

REPUBLIC OF UGANDA

MINISTRY OF HEALTH

REPORT: REVIEW OF IMPLEMENTATION OF THE MINISTRY OF HEALTH WORKPLAN For the 3rd and 4thQUARTERS

January to June 2018/19 FY

August, 2019

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Acronyms and Abbreviations

ACP AIDS Control Programme

ACT Artemisinin Combination Therapies

ADB African Development Bank

AHPC Allied Health Professionals Council

AI Avian Influenza

AIDS Acquired Immuno-Deficiency Syndrome

AIM AIDS Integrated Management

AFP Acute Flaccid Paralysis
AMR Anti Microbial Resistance

AMREF African Medical Research Foundation

ARC Alliance for Rabies Control

ARCC African Regional Certification Commission

ART Anti-retroviral Therapy ARVs Antiretroviral Drugs

ASLM African Society for Laboratory Medicine

AWP Annual Work Plan

AT Area Team
AZT Azidothymidine

BCC Behavioural Change 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

CH Community Health

CL Credit Line

CMD Community Medicine Distributor
CPD Continuous Professional Development
CPG Commuted Pension and Gratuity

CPHL Central Public Health Laboratory
CORPS Community Owned Resource Persons

CSO Civil Society Organization
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

EAPHLNP East African Public Health Laboratory Networking Project

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 EMS Emergency Medical services

EPI Expanded Programme on Immunization EPR Emergency Preparedness and Response

EQA External Quality Assessment

FP Family Planning
FY Financial Year

GAVI Global Alliance for Vaccine and Immunisation

GCLP Good Laboratory Practice

GDF Global Drug Fund

GBV Gender Based Violence

GF Global Fund GH General Hospital

GoU Government of Uganda

HBMF Home Based Management of Fever

HC Health Centre

HCT HIV/AIDS Counselling and Testing

HDP Health Development Partners

HFOAP Health Facility Quality of Care Assessment Program

HIV Human Immuno-Deficiency Virus HMBC Health Manpower Resource Centre

HMIS Health Management Information System

HMU Health Monitoring Unit

HP&E Health Promotion and Education HPA Hospital Performance Assessment

HSSIP Health Sector Strategic & Investment Plan

HTS HIV Testing and Services

ICT Information Communication Technology
IDSR Integrated Disease Surveillance and Response
IEC Information Education and Communication
IMCI Integrated Management of Childhood Illness

IMR Infant Mortality Rate

IPT Intermittent Preventive Treatment

IRS Indoor Residual Spraying

ISS Integrated Support Supervision

ITNs Insecticide Treated Nets

IVM Integrated Vector Management
IYCF Infant and Young Child Feeding

JICA Japan International Cooperation Agencies

JMC Joint Monitoring Committee

JMS Joint Medical Stores

KCCA Kampala Capital City Authority

KOFIH Korea Foundation for International Healthcare

LGDP Local Government Development Project
LLINs Long Lasting Insecticide Treated Nets

MAAIF Ministry of Agriculture, Animal Industry and Fisheries

MCP Malaria Control Programme
MDD Music Dance and Drama
MDR-TB Multi Drug Resistant-TB
MMR Maternal Mortality Rate
MOH Ministry Of Health

MOFPED Ministry of Finance, Planning and Economic Development

NACME National Committee on Medical Equipment

NCRL National Chemotherapeutics Research Laboratory

NDA National Drug AuthorityNCD Non Communicable Diseases

NGOs Non-Governmental Organisations

NMS National Medical Stores

NPA/AI National Plan of Action for Avian Influenza

NRH National Referral Hospital

NSCA National Supply Chain Assessments

NTDs Neglected Tropical Diseases

NTLP National Tuberculosis and Leprosy Control Program

OCP Onchocerciasis Control Programme

OCV Oral Cholera Vaccination
OPD Outpatient Department
PAU Policy Analysis Unit

PDU Procurement and Disposal Unit PEP Post Exposure Prophylaxis

PEPFAR President's Emergency Plan for AIDS Relief (USA)

PHC Primary Health Care

PHE Public Health Emergencies
PHP Private Health Practitioners
PMS Post Marketing Strategy

PMTCT Prevention of Mother to Child Transmission

PNFP Private Not for Profit

PPPH Public Private Partnership in Health

PWD Persons with Disabilities

Q Quarter

QAD Quality Assurance Department

QI Quality Improvement
RBF Result Based Financing
RRH Regional Referral Hospital
RPMTs Regional Performance Teams
SGBV Sexual Gender Based violence

SH School Health

SHSSPP Support to the Health Sector Strategic Plan Project

SLIPTA Stepwise Laboratory Improvement Process towards Accreditation SPARS Supervision Performance Assessment and Recognition Strategy

STI Sexually Transmitted Infection

SWAP Sector-Wide Approach
TWG Technical Working Group

UBTS Uganda Blood Transfusion Services

UCG Uganda Clinical Guidelines

UGFATM Uganda Global Fund for AIDS, TB and Malaria UGWEP Uganda Guinea Worm Eradication Program

UMR Under 5 Mortality Rate

UMDPC Uganda Medical and Dental Practioners Council

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

UNWC Uganda Nurses and Midwives Council

USAID United States Agency for International Development

USF Uganda Sanitation Fund

UShs Uganda Shillings

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

Executive Summary

The workshop to review the implementation of the Ministry of Health (MoH) work plan for the third and fourth quarters for 2018/19 financial year is scheduled to take place from 13th to 14th August 2019 at Hotel Africana in Kampala. The main objective of the workshop is to conduct a performance review of the Ministry of Health (MoH) Departments, Programmes, Councils and National Level Institutions against planned outputs and budget for the period under review. The review meeting shall also receive progress on the cross cutting actions from the previous performance review meeting (the first and second quarters for 2018/19 financial year).

During the 3rd and 4th quarters the 3 leading causes of mortality and morbidity reported cases were: malaria 2,551; pneumonia 1,386, and neonatal infection 1,234. Key performance indicators: Intermittent Presumptive Treatment (IPT) 69.4%; DPT3Hib3Heb3 coverage, 96.4%; Measles coverage under 1 year 90.1%; Health facility based deliveries 61.3; Facility based fresh still births (per 1,000 deliveries), 8.5, Timeliness of reporting (HMIS 105) 92.9%. Poor measles coverage in: Amuria (67%), Apac (47%), Bugweri (25%), Bukomansimbi (70%). High maternal mortality deaths in Hoima, Mbale and Fort Portal RRHs. Finance and Administration paid up transport and lunch allowance for staff at U4 and the lower salary scale. MOH premises were cleaned and service providers for duly paid. Utilities for water and electricity, phone bills; vehicle maintenance were paid as had been planned. Travel expenses and emoluments for the Honourable Ministers were paid. Funds were remitted to Allied Health Professionals; UMDPC; ECSA, while, UNMC and Pharmacy spent at source.

Quality Assurance and Inspection Department (QAID) coordinated the workshop to review the implementation of the MoH work-plan for the 3rd and 4th quarter. Revised Patient Rights and Responsibility Charter was developed and key messages were translated into 5 local languages; 5S-COI-TOM guidelines were developed. Service Availability and Readiness Assessment (SARA) report was finalised. Support supervision to all RRHs, GHs and HC IVs for the 129 districts is in progress for the 4th quarter 2018/19 FY. Supervision to 5 Regional maintenance workshops conducted with improved implementation of 5S. 17 CQI(KAIZEN) projects are being implemented and 2 completed at Kabale RRH. 3 projects being carried out at Entebbe GH. Planning Financing & Policy Development Department coordinated development of the Ministerial Policy Statement (MPS) was presented to the Health Committee of Parliament; Budget & Grants guidelines for LGs developed and disseminated soft copies; All 14 RRHs were trained in development of work plans using the Bottle Neck Analysis methodology in Mbale. Review and update the LG Planning guidelines for the Health Sector and develop BNA manuals. Draft NHIS Bill 2019 submitted to Cabinet and was approved on 24th June 2019 for submission to Parliament. 3 out of 4 Cabinet memos were developed and submitted to Cabinet. Organ and Tissue Transplant Bill Cabinet Memo was developed but yet to undertake RIA and obtain CFI. Uganda Medical Interns Policy RIA finalized. Hospitals referral network mapping and ambulance services assessment was conducted and 58 hospitals identified as eligible for inclusion under the RBF program for CeMNOC. 313 Health facilities received the Start-up grants to address gaps in service delivery. Verification of EDHMT was conducted in the 27 DLG's and KCCA.

Human Resource Management (HRM) Department Recruitment plan for the sector was developed by HRM Department. 388 Health workers were appointed, 128 officers were confirmed in service, 183 health workers were re-designated, 145 officers were deployed to RRHs and 83 officers transferred to other Ministries. result of validation (30 staff promoted; 13 staff re-designated; 68 staff retained; 05 staff retired on abolition of office; 13 staff re-deployed). Submissions made to Service Commissions for HR actions.388 Health workers appointed, 128 officers confirmed in service, 183 health workers re-designated, 145 deployed to RRHs and 83 officers transferred to other Ministries. In Q4 result of validation (30 staff promoted; 13 staff re-designated; 68 staff retained; 05 staff retired on abolition of office; 13 staff re-deployed). HSC advertised 152 Vacant posts internally and 52 vacant positions advertised externally. Commuted Pension and Gratuity (CPG) paid to 24 Pensioners. Scanning & uploading of documents/files to EDMS conducted as part of management of records in the registry at MOH & RRH to be computerized and strengthened. Supported the districts of Luwero; Nakaseke; Wakiso; Bunyangabu; Kabarole and Ntoroko in management strengthening interventions. Guidelines on Sexual Harassment at workplace implemented in districts of Rukungiri, Kabale and Kabale RRH.

Community Health Department coordinated dissemination of the health sector implementation guide for Uganda multisectoral food security and nutrition project (UMSFNP) in the 15 project implementing districts. The national rapid assessment study on stakeholder perception on 2016 WHO guidelines on Infant and Young Child feeding in the context of HIV was conducted. Implementation Science protocols to increase uptake of IFA in Iganga and Bugiri were developed. Disability and Rehabilitation Division Created coordinated awareness on deafness prevention campaign with a press conference presided over by Hon. Minister i/c PHC & a health camp was carried out in & around Kampala to commemorate world Hearing Validation workshop for The Assessment of Diabetes & Diabetic Retinopathy Management Systems(TADDS) was conducted. Reproductive and Child Health Department undertook stakeholder validated ADH Landscape reporting. One session of outreach camps conducted in 8 WAY/DANIDA supported districts. Epidemiology and Disease Surveillance Division conducted integrated Disease Surveillance and Response technical support supervision in 6 districts. Ebola control plan was developed and is being implemented. 250 Health workers and 4,700 VHTs in Ebola outbreak preparedness and response. Kampala and Wakiso districts were sensitised on Dengue fever. Health Education and Promotion Department reviewed approved IEC materials on HIV, Malaria, Adolescent health, HPV vaccination, Eye Health, Sanitation, and nutrition ready for dissemination. 200 VHTs were trained on community based meningitis management. Community awareness on Ebola Virus Disease (EVD) prevention & control measures raised using film vans in 4 very high risk districts of: Bundibugyo, Kasese, Ntoroko and Bunyangabu. 2,000 Adolescents from Buganda Kingdom oriented on reproductive health issues and drug abuse. The HPV coverage improvement plan advocacy component completed. 50 Health Call Centre Agents oriented on HPV vaccination and routine immunization in general. Media engagement with 60 journalists in preparation for the ECHO study results dissemination was conducted. Environmental Health Department coordinated orientation of 143 district implementers on use of Community Led Total Sanitation (CLTS) in sanitation improvement activities. Re-grading of Trachoma Trachiasis was conducted in Arua, Butaleja and Maracha districts. Post Treatment Surveillance (PTS) supervised in Mpamba-Nkusi focus (Kagadi). Carried out Support supervision of Mass Drug administration (MDA) in 12 districts.

Clinical Services department had 21 patients referred abroad and 38 Public Officers retired on medical grounds. 7 Fistula camps in Mulago, Mbarara, Mubende, Arua, Lira Kisiizi and Lacor Hospitals. 1200 repairs were carried out. Finalised: costing national fistula strategy 2018/19-2023/24; costing of Palliative care policy; regulatory impact assessment report for the alcohol control policy. Payments were made for 955 interns and 395 Senior House Officers, 46 District leaders were sensitised about Hepatitis B in Kayunga District. Pharmacy Department coordinated: enactment of the surgical instrument regulation and also amended the fees for Conduct of clinical trial, and Pharmacovigilance regulation. 1,587 (97.3%) Pharmacies and 5,838 (73.2%) Drug Shop applications were approved. 39(94.87%) of illegal pharmacies service provider cases were handled to the conclusion, 799 (80.60%) of illegal drug shop service provider cases were handled conclusively. 16 foreign and 5 local facilities were inspected for GMP compliance; and, 13 herbal inspections were conducted. 20 GMP desk Reviews were carried out and communicated. The list of locally manufactured products registered was published. Completed the transition of all SPARS components from UHSC project to; EM, ART, PFM, LAB SPARS. Reviewed national quantifications of ARVs, Cotrimoxazole, and male circumcision and RMNCAH commodities. Completed construction of substructures, superstructures and roofing at all five prefabricated storage unit sites. Health Infrastructure Department coordinated maintenance of 537 installed solar systems in 176 Heath facilities. 312 pieces of medical equipment were maintained and left in functional condition in 54HCIIIs, 19HCIVs, 8GHs. Medical equipment inventory collection and update was carried out in 88 Health facilities - 3GHs, 13HCIVs & 46HCIIIs. Supervised and assessed 12 Regional equipment maintenance workshops using. National Health Laboratory & Diagnostic Services carried out a breakfast meeting, press conference and a workshop were conducted and disseminated Laboratory policy II, and guidelines for Antimicrobial Resistance (AMR), Hub guidelines, Test menu, and ICT guidelines. 760 samples tested out of which Vibrio cholerae were isolated in samples from Kampala. 610,280 samples were tested for HIV Viral Load with suppression rate of 89.2%. 76,517 samples of babies were tested for HIV with a positivity rate of 2.7%, and 20,402 babies were tested for Sickle cell disease. 115 Laboratories were mentored for biosafety/biosecurity practices. ASLM audited and certified 11 hub laboratories. Emergence Medical Services coordinated review of Regional Operational Manual for EMS for Masaka RRH& Bukomansimbi district. Developed: draft EMS Policy Regulatory Impact Assessment and draft 1 Emergency Care Protocols (for the; Emergency Unit, Ambulance Vehicle and the Call and Dispatch Centre) for Masaka RRH and Bukomansimbi District. Conducted in-service training of 54 Health Workers.

Conducted support supervision to map out Ambulance stations on Gulu high way and Bugisu sub region. National Disease Control (NDC) Department coordinated development and dissemination of the HIV rapid testing site and tester certification framework. Supported 11 districts with no implementing partners to implement the bring back mother baby campaign. Developed a peer model (YAPS model) for supporting adolescent HIV outcomes. Diagnosed 14,640 new and relapse TB patients. 153 had drug resistant TB. Conducted TB leprosy program review. 153 leprosy cases were reported. Conducted the leprosy week and skin camp in Kasese and Ntungamo where 2 leprosy cases were diagnosed. 8 district Cold Chain Technicians and 16 health facility EPI focal persons trained on temperature monitoring. NMCP completed Pre-IRS activities in the 8 Phase-one Districts. LLIN projection was conducted using UBOS data total needed is 26.2 m LLINs for 2020 UCC. Monitored LLINs in 73,734 households in the wave 4a and 4b districts in the western region. 400 posters distributed to districts hosting refugees in Moyo, Adjumani, Arua, Koboko and Lamwo as a Guinea worm control awareness campaign. Nursing department carried out 4 Integrated technical support supervision field visits and mentored and coached 367 Nurses and Midwives. Participated in Infection Prevention and Control (IPC) Survey in Mbale RRH, Kaproron H/C IV, MT. Elgon Hospital, Tororo GH and Apopong H/C III. Regional Nurses' and Midwives leaders' meetings held in Central and West Nile Regions where 205 Nurse leaders' capacity was built on leadership. Radio talk shows on the roles of Nursing/Midwifery in health sector was carried out to 345 Nurses and Midwives in West/Nile regions.

Uganda Medical and Dental Practitioners Council (UDMPC) inspected all medical and dental schools together with the National Council for Higher Education (NCHE). Reviewed curriculum for medical and dentistry programme. Inspected health facilities in Kampala. Provided Full Registration Licenses to the Medical & Dental Practitioners to 175 (target:150) officers. Provided Annual Practising Licenses to the Medical & Dental Practitioners 3,840 (target: 200) officers. Uganda Allied Health Professional Council (AHPC) registered health professional: 1,578 (target: 2,013); Licensed: Health professionals 13,613 (target: 10,818); Private health facilities 1,918 (target: 918); Laboratories 667 (target 265). The AHPC inspected 2,854 health facilities, and 66 Health Training Institutions. 2 registers published in Uganda Gazette on 28/6/2019. Procured 2 vehicles for Mbarara region and Inspectorate Unit. Pharmacy Board incorporated proposed amendments and clarifications on some of the issues raised by First Parliament Council working on the Pharmacy Bill. One Joint inspections of Health units was carried out. Uganda Nurses and Midwives Council (UNMC) Total Registered/enrolled: 4,694 (target: 4,000); renewed practicing licence 2,610 (target 5,000); health facilities registered were 24 (target: 24); Health facilities inspected: was 20 (target: 30); Cases investigated were 10 (target: 24).

Uganda Natural Chemotherapeutics Research Institute (UCRI) tested 23 herbal formulations. Held weekly radio talk shows on FM radio station (i.e. CBS); and exhibited at National budget week at Kololo airstrip. Supported Training of Traditional Health Practitioners (THPs) in Busia, Iganga, Dokolo and Gomba districts on herbal products development and manufacturing according to the WHO guidelines. Maintained the institutional medicinal plants garden and nursery, and introduce new propagules and seedlings of medicinal value. National Drug Authority (NDA) carried out enforcement actions effected based on intelligence recommendations. Dossier evaluations were carried out 951 (target: 800); Variation applications evaluated 916 (target: 300); herbal medicines applications evaluated 192 (target 40). Licensing of pharmaceutical premises conducted whole sale pharmacies 1,982 (target 1,839); Drug shops 10,720 (target: 12,302). Tested 150 surgical instruments (Sutures, syringes and needles). 50,000 Kgs of pharmaceutical supplies were destroyed. National Medical Stores (NMS) procured and supplied: Essential medicines and health supplies worth procured for: UGX 2.59 bn. to Health Centre 11s; UGX 5.97 bn. to Health Centre III; UGX 2.67 bn. to Health Centre IV; UGX 5.11 bn. to General Hospitals; UGX 5.04 bn. to National Referral Hospitals; UGX 9.95 bn. for Immunisation supplies to Health facilities; UGX 34.10 bn. for ARVs to the accredited facilities; UGX 7.67 bn. for ACTs to the accredited facilities. Uganda Blood Transfusion Services Carry out support supervision in all the 7 RBBs. Mobilised 240,000 potential blood donors (UBTS). \square in 6,000 mobilization campaigns. UGTS collected 135,268 (target: 150,000) units of blood. Tested 135,268 units of blood; issued 116,585 units of safe blood to health facilities, and disposed of 18,683 units of unsafe blood. Step 2 accreditation was achieved for Nakasero, and document standardization. Uganda National Health Reserch Organisation (UNHRO) reviewed: The National guidelines for health research involving human participants; Implementation of Priority Interventions for strengthening Ethics Review Framework; The National Health Research Priority Setting (HRPS) Agenda, and COAST clinical trial multicentre study on O2 use.

Uganda Virus Research Institute (UVRI) undertook 13,000 mosquitoes and ticks collection for research. 1,800 samples for Laboratory surveillance and diagnostics were referred to the Arbovirology Department. Respond to Yellow fever outbreak in Masaka and Ebola outbreak activity in Kasese and Arua. Received 320 samples to test for HIVDR. Testing completed for 229 and results have been sent to the third-line ART sub-committee; testing of the rest is still ongoing. 96% Virus isolation results reported within 14 days from specimen receipt for AFP. 91.8% Measles and Rubella IgM results reported within 7 days of specimen receipt.

Mulago National Referral Hospital managed: inpatients 132,474 (target: 125,000); inpatients days 662,373 (target: 500,000); operations 23,938 (target: 22,500); dialysis sessions 8,797(target: 9,000); laboratory tests 1,039,381(target: 1,000,000); images 38,676 (target: 32,000) and 13,881 deliveries. 100-unit staff houses completed. Uganda Heart Institute (UHI) outputs: 10 (target: 5) research papers on Rheumatic Heart Disease were published; performed 39 (target: 50) open Heart Surgeries; 216 (target 224) interventions (48 closed heart surgeries and 107 cardiac catheterization procedures); 2,892 (target: 5,000) outpatient attendances; 159 (target 150) ICU/CCU admissions. 2,323 ECG's performed, 10 stress tests performed, 48 Holter monitoring and 19 pacemaker programming were conducted. 3 staff undergoing training abroad in areas of cardiac surgery, cardiac anaesthesia and critical care and interventional cardiology respectively. Uganda Cancer Institute (UCI) outputs: 987,145 assorted clinical laboratory investigations; 83 intervention fluoroscopy procedures,070 Ultra sound scans; 1,731 histo-pathology examinations and 1,345 cytology examinations were carried out. There were 6,360 inpatient days and 10,845 outpatient days of comprehensive oncology care provided at the satellite clinics. 1,274 brachytherapy insertions were conducted.

Major challenges reported on were MoH Departments not allocating funds for Regulatory Impact Assessments for policy proposals and this results into delayed submissions to Cabinet. Inadequate participation in health planning activities by some departments/Programs especially during itemized budget estimation and development of annual work-plans. Budget cuts affected implementation of some activities in the health sector. Ambulance and Emergency care staff not provided for in structure of regional and lower level facilities. Uniform distributed to staff in the country remains inadequate and not conforming to the national standards.

AHPC reported resistance by some <u>public servants</u> to renew their practicing licenses. This has resulted into civil court matter with High Court civil division in which AHPC and Attorney General have been sued by Environmental Health Workers' Association. UNMC registered delayed printing of registration and licensing materials for nurses and midwives. Litigations threatening council funds and operations.

UBTS: Poor reporting on patients' safe blood and blood products uptake by the health facilities; Low blood collection during student holidays. UVRI: need to increase awareness of science among the students.

Shifting of Obstetrics and Gynaecology directorate from Kawempe Hospital to the newly constructed Women's Hospital rose the costs of operation which were not budgeted for like water bills, cleaning services, electricity, consumables among others. UHI has inadequate space which has impacted on the number of patients attended to at outpatients' department, inpatients' ward as well as Intensive Care Unit (ICU) and Critical Care Unit (CCU). UCI has urgent need for need a linear accelerator (LINAC) machine and also faces delay in the construction of the multipurpose building.

Issues and action points from the Health sector performance review meeting of Q1 and Q2 (July to December 2018) held on 2^{nd} to 3^{rd} April 2019, Imperial Royale Hotel, Kampala

	ISSUE	PLAN OF ACTION	RESPONSIBLE OFFICER/TIMING			
	1. HEALTH INFORMATION DIVISION-HEALTH SECTOR PERFORMANCE					
		Provide the detailed reports in the next review	A-HID, 4 th Quarter			
1.2	Poor reporting by PHPs. DHOs are not enforcing HMIS reporting as a requirement for licensing Lack of reporting codes required to facilitate the reporting	Write a letter to DHOs reminding them to enforce the reporting requirement for licensing of PHPs Reporting codes should be made available to facilitate the reporting	Reg. of Prof. Councils AC-DHI, 4 th Quarter			
1.3	Use of score card did not give in-depth analysis for data for RH, etc.	Score card should be used with more in-depth analysis	A-HID, 4 th Quarter			
1.4	Delay to operationalise the e-Health policy and strategy	Expedite the process of developing	A-HID, 4 th Quarter			
	2. HUMAN RE	SOURCES FOR HEALTH				
2.1	Schemes of service being streamlined in a disjointed approach	All scheme of services that need to be streamlined should be considered at once	C-HRM, 4th Quarter.			
2.2	Salary for some health workers was considered during the enhancement process. This is affecting moral and performance (DHOs, CHS & Directors at MOH)	Make a follow-up and streamline	PS, C-HRM, 4 th Quarter.			
2.3	Delayed Restructuring at RRHs Districts and LLHFS, etc	Expedite the process of restructuring in the health sector	PS, C-HRM, 4 th Quarter.			
2.4	Proposal to recentralise DHOs has not been implemented. Functions of DHOs continue to face challenges	Expedite the cabinet paper to recentralise the DHO	C-HRM, 4 th Quarter.			
2.5	Lack of substantive DHOs in districts. Technical persons are not available to fill the available vacancies in some districts	 Plan for urgent restructuring of Local Government structures Should call a meeting between HSC, MoPS and MoH and get a way forward 	PS, C-HRM 4 th Quarter Chair HSC			
	3. QUA	LITY ASSURANCE				
3.1	Performance report still not giving the expected outcomes and focus on progress since last review meeting	Reports should follow the guide from the secretariat To provide more support to Departments and Programmes	CHS QAID			

	ISSUE	PLAN OF ACTION	RESPONSIBLE
			OFFICER/TIMING
3.2	Client satisfaction survey report revealed main broad areas to be addressed	Client satisfaction survey report should be unpacked, thematic areas to be addressed by the different departments/ service providers	CHS QAID 4 th quarter CHS QAID 4 th
3.3	Many guidelines have been developed in the health sector but there is low dissemination & utilization of the guidelines	Disseminate the Guidelines to all users Design a tool to monitor the level	
3.4	Multiple leadership and health service delivery challenges in Karamoja region	of utilization of guidelines Targeted support to Hospital and Karamoja Region	Ag. DGHS, CHS QAID 4 th quarter
3.5	Inadequate representation from LG, on monitoring in the health sector	Improve involvement MoLG, Karamoja and OPM in the support supervision. Should work with OPM.	Ag.DGHS, CHS QAID 4 th quarter
	4. HEALTH PRO	MOTION AND EDUCATION	
4.1	CHEWS Programme/Policy	Expedite Revision of the CHEWS strategy and policy for reconsideration by cabinet	Ag. CHS HPE
4.2	Uncoordinated development of IEC and health promotion materials	HE and IEC activities should be streamlined	Ag. CHS HPE
		MUNITY HEALTH	
5.1	Actual standard latrine coverage is low at 19% but they reported as 79%	Strategy to improve coverage using standard latrine should be shared	Ag. CHS E-Health next FY
5.2	Uganda National Nutrition Action Plan (UNAP) lacks input from MoH stakeholders	The document should be presented to MoH Top Management Committee for input	PMO Nutrition (Q4)
5.3	Lack of working mechanism to support Health Facilities in schools including Tertiary and some other training institutions	nism to support ools including Develop a mechanism to provide support to health facilities in	
5.4	Unqualified personnel managing School health facilities	Engage MoES to address the issue	Ag CHS CH, PMO School Health
	6. INTEGRATED	CLINICAL SERVICES (ICS)	
6.1	National Referral guidelines were developed and approved by TMC but not utilized why?	Expedite Dissemination of these guidelines and enforce use	
6.2	PHPs have not been categorized according to the National service standards	PHPs should be categorized according to the National service standards	CHS ISD
	7. NUI	RSING SERVICES	
7.1	Some staff have not accessed uniform	Uniform requirements should be routinely (every after the end of the FY) shared with NMS Lobby for more funding	PS, GM NMS, 4 th Quarter
7.2	Department lacks vehicle (one vehicle for 10 senior staff)	Provide a vehicle to the department	PS, 4 th Quarter
7.3	Nursing staff with inadequate knowledge are managing some schools	Prepare for capacity building for these service providers	CHS Nursing next FY
	u .	ı	1

	ISSUE	PLAN OF ACTION	RESPONSIBLE OFFICER/TIMING
		I INFRA-STRUCTURE	
8.1	Green label supporting has stopped	Develop strategy to improve management of health care waste in the health sector.	Ag. C-HID, 4 th Quarter
districts. Scale up 5S Philosoph		Scale up 5S Philosophy to all HFs to promote waste segregation	CHS QAID
8.2	Lack of biomedical engineers in Hospitals	Develop a proposal for HSC attention	Ag. CHS HID
8.2 Lack of biomedical engineers in Hospitals attention Stalled constructions staff works in Karamoja region under Italian cooperation support. Lack of window glass panes 8.4 Tri-cycle ambulances provided under UNFPA have been rejected in Karamoja rejoin Consider taking where they are 9. NATIONAL DISEASE CONTROL 9.1 Loss of computers for Gen-Xpert machines in health facilities bugler Persistent measles outbreak Should rely Develop a prop attention Follow-up and completed Completed Consider taking where they are		Follow-up and get the work done completed	Ag. CHS HID, ACHS PPPH
8.4	Tri-cycle ambulances provided under UNFPA have been rejected in Karamoja	Consider taking them to areas	Ag. ACHS RH
	9. NATIONAL DISEA		
9.1		Should be safe guarded. To provide bugler	PM NTLP immediately
9.2	Green label supporting has stopped supporting waste disposal efforts in districts. Lack of biomedical engineers in Hospitals Etalled constructions staff works in Karamoja region under Italian cooperation support. Lack of window glass panes Tri-cycle ambulances provided under UNFPA have been rejected in Karamoja rejoin Son NATIONAL DISEASE CONTROL DEPARTMENT Loss of computers for Gen-Xpert machines in health facilities Persistent measles outbreak. Should rely on campaigns alone Report on the current status of Bilharzia is still a public health concern 10. UGANDA BLOOD TRANSFUSSION SERVICES (UBTS) (Increasing demand for blood atilization. Tools for blood were leveloped for health facilities but atilization is low Discard rate for the blood is high at 10% Some patients are transferred abroad without justifiable reason Report not submitted in time to be included in the final report 13. NATIONAL MEDICAL STORES Delay to transfer funds for uniform and componition waste segregation Develop a proposal for HSC attention Develop a proposal for HSC attention Attention Scale up 5S Philosophy to all HFs to promote waste segregation Develop a proposal for HSC attention Attention Pollow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Statention Follow-up and get the work done completed Work with UNFPA to get a way forward Follow-up and get the work done completed Statention Follow-up and get the work done completed Prolow-up and star sey as way forward Follow-up and get the work done completed Pollow-up and get the work done completed Follow-up and get the vork done completed Follow-up and get the vork done comp		PM UNEPI
9.3	Report on the current status of Bilharzia in the country not included in the presentation. Bilharzia is still a public health concern	Should be included in the report	CHS NDC
	10. UGANDA BLOOD T	RANSFUSSION SERVICES (UBTS)
10.1	Increasing demand for blood No analysis on statistics of blood utilization. Tools for blood were developed for health facilities but utilization is low	conduct data analysis on Blood utilization by indication for	Ext Dir UBTS/2 nd Quarter
10.2			E/Director UBTS
	11. BUTABIKA NATIONA	L REFERRAL MENTAL HOSPITA	AL
11.1	Lack of x-ray services	Butabika NRMH	Ext Dir. NRMH/Next FY
	•	•	
12.1	Some patients are transferred abroad without justifiable reason	services at UHI	ED UHI, Continuous
12.2	Report not submitted in time to be included in the finals report	_	ED UHI, 4 th Quarter
	Delay to transfer funds for uniform and stationary from MoH to NMS	MoH to NMS vote	
13.1	Shortage of key medical stationary	Lobby for more funding to NMS	GM NMS, PMO GI
13.2	Inadequate funding for RH supplies, vaccines, uniforms, etc	Lobby for more funding to NMS	GM NMS, PMO GI
13.3	Shortage stationary. Medical form 5 insufficient for	Prioritise critical forms required to procure	GM NMS

	ISSUE	PLAN OF ACTION	RESPONSIBLE	
			OFFICER/TIMING	
		Medical form 5 to be reviewed .	PMO GI	
13.4		Health facilities to submit lists of	DHS C&C, CHS N,	
	Shortage of uniforms for health workers.	staff who have not yet received	DHOs	
	TARROW TO THE TARROW THE TARROW TO THE TARROW TO THE TARROW TO THE TARROW TO THE TARRO	uniforms		
	•	ICE MEDICAL SERVICES	1	
14.1	New access code 912 has not yet been activated due to lack of necessary infrastructure. Telecommunication Companies have offered to provide connectivity access free service as cooperate social responsibility	Make a follow-up to the offer	CHS EMS, Immediately	
14.2		Need to work with KCCA to	CHS EMS, 4 th	
	KCCA emergency call center phone	publicise the phone number so	Quarter	
	number not known.	members of the public have the	Quarter	
		number.		
	15	5. COUNCILS	1	
15.1	Presence of service providers with forged academic documents in the national health system	All staff recruited into the service should under validation of staff	All Registrars, HSC, LG, immediately	
15.2	Inadequate number of accredited centers for interns	More centres should be opened	CHS ICS. Registrars, Next FY, Next FY	
15.3	Cases handled by the UDMPC should be shared			
15.4	Revenue collection not reflected in the presentation	Revenue collected shall be included in the next report	All registrars	
15.5	UNMC has not appeared to present. New Ag. Registrar currently is in charge	Should be assisted to get on board	CHS (N), 4 th Quarter	
15.6	Delay to get the Pharmacy bill passed	Expedite the clearance of the Pharmacy bill	PS, Reg. Pharmacy Board	
	16. HEALTH SEI	RVICE COMMISSION (HSC)		
	1 1 1 1 1 1	Lobby for additional funding for	PS, Head of	
10.1	Increasing wage bill without	the wage bill	Institutions.	
16.1	corresponding increase in the recruitment bill	Analysis should be provided for the	Chair HSC	
	recruitment om	required funding		
16.2	Require funds for new office block	Secure the land and get a title	PS, Chair HSC	
	1	7. MULAGO	1	
	Did not submit report in time to be	Submit timely report prior to	ED Mulago Hospital,	
17.1	included in printed report.	review meeting following guidance.	4 th Quarter	
Gratuity areas for staff of Mulago outstanding.		Provide detailed plan and progress report on payment of gratuity to Mulago Referral Hospital.	ED Mulago Hospital,	

DEPARTMENTS

1.1 Disease Burden

Figure 1. 1: Burden to the health service



Leading cause of mortality and morbidity

Figure 1. 2: Top 20 leading causes of death

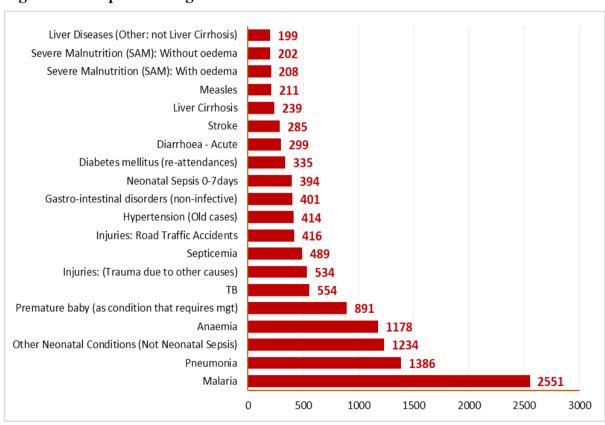


Figure 1. 3: Top 20 leading causes of inpatient admission

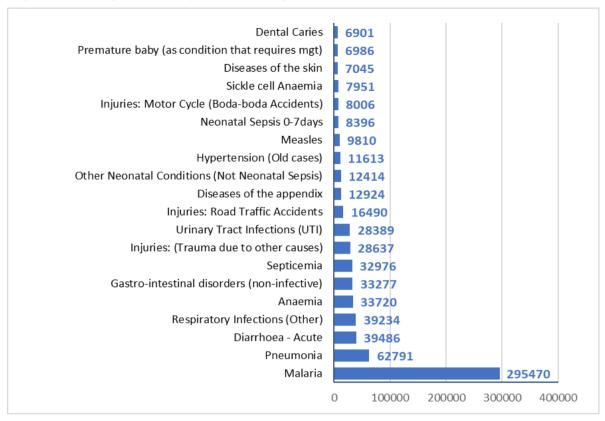


Figure 1. 4: Top 20 leading causes of outpatient cases

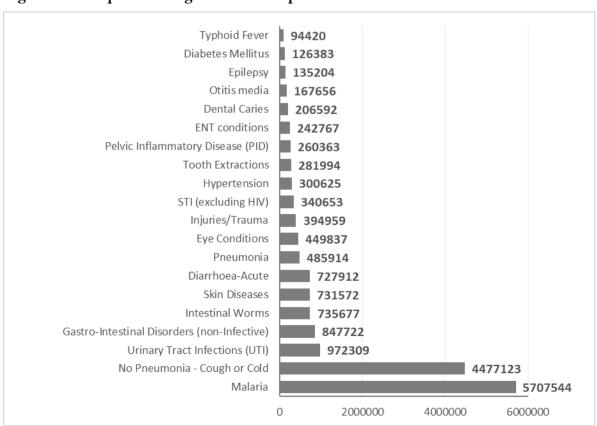


Table 1. 1: Key HSDP indicator

		Quarter			FY
	Jul- Sep	Oct- Dec	Jan- Mar	Apr- Jun	2018/19
Intermittent Presumptive	2018	2018 57.1	2019 65.2	2019 69.4	63.6
Treatment (IPT) 3 or more doses coverage for pregnant women	02.0	37.1	03.2	03.4	03.0
Malaria cases per 1,000 persons per year					
DPT3Hib3Heb3 coverage	89.0	89.5	95.8	96.4	92.7
Measles coverage under 1 year	79.3	82.4	87.6	90.1	84.8
ANC 4+ coverage	41.2	38.7	39.4	43.6	40.7
Health Facility deliveries	60.9	60.6	59.2	61.3	60.5
New OPD utilization rate	0.9	0.9	0.9	1.0	0.9
Hospital (inpatient) admissions per 100 population					
Facility based fresh still births (per 1,000 deliveries)	8.9	8.9	9.2	8.5	8.9
Maternal deaths per 100,000 health facility deliveries	110.8	89.8	92.1	82.1	93.7
Maternal death reviews					
Under five deaths among 1,000 under 5 admissions					
Inpatient malaria deaths per 100,000 persons per year	7.8	11.6	9.4	15.9	11.2
Timeliness of reporting (HMIS 105)	90.8	87.3	93.5	92.0	90.9
Completeness of reporting (HMIS 105)	97.9	98.2	98.8	99.3	98.6

1.2 Immunization

Figure 1. 5: Trends in Measles and DPT3 coverage

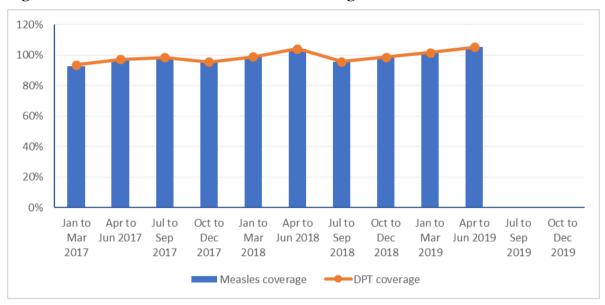
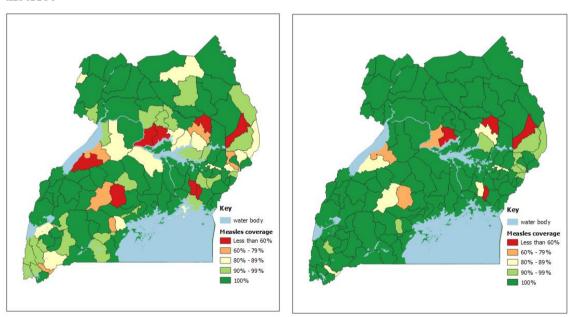


Figure 1. 6: Measles coverage by Fig 1.7: measles coverage by district district



Poor Measles coverage in: Amuria (67%), Apac (47%), Bugweri (25%), Bukomansimbi (70%), Bulambuli (79%), Hoima (67%), Iganga (55%), Kapelebyong (44%), Kassanda (51%), Kikuube (58%), Kwania (32%), Mubende (70%), Nabilatuk (53%), Rukiga (79%)

Poor DPT3 coverage in: Apac (73%), Bugweri (35%), Hoima (72%), Kapelebyong (52%), Kassanda (60%), Kwania (48%), Nabilatuk (55%)

1.3 Reproductive Maternal Child Neonatal Health Maternal Mortality rate (Institution deaths)

Figure 1. 7: Trends in Institutional Maternal deaths per 100000 live births

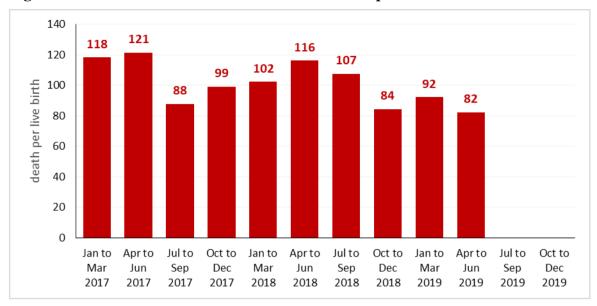


Figure 1. 8: Institutional Maternal deaths per 100000 live birth by district

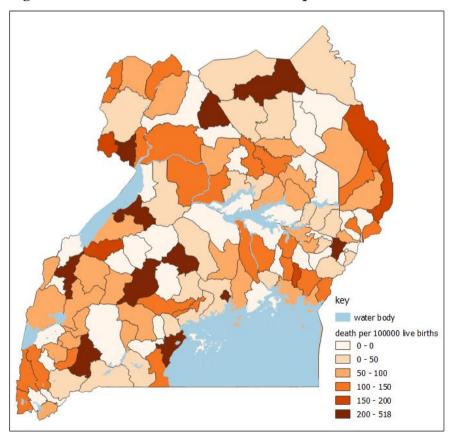
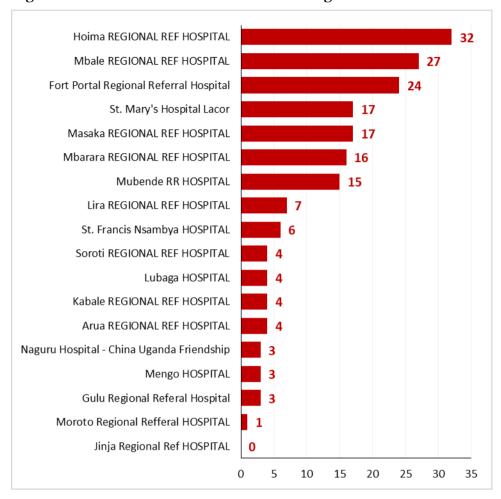
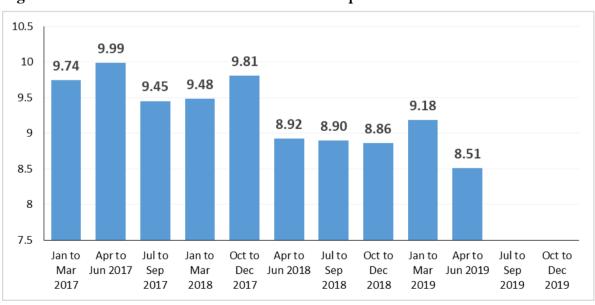


Figure 1. 9: Maternal deaths in RRH and Large PNFPs



Deliveries

Figure 1. 10: Trends in fresh still birth deliveries per 1000 deliveries



ANC attendance

Figure 1. 11: Trends in ANC 1 and 4 attendance by quarter

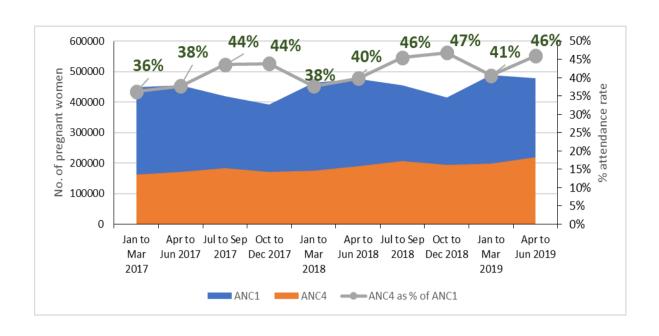
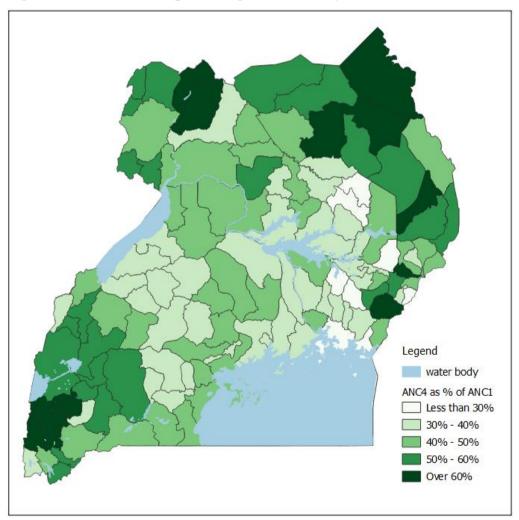


