



REPUBLIC OF UGANDA

MINISTRY OF HEALTH

REPORT:

**REVIEW OF IMPLEMENTATION OF THE
MINISTRY OF HEALTH WORKPLAN
Semi-annual (1st and 2nd QUARTERS)**

July to December 2018 – FY 2018/19

March, 2019

REPORT
**Performance Review of Implementation of the Ministry of
Health Workplan**
(July to December 2018 – Financial Year 2018/19)



**Poster display at Hotel Africana Kampala during the 5th Quality Improvement
Conference:
4th to 6th December 2018**

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Table of contents

Table of contents	ii
Acronyms and Abbreviations.....	2
Executive Summary.....	1
Chapter One: Health Sector Performance: Quarter 1 and Quarter 2 FY 2018/19	9
1.1 Background.....	9
1.2 Previous Review Action points	9
1.2 Health Facility Distribution	10
1.4 Weekly Epidemiological Reporting Quarter 1 + Quarter 2	11
1.5 Top 10 Causes of Morbidity Quarter 1 + Quarter 2.....	12
1.6 Completeness and Timeliness of Monthly Report.....	12
1.7 Causes of Mortality	13
1.8 Key HSDP Indicators Performance Quarter 1 + Quarter 2	13
1.9 ANC and Immunizations Quarter 1 + Quarter 2	14
1.10 Achievements	14
1.11 Challenges.....	14
1.12 Proposed Solutions.....	15
Chapter Two: Finance and Administration Department	16
2.1 Mandate.....	16
2.2 Department Objective	16
2.3 Strategic Objectives	16
2.4 Key Outcomes.....	16
2.4. Budget Performance + Quarterly Objectives.....	17
Chapter Three: Quality Assurance and Inspection Department	20
3.1 Mandate.....	20
3.3 Objectives.....	20
3.4 Budget Performance + Quarterly Objectives.....	20
3.5 Challenges and Proposed Solutions.....	24
Chapter Four: Planning and Policy Department.....	26
4.1 Vision	26
4.2 Mission	26
4.3 Background.....	26
4.4 Core Functions of the Planning Department.....	26
4.5 Budget Performance + Quarterly Objectives.....	27
Chapter Five: Human Resource Management Department	33
5.1 Background.....	33
5.2 Budget Performance + Quarterly Objectives.....	33
5.3 Challenges.....	35
5.4 Proposed Solutions.....	36
Chapter Six: Community Health Department.....	37
6.1 Mandate.....	37
6.2 Objectives.....	37
6.3 Background.....	37
6.4 Community Health Department- Sections.....	37
6.5 Four main outputs of Community Health Department.....	37
6.6 Budget Performance + Quarterly Objectives.....	38
Chapter Seven: Health Promotion, Education and Communication Department	47
7.1 Mandate.....	47
7.2 Objectives.....	47

7.3	Budget Performance + Quality Objectives	47
7.4	Challenges.....	49
7.5	Proposed solutions	49
Chapter Eight: Clinical Services Department		50
8.1	Mandate.....	50
8.2	Objectives.....	50
8.3.1	Background.....	50
8.4	Integrated Curative Services Division (ICSD).....	51
8.4.3	Challenges.....	52
Chapter Nine: Pharmaceutical and Natural Medicines Department		53
9.1	Mandate.....	53
9.2	Mission	53
9.3	Areas of Priority.....	53
9.4	Budget Performance + Quarterly Objectives.....	53
Chapter Ten: Health Infrastructure Department.....		60
10.1	Mission	60
10.2	Objective.....	60
10.2.1	Specific Objectives	60
10.3	Budget Performance + Quarterly Objectives.....	60
10.4	Challenges and Proposed Solutions	64
10.5	Renovation of Kayunga and Yumbe Hospitals Project	65
10.5.4	Budget Performance + Quarterly Objectives.....	65
10.5.5	Challenges:.....	66
10.5.6	Proposed Solutions	66
Chapter Eleven: National Disease Control.....		67
11.1	Overview of the NDC Department:.....	67
11.2	Objectives.....	67
11.3	Work plan Implementation units in NDC:	67
11.4	Budget Performance + Quarterly Objectives.....	67
Chapter Twelve: Nursing Department		76
12.1	Mandate.....	76
12.2	Objectives.....	76
12.3	Core functions.....	76
12.4	Planned activities for Quarter One FY 2018/19.....	76
12.5	Budget Performance + Quarterly Objectives.....	76
12.6	Challenges.....	78
12.7	Proposed Solutions	78
Chapter Thirteen: Emergence Medical Services Department		79
13.1	Introduction	79
13.2	Mandate.....	79
13.3	Vision	79
13.4	Mission	79
13.5	Objectives.....	79
13.6	Key definitions	79
13.7	Budget Performance + Quarterly Objectives.....	81
13.8	Challenges.....	87
13.9	Proposed Solutions	87
Chapter Fourteen: National Health Laboratory and Diagnostic Services		88
14.1	Mandate.....	88
14.2	Vision	88
14.3	Mission	88

14.4	Objectives.....	88
14.5	Strategic Outputs.....	88
14.6	Budget Performance + Quarterly Objectives.....	89
14.7	Challenges.....	90
Chapter Fifteen: Health Service Commission.....		92
Chapter Sixteen: Uganda Blood Transfusion Services		96
16.1	Mandate.....	96
16.2	Vision	96
16.3	Background.....	96
16.4	Objectives.....	96
16.5	Core function of UBTS.....	97
16.6	Categorised into Vote Sub Programs & function Outputs:	97
16.7	Budget Performance and Quality Objectives	98
16.8	Challenges.....	100
16.9	Proposed Solutions.....	100
Chapter Seventeen: Natural Chemotherapeutics Research Institute (NCRI)		101
17.1	Introduction	101
17.2	Mandate.....	101
17.3	Budget Performance + Quarterly Objectives.....	101
17.4	Challenges and Proposed Solutions.....	104
Chapter Eighteen: Uganda Virus and Research Institute.....		105
18.1	Mission	105
18.2	Budget Performance + Quarterly Objectives.....	105
Chapter Nineteen: National Drug Authority (NDA)		110
19.1	Background.....	110
19.2	Mandate.....	110
19.3	Vision	110
19.4	Mission	110
19.5	Objectives.....	110
19.6	NDA Contribution to Health Outcomes	111
19.7	Performance Targets	111
19.8	Financial performance summary	112
19.9	GoU and Development Partners	112
19.10	Capital Expenditure	113
19.11	Challenges.....	113
19.12	Recommendations.....	113
19.13	Budget Performance + Quarterly Objectives.....	114
Chapter Twenty: National Medical Stores.....		122
20.1	Background.....	122
20.2	Principal Activities	122
20.3	Budget Performance + Quarterly Objectives.....	122
Chapter Twenty-one: Health Monitoring Unit.....		125
21.1	Vision	125
21.2	Mission	125
21.3	Objectives.....	125
21.4	Values	125
21.5	Budget Performance + Quarterly Objectives.....	125
Chapter Twenty One: Uganda National Health Research Organisation.....		130
Chapter Twenty-Two: Allied Health Professionals Council (AHPC)		132
22.6	Budget Performance + Quarterly Objectives.....	133

22.7	Key Challenges	135
22.8	Proposed Solutions.....	135
Chapter Twenty Three: Uganda Nurses and Midwives Council.....		136
23.1	Mandate.....	136
23.2	Background.....	136
23.3	Mission	136
23.4	Vision	136
23.5	Core Functions of the Council.....	136
23.6	Budget Performance + Quarterly Objectives.....	137
23.7	Total Number of Nurses and Midwives by 31 st December, 2018.....	141
Chapter Twenty-Four: Uganda Medical and Dental Practitioners Council.....		142
24.1	Vision	142
24.2	Mission	142
24.3	Objectives.....	142
24.4	Budget Performance + Quarterly Objectives.....	142
24.5	Challenges and Proposed Solutions.....	147
Chapter Twenty-Five: Pharmacy Board.....		148
25.1	Mandate.....	148
25.2	Background.....	148
25.3	Functions	148
25.4	Quarter 2 Planned Outputs.....	148
25.6	Challenges.....	149
25.7	Priorities.....	149
26.1	Vision:	151
26.2	Mission	151
26.3	Background.....	151
26.4	Objectives.....	151
26.5	Planned activities	151
26.8	Wages	152
26.9	Challenges.....	156
Chapter Twenty-seven: Uganda Cancer Institute		158
27.3	Challenges.....	164
Annexes.....		165
Annex I: Programme.....		165
Annex II: Reporting Format.....		168
Annex III: Presentation Template		169

List of Tables

TABLE 1: KEY CROSS CUTTING ISSUES AND AGREED UPON ACTIONS.....	4
TABLE 1.2.1: PREVIOUS ACTION POINTS.....	9
TABLE 3: CAUSES OF MORBIDITY.....	12
TABLE 4: TOP 10 CAUSES OF MORTALITY QUARTER 1 + QUARTER 2.....	13
TABLE 5: ANC AND IMMUNISATIONS.....	14
TABLE 6: QUARTER 1 AND QUARTER 2 FY 2018/19.....	17
TABLE 7: QUARTER 1 AND QUARTER 2 FY 2018/19 PERFORMANCE.....	20
TABLE 8: QUARTER 1 AND QUARTER 2 FY 2018/19 PERFORMANCE.....	27
TABLE 9: QUARTER 1 FY 2018/19 PERFORMANCE.....	33
TABLE 10: QUARTER 2 PERFORMANCE.....	34
TABLE 11: GENERAL SALARY PERFORMANCE REPORT.....	35
TABLE 12: QUARTER 1 AND QUARTER 2 PERFORMANCE FY 2018/19.....	38
TABLE 13: QUARTER 1 AND QUARTER 2 PERFORMANCE FY 2018/19.....	47
TABLE 14: QUARTER 1 AND QUARTER 2 PERFORMANCE FY 2018/19.....	51
TABLE 15: QUARTER 1 + QUARTER 2 FY 2018/19 PERFORMANCE.....	53
TABLE 16: QUARTER 1 + QUARTER 2 FY 2018/19 PERFORMANCE.....	60
TABLE 17: SUMMARY OF SEMI - ANNUAL PERFORMANCE CUMULATIVE FOR QUARTERS 1 + QUARTER 2.....	65
TABLE 18: UNEPI QUARTER 1 + QUARTER 2 FY 2018/19.....	67
TABLE 19: INTEGRATED VECTOR MANAGEMENT IVM/NMCP QUARTER 2.....	69
TABLE 20: CASE MANGEMENT QUARTER 1 + QUARTER 2 FY 2018/19.....	71
TABLE 21: DIAGNOSTICS QUARTER 1 + QUARTER 2 FY 2018/19.....	72
TABLE 22: NATIONAL TB & LEPROSY PROGRAM (NTLP) QUARTER 1 + QUARTER 2 FY 2018/19.....	72
TABLE 23: AIDS CONTROL PROGRAM (ACP) QUARTER 1 + QUARTER 2 FY 2018/19.....	73
TABLE 24: EPIDEMIC SURVEILLANCE DIVISION QUARTER 1 + QUARTER 2 FY 2018/19.....	73
TABLE 25: GUINEA WORM ERADICATION PROGRAM AND NODDING SYNDROME QUARTER 1 + QUARTER 2 FY 2018/19.....	75
TABLE 26: QUARTER 1 + QUARTER 2 FY 2018/19.....	76
TABLE 27: QUARTER 1 & QUARTER 2 FY 2018/19.....	81
TABLE 28: QUARTER 1 + QUARTER 2 FY 2018/19.....	89
TABLE 29: TABLE SUMMARY ON PERFORMANCE FOR THE FY18/19 QUARTER 1 AND QUARTER 2.....	93
TABLE 30: QUARTER 1 & QUARTER 2 FY 2018/19.....	98
TABLE 31: QUARTER 1 + QUARTER 2 FY 2018/19.....	101
TABLE 32: QUARTER 1 + QUARTER 2 FY 2018/19.....	105
TABLE 33: THE PERFORMANCE TARGETS INDICATED BELOW ARE THE TOTAL SET OF AGREED UPON PERFORMANCE.....	111
TABLE 34: REAL REVENUE PERFORMANCE.....	112
TABLE 35: CAPITAL EXPENDITURE AGAINST BUDGET.....	113
TABLE 36: QUARTER 1 + QUARTER 2 FY 2018/19.....	114
TABLE 37: SUMMARY ON VOTE 116 PERFORMANCE FOR QUARTER 1 + QUARTER 2.....	122
TABLE 38: HMU QUARTER 3 AND 4 OUTPUTS.....	125
TABLE 39: COUNCIL -AHPC -QUARTER 1 + QUARTER 2 PERFORMANCE SUMMARY.....	133
TABLE 40: QUARTER 1 + QUARTER 2 FY 2018/19.....	137
TABLE 41: TOTAL NUMBER OF NURSES AND MIDWIVES BY 31ST DECEMBER, 2018.....	141
TABLE 42: QUARTER 1 + QUARTER 2 FY 2018/19.....	142
TABLE 43: QUARTER 1 + QUARTER 2 FY 2018/19.....	148
TABLE 44: WAGES (APPROVED BUDGETS AND EXPENDITURES).....	152
TABLE 45: BUTABIKA NRH - ACHIEVEMENTS - QUARTER 1 AND QUARTER 2.....	152
TABLE 46: SUMMARY OF VOTE EXPENDITURES (USHS BILLIONS).....	159
TABLE 47: QUARTER 1 AND QUARTER 2 PERFORMANCE FOR FY18/19.....	159
TABLE 48: UGANDA CANCER INSTITUTE PROJECT FY18/19 Q1 AND Q2 OUTPUTS.....	163
TABLE 49: ADB SUPPORT TO UCI FY18/19 Q1 AND Q2 OUTPUTS.....	163
TABLE 50: INSTITUTIONAL SUPPORT TO UCI FY18/19 Q1 AND Q2 OUTPUTS.....	164

List of Figures

FIGURE 1: HEALTH FACILITY DISTRIBUTION.....	10
FIGURE 2: WEEKLY EPIDEMIOLOGICAL REPORTS	11
FIGURE 3: COMPLETENESS AND TIMELINESS OF MONTHLY REPORTS.....	12
FIGURE 4 : EMERGENCY CARE SYSTEM FRAMEWORK	80
FIGURE 5 : MAINTENANCE OF GROUNDS.....	156
FIGURE 6 : CONSTRUCTION OF STAFF HOUSING.....	156

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
AMREF	African Medical Research Foundation
ARC	Alliance for Rabies Control
ARCC	African Regional Certification Commission
ART	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
AWP	Annual Work Plan
AT	Area Team
AZT	Azidothymidine
BCC	Behavioural Change 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
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
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
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
HFQAP	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
LGDP	Local Government Development Project
LLINs	Long Lasting Insecticide Treated Nets
MAAF	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 Authority
NCD	Non Communicable Diseases
NGOs	Non-Governmental Organisations
NMS	National Medical Stores
NPA/AI	National Plan of Action for Avian Influenza
NRH	National Referral Hospital
NTDs	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Control Program
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
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private Not for Profit
PPPH	Public Private Partnership in Health
PWD	Persons with Disabilities
QAD	Quality Assurance Department
QI	Quality Improvement
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
UMR	Under 5 Mortality Rate
UMDPC	Uganda Medical and Dental Practitioners 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
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 first and second quarters for 2018/19 financial year will take place from 2nd to 3rd April 2019 at Imperial Royale Hotel, 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 first and second quarter of the financial year. The review meeting shall also receive progress on the cross cutting actions from the previous performance review meeting (the 4th quarter for 2017/18 financial year).

The reports included in the report are from the Ministry of Health Departments, the professional councils and the national level institutions. The reporting format was shared to guide the process.

Finance and Administration paid up the utility bills; maintained the MoH vehicles; and also coordinated commemoration of international Health related events. Funds destined for international bodies were remitted; developed and upgraded the: KMP (Knowledge Management Portal); Servicing Data Centre; serviced the IFMS with the Ministry data centre, and partly replaced UPS Batteries. Planning Department finalised the BFP 2019/20 FY; finalised and disseminated the PHC Guidelines for LGs and PHC Development Grant Guidelines. 24th JRM MTR for 2nd HSDP and the Aide Memoire took place as planned. Cabinet paper for CHEWS Policy was submitted; NHI Scheme Bill was submitted to MoJCA for harmonization; Bill for decongesting Mulago drafted; Uganda National Medical Internship Policy was approved by Top Management, cabinet memo for upgrading of Entebbe Grade “A” and Grade “B” hospitals to Entebbe Regional Referral hospital was developed. Emergence Medical Services Policy is awaiting certificate of financial implication from MoFPED. Human Resources Management Department coordinated the validation exercise conducted by the Health Service Commission in order to fill the vacancies at the Ministry of Health Headquarters. All job descriptions for the new structure were revised and streamlined. On-boarding and engagement guidelines for health-workers, Schemes of service for Nursing and Midwifery and the guidelines to implement the policy on prevention and response to sexual harassment were developed. Training materials on equity assessment were reviewed and updated for training health workers.

