capacity Building Project (ICP)-BTC	Focal person	
12.15 – 1:00 pm	DISCUSSION		
1:00 - 2:00 pm	LUNCH BREAK		
2.00 - 2:15 pm	Uganda Sanitation Fund	ACHS (EH)	DGHS
2:15 - 2:30 pm	Italian Support to HSSIP	Focal person	
2:30 - 2:45 pm	PRDP	Focal person	
2:45 – 3.00 pm	Avian and Human Influenza Preparedness and Response Project (AHIP)	ACHS (VPH)	
3:00 - 3:45 pm	DISCUSSION		
3:45 - 4:45 pm	Wrap up: <ul style="list-style-type: none"> Report on progress on issues and recommendation for the Fourth Quarter. Summary of cross cutting issues & Way Forward 		
4:45-5:00 PM	CLOSURE	HON. MOSH (GD)	
5:00pm	EVENING TEA AND DEPARTURE		

Rappoteurs:

Dr. H. G. Mwebesa	CHS (QA)	Chairperson
Dr. Sarah Byakika	ACHS (QA)	Member
Dr. Isaac Kadowa	PMO (QA)	Member
Dr. Martin Ssendyona	SMO/QAD	Member
Dr. Alex Kakala	QI Advisor HCI	Member
Dr. Bwire Godfrey	SMO/Community Health	Member
Mr. Paul Bamwoze	IT	Member
Mr. John Ssendendo	M&E Specialist	UHSSP
Dr. Simon Kalyesubula	M&E Focal Officer	EAPHLNP

Annex IV:

Attendance list of participants for the Semi-annual Performance Review of Implementation of MoH Workplan 2011/12 FY

1.	Hon. C. Ondoa	-	MOH
2.	Hon. R. Nduhuura	-	MOSH (GD)
3.	Dr. Jane Ruth Aceng	-	DGHS
4.	Dr. Isaac Ezati	-	DHS (P&D)
5.	Dr. Lukwago Asuman	-	PS
6.	Mr. S.S Kyambadde	-	US (F&A)
7.	Dr. H. G Mwebesa	-	CHS (QAD)
8.	Prof. A.K. Mbonye	-	CHS (CH)
9.	Dr. Amandua Jacinto	-	CHS (CS)
10.	Dr. Francis Runumi	-	CHS (P)
11.	Mrs. Margaret Chota	-	CHS (N)
12.	Dr. B.B. Byarugaba	-	E/D Mulago Hospital
13.	Dr. Kigozi Fred	-	E/D Butabika Hospital
14.	Dr. Dorothy K. Byabazaire	-	Director UNTS
15.	Dr. E.K. Mbidde	-	Director UVRI
16.	Dr. Sam Okware	-	DG(UNHRO)
17.	Dr. Nambatya G.K.	-	Director (NCRL)
18.	Mr. Sematiko G.	-	E/S NDA
19.	Ms. Deborah Katuramu	-	PS/HSC
20.	Dr. Issa Makumbi	-	ACHS (ESD)
21.	Mr. Nyeko Ponziano	-	AC (A)
22.	Dr. Jesca Nsungwa Sabiiti	-	ACHS (CH)
23.	Mr. R. Enyaku	-	Ag. ACHS (B&F)
24.	Eng. S.S.B Wanda	-	ACHS (HI)
25.	Dr. Jackson Amone	-	ACHS (IC)
26.	Mr. Francis Ntalazi	-	ACHS (HRM)
27.	Dr. George Bagambisa	-	ACHS (P)
28.	Dr. Jennifer Wanyana	-	ACHS (RH)
29.	Dr. Kibwika Muyinda	-	ACHS (HRD)
30.	Dr. Alex Opio	-	ACHS (NDC)
31.	Mrs. Enid Mwebaza	-	ACHS (N)
32.	Ms. Julian Kyomuhangi	-	ACHS (EHD)
33.	Dr. Eddie Mukooyo	-	ACHS (RC)
34.	Mr. Martin Oteba	-	ACHS (Pharmacy)
35.	Dr. Winyi Kaboyo	-	ACHS (VPH)
36.	Dr. Kadowa Isaac	-	PMO (QAD)
37.	Mr. Sengonzi E. D.	-	PAS
38.	Ms. Kusasira Edith	-	PPO
39.	Dr. Sebisubi Fred	-	P. Pharmacist
40.	Dr. Rachel Seruyange	-	PM (UNEPI)