Figure 1. 12: ANC4 as a percentage of ANC 1 by district



1.4 Malnutrition

Figure 1. 13: Malnutrition quarterly trends

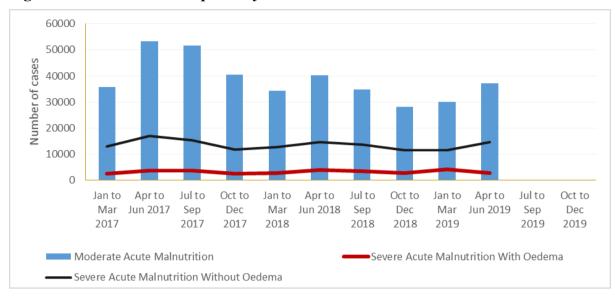
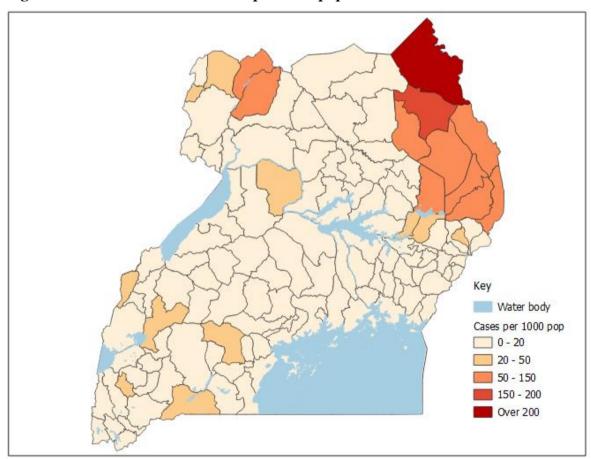


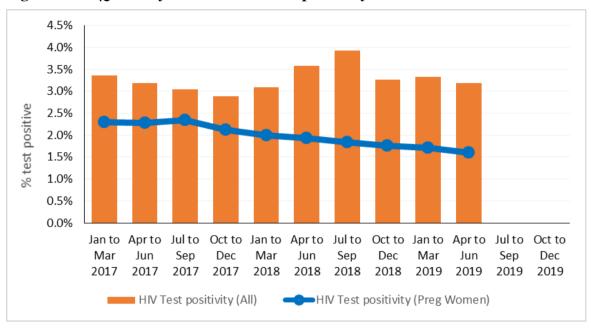
Figure 1. 14: Cases of malnutrition per 1000 population



1.5 Communicable disease

HIV

Figure 1. 15: Quarterly trends in HIV test positivity rate



Malaria

Figure 1. 16: Overall trends in malaria cases

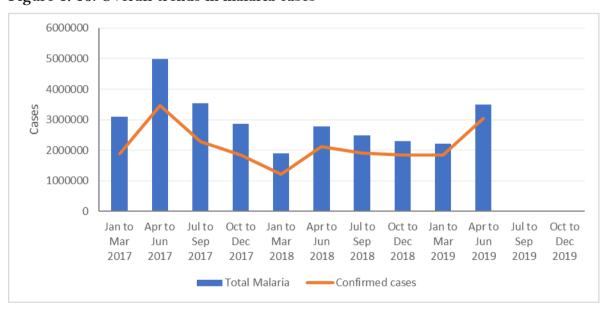


Figure 1. 17: Overall trends in incidence of malaria and malaria test positivity rate

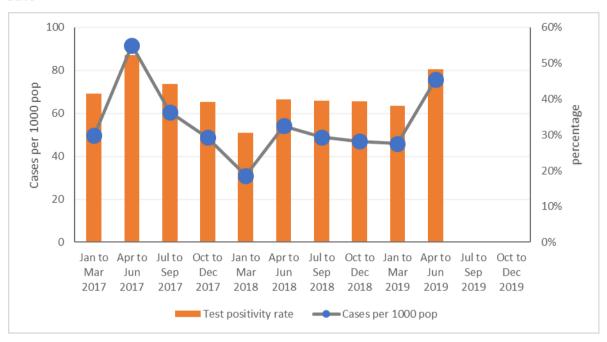
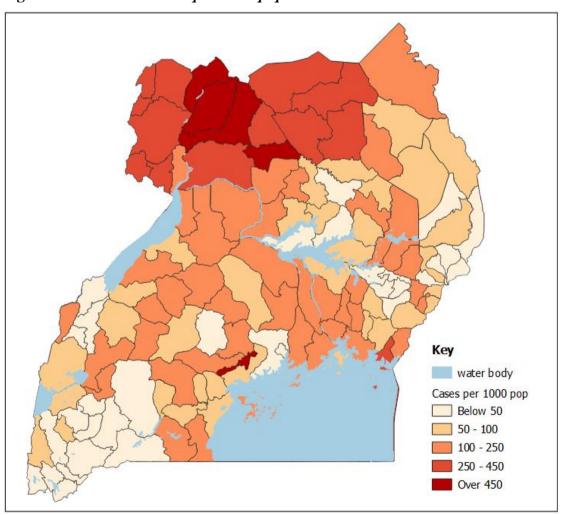
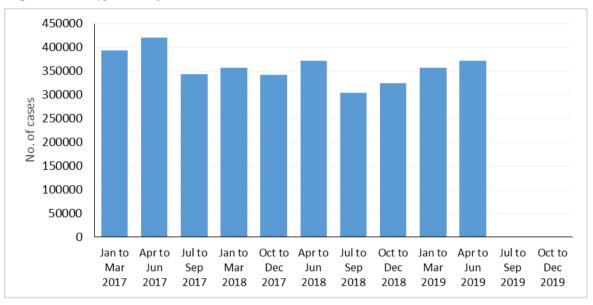


Figure 1. 18: Malaria cases per 1000 population



Diarrhea

Figure 1. 19: Quarterly trends in the cases of Acute Diarrhea



Pneumonia

Figure 1. 20: Quarterly trends in the cases of Pneumonia



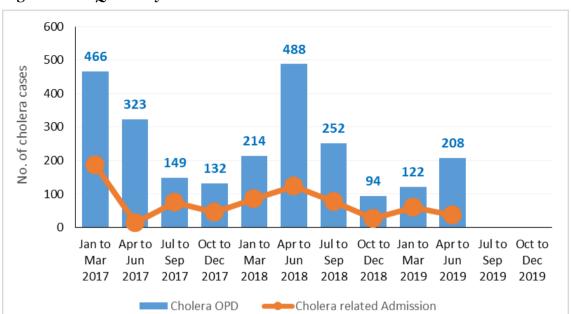


Figure 1. 21: Quarterly trends in the cases of cholera

1.6 Non communicable disease

Cancer

Figure 1. 22: Quarterly trends in the cases of Cancer

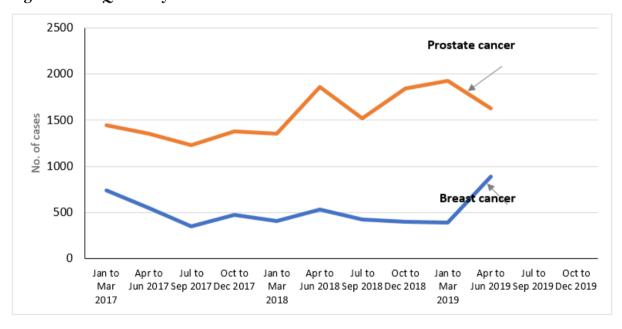
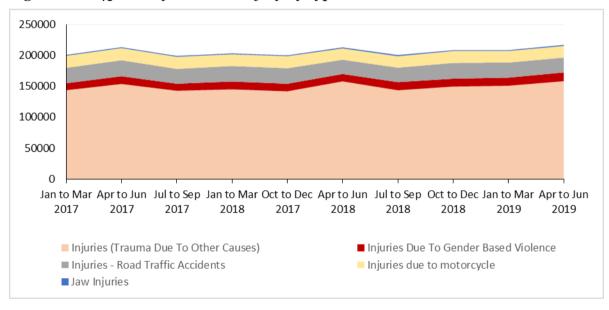


Figure 1. 23: Quarterly trends in diabetes



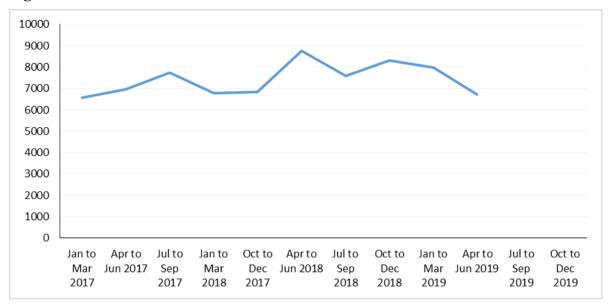
1.7 Injuries

Figure 1. 24: Quarterly trends in Injury by type



Alcohol Abuse

Figure 1. 25: Alcohol Abuse

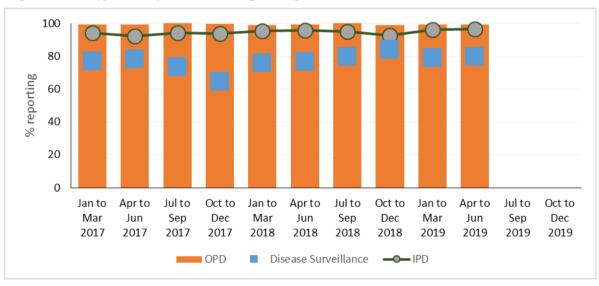


1.8 Health system

- Health service availability
- Human resources for health

Reporting rate

Figure 1. 26: Quarterly trends in reporting rate



To provide political direction, give policy guidance and render support services to enable the Ministry fulfill its mandate.

2.2 Objectives

- To support and coordinate activities, meetings and events of the Ministry.
- To provide logistics and utilities to the Ministry.
- To process and effect timely release of funds to Departments and staff for implementation of activities.
- To facilitate the procurement of supplies and works for the Ministry.
- To ensure compliance with Government regulations, procedures and policies.
- To ensure proper use of, care for, security of and maintenance of Ministry assets and premises.
- Maintain effective linkages between the Ministry, the Executive,
 Parliament and other Government agencies.

2.3 Budget Performance and Quarterly Objectives

Table 2. 1: Q3 & Q4 Performance FY 2018/19

Quarterly targets	Output achievements/ results (q3and q4)	Budget performance of release (q3 and q4)	Expenditure/ Budget performance (q3 and q4)	Explanation for the variance
	24.	10.1		
		toring and Evalua	ition	
Field visits	20 field visits	72,714,000	72,714,000/=	N/A
for three	were			
Ministers and	undertaken			
technical	direct taken			
officers				
	Payment of en	titlements to top	management	
Timely	All entitlement of	80,000,000/=	153,260,240/	Additional
computation,	top managers			Funds were
processing and	processed and paid.			sourced from
payment of Q3				other Programs.
and Q4				8
entitlements.				
chiticillents.	DAVATEN	T OF STAFE W	ELEADE	
	PAIMEN	T OF STAFF WI	ELF AKE	

(T)' 1	/D 1	22 = 72 + 24 /		0.1 1.1
Timely	Transport and	33,750,161/=	51,642,000/=	Other related
computation,	lunch allow for staff			items were
processing and	at U4 and below			charged
payment of	salary scale			
staff welfare.	processed and paid.			
]	PROVISION OF SEC	URITY TO MOH	I INSTALLATIO	NS
Ensuring	All MOH	25,000,000/=	121,079,000/=	Other related
proper	installations			items were
deployment	were secured			charged
and prompt	and allow for			
payment of	the personnel			
allowances to	paid			
the security				
personnel				
PROVI	SION OF CLEANING			то мон
Francisco		NSTALLATIONS		Additional
Ensuring routine	MOHs premises were cleaned	30,000,000/=	13,603,734/=	funds were
cleaning and	and service			sourced from
beautification	providers duly			other
of MOH	paid			departments
premises	Paid			deparements
premises				
	PAYMENT OI	F UTILITIES TO	MOH QTRS	
Ensuring that	All payments	37,000,000/=	101,429,823/=	Payments are
all the prepaid	for electricity	(water)	(water)	Upto date.
utilities are	and water	91,000,000/=	193,685,290/=	More funds
duly paid in	were paid	(electricity)	(electricity)	were sourced
time	1	• • • • • • • • • • • • • • • • • • • •	, ,	from other
				departments
7.5.4.73				
MAIN	TENANCE OF VEH	ICLES, MACHIN	ERY AND EQUI	PMENT
Timely	Most ministry	376,417,05/=	481,016,361/=	More funds
assessments	vehicles were			were balances
and	well	NIL	9,900,000/=	carried
repair/service	maintained			forward from
of Vehicles				Q2.
Timely	Lifts were fully			
maintenance	serviced			
of lifts				
		STATIONERY		
Ensure that all	All the	396,800,112/	605,730,624/	Additional funds
programs have	requested		=	were sourced
adequate	supplies were			from
supplies of	provided			other
stationery				Departments
items				and the variance
throughout				was
the				as a result of
quarters				funds
				carried forward
				for
				Q2.

COMM	EMORATION OF N	ATIONAL AND	INTERNATION	AL DAYS
Participating in all national/ international events	Participated in 2 national events.(26th January 2019 victory day and 8th march 2019 Women's day)	0	57,500,000/=	Funds were sourced from other budget lines
	FACILITA	TING TRAVEL	ABROAD	
Travels for three trips were ministers and technical officers		210,388,153/=	327,148,928/=	Some funds were sourced from other departments and the variance was as a result of funds carried forward from Q2.
		ICT SERVICES		
Installation, Repairs and maintenance of ICT equipment	 Serviced all ICT equipment 120 computers 70 printers 6 photocopiers. Serviced the data Centre. Procured batteries for the power bank.(100 batteries) Procured I.D printing machine Installed additional CCTV cameras in the outside parking area 	15,400,000/=	256,000,000/=	Funds were sourced from other departments
Г	TRANSFERRING FU	NDS TO OTHER	GOVT COUNC	ILS
Ensuring that all funds released for councils are remitted	Funds were remitted to Allied Health Professionals, UMDPC while ,UNMC and Pharmacy spent at	124,000,000/=	124,000,000/=	N/A

CONTRIBUTION TO INTERNATIONAL ORGANIZATIONS						
Ensuring that all funds released for international bodies are remitted	Funds were remitted to ECSA and WHO.	218,353,015/=	218,353,015/=	N/A		
Timely processing and loading of airtime on all MoH telephone line	All the telephone lines were duly paid	63,029,744/=	MUNICATION V 63,029,744/=	N/A		

2.5 Challenge

Inadequate funding for critical activities i.e. Honorable Ministers, entitlements, travel abro.ad, postage and courier service and security

2.6 Recommendation

Increase the Finance and Administration budget ceiling.

To ensure that health services provided are within acceptable standards for the entire sector, both public and private health services.

3.2 Mission

To promote a work culture which pursues excellence and rejects poor quality in health services

3.3 Objectives

- Coordinate sector performance, monitoring and evaluation.
- Ensure Standards and Guidelines are developed, disseminated and used effectively.
- Build and strengthen regular supervision system at all levels of care inorder to promote provision of quality health services.
- Facilitate establishment of internal Quality Improvement (QI) capacity building for QI at all levels including operations research on quality health services.

3.4 Budget Performance + Quarterly Objectives

Table 3. 1: Q3 & Q4 FY 2018/19 performance

Quarterly targets (Q3 &4)	Outputs achievements/result s (Q3 &4)	Budget Release (Q3 &4) UGX M	Expenditur e/ budget performanc e	Explanation for variation/result
Output descrip	otion (Output 080101): S	Sector Perio	ormance:	
Review of the MoH W-plan for the 3 rd and 4 th quarters	Review for 3 rd and 4 th quarters is scheduled to take place in August 2019	20m	No variation	 Funded by Governance, Accountability, Participation and Performance (GAPP) Combined performance review for Qtr. 3 and 4 Improved reporting outcomes by Depts. and Programmes.
6 Senior Management	6 SMC meetings were conducted	3m	No variation	Meetings are regular with

Committee meetings (SMC) conducted				policy related issues forwarded to HPAC • 32 policy related issues were cleared by SMC
Output descrip developed	tion (Output code:0801	.02): Natio	nal standards a	and guidelines
Revised Patient Rights and Responsibility Charter; 5S- CQI-TQM guidelines developed	Revised Patient Rights and Responsibility Charter; Translated inti 5 local languages; Key messages developed; 5S-CQI- TQM guidelines developed	45 m	No variance	 Consumer engagement strengthened; IPs (Intrahealth; JICA and Intrahealth) supported processes for developing the guidelines
Conduct Service Availability and Readiness Survey (SARA)	Report writing completed	260m (358m)	30 m not yet released	 Supported GF and WHO Report completed and shall be shared with SMC and HPAC
Development of Medical Equipment user training manual and guidelines	The draft manual was proof-read and corrected, while the draft guidelines was checked by MOH counterparts	NA	NA	 Supported by JICA To improve capacity for training in maintenance of medical equipment
Line activity (0	Output code:080103): S	upervision	of Local Gove	rnments
Conduct Integrated supportive supervision to RRHs, GHs and HC IVs for all the 129 districts: 2 visits	Support supervision to all RRHs, GHs and HC IVs for the 129 districts is in progress for the 4 th quarter 2018/19 FY	183mill	One visit conducted due to lack of funds	 Funded by Global Fund Senior Top participated Report to be shared with SMC Focused on infrastructure and maternal and child health services
To conduct capacity building for QI in 30 districts	QI support supervision conducted in 25 districts	72m	No variation	• Regional QI Committees operationalised in Bugisu, Teso, Kigezi and Buvuma sub- Regions

	T			
	Joint support supervision with MoPS	24m	No variation	 QI projects with improved outcomes viral load monitoring and patient retention Inter-sectoral collaboration enhanced with joint monitoring and coordination MoPS guided on management of absenteeism including study
				leaves
2nd monitoring and evaluation of implementatio n of 5S in the 16 JICA supported health facilities	2 nd monitoring and evaluation of implementation of 5S conducted in 16 health facilities	NA	NA	 Supported by JICA Report shared with SMEAR TWG and SMC Kabale RRH registered the best performance
Supervision to 5 Regional maintenance workshops	Supervision to 5 Regional maintenance workshops conducted	NA	NA	 Improved planning Supported by JICA
Support to ACP and districts to rollout a national CQI collaborative for improving Viral Load suppression, retention in care and TB prevention. Line activity (C	Monthly Quality improvement coaching support provided to district and regional CQI coaches Output code:080103): F	87m acilitate es	No variation	Supported by RHITES-North Acholi Activity finternal QA capacity
at all levels	1 /			~ 1 3
To conduct Health Facility Quality Assessment Programme (HFQAP) in 6 districts in Teso sub- regions	Not done due to delayed release of funds	Approx. 15 mill per district	No variation	• Supported by URMCHIP
Transfer of HFQAP data from SITES	Transfer of data initiated	NA	NA	Supported by sitesTo be finalised

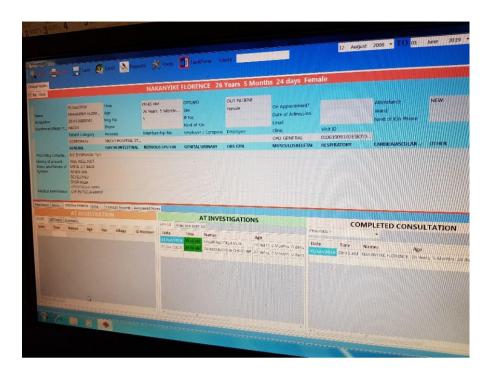
to MoH data base				in the 1 st quarter 2019/20 FY
	Output code:080103): F		tablishment of	l .
	plementation of 5S CQ	I		
At-least 3 Continuous Quality Improvement CQI(KAIZEN) projects in the 5S JICA supported Health Facilities	17 CQI (KAIZEN) projects are being implemented and 2 completed at Kabale RRH. 3 projects being carried out at Entebbe GH.	NA	NA	 Improved working environment Strengthened QI structures
Good practice of shirt term CQI (KAIZEN) in the 16 RRHs	At least one case of short term CQI (KAIZEN) was practiced at 12 targeted hospitals.	NA	NA	 Increasing involvement of clinicians in 5S CQI activities Regular monitoring and reporting on 5S CQI
More than 70% of medical equipment with good condition and in use in the JICA supported Health Facilities	74.8% achieved by April 2019;	NA	NA	Regional Medical Equipment workshops are supporting
Score of 5S performance of at least 60% for 2 straight years in the 16 JICA supported health facilities	7 Hospitals (Arua, Entebbe, Jinja, Kabale, Mbale, Mbarara and Mubende) achieved the target 2 Hospitals (Masaka and Naguru) are expected to reach the target.	NA	NA	Improved working environment
• (Output code:080103): F		tablishment of	f internal QA capacity
20 districts mentored in leadership and Management	10 districts mentored in leadership and Management	20 Million	14.8 Million	Transformation of cultural change slowly taking place as rating indicated performance above the baseline
Line activity (C	Output code:080104): N	lational sta	ndards and gu	
disseminated HF QIF SP and Uganda National	HF QIF SP and the Uganda National Service Standards were disseminated to health facilities	None	Inadequate funding	 Activity was combined with Area Team support supervision

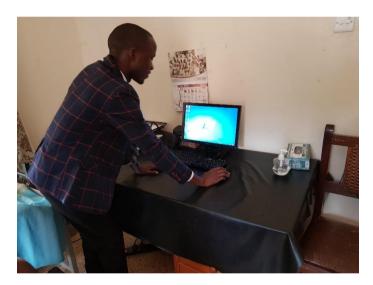
Service	during the Area Team		
Standards all	field visits		
health			
facilities in the			
country			

3.5 Challenges and Proposed Solutions

Challenge	Possible solution	Responsible
		officer
Lack of office space	Lobbying for additional office space	CHS QAID
Reduced funding for QI activities from IPs	Re-prioritising using the available resources Integrating as much as possible.	All
Lack of data base for	Expedite migration of data base from	CHS SCAPPD;
HFQAP	USAID SITES to QAID	SME Officer
Delayed processing funds for activities	Early requisitioning and follow-up	ALL
Lack of established staff in QAID	Fill vacant positions	PS, CHS HRM
Needs of Champions for 5S-CQI(KAIZEN)-TQM	Peer to peer learning visit involving available champions from Kabale and Entebbe RRHs for benchmarking	CHS SCAPPD and JICA Team

Pictoraial:







Nkozi Hospital and some other UCMB network health facilities have introduced electornic medical records to reduce on paper work.

- Coordinate the development and operationalization of long term (strategic) plans for the health sector.
- Coordinate preparation of annual sector Budget Framework Papers, Ministerial Policy Statements and Annual work plans.
- Coordinate health sector policy formulation; and the development of laws and regulations for the health sector.
- Develop and review financing models pertaining to the sector and develop relevant financing mechanisms.
- Coordinate funds mobilization initiatives to address the financing needs of the sector; and evaluate funds utilization performance.
- Develop, review and maintain the Health Information Management System for the country.
- Coordinate preparation and submission of Quarterly, Semi-Annual and Annual Ministry and Sector Performance Reports.
- Maintain a continuous working dialogue with the District Health Officers and Local Governments to ensure that services provided by the Department meet their needs.

4.2 Vision

Facilitate strategic resource mobilization, planning and allocation through prudent use of evidence.

4.3 Mission

To ensure development of quality, comprehensive evidence based policies, strategic plans, sector performance reports, and equitable allocation of financial resources in the health sector.

4.4 Background

Planning Department has three divisions:

- Planning and Policy
- Budget, Finance and Reporting
- Health Information Management

4.5 Budget Performance + Quarterly Objectives Table 4. 1: Budget, Finance & Reporting Division Q3 & Q4 Performance

			1 -	ı	ı	_
No.	Output description	Quarterl y targets (Q3 & 4)	Outputs achievements/ results (Q3 & 4)	Budget release (Q3 & 4) Ug. Shs.	Expenditu re / budget performan	Explanation for variation / **results
				(,000)	ce Ug. Shs. ('000)	
1.	Health sector Budget preparation workshop held	Budget preparati on worksho p held	Health sector budget preparation workshop was held from 5 th to 7 th March 2019	25,000	25,000	Institutional priorities identified to inform resource allocation for FY 2019/20
2.	Health sector Ministerial Policy Statement for FY 2019/20 prepared	MPS prepared by April	Prepared and printed 100 copies of the MPS which was presented to the Health Committee of Parliament	15,000	15,000	Health Committee of Parliament reviewed the MPS and made recommendation s for incorporation in the budget.
3.	Compilation & submission of Quarterly Budget performance reports	Q2 & Q3 reports	Q2 & Q3 quarterly budget performance reports for Vote 14 compiled and submitted to MoFPED	-	-	
4.	Preparation of the Budget and Grants guidelines for LGs for FY 2019/20	Guidelin es FY 2019/20 develope d	Budget & Grants Guidelines for LGs developed and disseminated soft copies	-	-	Awaiting budget release in Q1 to be printed.
5.	Quarterly Budget monitoring visits under taken	2	Undertook budget monitoring visits to 5 RRH of Soroti, Lira, Gulu, Mbarara and Kabale during Q4 to establish their progress in implementing their capital development projects.	7,000	7,000	Recommendatio ns were provided to improve on budget utilization especially the Capital Development funds
6.	Sector	6	5 Monthly	-	-	Project

Budget	meetings	Sector budget		proposals for DC
Working		working group		approval
Group		meetings held		prepared and
meetings				submitted to
held				MoFPED.
				Health
				Financing Issues
				discussed, and
				recommendation
				given

Table 4. 2: Planning and Policy Division Q3 & Q4 Performance

N o.	Output descriptio n	Quarterly targets (Q3 & 4)	Outputs achievements/ results (Q3 & 4)	release (Q3 & 4) Ug. Shs. ('000)	Expendi ture/ budget perform ance Ug. Shs. ('000)	Explanati on for variation / **results
	Regional Planning meetings held	Regional meetings	10 meetings held in - Kigezi, Rwenzori, Bunyoro, West Nile, Acholi, Lango, Karamoja, Bukedi, Bugisu and Teso Regions	Support ed by UNICE F	392,000	Regional Planning meetings for Central Region were not held because of inadequate funds
2.	Regional Referral Hospitals trained in developmen t of work plans using Bottle Neck Analysis methodolog y	14 RRHs trained	All 14 RRHs were trained in Mbale. Participants included the Hospital Directors, Hospital Administrators, Medical Records Officers	75,000 Support ed by UNICE F	75,000	The BNA methodolo gy ensures utilization of data in developme nt of Workplans .
3.	Review and update the LG Planning guidelines for the Health Sector and develop	Planning Guidelines for LG and BNA Manual developed	Planning guidelines were updated and BNA manuals were developed	23,000	23,000	Supported by UNICEF

	BNA					
	manuals					
4.	Commemor ation of the	WHD commemor	WHD commemorated	34,114	34,114	Supported by WHO
	World	ated in	on 9 th April			<i>Sy</i> 228
	Health Day	April	2019 in Wakiso			
	V	1	District –			
			"Theme was			
			Multi-sectoral			
			Action towards			
			UHC".			
5.	Submission	Draft	Draft NHIS Bill	892	892	The Draft
	of Draft	NHIS Bill,	2019 submitted			Bill was
	NHIS Bill,	2019	to Cabinet and			amended to
	2019 to	submitted	was approved			cater for all
	Cabinet		on 24 th June			residents in
			2019 for submission to			Uganda.
			Parliament			
6.	Developme	Q&A	10,000 NHIS	31,800	31,800	
0.	nt of IEC	booklet	Q&A Booklet &	31,000	31,000	
	materials	boomer	Pull up Banners			
	for the		on the			
	NHIS		objectives of the			
			NHIS printed			
7.	Preparation	4	• 3 out of 4	-	-	
	of Cabinet		memos were			
	Memos		prepared			
			i. Cultivation of			
			prohibited			
			plants under the			
			Narcotic Drugs			
			& Narcotic			
			Drugs &			
			Psychotropic Substances			
			control Act,			
			2015			
			ii. Progress on			
			the			
			rehabilitation			
			and upgrade of			
			Mulago			
			National			
			Referral			
			Hospital			
			iii. Draft NHIS			
			Bill 2019		1	

8.	Bills, Policies & strategies developed	Organ and Tissue Transplant Bill	Organ and Tissue Transplant Bill – Cabinet Memo ready but yet to undertake RIA and obtain CFI	Nil	Nil	No funding for RIA
		ART Bill RIA & CFI obtained	RIA is ongoing and yet to obtain a CFI	-	-	
		Enactment Traditional and Compleme ntary Medicines Bill	Awaiting enactment	-	-	
		Uganda Medical Interns Policy RIA finalized	Uganda Medical Interns Policy RIA finalized.	-	-	Cabinet memo to be submitted Q1 FY 2019/20
		SHO Welfare Policy finalized	Finalized in March 2019	-	_	Pending stakeholder consultativ e meeting, RIA & CFI but no earmarked budget
		Alcohol Policy RIA & CFI	RIA is ongoing	-	-	
		Palliative Care Policy RIA & CFI obtained	Not done	-	-	RIA to be undertaken and CFI obtained
		EMS Policy RIA and CFI	RIA finalized with support from Malteser International awaiting signing off. CFI obtained and Cabinet Memo finalized for submission this quarter. RIA not done	-	_	To be
		Policy RIA				supported

		undertaken				by
						UNICEF
		E-Health	RIA not done	-	-	Procureme
		Policy RIA undertaken				nt of Consultant
		under taken				ongoing by
						WHO
		Universal	Final draft	-	-	Supported
		Health	submitted in June			by WHO, WB & ACS
		Coverage Roadmap	June			W B & ACS
		finalized				
		Draft	Draft Urban	-	-	
		Urban	Health Strategy to be finalized			
		Health Strategy	in Q1 2019/20			
		Strategy				
9.	Training in	One	30 participants	-	-	Supported
	Integration of Human	workshop	(CAO, DHO, Water			by UNOCHR
	Rights		Engineer,			ONOCIII
	Based		Education			
	Approach		Officer &			
	in planning to reduce		CDOs) from 5 Districts			
	preventable		trained			
	maternal		(Kayunga,			
	mortality		Buikwe,			
			Mukono, Nakaseke &			
			Luwero)			
10.	Support	Quarterly	8 Districts of	11,000	11,000	Supported
	Supervision	visits	Rwenzori			by Enabel
	& monitoring		region followed up and			Coverage
	mointoing		supported in			Maps used
			use of			in district
			Geographic			plans for
			Information System (GIS)			example determinin
			System (O15)			g access
						and
						guiding the
						upgrade of health
						facilities
			Monitored	7,000	7,000	
			implementation			
			of the consolidated			
			guidelines for			
			prevention and			

		I	~			1
			treatment of			
			HIV in Uganda			
			and			
			Implementation			
			of the National			
			Medicines			
			Policy, 2015			
				10.000	10.000	Ct
			Implementation	13,600	13,600	Status
			of functionality			report
			of HC IVs and			compiled to
			IIIs and			guide
			Presidential			resource
			pledges			mobilizatio
			monitored in			n and
			Kaabong,			implement
			Amudat,			ation
			Nakapiripirit,			
			Moroto, Napak			
			and Nabilatuk			
			and Abim, Arua,			
			Maracha,			
			Nebbi, Moyo,			
			Adjuman,Kobok			
			o, Sironko,			
			Mbale,			
			Namisindwa,			
			Bulambuli,			
			Bududa and			
			Manafwa			
11.	Memorand	6	4 MoUs were			
11.	a of		signed between			
	Understand		MoH and;			
			· ·			
	ing		• Uganda			
	between		Society for			
	Ministry of		Disabled			
	Health and		Children			
	Partners		Reagan Jo			
	approved		Foundation			
			Ltd			
			 Population 			
			Services			
			Internationa			
			l Uganda			
			• Rwenzori			
			Center for			
			Research			
			and			
			Advocacy			
			Thinkwell			
			Global on			
			strategic			
			purchasing			
			of health			
	•	•				

			services. • Uganda Parliamenta ry forum on malaria (UPFM)			
12.	HPAC	6 monthly	6 HPAC	600	600	
	Meetings	meetings	meetings held			
	held					

Table 4. 3: Health Information Management Division Q3 & Q4 Performance

No	Output description	Quarterl y targets	Outputs achievemen ts / results	Budget release UShs. ('000)	Expenditure / budget performanc e U Shs. ('000)	Explanatio n for variation / **results
1.	Review of HMIS tools	Review finalized	Review of HMIS tools finalized and some submitted to NMS for printing	-	-	Process was supported by Partners
2.	Regional TOT for the revised tools	14 TOTs	5 Regional ToTs held and these trainers will facilitate the roll out of the revised tools to the health facilities	-	-	Supported by Partners
3.	Mentorship and supervision	6 districts	Six districts visited Abim, Apac, Kapchorwa, Kawolo, Tumu & Fort Portal hospital	15,000	15,000	
4.	Data improveme nt Team supervision	4 districts	4 visits undertaken in Buikwe, Buvuma, Kawempe division & Butambala	-	-	Partner (Afnet)
5.	Stakeholder s meeting on National	1 worksho p	Meeting held and agreed to harmonize	-	-	Supported by WHO

	Health		the MoH		
	Observator		Knowledge		
	у		Management		
			Portal with		
			the National		
			Health		
			Observatory		
			recommende		
			d by WHO		
6.	e-Health	6	5 meetings		
	TWG	meetings	held		
	meetings				

Table 4. 4: RBF unit activities Q3 & Q4 Performance

NT	O	Ou and anler	Outrosta	Dudas	E 1:4	E-mlana+
N	Output	Quarterly	Outputs	Budge	Expenditur	Explanat
0	description	targets	achievements/	t .	e/ budget	ion for
			results	releas	performanc	variation
				e	e UShs.	/
				UShs.	('000)	**results
				('000)		
1.	Hospitals referral	79 Districts	Conducted and 58	66,456	66,456	RBF
			hospitals identified			training
	network		as eligible for			to be
	mapping and		inclusion under the			undertake
	ambulance		RBF program for			n QI FY
	services		CeMNOC			2019/20
	assessment					
2.	Train	55	55 National RBF	112,00	106,618	Critical
	National	facilitators	facilitators trained	0		mass of
	RBF					RBF
	Facilitators		9 from MoH			facilitator
			(Pharmacy,			s trained
			Internal Audit, RH,			to
			Planning), 1 from			support
			RRH & 45 from			the Pre-
			DLGs (24/45			qualificati
			DHOS/Ag. DHOs)			on
			0 /			assessme
						nts,
						training
						and
						quarterly
						quality
						assessme
						nts.
3.	Orientation	35 districts	1,635 participants	625,51	625,519	Activity
	of District	(1,697	from 35 districts	9	ĺ	partially
	Leadership,	participants)	oriented Abim,			implemen
	DHT,	1	Agago, Alebtong,			ted in
	HUMCs,		Amolatar, Amudat,			December
	Health		Budaka, Bududa,			2018 in
	Facility In-		Bulambuli, Bulisa,			16
	charges in		Butambala,			districts
	RBF.		Buvuma, Dokolo,			and
	MDI'.		Gomba, Kaabong,			
			Gomba, Raabong,			complete

4.	Signing of RBF grant agreements between the MoH and the 51 phase	51 District PAs	Kalangala, Kiryandongo, Kisoro, Kitgum, Kole, Kotido, Lamwo, Lyantonde, Masaka, Masindi, Moroto, Mpigi, Nabilatuk, Nakapiripirit, Nakaseke, Nakasongola, Napak, Otuke, Pader, Serere and Soroti) 51 District PAs were signed.	98,600	95,315	d in January 2019
5.	RBF Prequalification assessments	51 Districts	A total of 400 facilities were assessed out which 394 qualified for RBF implementation (HC III were 346 (291 government vs 55 PNFP) while HC IV were 54 (53 Government vs 1 PNFP)	336,77	336,771	6 facilities that did not qualify will be reassessed after 6 months. The DHTs and Partners encouraged to support the facilities in addressing the gaps for enrolment.
		Re- assessments 29 facilities that had not qualified	All the 29 facilities were reassessed and qualified for RBF implementation	8,155	8,155	t.
6.	Monitoring of RBF implementat ion	Quarterly	Monitoring undertaken by Top Management representatives in the Phase 1 districts	47,977	39,609	Adjustme nt of perdiem rates of some of the participan ts in line with the

						WB project
7.	Training of DHTs and RBF health facilities in RBF implementat ion.	51 Districts	50 districts trained and draft PIPs developed	2,580,0 00	2,070,258	Training for Kisoro district conducted in July
8.	Transfer of startup grants to Health Facilities & DHMTs	DHMTs/CH MT and 323 health facilities in the Phase I districts	313 Health facilities received the Startup grants to address gaps in service delivery	2,965,2 73	2,806,308	10 health facilities and some districts had issues with their accounts that were not resolved in time for the grants to be transferre d
9.	Verification of EDHMT outputs for Q3	Quarterly	Conducted verification in the 27 DLG's and KCCA	48,533	44,078	EDHMT payments to be made Q1 FY 2019/20
10.	RBF Payments to facilities and EDHMTs	Quarterly	Q2 FY 2018/19 Health Facility payments made	2,950,0 00	0	Delay in verification and submission of invoices from the districts due to late training of the EDHMT is in verification and lack of start up funds
11.	RBF Implementat ion Team meetings held	6 meetings	3 meetings held	-	-	Team heavily engaged in the district start up activities

4.6 Challenges

- 1. Departments are not allocating funds for Regulatory Impact Assessments for policy proposals and this results in delayed submissions to Cabinet.
- 2. Participation in health planning activities by some departments/Programs is still inadequate especially during itemized budget estimation and development of annual workplans.
- 3. Budget cuts affected implementation of some activities.

4.7 Recommendations

- 1. All Departments/programs/projects to develop and submit workplans, budgets and progress reports timely.
- 2. Departments to budget for RIAs as part of the policy formulation process and approval.
- 3. Recruitment of staff for the M&E Unit in the Planning Department.

The mandate of the department is to provide strategic human resource function to the Ministry and the Health Sector generally. In particular the Department is required to support the Ministry in attaining one of its 2018/2019 priority of addressing human resource challenges in the sector. These challenges include attraction, motivation, retention, training and development of human resources for health.

5.2 Mission

To ensure adequate available competent, motivated and productive health workforce that deliver quality health services to the population.

5.3 Objectives

- Coordinate HR policy formulation, implementation, interpretation and evaluation in the Ministry and the sector.
- Coordinate HR planning in the Ministry
- Coordinate all matters related to appointment, deployment, confirmation, training/development, motivation and reward, compensation and retirement of staff in the health sector,
- Budget and manage the wage bill for the Ministry
- Provide technical guidance on HR issues for projects and programs in the health sector
- Provide technical guidance on human resource matters to Ministry, RRHs and the Local governments

5.4 Budget Performance + Quarterly Objectives

Table 5. 1: Q3 & Q4 FY 2018/19 Performance

Output	Quarterly	Outputs	Budget	Expenditure	Explanation
description	targets	achievements/	release	/ budget	for variation
		results		performance	/
					**results
Recruitment	All Vacant	Submissions	Q3=UShs.:12		As planned
plan for the	positions at	made to Service	,571,950		
sector compiled	MOH/HQ	Commissions for	Q4=UShs.:18		
& implemented	advertised	HR actions.	,790,488		
	Service	388 Health			
	Commission	workers			
	decisions	appointed, 128			
	[Minutes]	officers			
	implemented.	confirmed in			
		service, 183			
		health workers			
		re-designated,			

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation / **results
		145 deployed to RRHs and 83 officers transferred to other Ministries.			
		In Q4 result of validation (30 staff promoted; 13 staff redesignated; 68 staff retained; 05 staff retired on abolition of office; 13 staff redeployed)			
		Advert by HSC (152 Vacant posts advertised internally; 52 vacant positions advertised Externally)			
Processing Pension and Gratuity for payment	Initiate, process and all Commuted Pension and Gratuity	In Q3, 12 Pensioners accessed the Pensions payroll. 7 Pensioners were paid Commuted Pension and Gratuity worth	Ushs.772, 215,533	Centalized	Variations on monthly pensions are as a result of physical validation of pensioners
		In Q4, 15 Pensioners accessed the Pensions Payroll. 17 Pensioners were paid Gratuity and Pension worth	Ushs.1,330, 304,784		
		Gratuity and Monthly Pension Arrears paid to 9 Pensioners and Survivors worth Commuted	Ushs: 528,829,736		

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation
		Pension and Gratuity (CPG) paid to 24 Pensioners. Gratuity and Pension Arrears paid to 8 Pensioners and Survivors.	Ushs:365,69 9,240 Ushs:362,01		**results
		Q3 January 606 Pensioner were paid	Ushs:3,125		
		February 602 Pensioners were paid	Ushs: 67,822,032		
		Arrears= March 574 Pensioners were paid	Ushs: 346,207,636 Ushs:58,609		
		Arrears=	Total Q3=Ushs.1, 200,351,857		
		Q4 April 604 Pensioners were paid	Ushs: 369,787,954		
		May 429 Pensioners were paid Arrears=	Ushs:284,96 4,936		
			Ushs:30,106 ,197		
		June 474 Pensioners were paid	Ushs: 331,935,396		
		Arrears=	Ushs:72,127 ,402		

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation / **results
Physical Verification of Pensioners	Pensioners on the MoH Payroll verified	529 Pensioners verified by 10 th June 2019	Centralized	Centralized	As planned
Management of records in the registry at MOH & RRH computerized & strengthened	Numbers of files scanned & uploaded to EDMS	Scanning & uploading of documents/files to EDMS (photocopier, 5 computers, shredder, scanner & a printer for the registry)			
Staff Identity cards printed	Avail IDs to all staff	441 staff identity cards printed	Ushs: 38,000,000 as cost for ID machine procurement		As planned
Management of Scholarship students.	Pay tuition for all approved scholarship	3 students supported under government scholarship 721 students sponsored under URMCHP	Q3=Ushs:10, 000,000 Q4=Ushs:14 0,952,151 World bank (Ushs: 7.22bn)	ugx:140,952, 151	No scholarship awarded
Administration of staff salaries	Pay salary to staff by 24 th of the Month	Staff salaries paid Q3=400 Staff & 60 Contract staff Q4=397 staff & 82 contract staff (MoSG and Bulambuli staff) 11 officers accessed on the payroll, 9 were deactivated upon transfer and retirement.	Salary Q3,1,837,270 ,239 Q4,2,241,508 ,422 Contract staff salaries paid Ushs: 1,582,223,87 2 in Q3&4	Centralized	No variations

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation / **results
Strengthening performance management in RRHs and DLGs	Support supervision to 4 RRHs conducted	Support supervision on performance management and orientation of new staff in RRHs of Mbarara, Masaka, Arua and Gulu.	Ushs: 12,536,336=		No variation
Disseminate and train all health workers on Performance Management	Tracked of completed appraisals for 2017/18.	Support from IntraHealth	Support from IntraHealth	Support from IntraHealth	
Disseminated tools for enhancing workforce productivity to the sector	On boarding and Engagement Guidelines for Health Workers Schemes of service for				
	Nursing and Midwifery Performance Management Resource Package				
Support 6 DHTs on workforce performance improvement strategies	Supported the districts of Luwero; Nakaseke; Wakiso; Bunyangabo; Kaabarole and Ntoroko in management strengthening interventions	Project of Perform2Scale by Makerere School of Public Health			

	tput scription	Quarterly targets (Q3&Q4)	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation / **results
gui Sex Ha	plementing delines on cual rassment at rkplace.	Guidelines on Sexual Harassment at workplace implemented	Guidelines on Sexual Harassment at workplace implemented in districts of Rukungiri, Kabale and Kabale RRH.	Support from IntraHealth	Support from IntraHealth	Support from IntraHealth
	3rd Quart	ter Activity Imple	ementation Report	at HKHDI- M	bale	
1.	Health Workers Trained on leadership and manageme nt	Support supervision conducted for health workers undertaking leadership and management training in Moroto and Napak District	One support supervision was conducted for health workers in Moroto and Napak District on 25th Feb- 1st Mar. 2019	5,809,000	5,809,000	As planned
2.	Health Workers undertakin g leadership and manageme nt course assessed	End of module five face to face and assessment conducted	End of module five face to face and assessment was conducted	27,633,000	27,633,000	Module five Face to face training and assessment was financed by Intrahealth- SHRH Project
L	TT 1.1		vity Implementation			
1.	Health Workers undertakin g Leadership and Manageme nt course graduated	Graduation ceremony held for health workers that completed leadership and mgt. online course in Moroto and Napak District	A total of 52 Health Workers that completed online leadership and Mgt course were graduated on 10 th May 2019	6,000,000	6,000,000	As planned

	itput scription	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation / **results
2.	Technical staff to support IST activities recruited at HRHDI	5 vacant Positions at HRHDI filled	Vacant Positions at HRHDI filled. Five (5) officers recruited and appointed to fill the staffing gaps at HRHDI. These include; 3.SHTO 1.IT& Communications and an Accounts Assistant Recruited in the Month of June 2019.	6,204,000	6,240,000	As planned
3.	EPI Focal persons for lower level health facility trained in leadership and manageme nt	225, EPI Focal persons trained in leadership and Mgt. to reach every child with immunisation	A total of: 224 EPI Focal persons from 22 districts were trained in Leadership and Management with support from UNICEF. Three groups were trained with an approximate average of 75 H/W per group for four days.	0	0	Only one person of the invited health workers did not attend. The training program was funded by UNICEF.