QAID coordinated the workshop to review the implementation of the MoH works-plan for the 2nd and 3rd quarter. The revised MoH Client Charter and the generic version for the RRH Client Charter were developed. Patient Safety Practice survey and the Client Satisfaction survey were finalised and reports were shared. Support supervision to all RRHs, GHs and HC IVs for the 129 districts for 2nd Quarter was conducted. The 5th National QI conference was conducted at Hotel Africana and report shared. 3 hospitals (Entebbe, Jinja and Mubende) achieved the target of scoring more than 60% for 5S performance. Nursing Department conducted 5 technical support supervision visits to Lira RRH, Apac hospital, Dokolo hospital, Amai PNFP, Otuke, Amolatar, and Alebtong HC IIIs. The supervising Teams addressed issues of absenteeism, attitude, discipline basic record keeping and professionalism. The Community Health Department coordinated the launch of the National Day of Physical Activity. Second phase plan for OCV (oral cholera vaccination) plan was developed and submitted to WHO, Geneva. Skills enhancement training and follow up on rights based comprehensive Family Planning for 144 service providers in 25 UNFPA supported hard to reach districts was conducted. School oral health supervision done in Bulambuli, Namutumba, Mityana, Butambala, Wakiso, Mbale, Budaka, Masaka, Lwengo, Bukomansimbi and Kalungu districts. 60 district staff were trained in Katakwi and Pallisa on Sanitation Marketing in October 2018.

Trachoma F and E assessment completed successfully in Jinja, Kamuli, Buyende, Kaliro, Luuka, Iganga, Mayuge, Bugiri, Namutumba and Namayingo. 3400 people tested for presence of *W. bancrofti* using test kits in Settlements in Lamwo, Adjumani, Moyo, Yumbe, Arua and Koboko districts.

Comprehensive Routine Monitoring of health activities was conducted within 6 districts by the Health Monitoring Unit (HMU). Community dialogue conducted in Abim district and 2 Radio Talk Shows were conducted in Abim and Koboko; 1 UBC Television show was also conducted by the HMU. 32 criminal cases were investigated and submitted to DPP and 65 previously generated cases were followed up. In collaboration with Intra-Health, HMU assessed the use of Human Resource monitoring tools.

National Disease Control Department coordinated disbursement of funds to 47 out of 56 poorly performing and high-risk districts. Multi-antigen campaign was conducted in 10 out of 11 districts. A total of 79,746 LLINs were distributed: 28,169 went to Ivempi camp, 49,907 at Rhino camp, and 1607 at Lobule camp. 85 bales (10 pieces), 3500 pieces to schools as part of MDD. 13,954 (93%) incident TB cases were notified nationally in FY 2018/2019 FY. NTLP registered 85 % increase in treatment success rate among all forms of TB. Case fatality rate among all forms of TB reduced to 7 % (target: 5%). There was a decrease in the loss to follow-up rate among all forms of TB (was at 13% and, target: to less than 5%). MDR-TB case finding was 127 cases (target: 261). 6 Guinea worm rumour cases were investigated.

The National Health Laboratory Services conducted support supervision to epidemic prone sites in Fort portal, Kabale, Mbarara, Gulu, Arua, Moroto. 82 disease suspected outbreak samples were transported for referral testing including 33 suspected VHF samples taken to UVRI. 282,003 samples tested for HIV Viral Load with 88% suppression rate. SLIPTA audits conducted in 84 hub laboratories. Guidelines for registration and licensing of laboratories, and external quality assessment (EQA) schemes were finalised. 11 Laboratories mentored for International Accreditation.

Drafting of the Regulatory Impact Assessment (RIA) for the alcohol control policy was undertaken by Clinical Services Department. National Fistula Strategy was reviewed. 9 Fistula camps in 6 RRHs, 2 PNFP and 1 NRH (Mulago) were held. 1,048 intern health service providers were deployed to the 34 Training Centres. Palliative Care Policy was costed. 11 patients were referred abroad and 42 officers retired on medical grounds by the Medical Board. 229,304 tested for Hepatitis B out of target 2,001,269 (47%): 5,955 cases were positive and 222,973 were negative; Prevalence outcome was 2.6%. Pharmacy Department coordinated the training of 64 Medicines Management Supervisors in ART SPARS. 5 health facilities were supported with pre-fabricated storage facilities. JMS supported 532 health facilities on use PHC funds and submit orders. Reviewed the supply plans and placed orders under the Year 2 (2019) of Global Fund grant for HIV.

Infrastructure Department maintained 611 solar systems in 167 Health facilities in 11 Districts. 119 batteries were replaced for 40 battery banks in 27 Health centres in Gulu, Soroti and Serere Districts. 28 Ultrasound scanners, 17 x-ray machines and 3 PCR printers were maintained in 8 RRHs, 14GHs, 20HCIVs. Trained 21 Biomedical Engineers/Technicians from MoH and 14 Hospitals in maintenance of Anaesthesia machine, ventilator, Infant incubator and warmer and operation table. Monitored the operation and maintenance of oxygen plants in 12 RRHs: Jinja, Moroto, Masaka, Kabale, Mbale, Fort Portal, Soroti, Lira, Gulu, Hoima, Arua and Mubende.

Uganda Virus Research Institute (UVRI) supervised the targeted testers for HIV proficiency testing. There were 12,177 ANC samples for HIV and syphilis testing received from the sentinel surveillance sites. 2,983 samples were received for Laboratory surveillance of AFP. Laboratory surveillance of Measles and Rubella was carried out. National Medical Stores supplied medicines and supplies to HC IV's, worth 10.1 Billion and General Hospitals for 14.5 Billion; Vaccines were worth 9.5 Billion; ARVs worth 4.3 Billion, Emergency donations for 1.9 Billion and RH supplies for 8 Billion. Uganda Blood Transfusion Services (UBTS) collected 129,040 (target: 150,000 units) units of blood and also mobilised 230,000 (target: 250,000) potential blood donors. Issued 120,093 units of blood to health facilities and 8,947 units were discarded. Uganda National Health Research Organisation (UNHRO) developed and installed an on-line web based platform for the Clinical Research Information Management (CRIMS). A national consultative workshop was held on 12th October 2019 for stakeholders where the proposed East African Cross Border Health Services and Implementation Research Project by the EA Health Research Commission was discussed.

Uganda Medical and Dental Practitioners Council inspected 2 University Medical Schools. Provided Provisional Licenses to 569 (target: 250) Medical and Dental Practitioners. Provided Annual Practising Licenses to 465 (target: 200) Medical & Dental Practitioners. The Allied Health Professional Council revised 865 (target: 1,037) professionals; renewed 2,314 (target: 3,605) licences for professionals; Licensed 766 (target 200) private health units; and 286 (target 173) medical laboratories. Pharmacy Profession & Practice Bill review report enriched by the Pharmacy Board and the recommendations were submitted to the Policy Analyst. Renewed a total 3,033 (target: 4510) practice licences by the Uganda Nurses and Midwifery Council. Also renewed 25 clinics; inspected 6 training institutions.

Butabika National Referral Mental Hospital admitted 3,612 (target: 4,600) patients; 15,582 (target 15,400) Laboratory tests; 0 (1,375) X-ray investigations. The Hospital Administration started construction on staff houses; Kitchen stoves constructed, and also connected internet services to OPD.

Major challenges reported on, were inadequate funding to the health sector; delays in payment to solar maintenance contractors led to slow down of maintenance work; increasing requests for expansion and upgrading of health facilities, yet there is no budget. UBTS has challenges of insufficient budget for procurement under NMS. Available funds were exhausted by January 2019. UBTS sought a supplementary of 19.4bn UGX. NMS was authorised to procure supplies to the tune of UGX 10bn, by MoFPED. But this still left a funding gap of UGX 9.4bn. UBTS also registered failure of hospitals and other health facilities to pick blood from Blood Banks; inadequate storage facilities, and poor response to voluntary blood donation by Ugandans. Professional Councils had delayed disposal of court cases; low compliance to regulations by staff in public service, and increased management of licensed health units by non-qualified personnel.

**Issues and Action Points from the Health Sector Performance Review Meeting of the Fourth Quarter
(April to June 2018) Held On 22nd to 23rd August 2018, Imperial Royale Hotel, Kampala**

Table 1: Key cross cutting issues and agreed upon actions

	Issue	Plan of Action	Responsible Officer/ Timing
1. HEALTH SECTOR PERFORMANCE (HEALTH INFORMATION DIVISION)			
1.1	Some districts still have low progress on meeting targets on some indicators: Completeness (Kampala); Timeliness- Napak, Omoro, Ngora etc.); Poor surveillance reports (Kampala, Kaberamaido); Poor submission of 105 (Wakiso), etc.	<ul style="list-style-type: none"> Poor performing districts should be supported to improve on the weak performance. Invite key stakeholders to agree on the best way forward 	HoDs/Programmes AC-HID 2 nd Quarter. (carried forward)
1.2	Poor reporting by PNFPs, PFs and NGO facilities	Report on deliberate effort for the private sector to report on HMIS Districts should provide HMIS tools to private HFs	AC-HID 2 nd Quarter.
2. HUMAN RESOURCES FOR HEALTH			
2.1	Delayed payment of pension to retired staff. Funds end up being returned.	Expedite payment of pension and minimise delays.	C-HRM, 2 nd Quarter.
2.2	Non-functional HRIS in some LGs due breakdown of equipment.	Reorientation of all key stakeholders on HRIS	C-HRM, 2 nd Quarter.
2.3	Failure to utilise the wage bill by institutions and the LGs	Plan to recruit and utilize the wage bill	
2.4	Inactive Training committee at MoH	Training committee should be revitalized.	C-HRM, 2 nd Quarter.
3. FINANCE AND ADMINISTRATION			
3.1	Delays by officers to account for funds advanced to them.	All funds advanced to officers must be accounted for with 6 months. Accountabilities should be channeled through HoDs/Programmes.	All to note, AC-Accounts
3.2	Lack of access to IFMS by vote controllers.	Train HODs in IFMS management and enable them have access to the system	US/F&A, 2 nd Quarter.
3.4	Lack of procedural guidelines on accessing medical care support for the MoH staff.	Develop and share procedural guidelines on accessing financial support for medical services.	US/F&A, 2 nd Quarter.
3.5	No clear mapping/identification information for some of the MoH Headquarter offices	Expedite the process of availing identification labels for offices.	PAS, 2 nd Quarter.
3.6	Failure of some staff to clock in and out using the biometric machine	All staff to clock in and out regularly.	PAS, 1 st Quarter.

	Issue	Plan of Action	Responsible Officer/ Timing
4. QUALITY ASSURANCE			
4.1	Current reporting format not addressing the critical issues.	Set-up committee to review and advise on a new reporting format	DHS C&C/2 nd Quarter.
4.2	Over-crowded programme	Review and guide on reducing the size of the programme	DHS C&C/2 nd Quarter.
4.3	Many IPs funding to QAID for different activities <ul style="list-style-type: none"> • Prepare up-to date status on funding by IPs to QAID. 	Updated support plan to QAID should be prepared and shared with the PS	CHS QAID, 2 nd Quarter.
4.4	Lack of consolidated for Support supervision workplan	Consolidated funding be developed and shared with Senior Top Management.	CHS QAID, 2 nd Quarter.
4.4	5S not yet fully implemented in districts and HFs	Expedite plan to operationalise 5S in Districts and HFs	CHS QAID, 2 nd Quarter.
4.5	Many guidelines in the health sector	Develop a data-base and level of utilisation for available guidelines and other policy documents in the Health sector	CHS QAID, Intra-heath, 2 nd Quarter.
5. PLANNING			
5.1	Lack of roadmap towards achieving Universal Health Coverage (UHC)	Develop roadmap towards achieving UHC	Ag.C PD, 2 nd Quarter.
5.3	Lack of update on the poor-quality medical equipment procured under UHSSP was recalled and replaced.	Updated report should be shared with Top Management	Ag.C PD, 1 st Quarter.
5.4	Policy development in the health sector not clear to some technical officers	Guidance to be provided the principles of policy development.	PPAU/1 st Qtr.
6. COMMUNITY HEALTH			
6.1	Resurgence of Trypanosomiasis in Kidepo National Parks	Develop strategy to control the resurgence of Trypanosomiasis	PM. ESD, 4 th Quarter.
6.2	Lack of evidence on effectiveness of the MPDR.	Assess for effectiveness pf MPDR	Ag. ACHS RH, 4 th Quarter.
7. INTEGRATED CLINICAL SERVICES (ICS)			
7.1	Lack of assessment tools for Hepatitis B services	Liaise with HID to develop the Hepatitis B tool	CHS (ICS)/2 nd Quarter
7.2	Criteria for referral abroad not appreciated to members of the public	Guidelines on referral abroad should be shared widely.	CHS (ICS)/2 nd Quarter
7.3	Inadequate coordination of vaccination against Hepatitis B	Make follow-up and address the irregularities on vaccination against Hepatitis B, e.g. Isingiro.	CHS (ICS)/2 nd Quarter
8. NURSING SERVICES			
8.1	Lack of transport and working space for Nursing Department. There are 5 (five) additional staff in the Department	Allocate vehicle and more office space for the Department of Nursing Services.	PS, 2 nd Quarter
8.2	Inadequate basic nursing care practice in HFs (e.g. taking of vital signs)	Share strategy to address the gap.	Ag. CHS N/2 nd Quarter
9. HEALTH INFRA-STRUCTURE			
9.1	Up to date Medical Equipment inventory not shared with keys stakeholders	Updated ME inventory is made available by Regional ME and should be shared.	Ag.C-HID, 2 nd Quarter

	Issue	Plan of Action	Responsible Officer/ Timing
9.2	Lack of a redistribution plan for the redundant medical equipment in HF's /districts	Redistribution plan be developed and shared with Senior Top Management	Ag.C-HID, 2 nd Quarter
9.3	Some solar power supplies are lying idle in districts. Presence of many uncoordinated service providers for solar power services	Distribution and management of solar services in the country should be streamlined.	Ag.C-HID, 2 nd Quarter
9.3	Lack Biomedical engineers in the structure for the RRHs	MoPs should advise MoH on the way forward	Ag.C-HID, 2 nd Quarter
9. PHARMACY DEPARTMENT			
9.1	An update on whether the effectiveness of Medicine Management Supervisors (MMSs) not known.	Conduct an assessment on effectiveness of the MMSs	Ag. CHS(Pharm)/ 2 nd Quarter
9.3	Two national quantification reports are made on status of Pharmaceutical supplies (one by Pharmacy based on DHIS2 and 2 nd by NMS based on consumption)	Streamline the reporting and triangulate for the final report.	Ag. CHS Pharm./PM NMS, 4 th Quarter
10. UNEPI			
10.1	Sporadic outbreaks of measles and the poor coverage	<ul style="list-style-type: none"> • Expedite plan for Mass measles campaign. • Develop plan to revitalize routine immunisation 	PM UNEPI/2 nd Quarter
11. DISEASE SURVEILLANCE			
11.1	Ebola out-break threat to the country (in	Provide scanners to Airport and Mpondwe boarder	PM ESD/Task Force/2 nd Quarter
11.2	Outbreak of Rift Valley Fever (RVF) in SW Uganda. Inadequate sensitisation and social mobilisation campaign.	Scale-up social mobilisation and education. Follow-up mass immunisation of potential animal (vaccine should available on sale)-MAAF	PM ESD/Task Force/2 nd Quarter
12. UGANDA BLOOD TRANSFUSSION SERVICES (UBTS)			
12.1	Inadequate funds provided to NMS to provide supplies for blood collection.	Request for front loading, Lobby for additional funding from stakeholders (IPs)	PS and Ext Dir UBTS/2 nd Quarter
13. MULAGO NATIONAL REFERRAL HOSPITAL			
13.1	Refurbishment of Mulago Hospital has taken longer than anticipated.	Expedite plan to the Hospital by end of October 2018	Ext Dir. Mulago NRH/2 nd Quarter
14. BUTABIKA NATIONAL REFERRAL MENTAL HOSPITAL			
14.1	Increasing number of cases with alcohol and drug abuse	Strategy should be developed to address the challenge	Ext Dir. NRMH/2 nd Quarter

	Issue	Plan of Action	Responsible Officer/ Timing
14.2	Poor referral mechanism leading to overcrowding of the NRH	Implement policy guidelines on referral	All RRHs
15. UGANDA CANCER INSTITUTE (UCI)			
15.1	Poor health/cancer screening seeking behaviour by male patients	Develop strategy to target men	Exec. Dir. UCI/ 2 nd Quarter
16. NATIONAL DRUG AUTHORITY			
16.1	Continued advertising (use of public address system) and miss leading of public Traditional medical Practitioners	Fastrack the bill on Complementary Medicine Practice	PS/UNCRI/ 2 nd Quarter
17. EMERGENCE MEDICAL SERVICES			
17.1	Inadequate staff for the new Department. Emergency and Ambulance technical staff not provided for in the structure	Lobby for the additional staffing for emergency services at all levels (carried forward from last review)	CHS EMS, 2 nd Quarter
17.2	New access code 912 has not yet been activated due to lack of necessary infrastructure	Provide the required infrastructure	CHS EMS, 2 nd Quarter
18. COUNCILS			
18.2	Poor cooperation by Universities to submit names of students registered for the health-related courses.	Liaise with Inter-ministerial committee to advise to expedite the process	PS, Registrars, 2 nd Quarter
18.3	Delayed Bills: Health Professionals Authority; Pharmacy Bill	Expedite the process	PS, Registrars, 2 nd Quarter
19. HEALTH SERVICE COMMISSION (HSC)			
19.1	Delay in recruitment of health workers	Follow the recruitment roadmaps which were developed by the respective institutions	All Institutions/Chairman HSC/2 nd Quarter

DEPARTMENTS

Chapter One: Health Sector Performance: Quarter 1 and Quarter 2 FY 2018/19

1.1 Background

DHI is a one stop Center for management of health and health related information. The aim is to assist in the overall goal is achieve health for all through quality data, to coordinate, improve and consolidate the Ministry's data management functions.