41.	Dr. Seraphine Adibaku	-	PM (NMCP)
42.	Mrs. Christine Mubiru	-	PPA
43.	Ms. Alupo Beatrice	-	PNO (N)
44.	Dr. Nabbanja Katumba	-	PDS (CS)
45.	Dr. Barigye Celestine	-	PMO
46.	Ms. Akumu Christine	-	PNO (CS)
47.	Dr. Stanley Bubikire	-	PMO (DPAR)
48.	Dr. Zainab Akol	-	PM (ACP)
49.	Dr. Sheila Ndyanabangi	-	PMO (MH)
50.	Mr. Tom Lakwo	-	PM (Oncho.)
51.	Dr. George Mukone	-	Ag. PM (UGWEP)
52.	Mrs. Kyozira Caroline	-	PB (RC)
53.	Mr. Mugagga Malimbo	-	PB/NDC
54.	Dr. Mugasa A.K.	-	RH
55.	Mr. Fred Mulabya	-	SPHI (EHD)
56.	Dr. Timothy Musila	-	SHP (P)
57.	Dr. Charles Ssali	-	SDS (CH)
58.	Dr. Martin Ssendyona	-	SMO (QAD)
59.	Dr. Joshua Musinguzi	-	SMO (ACP)
60.	MS. Ezaga Juliet	-	SNO (UNMWC)
61.	Dr. Ales Kakala	-	SMO (QAD)
62.	Mrs. Odeke Betty Catherine	-	SPNO (N)
63.	Mr. James Mugisha	-	SHP (P)
64.	Dr. Hitimana Lukanika	-	SHP (HRD)
65.	Ms. Atim Christine	-	SIA
66.	Dr. Bwire Godfrey	-	SMO (CH)
67.	Dr. Nelson Musoba	-	SHP (P)
68.	Dr. Hafsa Lukwata	-	SMO (MH)
69.	Dr. Shaban Mugerwa	-	SMO
70.	Mr. Richard Okwii	-	Sen. Soc. / Ag. ACHS (HP&E)
71.	Dr. Myers Lugemwa	-	SMO (NMCP)
72.	Dr. Gerald Mutungi	-	SMO (SH)
73.	Mr. Obua Thomas	-	Sen. Pharmacist
74.	Ms. Ezaga Juliet	-	SNO (UNMC)
75.	Ms. Sarah Ngalombi	-	S. Nutritionist
76.	Ms. Namukose Samalie	-	S. Nutritionist
77.	Ms. Birungi Rachel Asiimwe	-	SPO (UVRI)
78.	Dr. Kalyesubula Simon	-	M&E officer
79.	Mr. Walimbwa Ali	-	SHP (P)
80.	Mr. Charles Isabirye	-	SHTO (HRD)
81.	Mr. Wasswa Jude C.	-	SAS (F&A)
82.	Ms. Namukose Samalie B.	-	S. Nutritionist
83.	Mr. Omujal Francis	-	RO (NCRL)
84.	Mr. John Ssendendo	-	UHSSP
85.	Nuwamanya D.	-	Ag. AC /SS
86.	Mr. Erukwaire Godfrey	-	PPro / PDU

87.	Mr. Mpiima Patrick	-	Registrar AHPC
88.	Mrs. Okuna Neville Oteba	-	Registrar PC
89.	Mr. John Wakida	-	Registrar UNMC
90.	Dr. Katumba F.S	-	Registrar UMDPC
91.	Mr. Nyankori F.	-	Dep. Registrar UMDPC
92.	Dr. Bagambe Vincent	-	FCO – Q/A Manager
93.	Mr. Mulyazaawo Mathias K.	-	M&E / GF/NTLP
94.	Mr. Aisu Steven	-	Ag. Head CPHL
95.	Paolo Giambelli	-	Chair HDP
96.	Akena Irene	-	CMA (UNFPA)
97.	Mr. Mark Kashaija	-	OPM
98.	Dr. Henry S. Katamba	-	M&E Specialist
99.	Ms. Lydia Nakasumba	-	PO / GF / NTLP
100.	Mr. Ahimbisibwe E.	-	PHE
101.	Mr. Hans Beks	-	TA / ICB
102.	Ms. Sharm K. Ray	-	Principal Adm.
103.	Ms. Agnes Chandia Baku	-	Head Nutrition
104.	Ms. Harriet Tumuhairwe	-	HSC
105.	Dr. Balidawa Hudson	-	M&E Specialist
106.	Mr. Richard Bakojja	-	OPM
107.	Dr. Samuel Kasozi	-	MDR-TB Coordinator
108.	Enoch Magumade	-	MSF
109.	Mr. Tumusiime Henry R.	-	RO / NCRL
110.	Mr. Moses Kamabare	-	GM / NMS
111.	Dr. Kajumbura Henry	-	CPHL
112.	Ms. Aliddeki Dativa	-	HPAC
113.	Mr. Bakampa V.	-	ADC
114.	Mr. Benjamin Sensasi	-	WHO
115.	Dr. Jackson Orem	-	UCI
116.	Mrs. Luwaga Lillian	-	SHE
117.	Ms R. Nakamatte	-	PRO
118.	Mr. Patrick Tutembe	-	Economist
119.	Dr. Assy Ndizihiwe	-	CDC
120.	Mr. Peter N. Sekoga	-	CDC
121.	Ms. Dorothy Adeke	-	PO
122.	Dr. Betty Kasanka	-	SMO (ACP)
123.	Mr. Etyang Geoffrey	-	SPro.
124.	Mr. John Kissa	-	RC
125.	Mr. Nsubuga Allan	-	RC
126.	Mr. Ibuyat David	-	EHD
127.	Mr. Simon Mwima	-	ACP
128.	Mr. Peter Kalyebi	-	SPHI
129.	Dr. Ario Alex	-	PO / MOH
130.	Francis Wakabi	-	HI
131.	Dr. Ikooma Eric	-	ACP
132.	Dr. B. Nabalonzi	-	ACP

133.	Mr. Seru Morris	-	Pharmacy
134.	Mr. Namugere M	-	RH
135.	Dr. Namukose	-	CH
136.	Ms. Nabugolola F.	-	SAS
137.	A. Turyahikayo	-	UHSSP
138.	Dr. Giambelli Paola	-	Chair HDP
139.	Ms. Olive Mbogga	-	Butabika Hospital
140.	Ms. Tabitha Suubi	-	MOH
141.	Yvette Alal	-	NCRL
142.	Diana Mugema	-	MOH
143.	Mr. Sam Nalwala	-	MOH
144.	Ms. Barbra Nanteza	-	ACP
145.	S. Kawuma	-	UNHRO
146.	Mr. Joseph Nkotyo	-	SLT/CPHL
147.	Eng. S. Mulepo	-	HI