Explanatory notes

Observations

The number of Pensioners vary between the two Quarters because; during Q3 and part of Q4 the Ministry payments were effected basing on the biometric validation by MoPS. Management decides to conduct physical verification of pensioners and with effect from May, only verified pensioners were being paid. The number of Pensioners paid in May increased in June upon physical verification of pensioners.

Support supervision for health workers undertaking leadership and management

The support supervisor activity was conducted on 25th Feb. – 1st March 2019 in Moroto and Napak districts for health worker that were undertaking blended online leadership and management. The purpose of the activity was to assess application of learned knowledge, attitudes and skills in the management and leadership of health facilities. Two teams were sent out to visit health facilities with health workers undertaking the course and administer a set of course assessment tools to evaluate application of learned skills and also to provide on the job training. One team covered Moroto District and the second for Napak District.

Achievements:

All trainees were assessed and on the job training provided. There was evidence of application of learned skills to the health facility management. Trainees were eager and interested in learning leadership and management skills.

5.5 Challenges

- High turnover at health facility levels, which affected true assessment of skills application as some of the health workers had been moved / transferred to new stations.
- Change is gradual hence, a need for continued assessments to document gradual improvements in the leadership and management of health facilities
- It takes a team to bring a significant change in the health facility. Frequent transfers sets back teams to first stages of team building which affects team spirit.

Way Forward

- Support supervision to be continued even after the course for continued mentoring and also to document gradual improvements.
- Plan for training of more staff on leadership and management at health to make a critical mass that can produce significant improvements in healthcare leadership and management.

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

6.2 Objectives

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

6.3 Background

Divisions under Community Health department

- Nutrition Infant Young Child Feeding, Micronutrients
- **Disability and Rehabilitation** Preventive and rehabilitative services Visual, Hearing impairment, physical disabilities

6.4 Main Outputs

- 1. Prevention and control of communicable & non-communicable disease.
- 2. Training and capacity building
- 3. Policies, strategies, laws, guidelines and standards
- 4. Technical support supervision, monitoring and evaluation.

6.5 Budget Performance + Quarterly Objectives

Table 6. 1: Q3 & Q4 Nutrition Division Performance FY 2018/19

Output description	Quarterly targets (Q3-Q4)	Outputs achievements/ results (Q3-Q4)	Budget release	Expenditure / budget performance	Explanation for variation/ **results
Coordinated implementati on of nutrition intervention in health sector	6 monthly Coordination working meetings	6 Coordination working meetings conducted	6M	100% utilized	UNICEF supported Co-ordinated effort to combat malnutrition in place
Increased awareness and advocacy for prevention and control of malnutrition	Create awareness and advocacy for prevention of prevention and control of malnutrition	Development of an advocacy video for awareness of fortification of maize flour	Partner supported	100% utilized	Partner supported by GAIN- ENABLE
	Create awareness on importance of nutrition	 Held a media breakfast engagement. Made presentation on TV and radio 	Partner supported	100% utilized	Supported by public relation office.
Capacity of Health workers to implement community and health based nutrition interventions strengthened	Develop capacity of Health workers to implement community and health based nutrition interventions strengthened in districts highly burdened by malnutrition	Disseminated the health sector implementation guide for Uganda multisectoral food security and nutrition project (UMSFNP) in the 15 project implementing districts of Arua, kiryandongo, Nebbi, Packwach Yumbe, Maracha, Iganga, Bugweri, Bugiri, Namutumba, Kabarole, Bunyagabo, Kyenjonjo, Kasese,	30M	100% utilised	UMFSNP supported

Monitoring	Conduct National	Bushenyi, Ntugamo, Kabale, Rukiga and Isingiro One national rapid assessment	70M	100%	Findings from the
and evaluation of nutrition interventions	perception and acceptability study on 2016 WHO guidelines on Infant and Young Child feeding in the context of HIV	study on stakeholder perception on 2016 WHO guidelines on Infant and Young Child feeding in the context of HIV conducted		UNICEF supported	study used to inform the development of the MIYCAN guidelines
	Implementation Science to increase uptake of IFA in Iganga and Bugiri	Implementation Science protocols to increase uptake of IFA in Iganga and Bugiri developed	Partner supported	Partner supported	Increased uptake of IFA subsequently reducing prevalence of aneamia
Support Supervision & mentoring of health workers	Supervision & mentoring of health workers on prevention and control of malnutrition	Conducted integrated support supervision on child health days and multisetoral implementation in Arua, kiryandongo, Nebbi, Packwach Yumbe, Maracha, Iganga, Bugweri, Bugiri, Namutumba, Kabarole, Bunyagabo, Kyenjonjo, Kasese, Bushenyi, Ntugamo, Kabale, Rukiga Isingiro, Lira ,Otukke, Alebtong,Buikwe,Buvuma,Mukon o,	Partner supported	100%	Supported by PARTNERS IN REFRACTIVE ERRORS; LIGHT FOR THE WORLD
Policies, Strategies & guidelines for	Revised regulations on marketing of breastmilk substitutes	Regulations on marketing of breastmilk substitutes revised and submitted to Ministry of Justice for reconciliation	7.3M GOU	100%	Enabling environment to protect breastfeeding
prevention and		101 reconciliation			against the aggressive
treatment of malnutrition					marketing of breastmilk

				substitutes
Develop MIYCAN	MIYCAN guidelines developed	60M	100%	Standards available
guidelines	and pending approval	UNICEF		for provision of
				MIYCAN services
Develop MIYCAN	MIYCAN action developed and	15 M	100%	Standard
action plan	pending approval	UNICEF		framework for
				implementation of
				MIYCAN
				interventions
	MIYCAN training packages for	60M	100%	Standardized
training packages for		UNICEF		training package
health facility and		funded		available for rolling
community	finalization and cascading			out the MIYCAN
	trainings country wide			services

Table 6. 2: Q3 & Q4 Disability & Rehabilitation Division Performance FY 2018/19

Output description	Quarterly targets (Q3-Q4)	Outputs achievements/ results (Q3-Q4)	Budget release	Expenditur e/ budget	Explanation for variation/
			(Q3-Q4)	performanc	**results
				e	
Increased awareness and advocacy for prevention of deafness & hearing impairment	Create awareness and advocacy for prevention of deafness & hearing impairment	prevention. Held a press conference		100%	A lot of publicity and free ENT services provided, courtesy of partnerships with NGOs in Hearing preservation, ENT Professional associations &
Increased awareness	Pretest the developed IEC materials on eye	State i/c PHC as the Guest of Honour. Draft brochures, fact sheets,			Academia Supported by Brian Holden Vision

on	Health	Kiboga, Mityana & Mubende			Institute.
blindness		districts in collaboration with HPE			Awaits printing &
prevention		Department			dissemination
Increased	Hold meetings for	Conducted one technical committee			Supported by
awareness	National Prevention of	& one National NPBC meetings for			partners; Brien
and	blindness committee	prevention of blindness & visual			Holden
advocacy		impairment on 17 th & 18 th April			Institute(BHVI)
for		2019			
blindness					
prevention					
	Conduct validation	VALIDATION W/SHOP held at			FULLY
	workshop for The	Hotel Africana & officiated by			SUPPORTED BY
	Assessment of	Director Clinical who represented			Lions Clubs
	Diabetes & Diabetic	the DGHS			International
	Retinopathy				Foundation &
	Management				WHO
0 1	Systems(TADDS)				
Support	Supervision &	Mentoring & supervision conducted			Supported by
Supervision &	mentoring of eye health workers in	in Hoima, Arua, Yumbe, Moyo,			PARTNERS IN REFRACTIVE
	health workers in handling refractive	Kitgum, Lira, & Mbale			ERRORS; LIGHT
mentoring of eye	errors				FOR THE
of eye health	errors				WORLD
workers					WOILD
Strategies	Conduct assessment	Assessment visits conducted in	2,863,57	100%	The findings are
&	visits to 3 hospitals on	Gulu, Mbale &Hoima	2,803,37 $2/=$	10070	expected to inform
guidelines	practices & availability	Cara, maio wilonna	- ,		the process of
for health	of older persons health				developing the
care of	care services				guidelines &
older					strategy due to be
persons					kick started
developed					

7. 1 Background

Environmental Health Department (EHD) has primarily two divisions namely; Inspection and Sanitation Division and then Vector Control Division. These Divisions are charged with promotion of environmental health services in the country, with emphasis on sanitation programs and control of Vector borne illnesses with particular efforts towards Neglected Tropical Diseases. Funding for services under this Department are funded by Government of Uganda as well as Development Partners, through a number of programs and projects.

7.2 Objectives

The key objective of EHD is to contribute to reduction in morbidity and mortality in the country tackling key health determinants as well as reduce on the prevalence of Neglected tropical diseases. The main activities that were conducted were: technical support supervisions to districts, capacity building to implementers within districts, advocacy as well as partnership engagement meetings. Others under Vector Control were; monitoring mass drug administration, regarding of trachoma and Trichiasis, mapping of Ochocerciasis around boarder areas of Uganda, DRC and South Sudan, and also pre-visit disease Surveillance for Trachoma in affected districts.

7.3 Budget Performance + Quarterly Objectives

Table 7. 1: Q3 & Q4 FY 2018/19 (Government Funded Activities)

Output	Quarterly	Output	Budget	Expenditure/	Explanation
Description	Targets	Achievements/Results	Release	Budget	For Variation/
				Performance	**Results
		Quarter 3			
Increasing awareness for sanitation and	Global Sanitation Week Commemorations	1	-	64m/=	Activity was conducted in Maracha
hygiene services in the	Commemorations				District with Funding
country					from Partners
					involved in sanitation
					programs and also USF-MoH

G: 1	NIGHTIG:	T		1	1
Strengthening	NSWG ¹ meeting	1	-	85,000/=	-
Partnerships					
and					
collaboration					
for sanitation					
improvement					
Prevention	Activity targeted	Two villages in the 5	8.2m/=	8.2m/=	Activity was
and control of	5 districts of	districts supported and			conducted all 5
diseases	Rubirizi	turned ODF achieving a			of the planned
associated	Mubende,	total of 10 villages ODF			districts
with poor	Mityana, Kagadi,				
hygiene and	Kakumiro				
sanitation					
		Quarter	4		
Strengthening	National	1	_	_	-Activity was
Partnerships	Sanitation				supported by
and	Working Group				US4HA2-UŠAID
collaborations	meeting for				
	sanitation				
	coordination and				
	collaboration				
Prevention	Technical	Two villages in each of	8.7 m/=	100%	-Districts are
and control of	support targeted	9 districts supported	(Qtr 4)		supported
diseases	9 Districts of	ODF but achieved 10	(2011)		through
associated	Luuka, Iganga,	villages ODF			orientations of
with poor	Kaliro, Nwoya,	vinages OB1			district
hygiene and	Rubirizi, Sheema,				implementers in
sanitation	Buhweju, Gulu,				the use of FUM
Samuation	Amuru				and CLTS
	7 mul u				approaches to
					improve sanitation in
					communities

 $^{^{1}\,\}mbox{NSWG-National Sanitation Working Group}$ $^{2}\,\mbox{US4HA-Uganda Sanitation for Health Activity}$

Table 7. 2: Q4 FY 2018/19 (UNICEF Funded Activities)

Output Description	Quarterly Targets (Q3 & Q4)	Output Achievements/Results (Q3 & Q4)	Budget Release (Q3 &4)	Expenditure/ Budget Performance	Explanation For Variation/ **Results
ODF Road Map and Acceleration of Basic Sanitation	1 meeting	I meeting	-	-	 Meeting was held with REEV Consultancy with support from UNICEF
CLTS Training in 4 districts of Adjumani, Kaliro, Kiryandongo and Iganga	4 districts	143 district implementers oriented on use of CLTS in sanitation improvement activities	176m/=	100%	 District Participants in 4 districts were oriented on CLTS approach Action plans were developed by each district to end open defecation by 2020. All activities were conducted in Qtr 4
Technical support supervision to Isingiro and Kamwenge Districts	2 districts	Orientation on use of FUM was done in Kamwenge	21m/=	100%	 District implementer s were equipped with skills in the use of FUM in following up previously triggered villages - Action points for use of FUM was done in Kamwenge

Table 7. 3: Q3 & Q4 FY 2018/19 (Uganda Sanitation Fund Activities)

Output Description	Quarterly Targets	Achievemen ts/Results	Budget Release	Expenditure / Budget Performanc e	Explanation For Variation/ **Results
Institutional Triggering in West Nile and Teso regions	6 districts	IT was done only in Butebo, Namayingo and Mayuge districts.	17m/=	50%	 IT was not done in West Nile because the TA was busy organizing the sanitation week celebrations. Shifted to April In Teso region, commitments were made by top district leaders Eg. they pledged to allocate funds for sanitation and hygiene from their resource envelop Action plans were developed by each district to end open defecation by 2020.
Orientation of districts on the USF MIS in Pallisa district (Namayingo , Mayuge, Sironko, Nakasongol a, Hoima, Buliisa, Napak Nakapiripiri t and Butebo)	9 districts	9 were oriented on the MIS in Feb 2019	9m/=	100%	 A District Sanitation Management Information System was developed A pool of MIS trainers was established Sanitation data was captured into the system and shared with trainees Action points for scaling up the deployment of the MIS across districts was developed
Orientation of the EA staff on the USF Managemen t Information System for real time data acquisition.	33 EA staff from MoH	33 EA staff oriented on the USF MIS in Jinja in Feb 2019	27m/=	100%	 Various action points generated to enable the EA roll out the MIS across its districts. The trained EA staff are now leading the process of institutionalizing the MIS across all the 44 USF supported districts.
Comme- moration of the sanitation week in Maracha district	Sanitation Week celebratio n. Attended by over	1 Sanitation Week celebration held in Maracha district in March 2019	25m/=	100%	 ifferent sanitation technological options were showcased. n increased publicity of the sanitation and hygiene achievements through different

	COO				media
	600 people				media _
	реорге				he best performers were awarded trophies like water tanks, plaque and T-shirts which encouraged
					competition.
					emonstrations were also done on sanitation and hygiene innovations.
Breakfast meeting with all	1 breakfast meeting	1 breakfast meeting was held with all	1.3m/=	100%	A total of 100 Journalists from all Media houses attended the Media breakfast meeting
Media house journalists		media houses on 11 th			Opportunity for the MoH/EHD staff to show case their
to create awareness about the		March 2019			achievements in improving sanitation and hygiene
sanitation week					
Conduct district visits in Moyo and Maracha for	2 districts	2 districts visited for accelerated ODF attainment in	6m/=	100%	massive movement towards attaining ODF status among these districts was developed.
accelerated achievement of ODF		January 2019.			DF roadmaps were developed in each of the districts for follow up
parishes and sub-counties.					apacity of the district staff to conduct Institutional Triggering was built.
					he programme expects the 2 districts to be declared ODF by end of 2019.
Hold 5 staff meetings	8 Meetings	A total of 5 staff	-	-	The meetings enabled the EA to efficiently implement the USF
and 3 CPM meetings for improved managemen		meetings and 3 CPM meetings held			programme activities. — Improved coordination between the EA and sub grantees was achieved.
t of the programme					 Donor updated on developments in USF
Hold 1 stakeholders	1 stakeholde	I Stakeholders	23m/=	100%	The new 8 expansion districts were able to share to share their
meeting for the new 8 USF	rs meeting	meeting for 8 districts held in Mbale in			performance and get feedback on areas for improvement
expansion districts in Mbale district		March 2019			District leadership signed commitment forms to address poor sanitation and hygiene issues in their districts

Hold 1 radio talk show on UBC to create awareness on the sanitation week activities	1 talk show	1 talk show was held on UBC TV station on 11 th March	-	-	 The talk show was sponsored by one of USF programme partners hence no expenditure was incurred by the programme AC/EHD and TA West Nile briefed the nation on the Sanitation Week activities
Conduct technical support supervision in Lango region	4 districts	4 districts supported for improved programme performance	9.7m/=	100%	 The 4 districts were supported in the areas of documentation of best operating practices, analysis of data from the USF MIS and establishment of ODF sustainability of plans
Conduct orientation of newly recruited USF staff in Teso region (C&LS and FOs) (Kibuku, Budaka, Mayuge, Namayingo and Pallisa)	4 staff oriented	4 staff successfully oriented on the USF programme in March 2019	12.5m/=	100%	 The newly recruited staff were able to understand their roles as per the USF appointments, understand programme activities and implementation approaches The new staff have now begun working in their duty stations
Hold 1 PCM meeting to review programme performance for quarter 2 and 1 monitoring visit to Lango region	2 PCM meetings	2 PCM meetings held, 1 in January 2019 and 1 in May 2019 in Lira district. Attended by 20 participants	15m/=	100%	 Minutes for the previous meeting were reviewed and updates on the previous action points were provided PCM members reviewed the 6 months performance of the programme. The Semi-annual report was presented to the PCM members and it was approved with some changes. PCM members made recommendations on how to improve service delivery in Lango region
Hold 1 Sanitation Marketing and demonstrati on in Lango region, Lira district	1 SM demonstra tion	1 SM demonstratio n was held in Lira in March 2019 60 participants attended	32m/=	100%	 Skills built in sanitation marketing among Masons A pool of trainers in sanitation marketing formed after the training. Institutional capacity of implementers was also strengthened and demand for

					supply chain developments increased.
Orientation of district staff on the USF MIS in Lango and Western regions (11 districts)	60 Key District staff in Lango and Western regions	60 key district staff oriented on MIS in May 2019	16m/=	100%	 A total of 60 district staff from 11 districts were oriented (DHOs, Biostats, FPs, HAs and Accountants) Baseline data captured, entered into the system and reviewed with trainees Action points were developed for scaling up the system in districts
Monitoring of sub grantees by the MoH internal auditors	41 districts	41 districts visited by the internal auditors during the 2 quarters	30m/=	100%	 Districts annual reports and financial statements reviewed by the internal auditors An audit report produced and USF management responded to various audit recommendations and observations
Hold 1 technical review meeting in Alebtong district to share programme achievement s	technical review meeting in Alebtong district	1 meeting held in May involving Amolator, Otuke, Apac and Nakasongola	9m/=	100%	 Participants from the 4 districts shared updates on implemented activities Best Operating Practices were identified and shared Challenges to implementation of activities were shared and addressed
Hold 1 EA/FP review meeting in Pallisa district	1 meeting in Pallisa district covering all USF districts	1 meeting held in Pallisa district. Attended by 60 people	19m/=	100%	 Focal Persons agreed to honor reporting timelines as per the MoUs Districts requested the EA to support them acquire data collection gadgets for populating the MIS EA to prepare an exit plan for the districts for sustainability

Table 7. 4: Q3 & Q4 FY 2018/19 Vector Control Division

Output	Quarterly	Output	Budget	Expenditure/	Explanation For				
Description	Targets (Q3 &	Achievements/Results	Release	Budget	Variation/				
_	Q4)	(Q3 & Q4)	(Q3 &4)	Performance	**Results				
	Quarter 3								
80404	Technical	5 health facilities were	-	100%	Supported by				
	support of health	visited (Lwala hospital,			FIND				
	workers on	Dokolo HCIV, Omugo							
	Human African	HCIV, Moyo Hospital,							
	Trypanosomiasis	and Adjumani hospital							
	(HAT) case								

	management in 5 health facilities				
80404	Monitoring the Impact of mass drug administration on bilharzia infection Buvuma district	1 district (Buvuma) monitored		100%	Impact of MDA was monitored in Buvuma district. Schistosomiasis morbidity reduced by MDA but high re-infection rates
80402	Training of Health Workers, patients and care takers on lymphoedema management in 4 districts	Training done in 4 districts (Pader, Lamwo, Amuru and Lira) on lymphoedema management	35,000	100%	Support by Sight savers (partner)
80402	Re-grading of Trachoma Trichiasis by experts	Re-grading of Trachoma Trachiasis conducted in Arua, Butaleja and Maracha districts	-	100%	Support by Sight savers (partner)
80404	Conduct Onchocerciasis transmission control /elimination in five foci	Onchocerciasis vector control in Kasese ,Pader, Kitgum, Lamwo, Gulu, Adjumani, Moyo and Omoro. Later monitoring done showing a reduction of Vector population through monthly river dosing.	-	100%	Support by Sight savers (partner)
80404	Post Treatment Surveillance (PTS) of Onchocerciasis in 7 foci	Post Treatment Surveillance (PTS) supervised in Mpamba- Nkusi focus (Kagadi).	-	100%	PTS conducted only in 1 focus out of the 7 foci planned due to inadequate funds
		Quarter 4	1	T	
80404	Participate in the NTD National Planning meeting	Attended the planning meeting at Protea Hotel Entebbe	400	100%	Donor funded
80402	Participate in NTD advocacy meeting with members of Parliamant	Attended and participated in NTD Advocacy meeting with MPS during breakfast meeting	0	0	Held in Kampala
80404	Conduct District Trachoma Surveillance survey pre- visists in 6 districts	Meetings held in the six districts of Bulisa, Packwach, Nebbi, Napak, Abim and Kotido	2,500	100%	Donor funded

80403	Attend the Trachoma GET 2020 meeting	Attended the Trachoma GET2020 meeting	1,500	100%	Donor funded
80404	Lymphatic filariasis support supervision in Amuru and Lamwo	Assess Lymphoedema /elephantiasis and Train patient and their carers on Lymphoedema /elephantiasis management	13,155	100%	Supported by SightSavers. 41 patients assessed and trained on their management
80404	Lymphatic filariasis pretransmission assessment surveys	Assess the prevalence of Wuchereria bancrofti 2100 in sentinel and spot check sites of Arua, Maracha, Gulu, Omoro, Kitgum and Lamwo districts.	45,000	100%	ENVISION/RTI 2100 people tested for Wuchereria bancrofti circulating antigens (wb CFA). Only one positive case found (below 2%). MDA for LF to stop
80404	Lymphatic filariasis Transmission Survey (Impact).	Assess the prevalence of Wuchereria bancrofti in 5098 children aged 6-7 years in selected clusters Nebbi, Packwach, Zombo, Yumbe, Koboko, Paliisa, Butebo, Kibuku, Budaka and Butaleja districts	97,461	100%	ENVISION/RTI. 5,098 children aged 6-7 years assessed. Only 3 were positive (below 2%) Post treatment surveillance to continue
80404	Advocacy and Training of Trainers (TOTs) in preparations for bilharzia Mass Drug administration(MDA)	Carried out Advocacy and Training of Trainers (TOTs) in twelve districts of Amuru, Arua, Adjumani, Gulu, Moyo, Nwoya, Oyam, Omoro,Lamwo, Kasese, Kitgum and Pader and report submitted	-	100%	ENVISION/RTI. Funds were adequate to support all the Advocacy and TOT Meetings for the 12 districts through the Research Triangle Institute (RTI)
80404	Support supervision of Mass Drug administration(MDA)	Carried out Support supervision of Mass Drug administration(MDA)in twelve districts of Amuru, Arua, Adjumani, Gulu, Moyo, Nwoya, Oyam, Omoro,Lamwo, Kasese, Kitgum and Pader and report submitted.	-	100%	ENVISION/RTI. Funds were adequate to support all the supervisions for the 12 districts
80404	RTI Supported NTD Control Programme	NTD Control Programme National Review and Planning	-	100%	ENVISION/RTI. Funds were adequate to

	National Review and Planning Meeting held on the 17 th -21 st June2019 at Protea Hotel – Entebbe, Uganda	Madi Okollo, Moyo,			support this meeting
80404	NTD Control Programme National Review and Planning Meeting held on the 5 th July 2019 at Vector Control Division, Uganda	NTD Control Programme National Progress Review and Planning Meeting for supported for Bilharzia interventions in other districts not supported by other partners.	-	100%	ASCEND support. Funds were adequate to support this meeting
80404	Advocacy and Training of Trainers (TOTs) in preparations for bilharzia Mass Drug administration(MDA)	Carried out Advocacy and Training of Trainers (TOTs) for Mayuge District	-	100%	World Vision support. Funds were adequate to support this meeting

Chapter I	Eight:	Reproductiv	e and	Child	Health
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8.5 Budget Performance + Quarterly Objectives

Table 8. 1: Q3 & Q4 Performance FY 2018/19

Output	Quarterly targets	Achievements/	Budget	Expenditure/	Explanation for
description		results	release	budget	variation/
_				performance	**results
		REPRODUCTIVE & IN	FANT HEALTH	Ī	
Policies, laws,	Conduct a	Regulatory impact	55M(UNFPA)	90.1%	**Approved Policy
guidelines plans	regulatory	assessment t			on SRHR to guide
and strategies	impact assessment				provision of SRHR
	for the Finalization				services in Uganda
	of the SRHR policy:				to ensure a healthy
					population.
Technical	Support District to	Consultative meetings	34.5m(UNFPA)	100%	**Improve resource
support,	develop DFP-CIPs	held in all the 7 districts			Mobilization and
monitoring and		facilitated by Makerere			partner coordination
evaluation	Arua, Koboko,	school of Public health			to implement family
of service	• 0 0				planning at district
providers &	Hoima/Kikuube,				level hence
facilities	Kamwenge,				increasing access & coverage of FP
	Bundibugyo and Isingiro)				coverage of FP services
Training and	C /	10 days on job	44.4M	61%	Procurement of
capacity	through on job	mentorship has been	(UNFPA)	01/0	equipment still
building for	training for	conducted among 34 key			ongoing.
service	integration of	staff at Naguru RRH on			ongoing.
providers	HRBA into	Provision of Integrated			** Improved Quality
r	FP/MH/Adolescent	SRHR/FP services with			of SRHR services
	health at Naguru	HRBA			and client
	Hospital – On job				satisfaction from the
	Mentorship and				services provided
	Procure assortment				hence increased
	of equipment to				uptake of preventive

	facilitate HRBA				services like FP
		ADOLESCENT & SCH	HOOL HEALTH		
Policies, laws,	Validate and	Stakeholder Validated	25.7 (UNFPA)	58.3%	** Improved
guidelines plans	disseminate the	ADH Landscape report			programming for
and strategies	Adolescent health				Adolescent friendly
	landscaping report				services.
Technical	Support	2 adolescent health	26.5 (UNFPA)	77.4%	**Improved
support,	establishment and				programming for
monitoring and					provision of
evaluation	platforms on	Adolescent health			adolescent friendly
of service	Adolescent health.	programming launched			services
providers &	Support ADH	by MOH			
facilities	structures - Think				
	Tank and TWG				
Prevention and		One session of outreach	270M	100%	**Increase access
control of	of outreach camps in		(UNFPA)		and coverage of
communicable &	hard to reach	WAY/DANIDA			SRHR services, to
non-	communities Of 22	Supported districts			hard to reach
communicable	districts including 8				humanitarian
disease	humanitarian WAY				underserved
	districts and 14				population.
	SIDA districts				

9.1 Mandate

To strengthen health promotion systems for disease prevention and increase demand for quality health services

9.2 Objectives

- To integrate health promotion into all health programmes
- To increase health awareness, knowledge and change attitudes of individuals for adoption of health seeking behavior
- To improve systems for effective health communication to the public
- To advocate for health promotion and disease prevention at all fora
- To engage different stakeholders for Health Promotion and Education action

9.3 Budget Performance + Quality Objectives

Table 9. 1: Q3 and Q4 Performance FY 2018/19

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
Control of communicable & Non communicable diseases	Pretest and review talking points on priority health issues based on the presidential initiatives for healthy living Review health promotion materials on HIV, malaria, Ebola, Adolescent health, HPV vaccination, Eye Health, Sanitation and nutrition	Talking points pretested in the districts of Kibuku, Pallisa, Budaka, Lwengo, Masaka and Lyantonde. Reviewed and approved materials on HIV, Malaria, Adolescent health, HPV vaccination, Eye Health, Sanitation, and nutrition ready for dissemination.	5,800,000 GOU CHC, UNICEF & Breinholden		
	 Launch the Meningitis project Develop training manual for VHTs on 	 Meningitis project launched in Gulu.Training manual on community based 	Meningitis Research Foundation/ ACODEV		

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
	community based management Mentor district trainers on meningitis Train VHTs on community based meningitis management	management for VHTs developed Six district trainers mentored on Meningitis management Two hundred VHTs trained on community based meningitis management			
	Review, update, translate, print and disseminate the Patient Charter	Patients charter reviewed, updated and translated into 6 languages of Acholi, Lugbara, Luganda, Lumasaba, Runyankole/Rukiga and Ng'Akarimajong	90,000,000 (GF)	41,000,000	Printing and dissemination not yet done, awaiting Senior Top Management approval.
	Implement the HPV vaccination Coverage Improvement Plan Symposium.	Symposium to launch the HPV vaccination coverage improvement plan launched. Commitment by MoH, MoES and MoGLSD to have all 10 year old girls vaccinated renewed	PATH		
	Conduct Risk Communication & Social mobilization interventions to prevent and control EVD usingusing film vans	community awareness on EVD prevention & control measures raised using film vans in 4 very high risk districts of: Bundibugyo, Kasese, Ntoroko and Bunyangabu	27,909,229 UNICEF		
	Develop and review IPT communication materials on TB	IPT communication materials for PLHIV, communities, health workers	Defeat TB Project		

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
		and communities reviewed and pretested.			
	Increase awareness on HIV prevention using multiple channels.	Community awareness on HIV prevention raised using the following channels: 1 TV Talk show, 30 Radio talk shows, 3000 Radio Spots aired on 10 radio stations for a period of 3 months (June, July August).Social media messages and engagements posted on:Twitter, Instagram and Facebook.	100,000,000 Global Fund	17,000,000	Awaiting the end of the 3month period to pay the service providers. (TV and Radios)
	Create awareness on Ebola Virus Disease EVD using social	Social media messages shared on: Twitter, Facebook & Instagram	4,200,000 UNICEF		
	media platforms Develop HIV- TB Stigma reduction communication messages to address concerns of HIV- TB related stigma and discrimination among PLHIV and other vulnerable populations	HIV-TB Stigma reduction communication messages developed	Uganda AIDS Commission		
	Sensitize adolescents form Buganda kingdom on	2000 Adolescents from Buganda kingdom oriented on reproductive	13,500,000 URMCHIP	13,500,000	No variations.

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
	reproductive health issues and drug abuse	health issues and drug abuse.			
	Malaria media campaign to sensitise the public on the existence of subsidized ACTS with a green leaf Conduct a media campaign to popularize ACTs identified with a green leaf logo.	Community awareness raised on how to identify subsidized ACTs using a media campaign that covered: • 658 talk shows aired on the 12 radio stations • Aired adverts and talk shows on 3 TV stations • 18 radio talks shows and 64 TV adverts aired. • 2,000 IEC materials (Counseling guide for health workers and VHTs) printed and distributed to 16 districts in Lango and Acholi sub regions	Global Fund		
	Use school children as Malaria agents of change	Partnered with the Ministry of Education to conduct Music, Dance and Drama competitions throughout the country. Held 6 regional Training of Trainers in the districts of Gulu, Arua, Mityana,			

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
Laws, Policies, Guidelines &	Finalise the EPI advocacy and communication	Mbarara, Soroti and Fort Portal. 800 teachers trained on malaria to further train the children 648 schools have registered for participation in the national drama competition EPI advocacy and communication strategy	UNICEF		
strategies	Finalise the HPV coverage improvement plan	The HPV coverage improvement plan advocacy component completed	UNICEF		
	Place an advert to outsource services for developing a comprehensive communication strategy for the health sector	Advert approved and published in the newspapers	10,000,000 UNICEF	10,000,000	
	Procure a consultant to develop a family planning advocacy & communication strategy	Consultant procured to develop the family planning advocacy & communication strategy	UNFPA		
Capacity Building & Development	Conduct a TOT of national facilitators on EPI communication	20 central facilitators trained on EPI communication	31,051,000 UNICEF	31,051,000	
	Orient district non health stakeholders on EPI communication packages.	Various stakeholders in 11 districts trained on EPI communication (Health Workers, Political leaders, Religious, Community Extension workers)	36,100,433 UNICEF	36,100,433	
	Conduct	Health Workers,	667,933,000	667,933,000	

journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Conduct support Journalists on the new HIV consolidated guidelines. Held a media engagement with 60 journalists in preparation for the ECHO study outcomes study. Technical Global Fund Global Fund S,000,000 5,000,000 No variations. VFPC Journalists on the new HIV consolidated guidelines. S,000,000 Journalists on the new HIV consolidated guidelines. Journalists on the new HIV consolidated guide	Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
Namutumba, Kaliro, Luuka, Kamuli, Namayingo, Iganga, Bugweri, Mayuge, Bugiri, Butambala, Kalungu, Rakai and Sembabule. Conduct regional orientation of media / iournalists on EVD prevention & control in: Hoima, Ebola Virus Disease Orient the media on HPV vaccination Orient the media on HPV vaccination Orient the ministry of Health Call Center staff and those form other centres on HPV vaccination Orient do n HPV vaccination Oriented on HPV vacc		meetings with district health and non-health workers on EPI	Religious & Community Extension workers oriented on EPI communication in 15 districts of:	UNICEF		
Conduct regional orientation of media orientations orientation of media / journalists on Ebola Virus Kasese, Kabale, Disease Arua and Kampala Orient the media on HPV vaccination Orient Ministry of Health Call Center staff and those form other centres on HPV vaccination Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship in 10 for Health districts Conduct regional 47,000,415 UNICEF PATH OTHER OF ACT OF A CONDUCTOR OF A			Namutumba, Kaliro, Luuka, Kamuli, Namayingo, Iganga, Bugweri, Mayuge, Bugiri, Butambala, Kalungu, Rakai			
regional on EVD media orientations on EVD prevention & control in: Hoima, Ebola Virus Disease Arua and Kampala Orient the media oriented on HPV vaccination Orient Ministry of Health Call Center staff and those form other centres on HPV vaccination Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health districts regional on EVD working in 10 districts On EVD media orientations on EVD working in EVNICEF On EVD media orientations on EVD working in EVNICEF On EVD media orientations on EVD working in Evention & Control in: Hoima, Easte Control in: Hold in Hold Unice Control in: Hold in Hold Unice Control in: Hold In Hold Unice Control in: Hold In Hol			and Sembabule.			
media/ journalists on Ebola Virus Disease Arua and Kampala Orient the media on HPV vaccination Vaccination Orient Ministry of Health Call Center staff and those form other centres on HPV vaccination immunization in general Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health discrete Arua and Kampala PATH PATH UNICEF UNICEF UNICEF UNICEF Orient Ministry oriented on HPV vaccination UNICEF Orient Membry vaccination UNICEF Orient Membry vaccination and contract oriented on HPV vaccination in general Update health 40 Media personnel updated on the new HIV consolidated guidelines. Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health districts Technical Support and mentorship for Health districts Technical Support and districts Technical Support and mentorship in 10 districts Technical Support and districts Technical Support and Missing preparation for the contraceptive options and HIV outcomes study. Technical Support and districts Technical Support and districts Technical Support and Missing preparation for the contraceptive options and HIV outcomes study. Technical Support and districts Supervision and mentorship in 10 districts Technical Support and Missing preparation for the contraceptive options and the preparation for the contraceptive options and the funding from GOU.		regional	media orientations			
Ebola Virus Disease Orient the media on HPV vaccination Orient Ministry of Health Call Center staff and those form other centres on HPV vaccination Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health Ebola Virus Ava and Kampala Ava cination Ava cina						
Orient the media on HPV vaccination Orient Ministry of Health Call Center staff and those form other centres on HPV vaccination Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health Orient Ministry of Health Call Center Agents oriented on HPV vaccination and routine immunization in general 40 Media personnel updated on the new HIV consolidated guidelines. Held a media engagement with 60 journalists in preparation for the ECHO study results dissemination. Technical Support and mentorship for Health Oriented on HPV vaccination Orient Ministry of Health Call Center Agents oriented on HPV vaccination Oneath Ministry of Health Call Center Agents oriented on HPV vaccination Orient Ministry of Health Call Center Agents oriented on HPV vaccination Orient Ministry of Health Call Center Agents oriented on HPV vaccination Oneath Ministry of Health Call Center Agents oriented on HPV vaccination Oneath Ministry of Health Call Center Agents On Health Call UNICEF Oneath Ministry of Health Call UNICEF Oneath Ministry of Health Call UNICEF Oneath Ministry of Health Call UNICEF Oneath Ministry oriented on HPV vaccination and routine immunization in general Oneath Ministry oriented on HPV vaccination and routine immunization in general One Health Call UNICEF Oneath Media personnel updated on the new HIV consolidated guidelines. Implement a risk communication plan for the contraceptive options and HIV outcomes study. One Health One HPV vaccination and routine immunization in general One Health One HPV vaccination and routine oriented on HPV vaccination and routine immunization in general One HPV vaccination and oriented on HPV vaccination and routine immunization in general One HPV vaccination and routine oriented on HPV vaccination and routine immunization and oriented on HPV vaccination and routine immunization in general One HPV vaccination and routine orient		Ebola Virus	Kasese, Kabale,			
Orient Ministry of Health Call Center Agents Oriented on HPV vaccination watch those form other centres on HPV vaccination in general Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health districts Orient Ministry of Health Call Center Agents oriented on HPV vaccination and rocutine immunization and rocutine immunization in general 3,000,000 3,000,000 No variations. Global Fund Global Fund Global Fund Global Fund 5,000,000 5,000,000 No variations. UFPC 5,000,000 UFPC 5,000,000 No variations. Simplement a risk dissemination. Technical Support and mentorship for Health districts UNICEF		on HPV	80 journalists oriented on HPV	PATH		
centres on HPV vaccination in general Update health journalists on the new HIV consolidated guidelines Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health Centres on HPV vaccination in general 40 Media personnel updated on the new HIV consolidated guidelines. Global Fund Global Fund Global Fund Global Fund 5,000,000 Foundation in general 3,000,000 Global Fund Foundation in general 3,000,000 Global Fund Foundation in general 3,000,000 Global Fund Foundation in general 3,000,000 Foundation in general 4 districts of: Support and mentorship in 10 districts of: Support and mentorship in 10 districts of: Levengo and Lyantonde		Orient Ministry of Health Call Center staff and	50 Health Call Center Agents oriented on HPV	UNICEF		
journalists on the new HIV consolidated guidelines guidelines. Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health Journalists on the new HIV consolidated guidelines. Held a media engagement with 60 journalists in preparation for the ECHO study results dissemination. Technical Support and mentorship for Health Journalists on the new HIV consolidated guidelines. Held a media engagement with 60 journalists in preparation for the ECHO study results dissemination. Technical Support and mentorship in 10 districts Jinja, Kamuli, Lwengo and Lyantonde Junja, Kamuli, Lwengo and Lyantonde Junja, Kamuli, Lwengo and Lyantonde Junja, Kamuli, Lwengo and Lyantonde		centres on HPV	routine immunization in			
Implement a risk communication plan for the contraceptive options and HIV outcomes study. Technical Support and mentorship for Health Implement a risk communication engagement with 60 journalists in preparation for the ECHO study outcomes study. Technical Support and mentorship for Health Implement a risk communication engagement with 60 journalists in preparation for the ECHO study outcomes study. Support and supervision and Jinja, Kamuli, Lwengo and Lyantonde Implement a risk communication in 5,000,000 Inadequate funding from GOU.		journalists on the new HIV consolidated	personnel updated on the new HIV consolidated		3,000,000	No variations.
Technical Conduct support 4 districts of: 3,000,000 GOU 3,000,000 GOU Support and supervision and mentorship mentorship in 10 districts Lyantonde GOU.		Implement a risk communication plan for the contraceptive	Held a media engagement with 60 journalists in preparation for		5,000,000	No variations.
Technical Conduct support 4 districts of: 3,000,000 GOU 3,000,000 GOU Support and supervision and mentorship mentorship in 10 districts Lyantonde 3,000,000 GOU 3,000,000 GOU GOU.		outcomes study.				
Promotion supervised.	Support and mentorship for Health	supervision and mentorship in 10	4 districts of: Jinja, Kamuli, Lwengo and Lyantonde	3,000,000 GOU	3,000,000	funding from
Conduct support Support 47,778,614	Promotion	Conduct summer	*	47 770 C14		

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget (Q3 &4)	release	Expenditure / budget performance	Explanation for variation/ **results
	supervision focusing on risk communication for Ebola Virus Disease (EVD)	supervision carried out in 26 high risk districts on Ebola Virus Disease in: Kasese, Bundibugyo, Ntoroko, Nebbi, Zombo, Pakwach, Kabale, Kisoro, Kanungu, Rukungiri, Ntungamo, Isingiro, Rubanda, Rubirizi, Kyegegwa, Kyenjojo, Hoima, Kikube, Kagadi, Kabarole, Bunyagabu, Maracha, Koboko, Yumbe and Arua.	UNICEF			

10.1 Mandate

- Develop policies and standards related to clinical Services / Care
- Technical support supervision to hospitals, districts and PNFPs.
- Monitor health services at all health facilities
- Coordinate the training of the medical interns
- Provide stewardship of the pharmaceutical services and oversight for the National Medicines Policy implementation

10.2 Objectives

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

10.3 Background

Departmental units:

- Office of the Commissioner
- Integrated Curative Services Division

Office of the Commissioner:

- Coordinated all departmental Issues
- Participation in other key activities of MOH

Responsibilities of each division:

- Health infrastructure responsible Buildings, Equipment Communication and Ambulatory Services (BECA)
- Pharmacy responsible for Medicines and Health Supplies including laboratory and surgical consumables.
- Integrated Curative Services responsible for clinical care including Medical Board activities.

10.4 Budget Performance + Quarterly Objectives

Table 10. 1: Q3 and Q4 Performance FY 2018/19

Planned	Quarterly targets	Achievements	Cumulative	Reason for
outputs			outputs	variance
			to end Q3	
Review of	Three stakeholders	Two stakeholders	Two	Funds not
Guideline and	meeting for oral policy	meetings	stakeholders	adequate to hold

Policy documents re	review		meetings	third meeting
Provide Technical T	Γechnical Support to 4	Three RRHs	Three RRHs	Fourth RRH to
support to RRHs, R	RRHs	supported Masaka ,	provided with	be visited next
GHs, and HCIVs.		Mbarara, Kabaale	Technical	quarter
			support	
Medical Board 5	Medical meetings	3 meetings held	3 meetings held	2 meetings were
activities for h	neld	5 cases for referral	5 cases for	not conducted
referral of		abroad presented	referral abroad	due to busy
patients for		16 officers retired	presented	schedule
treatment abroad		on medical grounds	16 officers	
and early			retired on	
retirement of civil			medical grounds	
servants				
Mental Health	1 stakeholder meeting	Drafting of the	Drafting of the	The RIA was
and control of	to discuss the Alcohol	Regulatory Impact	Regulatory	needed more
substance Abuse	control Bill	assessment (RIA)	Impact	urgently to set
activities		for the alcohol	assessment	ground for the
		control policy	(RIA) for the	policy and then
			alcohol control	the Bill.
			policy	
5	Support supervision to	Joint Support	3 RRHs	Funds available
	3 RRHs	supervision to	supervised	could support the
		Masaka, Mbarara		3. The 4 th will be
		and Kabale RRHs		done next
				quarter
Fistula care R	Review of National	National Fistula		
activities F	Fistula Strategy	Strategy reviewed		
C	Conduct fistula repairs	9 Fistular camps in		
ir	n 8 RRH and 2 PNFP	6 RRHs, 2 PNFP		
h	nospitals	and 1 NRH (
		Mulago) held		
		Up to 47% of the		
		fistulae were		
		Iatrogenic		
Conduct 4 2	meeting held	1048 interns have		Conduct post
Uganda Medical T	Γο deploy new medical	been deployed to the		deployment
•	re deprey new integretar	1 0		- *
Internship ir	nterns to 34 internship	34 training		supervision

meeting		

10.5 Challenges

- Inadequate funding for planned activities. There is need to have funds released according to the budgets for annual work-plans.
- Competing priorities among departmental activities. There is need to formulate
 and stick to the schedule of activities on the MoH/departmental flow of activities
 (quarterly or bi- quarterly).
- Low-level of staffing in the department. Proposed acceleration of the filling of unfilled positions in the department.