1.2 Previous Review Action points

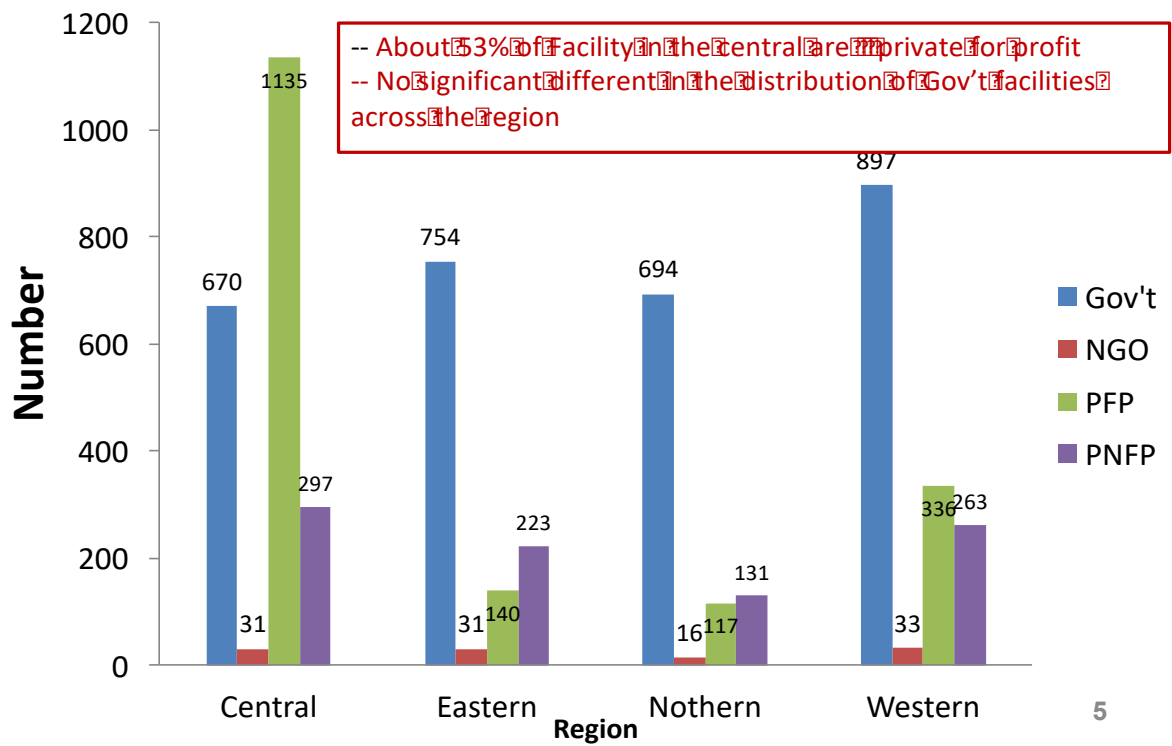
Table 1.2.1: Previous Action Points

Issues	Measures Taken	Comments
Limited time to conduct data cleaning	Monthly data cleaning at the district level was effected	Partners are supporting districts to do this
Inadequate use of data by managers at all levels	Dashboard based on program area were developed	HIV, TB, Malaria and EPI were developed
Data Quality	Data Quality Apps integrated into DHIS2 to help the analysis of data quality issues	The App was develop with support from WHO
HMIS tools are too bulky due to increased data demands	Reporting burden was to be evaluated but not done	Program are adding more data elements
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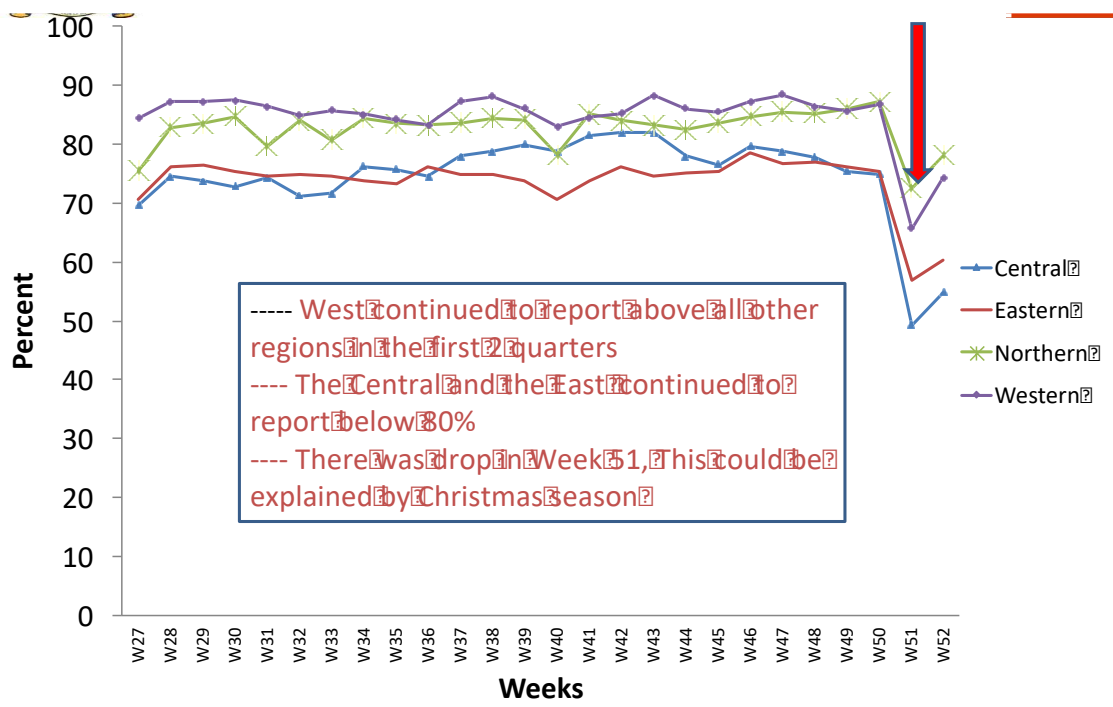
1.2 Health Facility Distribution

Figure 1: Health Facility Distribution



1.4 Weekly Epidemiological Reporting Quarter 1 + Quarter 2

Figure 2: Weekly Epidemiological Reports



1.5 Top 10 Causes of Morbidity Quarter 1 + Quarter 2

Table 3: Causes of Morbidity

• Top 10 Cause of morbidity

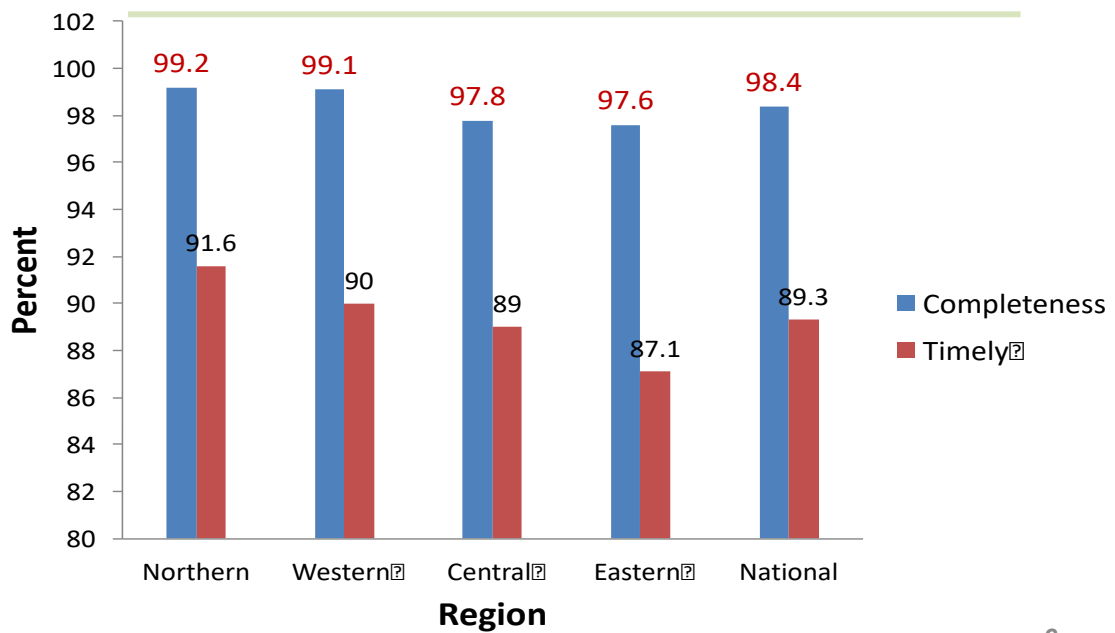
Condition	Count	Percent
Malaria (Total)	4,778,764	27.4
No Pneumonia Cough or Cold	4,446,797	25.5
Urinary Tract Infections	903,775	5.2
Gastro-Intestinal Disorders	773,478	4.4
Skin Diseases	682,218	3.9
Intestinal Worms	671,688	3.9
Diarrhoea-Acute	628,829	3.6
Pneumonia	497,935	2.9
Other Eye Conditions	428,867	2.5
Injuries (Trauma Due To Other Causes)	292,877	1.7

• Missed diagnosis

- Total diagnosis 63,120,466
- All other diagnosis 45,695,127
- Actual conditions diagnosed 17,425,339
- All other diagnosis is about 3 times the actual

1.6 Completeness and Timeliness of Monthly Report

Figure 3: Completeness and Timeliness of Monthly Reports



1.7 Causes of Mortality

Table 4 : Top 10 Causes of Mortality Quarter 1 + Quarter 2

5 and Above			Under 5		
Condition	No.	%	Condition	No.	%
All others	1956	17.1	Malaria total	1362	15
Pneumonia	715	6.2	Other Neonatal Conditions	1010	11
Other diagnoses	674	5.9	All others	945	10
Malaria total	595	5.2	Premature baby	931	10
Anaemia	588	5.1	Pneumonia	735	8
Injuries: (Trauma due to other causes)	578	5.1	Anaemia	722	8
Injuries: (Road Traffic Accidents)	423	3.7	Neonatal Sepsis (0-7 days)	467	5
Hypertension (Old cases)	384	3.4	Other diagnoses	456	5
New TB cases diagnosed: Bacteriologically confirmed	355	3.1	Severe Malnutrition (SAM): Without oedema	310	3
Diabetes mellitus	290	2.5	Septicemia	242	3

1.8 Key HSDP Indicators Performance Quarter 1 + Quarter 2

Key HSDP Indicators July – December 2018

- Deliveries: **595,387 (61%)**
- Maternal mortality: **– 607 (103/100,000)**
- Perinatal mortality **– 14,199 (24/1000)**
- Maternal Death Audited **– 424 (70%)**
- **Districts with Highest Maternal Mortality**

District	Number
Kampala	52
Arua	33
Hoima	33
Masaka	31
Kabarole	29
Mubende	23
Mbarara	23*
Kasese	23
Gulu	16

1.9 ANC and Immunizations Quarter 1 + Quarter 2

Table 5 : ANC and Immunisations

Visits/Antigen	Number	Percent
ANC	871,273	87
ANC First Trimester	168,966	17
ANC	400,331	40
IPT2	600,890	60
DPT3	777,247	90.4
Measles	730,175	84.9
Under Fully Immunized	577,633	67.2

11

1.10 Achievements

- Standard SOPs for compiling HMIS reports developed
- Support Supervision and mentorship in the selected Hospital
- Health inequality analysis in conjunction with school of public health, Makerere
- HMIS review process continued
- Continuous improvement of data quality through data cleaning, DAQ and mentorship
- Worked with HISP team and developed data quality Apps and dashboards for HIV, TB, Malaria and EPI

1.11 Challenges

- Health workers at the facility levels still have skill gaps in data generation and aggregation
- Inadequate data use for decision making at all level
- Computing of health facility indicators still difficult because of population based denominator
- Division of health information have the biggest challenge in it's operations because on complete lack of transport

- Uncoordinated and parallel activities of IPs in the data related field affect the efforts to improve the data quality
- Absent of Unique identifier and ICD coding affect the tracking of the patients and cause of deaths

1.12 Proposed Solutions

- Purposive capacity building should target midwives, nurses and clinical officers
- Use of electronic data management system should be scaled down to HC III
- Use of OPD attendance to identify the geographical area catchment for the health facility
- It urgent that the DHI (Only division without transport) be allocated a vehicle to support the operation
- IPs activities should be properly coordinated from MOH
- Develop unique identifier to track patients and ICD to help the cause of death

Chapter Two: Finance and Administration Department

2.1 Mandate

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

2.2 Department Objective

- To ensure administrative and support services to the ministry to enable it fulfill its mandate.

2.3 Strategic 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.

2.4 Key Outcomes

1. Improved service delivery in the Health Sector.
2. Improved working environment for staff.

2.4. Budget Performance + Quarterly Objectives

Table 6 : Quarter 1 and Quarter 2 FY 2018/19

Quarterly Targets	Output Achievements /Results (Q1 And Q2)	Budget Performance Of Release (Q1 And Q2)	Expenditure/ Budget Performance (Q1 And Q2)	Explanation For The Variance
Field visits for three Ministers and technical officers.	23 field visits were undertaken.	69,518,000	69,505,000/=	N/A
Timely computation, processing and payment of Q2 entitlement	All entitlement of top managers processed and paid.	160,000,000/=	214,812,000/=	Additional Funds were sourced from other Programs.
Timely computation, processing and payment of Q2 staff welfare.	Transport and lunch allow. for staff at U4 and below salary scale processed and paid.	33,250,000/=	67,920,000/=	Other related items were charged
Ensuring routine cleaning and beautification of MOH premises.	MOH premises were cleaned and service providers duly paid.	30,000,000/=	68,803,676/=	Additional funds were sourced from other departments.
Ensuring proper deployment and prompt payment of allowances to the security personnel.	All MOH installations were secured and allowances for the personnel paid.	25,000,000/=	123,080,000/=	Other related items were charged.

Quarterly Targets	Output Achievements /Results (Q1 And Q2)	Budget Performance Of Release (Q1 And Q2)	Expenditure/ Budget Performance (Q1 And Q2)	Explanation For The Variance
Timely assessments and repair (service) of Vehicles.	Most ministry vehicles were well maintained and are in good running conditions	80,125,000/=	80,125,000/=	N/A
Ensuring that all the prepaid utilities are duly paid in time	All payments for electricity and water were paid.	37,000,000/= (water) 84,500,000/= (electricity)	110,404,866/= (water) 163,126,389/= (electricity)	Payments are up to date. More funds were sourced from other departments.
Ensure that all programs have adequate supplies of these items throughout the quarter	All the requested supplies were provided.	11,000,000/=	93,896,991/=	Additional funds were sourced from other Departments since it's a consolidated item.
Participating in all national/ international events	Participated in 2 national events.(Independence day and Youth Day)	0	44,900,000/=	Funds were sourced from other budget lines.
Travels for three ministers and technical officers.	13 trips were made.	38,349,072/=	42,500,000/=	N/A
Installation, Repairs and maintenance of ICT equipment	1. Establishment on level 3 b, internet services, surveillance and access control established on level 3b.	15,400,000/=	181,205,000/=	Funds were sourced from GoU, UNICEF, MSH and USAID

Quarterly Targets	Output Achievements /Results (Q1 And Q2)	Budget Performance Of Release (Q1 And Q2)	Expenditure/ Budget Performance (Q1 And Q2)	Explanation For The Variance
Ensuring that all funds released for councils are remitted	Funds were remitted to Allied Health Professionals, Uganda Medical and Dental Practitioners Council and	150,000,000/=	149,982,788/=	N/A
Ensuring that all funds released releasing or international bodies are remitted	Funds were remitted to ECSA	230,000,000/=	230,000,000/=	N/A
Timely processing and payment of telephone bills	All the telephone lines were duly paid.	27,457,000/=	27,342,500/=	N/A

Chapter Three: Quality Assurance and Inspection Department

3.1 Mandate

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 in-order to promote provision of quality health services
- Facilitate establishment of internal QI capacity at all levels including operations research on quality health services

3.4 Budget Performance + Quarterly Objectives

Table 7 : Quarter 1 and Quarter 2 FY 2018/19 performance

Quarterly targets (Q1 & 2)		Outputs achievements/results (Q1 & Q2)	Budget release (Q1 & Q2) UGX M	Expenditure/ budget performance	Explanation for variation/result
Output description (Output 080101): Sector Performance:					
Review of the MoH W-plan for the 1 st and 2 nd quarters		Review for 1 st and 2 nd quarters is scheduled to take place in February 2019	20m	No variation	<ul style="list-style-type: none"> • Funded by Governance, Accountability, Participation and Performance (GAPP) • Combined performance review for Qtr. 1 and 2 • Improved reporting outcomes by Depts. and Programmes.
6 Senior Management Committee meetings (SMC) conducted		6 SMC meetings were conducted	3m	No variation	Meetings are regular with policy related issues forwarded to HPAC 24 policy related issues were cleared by SMC
Output description (Output code:080102): National standards and guidelines developed					
Review of the Client Charter: MoH Hqts; 3 RRHs Masaka, Gulu and Lira Draft generic copy RRH Client Charter		Revised MoH Client Charter developed Generic copy RRH Client Charter developed	40m	No variance (fully funded by Intra-health)	<ul style="list-style-type: none"> • Feedback mechanism strengthened and operationalised • RRHs started on the process to update the Client Charters • Guide on key messages developed and shall be