11.1 Mandate

Provide stewardship of the pharmaceutical services and oversight for the National Medicines Policy implementation

11.2 Mission

Contribute to the attainment of the highest standard of health by the population of Uganda, through ensuring the availability, accessibility, affordability and appropriate use of essential pharmaceutical products of appropriate quality, safety and efficacy at all times

11.3 Areas of Priority

- Selection, procurement, Quantification and Inventory Management.
- Strengthen system for efficient procurement of EMHS
- Ensure that end users receive maximum therapeutic benefit from medicine within available resources
- Coordination, Monitoring and evaluation of PSM

11.4 Budget Performance + Quarterly Objectives

Table 11. 1: Q3 & Q4 2018/19 Performance FY 2018/19

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Legislation, Regulation	n and Quality Assurance	e					
Complete final drafting instructions, table the National Food and Medicines Authority bill and pass it into a law	NFMA Bill	Activity was done, report shared and recommendations implemented by Management.				NDA	The NFMA bill is still at cabinet level.
Revise and enforce existing regulations on Registration, Suitability of premises, Licensing, Fees, Drug importation including donations and exportation, Conduct of clinical trials, Medicine promotion and Pharmacovigilance	-Existing regulation revisedEnforcement reports on existing regulation.	-Enacted the surgical instrument regulation -Amended the following regulations; Fees, Conduct of clinical trial, and Pharmacovigilance			-All the stated regulations are at the stage of FPC for gazettingThe Registration regulation is still under review at NDA.	NDA	
Develop and enforce regulations on location of medicines outlets, public sector medicines outlets, good distribution Practice, recall procedures, medicines schedules, medical	1. Licensed outlets, recall reports, medicines and medical devices schedules. 2. Notification of TCM products 3. Quantity of medicines imported.	A total of 1587 (97.3%) and 5838 (73.2%) pharmacies and drug shops applications were approved respectively.			However for pharmacies licensed, central region contributed more (66%) as compared to West Nile contributing least (2%). In regards to drug shops, Central region	NDA	

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
devices, TCM products and other relevant areas as required	4. Quantity of medicine exported 5. Quantity of medicines reimported				contributed more (28%) as compared to Eastern region that contributed least (4%)		
Undertake periodic review and gap analysis of existing regulations and their enforcement	Review report of current regulations. Enforcement to support full implementation of the National Medicines Policy	A total of 39(94.87%) of illegal pharmacies were handled to a logical conclusion, and 799 (80.60%) of illegal drug shops were handled to a logical conclusion.			Compliance to the existing regulations during the period were more conducted in pharmacies as compared to drug shops.	NDA	
Establish collaborations and joint working between NDA and regulatory bodies (UNBS, UCC, KCCA, URA, JLOS, Police among others) on all relevant issues	-Collaboration established, -MOU signed	MoU with KCCA and UCC				NDA	MoU was developed and is being executed with UCC
Support and maintain effective and efficient operations in relevant national quality control laboratories	Drug Quality Testing reports compiled	Drug Quality Testing Reports were compiled				NDA	Two batches of male latex condoms, 8 batches of latex examination gloves, 3 batches of Albendazole, 3 batches of Ciprofloxacin, one batch of Ciprofloxacin, one batch of

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
							Levonorgestrel failed tests, also four batches of sucrose samples had complaints from the market
Enforce systems for registration and/or verification of all Medical Health Supplies used in the country	Dossier evaluations conducted. Variations applications evaluated. Monthly publications of the registered medicines compiled	Number of dossier evaluations, variations applications evaluated and Monthly publication of the registered medicines were compiled				NDA	
Develop and maintain a strong system for post marketing surveillance through conducting post surveillance quality test	Monthly Post Marketing Surveillance reports	-The PMS strategy was developed and approved in February 2019. -Drug sampling and testing reports compiled -8 sensitization meetings conducted			-2 sensitization meetings for veterinary covering 7 districts in South West. -6 sensitization meetings (Human) covering 5 districts in Central and 1 district in South East.	NDA	The Post Marketing Surveillance strategy in Place PMS Strategy.pdf
Implement a tier system of verification fees	12% verification fees applied to the selected 37 products locally manufactured.					NDA	A list of 37 products have a verification fees of 12% as per the statutory

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Introduce import duty on selected imported medicines that are manufactured domestically	Import duty charged on imported goods manufactured locally						instrument number 38 which came into force on 14/07/2017.
Conduct regular inspections and support visits to domestic manufacturers	2 inspection conducted, 2 reports compiled	-16 foreign facilities were inspected for GMP compliance, -5 local facilities were inspected for GMP compliance and, -13 herbal inspections were conducted20 GMP Desk Reviews were done and communicated.			Inspections and support visits were made to domestic manufacturers.	NDA	
Publish a list of pharmaceutical products classified by the production capacity in Uganda	List of locally produced Pharmaceutical products available and shared with stake holders	Publication of the list of locally manufactured products registered.				NDA	The locally manufactured pharmaceutical products are included in the Drug register on the website. The list of locally manufactured products by February 2019 were 212.
Conduct CTA evaluation	CTA evaluated within SDT and GCP inspections	Four clinical trial sites inspected and one inspection done as a joint inspection with co-regulators upon request by the Ethics				NDA	CT evaluations; - 61 New/Initial - 12 Amendment - 12 Renewal

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
		committee.					
Supply chain managen	nent activities to impro	ve drug availability				I.	_L
Supply Chain for Emergency		-Conducted Ebola Virus Disease (EVD) supply chain preparedness assessment meetings in Kanungu, Kisoro, Bundibugyo, Buyangabu, kabarole, kasese and Ntoroko.				PD-MOH, UHSC (One Health Platform)	-Screening posts are put at point of entry in to the country. All travellers are screened for EVD and action taken when a case is suspected Created a functional Public Health emergency System for the country.
Procurement of Commodities i.e. Medicine, LLINs, specific supplies for VMMC, Icon and love branded condoms.	- Commodities procured and distributed to districts -STI drugs, emergency drugs and other VMMC supplies	-Reviewed, compiled and submitted PNFP supply plans for ARVs, Malaria, VMMC, Reproductive Health, and Laboratory commodities to GHSC-PSM for procurement action. Also reviewed the public sector supply plans for ART, Reproductive Health, RTKs, GXP cartridges and VL/EID commodities and monitored delivery of commodities procured under GF grant and PEPFAR for			Continue with quarterly procurement	MOH/ UHSC/ MUWRP	- Compiled and submitted the RH commodities Procurement Planning and Monitoring Report (PPMR) report for May 2019All MUWRUP supported VMMC sites received STI drugs, emergency

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
		the public sector -All VMMC sites received STI drugs					drugs and other VMMC supplies.
Support distributions & redistributions of medicines, supplies within districts in line with MOH guidelines	Distribution of INH, Pyridoxine And redistributions of HIV test kits (Stat- Pak), TLD, other HIV related commodities and Essential Medicines	Distributed INH, Pyridoxine, 3rd line drugs and redistributions of HIV test kits (Stat-Pak), TLD, other HIV related commodities and Essential Medicines (MUWRP). RHITES-EC, Supported Districts to pick emergency and back orders from NMS. RHITES-SW, Distributed TLD for Phase one sites; Redistributed INH 300mg and 100mg; Redistributed SP; Distributed HIV test kits. GHSC-PSM, Supported consultant to review the Redistribution guidelines and propose updates to the existing guidelines	4,000,00	3,755,28 O	Continue distribution and re-distributions according to MOH guidelines	MUWRP, RHITES-EC, RHITES-SW, RHSP-PEPFAR	-Health supplies are available at health facilities and avoided stock outs and expiriesdistricts were able to carry out 4 re-distributions per month -Redistribution guidelines printedImplemented IPT
Conduct verification analysis of LLINs distribution	Conducted Analysis at all 99 High volume sites	The stock rate of LLIN was assessed	NA	NA		MUWRP/ RHITES-EC/ MUWRP	RHITES-EC , Assessed the LLIN Stock Rate
Conduct Stock status monitoring of the tracer medicines using		Weekly report completed and submitted.			RHITES-SW, team still has challenges with navigating the DHIS2	RHITES-SW	Facilities with stock outs, and over stock were

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
DHIS2 Platform							identified and a guided redistributions was conducted.
Support Regimen Transition & Optimization	weekly surge TLD report	-Weekly reports submitted RHITES-EC, Rolled-Out the revised HIV/AIDS Guidelines to 130 Sites		186,569, 552	-Not all facilities are on the surge reporting facilities -Continue with weekly surge report. -Health workers equipped with knowledge on the TLD transition and Rational use of Cotirmoxazole	MUWRP/ RHITES-EC/ MUWRP	Transition and optimization of ART clients
Transition the implementation of SPARS interventions		Completed the transition of all SPARS components from UHSC project to; EM, ART, PFM, LAB SPARS.	153,120, 714 per month for RHITES -SW	26,000,0 00	The process begun in Jan 2019.	MUWRP, RHITES-EC, RHITES-SW, UHSC	IPs will continue supporting EM, ART,PFM, TB and Lab SPARS in all districts
Strengthen facility Forecasting, Ordering, Reporting of medicines to National Level warehouses (Rate, Timeliness, Quality) and storage at health facilities for	84 reports	-Facilities submitted reports -Supported on site mentorships in ordering & quantificationSupporting order quality review meeting.	30,331,8 80	20,901,8 10	Some HCs that make ARV orders and HIV test kits.	MUWRP, RHITE-EC, RHITES-SW, UHSC.	-There is great improvement in the Submission of EMHS, Lab, TB, ARV Reports & OrdersThere is over 90% order rates

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
essential medicines and HIV commodities Conduct Rx Solution	Essilities supported	IPo hove supported most	5,000,00	a 5000 o	-Some facilities do not		for both NMS and JMS for SW region. This has resulted to improved commodity security in the region Facilities
Support Supervision	Facilities supported on Rxsolution	IPs have supported most Facilities on Rxsolution.	5,000,00	2,5000,0 00 -MMS facilitate d.	regularly submit their monthly reports, e.g Mukono HC IV -In SW region, 24 sites have a fairly functional Rx-Solution, and 10 of the sites have Rx-Solution computers connected to the facility internet routersRHSP is supporting 19 sites.	MUWRP, RHITES-EC, RHITES-SW. UHSC, RHSP- PEPFAR	expected to support RxSolution data utilisation Facilities supervised monthly. System Data synchronized with MOH PIP data base.

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Conduct bi-monthly order review meeting		- Accurate and timely orders submitted to the ware housesReview meetings were conducted by IPs. (RHITES-SW Conducted 12. RHITES-EC conducted the meetings for all the 130 ART sites and MUWRP supported 89 facilities.	76,000,0 00	800,000 -DLC given data bundle for WAOS/ TWOS& airtime for coordinat ion- RHSP	Most of the review meetings were integrated with other meetings at district level. Some sites had just been trained in new HIV guidelines which had logistics session embedded	MUWRP, RHITES-EC, RHITES-SW. UHSC RHSP-PEPFAR	The quality of reports has since improved. The order entry into WAOS has also improved with all districts submitting on time.
Procure HIV, Malaria and Facility planning commodities for the PNFP and Public sector as supported by USAID		Supported procurement of commodities (HIV, Malaria and Family Planning) and distribution to PNFP sites				GHSC-PSM	JMS stocked according to plan for HIV, Malaria and FP commodities. Un interrupted access to commodities by clients
Support Dissemination of National Supply Chain Assessment (NSCA) report and engage stakeholders to develop investment plan to move public health supply chain to		Participated in data collection, analysis and dissemination of the NSCA				GHSC-PSM	Stakeholder consensus on root causes of supply chain problems and recommended actions. There was a National

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
higher maturity levels							Action plan to transform the supply chain.
Implementation of the PNFP Credit line	Facilities implementing PNFP credit line	Together with JMS, developed standard operating procedures (SOPs) to manage the PHC credit line;			Because of funding cuts, UHSC support to PHC fund ended in January 2019 and was successfully transitioned to JMS	UHSC	
Support Supervision A	ctivities						
Implement EM, Lab, TB, ART SPARS in all districts	Number of districts implementing ART SPARS	- Most of the facilities were visited by MMS/LSS/DTLS as planned.	59,386,0 00	46,147,0 40	-MMS were supported to conduct SPARS supervisions -Not all districts are meeting their targets of supervisions and meetingsThere are only 2 districts implementing Lab SPARS in SW-regionMeanwhile there is no district implementing TB SPARS EC-region.	MOH-PD, MUWRP, RHITES-EC, RHITES-SW, RHSP-PEPFAR	The district supply chain, stock management and medicines use has improved above the national target of 18

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Conduct support supervision to the DHT and facility staff in the use of PNFP Credit line	Facilities implimenting PNFP credit line	Worked closely with JMS to integrate support supervision role of technical representatives to include all commodity type			Targeted and strengthened supervision of SDPs	GHSC-PSM	Improved commodity management at SDP
Support supervision & Monitoring of EMHS management activities in hospitals	Supported supervision visits	Conducted joint Supported supervision with FHI360 in Oyam, Dokolo Agago and Pader on the piloted drug shops for FP commodities.				FHI-360	Drug shops are offering injectable FP services correctly to the clients.
	Conduct breakfast meeting on injectable	 Had a breakfast meeting on injectable DPMA (Reproductive division) Had meetings on piloting of injectable FP commodities in drug shops. 				Path/ FHI-360	Expect to expand FP services nearer to the community
Quantification of EMI	IS commodities						
Update quantification documents for all key commodities - HIV, TB, Malaria, RMNACH, EMHS and Lab	Updated quantification reports/documentatio n.	-Conducted a three day quantification workshop for RMNCAH commodities to review and update assumptions for the period 2019 to 2022Conducted data collection for selected ARVs, HIV test kits and GeneXpert to validate				MOH/UHSC/ UBTS	-Updated the RMNCAH quantification workbook with new assumptions We expect better quantification utilisation and

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
		and update quantification assumptions. This included data to inform quantification of supplies used for collecting and testing blood products at Uganda Blood Transfusion Service (UBTS). - Conducted quantification of Hepatitis B and TB Lab commodities. Also conducted gap analysis for Viral Load and EID commodities and shared with PEPFAR for possible gap fill. Additionally, updated the TB Laboratory Commodities Quantification workbook with the UNHLM targets for the period 2019–2022.					accountability of blood supplies
Annual quantification of priority commodities	-Review quantification for selected commodities including HIV and TB -Update quantification documents for key commodities -Procurement plan available	-Reviewed national quantifications of ARVs, cotrimoxazole, and male circumcision and RMNCAH commodities -Updated Year 2 Global Fund quantification documents for HIV, TB, malaria and lab commodities				MOH-PD, UHSC	-Submitted the USAID procurement planning and monitoring report for contraceptivesDrafted the contingency plan for Ebola Virus DiseaseQuantified the national need for the 37 Essential

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Stake holder coordination and planning meetings to include IPs, MOH, Districts	-Monitor stock status and update supply plans -Conduct review meetings with warehouses and procurement agencies	-Completed forecast accuracy analysis for ARV -Held monthly supply review meetings with JMS and Procurement and Supply Management project (PSM) project - Reviewing district's performance in supply chain interventions/ activities			-Held supply chain management meetings in most of the districts -Held one supply chain management coordination meeting and PIP training with 41 participants including logistics advisors and M&E staff of implementing partners, USAID, US Centers for Disease Control and	UHSC, MOH-PD, RHSP-PEPFAR	Medicines and Health Supply under Buy Uganda Build Uganda (BUBU). -Improved strategies for implementation of supply chain activities. -Best practices and weaknesses discussed, and recommendations for improvement made.
Scale up of Push to Pull plan at HCIII and HCII level	-Concept -Scale up Approval -Resources available identified and the financial gap known	-Presented draft scale-up plan for HCIIIs to NMS ERP team to incorporate into phase I of ERP implementation plan -On the scale-up of the community supply chain tools, we supported the training of 290 MoH staff, district biostatisticians and implementing partners on the tools and procedures.			Prevention and MoH The facility ordering/reporting rate was at 61% in December, 2018, but declined to 46% as of end of February 2019, in part because JMS cleaned up the list of eligible beneficiaries for ADS commodities.	MOH-PD, UHSC	MoH approved the recommended one-facility-one- warehouse policy for RH/FP commodities to regulate ordering through the ADS for public sector facilities.
Assessment of supply chain rationalisation	For 3 regions namely; Western, Northern	Conducted an assessment of the effects of training of	9,199,14 3			МОН	Harmonisation of supply chain

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
by funding	and Central region.	supply chain rationalisation by funding, took place in - Jinja and Mpigi. This enabled the capture of concerns of mainly HFs that were served by Medical Access Uganda.					particularly the composition of OIs medicines.
Dashboard expansion for more commodities - HIV test kits, FP, Malaria and TB - in collaboration with SITES	Dash board expanded for other commodities	Drafted concept for expansion of the dashboard and shared with SITES project				UHSC	
PFM capacity building	PFM Training/Mentorship reports	Trained 21 logistics advisors in PFM				UHSC	
Coordination, Monitor	ring and Evaluation						
Pharmaceutical sector monitoring and evaluation	-Updated M&E Plan - Quarter updates/reports compiled - Key indicator findings disseminated/ Report	-Updated the strategic plan indicators -Developed an indicator matrix for the pharmaceutical dashboard -Prepared and disseminated the Oct-Nov 2018, Dec 2018- Jan 2019 and Feb-Mar 2019 facility stock status reports			Participated in all planned technical meetings	MUWRP, RHITES-EC, RHITES-SW, NDA, GHSC- PSM, MOH-PD	-Finalized and disseminated 2018/19 annual Pharmacy Department work plan -Developed the transformation matrix for national supply chain assessment. Bi-monthly Stock Status Reports shared

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Stakeholder coordination and collaboration	Minutes and Action plans	- Conducted two TLD supply chain task force meetings to update stakeholders on stock status of TLD and legacy regimens in light of the ongoing TLD transitionParticipated in strategic and operational meetings for Pharmacy department. (Three TWG Meetings, 2 CSG Meetings) -Participated in stakeholder meeting to assess the performance of Primary Health Care -Credit Line (PHC CL) in financial year 2018/19 organised by JMSAttended Medicine procurement practitioner's exchange forum 2019, took place in Copenhagen-Denmark - Attended a work-shop on scaling up of uptake of injectable FP commodities at pharmacy and drug shops in Nigeria				MOH-PD UHSC/ UNICEF/ WHO/ FHI 360 MUWRP, RHITES-EC, RHITES-SW, NDA, GHSC- PSM, RHSP-PEPFAR	-Meeting minutes and reports -Experiences and best practices learnt and incorporate in the country's plan for action Better health services at the catchment area of these health facilities.
Review HMIS data management and reporting tools	HMIS tools	-Tested the upgraded DHIS2 version 2.3 to ensure continuity with version 2.26 -Revised HMIS logistics management tools, indicator matrix, and SOPs			Carried out the National Training of Trainers workshop in Jinja. The revised HMIS tools was based on feedback in national training of	MOH PD, UHSC	HMIS tools were revised and pending printing

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
					trainer workshop.		
Harmonise, Print and disseminate LMIS tools and SOPs E.G (stock cards, Stock books, redistribution books, expired medicines books,	LMIS tools and SOPs in place	RHITES-EC, Printed 30 ART Dispensing Logs for 29 Sites in the Phase 1 TLD Transition	1,062,00	1,062,00		MUWRP, RHITES-EC	Proper accountability of TLD being dispensed to clients
HMIS 105) Support Expiry Tracking of Pharmaceutical Waste by districts and facilities	No. of facilities supported to manage Pharmaceutical Waste	Most districts were supported to ensure safe disposal of expired medicines and other health supplies.			Planned to support 4 districts. So far 2 districts are being supported by MUWRP	MUWRP, MOH-PD, RHSP-PEPFAR	-This has helped to avoid recycle of the expired items in the facilitySafe disposal of expired commoditiesAssessing impact of expiries on credit line allocations for the facilities.
	Pharmaceutical waste management policy developed.	Compiled a report with way forward after bench marking the Pharmaceutical waste management policy of Ghana.				MOH-PD	The development of the policy is still in progress
Development of a model for national scale up of repackaged Nevirapine (Pratt Pouch)	Model	-Business model is being worked on together with a cost analysis, impact model and evaluation studyRepackaging facility			Project had some delays in acquiring regulatory approval and securing NVP to repackage, but all have been	RHITES-SW, MOH-PD	-4,000 bottles of NVP received from the three warehouses, repackaged at

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
		operational NVP pouches being distributed to health facilities			streamlined.		HAU and returned to the warehousesAll PMTCT sites trained and equipped with job aids, SOPs and toolsJMS and MAUL sites have all received pouches and NMS sites are in the process of receiving pouches.
Data Utilisation for D	ecision Making -DHIS2	(WAOS, TWOS)	•	•	<u> </u>		1.
Compile and disseminate the Bimonthly facility level stock status monitoring reports	Bi-monthly facility level stock status reports disseminated	-Prepared and disseminated the bimonthly stock status reports; Feb-Mar 2019 and April-May 2019 -conducted two CSG and two MPM meetings to update stakeholders on stock status.			There has been poor reporting by facilities on the 41 Essentials medicines and supplies, especially Regional Referral Hospitals.	UHSC/ MOH	-Distribution lists for GXP cartridges, Hematology reagents, Chemistry and Hepatitis B test kits were prepared and shared with NMS Coordinated inter-warehouse transfer for ARVs, HIV test kits and Reproductive

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Scale up of facility electronic pharmaceutical logistics management systems	-Enhance RxSolution health facility real time reporting -Enhance primary health care electronic ordering to JMS with RxSolution - Scale-up installation of enhanced	-Set up five more facilities with capacity to place electronic orders to JMSInstalled enhanced RxSolution in 68 health facilities.			This activity was in collaboration with; IDI, Baylor Uganda, TASO, RHSP and RHITES-E.	UHSC, MOH-PD	Health commodities on recommendation of the CSG - A list of RRHs and NRHs that are not reporting were generated and communication is to done through a circular12 facilities can now order electronicallyEnhanced version now in use in 145 of 240 sites (60%)
Support facilities to implement eLMIS (Rx solution, TWOS, WAOS, PIP) System for EMHS through technical support supervision.	RxSolution version -Support supervision report on eLMIS, -No. of facilities and districts reached -Enhance PIP functionality and reports	-Conducted on job capacity building for facility staff on implement eLMIS -RXsolution is being implemented in 3 facilities, WAOs and TWOs in 70 facilities and PIP in 118 facilities under -MUWRP - Made PIP data use presentation MPM- TWG to increase awareness and use of			It is mostly Hospitals and HC IVs that submit their orders.	MUWRP, MOH-PD, UHSC	-Continue supporting eLMIS in the districts Made PIP data use presentation to the MoH Medicines Procurement and Management (MPM) Technical

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
		PIP data					Working Group (TWG) to increase awareness and use of PIP data
Review DHIS2 Data and use it in the quantification of LLINs	Districts/Health facilities using eLMIS data for quantification, No. of DHOs supported to use PIP for decision making	-Supported DMMS and District Biostatisticians and they are now some of them are now using eLMISQuantified LLINs need for EC Region and submitted to USAID for approval			Quantification of LLIN needed for Public sites in EC Region	RHITES-EC, MUWRP,	-100% Submission of Reports for EC region -Continue with on job capacity building for facility staff to implement eLMIS
Promote Reporting (RASS, Weekly Reporting and monthly Reporting)	-No. of Weekly Reports Submitted -No. of facilities reportingNo of districts reporting with RAAS	-Most facilities are submitting weekly RASS reportsThere has been Training of at least two health workers from all ART sites in the region.				UHSC, MUWRP, RHSP-PEPFAR, RHITES	Availability of real time stock status data for each facility. Redistributions can easily be done from an informed point.
TWOS Data analysis and utilization	-Support TB web- based ordering system (TWOS) implementation, data analysis and utilization -Support	-Maintained and updated the web-based central level stock status dashboard for ARVs and HIV Test kits Supported Karamoja region with training in Supply chain management and use of				UHSC	Data analysis informed redistribution of first-line TB medicines and isoniazid preventive

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
	rationalization of distribution of TB medicines -Provide routine logistics support to National TB and Leprosy Program	WOAS/TWOs and ordering of lab commodities -Achieved 73% facility reporting rate in TWOS					therapy implementation -The scope of the stock status dashboard was expanded to include antimalarial commoditiesWe expect increased utilisation of TWOS and WAOS data for informed decision on stock status.
-Harmonise, Print and disseminate LMIS tools and SOPs E.G (stock cards, Stock	LMIS tools and SOPs in place	All tools in place				MUWRP	Facilities are using the tools printed.
books, redistribution books, expired medicines books, HMIS 105) -Train and monitor use of LMIS tools in facilities	LMIS Training reports, No. trained	LMIS training have been conducted for some facilities. (A total of 139 facilities supported by MUWRP)				MUWRP	There is improvement in documentation
Appropriate Medicine	Use (AMU)						
Mentor and train staff in appropriate medicine use (through SPARS, MTC training, other	SPARS report, training reports	Conducted 2-day training for MTC				UHSC	-20 MTC members from 7 hospitals and 9 implementing partners were

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
trainings)							trained - Printed and distributed 300 copies of MTC
Disseminate and enforce regulations on ethical promotion of medicines	-Survey report issued, show cause letters and meeting action reports -Medicines schedules disseminated	-Conducted two hand over meetings on appropriate medicine use activities -101(95%) approvals for, Average SDT 5 DAYS -2 show cause letters written -2 sensitisation for herbalists done on advertisement -17 schools and institutions visited			No update has been given to NDA on the status of publication of the medicines schedules	NDA	-Submitted hand over report -The national formulary was developed, approved and sent to the Ministry of Health for publication.
Regularly update and disseminate tools for ADR/ quality reporting and harness technology to facilitate reporting (SMS, WhatsApp, social media)	-399 Forms issuedADR forms issued to public health facilities drug outlets -WHO online reporting platform rolled out	-NDA disseminated a total of 20,250 ADR forms -There are three online reporting platforms rolled out so far			The ADR forms disseminated; -5000 Central -10,000 Water Reed (Central) -250 Central -5000 West Nile	NDA	Technology to facilitate reporting include; WHO online reporting platform rolled out, WhatsApp, and ADR form
Set up an effective and efficient system for analysis and feedback of ADR reports as well as dissemination of findings	4 thank you notices and mention of the reporting health workers in the PV bulletins	-The facilities reporting were mentioned in the Pharmacovigilance bulletin.				NDA	PV Bulletin.pdf - Pharmacovigilanc e bulletin was disseminated
Conduct ADR mentorship to strengthen ADR reporting	-Facilities reached with ADR reporting. Distribution ADR reports to improve	-MUWRP reached 70 facilities with ADR and conducted sensitization			Continue with mentorship during the roll out of the new consolidated ART	MUWRP, RHITES-EC, NDA	-Health workers were sensitized on ADR reporting

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
	ADR Reporting at HF Level	on use of ADR to 3 Hospitals -NDA conducted ADR Onsite Mentorships at 17 health facilities			guidelines.		- There is an Improvement on the number of facilities reporting of ADR
Support advocacy campaigns to promote transparency in medicines pricing	Conduct survey on medicines cost drivers to inform advocacy plan	Took up PFM Implementation	(Included in SPARS budget)	(Included in SPARS budget)		RHITES-EC	Improvement in the Development of FY 19/20 Procurement Plans
Improve Infrastructure	e for storage						
Support Infrastructure development at district & HF Level		-RHITES-EC, supported the infrastructure development of 15 Store facilities Buvuma HC IV and Kangulumira HC IV constructions are ongoing.				MUWRP, RHITES-EC, UHSC	8 District Stores and 7 Health facility stores supported.
Rehabilitation and expansion of facility medical stores to meet GPP standards	No. of stores rehabilitated	-Completed construction of substructures, superstructures and roofing at all five prefabricated storage unit sites -Conducted all planned biweekly technical supportive supervision visitsConducted two monthly-joint visits to batch 1 and 2 sites -Completed data collection at all five batch 1 sites			-One joint supervision visit was cancelled due to US government shutdown A report on stores assessment and temperature monitoring will be compiled.	UHSC	-Installed electrical wiring, power back-up, shelves and pallets in five batch 1 prefabricated storage units -Generated a snag list and contractors took corrective actions
Traditional and Compl	ementary Medicine (TO	CM)					

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Strengthen and maintain systems for TCM product registration	Herbal products evaluated and published on the monthly register	168 (Local 147 and foreign 21) Herbal products were evaluated				NDA	Herbal products evaluated and published on the monthly register
Promote and support relevant research into all aspects of TCM	Herbal Research Report	Conducted a special exercise in Herbal survey for the first time to establish the availability and distribution of herbal products on the market, product quality, and the herbal manufacturers.				NDA	Herbal Research Report.pdf -25 samples were tested out of the 78 samples received resulting into 9(36%) product quality failure.
Name and shame/prosecute manufacturers who adulterate their TCM products with conventional medicines	List to be published in line with legal requirements	During the quarter, 6 products were published on the NDA website for shaming the entities adulterating them.				NDA	Harbal Name and Shame Circular.pdf
Put in place systems for inspection and licensing of manufacturing premises for TCM products	List of inspected Herbal manufactures licensed	13 local Herbal inspections for licensing were conducted during the quarter.				NDA	
Private Sector Engage	ement						
Support JMS and NMS to put in place mechanism to collect		Supported consultant to review NMS and JMS internal systems in			Recommended the data required and system changes to facilitate	GHSC-PSM	Systems in place at NMS and JMS to implement

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
and analyse data to enable Activity Based Costing		preparation for implementing the Activity Based Costing (Phase1)			Phase 2		Phase 2
Advocacy for local production of specific priority program commodities	Compile consumption data for 64 locally manufactured medicines	Compiled consumption data for 64 locally manufactured medicines proposed to be subjected to the "Buy Uganda Build Uganda" (BUBU) policy.				MOS/UHSC	The information will be used to assess production capacity of local manufacturers to meet the local demand before restrictions on importation of the same products are imposed
Streamline the a Alternative Distribution Strategy (ADS) for RH commodities through the joint medical stores	harmonised distribution RH by IPs to the PNFP sector/ minutes	Prepared concept note and tools for conducting RH commodities procurement planning activity for health facilities under Alternative Distribution Strategy (ADS).			The activity is scheduled to take place in July 2019.		
Community supply cha	ain interventions						
Institutionalise the standardised national community supply chain tools and procedures across community health programmes	Implementation guidelines in place	Supported the Department of Health Information (DHI) team to train 290 MoH staff, district biostatisticians and implementing partners.			They were trained on the use of the new tools in preparation for rollout in July 2019 when the revised HMIS manual is released	UHSC	Trained a total of 290 people on the new national community supply chain tools. They include; MoH staff, district biostatisticians

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
							and implementing partners on
Promote a strong awareness in the community on relevant aspects of the NMP including: need for appropriate legislation and regulation on the quality and use of medicines and on substances of abuse, the dangers of self- medication, appropriate use of medicines and Traditional and complementary medicines	Engagement of 100 schools on drug and substance abuse and stakeholder engagement calendar developed, talk shows and meeting reports.	-16 engagements held with leaders/stakeholders in 16 districts (Tororo, Busia, Lira, Oyam, Mbarara, Lyantonde, Arua, Nebbi, Jinja, Mukono, Hoima, Kiboga, Masaka, Sembabule, Soroti and Bukedea) -8 radio talk shows were held in the quarter.			School engagements will be handled in Q4 due to the overlapping activities on media coverage of enforcement. Each region held one talk show except West Nile which met the target of 2.	NDA	
National and Internati							
Participate in regional cooperation and harmonisation efforts of the EAC and other regional bodies e.g. standards, procurement regulation	Active regional and international collaboration facilitating policy implementation, Activity reports on harmonisation activities and key recommendations documented.	31 regional and international participations were carried out on various areas of regulation and recommendations were issued for implementation.				NDA, MOH-PD	

Line activity	Target	Outputs	Budget	Expendi ture	Explanation for variation in performance/comment	Source of funding/ Accountability status	Results
Strengthen functional working linkages with key national stakeholders including; KCCA, URA and UNBS through conducting joint activities.	Joint activity reports	Joint verification of pharmaceutical products are conducted at the port of entries Like Cargo passenger Terminal (CAPT).				NDA	A memorandum of understanding exists between NDA and URA
Human Resource Deve	elopment			•			
Advocate and enforce recruitment of pharmacy personnel	Advocate for regional and general hospital pharmacist positions	Supported Apac district local government to interview a pharmacy. Officer recruited and appointed.				Apac District LG	We expect improvement in the Pharmaceutical services in Apac district local Government.
Provide technical support through on site coaching and Mentorships		Conducted capacity building on Pharmaceutical Supply Management (PSM) on malaria and other health commodities in northern Uganda hosted in Gulu municipality. About 140 district health workers trained.				MOH/ Global – Malaria Control Division	We expect better quantification utilisation and accountability of Anti-malarial and other health commodities.

12.1 Mandate

To establish a Network of Functional, Efficient and Sustainable Health Infrastructure for Effective Health Services Delivery closer to the Population

12.2 Mission

To Develop and Manage Health Infrastructure in an Efficient, Cost Effective and Sustainable manner

12.4 Budget Performance + Quarterly Objectives

Table 12. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ **results
Well maintained and functional Solar energy systems in 254 health centres in 25 ERT II beneficiary Districts under existing signed maintenance contracts.	662 ERT II solar systems maintained in 215 Heath facilities in 15 Districts. Maintenance of solar systems in 176 health facilities in 12 districts	537 solar systems maintained in 176 Heath facilities in Amuria, Katakwi, Bududa, Bukwo, Sironko, Bulambuli, Masindi, Kiryandongo, Bundibugyo, Ntoroko, Mbale and Mayuge Districts.	• 175,764,370	100%	Maintenance contracts for Kitgum, Lamwo, Soroti, Serere, Amolatar, Dokolo, Gulu, Moyo Adjumani, Apac, Moroto and Nakapiripirit Districts expired. Funds used to pay arrears for two service providers.
Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ **results
Well maintained and functional Ultrasound scanners and X-ray machines maintained in 10RRH, 23GH, 28HC IV & Mulago	49 Philips brand Ultrasound scanners and 42 x- ray machines maintained in 10RRH, 23GH, 28HCIV & Mulago NRH.	•	778,296,980	90%	Contractor delayed commencement of PPM visits due to outstanding payments.

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ **results
NRH.					
Routine planned preventive Maintenance of Medical equipment and Plants carried out in HFs in central region and support given to other regional workshops.	Medical equipment kept in good working condition in Masaka RRHs, Rakai, Kalisizo, Nakaseke, Gombe, Entebbe, Kayunga, Mengo & Kawolo GHs, 19HCIVs and 54HCIIIs in central region.	 312 pieces of medical equipment were maintained and left in functional condition in 54HCIIIs, 19HCIVs, 8GHs (Rakai, Kalisizo, Nakaseke, Gombe, Entebbe, Kayunga, Mengo & Kawolo) and 1RRH (Masaka) in Central region. 119 pieces of equipment were assessed and repair works are pending purchase of spare parts. 	50,000,000	32%	 No payment of Q4 funds by MoH accounts resulting in failure of the maintenance team to implement the works as per the maintenance schedule. Part of Work done in Q3 utilised funds released for Q2.
Assorted Medical Equipment spare parts procured.	Procure Medical Equipment spare parts for repair of essential medical equipment	No procurement was made due to lack of funds.	61,250,000	100%	Funds were used to pay balance for spare parts for last financial year. Available stock was used for all the repair works undertaken.
Collect and update Medical equipment and solar systems inventory database	Collect and update Medical equipment and solar systems inventory in 60 Health facilities.	 Medical equipment inventory collection and update was carried out in 88 Health facilities - 3GHs, 13HCIVs & 46HCIIIs in Mpigi, Butambala, Kalangala, Bukomansimbi, Wakiso, Sembabule, Masaka and Nakaseke Districts. Data entry in the NOMAD database is completed for 3RRH (Naguru, Masaka & 	26,000,000	23%	IDI supported HCIIIs inventory in the central region. - Funds used to pay arrears.

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ **results
		Jinja), 9GHs (Entebbe, Kalisizo, Rakai, Kawolo, Kayunga, Lyantonde, Nakaseke & Nakasongola), 27HCIVs & 26HCIIIs.			
Quarterly supervision and monitoring of infrastructure projects and equipment maintenance country wide.	Quarterly supervision of 12 Regional workshops; and monitoring maintenance of Philips brand x- ray machines, ultrasound scanners and ERT Project solar systems in 18 Districts.	 Supervised and assessed 12 Regional equipment maintenance workshops using 12 criteria including staffing, productivity, quality of work plans, budget allocative efficiency, work documentation, equipment inventory update and management. Monitored maintenance of imaging equipment by Dash-S Technologies in 3RRHs (Fort Portal, Masaka & Mubende), 7GHs (Gombe, Itojo, Kalisizo, Kambuga, Kitagata, Virika & Mityana) and 2HC IVs (Bukulula & Kibiito). Monitored maintenance of ERT Project solar systems in 106 HCs in Masindi, Kiryandongo, Pader, Agago, Buliisa, Bundibugyo & Moyo Districts. Monitored maintenance of medical equipment by RWs in Nebbi & Anaka GHs, Pakwach, 	50,686,000	100%	 JICA supported the support supervision of all regional workshops. GOU budget supported the support supervision of some regional workshops.

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ **results
Quarterly Regional Workshop performance review meetings	Attend regional Workshops' performance review meeting for quarter 2.	Princess Diana, Walukuba, Dokolo, Atiriri and Kakumiro HCIVs. Assessed JICA project construction works. Attended the quarterly Regional workshops' performance review meeting in Arua RRH. Regional workshops agreed to review reporting format to clearly show outputs/ outcomes of workshop activities.	24,118,000	49.5%	Arua meeting was supported by IDI, JICA and other Implementing Partners in the various regions. GOU budget supported meeting in Masaka

12.5 Challenges and Proposed Solutions

Challenges	Proposed Solutions
Inadequate allocations for maintenance	More allocation of funds towards
services lead to non-payment of service	maintenance
providers and as a result maintenance stalls.	
Delayed payments for the maintenance at	Timely payments
central workshop leads to delayed	
maintenance work.	
Workshop budget is always affected by the	Quarterly allocation for the workshop should
inadequate budget for service contracts and	be safeguarded
therefore limited implementation of planned	
activities	

12.3 Objectives

- To Consolidate Functionality of existing lower level Health Facilities
- To strengthen the Referral System
- To Rehabilitate/Consolidate/Remodel existing Secondary and Tertiary Health Facilities
- To strengthen Management of Health Infrastructure and Establish a Sustainable Maintenance Programme

12.5 Crosscutting issues from Q1 & Q2 Performane Review meeting

Table 12.2: Crosscutting issues and actions

	et 12.2. Crosscutting issues an	Plan of action	Responsi	Action
	Issue		ble	
			officer	
	Inadequate waste disposal facilities.	Develop strategy to improve management of health care waste in the health sector.	Ag. C- HID, 4 th Quarter	HCWM strategy that expired needs to be updated
8.1	Green label supporting has stopped supporting waste disposal efforts in districts.	Scale up 5S Philosophy to all HFs to promote waste segregation	CHS QAID	
8.2	Lack of biomedical engineers in Hospitals	Develop a proposal for HSC attention	Ag. CHS HID	-To be considered during review of structure for RRH. 4 out of 13catered for .
8.3	Stalled constructions staff works in Karamoja region under Italian cooperation support. Lack of window glass panes	Follow-up and get the work done completed	Ag. CHS HID, ACHS PPPH	
8.4	Tri-cycle ambulances provided under UNFPA have been rejected in Karamoja rejoin	Work with UNFPA to get a way forward Consider taking them to areas where they are more needed.	Ag. ACHS RH	

13.1 Mandate

Ministry of health nursing department is mandated to ensure standard and quality nursing and midwifery services are delivered in accordance with the government policies and priorities.

It is for this reason that technical support supervision was conducted following a nationwide outcry on deteriorating nursing and midwifery standards, especially in the areas of Documentation of nursing and midwives services, Infection control practices including uniform use, vital observations monitoring and attendance to duty.

13.2 Vision

Uganda where quality nursing and midwifery profession is realized to deliver high quality health and social care

13.3 Strategic Objectives

- To carry out mentorship and strengthen documentation practices among nurses and midwives
- To revitalize infection control practices and use of PPEs including uniforms.
- To emphasize taking and recording of patients' vital observations for decision making
- To re-enforce strategies put in place for attendance to duty with the Nurses and Midwives leaders.
- To sanitize Nurses and Midwives in the region on Nursing Now Campaign

13.4 Core functions

- Develop Policies, guidelines and Standards of practice for Nurses and Midwives
- Provide technical leadership and support to Nursing and Midwifery services in the country.
- Capacity building through training, mentorship, meetings and workshops.
- Co-ordination and collaboration of Nursing and Midwifery activities Nationally Regionally and Internationally

13.5 Budget Performance + Quarterly Objectives

Table 13. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Achievements/ results	Budget release '000,000	Expenditure/ budget performance	Explanation for variation/ **results
14 Technical Support Supervision and mentorship/ coaching to health facilities on importance of documentation practices among nurses and midwives done	Q2 Follow up 1 Total 5	4 Integrated technical support supervision conducted. Mentored and coached 367 Nurses and Midwives in Mbarara RRH, Ruharo Hospital Ntungamo- Itojo Hosp Bushenyi Hospital Ibanda,- Ishongororo HC IV Uganda Matrys hospital Ibanda Kabale RRH, Kisoro Hospital,-Kamukira HC IV health facilities of West/Nile region; Pakwach HC IV Angal St. Luke Hospital Nebbi Hospital, Goli HC IV Nyapea Hospital, Warr HC IV Oli HC IV, Kuluva Hospital, Adjumani hosp, Midgo HCIV, Koboko Hosp, Moyo Hosp, Maracha Hosp, Larogi HF Discussed on improvement of service delivery and key nursing issues with Nurses and Midwives. 2- 70 Nurses and Midwives were coached and	Q3 48 Q4 53 Total 101	Q3 48 Q4 53 Total 101	

Output description	Quarterly	Achievements/	Budget	Expenditure/	Explanation for
	targets	results	release	budget	variation/ **results
		mentored in Kirudu Hospital.	'000,000	performance	resuits
		•			
		3-Organised and participated in Midwifery day			
		in Mbarara on the theme Midwives defender			
		of Women's rights. Lessons were learnt from			
		research papers presented.			
		4- Organized and participated in the IND that			
		took place in Ntungamo on the theme Nurses a			
		voice to lead Health for All.			
		5-Collaborative Integrated supervision on EPI			
		to health facilities in Northern region, western,			
		Eastern and central regions. A total of 345			
		health workers were mentored.			
		6- Integrated EPI /			
		School health Technical support supervision to			
		24 schools in the north and eastern region. 232			
		teachers and 213 health workers were			
		mentored.			
		7- Collaborative area team support supervision			
		done in Lango, Central and Toro regions.			
		8. Actively participated in supervision of 5's			
		activities (5's & user training) in all RRH's.			
		9. Participation in IPC Survey in Mbale RRH,			
		Kaproron H/C IV, MT. Elgon Hospital,			
		Tororo GH and Apopong H/C III.			

Output description	Quarterly targets	Achievements/ results	Budget release '000,000	Expenditure/ budget performance	Explanation for variation/ **results
		10. Follow up supervision on the agreed actions to Nurses and Midwives in W/Nile to the health facilities of Pakwach HC IV, Angal St. Luke Hospital, Nebbi Hospital, Goli HC IV, Nyapea Hospital, Warr HC IV, Oli HC IV, Kuluva Hospital and Arua RRH, 59 Nurses and Midwives mentored. 11. Collaborative assessment of Nurse training institutions in the north and western Uganda for accreditation. 12. Participation in the supervision of the state final examinations of Nurses and Midwives in			We had balances that facilitated one follow- up supervision in West Nile
Capacity Building	2 Total 4	Paliisa District 1- Regional Nurses' and Midwives leaders meetings held in Central and West Nile Regions where 205 Nurse leaders' capacity was built on leadership, improved service delivery, documentation and action plan development to address gaps 3 Team had radio talk show on the roles of Nursing/ Midwifery in health sector 2-2 days NNC sensitization done to 345 Nurses and Midwives in West/Nile regions.			One meeting was not funded due to small budget since Commissioner had an urgent meetings to attend in Zimbabwe.

Output description	Quarterly targets	Achievements/ results	Budget release '000,000	Expenditure/ budget performance	Explanation for variation/ **results
		region and a total number of 243 clients were screened. 5. Attended ICN and NNC meeting in Geneva, Zimbabwe and Singapore			
Laptops for the department	3				Not Procured in Q3 and Money for Q4 diverted for the regional meeting in Busoga region.
Vehicles for the department maintained		1- One vehicle serviced and one repaired 2- A new Vehicle double cabin Reg. UG 5606M issued to the department			

Positive findings from health facilities reached

- Facilities supervised had duty rosters in place, Nurses and Midwives were happy on duty.
- Facilities supervised had signing done at the gate and also on the ward to enforce punctuality and track for absenteeism.
- Most of the facilities supervised were clean
- There was evidence of monthly meetings organized with minutes.
- Uniforms were received in most of the districts and were utilized as protective and identification
- Pantographs were available and mothers are monitored.
- Documentation done with minimal data tools
- CPDs conducted in most of the facilities but Nursing topics are not evident
- Some facilities observe infection control practices.
- Vital observations are done well in the PNFP facilities
- Most of the facilities are over weighed by nationals of Congo, Sudan and refuges
- The PNFP facilities have taken up the action points seriously

Negative findings

- In all facilities supervised there is still poor use of Partograph for monitoring mothers in labour though in the follow up implementation is being done.
- Documentation still remains a challenge in some facilities; Patients information is either incomplete or not documented at all.
- The wards were generally clean though congested with patients.
- 5s is fairly practiced so there is need for more effort and commitment by all the staff.
- Task shifting still practiced, affecting quality of services
- Routine Nursing procedures have been surrendered to patient attendants and care takers
- Infection control needs to be improved especially segregation of waste
- Accommodation is a challenge to some of the Nurses and Midwives especially to critical cadres
- Uniform code is not conforming to the national standards.
- Poor vaccine storage was noted in some facilities
- Non visible QI projects in many of the facilities
- The nursing scheme of service is not being operationalized in the whole of West Nile region due to inadequate knowledge on it.
- Baby Matrix was not being scored in some health facilities
- Tutors are no longer following up their students on the ward
- Nurses/ Midwives are burning out due to staff shortages
- Equipment; BP machines and Thermometers still lacking in some health facilities

- 5s practices are not observed especially on information display
- EPI practices are left to Nursing assistants. Large doses of vaccines found expired in some health facilities
- JIK or chlorine mixing, the standard formula is not followed by most health facilities leading to distraction of the equipment's.
- Continuous drug and supplies shortages due to the refuge influx in the region.

Actions taken

- 1. Coaching and Mentorship was done on documentation, infection control, taking and recording of the vital observations and duty attendance.
- 2. Action plans were developed according to identified gaps in each health facility
- 3. Regional focal persons were identified to continue with follow-up on agreed actions and report to the Nursing Department MOH.
- 4. Addressed issues of absenteeism, attitude, discipline basic record keeping and professionalism addressed. Regional structures for supervision identified and Central regional supervisor introduced.
- 5. In each health facility Nurses, Midwives and their leaders were given feedback, need for quality health care and uniform use were emphasized.
- 6. Emphasis on 5S was made at every facility including Infection Control Practices
- 7. Proper use of the Partograph was emphasized, demonstrated and Nurse / Midwives leaders charged with the responsibility to supervise and monitor its
- 8. Shared findings of the supervision visits, presentation of the finding and gave presentations on leadership, attitude, discipline and professionalism.
- 9. Secondary schools nearby were visited and school nurses addressed on professionalism and levels of drugs to be purchased and were reminded the advantages of early referrals and use of current clinical guidelines. The visits were appreciated by school administrations.
- 10. Nursing Now Campaign was launched in the regions.
- 11. Discussions were held with the DHOs and Nurse / Midwives leaders on the general performance of the Nurses and Midwives of each district and facility and in the Nurse leaders meetings
- 12. Current updates on Nursing and Midwifery Policy, ACT was given.
- 13. A scheme of service for Nurses and Midwives was distributed for implementation.

- 14. Mentored on 5s quality improvement practices
- 15. Mentored health workers on EPI especially on monitoring temperature, Managing vaccine stocks, filling the child register, and monitoring performance
- 16. Emphasized the importance of internal supportive supervision
- 17. Nursing Now information disseminated

Additional Activities done in the three quarters

- Started working on the Nurses and Midwives Policy amendments
- Strengthened immunization services through planning for and participation in supervision and mentorship of health workers at Facility level during Integrated Child Health Days
- Participated in the assessment of health facilities on Effective Vaccine Management
- Participated in Area Team Supervision country wide and talked to Nurses and Midwives from the Health Facilities visited.
- Dissemination of the Scheme of Service for Nurses and Midwives done
- Held a meeting with NMS regarding uniforms; Uniform in the stores was
 inspected and five different colors of white were identified meaning it ceased
 to be a uniform. The supplier was contacted and he agreed to replace uniforms
 with poor quality at his cost.
- One officer went to Doha to attend the World Innovation Summit for Health (health care innovators, policy makers, practitioners and researchers shared innovative health care solutions) including Nursing Now Campaign (NNC).
- Made hearing of a Midwives' misconduct at Ibanda district she proved guilty and disciplinary action taken immediately.
- Worked hand in hand with the Uganda Nurses and Midwives Council on the indiscipline Nurses and Midwives.
- NN Community activity to screen for Non communicable diseases (NCDS) done at police grounds Arua

Summary of Achievements

- 1. The mentorship and support supervision conducted in the regions were successful.
- 2. Follow up was done on the greed actions and most facilities are working on the gaps.
- 3. 5s, infection control and waste management was strengthened.
- 4. Mentorship on documentation and reporting was done in the follow up supervision
- 5. The Nurses were able to develop action plans and Quality improvement projects were identified.
- 6. Uniform use for identification and infection control was emphasized
- 7. Community activity was conducted to screen for Non communicable diseases (NCDS)
- 8. Most of the facilities are alert for Ebola preparedness.

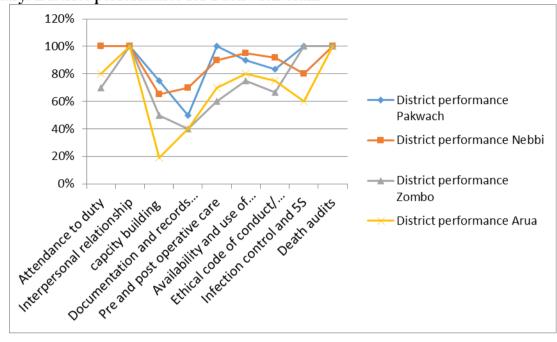
13.5 Challenges

- Inadequate funding
- Delays in the release of funds
- Department lacks vehicles. The available ones are very old and costly to maintain.
- Office space still remains a big challenge.
- The department was faced with tragedy of death of 2 Nurses and Midwives

Way Forward

- Consider increasing funding to nursing department to cover nursing supervision country wide
- Procure new vehicles for the department
- Procure new furniture for all nursing offices

Summary: District performance for Packwach team



Findings from supervised hospitals by Ajumani Team

NAME OF HOSPITAL	DISTRICT	SCORE			
ADJUMANI HOSPITAL	ADJUMAN	COURTSE Y CALL			
MOYO HOSPITAL	МОҮО	90%			
LAROGI H/C III	MOYO	68%			
MIDIGO H/C IV	YUMBE	92%			
KOBOKO HOSPITAL	КОВОКО	68%			
MARACHAST. JOSEPH HOSPITAL	MARACHA	84%			

PICTORIAL GALLERY FOR ACTIVITIES



Nurses and Midwives of Kirudu Referral Hospital



Role of nursing in health sector



International Nurses day

14.1 Mandate

To establish accessible, quality and coordinated emergency medical services in the country by focusing on the core mandate of the Ministry of Health

14.2 Vision

Efficient and responsive emergency care services accessible to all

14.3 Mission

To reduce the loss of lives and prevent disability through ensuring high quality, safe and patient centered pre-hospital and hospital emergency medical services that meets the needs of the population.

14.4 Goal

To contribute to Universal Health Coverage through providing accessible and affordable emergency medical services

14.5 Objectives

- 1. To strengthen leadership and governance structures for EMS across all levels of health service delivery.
- 2. To develop dedicated human resources for emergency care through training, capacity building and review of the HRH structure at Health facilities.
- 3. To develop and maintain appropriate infrastructure for the delivery of EMS.
- 4. To plan for essential medical products and technologies for delivery of emergency care services.
- 5. To mainstream emergency care data into existing health information systems.
- 6. To mainstream structures for monitoring and evaluation of emergency care services.

14.6 Strategic Objectives

- 1. To increase access to on-scene emergency medical care to 50%
- 2. To increase the proportion of emergency patients receiving ambulance response within 1 hour to 50%
- 3. To increase availability of quality emergency care in 14 Regional Referral Hospitals, 147 District Hospitals and 193 HCIVs
- 4. To continuously improve and sustain the operations of the national EMS system

World Health Organization

EMERCENCY CARE
SYSTEM FRAMEWORK

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Figure 14. 1: Emergency Care System Framework

14.7 Budget Performance + Quarterly Objectives

Table 14. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation/ **results
EMS Policy	Develop EMS	Quarter 3:	0	0	Supported by
Framework	Policy	Consultative			Malteser
developed and	Framework	meeting with			International
disseminated.	(Policy	DHOs on EMS			
	Regulatory	Policy and			
	Impact	Strategic Plan			
	Assessment,	conducted			
	Standards and	Quarter 3:	0	0	Supported by
	Guidelines,	Regional			KOFIH
	Protocols and	Operational			(Korea
	Regional EMS	Manual for EMS			Foundation
	Operational	for Masaka RRH&			for
	Manual)	Bukomansimbi			International
	·	reviewed			Healthcare)
	1	Quarter 4: Draft	0	0	Supported by
		Uganda Standards			Malteser
		for Pre-Hospital			International
		Care (USPHC)-			

Output description	Quarterly targets	Outputs achievements/ results	Budget	release	Expenditure / budget performance	Explanation for variation/ **results
		2019 developed and ready for submission to MoH for approval				
		Quarter 4: Draft EMS Policy Regulatory Impact Assessment developed and ready for submission to MoH for approval	0		0	Supported by Malteser International
		Quarter 4: Draft 1 Emergency Care Protocols (for the; Emergency Unit, Ambulance Vehicle and the Call and Dispatch Center) for Masaka RRH and Bukomansimbi District developed	0		0	Supported by KOFIH (Korea Foundation for International Healthcare)
		Quarter 4: Regional EMS Operational Manual for Masaka RRH & Bukomansimbi District Local Government reviewed and disseminated and ready for submission to MoH for approval	0		0	Supported by KOFIH (Korea Foundation for International Healthcare)
Capacity Development of Human Resources in Emergency Care	Conduct Inservice training of Health Workers in Basic Emergency Care	Quarter 3: In- service training of health workers in Basic Emergency Care (Training of Trainers for 10 Health Workers)	0		0	Supported by KOFIH (Korea Foundation for International Healthcare)
		Quarter 4: Conducted inservice training of 54 Health Workers in Basic Emergency Care for Greater Masaka Region	0		0	Supported by KOFIH (Korea Foundation for International Healthcare)

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation/ **results
		covering the Districts of Masaka, Lyantonde, Kalungu, Bukomansimbi, Rakai, Kalangala, Kyotera and Sembabule			
	Conduct Training of Trainers for VHTs in Community First Aid Responder Course	Quarter 4: Conducted a Training of Trainers for (27) VHTs in Community First Aid Responder Course in Greater Masaka Region covering the Districts of Masaka, Lyantonde, Kalungu, Bukomansimbi, Rakai, Kalangala, Kyotera and Sembabule	0		Supported by KOFIH (Korea Foundation for International Healthcare)
	Conduct a training for Call and Dispatch officers	Quarter 4: Conducted a training for 5 Call and Dispatch officers for Masaka RRH and Bukomansimbi District	0		Supported by KOFIH (Korea Foundation for International Healthcare)
24 hour EMS system and functional referral system established	Support Supervision to Hospitals and Districts	Quarter 3: Conducted support supervision to map out Ambulance stations on Gulu high way and Bugisu sub region	18,470,000	18,470,000	Fully absorbed
		Quarter 4: Conducted support supervision to map out Ambulance stations along Kampala – Hoima	7,091,000	7,091,000	Fully absorbed

Output description	Quarterly targets	Outputs achievements/ results	Budget release	Expenditure / budget performance	Explanation for variation/ **results
	Ambulance support services during public health emergencies and national events	Quarter 4: Provision of standby ambulances services during the Uganda Martyrs Day	14,760,000	14,760,000	Fully absorbed
Fuel and Lubricants	Fuel for both office operations and support supervision activities for the Q3 and Q4	V	54,143,000	54,143,000	Fully Absorbed
Books, periodicals &Newspapers	Books, periodicals &Newspapers for the Q3 and Q4		792,000	792,000	Fully absorbed
Staff welfare	For staff tea and bites and Departmental Meetings for the Q3 and Q4		2,380,000	2,380,000	Fully absorbed
Allowances	Allowances for lunch and Transport for the Q3 and Q4		13,000,000	13,000,000	Fully absorbed
Contribution electricity	Contribution electricity for the Q3 and Q4		6,000,000	6,000,000	Fully utilized
Contribution for Security	Contribution for Security for the Q3 and Q4		1,200,000	1,200,000	Fully utilized
Water contribution	Water contribution for the Q3 and Q4		1,000,000	1,000,000	Fully utilized
Printing ,stationary & Photocopying	Printing ,stationary &Photocopying for the Q3 and Q4		42,160,000		The EMS Policy not yet approved at Cabinet Level and hence not printed as planned
Vehicle – Maintenance and Repair	Vehicle – Maintenance and Repair for the Q3 and Q4		4,400,000	4,400,000	GoU fully utilized and was partly supported by Supported by KOFIH

Output	Quarterly	Outputs	Budget	release	Expenditure	Explanation
description	targets	achievements/			/ budget	for variation/
_		results			performance	**results
						(Korea
						Foundation
						for
						International
						Healthcare)

	Consultative meeting with Regional health managers to review EMS Strategic Plan Conducted Consultative meeting with Private Health Providers and DHO	Consultative meeting with Regional health managers held to review EMS Strategic Plan Consultative meeting with DHO representatives held to review EMS Strategic Plan	0	0	Supported by Clinton Health Access Initiative (CHAI) Supported by Clinton Health access Initiative (CHAI)
	representatives to review EMS Strategic Plan Consultative meeting with Professional Bodies and Health Councils to review Strategic Plan for EMS	Consultative meeting with Professional Bodies and Health Councils held to review EMS Strategic Plan	14,500,000	0	None
Capacity developmen t for human resource Capacity developmen	Costing a National Emergency Care System for Uganda	National Emergency Care System for Uganda costed	0	0	Supported by Clinton Health access Initiative (CHAI)
t for human resource	Review Operational Manual for EMS for Masaka RRH& Bukomansimbi	Operational Manual for EMS for Masaka RRH& Bukomansimbi reviewed	0	0	Supported by KOFIH (Korea Foundation for International Healthcare)
	In-service training of health workers in BEC	In-service training of health workers in BEC	17,290,000	17,290,00	Fully absorbed
24 hour EMS system and functional	Support Supervision to Hospitals and Districts	Conducted support supervision to map out Ambulance stations on Gulu	18,470,000	18,470,00 0	Fully absorbed

referral system established		high way and Bugisu sub region			
Develop a national information managemen t system for	Ambulance support services during public health emergencies and national events	Provision of standby ambulances services during the Xmass festival.	13,480,00	13,480,00	Fully absorbed
EMS Fuel and Lubricants			23,400,000	23,400,00	Fully absorbed
Books, periodicals		Books, periodicals &Newspapers	396,000	396,000	Fully absorbed
&Newspape rs Staff welfare Allowances		For staff tea and bites and Departmental Meetings	5,200,000	5,200,000	Fully absorbed
		Allowances for lunch and Transport	13,000,000	13,000,00	Fully absorbed
Contributio n electricity			6,000,000	6,000,000	Fully utilized
Contributio n for Security			600,000	600,000	Fully utilized
Water contribution			500,000	500,000	Fully utilized
Printing, Stationary & Photocopyin g		Printing ,stationary &Photocopying	28,000,000	28,000,00	Fully utilized
Vehicle – Maintenanc e and Repair		Vehicle – Maintenance and Repair	4,400,000		Procurement process initiated work on going.

14.8 Challenges

- Inadequate budget allocation for emergency and disaster response
- Inadequate human resource for the department

- Department viewed as one for distribution and management of ambulance vehicles.
- Ambulance and Emergency care staff not provided for in structure of regional and lower level facilities
- Inadequate OR lack of EMS financing both at the Central and District levels

14.9 Recommendations

- Allocation of project funded technical assistants to the Department
- Establishment of an emergency and disaster response fund to the department
- Review of Human Resource for Health structure from National referral Hospital to HCIII to include ambulance and emergency care staff
- Urgent need for Ambulance Vehicles and Medical Call & Dispatch Centre
- Prioritize funding to fill gaps in ambulance and A&E units at HCIV-Hospital

15.1 Vision

To build adequate capacity for epidemic preparedness and response at all levels of the National Health System so as to significantly reduce morbidity and mortality from all the priority disease conditions and ultimately contribute to a healthy and productive population that contributes to economic growth and national development.

15.2 Mission

To provide the highest possible level of health to all people in Uganda through strengthening surveillance for early detection of priority conditions, streamlining reporting mechanisms, timely investigation of disease outbreaks at all levels to ensure timely initiation of appropriate public health response.

15.3 Goal

To have a robust and sustainable system for forecasting, early detection and response to epidemics, emergencies and other priority diseases so as to improve disease prevention and public health response at all levels.

15.4 Objectives

- Develop policy and set standards on disease surveillance and epidemic investigation.
- Support supervision to ensure that surveillance standards are upheld at all levels of the national health system.
- Training on integrated disease surveillance as well as epidemic preparedness and response for district health teams members.
- Build capacities to identify events of priority disease conditions at health facility and community level.
- Establish efficient and reliable reporting mechanisms to ensure timely notification of priority events to the district and national level.
- Support the establishment of capacities for data analysis at national and district level through the provision of guidelines, software, and relevant skills.
- Build adequate capacities for epidemic preparedness and response in the country by taking steps in advance of an outbreak of an outbreak or public health event so that teams may respond quickly and ensure that essential supplies and equipment are available for immediate action.
- Ensure that feedback on the investigation outcome and success of response efforts is provided at both national and district level. And
- Assess the effectiveness of surveillance systems in terms of timeliness, quality information, preparedness, thresholds, case management and overall performance to facilitate revisions to improve the performance of the surveillance system

15.5 Budget Performance + Quarterly Objectives

Table 15. 1: Q3 & Q4 Performance FY 2018/19

Annual planned Outputs	Quarterly Targets	Achievements/ results	Cumulative outputs in FY 2018/19 to end Q3	Budgets & Releases	Explanations
Conduct integrated Disease Surveillance and Response technical support supervision in 20 districts	6 support supervision visits	5 Support supervision visits done in Padel, Gulu, Sembabule, Pakwach, Nebbi, Zombo, Mbarara, Ibands	5 districts supervised for assessment of preparedness-Pakwach, Nebbi, Zombo; Ibanda and Mbarara for decline in routine reporting	Released and utilised 13,964,228/= This was Q3 & 4 travel inland funds and allowances	Ebola outbreak has remained a threat. An outbreak occurred in the second of June 2019. This month of July there is a threat in West Nile involving districts of Koboko, Zombo, Nebbi and Pakwach. others are Buliisa, Kagadi and Kikuube. It has been contained (the 3 cases died and no new ones have been found). The data managers in districts should orient records officers in the health facilities Note that release of funds is a very slow process resulting in delay of implementation
Assessment planned for Conducted in 8 districts	3 done	3 done in Kotido,Pader,Kitgum ,Isingiro, Kiruhura	3 assessments done in kitgum,Isingiro, Padel and Kiruhuura is not reporting correctly Reporting rates are going down	7,875, 146/=	The DHOs, DHT members should go and do support supervision in lower health units. Each member of DHT should be have a sub country attached so that they manage appropriately. Biostats should hold meetings with the HMIS Officers from health facilities

Annual planned Outputs	Quarterly Targets	Achievements/ results	Cumulative outputs in FY 2018/19 to end Q3	Budgets & Releases	Explanations
					for data collection improvement.
To have preparedness and response teams in all the districts that are epidemic prone (mostly those bordering Congo, South Sudan and Kenya)	Have teams trained at national and district levels to respond to emergencies and events	Kasese, Bundibugyo, Ntoroko, Bunyangabu and Kabarole, Zombo, Kikuube, Rubirizi, Kisiro, Kanungu	More health workersa and VHTs trained in Kanungu, Kisoro, Kikuube, Buliisa, Kagadi, Rubirizi In addition to those trained earlier in Kasese, Kabalore Bundibugyo, Ntoroko and Bunyangabu	Partners supported: IOM, IDI, RESOLVE	Regular drills should be conducted The trainings involve more of those More partner involvement needed from public health facilities than private and NGOs
To enhance capacity of health workers, volunteers and VHTs on the borders to strengthen alertness in the border communities	Redness plan for ebola done and being implemented	Ebola control plan in place and implemented Done	Rubirizi, Kanungu, Kisoro, Kikuube, Zombo, Koboko and Arua have been added on the high risk districts	IOM, IDI WHO	Capacty building have been done in all the districts. Currently Arua is being strengthened due to the confirmed outbreak in Aliwara DR Congo. This town in near Uganda Border. RRT to Arua was deployed last week Monday 1st July 2019. The emergency plans of districts need support from central government

Annual planned Outputs	Quarterly Targets	Achievements/ results	Cumulative outputs in FY 2018/19 to end Q3	Budgets & Releases	Explanations
	Train health workers all districts bordering DR Congo in Ebola detection and rapid response.	Trained health workers in Kasese, Ntoroko, Bundibugyo, Kabalore and Bunyangabu health facilities	Trained health workers in Kasese, Ntoroko, Bundibugyo, Kabalore and Bunyangabu health facilities		The trainings have been mainly for Public health facilities. NGO and private should be Most of the health workers trained are from Public health facilities. More workers from Kisoro, Kanungu, Rubirizi, Kikuube, Pakwach, Zombo, Koboko are at different levels of training.
	Train Village Health teams (VHTs) from districts bordering with Congo in Ebola detection and rapid reporting	VHTs in all border districts trained	Trained VHTs in border districts	IDI, IOM	Other districts have been added on: Kagadi, Zombo, Pakwach and Kisoro Regular orientations need to be done
	NTF and DTF meetings	Weekly meetings held to review redness and get updates of the epidemic	Weekly meetings of subcommittees – case management, surveillance & lab, IPC, Risk communication held;		The meetings can be more frequent depending on the need
	Train of health workers as Trainers for VHTs in Kagadi, Pakwach and Zombo and	250 Health workers and 4,700 VHTs	214 health workers trained; 4654 VHT members trained in those districts	WALIMU	The trainings were successful. The health workers attendances were 98 – 100%. Orientations and supervisions need to be done now

Annual planned Outputs	Quarterly Targets	Achievements/ results	Cumulative outputs in FY 2018/19 to end Q3	Budgets & Releases	Explanations
	Nebbi districts				
Development of the concept for simex exercise	Master inject Matrix developed	Teams involved in assessment of Mpondwe/Entebbe	2 PoEs were assessed for EVD prepared by the simulation exercise	WHO, IDI IOM	Gaps were identified and the Score was 85% for Uganda
To assess the infrastructures for Port Health	6 borders for assessment	4 assessed – Malaba, Busia, Mutukura and Elegu	4 assessed – Malaba, Busia, Mutukura and Elegu Others assessed later – Kyanika, Bunagana, katuna	RESOLVE	There is infrastructure for Port health visited. SOPs and other guidelines are being finalised. This position should be communicated to the MOH so that health workers are prepared to take up the duties in the designated POEs
Contact tracing of EVD suspected cases in Kampala	Contact tracing for suspected cases that had crossed from high risk areas in Congo	Teams involved in contact tracing in Kampala	Teams involved in contact tracing in Kampala	WHO	There is more need to trace suspected travellers in Kampala. RRTs in Kampala need more orientations
Sensitize on Dengue fever in Kampala and Wakiso	Support supervision on Dengue fever	Teams involved in sensitize health facilities on the Dengue fever	Teams involved in sensitize dengue fever Health facilities in Wakiso and Kampala		Mosques were also sensitized but need to assess the Pakistan Missionaries before they come into the country.
Assessment of EVD Preparedness in Kyegegwa and Kayunga districts	Assessment of DHT, Health facilities in EVD preparedness	Teams Involved in assessment of EVD preparedness	Teams involved in assessment of EVD preparedness in Kayunga and Kyegegwa	concerted effort on the influx of refugees on the regular basis	Kayunga is not trained at all in EVD despite the number of Congolese in the district. Kyegegwa on the other hand

Annual planned Outputs	Quarterly Targets	Achievements/ results	Cumulative outputs in FY 2018/19 to end Q3	Budgets & Releases	Explanations
					is prepared but need a
Operational ESD	stationary for the office - photocopying papers, pens,	5 reams of papers, 1pct of pens, received	5 reams of papers, 1pct of pens, received	500,000/= No funds for Q4	This is always under funded.
	envelopes,	Provided in form of tea	Provided	Budget 1,377,054/= All released and	While the team number is on the increase, the welfare fund is
	Welfare for staff	r rovided in form of tea	r rovided	utilized 6,880,536/=	on the decrease Some meetings were not held due to other
	Fuel and lubricants	provided	Utilised	3,000,000	activities overlapping
					the funds were for 2quarters however, need to increase it
coordination activities	6 Coordination meeting planned	18 held	20 held	,no budgets	They build team work
Vehicle repairs and service	3 for repairs and service			1,857,143/=	This fund is small to maintain 4 vehicles in the department. Two were serviced and sent back to Kasese for Ebola control.

Notes

- 1. No Ebola outbreak in Uganda currently hover level of alertness is very high. RRTs should access funding as rapidly as the title suggests.
- 2. ESD has no desktop computers and their accessories- printers (requisitions were made as per workplan but were not honoured. This is a big gap)
- 3. Laptops that were requested for from WHO through PS were never delivered despite numerous reminders. All the workers on ESD are proactive by using personal ones
- 4. Realease of funds takes long. A requisition takes 3-4 weeks to be approved. This results in overlap of activities hence quality may be compromised during implementation.

16. 1 Mandate

The department is responsible for coordination, strategic planning and mobilization of resources to ensure responsive and effective Laboratory and diagnostic services programming in health sector

16.2 Vision

"Quality Health Laboratory and Diagnostic Services available and accessible to all people in Uganda"

16.3 Mission

To provide quality, cost-effective and sustainable health laboratory services to support quality healthcare at all levels of the health service delivery system in Uganda.

16.4 Objectives

- To develop policies, guidelines and standards for Health Laboratory and diagnostic services in Uganda
- To provide leadership and governance for health laboratory and diagnostic services in the country
- To build capacity and strengthen systems and structures for health laboratory and diagnostic services delivery at all levels of healthcare system
- To provide quality reference laboratory and diagnostic services for clinical care, public health and research
- To build effective and sustainable National Health Laboratory and diagnostic quality management systems

16.5 Strategic Outputs

- Clinical and Public Health Laboratory and diagnostic services coordinated
- National laboratory and diagnostic capacity developed, strengthened and maintained.
- Quality Reference Laboratory and Diagnostic Services provided

16.6 Budget Performance + Quarterly Objectives

Table 16. 1: Q3 & Q4 Performance FY 2018/19

Output Description	Quarterly Targets)	Achievements/ Results	Budget Release	Expenditur e/Budget Performanc e	Explanation For Variation/ **Results
Support supervision carried out in the 14 health regions of Uganda every quarter	Technical and administrati ve support supervision conducted in epidemic prone regions, pathology and cancer diagnosis, and poorly performing hubs	Support supervision done in Wakiso, Mukono, Fort Portal, Kabale, Mbarara, Gulu, Arua, Moroto; Jinja, Mbale, Moroto, Soroti and other hubs	56M (GOU)		Focused on outbreaks preparedness, cancer diagnosis, and hub functionality
UNHLS Laboratory personnel trained in Laboratory ethics	20 Lab personnel trained	20 Lab personnel of National Microbiology Reference Lab at UNHLS were trained in human subject protection and Good Laboratory Practice (GCLP)	27M (GOU/EAPHLN P)		This training, conducted by Uganda National Council of Science and Technology has improved sample handling in microbiology
National Laboratory Policy II and guidelines disseminated	One stakeholders' meeting held to disseminate Lab policy II and guidelines	A breakfast meeting, press conference and a workshop were conducted to disseminated Lab policy II, and guidelines for Antimicrobial Resistance (AMR), Hub guidelines, Test menu, and ICT guidelines	US\$ 51,932 (GOU/EAPHLN P)		The meetings were attended by Hospital Directors, selected DHOs, Medical superintenden ts, DLFPs and hub managers. There was good publicity for AMR issues
Vehicles procured to strengthen the National Sample	800 samples tested in the Microbiolog	760 samples tested out of which Vibrio cholerae	US\$ 185,046 GOU/EAPHLN P		Contract already signed with the

Output Description	Quarterly Targets)	Achievements/ Results	Budget Release	Expenditur e/ Budget Performanc e	Explanation For Variation/ **Results
transport system	y reference Lab	were isolated in samples from Kampala			supplier
Hepatitis B facility- based training conducted in high burden regions	80 health workers trained Hepatitis B national trainers trained and 40 facilities trained on Hepatitis B	80 health workers trained in Hepatitis B Laboratory management, and 11, 926 samples tested for Hepatitis B Viral load at CPHL Lab	27M Under Hepatitis B program in the department of Clinical Services		
Test blood samples from ART clinics all over the country for HIV Viral Load in EID/Viral Load lab at CPHL	600,000 samples tested for HIV Viral Load	610,280 samples tested for HIV Viral Load with suppression rate of 89.2%	Reagents procured by PEPFAR through MAUL and CHEMONICS		
Test blood samples of babies all over the country for HIV and Sickle cell EID at CPHL	65,000 samples tested for HIV and 20,000 samples tested for Sickle cell	76,517 samples of babies tested for HIV with a positivity rate of 2.7%, and 20,402 babies were tested for Sickle cell disease	Reagents for HIV procured by PEPFAR through MAUL & CHEMONICS, and reagents for Sckle cells procured by Buganda Kingdom		Target surpassed due to massive sensitization
Conduct post audit follow up for Biosafety/Biosecuri ty implementation	120 poorly performing Laboratories to be mentored	115 Laboratories were mentored for biosafety/biosecuri ty practices	PEPFAR/IDI		Some of the Laboratories were closer to each other
International Quality audit conducted by African Society for Laboratory Medicine (ASLM) on behalf of WHO	ASLM to conduct audits in 28 hub laboratories	ASLM audited and certified 11 hub laboratories	PEPFAR/AGHP F		18 Labs had been audited in Q3; this brings to 29 the total of Labs audited
HLIMS Scaled up to all hubs in Uganda	Procure sample tracking hardware and roll out HLIMS in 15 hubs	HLIMS rolled out in 15 hubs	US\$ 42,304 (GOU/EAPHLN P)		The sample tracking has been piloted successfully in Hoima region, will be rolled out in other hubs

Output	Quarterly	Achievements/	Budget	Expenditur	Explanation
Description	Targets)	Results	Release	e/ Budget	For
	,			Performanc	Variation/
				e	**Results
Auxiliary	Calibrate all	Equipment	US\$ 16,865		
equipment in the	the auxiliary	calibrated in 17	GOU/EAPHLN		
hub Laboratories	equipment in	hubs	P		
calibrated	20 hubs				

17.1 Overview of the NDC Department

Mandate on Policy Development, Coordination, Planning, Implementation oversight, Monitoring and Evaluation of Communicable Disease Control Programs in Uganda.

17.2 Objectives

- Provide policies and standards for control of communicable diseases
- Prevent and control both Endemic and epidemic Diseases including other public health threats.
- Improve epidemic preparedness, surveillance and comply with international Health Regulations.
- Strengthen programs targeting Diseases for elimination and eradication

17.3 Units in NDC:

- STIs/ AIDS Control Program
- National TB and Leprosy Program
- Uganda National Expanded Program on Immunization
- National Malaria Control Program
- Epidiomology
- Nodding Syndrome and UGWEP

17.4 Budget Performance + Quarterly Objectives

Table 17. 1: Q3 + Q4 Performance FY 2018/19

STI/AIDS Contol Program (ACP)						
Annual planned outputs (quantity and location)	Planned outputs (quantity and location)	Actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance		
A. HIV & AIDS Prevention						
1. HIV Testing services						
Finalize HTS policy addendum to include targeted testing approaches 9Assited Partner Notification, HIV Self Testing	HTS addendum finalized	1 National training of trainers for APN and HIVST conducted Jinja 4 Implementing partners supported to rollout APN and HIVST per quarter	APN&HIVST (1 off)	All targets met as planned		
Develop and disseminate HIV rapid testing site and tester certification framework	Certification framework developed and disseminated	1 Framework developed through 2 writing workshops, one in Entebbe, one in Jinja, one per quarter	1 Framework as per plan 1 Certification framework	All targets met as planned		
Conduct 3 quarterly HTS support supervision visits to all MOH regions	2supervisions conducted	Q1 and Q2 supervisions conducted in 10 MOH regions	2/3 supervisions conducted	Delayed processing of global funds to support the 3 rd quarter activity made it impossible to conduct the support supervision		
Hold 3 National HTS coordination Committee meetings	3 National HTS coordination committee meetings held	1 HTS coordination committee meetings held, one per quarter	3/3 meetings held as by end of quarter 3	All targets met, no constraint		

2. Prevention of Mother to Child	Transmission (PMTC	T)	
Support 10 districts with no implementing partners to implement the bring back mother baby campaign	Supported 11 districts without implementing partner support to follow up lost mother and baby pairs and bring them back into care. These included: Pader, Luuka, Nakapiripirit, Bulambuli, Kween, Kapchorwa, Amudat,	11 districts supported to identify and bring back inactive PMTCT women and infants onto care and treatment 58 health facilities reached with the support 257 (11%) mothers and 211 (14%) inactive HIV-exposed infants (HEIs) had been followed up and brought back into care	The creation of Nabilatuk district out of Nakapiripirit increased the number of units for support, explaining the over achievement.
Support 10 districts to improve retention of mother-baby pairs	Support to 9 districts identified to have the least retention during the Oct – Dec. 2018 Quarter was achieved. Dokolo, Nakaseke, Bundibugyo, Bududa, Gomba, Kamuli, Lamwo, Kaliro, and Buhweju were the districts reached.	 45 health units across 9 districts reached A total of 218 health workers at the PMTCT service/MCH point mentored of which majority (69%) were females. 	Budget limited the scope of the activity
Hold 3 technical working group meetings for PMTCT	3 technical working group meetings held	PMTCT TWG, National Validation Committee, and PMTCT M&E meetings	
Conduct Support Supervision to 10 poorly performing districts	Support supervision in 10 districts of Amuria, Rubirizi, Mpigi, Butambala, Busia, Iganga, Buikwe, Agago, and Kiboga was conducted	 46 Health Facilities reached 246 health workers mentored, majority of whom (70%) were Females 	

12 Regional PMTCT Stakeholders' Meeting B. Care and Treatment	7 Regional PMTCT stakeholders	3 DHT members including the DHO, PMTCT Focal Person, and District Biostatistician), together with the Hub Riders of districts from each of the 7 regions attended	-	42% of the targeted regions (5/12) were not covered due to IP expressed budget constraints
Roll out of the consolidated guidelines; 500,000 PLHIV transitioned to new ART regimen TLD	345,000 transitioned to DTG	175,000 clients transitioned	345,000 newly transitioned to an optimised regimen	Delay of stock for drugs in the country affected roll out process
Scale up the decentralization of third line ART	-100 front line clinicians trained in the active management of third line ART and treatment failure	60 results reviewed and switches for third line ART made	400 clients failing on third line ART switched to an appropriate third line ART regimen	None
Roll out of DSDM models for PLHIVs across the country. Achieve 90% facility coverage Achieve 80% to be in models of care	-Coverage of facilities to 76%		-Facility coverage to 76%	Competing activities in the field affected achievement of the objective
Advanced disease implementation plan developed	-Roll out of the implementation plan to over 90% of health facilities	-70% achieved		Competing activities affected roll out
Pilot a peer model (YAPS model) for supporting adolescent HIV outcomes Pilot the model across 9 districts and 52 health facilities	-Developed a peer model of support for adolescents	-Trained 193 peers	-52 health facilities covered -59 trainers trained -193 young people trained as peers	None

C. Strategic Information				
All HIV HMIS tools	Draft HIV HMIS tools	Draft HIV HMIS tools	47 HIV HMIS tools	Lack of funding delayed the tools development
National HMIS trainers in place	National HIV HMIS TOT conducted	National HMIS trainers trained	1 Training conducted	No variation
National HIV Estimates filed	National HIV burden estimated filed developed	1 National File disseminated	1	No variation
UPHIA report	UPHIA report disseminated	1 National and 14 regional disseminations conducted	1 UPHIA report	No regional disseminations due to lack of funding
m Q4 April – June 2019 report: $ m N$	ational TB and	Leprosy Programme (N	TLP)	
Annual planned outputs (quantity and location)	Quarter 4 planned outputs (quantity and location)	Quarter 4 actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance
Commemorate World TB leprosy day per year	Commemorate World TB Leprosy day March 24, 2019	Commemorated World TB leprosy day as planned. The national event was conducted in Ntungamo district	1 00%	
Diagnose 60,000 new and relapse TB patients including 937 drug resistant TB	Diagnose 15,000 new and relapse TB patients	Diagnosed <u>16,153</u> new and relapse TB patients. 153 had drug resistant TB	61,436 (102.4%) including 547 drug resistant TB patients.	
Successfully treat 85% 0f all cases with TB for all forms	Treatment success rate (TSR) 85%%	TSR 73%	72%	High mortality, high loss to follow up
Conduct National comprehensive	comprehensive TB	TB leprosy program Review	 Program review 	İ

Notify less than 4000 Leprosy patients	100 patients	 153 leprosy cases were reported. Conducted the leprosy week and skin camp in Kasese and Ntungamo where 2 cases were diagnosed 	• 391 leprosy cases were diagnosed (DHIS2	
Roll out a cascade of trainings on comprehensive TB leprosy management	National /Regional TOTs	Regional and facility level training and mentorships conducted	• 5,869 health workers trained including 115 National TOT and 233 regional TOTs	RHITES EC & MUWRP yet to implement
Expand Diagnostics for TB and monitor Xpert machine utilisation		 Installation of 2 Xpert machines done 10 hub coordination meetings held Conducted trainings in smear microscopy and Xpert use supported by KOFIE 		GLRA & MUWRP support the Xpert and solar equipment respectively
Support supervision and mentorship to poorly performing districts	Conduct support supervision in 20 poorly performing districts	 Support supervision conducted across 8 poorly performing districts and 10 leprosy high burden districts 	33 districts reached with support supervision & 20 high burden districts reached with mentorship	
Conduct performance review meetings	Conduct national & regional performance review meetings	 National performance review meeting conducted 8 regional review meetings conducted 	 3 national review meetings conducted 30 regional review meetings conducted 	Data harmonisation is still a challenge at the district and regional level
Conduct MDR-TB national cohort review	Conduct MDR-TB national cohort review	National cohort review conducted	National cohort review conducted	National cohort review conducted

Implementation of active case finding interventions in 9 districts and 38 health facilities in Jinja and central region	Implementation of active case finding (ACF) in 9 districts across 38 facilities	 ACF conducted across 40 facilities in 9 districts 15-24 health facilities reported weekly data on TB screening and diagnosis 4,964 presumptive TB cases were identified and 711 TB cases (14.3%) diagnosed and registered on treatment 	 ACF conducted across 40 facilities in 9 districts 15-24 health facilities reported weekly data on TB screening and diagnosis 4,964 presumptive TB cases were identified and 711 TB cases (14.3%) diagnosed and registered on treatment 	Delayed approval of funds for activities, few (50%) facilities reporting routinely on weekly basis
Support skin camps in endemic districts	Conduct leprosy treatment camps in Buyende and Nwoya district	 Skin camps conducted in Nwoya & Buyende 	• 4 skin camps conducted	GLRA support
Uganda National Exp	anded Program	on Immunisation (UNE	CPI)	
Annual planned outputs (quantity and location)	Quarter 4 planned outputs (quantity and location)	Quarter 4 actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance
2 national stakeholder sensitization meetings for Measles – Rubella Vaccination Campaign (1 for RDCs and 1 for DHOs) held • Vaccination campaign planned for 25th – 29th September 2019	2 national stakeholder sensitization meetings for Measles – Rubella Vaccination Campaign (1 for RDCs and 1 for DHOs) held	2 national stakeholder sensitization meetings for Measles – Rubella Vaccination Campaign (1 for RDCs and 1 for DHOs) held	2 national stakeholder sensitization meetings for Measles – Rubella Vaccination Campaign (1 for RDCs and 1 for DHOs) held	NA

1 post Rotavirus introduction supervision to all 1283 districts conducted Regional-level targeted trainings and deployment for Data Improvement Teams (DIT) in Mbale, Arua, Kabarole, Kabale and Kampala 1 and Kampala 2 Regions conducted	1 post Rotavirus introduction supervision to all 128 districts conducted 46 DITs (Biostatisticians, EPI FPs, SFPs) from Kampala 1 (2 Divisions of KCCA i.e. Nakawa & Makindye) & Kampala 2 (Buvuma, Buikwe, Butambala,	1 post Rotavirus introduction supervision to all 128 districts conducted 46/46 (100%) DITs from Kampala 1 (2 Divisions of KCCA i.e. Nakawa & Makindye) & Kampala 2 (Buvuma, Buikwe, Butambala, Kawempe division) trained	1 post Rotavirus introduction supervision to all 128 districts conducted Trained and deployed 268/303 DHTs in 39 districts and three divisions of Kampala	NA NA
Health facility readiness assessment for CCE inventory update and Operational Deployment Plan (ODP II & III) in 1770 health facilities in 128 districts carried out	Kawempe division) trained Readiness assessment for CCE inventory update and ODP conducted in 1770 health facilities across all 128 districts in Uganda	Readiness assessment for CCE inventory update and ODP conducted in 1770 health facilities across all 128 districts in Uganda	Readiness assessment for CCE inventory update and ODP supported	NA
1 temperature monitoring study conducted in Kampala (Kawala HCIV & Rubaga Hospital), Jinja (Mpumudde HCIV and St. Benedict HCII), Kabarole (katojjo HCIII & Kabarole Hospital), Gulu (Layibi Teco HCIII & ST. Phillips HCII), Soroti (Arapai HCIII & Soroti Maternity HCII), Kabale (Rubaya HCIV & Kaharo HCIII), Bukomansimbi (Kitanda HCIII & Mirambi HCII) and Sironko (Bulwala HCIII & Simupondo	8 district Cold Chain Technicians and 16 health facility EPI focal persons trained on tempe rature monitoring	8 district Cold Chain Technicians and 16 health facility EPI focal persons trained on temperature monitoring	8 district Cold Chain Technicians and 16 health facility EPI focal persons trained on temperature monitoring	NA

HCIII)				
Epidimiology				
Annual planned outputs (quantity and location)	Quarter 4 planned outputs (quantity and location)	Quarter 4 actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance
Conduct integrated Disease Surveillance and Response technical support supervision in 20 districts	6 support supervision visits	5 Support supervision visits done in Padel, Gulu, Sembabule, Pakwach, Nebbi, Zombo, Mbarara, Ibands	5 districts supervised for assessment of preparedness- Pakwach, Nebbi, Zombo; Ibanda and Mbarara for decline in routine reporting	
Assessment planned for Conducted in 8 districts	3 done	3 done in Kotido,Pader,Kitgum ,Isingiro, Kiruhura	3 assessments done in kitgum,Isingiro, Padel and Kiruhuura is not reporting correctly	
To have preparedness and response teams in all the districts that are epidemic prone (mostly those bordering Congo, South Sudan and Kenya	Have teams trained at national and district levels to respond to emergencies and events	Kasese, Bundibugyo, Ntoroko, Bunyangabu and Kabarole, Zombo, Kikuube, Rubirizi, Kisiro, Kanungu	More health workersa and VHTs trained in Kanungu, Kisoro, Kikuube, Buliisa, Kagadi, Rubirizi	
To enhance capacity of health workers, volunteers and VHTs on the borders to strengthen alertness in the border communities	Redness plan for ebola done and being implemented	Ebola control plan in place and imple Done	Rubirizi, Kanungu, Kisoro, Kikuube, Zombo, Koboko and Arua have been added on the high risk districts	IOM, IDI

Contact tracing of EVD suspected cases in Kampala	Contact tracing for suspected cases that had crossed from high risk areas in Congo	Teams involved in contact tracing in Kampala	Teams involved in contact tracing in Kampala	WHO
Assessment of EVD Preparedness in Kyegegwa and Kayunga districts	Assessment of DHT, Health facilities in EVD preparedness	Teams Involved in assessment of EVD preparedness	Teams involved in assessment of EVD preparedness in Kayunga and Kyegegwa	concerted effort on the influx of refugees on the regular basis
National Malaria Con	trol Program (N	MCP)		
Annual planned outputs (quantity and location)	Quarter 4 planned outputs (quantity and location)	Quarter 4 actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance
Indoor Residual Spraying in 8 Phase 1 Districts	 Conduct IRS in 8 Phase 1 districts Gains sustainability planning in 14 districts 	Completed Pre-IRS activities in the 8 phase 1 districts (Budaka, Butebo, Butaleja, Bugiri, Kibuku, Namutumba, Paliisa, Tororor) including;		
UCC 2020 Start-up activities (Quantification, partner mapping, Specifications)	Conduct LLIN start- up activities	LLIN projection conducted using UBOS data total needed is 26.2 m LLINs for 2020 UCC		
Post Distribution Monitoring	Monitor LLINs in 76,820 households in the wave 4a and 4b	 Monitored LLINs in 73,734 households in the wave 4a and 4b districts in the western region 	235,195 households reached (56% of the overall project target)	

Routine Distribution of LLINs	 Development of routine distribution guidelines LLIN Repurposing guideline Distribution through ANC & EPI 	 Stakeholder consultation meeting held and guidelines finalized 	Routine LLIN Distribution guideline draft 1 finalized LLIN Re-purposing guideline draf1 finalized	
PBO Net Evaluations study	- Conduct PBO Net evaluation in wave 4 Districts	Completed PBO progress monitoring for 18 Months visit of wave 4 A districts surveyed 3364 participants - and 12 month surveys for wave 4B districts surveyed 945 participants	Study on-going and preliminary results presented	
Larval Source Management	- Conduct LSM start- up activities in 3 districts; Kisoro, Kabale and Rubanda	MoU and contract between Uganda and		
Entomological surveillance	- Training of Vector control officers in 6 regions in Entomological Surveillance (Tooro, Bunyoro, Karamoja, Ankole, Kigezi, Bugisu - Insecticide susceptibility studies in 4	- Training delayed Wall Bioassays and Bionomic studies conducted in the 4 districts		Funds approved however fund release process at the districts slow

	districts (Bugiri, Tororo, Otuke,						
Nodding Syndrome and UGWEP							
Annual planned outputs (quantity and location)	Quarter 4 planned outputs (quantity and location)	Quarter 4 actual outputs (quantity and location)	Cumulative outputs in FY 2018/19 to end Q4	Explanation for any variation in performance			
Conducting quarterly stakeholders meeting on nodding syndrome intervention	Quarterly stakeholders meeting	One stakeholders meeting for nodding syndrome held in Gulu involving MoH senior top managements, district technical team and Member of parliament	One quarterly stakeholders meeting held	Lack of funds			
Conducting quarterly technical support supervision in the districts affected by nodding syndrome	2 technical support supervision in the districts affected by nodding syndrome	2 technical support supervision conducted in the districts affected by nodding syndrome	4 technical supervision conducted in districts affected by nodding syndrome				
Strengthening surveillance in the high risk districts and formerly endemic Guinea worm districts	Distributed 500posters for cash reward to districts hosting refugees	400 posters distributed to districts hosting refugees in Moyo, Adjuman, Arua, Koboko and Lamwo	1000 posters for cash reward distributed to district hosting refugees				
Organise Interdistrict coordination meeting on Guinea worm	Annual Interdistrict meeting to review post certification activities for guinea worm eradication	One inter district meeting held in Gulu involving DHO, DGWFP AND DSFP from all West Nile, Acholi and Karamoja region which were form guinea worm endemic districts	One annual Guinea worm Interdistrict meeting held				

HEALTH INSTITUTIONS

18.1 Mandate

To make available safe and adequate quantities of blood and blood products to all hospitals in the country for proper management of patients.