Quarterly targets (Q1 & 2)		Outputs achievements/results (Q1 & Q2)	Budget release (Q1 & Q2) UGX M	Expenditure/ budget performance	Explanation for variation/result
developed					disseminated to sub-national level facilities
Conduct Service Availability and Readiness Survey (SARA)		Data collection completed	260m (358m)	98 m not yet released	<ul style="list-style-type: none"> Supported GF and WHO Report writing to be completed in 3rd quarter. No objection clearance received from GF Coordination office
Conduct Patient Safety practice survey		Survey completed and final report shared with MoH	120m	No variation	<ul style="list-style-type: none"> Supported by Enable Report used to develop concept for Patient Safety Guidelines
Conduct Client Satisfaction survey		Draft report presented and adopted by SMC	220 m	No variation	<ul style="list-style-type: none"> Supported by Enable Roadmap to integrate the Serve Quale Tool into routine client satisfaction survey was developed West Nile had the lowest level of Client satisfaction while Mpigi had the highest
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	<ul style="list-style-type: none"> Supported by JICA To improve capacity for training in maintenance of medical equipment
Line activity (Output code:080103): Supervision of Local Governments					
Conduct Integrated supportive supervision to RRHs, GHs and HC IVs for all the 129 districts: 2 visits (2 nd and 4 th quarters)		Support supervision to all RRHs, GHs and HC IVs for the 129 districts is in progress for the 2 nd quarter 2018/19 FY	180mill	One visit conducted due to lack of funds	<ul style="list-style-type: none"> Funded by URMCHIP Senior Top participated Report to be shared with SMC Focused on uniforms; implementing nursing scheme of service;
		QI support supervision conducted in 25 districts	54 m	No variation	<ul style="list-style-type: none"> Regional QI Committees operationalised in Kabale, Mbarara, Mbale and Moroto RRHs QI project with improved outcomes.
		Joint support supervision with MoPS	37m	No variation	<ul style="list-style-type: none"> Inter-sectoral collaboration enhanced with joint planning and coordination MoPS guided on pay roll management in districts

Quarterly targets (Q1 &2)		Outputs achievements/results (Q1 & Q2)	Budget release (Q1 & Q2) UGX M	Expenditure/ budget performance	Explanation for variation/result
2 nd monitoring and evaluation of implementation of 5S-KAIZEN in 16 Health Facilities (including the 14 Regional Referral Hospitals)		2 nd monitoring and evaluation of implementation of 5S conducted in 16 health facilities conducted (including the 14 Regional Referral)	NA	NA	<ul style="list-style-type: none"> Activity was supported by JICA Report shared with SMEAR TWG and SMC Kabale RRH registered the best performance Better working environment in all the RRHs
Supervision to 5 Regional maintenance workshops		Supervision to 5 Regional maintenance workshops conducted	NA	NA	<ul style="list-style-type: none"> Supported by JICA Improved planning and working environment for the workshops
Line activity (Output code:080103): Facilitate establishment of internal QA capacity at all levels					
To conduct Health Facility Quality Assessment Programme (HFQAP) to 10 districts in North Central and Western Uganda regions		HFQAP conducted in 5 districts: Hoima, Kikuube, Buliisa, Kakumiro Sheema Mitooma	Approx. 15 mill per district	No variation	<ul style="list-style-type: none"> Supported by UNICEF Data entry and analysis completed There was delay in disbursement of funds Status report available
Conduct 5 th National QI conference		5 th National QI conference conducted at Hotel Africana with over 450 participants	NA	NA	<ul style="list-style-type: none"> Supported by USAID/ASSIST and other IPs for QI and 5S Wide experience in implementation of QI shared There was capacity built for 5S QI implementation
Line activity (Output code:080103): Facilitate establishment of internal QA capacity at all levels: Implementation of 5S CQI					
At least 1 5S show-case at each of all the 14 RRHs		1 5S show-case at Entebbe, Arua and Hoima; 7 show-cases at Kabale RRHs were established	NA	NA	<ul style="list-style-type: none"> Improved working environment in the RRHs Supported by JICA 5S to be rolled out to districts
> 70% of medical equipment with good condition and in use		65.1% of medical equipment with good condition and in use	NA	NA	<ul style="list-style-type: none"> Supported by JICA Improved maintenance of medical equipment in the supported health facilities
< 4 medical		5.1% (October 2016)	NA	NA	<ul style="list-style-type: none"> Supported by JICA

Quarterly targets (Q1 & 2)		Outputs achievements/results (Q1 & Q2)	Budget release (Q1 & Q2) UGX M	Expenditure/ budget performance	Explanation for variation/result
equipment with good condition but not in use		equipment with good condition but not in use			
< 15% medical equipment necessary to repair		22.1% (October 2016) medical equipment necessary to repair	NA	NA	<ul style="list-style-type: none"> Supported by JICA 3 hospitals (Entebbe, Jinja and Mubende) achieved the target, while 6 hospitals are expected to reach the target in the 3rd quarter
> 60% 5S performance		3 hospitals (Entebbe, Jinja and Mubende) achieved the target	NA	NA	<ul style="list-style-type: none"> 6 hospitals are expected to reach the target
Training of 35 5S and 5S-CQI-TQM facilitators in selected	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> The 3-day training was carried out in November 10 candidates of facilitators were newly trained, while 25 health-workers of 5 hospitals (Mulago, Women's and Neonatal, Butabika, Kawempe and Kiruddu) were introduced to 5S. 	30m	45m	<ul style="list-style-type: none"> Partly supported by JICA (15 M) 5S implementation started in the health facilities whose staff underwent training
Training of 17 medical equipment user trainers		17 medical equipment user trainers were trained	NA	NA	<ul style="list-style-type: none"> Supported by JICA Improve care of medical equipment in the HF's
Training in maintenance of 19 engineers and technicians of all maintenance workshops in basic medical equipment		19 engineers and technicians of all maintenance workshops were trained in basic medical equipment	NA	NA	<ul style="list-style-type: none"> Improved management of medical equipment in the health facilities Supported by JICA
Training of 24 engineers and technicians of the workshops		24 engineers and technicians of the workshops were	NA	NA	<ul style="list-style-type: none"> Improved management of medical equipment in the health facilities Supported by JICA

Quarterly targets (Q1 &2)		Outputs achievements/results (Q1 & Q2)	Budget release (Q1 & Q2) UGX M	Expenditure/ budget performance	Explanation for variation/result
in maintenance of specialised medical equipment		trained in maintenance of specialised medical equipment			
Line activity (Output code:080104): National standards and guidelines disseminated					
To disseminated HF QIF SP to Western, Central and Teso sub-region		HF QIF SP disseminated to Kibale, Buliisa, Masindi, Moyo, Yumbe Butambala and Buvuma Islands	None	Inadequate funding	<ul style="list-style-type: none"> Activity was combined with QI support supervision

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. Lobby for additional funding	All
Lack of data base for HFQAP with MoH QAID	Migration of data base from 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
HFQI &SP due to expire next FY (2019/20)	Plan for review of HS QI strategy for the next 5 years	CHS QAID

Area Team support supervision field visit pictorial:



A midwife provides safe water for drinking to a client using Sprout filter, Yoyo H/C III Bidi bid refugee camp: Yumbeth district 25 July 2018



Challenging infrastructure for health waste care disposal

Chapter Four: Planning and Policy Department

4.1 Vision

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

4.2 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.

4.3 Background

Planning Department has four divisions:

- Health Information
- Policy Analysis
- Planning
- Budget and Finance

4.4 Core Functions of the Planning Department

- Development and analysis of sector policies and strategies
- Development of sector MPS, work plans and budgets
- Development of guidelines for planning and budgeting
- Coordination of resource mobilization and resource tracking in the sector
- Identification, appraisal and monitoring of sector projects
- Health Information management
- Monitoring implementation of the sector plans and projects
- Coordination of the health partners (Development partners, CSO, Private Sector)
- Supervision, mentoring and capacity building of LGs in planning, budgeting, data management and Public-Private Partnerships
- Carry out research, studies and surveys to generate evidence for planning

4.5 Budget Performance + Quarterly Objectives

Table 8 : Quarter 1 and Quarter 2 FY 2018/19 performance

Output description	Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure/ budget performance	Explanation for variation/ results	
		Participated in the Regional Budget Preparatory meetings, BFP prepared and submitted for FY 2019/2020.	Wage- 616,998,926 Non wage- 549,750,000	Wage- 477,534,192 Non wage 448,511,952	The budgeting process was handled on time	
		Compiled and prepared FY 2017/18 Q4 and 01 FY 2018/19 Q1 budget performance reports and submitted to MoFPED.			Reports produced and submitted as per the set timelines	
		Compiled FY 2017/18 Q4 and 01 FY 2018/19 quarterly progress reports for the Department and presented at the quarterly review meetings.				There was coordination of within department and hence timeliness
		Finalization and dissemination of PHC Guidelines for LGs and PHC Development Grant Guidelines				
		Regional performance review meeting held in Adjumani and Kabarole districts.				
		Finalized MoH Activity Plan (Workplan) FY 2018/19				
		Support Supervision and performance reviews carried out in 21 LGs				
		Reviewed the MOU/Negotiations with LGs under LGFC				
		Compiled the Annual health sector				

		performance report for FY 2017/18 and discussed at the Annual Joint Review Mission.			
		Finalized the JRM and the 24 th Aide Memoire was compiled indicating key priorities for FY 2019/20 to guide the planning processes and resource allocation.			
		Prepared the Mid term report for the Health Sector Development Plan.			
		Prepared a report on progress in implementation of the NRM manifesto			
		Prepared and submitted 02 quarterly reports on performance of donor funded and GOU funded capital development projects in the sector. Concern is low absorption rates.			
		Held 06 SBWG, meetings and minutes produced.			
		Held 03 Policy and Legal TWG meetings.			There was challenges in constitution of the secretariat. Newly transferred in.
		Cabinet papers for Community Health Extension Workers Policy finalized, submitted to Cabinet; National Health Insurance Scheme Bill drafted and submitted to MoJCA for harmonization; Bill for decongesting Mulago drafted, submitted awaiting certificate of financial implication			

		from MoFPED; Uganda National Medical Internship Policy approved by Top Management, RIA undertaken and awaiting certificate of financial implications from MoFPED; RIA for Human organ and tissue transplant and draft bill in place; drafted cabinet memo for upgrading of Entebbe Grade “A” and Grade “B” hospitals to Entebbe Regional Referral hospital; Emergence Medical Services Policy awaiting certificate of financial implication from MoFPED.			
		Developed the HPAC workplan 2018/19 and compiled biannual performance report. 05 HPAC meeting conducted and minutes produced.			01 meeting was postponed due to other equally important engagements.
		04 PPPH TWG meeting held and minutes produced.			There were other equally important activities that affected the composition of the required quorum for 2 meetings.
		- Reviewed HMIS tools and Q1 DATA set. -Trained Bio-Statistician, Medical Records Assistants and Clinicians on the revised HMIS tools.			

		Timeliness and completeness of monthly (HMIS 105) report was 89.3% and 96.4% in Q4 2017/18 and 91.2% and 98.2% in Q1 for 2018/19.			
		Support supervision and mentorship targeting data officers and health workers on data generation, aggregation and reporting done in Soroti, Moroto, Lacor and Hoima.			
	Planning support and monitoring in LGs	Monitored the status of rehabilitation of Kayunga, Itojo, Kyenjojo, Apac, Masindi, Yumbe, Pallisa Busolwe, Kiboga General hospitals.			
	Development of concepts on HSS workshops and meetings and field visits to 25 LGs	Coordination and development of the UHC road map. Held commemoration of the UHC Day in December, 2018 and retreat for UHC Roadmap development, produced concept note and ToR for UHC Roadmap development, 01 UHC Roadmap stakeholder consultation workshop held.	Non wage- 30,250,000	Non wage- 21,550,830	
	undertake NHAs, RBF, HFS studies	Undertook monitoring of RBF activities under Voucher System in Eastern and Western Uganda .			
		Finalised the DRG study report.			
		An assessment of the community based health insurance scheme was undertaken in Luwero, Nakasongola, Nakaseke, Bushenyi, Mbarara, Mitooma, Sheema, Rukungiri, Kabale, Kisoro, Kanungu, Wakiso and Jinja districts and the national			

		conference on community health insurance was held in collaboration with SHU.			
		Updated the NHIS financial implications simulations to inform the NHIS bill budget.			
		Finalized the key messages for the NHIS Frequently asked questions developed			
	Study tours on health systems strengthening undertaken and concepts developed	Participated in Diagnostic Related Groups and Ambulatory Groups study tour. To inform the final report.			
		Disseminated the National RBF Framework			
		Advocacy and awareness consultative seminars were held on NHIS scheme.			
	Conducting joint monitoring in Rwenzori and West Nile regions funded by ENABEL	Conducted Joint monitoring of Health facilities in Moyo, Arua, Adjumani, Maracha, Zombo, Nebbi, Kasese, Bunyangabu, Bundibugyo, Ntoroko, Kyegegwa, Kabarole, Kyenjojo, Kamwenge and Koboko: some issues include; budget has remained constant and this has constrained operations, increased population especially the influx of refugees in border districts putting pressure on existing resources, critical staff like anesthetics who are majorly recruited and paid by donors-this is not sustainable, lack of transport and fuel for DHOs to effectively supervise and monitor their areas of	42,560,000	42,560,000	Activity handled, reports compiled and submitted

		jurisdiction.			
	Conducting assessment of district performance according to District League Table (DLT) funded by UNICEF	Conducted an assessment of districts that scored poorly in performance in the last DLT i.e Rubanda, Ntugamo, Kabale, Rubirizi, Kasese and Isingiro districts.	11,000,000	11,000,000	Activity handled, reports compiled and submitted

Chapter Five: Human Resource Management Department

5.1 Background

Human Resource Management comprised of the following Units:

- Human Resource Management
- Human Resource Development
- Records Unit
- Health Management Development Centre (HMDC)

5.2 Budget Performance + Quarterly Objectives

Table 9 : Quarter 1 FY 2018/19 performance

HRM 2018/2019 Performance Objectives	Quarterly Planned outputs(Qty and location)	Q1 Actual out puts (Qty and location) (July to Sep 2018)	Reason for variation
		Q1 location. UGX: 120,000,000= Absorbed: UGX: 73,629,000=	Variation: UGX: 46,371,000=
Staff Salaries, Pension and Gratuity as Well as Other Staff benefits Paid.	Staff Salaries, Pension and Gratuity as Well as Other Staff benefits Paid	payrolls processed UGX:2,500,00=; Departmental staff welfare UGX: 5,897,000= Office Imprest for office of CHRM/HRM Department meetings: 1,600,000= Staff Lunch and transport UGX: 10,890,000= Staff fuel UGX: 25,000,000= HMDC administration (Stationery UGX:955,000=; Repairs and maintenance UGX 3,714,000= Procurement of Newspapers: UGX:	Pulled items (NSSF: ugx.360, 805=; Stationery Ugx.3, 000,000=; Telecommunication.u gx. 1, 800,000=; Electricity. Ugx.3, 250,000=; Water. Ugx.1, 250,000=; m/v repair. 6,250,000=) Balances: (Medical.ugx.454,000 =Staff training.ugx.2,444,845= Books & periodicals.ugx.9525 = Welfare ugx.3000= Travel

		484,000=	inland.ugx.131,445= Scholarships. Ugx.7,749,515= Small office equipment)
Pre- Retirement Training Conducted. Deployment and Induction of Newly Recruited Staff in RRHs, PNFs and General Hospitals. HRM Staff Trained.	Quarterly Pre Retirement Training Conducted.	Development of IST Model curriculum UGX: 21,776,000= Training in 8DLGs by HMDC : UGX: 813,000= Follow-up on trainees by HMDC UGX 3,175,000=	

Table 10 : Quarter 2 Performance

Output description	Quarterly targets (Q2)	Outputs achievements/ results (Q2)	Budget release (Q2) UGX: 246,045,021=	Expenditure/ budget performance UGX: 211,564,230=	Explanation for variation/ **results UGX: 34,480,791
Fill the existing vacant positions	Implement the Ministry's new structure	Submitted all Ministry Staff to HSC for validation Repair and servicing of IPPS	2,500,000	13,215,513 2,500,000	784,488
Train Officers in the service due for retirement	Train all over officers due for retirement within this FY	Pre-Retirement Training of 23 officers who are due for retirement this financial year Conducted.	27,000,000	25,215,000	Variation of 1,785,000
Train and build capacity of HRM staff	Support at least 3 HRM officers for further training	3 Officers travelled to South Korea for capacity building under KOICA		8,778,000	1,405,306

		sponsorship			
Train RRH and DHMT in Performance Mgt.	Train DHMT in all the DLGs in Easter Uganda including the 4 RRHs (Jinja, Mbale, Naguru & Soroti) in PMG	Trained 4 RRHs (Soroti, Jinja, Mbale & Naguru) and 6 LGs in performance management	16,131,445 (travel in-land)	16,000,000	131.445
Pay scholarship to approved students	Clear all pending scholarship arrears	Paid scholarship arrears	104,254,114	102,276,717	1,977,391

Table 11 : General Salary Performance Report

	Quarter 1	Quarter 2
No. of officers accessed on the payroll	11	2
No. of officers deleted off the payroll	29 (11 contract staff were deleted off the payroll by MoPS.	4
Payment of salary (established staff)	1,725,529,576/=	2,130,150,937/=
Payment of salary (contract staff)	68,517,297/=	206,052,788/=

5.3 Challenges

The main challenges included

- The delayed implementation of the re-aligned Ministry Structure. This has caused apprehension among staff thus affecting their morale.
- Lack of management support to ensure that HRM activities and budgets under various programs and departments are streamlined to the department for easy coordination and reporting.
- Inadequate budget releases to facilitate the department in meeting some of its strategic priority outputs such as developing an inventory for health workers in the country; strengthening the facilities and DLGs in updating the HRIS; develop schemes of service for all cadres in the health sector;
- Failure to attract critical skills in most health facilities thus health service delivery indices.

- Delayed revision of establishment structures for RRHs and lower health facilities, thus partly posing a challenge to meet the current demands critical skills and competencies.