18.2 Vision

An effective, efficient and sustainable Blood transfusion service in Uganda.

18.3 Mission

To provide sufficient and efficacious Blood and Blood components through voluntary donations for appropriate use in Health care service delivery.

18.4 Objectives

- 1. To expand the Blood transfusion infrastructure to operate adequately within a decentralised health care delivery system.
- 2. To increase the annual blood collection necessary to meet the blood requirements for all patients in the hospitals throughout the whole country.
- 3. To operate an active nationwide Quality Assurance Program that ensures Blood Safety-improves quality systems.
- 4. To promote appropriate clinical use of blood.
- To strengthen the organisational capacity of UBTS to enable efficient and effective service delivery

18.5 Budget Performance + Quarterly Objectives

Table 18. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Outputs achievements/ results	Budget release Billions	Expenditure / budget performance Billions	Explanation for variation/ **results
Collection of blood	 Mobilize 250,000 potential blood donors in 6,000 mobilization campaigns Undertake 6,000 	Mobilized 240,000 potential blood donors in 6,000 mobilization campaigns	3.63	3.920	Shortages in medical supplies arising from delay in release of

Output description	Quarterly targets	Outputs achievements/ results	Budget release Billions	Expenditure / budget performance Billions	Explanation for variation/ **results
	sessions Collect 150,000 units of blood Counsel 150,000 donors on donation activities	 5,503 sessions undertaken in preparation for blood collection 135,268 units of blood collected 			U.sh10bn supplement ary funding to NMS by Ministry of Finance, Planning and Economic Developme nt Hualted collection due to inadequate storage facilities
Laboratory services	 Test 150,000 units of blood Issue 142,500 units of safe blood to health facilities Disposal of 7,500 units of discards in a safe manner 	 Tested 135,268 units of blood Issued 116,585 units of safe blood to health facilities Disposed of 18,683 units of unsafe blood 	1.140	1.37	 Shortage of medical supplies and reagents Collections halted due to inadequate storage facilities High discards
Quality Assurance Services	 Review any obsolete documents Distribute and train 150 staff to 5 regional blood banks and 5 collection centers Check 1% of all blood components prepared in each blood bank Train regional staff in blood 	 Printed all documents and distributed to 2 regions except regional organogram ,training and awareness of QMS has improved Step 2 accreditation was achieved for Nakasero, document 	0.185	0.285	No variations

Output description	Quarterly targets	Outputs achievements/ results	Budget release Billions	Expenditure / budget performance Billions	Explanation for variation/ **results
	reception, cold chain and blood transportation	standardization and utilization has improved greatly Only 1% of units from Nakasero were tested and 75% of products passed target Distributed and trained in two regions and collection centers			
Administrative Support Services	 Pay for utilities Operate and maintenance of 61 vehicles &3 motor cycles Manage cleaning services contract Carry out support supervision in 7 Regional Blood Banks 	 Paid for utilities Operated and maintained 61 vehicles &3 motor cycles Managed cleaning services contract Carried out support supervision in 7 Regional Blood Banks 	2.2990	2.509	No variations
Capital Purchases	 Commence construction of stores and cold rooms at NBB Procure 4 vehicles Procure assorted medical equipment Procure ICT equipment 	 Construction of stores and cold rooms at NBB started One vehicle delivered and 3 are on transit Procured assorted medical equipment for blood collection Procured and 	1.3	2.57	No variations

Output description	Quarterly targets	Outputs achievements/ results	Budget release Billions	Expenditure / budget performance Billions	Explanation for variation/ **results
Planning, Monitoring, and Information Services	 Finalize preparation of UBTS BFP and Budget for FY 2019/20; Finalize UBTS M&E Framework and tools; Prepare UBTS Q3 &4 Performance Reports; Prepare UBTS Annual Performance Report for 2018/19 FY Undertake unit cost study for blood supply 	installed 30 computers • Finalized preparation of UBTS BFP and Budget for FY 2019/20; • Finalized UBTS M&E Framework and tools; • Prepared UBTS Q3 &4 Performance Reports; • Prepared UBTS Annual Performance Report for 2018/19 FY • Unit cost study for blood supply is being undertaken.	0.352	0.382	No variations

18.6 Challenges

- Poor reporting on patients' safe blood and blood products uptake by the health facilities
 However, the data on safe blood and blood products orders received and issued to selected
 health facilities are shown summary attached.
- High Maintenance Cost of Vehicles
- UBTS has procured 4 vehicles for blood collection. However, this Financial Year, Government provided no budget for procurement of vehicles.
- Low blood collection during student holidays
- UBTS is strengthening its partnerships with government agencies, corporate bodies, cultural and religious institutions to boost blood collection during holidays
- Inadequate storage Facilities.

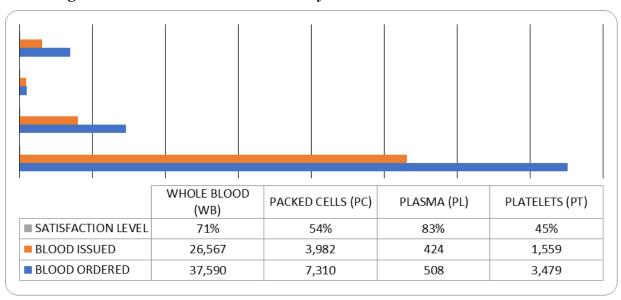


Figure 18. 1: Blood Satifaction level by Blood Products

UBTS has provided the Transfusing Health Facilities with a Reporting Format for uptake of safe blood and blood products. Reporting will be monthly.

Progress on Remodeling and Construction of A Store at Nakasero Blood Bank

PROGRESS PHOTOGRAPHS FOR THE MONTH OF MARCH 2019



Figure 1Excavation of the soil to reduce levels



Figure 2Excavation of the soil to reduce levels



Figure 3Excavation of the foundation trenches of the store



Figure 4Excavation of the foundation trenches of the store



Figure 5Casting the reinforced concrete retaining wall base



Figure 6Casting the reinforced concrete retaining wall



Figure 7 Casting the reinforced concrete ground beam and soil backfilling in foundation



Figure 8Hardcore filling in the foundation



Figure 9 Casting the reinforced concrete ground floor slab



Figure 10 Construction of concrete block walling for the ground floor

PROGRESS PHOTOGRAPHS FOR THE MONTH OF JUNE 2019



Figure 11 Construction of the concrete block walling for the ground floor



Figure 12 Fixing the formwork for the first floor slab



Figure 13 Construction of the concrete block walling for the ground floor



Figure 14 Casting the reinforced concrete retaining wall

PROGRESS PHOTOGRAPHS FOR THE MONTH OF JULY 2019



Figure 15Laying the steel reinforcement bars and hollow clay blocks for the first floor slab and fixing the steel portal rafters



Figure 16 Casting the reinforced concrete slab for the first floorand fixing the steel portal rafters



Figure 17 Reinforced concrete slab for the first floor



Figure 18 Fixing the mild steel Z-section purlins



Figure 19 Construction of the concrete block walling for the first floor



Figure 20Fixing the mild steel Z-section purlins

19.1 Mandate

To conduct research on natural products and traditional medicine systems in the treatment and management of human diseases

19.2 Outputs

- Pre-clinical and clinical evaluation of medicinal plants.
- Improvement and maintenance of institutional infrastructure and capacity building.
- Conservation of medicinal and Aromatic plants.

19.3 Budget Performance + Quarterly Objectives

Table 19. 1: Q3 & Q4 FY 2018/19

Output	Quarterly Targets (Q3 & Q4)	Output achievements/Results	Budget release	Expenditure budget performance
Pre-clinical and clinical evaluation of medicinal plants and formulations	Carry out chemical reagents, acids and solvents for the chemical analysis of 54 herbal formulations and products. Purchased laboratory reagents, acids and solvents for the chemical analysis of samples		7,200,000	7,200,000
	Formulate antiseptic botanical herbal cosmetics (creams and lotions).	Purchased laboratory consumables (industrial chemicals and herbal raw materials) for product formulation	3,000,000	3,000,000
	Assessment of herbal formulations tested at NCRI that are on the market for validity and stability	A total of 23 herbal formulations were tested from outlets around Kampala, and Wakiso districts.	7,000,000	7,000,000
	Herbal and Nutritional products development	Acquired a sugar cane extractor machine with accessories, and formulated/developed sugarcane juice drinks	13,150,000	13,150,000

		infused with herbals		
Improvement and maintenance of institutional infrastructure and capacity building	Sensitization and information dissemination on herbal medicines and practices in Uganda.	Held weekly radio talk shows on FM radio station (i.e. CBS); and exhibited at National budget week at Kololo airstrip from 4 th June 2019 & on 25 th anniversary of NDA at Hotel Africana in the month of July 2019.	4,540,000	4,540,000
	NCRI Institutional	Web hosting costs paid for Q3 and Q4	450,000	450,000
	website hosting utilities	Paid UMEME utility bills	2,000,000	2,000,000
	Fuel and vehicle maintenance	Paid for fuel and maintenance of institutional motor vehicles: UG 22070M, UG 1831M and UG 5341M done	23,260,000	23,260,000
		Purchased vehicle tyres for motor vehicle UG5341M and UG2270M	5,640,000	5,640,000
	Research collaborations with Chinese institution	Paid for out of pocket allowance for the Director of Research to travel to China	2,829,740	2,829,740
	Stationery, small office equipment and furniture and subscriptions to scientific journal.	Purchased stationery and small office equipment, and paid for service of computers, photocopiers and laboratory equipment	8,267,260	8,267,260
	Capacity building for the Traditional medicine sector in selected districts.	Supported Training of Traditional Health Practitioners (THPs) in Busia, Iganga, Dokolo and Ggomba districts on herbal products development and manufacturing according to the WHO guidelines for GAP and GMP for herbal medicinal products	14,416,000	14,416,000
	Staff lunch and transport allowances	Paid for staff lunch and transport allowances for Q3 & Q4.	12,742,000	12,742,000
	Staff welfare	Paid for sttaff welfare for	21,000,000	21,000,000

		Q3 and Q4.		
	Staff training	Paid for training of 17 staff members on data collection and management, good presentation skills, good scientific reporting skills, review of scientific journals and use of databases (EMBASE, MEDLINE, PUB MED, Mendeley etc.) for research.	10,000,000	10,000,000
	Capacity building of herbal processors	Trained 24 herbal medicines producers from Kampala district to be assessed and certified by Directorate of Industrial Training (DIT). Training to be rolled out to 4 other districts in the different regions.	7,000,000	7,000,000
Conservation of medicinal and aromatic plants	Propagation and conservation of selected priority Medicinal Plants (MPs).	Maintained the institutional medicinal plants garden and nursery, and introduce new propagules and seedlings of medicinal value Conducted field	2,500,000 9,000,000	2,500,000 9,000,000
	of MPs for conservation	collection of herbal samples and medicinal plant seedlings for the institutional herbal garden from Mubende, Nakasongola and Mpigi districts.		. ,

19.4 Challenges and Proposed Solutions

o **Infrastructure:** Institutional buildings are dilapidated and in urgent need of renovations.

<u>Solution</u>: request for access to capital development to renovate institutional buildings.

o **Broken down vehicles:** the institution has 3 vehicles, two of which have broken down with rising costs to maintain.

<u>Solution</u>: Request for purchase of two double cabin pickups to facilitate institutional outputs/research.

o **Funding**: Currently, funds allocated for conduct research at the institution are inadequate.

<u>Solution</u>: Request for additional funds in the next budgeting cycle & establish research collaborations with development partners for possible funding sources.

20.1 Mandate

UVRI is mandated to conduct health research pertaining to human infections and disease processes associated with or linked to viral a etiology and provides capacity building to target beneficiaries.

20.2 Vision

To be a world class center of excellence in health research

20.3 Mission

To conduct scientific investigations on viral and other diseases to contribute to knowledge, policy and practice and engage in capacity development for improved public health.

20.4 Background

Uganda Virus Research Institute is currently the only specialized research institute in Uganda and the Great Lakes Region with a concentration of local and international researchers working in unique collaboration on viral and other diseases of Public Health importance

The Institute is organized under six (6) departments which are closely inter-related. Five of the science departments, are each headed by an Assistant Director who reports to the Director. The two support departments; Finance and Administration headed by the Principal Assistant Secretary

The Institute's programmatic activities currently comprise the following areas:

- Basic research
- Applied research (intervention, diagnostics, clinical, operational/implementation science or IS)
- Epidemiology and surveillance
- Social/economic research
- Capacity development and training
- Advice for regulation, policy development and quality improvement \square Innovation
- Operations

20.5 Objectives

- To increase and expand UVRI's involvement in research and surveillance of viral diseases of public health importance including their link to non-communicable diseases
- ii. To expand the knowledge and skills base for public health research
- iii. To widen the financial resource base, and improve efficiency and effectiveness in the use of the available resources.
- iv. To develop a centralized, accessible and reliable sample repository system.
- v. To improve coordination of projects at UVRI and partner programs and their core functions
- vi. To improve the infrastructural and human resource capacity at UVRI

20.6 Budget and Performance Review

Table 20. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets (Q3 &4)	Outputs achievements/	Budget release	Expenditure / budget	Explanation for variation/						
	(23 44)	results (Q3 &4)	(Q3 &4)	performance	**results						
		results (Q3 &4)	(23 44)	performance	resurts						
	SUPPORT TO HEALTH RESEARCH OPERATIONS										
Pay staff salaries	Payment of staff salaries to 87 staff	87 UVRI staff salaries paid on time	770,567,558 =	625,307,133 =	Awaits recruitment for unfilled vacancies						
Payment of Pension for retired civil servants	Payment of Pension for 34 retired civil servants	Pension processed and paid for 34 retired officers people	110,746,614	106,462,631	Some pensioners had not been verified by MoPS.						
Payment of Gratuity expenses	Pay Gratuity Expenses to UVRI staff on retirement	UVRI staff on retirement Paid Gratuity Expenses	193,696,568 =	83,696,568=	Some pensioners had not been verified.						
Institute operations facilitated and supported.	Pay Institute Fuel, Lubricants and Oils for Institute Generator and Operations	Institute Fuel, Lubricants and Oils for Institute Generator and Operations Paid	45,969,160=	45,969,160=	Inadequate funding						
supporteur	Advertise Institute programs and procurements	Institute programs and procurements Advertised	11,050,000=	11,050,000=	Inadequate funding						
	Printing ,Stationery ,Photocopying of Institute Newsletter Procurement of Books , Periodicals & Newspapers r ,and Strategic plan	Institute Newsletter ,and Strategic plan Printed	5,875,000=	5,875,000=	Inadequate funding						
Institute	Maintenance of Institute Laboratories, Offices and Premises, Vehicles, Machinery	Institute Laboratories, Offices Premises, Vehicles, and Machinery Maintained	97,500,000=	97,500,000=	Inadequate funding						
operations facilitated and	Pay utility bills, cleaning services IFMS, IPPS				Institute operations were fully supported with						

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
supported.	recurrent costs, Telecommunications, Guard and security services	payment for utility bills, cleaning services, IFMS &IPPS recurrent costs paid.			funds released.
	Support Staff welfare and Entertainment	Staff welfare and Entertainment supported	28,238,495=	28,238,495=	
	Pay for Medical Expenses to at least 10 UVRI Employees	Medical Expenses to 4 UVRI Employees Paid	4,000,000=	4,000,000=	Funds were not enough to meet medical expenses for the targeted 10 employees.
	Support to UVRI IT,IT Quarterly supervision and Audit of sites, Expansion of UVRI Network, Purchase installation and management of the IP cameras, restructuring of UVRI wires less infrastructure	IT operations supported in terms of payment for Quarterly supervision and Audit of sites, Expansion of UVRI Network, Purchase installation and management of the IP cameras, restructuring of UVRI wires less infrastructure	5,000,000=	5,000,000=	Inadequate funding
Capacity Building and Staff Development.	Train at least 3 staff on long term training	3 staff supported to train and enhance their performance and qualifications	30,290,000=	30,290,000=	Inadequate funding
	Support to Workshops, planning Workshops held, UVRI Quarterly Review Workshops, Senior Management meetings	planning Workshops, UVRI Quarterly Review Workshops, Senior Management meetings conducted	20,000,000=	20,000,000=	Inadequate funding
Capacity Building and Staff	Train UVRI Staff in performance management, Bio safety	UVRI Staff training in performance management, Bio safety and Bio Security,	14,040,000=	14,040,000=	Funds released for research are inadequate

Output description	Output description Quarterly targets (Q3 &4)		Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
Development. and Bio Security, Research Leadership and MANAGEMENT, Effective payroll management, Staff in planning and management exit		Research Leadership and MANAGEMENT, Effective payroll management, Staff in planning and management exit supported			
	12 UVRI Staff supported to present papers at International conferences	2 UVRI Staff supported to present papers at International conferences	16,100,000=	16,100,000=	Inadequate funds
UVRI field stations given an administrative and human resource support.	Support to UVRI field stations of Arua , Masaka, and Kyamulibwa through field visits	support supervision of UVRI field stations of Arua , Masaka, and Kyamulibwa	27,346,428=	27,346,428=	Inadequate funds
Audited UVRI services, operations, infrastructure development and pensioners and active payrolls.	Audit UVRI services, operations, infrastructure development and pensioners and active payrolls.	Make field visits to audit UVRI services, operations, infrastructure development and pensioners and active payrolls.	27,346,428=	27,346,428=	Inadequate funds
	SUPPO	ORT TO HEALTH RESEAR	CH SERVICES	,	
Research reagents procured to facilitate laboratory research.	Procurement of Reagents for all Departments	Reagents for all Departments Procured	150,000,000	150,000,000	
Surveillance activities for ticks and mosquitoes carried out	Make 3 Field collection trips to Wakiso, Mpigi and Buikwe districts	3 Field collection trips to Wakiso, Mpigi and Buikwe districts carried out and	10,000,000=	10,000,000=	All 3 field collections trips were made according to the release.

Output description	(Q3 &4) achievements/ release / budget results (Q3 &4) (Q3 &4) performance		Explanation for variation/ **results		
		~13,000 mosquitoes and ticks collected			
Influenza surveillance activities carried out.	Carry out Surveillance in 7 research sites.	Surveillance carried out in 7 sites only – Kiswa, Kitebi, Nsambya, Entebbe, Tororo, Fort Portal, and Mbarara hospitals	14,307,500=	14,307,500=	Funds released for research are inadequate
Laboratory surveillance and diagnostics for samples referred to the Arbovirology Dept.	1800 samples and referred to the laboratory for diagnosis	Samples were collected 3 yellow Fever cases were identified (retrospectively) among samples from Masaka, Kasese and Koboko distrits	27,346,428=	27,346,428=	Funds released for research are inadequate
Yellow fever outbreaks responded to	Respond to Yellow fever outbreak	Responded to the Yellow fever activity in Masaka. And Ebola outbreak activity in Kasese and Arua.	27,346,428=	27,346,428=	Funds released for research are inadequate
Sample collected and tested for HIV drug resistance	Collect samples and test for HIV drug resistance	Received 320 samples to test for HIVDR. Testing completed for 229 and results have been sent to the third-line ART subcommittee; testing of the rest is still ongoing.	27,346,428=	27,346,428=	Testing of 91 samples is still ongoing.
ANC sentinel surveillance for HIV and syphilis conducted	conduct ANC sentinel surveillance for HIV and syphilis	Analysis completed and results submitted of the HIV QC test results for 12,155 samples from the 30 ANC sentinel sites to MoH surveillance.	27,346,428=	27,346,428=	Funds released for research are inadequate
HIV testers who fail PT tests	Conduct Support Supervision to HIV	Mentorship provided in performing internal quality	27,346,428=	27,346,428=	Funds released for research are inadequate

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure / budget performance	Explanation for variation/ **results
supervised and given support	testers who fail PT tests	control checks prior to performing HIV tests for 50 testers in 27 facilities located in 13 districts in West Nile and Northern Uganda regions			
Laboratory surveillance of AFP carried out	80% Virus isolation results reported within 14 days from receipt of stool specimen	96% Virus isolation results reported within 14 days from specimen receipt	27,346,428=	27,346,428=	Funds released for research are inadequate
Laboratory surveillance of Measles and rubella carried out	90% Measles and Rubella IgM results reported within 7 days of specimen receipt	91.8% Measles and Rubella IgM results reported within 7 days of specimen receipt	27,346,428=	27,346,428=	Funds released for research are inadequate
Followed up on outbreaks of measles	Make Field visits to Follow up on outbreaks	Out of the 32 suspected measles outbreaks reported, 05 were followed up to collect samples for virus isolation and molecular studies to identify circulating measles/rubella genotypes	27,346,428=	27,346,428=	Inadequate funds
Collected Aedes arboviral vectors from the field.	Collect of Aedes arboviral vectors.	Field collection of Aedes arboviral vectors at Busia (Eastern Uganda) and Arua (Northern Uganda). Collected	27,346,428=	27,346,428=	Inadequate funds
	INFRASTRUCTU	JRE DEVELOPMENT AND	INSTITUTE	SUPPORT	

Output description	Quarterly targets	Outputs	Budget	Expenditure	Explanation for
	(Q3 &4)	achievements/	release	/ budget	variation/
		results (Q3 &4)	(Q3 &4)	performance	**results
Institute Master	Short term Consultancy	Institute Master Plan	300,000,000	300,000,000	
plan and	Services to develop the	Developed and	=	=	
architectural plans	Institute master plan	architectural plans for the			
for the Science		Science Research block			
Research block		drawn and in place.			
developed.					
Vehicle to support	Procurement of the	A new Toyota land cruiser	200,000,000	200,000,000	Funds were adequate to
Research at UVRI	Director's vehicle	has been procured for the	=	=	procure a Toyota brand
Procured		Director.			
2 houses of	Renovation of 2 houses of	2 houses of Namibia	150,000,000	150,000,000	Adequate funding for the
Namibia renovated	Namibia	Renovated, asbestos sheets	=	=	2 staff houses in Namibia
and asbestos		have been removed and			
removed		replaced with iron			
		corrugated sheets.			
4 Generators	Maintenance and	Maintenance and servicing	30,650,000=	10,650,000=	Inadequate funds
serviced and	servicing of 4 Generators	of 4 Generators carried out			
maintained					

20.7 Challenges

- Inadequate office and laboratory space
- There is inadequate funding for UVRI especially for research reagents which constrains the delivery of its mandate and mission;
- There is currently no centralized and accessible sample repository system, which has constrained proper sample management and utilization;
- There is inadequate dissemination and utilization of its research findings, which constrains its contribution to evidence based policy formulation and practice;
- There is inadequate transport especially sample collection vehicle.
- Lack of funds to pay off squatters from the institute land.

20.8 Proposed solutions

- To increase and expand UVRI's involvement in research and surveillance of viral diseases
 of public health importance including their link to non-communicable diseases
- To develop a centralized, accessible and reliable sample repository system.
- To improve the infrastructural and human resource capacity at UVRI
- Enhance collaborative partnerships between UVRI and other training Institutions
- Increase awareness of science among the students
- Encourage exchange and sabbatical programs
- Diversify donor funding
- Establish a national sample repository for biotechnology innovation
- Construct a science block to house laboratories, offices, stores and a conference facility.
- Enhance the human resource capacity at UVRI.

21.1 Executive Summary

NDA was established by an Act of Parliament in 1993, currently the National Drug Policy and Authority (NDP/A) Act, Cap. 206 of the Laws of Uganda (2002 Revised edition)

21.2 Mandate

"To ensure the availability, at all times, of essential, efficacious and cost-effective drugs to the entire population of Uganda, as a means of providing satisfactory healthcare and safeguarding the appropriate use of drugs"

21.3 Vision

"A Uganda with safe, effective and quality medicines and healthcare products"

21.4 Mission

"Promoting and protecting public health through the effective regulation of human and animal medicines and healthcare products".

21.5 Objectives

The strategic plan is composed of 14 strategic objectives but for the purpose of this report the following objectives have been highlighted.

- Increase compliance to the NDP/A Act and Regulations
- Promote domestic production of human and veterinary medicines and health care products
- Strengthen the systems, processes, and procedures for pre-market regulatory activities on medicines and health care products
- Strengthen the systems, processes, and procedures for post-market regulatory activities for medicines and health care products

21.6 Performance Targets for half year in FY 2018-2019

Table 21. 1: Q3 & Q4 Performance FY 2018/19

#	Indicator	Planned	Half year	Rating
		Half year Target	Actual	
			performance	
1	Proportion of enforcement actions effected based on	80%	61.1%	
	intelligence recommendations (include internal and			
	external recommendations)			
2	Proportions of complete applications for pharmacy	90%	73.96%	
	renewals for which licenses are issued by 31st January			
	2019.			
3	GMP Report Feedback to Manufacturer after inspection	45 Working Days.		
	done within 45 working days			
4	Number of dossier evaluations carried out.	800	951	
5	Number of variation applications evaluated	300	916	
6	Number herbal medicines applications evaluated	40	192	
7	Percentage increase in the number of ADR reports	50%	37.4%	
	received annually.			
11	Proportion of human PMS samples in the sampling	10%	7.4%	
	protocol failing quality test in the Laboratory			
13	Proportion of Human medicine samples tested in the	70%	64.3%(216/336)	
	period			
14	Proportion of Veterinary Medicine samples tested in the	70%	106.5%	
	period			
15	Proportion of Medical device samples tested in the period.	75%	29%(24/82 only	
			surgical)	

21.7 Challenges

- The NDAMIS system used for processing licenses was temporarily down in the month of December and also the processing speed was very low in the entire period of December 2018 and January 2019. This is evidenced by the fact that out of 831 applications received by end of December 2018, only 55 (6.62%) were approved in the system.
- There were delayed submission of license renewals applications in the months of October and November. (This was attributed to lack of working licensing guidelines. The bulk of applications (1114) were received between December and January hence creating a backlog for inspections. Given the limited resources at hand, these inspections could not be complete in time for final decision making.

- The activity of licensing of both pharmacies and drug shops is being carried out by staff at regions without DADIs pending renewal of their memorandum. As a result the staff at regions are being stretched thin
- Limited reporting of ADR reports by private hospitals.
- Weaknesses in the existing NDPA Act Cap.206 affecting the effective regulation, like GMP inspection of herbal, deterrent penalties are not provided for.

21.8 Recommendations

- Invest in improving NDAMIS system to improve the efficiency with which licensing is conducted.
- Institute a three year licensing period to avoid repetitive guidelines and approval procedures.
- NDA has re-engaged the DADI's to fast track licensing.
- Ministry to fast track the passing of the NFDA Bill

21.9 Budget Perfomance + Quarterly Objectives

Table 21. 2: Q3 & Q4 Performance FY 2018/19

Planned activites/ output description	Quarterly targets	Outputs achievements/results	Budget release	Expenditure / budget performance	Explanation for the variance
Field Activities. • Undertake support supervision activities to public and private sector medicines outlets.	2 visits made per outlet (3242) in the districts across the country (Drug shops; 3150 Pharmacies: 920)	Total outlets visited were 9,352 of which 704 (7.5%) were found non-compliant. The table below shows the quarterly performance. Pharmacies were more compliant with a rate of 16.1% in quarter 3 as compared to quarter 4 while drug shops were improved the compliance levels 2.2% in quarter 4 as compared to quarter 3.	204,018,000	300,803,000	Target Achieved
Crack down on illegal outlets.		15 enforcement operations took place in which 756 illegal outlets were identified of which 58 were handled to logical conclusion.			
Crack down on sale of classified drugs in markets.	Impounded consignment s.	13 shift markets were visited in Q3 and Q4. The total consignment of products recovered were 66	388,525,00	826,044,300	Target Achieved
Operation against counterfeits and unregistered medicines.	Recovered	During the first quarter, 27 sets of baggages were seized from individuals.			
Sensitization of stakeholders	8	88 Sensitization meetings held in regions	64,000,000	64,864,120	Target Achieved
Evaluation of drug application for marketing authorization. Expert opinions and joint activities	300	Total evaluations 951 (Human were 898 and veterinary 53) were conducted. Total variations evaluated were 593 (Major evaluations were 335, Minor Evaluations were 258.	113,960,00	72712380	Target Achieved Target achieved

Maintain a current and up to date drug register	Monthly register uploaded by	Monthly registers were uploaded on the website on the 5th working day of every month. The cumulative register is listed in the table below.					Target achieved.	
	5 th of the following	Human	veterinary	Human herbal	Vet herbal			
	month.	4471	418	154	1	Ц		
		By the end o suspended.	f June 2019, a to	otal of 268 pro	ducts had been			
Undertake joint assessment activities with other regulatory agencies	Draft SOPs, EAC -APIs database and EAC APIMF and tools	24th - 28th J reviewed	sment meeting o June 2019 were o	conducted and	d 8 Guidelines			Target achieved.
Evaluation of drug application for marketing authorization of Herbal medicines and other	40 foreign	A total of 8 foreign herbal were evaluated including 5 for Quarter 3 and 2 for Quarter 4					Evaluations depend on application received.	
health care products	40 local	22 Local herbal products were evaluated including; 12 in Quarter 3 and 10 in Quarter 4				82,000000	12,310,000	Evaluations depend on application received.
Licensing of pharmaceutical premises	1839 whole sale		82 pharmacy ap 70 (95.31%) phar			63,939,200	162,309,400	Breakdown in NDAMIS used for licensing which affected applications
	12302	10720 (91.8 the financia	%) Drug Shops 1 year.	have been li	censed during			The staffing levels at regions to facilitate licensing is thin since the removal of DADIs.

Conduct GMP inspections and assessments of foreign	15 facilities existed during the	The details are summarized in the table below.						Target Achieved
and domestic	preceding		Number	Of Inspec	tions			
pharmaceutical manufacturing sites	year. 63 (First	Facilities	Quarte r 1	Quarter 2	Total	880,717,920	593,660,333	
(FPPs/CROs/APIs/Biolo gicals/Herbals	Quarter 33 & Q2 30)	Foreign GMP Inspections	16	53	69			
	3CRO s 2 APIs	Local GMP Inspections	5	0	5			
		Herbal Inspections	13	12	25			
		CRO Inspections	0	0	0			
		API Inspections	1	0	1			
		GMP Desk Reviews	20	17	37			
Control the import and export of medicines and health care products through verification and inspection of import consignments	95%	97.05% (2183/2249) of consignments were inspected within two days in Quarter 3 and 98.28% (2059/2095) of consignments were inspected within two days in Quarter 4. Overall 97.7% (4242/4344) inspections were conducted in 2 working days.					52,454,000	Target Achieved
Test samples of medicines - with emphasis on micro- biology analysis for injectable, herbals,	500	Received 336 samples of which 216 (64.3%%) were tested The PMS failure rate was 4.2% (9 samples failed out of 216).				503,851,65	40,800,667	The test is dependent on the sample received.
domestically manufactured products, devices and other	90	Received 185 samples of v 100% (185/185) samples samples were also tested.				Target Achieved		
pharmaceutical products at NDQCL and other labs	100	Received 107 samples and samples and the failure ra	(4 out of 10			Target Achieved		
		Received 259 batches and failure rate for 7 samples				Target Achieved		
	200	• Two (2) batches o guard) failed Airburst tes	Details of failed samples Two (2) batches of male latex condoms (Life guard) failed Airburst tests One (1) batch of male latex condoms (Lifeguard)					

		failed Airburst and freedom from holes. One (1) batch of male latex condoms (Lifeguard) failed freedom from holes' tests. One (1) batch of male latex condoms (Fiesta big black) failed lubricant quantity test 4 batches were received and 5 tested			The test is dependent on the sample received.
	100	Received 82 samples of which 24 (29%) were tested			The test is dependent on the sample received.
Undertake a survey on quality assessment of RDTs	Proposal Written	20 samples of RDTs were following an approved concept and protocol collected. Testing ongoing in FDA Ghana. Results expected by 5th July, 2019.	15,185,760	00	The cost of testing each batch ended being much higher than had been anticipated
Put in place Track and Trace systems along the entire supply chain	Install and test the T&T system, Provide report to management	3 officers participated in a benchmark Visit to Malaysia in Q4 to learn and know how the system works	921,985,000	34,210,855	This is going to be done in the first quarter of 2019/2020
Increase the effectiveness and visibility of the Pharmacovigilance system	100	A total of 273 ADR reports were received (Quarter 3 received 115 & Quarter 4 received 158 ADR reports). There is a percentage increase in ADR reporting in Q4 by 37.4% as compared to Quarter 3 It was noted that, 68.7% of the ADR reports were received from Central and 12% for West Nile.	39,466,000	46,711,091	
Foster ethical medicines promotion	4 planned in Quarter	2 show cause letters written and 2 sensitization meetings held for herbalists in Q3 and wasn't done in Q4			Target Achieved

			13,600,000	2,070,000	
Destruction of obsolete pharmaceuticals	30,000	A total 436,724 kgs were destroyed and 68 destruction certificates issued. The table below shows the quarterly breakdowns.	32,000,000	73,121,498	Target Achieved
Participate in inter- laboratory proficiency testing for medicines, condoms and gloves	Inter- laboratory proficiency tests	5 proficiency tests were done and successful passed with more than 80% pass rate	184,222,630	156,479,756	.Target achieved.
Conduct post market surveillance	133 samples for products tested.	347 samples were received of which 234 were tested with a percentage of failure of human medicine standing at 7.4%	77,200,000	159,097,600	Target surpassed
Conduct public awareness about the safety, efficacy and quality of medicines	IEC materials developed, printed ready for disseminatio n	 2 posters on ADR reporting developed, printed and disseminated. 11 facilities -1 hospital and 10 HCIIIs received the materials. Disseminated IEC and ADR forms materials to 17 (3 hospitals) health facilities. 	44,000,000	64,620,500	Materials developed, printed and disseminated
Carry out collaborative activities with MAAIF, UVA, UVB, Academia & Research Institutions that are key to veterinary drug regulation	3 Stakeholder meeting held	Three meetings were held with UNBS on food safety, Veterinary on Antimicrobial resistance and veterinary research as key stakeholders	40,000,000	65,093,948	Target Surpassed

Chapter Twenty- Two: National Medical Stores

22.1 Mandate

National Medical Stores is set up by an Act of Parliament, NMS Act Cap 207 as a statutory body responsible for procurement, storage and distribution of medicines and medical supplies primarily to Government health facilities.

22.2 Vision

A population with adequate and accessible Quality Medicines and Medical Supplies

22.3 Mission

To effectively and efficiently supply essential medicines and medical supplies to health facilities in Uganda

22.4 Objectives

To provide supplies of medicines and other pharmaceutical supplies to the Ugandan Population

22.5 Budget Performance + Quarterly Objectives

Table 22. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ results
085906 Supply of EMHS to HC 11 (Basic Kit)	Procure, store and distribute EMHS Basic kit worth UGX 2.6 billion that contains supplies to cover the general treatment of children, women, men the elderly and the disabled	Essential medicines and health supplies worth UGX 2.59 bn procured stored and distributed to Health Centre 11	2,593,236,943	2,593,236,942	N/A
085907 Supply of EMHS to HC 111 (Basic Kit)	Procure, store and distribute EMHS Basic kits for health Centre III worth UGX 5.97 billion that contains supplies to cover the general treatment of children, women, men the elderly and disabled	Essential medicines and health supplies worth UGX 5.97 bn procured stored and distributed to Health Centre 111	5,970,000,000	5,970,000,000	N/A
085908 Supply of EMHS to HC 1V	Procure, store and distribute EMHS Orders worth UGX 2.7 billion for HC IV that contain supplies to cover the general treatment of conditions affecting children, women, men the elderly and disabled	Essential medicines and health supplies worth UGX 2.67 bn procured stored and distributed to Health Centre 1V	2,672,000,000	2,672,000,000	N/A
085909 Supply of EMHS to General Hospitals	Procure, store and distribute EMHS Orders worth UGX 5.11 billion for General hospitals. The supplies are based on the district specific prevailing ailments and clinical guidelines covering all sensitivities of gender and equity and in accordance with levels of care in the Health referral system.	Essential medicines and health supplies Worth UGX 5.11 bn procured stored and distributed to General Hospitals	5,116,000,000	5,116,000,000	N/A
085910 Supply of EMHS to Regional Referral	Procure, store and distribute EMHS Orders worth UGX 4.5 billion for Regional Referral	Essential medicines and health supplies worth UGX 4.53 bn	4,533,000,000	4,533,000,000	N/A

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ results
Hospitals	hospitals. The essential medicines and health supplies cater for both Specialised and general conditions peculiar to the regions. The supplies selection as well takes into consideration clinical guidelines covering all sensitivities of gender and equity and in accordance with levels of care in the Health referral system.	procured stored and distributed to Regional Referral Hospitals.			
085911 Supply of EMHS to National Referral Hospitals	EMHS orders worth UGX 5 billion for National Referral Hospitals are procured and delivered to cater for referred patients in accordance with the health referral system. The supplies cover Specialised and over specialised medicines and health supplies. They cater for complicated cases of ailments and the mentally challenged patients that require the highest level of consultancy.	Essential medicines and health supplies Worth UGX 5.04 bn procured stored and distributed to National Referral Hospitals.	5,035,600,000	5,035,600,000	N/A
085913 Supply of EMHS to Specialised Units	Specialised items worth UGX 9.8 billion procured, stored and distributed to UHI and UBTS to cater for heart patients and national blood supply requirements respectively. Jigger treatment supplies continue to be rolled out to the affected parts of Eastern Uganda.	Essential medicines and health supplies Worth UGX 9.93 bn procured stored and distributed to UHI and UBTS.	9,833,629,836	9,833,629,836	N/A
085914 Supply of Emergency and Donated Medicines	Emergency supplies and donated items worth UGX 1.4 billion are equitably distributed to health facilities in regions affected with	Essential medicines and health supplies worth UGX 1.40 bn procured stored and	1,400,000,000	1,400,000,000	N/A

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ results
	outbreaks like Cholera and other epidemics.	distributed to Health facilities.			
085915 Supply of Reproductive Health Items	Reproductive health supplies worth UGX 3.3 billion procured, stored and distributed to health facilities spread throughout the country. Mama kits are for safe delivery of mothers where family planning supplies are for better planned families and improved quality of life.	Essential medicines and health supplies worth UGX 3.30 bn procured stored and distributed to Health facilities.	3,300,000,000	3,300,000,000	N/A
085916 Immunisation Supplies	Immunisation supplies including Hepatitis B Vaccine worth UGX 9.95 billion procured, stored and distributed. The vaccines are for the routine vaccination of children in the course of their growth as well as specific ones for children below 5 years, girls above 10 years, and women of child bearing age. Hepatitis B Vaccine to be distributed to the affected regions.	Essential medicines and health supplies worth UGX 9.95 bn procured stored and distributed to Health facilities.	9,950,000,000	9,950,000,000	N/A
085917 Supply of Lab Commodities to accredited Facilities	Laboratory commodities worth UGX 6.5 billion procured, stored and distributed to health facilities from HC III on wards to aid proper disease diagnosis prior to appropriate prescription of medicines.	Essential medicines and health supplies worth UGX 6.47 bn procured stored and distributed to Health facilities.	6,465,975,000	6,465,975,000	N/A
085918 Supply of ARVs to accredited Facilities	Procure, store and distribute ARVs worth UGX 34.1 billion to treatment centres. This will improve the quality of life of the affected people in accordance with the test and treat policy.	Essential medicines and health supplies worth UGX 34.10 bn procured stored and distributed to the accredited facilities.	34,101,005,800	34,101,005,800	N/A

Output description	Quarterly targets	Achievements/ results	Budget release	Expenditure/ budget performance	Explanation for variation/ results
085919 Supply of Anti- Malarial Medicines (ACTs) to accredited facilities	Anti-malarias worth UGX 7.7 billion procured, stored and distributed to health facilities for treatment of malaria. The supplies contain adults and pediatrician dosage.	Essential medicines and health supplies Worth UGX 7.67 bn procured stored and distributed to the accredited facilities.	7,669,934,500	7,669,934,500	N/A
085920 Supply of TB medicines to accredited facilities	Procure, store and distribute anti TB drugs worth UGX 5.1 billion to accredited centres. The supplies include the various lines of treatment for multi disease resistant strains.	Essential medicines and health supplies Worth UGX 5.08 bn procured stored and distributed to the accredited facilities.	5,080,000,000	5,080,000,000	N/A
085921 Administrative Services 085922 Corporate Services	Support worth UGX 4.9 billion provided for the procurement, storage and distribution of essential medicines and health supplies to health facilities.	Provided support UGX 4.9 billion for the procurement, storage and distribution of essential medicines and health supplies.	4,953,084,700	4,953,084,700	N/A

23.1 Mandate

- Coordination and regulation and stewardship of health research
- Research agenda priority setting (ENHR)
- Ethics and good practice enhancement
- Information sharing and management
- Knowledge translation and evaluation
- Organizing and capacity building for research
- Harness innovations and new tools

23.2 Vision

Create a culture in which health policy and practice is driven by research evidence to improve the health and socio-economic development of the people of Uganda.