5.4 Proposed Solutions

- The for HSC to expedite the validations and recruitment into the re-aligned structure
- Need for Responsible Officer to direct other programs to working through HRM department in carrying their HR functions
- Need to lobby partners to some of the key priority areas for HRH.
- Ministry of Public Service need to expedite the revision of the norms of hospitals and lower health facilities

Chapter Six: Community Health Department

6.1 Mandate

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

The Composition of Community Health department (/Sections):

- **Reproductive Health** – Reproductive, Maternal, Adolescent Health, Family Planning, SGBV
- **Child Health** – IMNCI, New born Health, School health,
- **Environmental Health** – Environmental Health, Sanitation and Hygiene, Public health Act and ordinances
- **Health Education and Promotion Division**
- **Veterinary Public Health** – Zoonotic diseases
- **Vector Borne Disease Control** – Neglected Disease (Sleeping sickness, Lymphatic Filariasis and Schistosomiasis)

6.4 Community Health Department- Sections

- **Nutrition** – Infant Young Child Feeding, Micronutrients
- **Disability and Rehabilitation** - Preventive and rehabilitative services – Visual, Hearing impairment, physical disabilities
- **Non Communicable Diseases** – life styles diseases, cancers, Diabetes etc.
- Public oral health and hygiene
- **School health** – linking sector with MOES to ensure healthy school population
- **Control of Diarrheal Diseases** - Prevention and control cholera and dysentery outbreaks etc.
- **CHEWs/Village Health Teams** – selection, training and supervision

6.5 Four main outputs of Community Health Department

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.

6.6 Budget Performance + Quarterly Objectives

Table 12 : Quarter 1 and Quarter 2 Performance FY 2018/19

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
Non-Communicable Diseases (NCDs)				
One launch	Launch of the National Day of Physical Activity	27m	27m	The population was sensitized on the importance of physical activity. More funding from partners and other programs
Support supervision to 6 regions on NCDs	Support supervision done in the 4 regions of Mbarara, Fortportal Hoima and Central	11.5m	11.5m	Four out of the planned 6 regions were visited due to insufficient funds
Commemorate 2 NCDs days	Commemoration of World Diabetes day	-	-	Supported by partners Luck of funds
Control of Diarrheal Diseases				
Launch integrated Oral cholera Vaccination campaign for 11 cholera hotspot districts	The launch was carried out in August 2018, in Nebbi district. The Chief Guest was Hon. Minister of Health. Representative from 6 targeted districts (Nebbi, Pakwach, Zombo, Arua, Moyo, Buliisa) and Top management of MOH attended.	Supported by WHO/ GAVI	Supported by WHO/ GAVI	Contributed to prevention of future cholera outbreaks in cholera hotspot and Uganda Increased awareness on cholera prevention
Review phase two OCV oral cholera	Second phase plan developed and submitted to	None	None	Preparedness for cholera outbreaks strengthened.

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
vaccination plans to Global Cholera Task Force Secretariat	WHO, Geneva. A total of 615,000 OCV doses available for population in the districts of Buliisa, Pakwach, Nebbi and Zombo			
Conduct technical follow up cholera prone districts to strengthen preparedness and prevent outbreaks	Technical follow border to districts of Amuru, Nwoya, Omoro, Gulu, Sironko and Mbale	13.2M	13.2M	Short term action plans developed for outbreak prevention among migrant populations mainly from South Sudan and travelers. Improved outbreak preparedness
Veterinary Public Health Division				
5 districts	5 districts of Kampala, Wakiso, Ntungamo, Kiruhura and Mbarara	4,689,000/-	100%	
Reproductive Health Division				
Conduct 32 Integrated services outreaches in 8 Humanitarian districts	32 integrated outreaches conducted for 5 days in hard to reach refugee hosting communities of 8 districts of Yumbe, Moyo, Adjuman, Amuru. Arua, Kitgum, Agago and Lamwo	416M (UNFPA support)	100%	** Over 24,021 People, of which 16,111 (10-24 years) were reached with a wide range of SRHR services and information including immunization to prevent and control diseases.
2 Stakeholders meeting on SRH/HIV/GB	4 meetings held (2 Quarterly and 2 Adhoc	33.7M (UNFPA	100%	** Experiences shared on good practices for implementing integration

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
V integration	meetings held)	support)		of SRHR services to provide
Undertake landscaping exercise for Adolescent health programming in Uganda	Landscaping report with recommendations	Partner Support	(UNFPA & UNICEF)	** Adolescent health programming operational implementation plan/ Roadmap
Conduct skills enhancement training and follow up for 150 service providers on FP in 25 UNFPA supported hard to reach districts on rights based comprehensive Family Planning.	144 Health workers trained from 20 districts	161MU NFPA support	100%	Some districts had running activities at the same time and bundibugyo was engaged in Ebola response with restricted staff Movement ** Improved access to a wide FP method Mix to reduce Unmet need
Hold one stakeholders Dissemination meeting for FGM health facility response readiness	District Heath response plan for FGM survivors	11.1M (UNFPA support)	100%	** District plans developed to respond to FGM survivors and referral pathway.
Oral school public health				
School oral health supervision in the central and eastern districts	School oral health supervision done in Bulambuli, Namutumba, Mityana Butambala, Wakiso, Mbale, Budaka, Masaka, Lwengo, Bukomansimbi,	6,930,00 0/=	100%	Oral health education programs in primary schools are being implemented in the districts

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
	Kalungu districts			
Environmental Health Division				
Train 50 district staff from Nakasongola district on Follow Up Mandona	50 district staff trained in FUM	6m/=	100%	Capacity of district staff built to conduct Follow Up Mandona. 15 villages were triggered and followed up as a result of this training. EA expects 10 villages to be declared ODF in qtr 3
Capacity building marketing 60 district staff in Pallisa and Katakwi in sanitation	A total of 60 district staff in Katakwi and Pallisa trained on Sanitation Marketing in October 2018.	6.9m/=	100%	Improved skills in sanitation marketing among the trainees. A pool of sanitation marketing trainers was formed. Action points developed on rolling out sanitation marketing across the 2 districts.
Hold 1 PCM meeting at the EA	1 PCM meeting held in Oct 2018. Attended by 20 people	1.4m/=	100%	Previous minutes were reviewed and passed. PCM members discussed the quarter 1 report and made some comments to improve the quality of the report.
Conduct joint districts visits for accelerated ODF in 3 districts	3 districts visited in Nov 2018: Moyo, Maracha, Bulambuli	7m=	100%	The EA triggered the entire district leadership (including the district, sub-county, and parish), reviewed sanitation progress data of all the 3 districts and set timelines for accelerated attainment of ODF in 3 districts.
Hold an annual Health Inspectors Conference for improved EH	128 districts took part. Over 250 pple attended.	100m/=	100%	EH issues were shared among participants. Action points to improve EH service delivery were

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
service delivery with 128 districts to participate				developed.
Vector Borne Disease Control				
Conduct quarterly review meeting in October 2018	Quarterly review meeting conducted successfully	2m	100%	Funded by The Carter Centre. Trachoma on course for elimination by 2021
Conduct a Trachoma Scarring assessment in 5 districts	Assessment completed in the districts of Butaleja, Butebo, Pallisa, Amudat and Kaabong	8M facilitated by Sightsavers	100%	Trachomatus Trachiadis recurrence high in Amudat and Kaabong districts
Hold the first Trachoma elimination dossier development workshop for stakeholders	Meeting held in December 2018 in Jinja. Draft 1 dossier developed	Facilitated by Sightsavers	100%	Planning for second meeting underway
Conduct Trachoma face washing and environmental improvement assessment in 10 Busoga Districts	Trachoma F and E assessment completed successfully in Jinja, Kamuli, Buyende, Kaliro, Luuka, Iganga, Mayuge, Bugiri, Namutumba and Namayingo	10m funded by the Carter Centre	100%	F and E in Busoga has shown more than 10% improvement from last year
Conduct Trachoma face washing and environmental improvement assessment in 5 Karamoja districts	F and E assessments successfully carried out in kaabong, Kotido, Moroto, Napak and Nakapiripirit	5 m funded by Carter Centre	100%	performed and E indicators have improved in Karamoja but still below elimination target of 80%
Conduct a Trachoma Transition meeting in 2 districts in northern Uganda	Transition meetings held in Agago and Kotido Districts	2M funded by sightsavers	100%	District sustainability plans remain unfunded
Conduct a Trachoma Scarring	Assessment completed in the districts of Arua,	7M facilitated by	100%	Need for surgery to be extended to these districts

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
assessment in 5 districts in West Nile region	Yumbe, Moyo, Adjumani and Kiryandongo	Sightsavers		
Supervision to Trachomatus Trachiasis surgical services in 2 districts	Conducted supervision in Napak and Moroto district	2M funded by the carter centre	100%	Surgical services offered free using the sweeping approach
Technical support supervision of Trachoma to three districts that were undergoing mass treatment.	Supervised the districts of Moroto, Nakapiripirit and Nabilatuk	Supported by RTI/EN VISION	100%	All the 3 districts successfully treated.
Screen 6,000 people in Human African Trypanosomiasis (HAT) endemic communities in West Nile region	Screened 5,716 people in Koboko for HAT Screened 2,029 people in Moyo district for HAT	7 million supported by FIND	100%	None. Target was achieved
Screen 12,000 individuals for HAT in refugee camps in West Nile	Screened 4,044 people living in refugee camps in Moyo for HAT Screened 5,520 people living in refugee camps in Adjumani district for HAT	11 Million supported by FIND	100%	None. Target was achieved
Conduct passive surveillance in 174 health facilities and screen 1,500 HAT suspects using RDTs	Screened 3,187 with 66 serological suspects No HAT cases	14M supported by FIND	100%	None. Target was achieved
Mapping in Refugee Settlements in Lamwo, Adjumani, Moyo, Yumbe, Arua and Koboko districts	3400 people tested for presence of <i>W. bancrofti</i> using test kits in Settlements in Lamwo, Adjumani, Moyo, Yumbe, Arua and	Supported by Envision /RTI	100%	Out of 3400 people tested from all the settlements 5 were positive 3 from Moyo and 2 Yumbe districts

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
	Koboko districts			
Training of Health workers, Lymphatic Filariasis (LF) patients and care takers on lymphoderma management in Lira district	Training of 30 Health workers, LF patients on lymphoderma management in 1 district	Supported by Sightsavers	100%	Health workers and Lymphatic Filariasis patients gained skills in lymphoderma management
Meeting with the Consultant on Lymphatic filariasis morbidity management at Vector Control Division	4 health workers from 4 districts of Lira, Lamwo, Amuru, Pader and 10 from Vector Control Division attended the meeting	Supported by Sightsavers	100%	Health workers gained skills on morbidity management
Implementation of Mass Drug Administration (MDA) for Bilharzia in 33 districts	Mass Drug Administration is still on-going in most districts	Supported by Schistosomiasis Control Initiative (SCI)	100%	All the eligible (5 years and above) population to be treated for bilharzia. MDA is still on-going.
Support Supervision on Podoconiosis (Elephantiasis) in Manafwa district.	Visited 10 health facilities to check on records on the number of podoconiosis patients who had reported to the health facilities with acute attacks in the last three months. 5 patients had reported. 10 patients visited had improved and progressing well	5 million Supported by GOU	100%	Most patients have improved but some lack items such as soap and Vaseline to keep hygiene.

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
Nutrition				
Revision of National IMA Guidelines	Guidelines revised with input from International Consultant(Prof Micheal Golden)	56 Million	UNICEF Support	Draft report was developed involving support academia and International consultant
Annual Supervision Food Security and Nutrition Assessment (FSNA) data collection in refugee settlements	Final report of assessment of settlement conducted Led by school of population studies is in place.	WFP/UNICEF support	WFP/UNICEF Support	Supervising data collection on Food Security and Nutrition Assessment was done and final report ready
Conducted tracking of nutrition commodities and distribution through NMS pipeline	Developed and streamlined nutritional commodities through the NMS pipeline	UNICEF	UNICEF	MoH yet to select a task force to make follow up on nutrition commodities to include NMS,UNICEF,USAID and MoH to track appropriatness of nutrition commodity distribution
Developing Training manuals for IMAM along revised guideline	Draft Manuals in place	UNICEF	UNICEF	Developed IMAM training materials an manuals
Distributed commodities through NMS system to the last mile of health facilities	All procured Commodities distributed	UMFSNP Support	UMFSNP	Need to track and assess the distribution of the commodities.
Joint Support Supervision with MoH MAAIF,MoLG	1joint support supervision held in all project	UMFSNP Support	UMFSNP Support	Need for regular support supervision to asses implementation of the

Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1 &2)	Budget release (Q1 &2)	Expenditure / budget performance	Explanation for variation/ **results
and OPM	districts			project.

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.

Chapter Seven: Health Promotion, Education and Communication Department

7.1 Mandate

To strengthen health promotion systems for disease prevention through:

- Awareness creation
- Demand generation for quality health services
- Advocacy and stakeholder engagement for provision of quality services
- Co-ordinate Health Promotion and Education in the country.
- Develop Health Promotion and Education guidelines, standards and policies.
- Technical support supervision on implementation of Health Promotion and Education activities

7.2 Objectives

1. To increase advocacy and stakeholder engagement for promotion of health services.
2. To integrate health promotion into all health programmes.
3. To increase health awareness, knowledge and change attitudes of individuals for adoption of health seeking behavior.
4. To improve systems for effective health communication to the public.

7.3 Budget Performance + Quality Objectives

Table 13 : Quarter 1 and Quarter 2 Performance FY 2018/19

Output description	Quarterly targets Q1 & Q2	Output Achievement / Results (Q1 & Q2)	Budget release (Q1 & Q2)	Expenditure / budget performance	Explanation for variation ** results
	Conduct supportive supervision for Ebola preparedness focusing on Risk communication & Social mobilization.	14 districts of Kabale, Kisoro, Rukungiri, Kanungu, Rubirizi Bundibugyo, Bunyangabo, Kabarole, Kasese, Arua, Pakwach, Nebbi and Zombo & Ntoroko supported in Risk communication practices for Ebola preparedness.			DHEs of the 14 districts mentored on risk communication practices for disease outbreak preparedness. NOTE: We only implemented Quarter 2 activities. Funds for Quarter 1 activities totaling 12,000,000/= were requested for but never accessed.

	Conduct monitoring of health promotion & communication activities	Conducted knowledge assessment of SBCC interventions in 6 districts of Luwero, Nakaseke, Nakasongola, Wakiso, Kalungu and Bukomansimbi.			Assessment findings to be used to inform future interventions
Develop and disseminate messages and materials	Develop and disseminate messages on different thematic areas	Disseminated messages and materials promoting RMCH and Fistula awareness campaigns.	Supported by CHC	100%	Increased community knowledge on RMCH and Fistula
Review and approve health promotion materials and radio messages produced by partners	Review and approve health promotion materials and radio messages produced by partners	Approved print materials for production and dissemination on: Anthrax, Ebola, TB, HIV/AIDS, Eye care, Sayana self-injection and Sexual Reproductive Health. [Formats of materials were: Talking points, flip charts, Posters, brochures, IPC cards and Fact sheets]	Supported by CHC/FHI 360, NTLP, Marie Stopes, CDFU and UNICEF	100%	Increased community knowledge and increased uptake of various health services.
Hold interactive SBCC stakeholder meetings	Hold 2 SBCC meeting per quarter	Held 2 SBCC meetings with 25 partners	Supported by CHC	1.2m	SBCC partners shared and learned from each other's interventions.
Conduct sensitization and advocacy meetings.	Conduct 2 sensitization and advocacy meetings at national level.	Conducted sensitization of MPs on key family care practices	Supported by RBF grant	100%	Increased knowledge on key family care practices
Mobilise communities to generate demand for health services using film vans	Mobilise communities using film vans in 25 districts	Used film vans to mobilise communities in support of: Adolescent Health in FP; Condom use; Schistosomiasis; HIV/AIDS; TB; World Breast feeding Week; eMTCT; Sanitation; Immunization; SMC; Ebola; HIV Testing & counseling in 22 districts of: Gulu, Agago, Amuru,	Supported by UNFPA, RTI, World Vision, UAC, CPHL, Global Fund, Egpa, Rhites-Lango, Baylor and UNEPI.	100%	Increased community awareness. Increased uptake of different health services promoted.

		Adjumani, Kitgum, Pader, Apac, Moyo, Kyegegwa, Arua, Lamwo, Yumbe, Rukungiri, Moroto, Oyam, Apac, Kwani, Lira, Kabarole, Kibuku, Wakiso and Isingiro.			
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7.4 Challenges

Inadequate human resource and funding to address various health promotion related issues:

- Lack of community engagement standards which should be used by Government of Uganda and Partners.
- Uncoordinated partners in Health Promotion and education.
- Lack of a comprehensive communication strategy.
- Lack of a communication policy/guidelines for the Health sector.
- Lack of a Stakeholders Engagement Plan.
- Lack of approval Guidelines for Informative, Educative, Communication (IEC) Materials for the Sector.
- Less than 40% of the District Health Educators at subnational level are not substantively appointed

7.5 Proposed solutions

- Lobby for and Recruit more staff to support the Department from UNICEF and other partners.
- Ensure that Finance and Administration ring-fences our designated allocation in each quarter.
- Mobilise resources from government and partners to:
 - Develop a comprehensive Communication Strategy for the Health Sector.
 - Develop Guidelines for development and approval of IEC Materials.
 - Develop a Community Engagement Plan.
 - Strengthen coordination of Health Promotion and Education Partners through; development of Guidelines, Periodic meetings/ engagements.

Chapter Eight: Clinical Services Department

8.1 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

8.2 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.

8.3.1 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.

8.4 Integrated Curative Services Division (ICSD)

8.4.1 Mandate

- Develop policies and standards related to clinical services and care
- Provide technical supervision to hospitals, districts and Private Not for Profit facilities (PNFPs)
- Monitor Health services at all health facilities
- Coordinate the training of medical interns
- Coordinate activities of the Medical board
- Provide stewardship of the pharmaceutical services and oversight for National Medicines Policy implementation.