23.3 Mission

To create scientific knowledge for the application of evidence based health policies and interventions for the improvement of health care delivery and socioeconomic development for the people of Uganda.

23.4 Budget Performance + Quarterly Objectives

Table 23. 1: Q3 &Q4 Performance FY 2018/19

Planned	Q3_4 Actual	Budget	Source	Comments		
Annual	Output					
Outputs	(Qty and					
1	Location)					
Output des	,					
To strengthen governance and Secretariat for health researchcont						
Support	Emoluments/taxes	36.3m	МОН	*Figures for each quarter		
Coordinati	Wage subvention					
on and	13.6m/month	13.8m				
Secretariat	@3months and					
	Taxes- URA,NSSF					
	e) Office running Q	2.4m	MOH	*Figures for each quarter		
	(IT, utilities, web,					
	internet, stationary-					
	- utilities and web					
	paid (July-Sept) ,					
	fuel, misc					
	<u> </u>		l .	1		
Output de	scription 1: To stre	engthen gov	ernance and	Secretariat for health		
researchco	ontd					
a) Review	a)Held a	UNCST/	UNCST/	Issues:i)Global evolving trends		
National	consultative	UNHRO/	UNHRO/	in Res Regulation,		
Guidelines	workshop to	EDCTP/	EDCTP/			
for Health	review the	NDA	NDA	ii)Minimum thresholds for Stds		
Research	national			of care determined		
Involving	Guidelines on the					
Human	7th March 2019			iii) Bio banking and storage,		
Participan				ownership, transfer, privacy		
ts	Participants					
	included Prof			iv)Research insurance cover		
	Barugahare from					
	the EASRTC,			v) Gene editing		
	academia,MoH					
	<u> </u>		l	1		
Output des	cription 1: To stren	gthen gover	nance and S	Secretariat for health		
research	contd					
a) Review	w a)Held a	EAHRC	EAHRC	Outcomes: -i)Reviewed National		
the	National			Baseline Assessment RECs		
Implementa	t consultative			(quality, adequacy, stds,		
_	of workshop to			processes, national RECs		
Priority	review Ethics Review			frameworks		
Intervention						
s fo				-Gaps identified		
strengtheni				200		
g Ethic				-Regional policies harmonized.		
Review				Reports at we EAHRC and		

Frameworks				UNHRO websites
Output Desc	cription 2: To Rev	view the nat	ional Health	research agenda
a)Review the national	a) Held a joint national consultative	IDRC	IDRC	i)Formed consortium to partner with McMaster University
Health Research Priority Setting (HRPS) Agenda	workshop(Ugand a, Zambia and Tanzania, IDRC) on Health Research Priority Setting on the 25 Feb			ii)Developed revised frameworks and manuals to guide HRPS implementation in the region iii) Resource and grant
	2019			mobilization strategy agreed and adapted
Outnut Dog	crintion 2. To str.	enothen info	ormation sha	ring and knowledge translation
and evaluation	-	ang unen muc	vi illativii Siläl	mg and knowledge translation
-a)Review Research on Mental	a) Hold a mental Health Symposium to	EDCTP/ CREDU	EDCTP	a)-Theme: Achieving UHC for quality MH care
Health (MH)	inform and share and disseminate current research findings on MH, on 10th April 2019			-Findings: major cause is alcoholism (86%)- highest per capita; 55% didn't seek care?perceived normalcy, 47% needed assistance; Dementia 2x doubles every 20years.
Output Desc	cription 4: To Dev	relop and ha	rness new too	ols, technology and innovations
a) Review COAST clinical trial multicentre study on O2 Use	a)Holda consultative intl meeting to review DSMB and discuss and determine the optimal thresholds/route s forOxgen administration in order to eliminate O2 therapy adverse effects in children	WHO/LS HTM	WHO/LSH TM	-
MALRID local herbal antimalarial study	-Options reviewed, Kampala 13th June 2019			b) Study completed in June 2019. Analysis being done.

PROFESSIONAL COUNCILS

26.1 Mandate

The Allied Health Professionals Council (AHPC) is a body corporate established by the Allied Health Professionals Act Cap. 268 to regulate supervise and control the training and practice of the allied health professionals in Uganda.

26.2 Vision

A Council that protects society from harmful and unethical professional practices

26.3 Mission

To regulate, supervise, control and enforce standards of education, training and practice for Allied Health Professionals in order to effectively contribute to health productive life of Ugandans.

26.4 Core Values

- Professionalism
- Accountability
- Integrity
- Honesty
- Ethical Conduct

26.5 Statutory Functions of the Council

- To regulate the standards of allied health professionals in the country;
- To regulate the conduct of allied health professionals and to exercise disciplinary control over them;
- To supervise the registration and licensing of Allied Health Professionals and publication of the names of registered Allied Health Professionals in the gazette
- To supervise and regulate the training Institutions for the different categories of Allied Health Professionals
- To advise and make recommendations to the Government on matters relating to the allied health professions;
- To exercise general supervision and control over the allied health professions and to perform any other function relating to those professions or incidental to their practice;

• To perform any other functions conferred upon it under this Act or referred to it from time to time.

26.6 Objectives

- To register eligible allied health professionals
- To issue practicing licenses to registered professionals
- To register and renew licenses of health units
- To register and license laboratories
- To inspect allied health training institutions for recognition and approval of new programs
- To conduct inspection of health units
- To pay salaries and wages for council employees
- To conduct boards, committees, Council and meetings
- To create awareness of council mandate among employers and professionals

26.7 Budget Performance + Quarterly Objectives

Table 26. 1: Q3 &Q4 Performance FY 2018/19

Thematic area	Output description (Activity)	3 rd & 4 th Quarter targets	Outputs achievement/results	Budget	Expenditure	Explanation for variation/ Results
Registration and licensing of professionals	Registration of Allied Health professionals done	2,013 applicants	1,578 professionals were registered			Delayed release of transcripts from UAHEB
and health units	Licensing of professionals done Licensing of private health facilities done Registration and Licensing Private Laboratories done	10,818 professionals 914 health facilities 265 laboratories	13,613 professionals were licensed 1,918 health facilities were licensed 667 laboratories were licensed	40.6 M	66.7 M	Licensed professionals on the rise Standards of private practice were assessed Quality of Laboratory services assessed
Inspections and support supervision	Sensitisation of CAO's and DHO's on council's mandate done	30 districts	Conducted sensitization of CAOs & DHOs in 25 districts of the North, Karamoja, Teso, Midwest and mbarara sub regions	28.2 M	24.4 M	CAOs suspended Pay for all professionals found without practicing licenses
	Monitoring activities of council in regional offices carried out	10 regional offices	C	25.2 M	14.28 M	Limited funds to conduct 2 nd monitoring
	Inspection of health facilities implemented	Conduct 1000 health facilities	2,854 health facilities were inspected	42.1 M	19.2 M	Illegal practitioners identified and quality of service delivery

						assessed
	Inspection of health training institutions implemented	8 Institutions	66 Health Training institutions were inspected	39 M	29.98 M	Legal mandate to operate a health training institution was checked and appropriate advice given
	Support supervision at regional offices conducted	Conduct support supervision to 15 districts		14.3 M	9.6 M	District allied health supervisors Supported to do the delegated work
Salaries and Allowances	Staff salaries and allowances paid	Pay staff salaries and allowances for 48 employees	Paid salaries and allowances to 45 employees	545.2 M	465 M	2 Staff left AHPC and got employment in other organizations
	Conduct board, committee and council meetings conducted	Conduct 28 meetings (Council, committee and board meetings	21 meetings conducted	61.4 M	72.6 M	There was an extra ordinary meeting
Gazetting and transportation	Publication of up-to-date registers done	3 registers	2 registers published in Uganda Gazette on 28/6/2019	240.5 M	199.25M	Up-to-date registers published
	Procurement of inspectorate vehicles done	2 vehicles	2 cars procured for Mbarara region and Inspectorate Unit	251.3 M	251M	None
Revenue budget performance	NTR collected by A H P C	UGX 1.704 B	UGX 2.205 B	Nil	UGX 1.085 B	Balance was carried forward to FY 2019/2020
Periormanoe	Subvention received from Ministry of Health	37.5 M	31 M	Nil	31 M	Less funds released by Ministry of Health

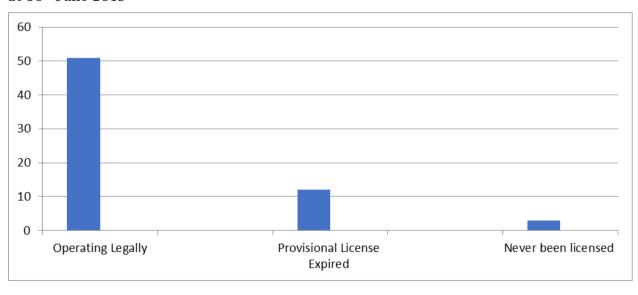
Progress on Issues Rose from Last Review Meeting

No	Issues raised	Progress
1	Councils to save funds for development of Butabika land plus getting a land title for the said piece of land.	The Saving of funds for development of Butabika land will start in the FY 2020/21
2	Non registration of certain new health cadres who are trained using accredited curriculum by NCHE, some of whom with positions in Public service like Optometrists, Health Educators, and medical records.	Optometrists were approved for Registration and published in the Gazette Health educators who were previously Allied Health professionals are registered Health educators who do not have a basic health qualification are not yet registered Medical records professionals failed to get a board under which they can be regulated
3	Deteriorating quality of graduates from health training institutions	HPAC approved pre-registration assessment for Allied Health Professionals on 17/4/2019 Booked for a slot to present to Top Management
4	Regular verification of all allied health workers to weed out those who may have entered with forged academic papers and publishing them in print media to inform the public	This is ongoing, two cases got in June are to be handled by disciplinary committee, after investigation

Achievements

- Published 12,752 Allied Health professionals and 1,013 health units in the Uganda Gazette Vol. CXII No.30 dated 28th June 2019, the up-to-date registers as at 31st March 2019. AHP Act CAP 268 Sec 24(2)
- Conducted inspection of 2,854 health facilities countrywide
- Council members carried out annual monitoring of regional offices to acquaint themselves with council operations at regional offices
- Supported two professional association to conduct CPD namely; Uganda Environmental Health Workers Association and Uganda Dental Officers and Technologist Association.
- Installed 4 CCTV cameras at AHPC offices for 24 hour security surveillance at the office premises
- Supported 30 District Allied Health Supervisors (DHIs / ADHOs) with funds (77,681,559/=)to conduct inspection of health units & other delegated functions
- Procured two brand new cars one for Mbarara regional office and the other allocated to the Inspection and Quality Assurance Unit
- Organized 2019 sports gala in which over 8 allied health training institutions participated
- Completed recruitment exercise for a **Certified Public Accountant** as recommended by Auditors
- Inspected 66 Health training institutions, a report indicated that 15 out of 66 did not have valid licenses

Figure 26. 1: Licensing status of Allied Health Training Institutions in Uganda as at 30th June 2019



Source: Inspection & Quality Assurance Unit, July 2019

6.8 Challenges

- Inadequate means of transport for inspectorate staff in Regions
- High Expenses for attending several court cases over quacks
- Resistance by some Public servants to renew their practicing licenses. This
 has resulted into civil court matter with High Court civil division in which
 AHPC and Attorney General have been sued by Environmental Health
 workers Association

Way Forward

- Follow up of cases in courts of law at Namutumba, Kibuku, Mbale, Nabweru,
 Mityana and Entebbe, Kampala among others
- Disseminate the recent copy of Gazette (Vol. XII No 30 dated 28th June 2019) to all employers and the stakeholders
- Collaborate with NDA and other professional councils to weed out illegal health facilities
- Conduct more inspection of health facilities across the country
- Initiate procurement of two cars for regional offices and secretariat

Inspection and Supervision in Field Work Photographs



Dirty & disorganized clinic which was closed in Rubaga



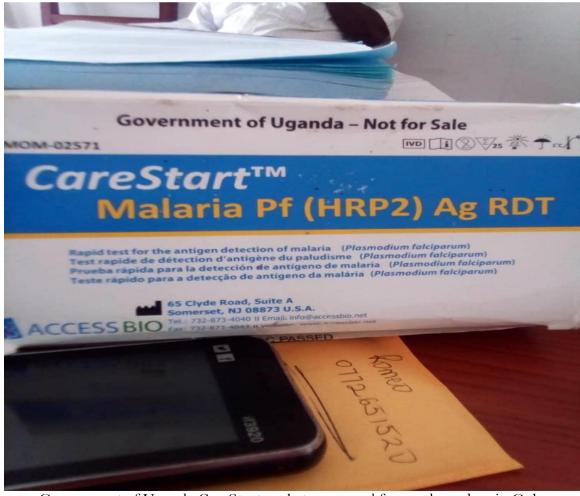
One Roomed clinic closed to protect the public from harm in Kyotera District



Inspection team at Lacor School of Theatre Assistants



Inspection of Gulu School of Clinical Officers Skills Laboratory



Government of Uganda CareStart packet recovered from a drug shop in Gulu

27.1 Introduction

The Uganda Nurses and Midwives Council (UNMC) is a statutory body established by the Uganda Nurses and Midwives Act, 1996 to regulate the training and practice of nursing and midwifery profession so as to ensure public safety. The Council has the mandate to protect the public from unsafe nursing and midwifery practices; ensure quality of nursing and midwifery services; foster the development of the nursing and midwifery profession; and confer responsibility, accountability, identity, and status of the Nurses/Midwives in Uganda.

27.2 Mandate

The functions of the council are to:

- 1. Regulate the standards of nursing and midwifery the country
- 2. Regulate the conduct of nurses and midwives, and exercise disciplinary control over them
- 3. Supervise the registration and enrolment of nurses and midwives, and publication of the names of the registered and enrolled nurses and midwives in the Gazette
- 4. Advise and make recommendations to government on matters relating to the nursing and midwifery professions
- 5. UNMC is a professional regulatory and supervisory body committed to the provision of quality nursing and midwifery services to the public

27.3 Mission

The mission of UNMC is to set and regulate nursing and midwifery training and practice standards; register and licence nurses and midwives and to provide professional guidance for public safety in Uganda.

27.4 Vision

The vision of UNMC is to be a statutory body that effectively regulates nursing and midwifery professions for public safety.

27.5 Objectives

Using the UNMC strategic plan 2017/18 - 2021/22, the council strives to achieve the following objectives:

- 1. Promote standards and ensure compliance by nurses and midwives.
- 2. Strengthen regulation of education, training of the nurses and midwives professionals
- 3. Strengthen policy and regulatory framework
- 4. Strengthen and develop capacity of UNMC Secretariat for effectiveness.

27.6 Budget Performance + Quarterly Objectives

Table 27. 1: Q3 & Q4 Performance FY 2018/19

Output description	Quarterly targets	Outputs achievements/	Budget	Expenditure/	Explanation for variation/
	(Q3 &4)	results (Q3 &4)	release	budget	**results
			(Q3 &4)	performance	
Registered and	4000 to be registered/	Total Registered/enrolled:	119.63M	107.65M	Minimal renewals due to out of stock
enrolled; and	enrolled, 2000 per	4694			of PL as a result of Litigation that
renewed nurses and	quarter	Q3: 2567			altered operations and finance
midwives		Q4: 2127			accessibility
		Total Registered: 793			
		Total Enrolled: 3901			
	5000 to be renewed				
		Total renewed - 2610			
		Q3: 1366 (452 Registered &			
		914 Enrolled)	_	-	
		Q4: 1244 (457 Registered &			
		787 Enrolled)			
Registered and	Total No of Facilities	Total Registered: 28	-	-	More General clinics were registered
renewed Nursing &	to be registered: 28	General Clinics: 17			due to awareness that nurses can also
Midwifery private	General Clinics: 14	Domiciliary Homes: 11			own a facility
clinics	Domiciliary clinics:				
	14				
					Clinics are expected to renew by 30 th
	Total No. of Facilities				March according to the law.
	to be renewed: 340	Total renewals: 440			Therefore the majority renewed
	General Clinics:	General Clinic: 120			around that time.
	130	Domiciliary Homes: 320			

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure/ budget performance	Explanation for variation/ **results
	Domiciliary Homes: 210				
Participated in inspection of HTI and Universities in collaboration with the MOES and NCHE	Total No. to be inspected: 30 New HTIs: 5 New Programs: 10 Full registration: 15	 Total No. inspected: 20 New HTIs Provisional licensure: 13 New Programs: 3 Full registration: 4 	40.32M	36.5M	The decision to inspect a school/university depends on BTVET and NCHE Please find below table 1 with inspected schools/Universities
Reviewed and approved Nursing and Midwifery Curricular/ Training Programs	10 curricular to be reviewed, 5 per quarter	No curricular was reviewed and thus none approved.	-	-	Litigation that altered operations and finance accessibility
Disciplinary hearings conducted	A total of 2 disciplinary hearings, 1 per quarter 57 cases to be handled	No disciplinary hearing was conducted	7.86 M	-	Litigation that altered operations and finance accessibility

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure/ budget performance	Explanation for variation/ **results
Disciplinary investigations and follow ups conducted	A total of 24 cases to be investigated; 12 investigations per quarter A total of 6 follow ups, 3 per quarter	A total of 10 cases were investigated No case was followed up	2.855M	1.156M	Litigation that altered operations and finance accessibility Please find below table 2 with investigated and followed cases
Concluded Disciplinary cases and quacks published	1 publication of 94 cases	No publication was done	7.5M	-	Litigation that altered operations and finance accessibility
Council represented in courts of law on various cases	4 court appearances, 2 per quarter	5 court appearances for 3 cases	2.3M	1.27M	Cases in Kampala have no cost implications.
CPD providers and programmes accredited	2 CPD accreditation meetings; 10 CPD providers and CPD programmes to be accredited	1 CPD accreditation meeting was held Total of 4 CPD providers and 7 CPD programmes/activity were handled	4M	-	Litigation that altered operations and finance accessibility. Payments for one meeting not yet effected

Output description	Quarterly targets	Outputs achievements/	Budget	Expenditure/	Explanation for variation/
	(Q3 &4)	results (Q3 &4)	release	budget	**results
			(Q3 &4)	performance	
Maintained an updated database of	Weekly updates	Weekly updates done	-	-	Maintained as planned
all eligible Nurses					By end of June 2019, there were
and Midwives and	Publish Nurses and	No Gazette was made	_	-	68,822 nurses and midwives, 48905
publicize	Midwives in the				had valid practicing licenses. Details
	Uganda Gazette				of this are inserted below as table
					4 .
					The compliance rate to renewal was
					71%.
Digital licenses for	Installation of the	Installation of the digital ID,	4.8M	3.7M	Await management and board
the registered	digital ID, Training on	Training on image creation, ID			approval for sample produced before
nurses and	image creation, ID	management, digitizing the			other processes can proceed.
midwives produced	management, digitizing	registrar's signature			
	the registrar's				
	signature, rolling out				
	the cards and notifying				
	the stakeholders on the				
	changes, send SMS				
	reminders				
Online registration	Online registration	Prototype (demo) system of	-	-	Concept changed from registration to
system for nurses &	system for nurses &	online renewal of PL. This			renewal of PL only due to funder
midwives, and for	midwives, and for	system is under trial			priorities. This is done with support
private HFs owned	private HFs owned by	- Data migration			from ACHEST
by the nurses and	the nurses and	- Trial renewal			
midwives developed	midwives developed				Please find below in figure 1 a
					pictorial view of the system

Output description	Quarterly targets (Q3 &4)	Outputs achievements/ results (Q3 &4)	Budget release (Q3 &4)	Expenditure/ budget performance	Explanation for variation/ **results
GIS system functionalized	Present to MoH Senior Management system for approval	Presentation has not yet been done	-	-	Awaiting placing of item on SMC - MoH agenda
Participated in national, regional and international conferences	4 meetings (2 national, 1 regional and 1 international)	Participated in a total of 4 conferences - National: International Nurses Day celebrations in Ntungamo, International Day of Midwife in Mbarara - 2 Regional meetings one in Kigali-Rwanda & another Public Health Nurses Network conference in Nairobi- Kenya	61.2M	61.2M	Implemented as planned
		- ICN conference in Singapore			
Carrying out works and renovations	Completion of water bone toilet for clients	Clients' water bone toilet completed	35M 20M for toilet	34.5M	
	General renovations of all office structures	Renovations carried out on the main office roof	15M for renovations		

Output description	Quarterly targets	Outputs achievements/	Budget	Expenditure/	Explanation for variation/
	(Q3 &4)	results (Q3 &4)	release	budget	**results
			(Q3 &4)	performance	
Conducting Council			17.6M	16.3M	Disciplinary committee did not sit
and committee	10 meetings (2 full	6 meetings held (2 Full Council			due to Litigation that altered
meetings for	council & 8 committee	and 4 committee meetings)			operations and finance accessibility
effective governance	meetings)				
and service delivery					
Prepared work	1 annual want plan and	1 annual work plan and budget	-	-	Implemented as planned
plans and budget for	1 annual work plan and	for 2019/20			
financial year	budget for 2019/20	101 2019/20			
2019/2020					

Table 27. 2: Schools/Universities Inspected

Na	me of School	Reason for Inspection	Recommendation by
1.	Ann Nehema School of Nursing & Midwifery - Maracha	To assess suitability for full registration	Committee Committee is yet to hold a meeting
2.	Bwera School of Nursing & Midwifery - Bwera		
3.	St. Joseph Hospital Kitgum School of Nursing & Midwifery – Kitgum		
4.	Uganda Martyrs School of Nursing & Midwifery - Kaliro		
	ungamo Institute of Health ences – Ntungamo	To assess suitability to commence Diploma programs in Nursing & Midwifery	Committee is yet to hold a meeting
Fer	amic University in Uganda males Campus School of rsing & Midwifery - Kabojja	To assess new campus for suitability to commence Diploma programs in Nursing & Midwifery (Extension)	Committee is yet to hold a meeting
1.	Blessed Mother Mary Institute of Health Sciences – Kole	To asses suitability to commence nursing & midwifery programs	Committee is yet to hold a meeting
2.	Doctor's Referral School of Health Sciences – Ntungamo	(Provisional licensure)	
3.	International School of Nursing & Midwifery – Maya		
4.	Kiryokya College of Health Sciences – Mityana		
5.	Luwero School of Nursing & Midwifery – Luwero		
6.	Nightingale Institute of Nursing & Midwifery – Nkozi		
7.	PAK Memorial Trinity Institute School of Nursing & Midwifery – Kyenjojo		
8.	Prime School of Nursing & Midwifery – Kyenjojo		
9.	St. Ambrose School of Nursing & Midwifery – Kagadi		
10.	St. Mathias School of Nursing & Midwifery – Rubirizi		
1.	Bundibugyo School of Nursing & Midwifery – Bundibugyo	To verify school for provisional licensure to commence certificate	Committee is yet to hold a meeting
2.	Sembabule School of Nursing	programs in Nursing &	

	& Midwifery – Sembabule	Midwifery	
	Soroti University School of Health Sciences	To verify suitability to commence Nursing & Midwifery programs at	University accredited to commence training
2.	FINS University – BMS and BMED	degree level - Bachelor of Nursing Science (Soroti) - Bachelor of Midwifery Science (FINS) - Bachelor of Medical Education (FINS)	Committee is yet to hold a meeting

Table 27. 3: Cases Investigated

SNo.	Date and area of	Name and complaint	Nature of	Findings
	investigations		investigations	
1	25 th June 2019 Kampala City High School	Anek Dorothy Lucy Professional misconduct (suspected to have altered O' level certificate to secure	Verify identity, and results obtained at O' level	The school could not identify her among the students who sat for O' level in the
		admission into nursing school)		indicated year of 1968
2	25 th June 2019 Natteete Mackey Memorial School	Nambi Flavia a.k.a Nakigudde Sarah inconsistences in use of names	Verify names used, results obtained and confirm identity	The school confirmed that she was a former student who registered as Nakigudde Sarah, however he identity was not confirmed since they had no school albums at the time
	27 th June 2019 Trinity College Nabbingo	Nambi Flavia a.k.a Nakigudde Sarah Inconsistences in use of names	Establish true identity and confirm O and A level results used for training	Awaits communication from Trinity College Nabbingo
3	25 th June 2019 Kibuli Demonstration School	Kazimbiraine Salaama a.k.a Muhangi Salmo Salaam Inconsistences in use of names	Verify names used, results obtained and confirm identity	From the UNEB sheet obtained from the school for 1994, the Index number 25/019/067 belongs to Sserwanga Farouk who scored Eng 3, Sci 2, S.S.T 2 and

		1	T	
4	25 th June 2019 Salvation College, Kajjansi	Nassali Josephine Professional misconduct (suspected to have altered results to secure admission into a nursing school)	Confirm results obtained from her former O level school (Salvation College, Kajjansi) and documents used to secure admission for the course	MTC 4 From Mengo School of Nursing and Midwifery, the results match with what she submitted at the Council The head teacher confirmed that she was a former student of the school, however she altered her results
5	26 th June 2019 Bilal Islamic Institute	Kamugisha Sumaya (suspected to have altered results to secure admission into a nursing school)	Confirm results obtained from her former O level school and documents used to secure admission for the course	The head teacher confirmed that she was a former student of the school, however she altered her results
6	26 th June 2019 Mityana Trinity College	Nakyanzi Sumaya a.k.a Mbabazi Sumaya/Gatana	Verify names used at O level and results obtained from Sembabule S.S	Her identity was confirmed form her former school, Mityana Trinity College as Nakayiza Sumaya but the head teacher failed to trace for the UNEB sheet to confirm results obtained
7	27 th June 2019 Sembabule S.S	Nakayiza Cate a.k.a Zalwango Sarah Inconsistences in use of names	Verify names used at O level and results obtained from Sembabule S.S	The Head teacher confirmed that she was a true student from 2001 – 2004. She was admitted as Zalwango Sarah but while sitting her UCE she registered as Nakayiza Cate on advise of her guardian since she had used the same name during PLE

8	27 th June 2019	Nabigo Veronica	Verify results	From Nakyenyi
	Nakyenyi S.S,	Professional	obtained at O	S.S, Masaka the
	Masaka	misconduct (Suspected	level and	school confirmed
		altered results)	documents used	that she was a
			to secure	former student
			admission into	but results were
			the nursing	altered. The O
			course	level certificate
				presented by the
				team had different
				results from the
				result sheet
9	27 th June 2019	Nalubega Susan	Confirm results	Awaits
	Trinity College,	Professional	obtained from her	communication
	Nabbingo	misconduct (suspect to	former O level	from the school
		have altered results to	school (Trinity	
		secure admission into a	College	
		nursing school)	Nabbingo) and	
			documents used	
			to secure	
			admission for the	
			course	

Table 27. 4: Court Cases

SNo.	Details							
1	Miscellaneous Application No. 332/2018							
	Rebecca Nassuna -V Dr. Diana Atwine, Nurses and Midwives Council, Health							
	Service Commission and Attorney General							
	The was an Applicant brought by the Applicant, Ms. Nassuna Rebecca seeking restraining orders against the Respondents from effecting, enforcing or implementing the 1 st Respondent's decision of interdicting her from her employment with the 2 nd respondent as Acting Registrar on grounds that the 1 st Respondent was not vested with such powers which were not only illegal but also in violation of the principles of natural justice. The Respondents strongly opposed the Application and the ruling was given in favor of the Respondents in as far as the application was pre mature before court and dismissed with costs to the Respondents.							
2	Civil Suit No. 032 of 2017							
_	Dynamic Consortium Ltd V Uganda Nurs.Midwfs/Nsg							
	Bylamic Consorcian Zea V Change Ivariantia visa Ivag							
	The Plaintiff, (Dynamic Consortium Ltd) filed a suit and obtained judgement against the Defendant (Uganda Nurs.Midwfs/Nsg) for breach of contract of UgX 2,239,000,000/= (Two Billion Two Hundred Thirty Nine Million) being the value of an assortment of food items purportedly delivered to Hospitals and Health Centres in the West Nile Region under an agreement dated 17th March 2011.							
	The Plaintiff's bill of costs was accordingly taxed and allowed at 37,844,500/= on the 21st August 2017. The Plaintiff informally applied for and was granted execution of decree by way of a Garnishee Order Nisi and the same was granted on the same date of 21st August 2017. On the 28th August 2018, the Garnishee Order Nisi was made absolute and the Plaintiff filed an additional bill of costs for securing the Garnishee Orders Nisis which was taxed and allowed at 12,639,500/= and that for obtaining a Garnishhe Order Absolute taxed taxed at 17,954,500/=. In total, the Defendant was to pay 2,307,438,500/=.							

Uganda Nurses and Midwives council was not party to the above proceedings and was not aware of the same until the 29th August 2017 when Stanbic Bank declined to honour its cheques that had been drawn in respect of staff salaries.

Upon learning of the issuance of the Garnishee Orders, the Uganda Nurses and Midwives Council immediately filed an application for stay of execution and subsequently objector proceedings for release of its property from attachment. UNMC was granted an interim order on the 31st August 2017 restraining the Garnishee (Stanbic Bank) from deducting, transferring or paying to the Plaintiff the decretal sum from the Council's Bank Account until 13th September 2017 when the substantive application would be heard.

The substantive application was finally heard and disposed of and ruling delivered on the 14th September 2017 setting the judgment and decree issued in the suit, the various certificates of taxation and the subsequent Garnishee order issued in execution of the decree

However, on the 8th June 2018, through the Monitor publications, the Council learnt that Civil Suit No. 032 of 2017, where the Council almost lost 2,307,438,500/= had been amended and summons served by way of substituted service maintaining UGANDA NURS.MIDWFS/NSG as the Defendant.

Uganda Nurses and Midwives Council has since filed a defence and the matter is at mediation level. The matter came up on the 30th May 2019 but was adjourned to 26th August 2019 since the trial judge was indisposed.

Miscellaneous Application No. 190 of 2019 Egesa Irene Nafula V Nurses and Midwives Council

This is an application for judicial review filed by the Applicant, Egesa Irene Nafula for a declaration that the Respondent's finding that the Applicant should not be enrolled on the roll of nurses and midwives due to lack of requisite entry requirements for nursing/midwifery training is illegal, ultra vires, irrational, unreasonable and an abuse of the Respondent's discretionary powers. The Applicant urges further that she was denied a fair hearing before making the unilateral finding.

The case came up in court on the 24th April, 2019 and was adjourned to 24th June 2019 to allow the parties resolve the matter out of court, and in the event that the parties settled, file a report in court before 24th June 2019. On 24th June 2019, the report had not been filed nor had the Applicant served the Application onto the Respondent. The matter was accordingly adjourned to 10th September, 2019.

Table 27. 5: Registered Nurses and Midwives as per 30th June, 2019

		Licensed Nurses and	Nurses & Midwives with Expired	
Cadre	Registered	Midwives	Practicing Licenses	% Compliance
PHN	164	96	68	59
RSCN	167	100	67	60
RN	9473	6757	2716	71
RMHN	936	595	341	64
TUTOR-NURSING	121	59	62	49
RCN	2784	2153	631	77
BScM	17	17	0	100
TUTOR-MIDWIFERY	79	38	41	48
RM	6374	4726	1648	74

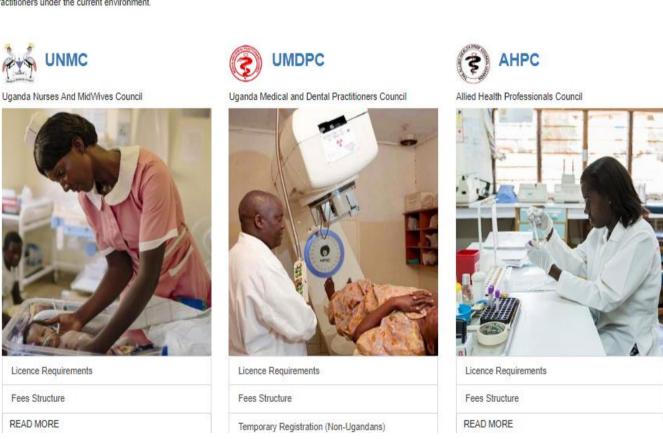
BNS	1380	1306	74	95
MNS	31	30	1	97
EM	13323	10674	2649	80
EN	16501	10765	5736	65
EMHN	1271	651	620	51
ECN	16200	10937	5263	68
PHD	1	1	-	100
TOTAL	68822	48905	19917	71

Figure 27.1: Prototype (demo) system of online renewal of Practicing License



About this portal

This is a digital platform that enables the license tracking and administration of health professionals, councils and facilities and laboratories. It has the ability to accommodate new professional categories and facilities as well as ease its use for common functions across councils. Effectively, this platfrom should improve the efficiency of interactions between councils and practitioners under the current environment.



27.7 Challenges

- Delayed printing of registration and licensing materials for nurses and midwives
- Delayed production of professional materials for sales thus affecting revenue collection
- Litigations threatening council funds and operations

27.8 Solutions

- Expedite procurement processes at Ministry of Health
- Pursue court cases to completion with support from Ministry of Health
- Undertake change of institution bank accounts

28.1 Mandate

The Pharmacy Board is established by the Pharmacy and drugs Act Chapter 280, Laws of Uganda 2000 edition to: "Protect the society from substandard and unethical pharmaceutical practices by ensuring practicing pharmacists are duly registered and adhere to National, Regional and International pharmacy practice standards at all times".

28.2 Functions

- 1. Register pharmacists to practice pharmacy.
- 2. Regulate the conduct and discipline of all registered pharmacists.
- 3. Maintain a register of pharmacists.
- 4. Publish in the gazette lists of registered pharmacists.

28.3 Planned Outputs

- 1. Pharmacy Profession and Pharmacy Practice Bill review recommended amendments submitted to First parliamentary Counsel
- 2. Two Quarterly &Two PB Committee meetings held.
- 3. Newly qualified pharmacists registered timely.
- 4. Internship training of pharmacists coordinated.
- 5. PB Secretariat supported.

28.4 Budget Performance + Quarterly Objectives

	Q3 & Q4 Release	Expenditure 100%
	31million	
Payment of court award to Aijuka M.		31 Million

Table 28. 1: Q3 & Q4 Performance FY 2018/19

Output descripti on	Quarterly targets	Outputs achievemen ts/ results	Budget release	Expen diture/ budget perfor mance	Explanation for variation/ **results				
PHARMAC	PHARMACY PRACTICE LEGISLATION STRENGTHENED								
Pharmacy Profession &Practice Bill Review Report discussed and adopted	Amendme nts to PPPP submitted to FPC	Proposed amendments incorporated Clarification s made on some of the issues raised by FPC staff working on the Bill.	0	100%	Funds used on court award payments.				
PB LINE A	CTIVITY3 -	-REGISTRATI	ON OF P	HARMAC	ISTS				
Pharmacy Board meetings	Two ordinary, one special and two committee meetings	five Meetings held as planned	PB meetin gs conduct ed	5 meetin gs	i. 150 Pharmacists registerediii. Disciplinary Guidelines finalised				
i.Meeting s facilitated		i. five PB meetings facilitated							
ii.Material s & logistics procured.		ii. One international meeting attended.							
iii.Joint HPCs activities carried out.		ii. One Joint inspections of Health units done		nil	ii. intern pharmacists' supervisors mentored ii. Knowledge on accreditation of educational prog. Disseminated.				
iii.Nationa l, Regional & Internatio nal Pharmacy practice meetings	One meeting attended	nil			Inadequate funds				

facilitated.				
iv. Vehicle and office equipt. Serviced.	Service done once a Quarter	iv.Vehicle and office equipt. Serviced. once		Vehicle in good working conditions

28.5 Challenges

- i. Weak and unsupportive regulatory frame
- ii. Inadequate finances resulting into some planned activities to be stayed namely:
 - -The review of the PB Business Plan
 - The development of PB office in Butabika
 - Purchase of office furniture and a photocopier
- iii. Lack of HR to match the activities planned
- iv. Inadequate storage facility for pharmacists files and records.

FY 2019/2020 Pharmacy Board Q1 Priorities

- Advocacy for the PPPP Bill to be enacted into law.
- Print, and operationalize the PB Disciplinary guidelines.
- Procure Registration logistics
- Publish in the Gazette, Names of Registered Pharmacists
- Mentorship of Intern pharmacists and supervisors
- Initiate the Review of the Pharmacy Board Business Plan.

29.1 Mandate

- To monitor and exercise general supervision and control over and maintenance of professional medical and dental education standards.
- To promote the maintenance and enforcement of Professional Medical and Dental ethics.
- To exercise general supervision of medical and dental practice at all levels.
- To exercise disciplinary control over medical and dental Practitioners.

29.2 Vision

A reputable regulatory body that ensures the safety and the quality of care for the population of Uganda.

29.3 Mission

UMDPC strives to set and enforce standards of medical and dental training and practice in Uganda, so as to promote safe and quality health care and protect the public from malpractice.

29.4 Objectives

- Obj 1. Promoting & monitoring standards of professional education, training and practice in Uganda.
- Obj 2. Enhancing quality assurance and compliance with professional practice standards
- Obj 3. Developing and reviewing key policy and regulatory frameworks
- Obj 4. Strengthening and developing capacities of the Council for effectiveness and efficiency.

29.5 Budget Performance + Quarterly Objectives

Table 29. 1: Q1 & Q2 Performance FY 2018/19

Output description	Quarterly targets	Achievements/ results	Budget release U shs (Millions)	Expenditure/ budget performance (Millions)	Explanation for variation/ **results
Inspection of Medical & Dental Schools in Uganda	Inspect 2 University med school	All medical and dental schools inspected together with the NCHE	47.655	18.180	The medical schools inspected are Makerere, Busitema, MUST, IUIU, UCU, S AIU, Kabale and Gulu. The dental schools visited were Makerere and UCU
Inspection of new Medical & Dental Schools in Uganda	Inspect 2 University med school	Proposed new medical and dental schools inspected together with NCHE	20.000	10.128	The proposed new medical schools inspected are Soroti, Lira and KIU Dental School
Inspection of internship sites/ centres	Inspect 5 University med school	Inspected 7 internship sites and one proposed one	-	-	The internship sites were inspected during medical schools visits and are: Mulago,Gulu,Mbale,Kabale,mbarara,Men go, and Soroti Iganga hospital was also inspected and found not yet ready to receive interns.
Maintaining register for	10 Universities	0	Desk work	Desk work	No University submitted information.

1st year students					
Maintaining register for qualified graduates	6 Universities	0	Desk work	Desk work	Graduates expected in August 2019
Maintaining register for 1st year students	10 Universities	0	Desk work	Desk work	No University submitted information.
Maintaining register for qualified graduates	6 Universities	0	Desk work	Deskwork	Graduates expected in August 2019
Conducting ethical sensitization for University Medical and Dental schools	Conduct ethical sensitization in 2 Universities	1	-	-	This was conducted at Makerere
Reviewing Medical & Dental training programs	Review 3 curriculum for medical and dentistry programme	Reviewed 3 curricula's		-	The Curriculla reviewed were KIU Dental,MBChB Equator,MBChB Gulu Paid by NCHE
Facilitating CPD providers	Facilitate 5 associations	Facilitated 1 professional association to conduct CPD activities	8.851	6.569	Uganda medical Association
Conducting MLEB	Conduct 1 exam	Conducted 2 sets	18.200	13.290	Exams repeated due to large number of

Exams		of exams			foreign trained students
Conducting Peer review meetings for foreign trained doctors		Conduct 3 peer review assessments	5.670	3.390	Now all foreign registered doctors are peer reviewed
Regional ethical sensitization workshops	2 regions	1 Hospital sensitised on ethics	5.520	0	Conducted in Nakasero Hospital
Inspection of health facilities in Kampala	Inspect 500 health units	Inspected H/U in Kampala	7.392	3.840	
Inspection of health facilities up country	Inspect 1000	Inspected HUs	17.200	16.224	Regional Inspectors inspected Ankole,Buganda,Busoga,Bukedi,Bugisu,T eso and Lango regions
Hosting Medical inquiries	2	1	4.000	2.460	1 inquiry held
Providing Provisional Licenses to the Medical & Dental Practitioners	250	29	0	0	Desk work
Providing Full Registration Licenses to the Medical & Dental Practitioners	150	175	0	0	Desk work
Providing Annual Practising Licenses to	200	3840	0	0	Desk work

the Medical & Dental Practitioners					
Providing Specialist Certificates to the Medical & Dental Practitioners	200	142	0	0	Desk work
Providing temporary Licenses to foreign trained Medical & Dental Practitioners	150	417	0	0	Desk work
Providing certificate of good standing to the Medical & Dental Practitioners	38	111	0	0	Desk work
Providing Operating Licenses to new health facilities	-	315	0	0	Few new Hus registered
Providing Operating Licenses to existing health facilities	500	1508			Desk work
Production and dissemination of regulations	3	1	3.000	2.6	Statutory instrument for recognition of collegiate training passed by the Minister
Review and strengthen	3	1	-	0	MLEB guidelines revised and

existing guidelines					dessiminated
Facilitating Council Meetings	2	1	4.5	2.760	
Facilitating Finance & Administration Committee Meetings	2	2	2.120	1.110	One meeting held
Facilitating Ethics & Disciplinary Committee Meetings	5	2	6.800	1.09	One meeting held
Facilitating Education & Training Committee Meetings	2	1			One meeting held
Facilitating Inspection & Registration Committee Meetings	1	1	2.630	1.760	One meeting held
Facilitating Research & Quality Assurance Committee Meetings	1	1	2.3	1.800	One meeting held
Facilitating extra ordinary meetings	5	1	3.000	2.4	One Emergency Council meeting held

Facilitating Registrars Forum Meetings	12	1	-	-	Facilitated by the AHPC
Promote collaboration and establish partnerships with national, regional and international medical and dental related bodies					
EAC	1	1	9.0	7.452	The EAC meeting approved an MRA for reciprocal recognition of doctors in the region and approval of the internship guidelines
Promote collaboration and establish partnerships with national, regional and international medical and dental related bodies					
International	2	1	46	41.0	Capacity building training for the secretariat conducted in Nairobi, Kenya
Enhance research policy and practices within the council	-	-	-	-	Partnships have been forged with Makerere to inprove on the inspection and quality assurance function of the

				council
Digitize the registration	-	-	-	Council automation took place. APLs and
and licensure processes				OPLs will be accessed on line in 2020
of professionals and				
health facilities and				
ensure easy accessibility				

29.6 Challenges

- Inadequate transport for inspection
- Inadequate funding to conduct major infrastructural developments

29.7 OProposed solution

• Procurement of more vehicles is in process

National Referral Health Institutions

30.1 Mandate

To provide super-specialized healthcare, training and conduct research in line with the requirements of the ministry of Health

30.2 Mission

To offer state-of-the-art health services

30.3 Objectives

- To increase the range and quality of super-specialized health care services thereby reducing referrals abroad.
- To provide super-specialized training to health workers.
- To conduct operational research in order to promote evidence based practice.