8.4.2 Budget Performance + Quarterly Objectives

Table 14 : Quarter 1 and Quarter 2 Performance FY 2018/19

Annual planned outputs(quantity and location)	Quarters planned outputs (quantity and location)	Quarter 1 actual outputs (quantity and location)	Cumulative outputs to end Q1	Provide reason for variance or underperformance
Review of Guideline and Policy documents	Three stakeholders meeting for oral policy review	Two stakeholders meetings	Two stakeholders meetings	Funds not adequate to hold third meeting
Provide Technical support to RRHs, GHs, and HCIVs.	Technical Support to 4 RRHs	Three RRHs supported Masaka , Mbarara, Kabaale	Three RRHs provided with Technical support	Fourth RRH to be visited next quarter
Medical Board activities for referral of patients for treatment abroad and early retirement of civil servants	5 Medical meetings held	3 meetings held 5 cases for referral abroad presented 16 officers retired on medical grounds	3 meetings held 5 cases for referral abroad presented 16 officers retired on medical grounds	2 meetings were not conducted due to busy schedule
	1 stakeholder meeting to discuss the Alcohol control Bill	Drafting of the Regulatory Impact assessment (RIA) for the alcohol control policy	Drafting of the Regulatory Impact assessment (RIA) for the alcohol control policy	The RIA was needed more urgently to set ground for the policy and then the Bill.

	Support supervision to 3 RRHs	Joint Support supervision to Masaka, Mbarara and Kabale RRHs	3 RRHs supervised	Funds available could support the 3. The 4 th will be done next quarter
Fistula care activities	Review of National Fistula Strategy Conduct fistula repairs in 8 RRH and 2 PNFP hospitals	National Fistula Strategy reviewed 9 Fistular camps in 6 RRHs, 2 PNFP and 1 NRH (Mulago) held Up to 47% of the fistulae were Iatrogenic		
Conduct 4 Uganda Medical Internship Committee meeting	2 meeting held To deploy new medical interns to 34 internship centres	1048 interns have been deployed to the 34 training		Conduct post deployment supervision

8.4.3 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 un-filled positions in the department.

Chapter Nine: Pharmaceutical and Natural Medicines Department

9.1 Mandate

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

9.2 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

9.3 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

9.4 Budget Performance + Quarterly Objectives

Table 15 : Quarter 1 + Quarter 2 FY 2018/19 Performance

Activity	Target	Outputs	Explanation for variation in performance/comment	Results	Support
EM SPARS implementation in public health facilities	1,719 visits among government Health facilities implementing EM SPARS	854 EM SPARS visit done	MMS not adhering to schedule when conducting SPARS visits. The SPARS support has been transitioned to the regional IP has taken	62% of facilities of the reporting government facilities scored 20/25	USAID/UHSC
EM SPARS implementation in PNFPs	554 visits among PNFP health facilities implementing EM SPARS	218 EM SPARS visit done	MMS not adhering to schedule when conducting SPARS visits. The SPARS support has been transitioned to the regional IP has taken	57% of PNFP facilities scored 20/25	USAID/UHSC
Support EM SPARS Information use for	1 Quarterly reports submitted to DHO	89 DHOs received quarterly reports (shared	NA	89 DHOs received quarterly reports	USAID/UHSC

decision making		via email)			
Number of MMS trained in ART SPARS	134 MMS trained in ART SPARS	69 MMS trained in implementation of ART SPARS.	The SPARS support has been transitioned to the regional Implementing Partners	Improved medicine management using ART SPARS.	USAID/UHSC
ART SPARS rollout	920 Visits to ART sites	159 Visits conducted	The SPARS support has been transitioned to the regional Implementing Partners	There is improved Score from 14.2 to 15.2 between visit 1 and 2	USAID
Rehabilitation and expansion of facility medical stores	26 sites supported with extra storage	5 Facilities, have been supported with pre-fabricated storage facilities. These are to be handed over during the January-March 2019	5 Facilities, have been supported with pre-fabricated storage facilities.	Improve Infrastructure for Storage	USAID/UHSC
Quantification of EMHS	1 EMHS quantification per year	2 quantification activities conducted (Hep. B and Malaria quantification completed)	NA	Increased availability of Hepatitis B Vaccines at facility and central levels	Global Fund
Support supervision visits to MTC and revitalise MTCs	quarterly	1 support supervision visit conducted to all the hospital MTCs.	NA	Increased knowledge on Medicines use	UHSC-USAID
Finalization MTC manual and presentation to TWGs	MTC manual completed by end 2018	Presented and approved by the MPM TWG	NA	Guidance to operation of the MTC formulated.	MOH-PD
AMU advisory group meeting	1 Oct –Dec 2018 AMU advisory group	No meeting conducted.	The cut in funding mechanism reduced the funds		UHSC-USAID

	meeting		for the meeting.		
AMS training for MTC	2 trainings conducted	1 training Sept 2018	The cut in funding mechanism reduced the funds for the meeting.		UHSC-USAID
AMC/U meeting	2 bimonthly AMC/U meeting	1 meeting in Nov 18	Competing priorities and overlapping meeting (AMR task force)	Improved planning for AMC with all stake holders	UHSC-USAID
Presentati on abstract on Antimicro bial consumpti on to AMR national conference	I abstract presented.	1 abstract accepted and presented during the AMR national conference.	NA	Improved supply chain data	MOH/PD
Coordinate NMS and JMS to review of the ABC phase 1	NMS and JMS coordinated to review the ABC phase1	<ol style="list-style-type: none"> 1. NMS and JMS coordinated to review the ABC phase1. 2. Follow ed up NMS to ensure that recommend ations by the ABC consultant are implemente d. 	NA	Finalized the job description for the ERP change managemen t advisor which was posted for application s to support NMS ERP implement ation.	MOH/PD
Support JMS to implement the PHC fund	JMS supported to implement the PHC fund	All 532 facilities were supported to use PHC funds and submit orders- Made follow up calls and reminders to submit reports in time and corrected errors in order to improve accuracy		100% reporting rate 78% timeliness of ordering Utilized 99.6% of the allocated PHC funds	MOH/PD , USAID-UHSC
Dissemina tion of the	Results from the national	Disseminated the national	Details of the root cause of the	Supply chain	MOH/PD , USAID-

national supply chain assessment report.	supply chain assessment disseminated .	supply chain assessment report that included details of the root cause of the problem identified, costed suggested activities to mitigate the problem	problem identified, suggested and costed activities to mitigate the problem generated.	bottle necks identified and action plans developed with the different action centres.	UHSC
Support national quantification and procurement	National quantification and procurement conducted	1. quantification activities that includes supply planning and monitoring of central and facility stock levels of HIV, laboratory, TB, reproductive health, and malaria commodities coordinated 2. Updated the web-based weekly central level stock status reporting tool for ARVs and HIV test kits	NA	Improved forecast for the supply chain need and enhance timeliness of decision making.	MOH-PD
Support Phase 1 of the national Transition to dolutegravir based		1. National transition to dolutegravir based ART regimen	NA	National transition to dolutegravir is Successful and on schedule.	MOH-PD

ART regimen		<p>biweekly supply chain meetings.</p> <p>2. Weekly transition updates with stakeholders conducted.</p> <p>3. Allocation list for TLD, Vitamin B6 and INH 300mg for 40 public sector Phase 1 facilities served by NMS and all PNFP facilities served by JMS and MAUL</p>			
Review of the national supply plans.	supply plans reviewed	Reviewed the supply plans and placed orders under the Year 2 (2019) of Global Fund grant for HIV (ARVs, HIV test kits, and other Lab commodities), TB medicines and Malaria commodities.	NA	Reviewed the supply plans and placed orders under the Year 2 (2019)	PD
Quantification and supply planning for infection control	Quantification and supply planning for infection control conducted	1. Conducted quantification and supply planning for infection control commodities for prepositioning at	NA	Increased availability for EMHS and infection control commodities.	MOH-PD

		<p>health facilities in the Ebola risk districts.</p> <p>2. Participated in NMS FY 2019/20 facility procurement planning for medicines and lab commodities.</p>			
Revision of the Public and PFNP supply plans for Malaria commodities.	Public and PFNP supply plans for Malaria commodities reviewed.	Revised the supply plans which were approved by Global fund and PMI teams respectively leading to placement of 2019 orders	NA	Improved timely submission of the quantification plans for malaria commodities.	MOH-PD
WAOS reporting	100% WAOS reporting	<p>1. Compiled and disseminated the October-November 2018 WAOS bimonthly report along with district specific reports for implementing partners for follow-up</p> <p>2. WAOS support and mentorship to the Mityana and Kiboga - Mildmay supported</p>	NA	Improved web based ordering for ARVs	MOH-PD, USAID-UHSC

		districts.			
Conduct Data Quality Assessment	1 DQA conducted	MOH, SITES and UHSC team developed the WAOS/TWO S DQA concept and pretested the data collection tool.	The exercise will be conducted once funding is availed. Ongoing discussions on the implementation modalities	Na	SITES
Periodic Report compilation	2 Bimonthly FSS report compiled, 8 weekly reports compiled	Aug-Sep 18, Oct-Nov 18 FSS reports compiled and 8 weekly FSS reports compiled. These are shared with stakeholders via different forums- CSG, MPM TWG, via email and posted on the Pharmaceutical Information Portal and MoH website	NA	Increased DHIS2 data analysis and dissemination.	PD

Chapter Ten: Health Infrastructure Department

10.1 Mission

The mission of HID is to manage Health Infrastructure economically, efficiently, effectively and sustainably.

10.2 Objective

To ensure a network of functional, efficient and sustainable health infrastructure for effective health services delivery closer to the population.

10.2.1 Specific Objectives

1. To consolidate functionality of existing lower level health facilities.
2. To strengthen the referral system.
3. To rehabilitate/consolidate/remodel existing secondary and tertiary health facilities
4. To strengthen management of health infrastructure and establish a sustainable maintenance programme.

10.3 Budget Performance + Quarterly Objectives

1. Carry out Maintenance of Medical Equipment and Solar Systems.
2. Procurement of Spare parts and accessories for Medical Equipment and Solar Systems.
3. Equipment Inventory Taking and Update
4. Technical Support, Monitoring and Evaluation of Health Infrastructure Projects and Medical Equipment Maintenance Country Wide.

Table 16 : Quarter 1 + Quarter 2 FY 2018/19 Performance

Output Description	Quarterly targets (Q1&Q2)	Outputs achievements/results (Q1&Q2)	Budget release (Q1&Q2)	Expenditure / budget Performance	Explanation for variations/ results
Maintenance of medical and solar equipment	<ul style="list-style-type: none"> • 662 ERT II solar systems maintained in 215 Health facilities in 15 Districts. 	<ul style="list-style-type: none"> • 611 solar systems maintained in 167 Health facilities in 11 Districts - i.e. Masindi, Sironko, Bulambuli, Bukwo, Moyo, Gulu, Buliisa, Kiryandongo, Soroti, Serere & Agago Districts. • 119 batteries replaced for 40 battery banks in 27 Health 			- The contractors did not carry out maintenance in 12 Districts due to delayed payment.

	<ul style="list-style-type: none"> • 49 Philips brand Ultrasound scanners and 42 x-ray machines maintained in 10 RRH, 23GH, 28HCIV & Mulago NRH. • Medical equipment kept in good working condition in Masaka and Naguru RRHs, Rakai, Kalisizo, Lyantonde, Nakaseke, Gombe, Lyantonde, Entebbe & Kawolo GHs, and 40HCIVs in central region. • Procure Medical Equipment 	<p>centres in Gulu, Soroti and Serere Districts.</p> <ul style="list-style-type: none"> • 28 Ultrasound scanners, 17 x-ray machines & 3 PCR printers were maintained in 8RRH, 14GH, 20HCIV • For Q1, 388 pieces of medical equipment were maintained in 24 Health facilities - 8 hospitals (Rubaga, Kiryandongo, Masindi, Bullisa, Hoima, Kagadi and Kiboga), 4 HCIVs and 10 HCIIIs in central region, CHPL and UVRI • For Q2, 295 pieces of medical equipment were maintained in functional condition in 70 HCIIIs, 8 HCIVs and 2 GHs (Rakai and Kalisizo) in Central region. And repair of 45 pieces of equipment was pending securing spare parts. 			<p>Maintenance of laboratory equipment in HCIIIs and selected HCIVs in Central region was prioritised using a grant from IDI.</p>
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	<p>spare parts for repair of essential medical equipment</p> <ul style="list-style-type: none"> • Train 25 Biomedical Engineers/ Technicians in maintenance of US Scanners, syringe/ infusion pump, Anaesthesia machine, GeneXpert machine & Oxygen concentrators. • Collect and update Medical equipment and solar systems inventory in 2 hospitals, 10HCIVs, 30 Health facilities. 	<ul style="list-style-type: none"> • Fully paid for assorted medical equipment spare parts delivered in Q4 of FY 2017/18. • Trained 21 Biomedical Engineers/ Technicians from MoH and 14 Hospitals in maintenance of Anaesthesia machine, ventilator, Infant incubator and warmer & operation table. • 24 Biomedical Engineers/ Technicians from MoH, 11 RRHs and 1GH were trained in maintenance of Ultrasound scanners, GeneXpert machine, Infusion and Syringe pumps. • Entered equipment inventory data for 4 HCIVs in NOMAD database system for Kakuto, Bukulula, Bukasa & Kyazanga. • Medical equipment inventory collection and update was 			<p>Funds were released in Q1 but the training on US Scanners, GeneXpert machine, syringe & infusion pumps was carried out in Q2.</p> <p>Activity was funded using a grant from IDI to cover HCIVs in the central region.</p>
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		carried out in 48 HCIIIs in Kayunga, Buikwe, Luwero, Nakaseke, Mukono & Nakasongola districts.			
Technical support supervision of health infrastructure	Carry out quarterly technical support supervision and monitoring of Health infrastructure projects and equipment maintenance	<ul style="list-style-type: none"> Monitored the operation and maintenance of oxygen plants in Jinja, Moroto, Masaka, Kabale, Mbale, Fort Portal, Soroti, Lira, Gulu, Hoima, Arua and Mubende RRHs <p>Monitored the progress of implementation of agreed CQI activities by all 12 regional workshops including maintenance planning and preparation of job cards for maintenance work - i.e. Jinja, Moroto, Kabale, Mbale, Fort Portal, Soroti, Lira, Gulu, Hoima, Arua, Mubende and Wabigalo central workshop</p>			Activity was integrated in a JICA supported technical support supervision activity
	Attend regional Workshops' performance review meeting for quarter 1.	Organised and held the quarter 1 regional Workshops' performance review meeting in Hoima			

10.4 Challenges and Proposed Solutions

Challenge	Strategy to address the challenge
Human Resource Challenge	Utilise the project Engineers and other contract staff in the meantime.
Inadequate funding for maintenance of medical equipment.	Lobby for more funding allocation to medical equipment maintenance.
Delays in payment to solar maintenance contractors led to slow down of maintenance work.	Timely payments.
Many requests for expansion and upgrading of health facilities yet there is no budget.	Need to agree on a clear way forward to address the upgrading vis-à-vis available budget and functionality.
No budget line for maintenance of lower level health facilities.	Need to allocate a budget line.
Delays in processing of funds for maintenance activities at central workshop leads to delayed maintenance.	Need for timely payments.

10.5 Renovation of Kayunga and Yumbe Hospitals Project

Brief overview of the project

10.5.1 Key Functions

The main function of the project is to contribute to delivery of the Uganda National Minimum Health Care Package (UNMHCP) through improvement of health infrastructure at the two hospitals.

10.5.2 Objectives

Project specific objectives are:

- Undertake civil works for rehabilitation and expansion of Kayunga and Yumbe Hospitals
- Procure and install medical equipment and hospital furniture
- Consultancy services for design and construction supervision
- Project management and administration

10.5.3 Contribution To The Health Sector

The project is intended to contribute to overall HSDP sector objective of enhancing health sector competitiveness in the region and globally by constructing and maintaining functional, efficient, safe and environmentally friendly infrastructure for effective service delivery through renovation and consolidating existing health infrastructure.

10.5.4 Budget Performance + Quarterly Objectives

Table 17 : Summary of Semi - Annual Performance Cumulative for Quarters 1 +Quarter 2

Output description	Quarterly targets (Q1&2)	Outputs achievements/ results (Q1&2)	Budget release (Q1&2)	Expenditure/ budget performance	Explanation for variation/ **results
Monitoring, supervision and evaluation of Health systems	Seven support and monitoring visits	Six monthly site meetings and inspections held; works closely monitored to ensure quality of work and project stakeholders involvement	Shs 467.35 million	Shs 352.78 million	Advertising activity was scaled down to save money; procurements for the balance of the funds for advertising, vehicle repairs and maintenance is on-going; the planned launch of civil works was postponed. Site supervision and

					monitoring activities are on-going.
Purchase of machinery and equipment	Complete tendering, evaluation of bids and selection of suppliers	Tendered supply of medical equipment and furniture.	NIL	NIL	-
Hospital construction and rehabilitation	Civil works progressed up to 30%	Civil works progressed to 36.64% for Kayunga and 23% for Yumbe Hospitals	Shs 9.61 billion (incl. counterpart funds of Shs 3.10 billion)	Shs 9.40 billion (incl. counterpart funds of Shs 2.89 billion)	Counterpart funds for settlement of GoU share on IPCs Nos. 2&3 Arab Contractors and IPCs Nos. 3&4 for Sadeem Al-Kuwait; total amount due Shs 1.61 billion had not been availed.

10.5.5 Challenges:

- The key challenge encountered was the failure by GoU to release in time adequate counterpart funds necessary to promptly settle Contractors' claims.