30.4 Challenges

- Shifting of Obs and Gyn directorate from Kawempe to the newly constructed women's hospital rose the costs of operation which were not budgeted for like water bills, cleaning services, electricity, consumables among others
- Non absorption of wage by 16.3% due to understaffing across all cadres
- Housing deficit for staff and interns. The current houses in the hospital cannot accommodate the whole staff more especially the clinical staff hence the need to construct and complete more units
- The infrastructure at Upper Mulago which has lived its life necessitating immediate improvement

30.5 Budget Performance + Quarterly Objectives

Table 30. 1: Summery table on Q3 & Q4 Performance

description (Q3&Q4) Q3&Q4) Inpatient services 125,000 inpatients 500,000 patient days 23,938 ope 22,500 operations 132,474 in 662,373 particles		Achievements/Result(Q3&Q4)	Budget Release (Q3&Q4)	Expenditure Budget	Explanation for Variation
		132,474 inpatients 662,373 patient days 23,938 operations 13,881 deliveries 5 days –lengths of stay	19,997,362,000	15,997,362,000	Wage for vacant position
Outpatient services	280,000 outpatients 21,394 emergencies 9,000 dialysis sessions	296,030 outpatients 27,800 emergencies 8,797 dialysis sessions	303,110,000	303,110,000	
Diagnostic services	1,000,000 lab tests 32,500 Images	1,039,381 lab tests 38,676 images	71,266,000	71,266,000	
Immunizatio n	20,000 immunizations	43,285 immunizations	30,000,000	30,000,000	
Purchase of transport equipment	Procurement of 6 vehicles	Procurement of 6 vehicles finalized	900,000,000	900,000,000	
Purchase of office furniture	Procurement of patient beds and office furniture	Office furniture and hospital beds procurement completed	375,000,000	375,000,000	
Staff houses	Cover outstanding	Obligations covered and	1,384,191,000	1,384,191,000	

construction	obligations on the	staff houses completed			
	nearly complete 100				
	units				
Opd and	Remodeling and	Priority areas like	689,583,000	689,583,000	
other ward	rehabilitation of	theatres renovated			
rehabilitation	upper Mulago				

31.1 Mandate

To undertake and coordinate the management of cardiovascular disease in Uganda

31.2 Mission

To provide preventive, promotive and clinical cardiovascular services and conduct research and training in cardiovascular science

31.3 Objectives

- (i) To enhance health promotion and prevention of cardiovascular disease
- (ii) To increase institutional effectiveness and efficiency in delivery of cardiovascular services
- (iii) To provide quality, equitable and accessible cardiovascular services to both local and international clients.
- (iv) To carry out clinical and operational research in cardiovascular disease and its management
- (v) To regulate quality of cardiovascular care in Uganda.

31.4 Challenges

The Uganda Heart Institute (UHI) cardiac catheterization facility and a dedicated cardiac operating theatre can handle at least 250 operations/procedures per quarter when fully operational. However, only 56% was utilized. The major limiting factor is inadequate funding for the super specialized sundries and supplies that rendered 44% of UHI capacity utilization redundant. Some of the cases operated were supported by health campaigns and donations of super specialized sundries from collaborating organisations.

UHI is also facing a challenge of inadequate space which has impacted on the number of patients attended to at outpatients' department, inpatients' ward as well as Intensive Care Unit (ICU) and Critical Care Unit (CCU).

31.5 Proposed Solutions

- Need for more funding to enable provision of UHI services to patients: UHI requested for a supplementary budget worth UGX 1.0 Billion for the expenses incurred due to emergencies in ICU.
- Need to acquire more space for UHI services: construct and equip UHI Home (UGX 232 Billion). Alternatively, hire operational space (UGX 3.62 Billion per year).

31.6 Budget Performance + Quarterly Objectives

Table 31. 1: Q3 Performance FY2018/19

Output code	Quarterly targets	Output achievements	Budget performance	Reasons for variation in performance
085801 Heart	Research			
	3 publications on heart related disease	5 research papers on Rheumatic Heart Disease done and published. Ongoing registries	120%	
085802 Heart	t Care	I.	<u> </u>	
	Carry out 25 Open heart surgeries.	21 Open Heart Surgeries performed.	92%	Inadequate funding for medical supplies and sundries
	Carry out 112 closed heart surgeries and cardiac catheterization procedures.	139 interventions (32 closed heart surgeries and 107 cardiac catheterization procedures) done.		Less patients were operated due to limited space in ICU and CCU.
	5,000 Outpatients attended to	2,892 outpatient attendances		
	150 CCU/ICU admissions	159 ICU/CCU admissions		The over performance was due to increased demand for critical care services.
	Admit 375 patients in the General Ward.	367 inpatient admissions.		High demand for cardiac care services.

Output code	Quarterly targets	Output achievements	Budget performance	Reasons for variation in performance
	Perform 4,000 Echocardiography (ECHO)	3,072 ECHOs performed		The variation in performance was due to limited space to attend to the high number of outpatients.
	Perform 3,500 ECG's Perform 25 stress tests 50 Holter monitoring	2,323 ECG's performed 10 stress tests performed 48 Holter monitoring conducted		The variation in performance was due to limited space to attend to the high number of outpatients.
	25 pacemaker programming 300 X-rays	19 pacemaker programming 211 x-rays done		
	Facilitation of expatriates for short term transfer of skills to UHI staff.	Super specialised skills transferred to UHI staff through inhouse camps and expatriates facilitated.		No significant variation
	Offer fellowship training programmes for super specialised procedures.	3 staff undergoing training in areas of cardiac surgery, cardiac anaesthesia and critical care and interventional cardiology respectively.		Inadequate funding for training staff

Output code	Quarterly targets	Output achievements	Budget performance	Reasons for variation in performance
		Continuous Professional		
		Development conducted.		
085803 Heart	: Outreach			
	Carry out support supervision	8 Regional Referral Hospital	266.7%	No significant variation
	to 3 Regional Referral	visited in Soroti.		
	Hospitals.			
1121 Uganda	 Heart Institute Infrastructure	 Project		
	Purchase of 1 CPAP machine,	1 Water de-ionizer, 2, ECG	31%	Contracts for pending procurements
	infusion pumps, examination	machines, 1 operating table, 7		signed and funds committed.
	lights, endoscopy system, vital	suction machines, vital signs,		Awaiting delivery. These include:
	sign monitors, weight baby	pulse oximeters, 30		- Heart Lung Machine
	scale, adult weight scale, pulp	mattresses procured.		- Echocardiography
	oximeters procured.			- Cell Saver
				- Haemostat
085801 UHI S	Support Services	1	1	
	Financial, procurement,	Financial, procurement,	90%	No significant variation
	management and clinical	management and clinical		
	documents reviewed,	audits conducted and		
	Reports verified and compiled	documents reviewed		
	for submission to the Auditor	Audit reports verified and		
	General and Accounting	compiled for submission to		
	Officer	Auditor General and the		

Output code	Quarterly targets	Output achievements	Budget	Reasons for variation in
			performance	performance
		Accounting Officer		

Table 31. 2: Q4 Performance FY 2018/19

Output code	Quarterly targets	Output achievements	Budget performance	Reasons for variation in performance
085801 Heart	Research			
	2 publications on heart related disease	3 research papers on Heart Disease done and published in International peer reviewed journals. Ongoing registries for heart failure, acute myocardial infarction, arrhythmia and RHD	150%	Active research programme
085802 Heart	Care			
	Carry out 25 Open heart surgeries.	18 Open Heart Surgeries performed.	72%	Inadequate funding for medical supplies and sundries

Output code	Quarterly targets	Output achievements	Budget	Reasons for variation in
			performance	performance
	Carry out 112 closed heart surgeries and cardiac catheterization procedures.	77 interventions and 16 closed heart surgeries done.	83.0%	Less patients were operated due to limited space in ICU and CCU. Only 4 beds shared between cath lab and operating theatre
	5,000 Outpatients attended to 150 CCU/ICU admissions	1,715 outpatient attendances 136 ICU/CCU admissions	34.3%	Patients attended to in a tent!! NO significance variation
	Admit 375 patients in the General Ward. Perform 4,000 Echocardiography (ECHO)	374 inpatient admissions. 2,873 ECHOs performed	90.7% 99.7% 71.8%	High demand for cardiac care services. The variation in performance was due to limited space to attend to the
	Perform 3,500 ECG's	2,169 ECG's performed		high number of outpatients. The variation in performance was
	Perform 25 stress tests 50 Holter monitoring	8 stress tests performed 47 Holter monitoring conducted	62%	due to limited space to attend to the high number of outpatients. New Stress test machine procured and installed at the end of Quarter.
	25 pacemaker programming 300 X-rays	38 pacemaker programming 261 x-rays done		and moduled at the one of guarter.
	Facilitation of expatriates for short term transfer of skills to UHI staff.	Super specialised skills transferred to UHI staff through inhouse camps and		No significant variation

		Budget	Reasons for variation in	
		performance	performance	
	expatriates facilitated.			
Offer fellowship training programmes for super specialised procedures.	3 staff undergoing training abroad in areas of cardiac surgery, cardiac anaesthesia and critical care and interventional cardiology respectively. Continuous Professional Development conducted.		Inadequate funding for training staff	
Outreach		<u> </u>		
Carry out support supervision to 3 Regional Referral Hospitals. 5 community outreaches conducted through talks to community, schools and other specialised groups 2 public awareness campaigns conducted	5 support supervision to Regional Referral Hospitals including Masaka, Mubende, Kabale, Fort Portal and Arua conducted. Participated in 2 health awareness camps 3 TV talk shows and articles on heart disease.	166.7% 40% 150%	No variation.	
	Dutreach Carry out support supervision to 3 Regional Referral Hospitals. Community outreaches conducted through talks to community, schools and other specialised groups 2 public awareness campaigns	Offer fellowship training or orgrammes for super specialised procedures. Specialised procedures	Offer fellowship training or organized procedures. 3 staff undergoing training abroad in areas of cardiac surgery, cardiac anaesthesia and critical care and interventional cardiology respectively. Continuous Professional Development conducted. Outreach Carry out support supervision to 3 Regional Referral Hospitals. Hospitals. 5 community outreaches conducted through talks to community, schools and other specialised groups 2 public awareness campaigns 3 staff undergoing training abroad in areas of cardiac surgery, cardiac anaesthesia and critical care and interventional cardiology respectively. Continuous Professional Development conducted. 5 support supervision to Regional Referral Hospitals including Masaka, Mubende, Kabale, Fort Portal and Arua conducted. Participated in 2 health awareness camps 3 TV talk shows and articles 150%	

Output code	Quarterly targets	Output achievements	Budget performance	Reasons for variation in performance
1121 Uganda	Heart Institute Infrastructure P	roject	1	
	Office and ICT equipment procured and delivered 16 mattresses, 18 bedside lockers, 16 hospital beds, 3 baby cots, trolleys, wheel chairs and other medical furniture procured	10 computers procured, 1 FFR/IVUS system, 2 air mattress systems, 30 syringe pumps, 10 infusion pumps, 1 holter ECG machine, 10 hospital beds, 1 stress test machine, emergency patient trolleys and other assorted items procured.	90%	Contracts for pending procurements signed and funds committed. Awaiting delivery. These include: - Heart Lung Machine - Echocardiography - Cell Saver - Haemostat
085801 UHI S	Support Services			
	Financial, procurement, management and clinical documents reviewed, Reports verified and compiled for submission to the Auditor General and Accounting Officer	Financial, procurement, management and clinical audits conducted and documents reviewed Audit reports verified and compiled for submission to Auditor General and the Accounting Officer	70%	No significant variation

32.1 Mandate

The institute is mandated to undertake and coordinate the management of cancer and cancer-related diseases in Uganda. The UCI is critical to the evolution of a National Centre of Excellence, providing specialized treatment and care for all types of cancer using all the available subspecialty expertise possible, as well as engineering oncology-centered research and training.

32.2 Background

Uganda Cancer Institute (UCI) is a Government Agency established by an Act of Parliament, The Uganda Cancer Institute Act, 2016.

UCI was formally opened in 1967 to treat children with Burkitt's lymphoma and to-date over forty (40) types of cancers are handled annually. The Institute offers a range of specialized services which include but are not limited to: medical oncology, palliative care, cancer screening services, specialized oncology pharmaceuticals, hematology, laboratory services, imaging services, rehabilitation, social worker services, and training services among others.

32.3 Functions

As a body corporate, The UCI Act, 2016 provides for the functions of the institute as:

- To develop policy on the prevention, diagnosis and treatment for cancers and on the care for patients with cancer and cancer-related diseases, and to coordinate the implementation of the policy;
- To undertake and coordinate the prevention and treatment of cancers in Uganda;
- To provide comprehensive medical care services to patients affected with cancer and cancer related diseases;
- To provide palliative care and rehabilitation services to patients with cancer;
- To oversee the management of cancer and cancer related services in public and private health centers;

- To establish and manage regional cancer units;
- To conduct or coordinate cancer related research activities in Uganda and outside Uganda;
- To conduct or cause to be conducted training in oncology and related fields;
- To promote and provide public education on cancer and cancer related matters;
- To procure highly specialized medicines, medical supplies, and equipment for the institute
- To provide consultancy services

32.4 Budget Performance & Quarterly Objectives

Table 32. 1: Summary of UCI performance for the 4th Quarter FY 2018/19 Table V1.1: Overview of Vote Expenditures (UShs Billion)

		Approved Budget	Cashlimits by End Q4	Released by End Q 4	Spent by End Q4	% Budget Released	% Budget Spent	% Releases Spent
Recurrent	Wage	4.739	4.739	4.739	4.739	100.0%	100.0%	100.0%
	Non Wage	10.261	10.261	10.241	10.218	99.8%	99.6%	99.8%
Devt.	GoU	11.929	11.929	11.929	11.929	100.0%	100.0%	100.0%
	Ext. Fin.	64.263	39.166	20.470	20.470	31.9%	31.9%	100.0%
	GoU Total	26.930	26.930	26.910	26.886	99.9%	99.8%	99.9%
Total Go	OU+Ext Fin (MTEF)	91.192	66.095	47.380	47.356	52.0%	51.9%	99.9%
	Arrears	0.020	0.020	0.020	0.020	100.0%	100.0%	100.0%
Т	otal Budget	91.212	66.115	47.400	47.376	52.0%	51.9%	99.9%
	A.I.A Total	1.860	1.432	1.432	1.432	77.0%	77.0%	100.0%
(Grand Total	93.072	67.547	48.831	48.808	52.5%	52.4%	100.0%
	ote Budget ing Arrears	93.052	67.527	48.812	48.788	52.5%	52.4%	100.0%

Program outcome indicators

Programme Outcome Indicators	Indicator Measure	Planned 2018/19	Actuals By END Q4
% reduction in cancer incidence	Percentage	0.02%	0.02%
% change in disease presentation (from stage III & IV to II & I)	Percentage	3%	3%
% of patients under effective treatment	Percentage	55%	58%

Table V2.2: Key Vote Output Indicators*

Programme : 57 Cancer Services				
Sub Programme : 02 Medical Services				
KeyOutPut : 01 Cancer Research	KeyOutPut : 01 Cancer Research			
Key Output Indicators	Indicator Measure	Planned 2018/19	Actuals By END Q4	
Number of cancer research studies initiated and co	Number	16	21	
Number of peer reviewed publications and presentat	Number	10	26	
Number of training workshops conducted by UCI	Number	16	11	
KeyOutPut : 02 Cancer Care Services				
Key Output Indicators	Indicator Measure	Planned 2018/19	Actuals By END Q4	
Number of inpatient stays	Number	40000	54750	
No.of investigations undertaken	Number	179144	987145	
Number of outpatient visits	Number	20000	59570	
Number of new cancer patients registered	Number	5000	5003	

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KeyOutPut: 03 Cancer Outreach Service				
Key Output Indicators	Indicator Measure	Planned 2018/19	Actuals By END Q4	
Number of outreach visits conducted	Number	32	61	
Number of clients examined	Number	61600	99190	
Number of clients screened	Number	61600	99190	

Table 32. 2: Planned + Actual performance

Forecast Performance	Actual Performance as at
For FY 2018/19	June 2019
Cancer Research	
48 research proposals reviewed by UCI Research Ethic Committee	65 research proposals were reviewed by UCI REC
12 REC meetings held 4 monitoring reviews carried out	12 REC meetings were held and 2 monitoring reviews were carried out
4 review meetings held and facilitated	
4 CAB meetings facilitated and held	6 review meetings were held and
Four (4) Support visits to Mayuge Community cancer center conducted	3 CAB meetings were held. Seven (7) support visit to Mayuge were conducted
Eight (8) cancer registry related training workshops held and reports developed One publication on cancer trends in	Three (3) Cancer registry related

Forecast Performance	Actual Performance as at
For FY 2018/19	June 2019
Uganda Eight (8) UCI initiated research projects supported	training workshops were held The manuscript for cancer trends publication is under preparation
8 UCI staff supported to present research findings at local and international fora Collaborative researches (HCRI, ACTG, APPCA, ACS, TXH, PATH) supported	Fourteen (14) UCI initiated research projects supported 10 UCI initiated research projects were supported under the ADB support to UCI
Ten UCI initiated and funded research projects	
projects	10 UCI research projects were initiated and funded
Cancer Care Services	
150,000 assorted clinical laboratory investigations (CBCs, Chemistries, Blood transfusions, Platelet transfusions, HIV tests, Urine Analyses, Stool Analyses, Bone marrow Processing, Peripheral films, B/S for malaria and Cytology)	987,145 assorted clinical lab investigations were carried out.
conducted in Uganda Cancer Institute 144 interventional fluoroscopy procedures performed 7,000 Ultra sound scans performed at Uganda Cancer Institute	83 intervention fluoroscopy procedures were performed 6,070 Ultra sound scans were performed at UCI
1,000 histo-pathology examinations carried out	1,731 histo-pathology examinations were carried out.
1,500 cytology examinations carried out 9000 assorted research investigations carried out	1,345 cytology examinations were carried out 10,427 assorted research investigations
10,000 in-patient days and 15,000 outpatient days of comprehensive oncology clinical care provided at satellite clinics. 500 new patient cases received and attended to at satellite clinics.	were carried out 6,360 inpatient days and 10,845 outpatient days of comprehensive oncology care were provided at the satellite clinics. 560 new patient cases were received and
attended to at satellite clinics. 30,000 in-patient days and 20,000 outpatient days of comprehensive oncology clinical care provided at Uganda Cancer Institute.	attended to at satellite clinics. 54,750 in-patient days 59,570 outpatient days of comprehensive oncology clinical care provided at UCI
1,000 minor surgical procedures carried out at Uganda Cancer Institute 156 major surgical procedures carried out at Uganda Cancer Institute	1,148 minor surgical procedures were carried out. 279 major surgical procedures were carried out.
100 Gynae Operations performed at Uganda Cancer Institute	103 gynae operations were performed at

Forecast Performance	Actual Performance as at
For FY 2018/19	June 2019
4,500 new patient cases received and attended to at Uganda Cancer Institute.	UCI
500 Lumbar Punctures carried out at Uganda Cancer Institute	5,003 new patient cases were received and attended to.
400 Bone marrow Procedures performed at Uganda Cancer Ins	490 Lumbar Punctures were carried out.
1,000 patient days of psychosocial assessment and support provided	600 Bone marrow procedures were performed at UCI.
40,000 Chemotherapy for infusion reconstituted in Uganda Cancer Institute's pharmacy	2,475 patient days of psycho-social assessment and support provided
3,000 patient days of physiotherapy services provided at Uganda Cancer Institute	49,214 chemotherapy for infusion was reconstituted
40,000 prescriptions dispensed to patients at Uganda Cancer Institute 60,000 meals prepared and served for	3,359 patient days of physiotherapy services provided at Uganda Cancer
general inpatients at Uganda Cancer Institute	Institute 228,336 prescriptions were dispensed to
300 Ultra sound interventions performed at Uganda Cancer Institute	patients 92,590 meals were prepared and served
3,000 CT scans conducted at Uganda Cancer Institute	for general inpatients at UCI 84 Ultra sound interventions were
200 CT interventions performed at Uganda Cancer Institute	performed.
10,000 X-rays performed at Uganda Cancer Institute	2,693 CT scans were conducted at UCI 170 CT interventions were performed at
144 diagnostic mammography procedures performed	UCI
3,600 mammography screening investigations performed	4,951 X-rays investigations 56 diagnostic mammography procedures
	910 mammography screening investigations were performed
Cancer outreach services	
8 Long distance and	21 long distance outreaches conducted during which 58,891 people (M=15,865,
	F=43,026) educated and 33,367 people screened (M=11,877, F=19,860.
24 Short distance outreaches conducted.	40 short distance outreaches were
	conducted during which 58,963 people (M=21,822 F=35,127) educated in
	Kakajjo, Kampala Kazo, kawempe, old Kampala Lugazi, Buikwe Katwe, Refugee
260 Static cancer awareness and	Namasuba, Nakawa and Gayaza, 3Cs club, Lugazi, Uganda Institute of Allied

Forecast Performance	Actual Performance as at	
For FY 2018/19	June 2019	
therapy using CT-Simulator,	therapy using CT-Simulator,	
Conventional simulator and computer	Conventional simulator and computer	
planning	planning	
Radiation leakage monitoring around the	Radiation leakage monitoring was	
bunker conducted once Radiotherapy	conducted four times in the year.	
equipment maintenance and service done	Radiotherapy equipment maintenance	
four times a year	and service was done twice	
260 radiation therapy education sessions	258 radiation therapy education sessions	
provided to patients	provided to patients.	
4,160 patients who completed treatment	5,699 patients who completed treatment	
followed up 2,000 on treatment patients	followed up. 2,213 on-treatment patients	
reviewed	were reviewed	

Table 32. 3: Uganda Cancer Institute Project

Forecast Performance Actual Performance as at			
For FY 2018/19	June 2019		
Complete construction of the	Radiotherapy Bunkers.		
radiotherapy bunkers	Construction was at 94% civil works.		
	Paved driveways, retaining wall and		
	undertook landscaping. Carried out		
	external finishes (conduit placements,		
	electrical wiring and installation of		
	fittings) paved driveways, retaining wall		
	and undertook landscaping. Carried out		
	external finishes. In the process of		
	procuring capital equipment		
Service support building for the	(transformers, generators, main power		
radiotherapy bunkers and nuclear medicine constructed	panel) Fixed the becoment for the LINAC		
medicine constructed	Fixed the basement for the LINAC, awaiting installation.		
	Auxiliary building		
	Construction is at 78% civil works.		
	Finalizing internal finishes, installation of		
	the ceiling, fabrication of windows and		
	doors, fixing air conditioning ducts. In		
	the process of procuring capital		
	equipment transformers, generators,		
	main power panel).		
Second Phase of water pipeline	,		
channeling streamlining and plumbing	Second interim Certificate for		
for UCI	construction of the radiotherapy bunkers		
Land for the Regional Cancer Center in	was paid. Second Interim Certificate		
Mbarara fenced	construction of the service support		
	building was paid.		
	UCI Meters were sperated from Mulago		
	NRH meters		
	Land for the Regional cancer center in		
	Land for the Regional cancer center in Mbarara was fenced		
	IVIDALALA WAS ICHICEU		

Table 32. 4: ADB Support to UCI

Forecast Performance	Actual Performance as at
For FY 2018/19	June 2019 The invention report for president
Selected students trained, consultancies	The inception report for project
implemented such as Training Needs	monitoring and impact evaluation was
Assessment, Operations for EAC	received and a baseline survey was
facilitated	reconstructed. Draft baseline survey
	report for project monitoring and impact
	evaluation was submitted to ADB for
	review
	The procurement of Station Wagon and
	High Roof Van was concluded, payment
	from the Bank was effected.
	As of June 30th 2019, the project had a
	total number of 186 long-term trainees
	(Masters, PhD, Fellowships).
	Additionally, the project has also enrolled
	13 fellows who are receiving training in
	the three fellowship programs established
	at the Uganda Cancer Institute
	As of June 30th 2019, 87 trainees have
	completed long-term training programs.
	These include eighteen (18) fellows in
	different programs including Paediatric
	Oncology, medical oncology, surgical
	oncology, gynaecologic Oncology and 1
	in interventional radiology, 25 MMEDs
	(Radiology, surgery, internal medicine,
	pathology, anaesthesia and paediatrics), 1
	Radio pharmaceutics, 17 other masters,
	and 27 other programs
	MakCHS undertook the Training Needs
	Assessment. The final report was
	submitted to UCI
Advance payment for the construction of	Advance payment for the construction of
the Multipurpose building for the East	the Multipurpose building for the East
Africa Oncology Institute Interim	Africa Oncology Institute was made. The
Certificates (three certificates) paid, at	consultant commenced with phase II of
different stages of construction	the contract, (supervision of the
	construction works).
	Three (03) monthly construction
	supervision reports, up to the month of
	June 2019, were submitted to UCI
	Construction of the multipurpose building
	is currently at 12% of civil works.
	Construction delays were partly
	attributed to NEMA directives to have
	transportation of mass excavated material
	done only at night

Table 32. 5: Institutional Support to UCI

Forecast Performance	Actual Performance as at
For FY 2018/19	June 2019
10 Desktop Computers procured.	10 Desktop Computers were procured.
Storage back up system installed and	Storage back up system was installed and
configured	configured
UCI Computers and PBX serviced and	
maintained	UCI computers and PBX were serviced
Installation and configuration of UCI	and maintained
mails CCTV Cameras installed and	
configured	
	Specifications for the CCTV cameras were
	developed.
Procurement of a Barcode reader,	1 aneathesia machine, 1 patient Monitor
Patient Monitors, , Pulsoximeters ,	and 10 infusion pumps were procured.
Infusion Pump, Sevoflurane Evaporizers,	10 Oxygen concentrators, 6 Glucometers,
Oxygen Concentrators, Anesthetic	20 basic vital bedside Monitor and 10 bed
Machine procured	side screens were delivered.
Service and Maintenance of specialized	Specialized medical equipment were
Medical Equipment and Machines at	serviced and maintained
UCI	

32.5 Challenges

UCI was faced with a number of challenges throughout the period as highlighted below:

- 1. Limited radiation oncology there is urgent need for need a linear accelerator (LINAC) machine to address the radiation therapy needs of the many patients that need such a service.
- 2. Delay in the construction of the multipurpose building for the center of excellence, attributed to the directives from NEMA to only transport excavated mass during the night.
- 3. Inadequate human resource, frequent equipment breakdown in the radiology unit which hampered service delivery, notably the CT scan and the X-ray machine, failure of the portable ultra sound equipment and lack of an automatic injector in the unit.
- 4. Lack of a surgical ward for post-operative patients. This in effect limits the number of surgical operations whilst administering post-operative care
- 5. Inadequate supply of medicines, sundries and other consumables. The UCI took on her mandate of procuring medical supplies in FY 2018/19, availability of medical supplies improved from 35% to 72.8%. The Institute requires an additional UGX 8Bn to improve availability of medical supplies to 85%.
- 6. Inadequate specialized diagnostic capacity, for instance, lack of MRI, PET Scan etc

Annex I: Programme

Performance Review of implementation of workplan for The First and Second Quarters (July to December 2018) for 2018/19 FY: 2nd to 3rd April 2019: Imperial Royal Hotel

TIME	DEPARTMENT/INSTITUTION	PRESENTER	CHAIRPERSON
	TUESDAY 2 ND APRIL 20	19	
8.00 - 9.00 am	REGISTRATION	Secretaries QAD	
9.00 - 9.05 am	WORKSHOP OBJECTIVES	Ag. DGHS	
9.05 - 9.20 am	SECTOR PERFORMANCE	HITD	
	INDICATORS		
9.20 – 9:35 am	FINANCE & ADMINISTRATION		
	- Ministers activities	US (F&A)	
	- Activities of PS/DGHS		
	- Administration		
	- Internal Audit		
	- Accounts		
	- Procurement		
9:35 – 9:50 am	Human Resources	C-HRM	
0.50 10.05	Management (HRM)	CHC (OAID)	
9:50 - 10:05 am	QUALITY ASSURANCE & INSPECTION	CHS (QAID)	DHS C&C
10.05 – 10:20 am	HMU	Dir. HMU	
10.20 -10:45 am	HEALTH PLANNING	Dif. Hivio	_
10.20 10.10 am	- Planning Division		
	- Budget and Finance		
	- Health Information &	CHS (P)	
	Technology Division (HITD)		
	- PAU		
10.45 - 11.05 am	DISCUSSION	<u> </u>	
11.05 - 11.20 am	Opening Remarks	Hon. MOH	
11.20-11.40 am		BREAK	
11:40-12.10 am	COMMUNITY HEALTH		
	- Reproductive Health		
	- Child Health		
	- HE/ Promotion		
	- Vector Control	Ag. CHS CHD	
	- Environment Health		HEAD HDP
	- VPH		
	- Disability & Rehabilitation		
	- Non Communicable Diseases		
12.10 am - 12.25 pm	Nursing Department	Ag. CHS (N)	
12.25 – 12:55 pm	DISCUSSION		1
12.55- 2.00PM LUNCH BREAK			
2.00 - 2.15 pm	INTEGRATED CURATIVE	CHS (ICS)	
	SERVICES	, ,	4
2.15 - 2.30 pm	PHARMACY	CHS (PHARM)	CHAID HCC
2.30 - 2.45 pm	INFRASTRUCTURE	CHS (IFS)	CHAIR HSC
2.45 - 3.00 pm	UGANDA BLOOD TRANSFUSION SERVICES	Director UBTS	
3.00 - 3.20 pm DISCUSSION			

TIME	DEPARTMENT/INSTITUTION	CHAIRPERSON		
	National Referral Hospitals			
3.20 - 3.35 pm	Uganda Heart Institute (UHI)	E/Director	CHAIR HSC	
3.35 - 3.50 pm	Uganda Cancer Institute (UCI)	E/Director		
3.50 - 4.05 pm	MULAGO HOSPITAL	E/Director		
4.05 - 4.20pm	BUTABIKA HOSPITAL	E/Director		
4:20-5:00pm	Discussion			
5:00 PM	CLOSURE AND EVENING	G TEA		
	WEDNESDAY 3 RD APRIL	2019		
TIME	DEPARTMENT/INSTITUTION	PRESENTER	CHAIRPERSON	
9.00 -9.20 am 9.20 - 10:15 am	NATIONAL DISEASE CONTROL - ACP - Malaria Control Program - NTBLP - UNEPI - Onchocerciasis - ESDR - CPHL - UGWEP Emergence Medical Services (EMS)	CHS (NDC) CHS (EMS)	MOSH (GD)	
10.15 – 10.45 am	DISCUSSION		-	
10.45 - 11:05am	TEA BREAK			
11.05 - 11:20 am	Health Service Commission Chair HSC			
11:20 – 11: 35 am	National Medical Stores	General Manager		
11.35 - 11: 50 MD	National Drug Authority	Executive Secretary	CHAIR HDPS	
11.50 - 12:30 pm	DISCUSSION	Secretary	-	
12.30 - 2:00 pm	LUNCH BREAK			
*	RESEARCH INSTITUTIONS			
2.00 - 2.15 pm	UNHRO	Director UNHRO		
2.15 - 2.30pm	UVRI	Director UVRI		
2.30 - 2.45pm	NCRL	Director NCRL		
2.45 – 3.15 pm	DISCUSSION		DHS C&C	
	Health Professional Councils	2115 0000		
3.15 – 3.35 pm	Uganda Medical & Dental Registrar Practitioners Council			
3.00 - 3.15 pm	Uganda Nurses & Midwives Council	Registrar		
3.15 - 3.30 pm	Allied Health Professionals Council	Registrar		
3.30 - 3.45 pm	Pharmacy Board	Registrar		
3.45 - 4.15 pm	DISCUSSION			
4:15 to 5:00pm			PS	
	• Closure by the PS			
5.00 PM	EVENING TEA AND DEPA	KTUKE		

Rapporteurs:				
1. Dr. Joseph Okware	CHS QAID	Chair-person		
2. Dr. Martin Ssendyona	PMO/QAID	Secretary		
3. Mr. Ali Walimbwa	SHP	Member		
4. Amanda Ottoson	Living Goods	Member		
5. Dr. Alex Kakala	QI Advisor QAID	Member		
6. Dr. Julius Amumpe	QI Advisor QAID	Member		
7. Dr. Benson Tumwesigye	QI Advisor QAID	Member		
8. Dr. Dr. Godfrey Bwire	PMO/CHD	Member		
9. Mr. Lule Albert	Nutritionist	Member		
10. Dr. Irene Mwenyango	SMO-School Health	Member		
11. Dr. Livingstone Makanga	PMO RH	Member		
12. Dr. Hector Tibeihaho	GAPP	Member		
13. Jada Walton	MOH	Member		
14. Agness Nagayi	MOH	Member		

Annex II: Reporting Format

Reporting Format: Quarter 1 and 2 (Semi-Annual) 2018/19 FY:

1. Introduction:

The MoH is required to conduct quarterly performance review meeting to report progress made in implementing the work-plan. The review meeting for quarter 1 and quarter 2 (Semi-annual) 2018/19 FY shall take place from 27 to 28th February 2019.

2. Reporting format:

The report should highlight the following:

- Brief overview of the Department, Programme, Institution, (i.e. Mission, mandate and objectives, etc.)
- Table summary on performance for the Quarter:

Output description	Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure/ budget performance	Explanation for variation/ **results

NB: **Results refers to the outcome of the intervention in the short or long term depending on the available evidence. This may be explained separately outside the matrix table.

• Challenges and proposed solutions to mitigate them.

NB: Issues to be presented during the review meeting shall be communicated after getting the report.

Annex III: Presentation Template

Review of Implementation MoH Work-plan for 1^{st} and 2^{nd} Quarters 2018/19FY:

1.Introduction:

- The review of implementation of the MoH work-plan for the 1st and 2nd quarters is due to take place from 2nd to 3rd April 2019
- Each presentation shall take a maximum of 20 Minutes, plus 10 minutes for discussion per Department/Institution
- Presentations should be in power-point format using template shared

2.Content:

The following should be highlighted in the power-point presentations:

Slide #	Slide title	Detailed information	
1-Slide	Title slide	 Title of Department/Programme/Institution Date Presenter's name 	
1- 2 slides	Department/Programme / Institution Background Information	MandateObjectives	
1- 2 slides	Progress of actions from last review	Provide update on actions from the previous review	
3 - 4 slides	Work plan - key activities	 Select maximum of 10 activities to highlight implementation of the work plan for Q1 and Q2 Report on the main activities; outputs and outcomes. Include funds received and the expenditure Tabulate as follows: Q1 and Q2:Target; Outputs (achievement); Funds released and Expenditure; explain variance/outcomes as applicable (see illustration on page 2) 	
2 - 4 slides	Achievements, challenges and recommendations	Lessons learnt, challenges and recommendations (Indicate responsible officer and time)	
• Each presentations should not exceed a total of 15 slides			

- **3. Note:** Presentations should have pictures demonstrating the work done where applicable.
- **4.** Example of summary table:

Output description:

Quarterly	Outputs/	Budget	Expenditure	Explanation for
targets	achievements	release	(budget	variation/**results/
(Q_1+Q_2)	(Q_1+Q_2)	(Q_1+Q_2)	performance)	Outcomes

NB: **Results/outcomes refers to changes following the intervention in the short or long term depending on the available evidence. This may be explained separately outside the matrix table.

Anex IV: Attendance List:

Attendance List:

NO.	NAME	ORGANIZATION	TITLE
1	Hon. Aceng Jane Ruth	МоН	МоН
2	Hon. Sarah Opendi	МоН	MoSH-GD
3	Dr. Diana Atwine	МоН	PS
4	Henry G. Mwebesa	МоН	Ag. DG
5	Ssegawa Ronald Gyagenda	МоН	US
6	David Katabarwa	МоН	PAS
7	Stanely Atebwe	МоН	AC/ PDU
8	Dr. Byakika Sarah	МоН	МоН
9	Dr. Oyagino	UHI	ED
10	James Mugisha	МоН	SHP
11	Kembabazi Harriet	МоН	PNO
12	Petua Kuboko Olobu	МоН	Ag. CHS(N&M)
13	Kigudde Ivan	МоН	PA-PS
14	Egitat Geoffrey	МоН	VCO
15	Wandera Ibrahim	ОРМ	Ag. S. Econ
16	Dr. Katumba Ssentongo	UMDPC	Registrar
17	Mugalu Kamya	Intra Health	Sen. Advisor
18	Dr. Alfred Mubangizi	МоН	PM-NS
19	Eng. Priscilla Nakiboneka	МоН	Ag. ACHS (HI)
20	Basangwu David	Butabika	ED
21	Brendan Kwesiga	WHO	HEC
22	Chandia Agnes	МоН	SPNO
23	Julius Kasozi	UNHCR	PHO
24	Dr. Juliet Nabbanja	МоН	PDS
25	Dr. Richard Mugali	МоН	ACHS-RH
26	Richard Kabanda	МоН	Ag. Commissioner HPE
27	Dr. Okecho	Intra Health	COP
28	James Tukahwire	МоН	SAS
29	Dr. Placid Mihayo	МоН	Sen. Com
30	Rachel Beyagira	МоН	Pub. Health Spec
31	Dr. Upentho George	МоН	
32	Robinah Kaitiritimba	UNHCO	ED
33	Edward Mark Othieno	UBTS	Principal Economist
34	Dr. Hafsa Lukwata	МоН	SMO Mental Health
35	Robinah Lukwago	DFID	Health Adviser
36	David Bonechi	AKS Italian Agency	RAP
37	Dr. Mabumba	EDD	PMO
38	Dr. John B Wamaye	EMS	CHS

NO.	NAME	ORGANIZATION	TITLE
39	Dr. Julius Amumpe	МоН	QIA
40	Dr. Dorothy Kyeyune Byebezene	UBTS	
41	Jessica Nsungwa Sabiiti	МоН	Ag. CHS
42	Driwale Alfred	МоН	ACHS-PM-UNEPI
43	Chimwemwe Msukwh	UNICEF	
44	Nalule Harriet	МоН	As/ Com
45	Kalyebi Peter	МоН	SPHI
46	Dr. Gerald Mutungi	МоН	PMO
47	Dr. Martin Ssendyona	МоН	PMO
48	Joshua Musasizi	МоН	STA
49	Patrick Tusiime	МоН	CHS/ NDC
51	Olum Samson	МоН	ACHRM
52	Catherine Nawirya	MOPS	PHRO
53	Flara Babage	LDC Uganda	Snr. Advisor Policy & Partnerships
54	Peter Ouriem	HSC	Health Service Com
55	Tom Aliti	МоН	ACHS/ Planning
56	Dinah Nakiganda	МоН	Ag. ACRH
57	Mpiima Patrick	AHPC	Registrar
58	Nagayi Agnes	МоН	S/Stat
59	Irene Mwenyango	МоН	SMO
60	Auma Anna Mary	МоН	vco
61	Kamoga Joseph	PEPFAR	SI Liason
62	Dr. Ssali Charles	МоН	SDS
63	Dr. Jackson Amone	МоН	CHS-CS
64	Catherine Kabahuma	UNICEF	Nutrition M & E Officer
65	Jimmy Ogwal	МоН	DHI
66	Grace Kiwanuka	UHF	Chairperson
67	Dr. Gerald Rukundo	МоН	Dr. CDC Fellow
68	Abenet Berhanu	МоН	Country Director
69	Prof. Pius Okong	HSC	HSC
70	Julius Kabusere	МоН	Principal Policy Analyist
71	Phoebe Nabunya	MoH/ NMCP	Pub. Health Fellow
72	Okuna Neville. O	МоН	Registrar
73	Amy Boore	CDC	MSS Chief
74	Amanda Ottosson	Living Goods	Sen. Tech Adv
75	Dr. Okware Joseph	МоН	CHS. SCA&PP
76	Matwale K. Gabriel	МоН	Sen. Entomologist
77	Dr. Isaac Kadowa	МоН	Ass. Com
78	Betty Atai - N	MoH, SPARK	SIA -SCAPP
79	Twinomugisha Emmanuel	MoH, IT	IT
80	Wamboko Aidah	VCD	VCO

NO.	NAME	ORGANIZATION	TITLE
81	Dr. Stanley Bubikire	МоН	ACHS
82	Jackie Katana	Embassy of Ireland	Health Adviser
83	Andrew kyambadde	HDP/ USAID	HSS TZ
84	Jada Walton	МоН	SBCC Officer
86	David Kayongo M	МоН	SAS
87	Miriam Murungi	USAID	PMS
88	Makanga Livingstone	МоН	PMO
89	DR. Daniel Kyabanjuzo	MoH, NMCD	Epidemilogist
90	Oyo Godfrey	МоН	PHRO
91	Albert Lule	МоН	Principle Nutritionist
92	Dr. Tumwesigye Benson	МоН	SQIA
93	Olivie Mbogga Kakooza	Butabika, Hospital	Principal Hospital Adm
94	Seru Morris	МоН	Ag. CHS
95	John Ssengendo	МоН	PC
96	Katusiime Maureen	МоН	Fellow
97	Dr. Bwire G	МоН	PMO
98	Sarah Nyalombi	МоН	
99	Areke James Stephen	HSC	Sen. Econ
100	Acana Suban Elaberot	UBTS	Quality Manager
101	Bako Emilly Atriia	МоН	PNO
102	Nabyonga Gorreti	МоН	AS/ FDA
103	Tumwesigye Solomon	МоН	Adm. Ass
104	Cheptoek Emily	МоН	PNO
106	Kisitu Meddy	МоН	
108	Katema John Paul	МоН	Body guard PS
109	Dorothy Ntaanya	UHI	Economist
110	Dr. Sebisubi Fred	МоН	Pr. Ph.
111	Kenneth N. Mugumya	МоН	Prog. Head CHEWS
112	Dr. Kakala Alex	МоН	SQIA
115	Maria Nkalubo	МоН	POO
116	Dr. Olaro. C	МоН	DHS
117	Ena Matsho	GAPP	COP
118	Hector Tibeihaho	GAPP	PM - MoH
119	Comfort Wathum	GAPP	PA-Lango
120	Harriet Sekabira	GAPP	PA-Bunyoro
121	Kakyo Doreen Munga	RTI-GAPP	STA-Civil Eng
123	Olivie Mbogga	Butabika, Hospital	Princ. Hosp. Adm
124	Patrick Ogwok	МоН	NQAC

NO.	NAME	ORGANIZATION	TITLE
125	Jackie Katara	Embassy of Ireland	Health/ HIV Advisor
126	Swaleh Sebina	МоН	Economist
127	Obua Thomas Ocwa	МоН	Sen. Pharmacisit
128	Ezog Rubanda	OPM	Sen. Planning Officer
129	Rutazaana Damian	МоН	Epidemologist
130	Ntege Charles	NMCID	SAE
131	Bultgeya Ronnie	Media	Registrar
132	Turyahabwe Starici	МоН	Ag. ACHS GB Leprosy
133	Bwire Godfrey	МоН	PMO
134	Maria Nansasi	МоН	POO
135	Bashir Ngobi	UCI	Economist
136	Dr. Julian Nabatanzi	NMU	Dep. Director
137	John Kauta	МоН	STA
138	Dr. Mabumba Elly	ESD/ MoH	PMO
139	Kamwebere Julius	NMS	GM
140	Dr. Muhumuza Ivan	KCCA	Tech Consultant
141	Anatuhurira Nelson	Media UBC	
142	Dr. Wilfred. L. Kirungi	МоН	SMO
143	Dr. Flora Banage	CDC Uganda	Sen. Advisor Policy & Partnerships
144	David W. Oguttu	VCD-MoH	Parasitologist
145	Tabuzuibwa Michael	МоН	Fellow
146	Dr. JB. Wamaye Nambohe	МоН	CHS/ EMS
147	Agaba Innocent	МоН	Prog. PO Officer
148	D.M. Mukama	МоН	Prog. Mgr. USF
149	Agnes Chandia	МоН	SPMO
150	Dr. Bnsangoma	BKA HUSP	ED
151	Ritah Namutebi	UHF	MLC
152	Andrew kyambadde	USAID	HSS TL
153	Namusoke Samalie	МоН	P. Nutritionist
154	Nakawungu Susan	МоН	Administrative Assistant

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Governance, Accountability, Participation and Performance (GAPP) Program