10.5.6 Proposed Solutions

- Adequate counterpart funds should be released in time to allow for prompt settlement of Contractors' claims for work done.

Chapter Eleven: National Disease Control

11.1 Overview of the NDC Department:

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

11.2 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

11.3 Work plan Implementation units in NDC:

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

11.4 Budget Performance + Quarterly Objectives

Table 18 : UNEPI Quarter 1 + Quarter 2 FY 2018/19

Output description	Quarterly targets	Output achievements	Budget released	Expenditure/budget performance	Explanation for variation
Regional-level targeted trainings and deployment for Data Improvement Teams (DIT)	Train and deploy 50 DITs (Biostatisticians, EPI FPs, SFPs) from 8 districts in Kabarole region (Bundibugyo, Bunyangabo, Kabarole, Kamwenge,	50/50 (100%) DITs from 8 targeted districts trained			NA

	Kasese, Kyegegwa, Kyenjojo and Ntoroko)				
Conduct baseline assessment of facilities	Assess 493 facilities in the 14 districts	457 HF's from 14 districts assessed.			NA
Conduct quarterly support supervision in Nakasongola, Wakiso and Nakaseke conducted	One support supervision visit	support supervision visit conducted in Nakasongola, Wakiso and Nakaseke			N/A
Conduct an assessment for Missed Opportunities for Vaccination and implement the recommendations	Conduct one national missed opportunity for vaccination (MOV) assessment	Missed opportunity for vaccination (MOV) assessment conducted and results disseminated			N/A
Regional Cold Chain Maintenance and support supervision	Reach all regions and 126 districts	Visited 12 regions & 92 districts			
Conduct mentorship and supervision to develop/update and utilize REC micro plans including district level equity assessment using uniform approach; including support to urban and peri-urban communities	Disburse funds to 56 poorly performing and high-risk districts	Disbursed funds to 47 districts 84% districts			
Orient district and Health Facility Level DHTs on Leadership, Management and Coordination (LMC) of routine immunization	Orient 43 HSD and EPI FP in LMC	41HSD EPI FP oriented in LMC			

practices					
Conduct,Multi-Antigen Campaign in Refugee Camps	Multi-Antigen campaign in 11 Refugee hosting districts	Conducted multi-antigen campaign in 10 districts of the 11 districts			

Table 19 : Integrated Vector Management IVM/NMCP Quarter 2

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Indoor Residual Spraying in 7 Districts	-Capacity building for IRS in 7 districts -Gains sustainability planning in 14 districts	Planning and capacity building for the teams in Q 2 done for 7 districts IRS Gains sustainability workshops for 14 IRS districts held in two sites:		
Distribution of LLINs to refugees in 10 districts	21,992 bales (878,695) distributed to refugee settlements in 2 remaining districts	A total of 79,746 LLINs were distributed to beneficiaries as follows: 28,169 LLINs at Ivempi camp, 49,907 LLINs at Rhino camp, and 1,607 LLINs at Lobule camp		
Distribution of LLIN through ANC/EPI and schools	100 Bales of LLIN distribution through ANC/EPI and schools -	85 bales 10 pieces, 3500 pieces to schools as part of MDD		
Conduct PBO Net Evaluations study	One PBO net evaluation study conducted	PBO Net evaluation study conducted in wave 3 districts		

Procurement of LLINs for routine distribution	Procurement of LLINs for routine distribution	Transfer of 1,311,080 pieces' balance from UCC from Bollore to TASSO for routine distribution Alliance for Malaria Prevention provided TA for 2020 UCC	PMI/DFID 1,000,000 GF/TASSO190,729	
Capacity building VCO training in 12 regions	5 VCO regional training	None done		
Entomological monitoring in 15 districts	Insecticide susceptibility studies in 7 districts (Apac, Bugiri, Bugweri, Dokolo, Gulu, Katakwi, Lira and Soroti)	Wall bioassays in 4 districts (Kaberamaido, Lira, Pallisa and Tororo) Bionomic studies in 4 districts Apac Bugiri, Soroti Tororo and Otuke		
Entomological surveillance	Training of 122 districts in Entomological surveillance data use for informed decision making.	17 districts trained in Entomological surveillance		

Table 20 : Case Mangement Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Test and Treat Mentorships in districts	28 Districts mentored	24 districts (8 in Lango sub region by Rhites Lango, ,3 in EC and 12 districts including – Hoima RRH by MAPD		Mentorship also covered under clinical audits
Redistribution of ACTs and RDTs to under-stocked districts	20 districts were contacted for redistribution	5 districts redistributed: From Dokolo, and Alebtong to Kole district, Kaberamaido to Nwoya		Communication with districts limited
Conduct Clinical Audits in 122 districts	120 Clinical audits conducted in 38 districts	24 done in 18 districts		Protracted GF requisition processes
Development of Guidelines	Hold 2 Stakeholder Review Meetings of guidelines	1 meeting held		Expert meeting planned for next quarter
Scale up iCCM in districts in Lango region	Training in ICCM and providing supplies in 5 districts in Lango region	Training of National TOTs and district supervisors on iCCM have been completed in 5 districts.		Actual implementation is to kick start immediately after logistics and supplies have been received

Table 21 : Diagnostics Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Refresher Training conducted for health workers on malaria microscopy and RDTs the public sector in 56 districts	1,500	980		Delayed funds availability- 100% was partner supported
2,000 Copies of parasite-based Diagnosis implementation guidelines printed & disseminated	a) 500 Implementation guidelines for Malaria parasite based diagnosis in Uganda	500 implementation guide.		
Surveillance Review meetings	6 Regional malaria surveillance and Performance review meetings	6 Regional malaria surveillance meetings held in Gulu, Lira, Kabale, Mbarara, Moroto and Jinja where 50 districts and 6 Regional referral hospitals participated.		

Table 22 : National TB & Leprosy Program (NTLP) Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
60,000 incident TB cases notified nationally in FY 2018/2019	15,000	13,954 [93%]		Increased TB case finding efforts across the country
Increase treatment success rate for incident TB cases to 85%	85%	76%		Program has just started using DHIS 2 for reporting, possible data entry errors; leading to low treatment outcomes
Increase cure rate among new PBC TB cases to 65%	65%	55%		Low monitoring of patients with microscopy observed

Increase treatment success rate among all forms of TB to 85%	85%	70%		Low patient monitoring, shifting to DHIS 2 reporting, recording & reporting errors,
Case fatality rate among all forms of TB to 5%	5.0%	8%		Late case finding, high rates of mortality in HIV/TB co-infected
Decrease loss to follow-up rate among all forms of TB to less than 5%	5.0%	13%		Low efforts towards follow up of patients who interrupt treatment
Conduct 48 performance review meeting in all regions in the country, 1 per region per quarter	12	11		One region had no performance review meeting due to lack of a comprehensive partner to support the process
MDR-TB case finding	261	127		Screening for RR-TB still low at about 50%

Table 23 : AIDS Control Program (ACP) Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Mentorships carried out in the 8 Districts	Mentorship carried in 6 districts	Mentorships conducted in Kisoro and Rubanda		

Table 24 : Epidemic Surveillance Division Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Regional-level targeted trainings and deployment for Data Improvement Teams (DIT) in Mbale, Arua, Kabarole and Kabale Regions conducted	Train and deploy 50 DITs (Biostatisticians, EPI FPs, SFPs) from 8 districts in Kabarole region (Bundibugyo, Bunyangabo, Kabarole, Kamwenge, Kasese, Kyegegwa, Kyenjojo and Ntoroko)	50/50 (100%) DITs from 8 targeted districts trained		

Annual planned Outputs(quantity and location)	Quarters planned outputs(quantity and location)	Quarterly actual outputs (quantity and location)		
Support supervision: Conduct integrated Disease Surveillance and Response technical support supervision in 24 under reporting districts	4 support supervision visits in Lyantonde and Ssembabule, Arua and Isingiro.	4 Support supervision visits done in: lyantonde, Sembabule, due to Rift Valley fever outbreak; Isingiro and Lira due to gaps in reporting.		
Conduct technical support supervision in five high risk rabies districts.	05 support supervision visits in Mbarara,Wakiso,Kampala,Ntungamo and Kiruhura.	Five Support supervision visits done in: Mbarara,Wakiso,Kampala, Ntungamo and Kiruhura due high number of animal bites/rabies suspects reported in the HMIS 033B.		
Build capacity for health workers in Rapid Response for epidemics	Train 150 health workers in Rapid response for epidemics and events.	A team of 138 have trained in districts of Kasese, Bundibugyo, Ntoroko, Bunyangabu and Kabarole		
Capacity building for health workers in	Train health workers in all districts bordering DR Congo in Ebola detection and rapid response.	Trained health workers in Kasese, Ntoroko, Bundibugyo, Kabalore and Bunyangabu health facilities		
Measles Updates	Investigate all alerts reported	Amuru, Wakiso, Kapchorwa ----- Have reported on measles outbreak	Reported alerts investigated	Details of measles to be reported on by EPI

Table 25 : Guinea Worm Eradication Program and Nodding Syndrome Quarter 1 + Quarter 2 FY 2018/19

Guinea Worm Eradication Program (UGWEP) and Nodding Syndrome				
Output Description	Quarterly Targets	Output Achievements	Budget Released	Expenditure/Budget Performance
Orientation of health workers in Guinea worm community based surveillance	200 Health workers oriented in community based surveillance	150 Health workers oriented in Guinea worm community based surveillance		
All Guinea worm rumors investigated as they come	10 Guinea worm rumors investigated	6 Guinea worm rumors investigated		
Conduct support supervision quarterly to build capacity for health workers in Guinea worm surveillance	quarterly support supervision conducted in Guinea worm formerly endemic districts	One support supervision conducted in formerly Guinea worm endemic districts		
Distribution of 2000 IEC materials for publicizing cash reward	Distribute 2000 IEC materials distributed to publicize cash reward	1000 IEC materials distributed to publicize cash reward		
Conducted support supervision in the nodding syndrome affected districts	8 districts supervised to build capacity for health workers in managing Nodding syndrome victims	8 districts supervised		
Quantify drugs for nodding syndrome	Quantify and supply drugs needed for treatment of Nodding syndrome	All drugs for nodding syndrome were quantified and supplied to affected districts		

Chapter Twelve: Nursing Department

12.1 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.

12.2 Objectives

- Promote, maintain and evaluate high quality of nursing and midwifery care at all levels
- Guide and encourage nurses and midwives to optimize their performance in a supportive environment
- To assist in the development of staff to their highest/ fullest potential.
- To develop standards of service and method of evaluation of services offered.
- To recognise nurses when they attain a high level of performance.

12.3 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

12.4 Planned activities for Quarter One FY 2018/19

- To carry out 4 integrated support supervision visits to health facilities in Lango , Mbarara and Masaka regions and 2 regional Nurses and Midwifery leaders meeting in Lango and Mbarara.
- Central Nurses and Midwives leaders meeting to develop strategies for improving service delivery.
- Office Maintenance and Welfare
- Carry out vehicle repairs and fuel for maintenance
- Procure office items
- Visit to Nurses and Midwives training institutions and the secondary school Sick bays

12.5 Budget Performance + Quarterly Objectives

Table 26 : Quarter 1 + Quarter 2 FY 2018/19

Output description	Quarterly targets	Outputs/achievements/Results	Budget release	Expenditure/budget performance	Explanation for Variation
Technical Support Supervision and mentorship/coaching to health facilities on importance of documentation practices among nurses and midwives done	4	Conducted 5 technical support supervision visits, mentored and coached 103 Nurses and Midwives in Lira RRH, Apac hospital, Amai PNFP, Orum HCiv, Amolatar HCiv, Dokolo HCiv, and Alebtong HCiv. Gombe Hospital, Mpigi Hospital, Masaka RRH -Mbarara RRH -Ruharo Hospital -Ntungamo –Itojo Hosp -Bushenyi Hospital -Ibanda Ishongororo HC IV -Uganda Matrys hospital Ibanda Discussed on improvement of service delivery and key nursing issues with Nurses and Midwives of Kabale RRH, Kisoro Hospita,- Kamukira HC IVs	35,400,000=	35,400,000=	There were 2 teams in each quarter hence More facilities were covered because they were nearby each other or on a highway so could not be left.
School health Technical support supervision to school Nurses in	4	-5 schools and 7 school nurses supervised in Tororo, Mbale, Agwata and Kangai secondary schools in Dokolo, Lira school of comprehensive nursing and midwifery	4,695,000=	4,695,000=	The schools selected had school Nurses to be mentored and sick bay that needed to be
Capacity Building;	4	-3 Regional Nurses' and Midwives leaders meetings held in Lira, Mbarara and Central Regions where 150 leaders capacity was built on leadership, improved service delivery, documentation and action plan development to address gaps -2 days NNC sensitization done to 256 nurses and Midwives in Lira and Mbarara Regions	15,800,000=	15,800,000=	
Laptops for the Department procured	2		5,000,000=		Not yet Paid, Request with Procurement, For general use in the

					department
Welfare and entertainment	2	Smooth running of the office done	1,800,000=	1,800,000=	
Fuel	2	fuel received	14,000,000=	14,000,000=	
Allowances	2	5 office staff paid lunch and transport	6,700,000	6,700,000=	
Vehicles for the department maintained		One vehicle serviced and one repaired	7,500,000=	7,500,000=	Centralized
Small office equipment purchased		1 computer toner procured, 2 USB and 2 extension Cables	4,500,000=	1,200,000	Q2 Requisition not honoured
Cumulative Total Q 1&2			95,395,000=	87,095,000=	Computers were not procured and office equipment Q2 centralised

12.6 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 4 Nurses and Midwives

12.7 Proposed Solutions

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

Chapter Thirteen: Emergency Medical Services Department

13.1 Introduction

In 2014, the proposal was presented to Cabinet which decided that MoH starts it as a department until it is developed into a fully-fledged operational body. In 2015, a UNAS Unit was set up under the Clinical Services Department. In May 2016, the Ambulance Services Department was established under the new structure of the MoH headquarters HSDP, Presidential directives and NRM manifesto – EMS in June 2017 MOH Senior top management basing on a consultant’s report renamed the department as “Emergency Medical Services” to reflect a more widened and focused mandate.

13.2 Mandate

The HSDP, Strategic Directives to the Health Sector, NRM Manifesto and MPS spell out the need to establish functional EMS (referral and ambulance services)

13.3 Vision

A healthy Population with quality emergency medical services accessible to all.

13.4 Mission

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

13.5 Objectives

- To set up an efficient National Ambulance Service
- Build an integrated communication system
- To educate the public about routine health emergencies
- To strengthen accident and emergency units at health facilities
- To support the development of a fully-fledged emergency care profession & research capacity
- To set up an efficient National Emergency Medical Service that promptly responds to

13.6 Key definitions

Emergency Medical Services:

Is defined as the ability to deliver health services for conditions that require rapid interventions to avert death and disability or for which delays of hours can worsen prognosis or render care less effective. (Reynolds et al 2017).

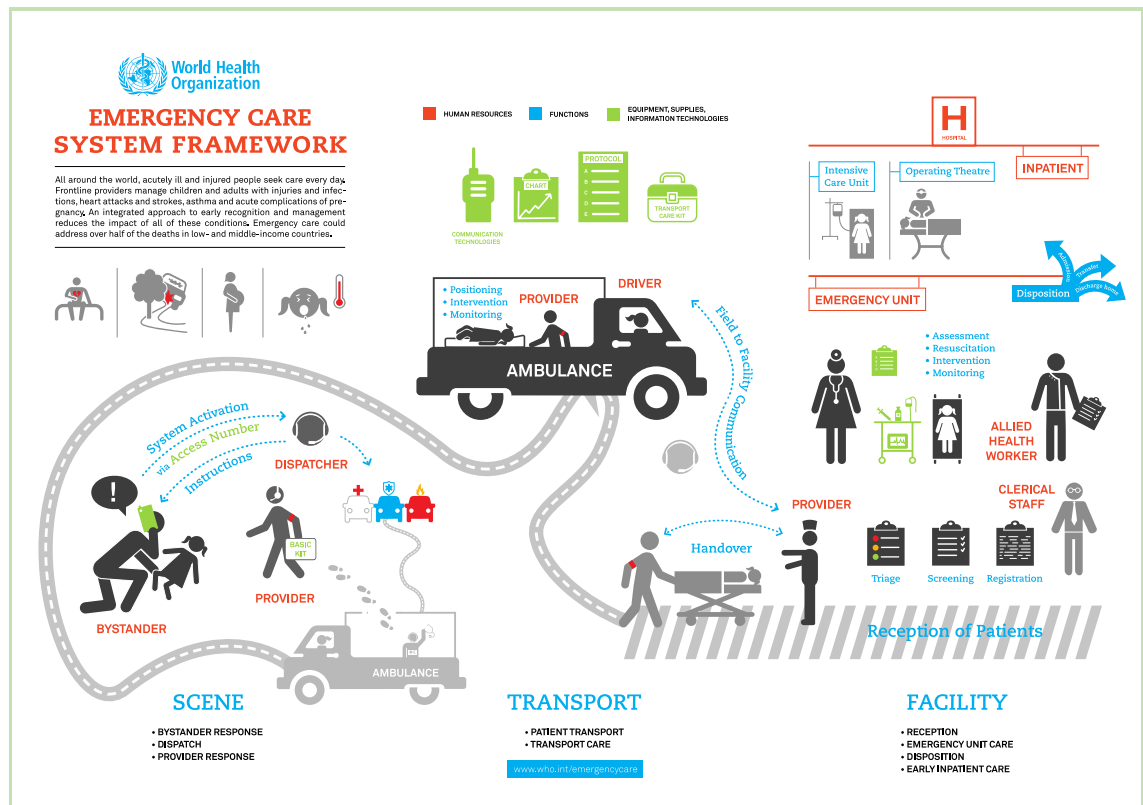
Prehospital Care:

Is defined as care which occurs before the hospital, usually delivered by ambulance services, sometimes Fire Department or first aid trained personnel at the scene and during transportation of an emergency to transfer to Hospital services

Emergency Care:

Care for conditions that require rapid intervention to avoid death or disability (Hirshon et al 2013).

Figure 4 : Emergency Care System Framework



13.7 Budget Performance + Quarterly Objectives

Table 27 : Quarter 1 & Quarter 2 FY 2018/19

Output description Quarterly	Quarterly Targets	Outputs achievements	Budget Release	Budget performance	Explanation for variation/comments
Quarter 1					
		Draft 1 Policy for EMS developed for discussion by other levels.	0	0	Task Force comprising of experts in EMS constituted voluntary basis to support MoH on drafting the a Policy and Standards for EMS
		Job descriptions of the EMS Department reviewed and submitted to higher levels for approval	0	0	Intra-Health supported MoH both technically and financially during the review process
		The WHO Emergency Care System Assessment (ECSA) conducted to gather information about the national emergency care system from a wide range of experts so as to identify gaps and develop consensus around action priorities.	0	0	Conducted with support from WHO and Uganda – UK Health Alliance
		Ambulance census	0	0	Conducted

		report reviewed, analysed and validated			internally by department staff
	Conduct in-service training for emergency care Providers	Training of Trainers for emergency care Providers conducted.	60,950,000	0	Supported by Improvement of health Service Delivery at Mulago Hospital and in the City of Kampala Project (MKCCAP)
		In-service care training for emergency care providers conducted targeting HCIVs in the Central Region		30,770,000	Late release of quarter 1 funds led to postponement of payment to quarter 2 NB: The balance was on request borrowed to planning with anticipation of being reimbursed during quarter 2
	Develop Curricula for emergency care providers	Curriculum for Basic Emergency Care Training developed and tested with support from World Health Organization and Makerere College of Health Sciences	0	0	Supported by WHO and Makerere College of Health Sciences
Establishment of an emergency care communication system	Establish Emergency Care Call and Dispatch Center	Plans to establish a satellite and prototype regional call center for Kampala are under way with support from Improvement of health Service	0	0	Improvement of health Service Delivery at Mulago Hospital and in the City of

		Delivery at Mulago Hospital and in the City of Kampala Project (MKCCAP)			Kampala Project (MKCCAP)
	Data management system for the Referral and Ambulance services integrated into HIMS	HIMS data tools for EMS reviewed and harmonized	-	17,284,000	Allowances for participants were paid on the 30 th of June 2017 (4 th Quarter FY 16/17) and yet Hotel Services cleared by procurement during the 1 st quarter FY 2017/18 which delayed the activity.
		Digital application to monitor the use of ambulances deployed in West Nile and Rwenzori regions based on Global Positioning Systems (GPS) trackers to provide information in real time developed with support from UN Pulse Lab Kampala	0	0	Supported by UN Pulse Lab Kampala and whose reports will be generated by the HMIS
		Strategies for improvement of District EMS system developed for the West Nile and Rwenzori region with support from BTC/ICB II	0	0	Ministry of Health has redefined the role of the department from operational activities to policy mandate

		Community-Based Health Improvement Project for EMS services in the central region – Masaka and Bukomansimbi districts established	0	0	Supported by Korean Foundation for International Health Care (KOFIH
		Support supervision and assessment of accident and emergency care units at health facilities conducted (Central region and Eastern region).	Workshops and Seminars 16,769,582 Allowances 17,321,000 Travel in land 4,785,000 = 38,875,582 Bal 8,202,1	13,389,400	Late release of quarter 1 funds led to postponement of payment during quarter 2
Stationery		Office stationery (Toner etc)	2,969,000	2,969,000	The item is centrally managed yet procurement department has not cleared cartridges supplied to department.
Fuel and Lubricants		Fuel for office running and conducting of support supervision for health facilities	14,900,000	14,900,000	-
Procurement of Ambulance Officers Uniforms		No output	14,000,000	0	Not spent because Ministry redefined the role of the department from operational to policy and

					strategy direction
Computer and IT supplies		No output	3,000,000	0	Not spent due to inadequate finances
Vehicle Maintenance		Vehicles maintained	4,760,000	4,760,000	Requisitions submitted for the quarter but not yet fully cleared by procurement.
Quarter 2					
	Develop EMS Policy Framework (Policy, Investment Plan, Strategic Plan, Standards and Guidelines)	Draft 1 EMS Strategic Plan developed	0	0	Supported by Clinton Health Access Initiative (CHAI)
	Consultative meeting with Regional health managers to review EMS Strategic Plan	Consultative meeting with Regional health managers held to review EMS Strategic Plan	0	0	Supported by Clinton Health Access Initiative (CHAI)
	Conducted Consultative meeting with Private Health Providers and DHO representatives 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)
	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
	Costing a National Emergency Care System for Uganda	National Emergency Care System for Uganda costed	0	0	Supported by Clinton Health access Initiative (CHAI)

	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)
Capacity development for human resource	In-service training of health workers in BEC	In-service training of health workers in BEC	17,290,000	17,290,000	Fully absorbed
	Support Supervision to Hospitals and Districts	Conducted support supervision to map out Ambulance stations on Gulu high way and Bugisu sub region	18,470,000	18,470,000	Fully absorbed
	Ambulance support services during public health emergencies and national events	Provision of standby ambulances services during the Xmass festival.	13,480,000	13,480,000	Fully absorbed
Fuel and Lubricants			23,400,000	23,400,000	Fully absorbed
Books, periodicals & Newspapers		Books, periodicals & Newspapers	396,000	396,000	Fully absorbed
Staff welfare		For staff tea and bites and Departmental Meetings	5,200,000	5,200,000	Fully absorbed
Allowances		Allowances for lunch and Transport	13,000,000	13,000,000	Fully absorbed
Contribution electricity			6,000,000	6,000,000	Fully utilized
Contribution for Security			600,000	600,000	Fully utilized
Water contribution			500,000	500,000	Fully utilized

Printing, Stationary & Photocopying		Printing ,stationary &Photocopying	28,000,000	28,000,000	Fully utilized
Vehicle – Maintenance and Repair		Vehicle – Maintenance and Repair	4,400,000		Procurement process initiated work on going.

13.8 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

13.9 Proposed Solutions

- 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

Chapter Fourteen: National Health Laboratory and Diagnostic Services

14.1 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

14.2 Vision

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

14.3 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.

14.4 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

14.5 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

14.6 Budget Performance + Quarterly Objectives

Table 28 : Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets (Q1 & Q2)	Output Achievements/Results (Q1 & Q2)	Budget Release (Q1 &2)	Expenditure/ Budget Performance	Explanation For Variation / **Results
Support supervision carried out in the 14 health regions of Uganda every quarter	Support supervision done in epidemic prone regions	Support supervision done in Hoima, Fortportal, Kabale, Mbarara, Gulu, Arua, Moroto	34m (GOU)	None	
1200 samples tested for disease outbreak and clinical bacteriology referrals	800 samples tested in the Microbiology reference Lab	760 samples tested out of which Vibrio cholerae were isolated in samples from Kampala	WHO, GHSA,GOU	-	
Hepatitis B training conducted both at national level (trainers) and facility level (implementation)	50 Hepatitis B national trainers trained and 40 facilities trained on Hepatitis B	45 National trainers trained, and 29 facilitates trained on Hepatitis B; 3,720 samples tested for Hepatitis B Viral load at CPHL Lab	Accounted for through 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	539,799 samples tested for HIV Viral Load with 88% suppression rate	Reagents procured by PEPFAR through MAUL	None	
Monthly stakeholders' meeting held to review HIV viral load performance	6 viral load stakeholders meetings held, one per month.	6 viral load stakeholders meetings were held	METS	METS	

Conduct pilot for HIV EID POC testing	POCT done in alternative testing sites in 33 facilities	POCT done in alternative testing sites in 33 facilities	CHAI	CHAI	
Test blood samples of babies all over the country for HIV EID at CPHL	65,000 samples tested	76,225 samples of babies tested with a positivity rate of 2.7%	Reagents procured by PEPFAR through MAUL	MAUL	Target surpassed due to massive sensitization during POC pilot
Conduct annual biosafety/biosecurity audits	200 Laboratories audited for biosafety/biosecurity practices	219 Laboratories audited for biosafety/biosecurity practices	PEPFAR/IDI	IDI	Some of the Laboratories were closer to each other
National SLIPTA quality audits conducted in hub laboratories	SLIPTA audits conducted in 84 hub laboratories	SLIPTA audits conducted in 84 hub laboratories	PEPFAR/AGHPF	AGHPF	
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 18 hub laboratories	UGX 94M (PEPFAR/AGHPF)	UGX 94M	Shortage of funding caused audit of 18 out of 28
Guidelines for registration and licensing of Laboratories finalized	Lab registration/licensing guidelines finalized	Lab registration/licensing guidelines finalized	PEPFAR through AGHPF & IDI	None	

14.7 Challenges

- Stock out of reagents at all levels in the Laboratory network especially for haematology, chemistry and microbiology.
- Equipment calibration/maintenance and EQA enrolment for labs undergoing accreditation preparedness

HEALTH INSTITUTIONS

Chapter Fifteen: Health Service Commission

15.1 Vision

A fully resourced Health Workforce that is responsible, efficient and effective in Uganda's socio-economic transformation process.

15.2 Mission

To build a fundamentally strong and competent human resource base for efficient and effective health service delivery.

15.3 Mandate

The mandate of the Health Service Commission

The mandate of the HSC as provided in Article 170 of the Constitution is to:

1. Advise H.E. the President of the Republic of Uganda in performing, in relation to the Health Service, his or her functions under Article 172 of the Constitution;
2. Appoint persons to hold or act in any office in the Health Service, including the power to confirm such appointments, exercise disciplinary control over those persons and remove them from office;
3. Review terms and conditions of service, standing orders, training and qualifications of members of the health service and matters connected with their management and welfare and make recommendations to Government.
4. Regularly apprise Parliament on the performance of the Commission through Annual Reports;
5. Issue Guidelines to District Service Commissions (DSCs) for recruitment of Health Professionals, discipline of health workers, and render advice to District Local Governments and District Service Commissions as may be required on matters regarding the management of human resource for health.

15.4 Strategic Objectives

1. Provide timely advice H.E the President and Government on matters relating to the state of health services as mandated by law.
2. Recruit in an efficient and effective manner health worker to meet Uganda citizens' health needs in accordance with the Health Sector Policy and Development Plan 2015/16 – 2019/20.
3. Carry out advocacy and make recommendations to improve the terms and conditions of service of health workers.
4. Enhance the institutional capacity of the HSC to deliver on its mandate.

Table 29: Table summary on performance for the FY18/19 Quarter 1 and Quarter 2

Output description	Quarterly targets (Q1 &2)	Outputs achievements/results (Q1 &2)	Budget release (Q1 &2) (UGX bn)	Expenditure/ budget performance (UGX bn)	Explanation for variation/**results
FY 2018/19			1.936	1.488	
850 Health Workers recruited.	425 Health Workers recruited	678 Health Workers appointed		0.404	Performance is above half year target mainly because of recruitment for Kiruddu, & Kawempe Hospitals and KCCA. Te Commission ran an advert for Mulago, UVRI, UBTS and RRHs.
HSC e-recruitment Information System implemented and Selection Examination Division operationalised	HSC e-recruitment information system implemented	HSC e-recruitment information system implemented.		0.025	Procurement for Technical support fully operationalising e-recruitment system is on going.
500 Human Resource for Health Decisions on confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement made.	250 HRH decisions.	286 Human Resource for Health decisions made.		0.002	HR decisions are dependant on submissions from Health Institutions.
Support Supervision carried out in 56 Districts and 14 RRHs.	28 Districts and 7 RRHs	Support Supervision carried out in 21 Districts and 7 RRHs.		0.090	Priority was placed on recruitment of Health workers.
Technical support to Districts /DSCs provided.	Dependant on the requests from Districts	Technical Support provided to Three (3)		0.004	Technical support is demand driven.

		districts.			
Support HIV/AIDS affected staff. Sensitization workshop on HIV/AIDS and Gender & Equity issues conducted.	Sensitisation Workshop			0.009	Support is provided to staff who declare their status. Because of recruitment, the sensitization workshop was re scheduled in the 2 nd week of January.
Administrative related costs (Rent, Pension & others)				0.954	Administrative services were provided according to plan
Total			1.936	1.488	Gratuity is paid on the due date.

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.

15.5 Challenges and proposed solutions to mitigate them.

Challenge	Proposed Solution
Internal Challenges	
Increase of the wage bill for Health Institutions without a corresponding increase in the recruitment budget of the Commission.	Increase in the wage bill should take into account the corresponding increase in the recruitment costs.
Inadequate Budget for key output areas of the Commission such as Support supervision, Technical Support and Monitoring and tracking implementation of HSC decisions.	The budget of the Commission should be enhanced to enable it carry out all its functions under its mandate.
Understaffing of the Secretariat of the Health Service Commission by 19%. A number of approved posts were not filled.	The Commission should be supported to operationalise its structure by providing both wage and non wage requirements.
Inadequate Office space	The Commission should be provided with a development budget to initiate the development of land in Butabika.

Inadequate tools, equipment and vehicles	Budget should be enhanced.
External Challenges	
Attracting and retaining some categories of Health Workers for example Senior Consultants, Consultants and Medical Officer Special Grade (MoSG) in RRHs, Pharmacists and Anaesthetic Officers in RRHs.	Other Terms and Conditions of service of Health Workers in addition to pay should be reviewed.
High numbers of applicants for certain cadres like Nurses, Midwives, Lab. Assistants, Lab. Technicians and Clinical Officers. This increases the cost of handling the recruitment and the time taken.	Additional funds be availed to match the high costs of recruitment.
Non alignment of the recruitment process to the budgeting process.	The Recruitment process should be aligned to the budgeting process.
Persistent understaffing and failure to fill positions of DHOs, ADHOs and PMOs due to wage and failure to attract.	Local Government structures should be reviewed. Prioritize recruitment of Health Workers at Local Governments. Terms and conditions of service other than pay should be reviewed.
Limited supply of some Health Cadres for example: Pathologists, ENT Surgeons, Orthopaedic Surgeons, Psychiatrists, Radiologists, Anaesthetic Officers, Oncologists, Neurologists, Dispensers, Laboratory Technology and Dental Technologists. This implies non-provision of those services at the facilities.	Terms and conditions of service other than pay of health workers should be reviewed. Training/scholarships should be targeted to areas with limited supply.
Structures for Regional Referral Institutions and Health Units under Local Governments have not been reviewed.	MoPS and MoH should expedite the review of the structures.

Chapter Sixteen: Uganda Blood Transfusion Services

16.1 Mandate

UBTS is mandated to collect, process, and store and distribute safe blood and blood products to all transfusing health units in the country.

16.2 Vision

“An effective, efficient and sustainable Blood Transfusion Service in Uganda” and the service is mandated through its

15.3 Mission

“To provide sufficient and efficacious blood and blood components through voluntary blood donations for appropriate use in health care service delivery”

16.3 Background

The Uganda Blood Transfusion Services (UBTS) is a semi-autonomous; centrally coordinated organization in the Ministry of Health responsible for all Blood Transfusion activities for the entire country. UBTS operates within the framework of the National Health Policy and the Health Sector Strategic plan. UBTS through its Vision and Mission is mandated to make available adequate quantities of safe blood and blood components for the clinical management of patients requiring transfusion at health facilities. In this task UBTS closely works with the Uganda Red Cross Society (URCS) in voluntary blood donor recruitment through a formalized MoU. Provision of **safe blood** is a key component in the Uganda Ministry of Health’s **Minimum Health Care Package** and in **SDGs number 3 of Good Health and wellbeing**.

16.4 Objectives

- Expand Blood Transfusion Infrastructure to operate adequately within a decentralised health care delivery system; Lobby for funding to construct purpose built Regional Blood Banks in Moroto, Masaka and Arua; Transform blood collection centres into blood distribution centres in order to bring services nearer to the health care facilities.
- Increase the annual blood collection target for this year from 266,805 units for FY15/16 to 280,145 units of blood for FY 16/17 by putting up additional blood collection teams; mobilise communities for increased blood donation and strengthen the Community Resource Person program for blood donor mobilisation
- Operate an active Nationwide Quality Assurance program that ensures Blood Safety – from vein to vein and work towards Africa Society Accreditation (AfSBT)(Accreditation program); test all 280,145 blood units for transfusion-transmitted Infections and maintain target levels of (<1% HIV; < 5% Hepatitis B; <3% Hepatitis C)
- Promote appropriate clinical use of blood in the hospitals by dissemination of the revised clinical guidelines throughout the health care facilities and creation of more Hospital transfusion Committees to monitor blood usage in the hospitals.
- Strengthen the organisational capacity of UBTS to enable efficient and effective service delivery and build on the partnerships to improve service delivery.

Need for Blood

- Provision of **safe blood** is a key component in the Uganda Ministry of Health’s **Minimum Health Care Package** and in **SDGs 4, 5, 6**

- **Demand for blood during this period was due to:** Heart surgery, pregnancy related anaemia, accident victims, sickle cell disease, cancer patients and anaemic children

16.5 Core function of UBTS

- To ensure that UBTS meets the increased demand for safe blood and blood products in hospitals for the management of all patients in need for blood
- In this task; UBTS closely works with Uganda Red Cross Society (URCS) in the area of voluntary blood donor recruitment

16.6 Categorized into Vote Sub Programs & function Outputs:

Sub Programs-	Function Outputs-
1. Administrative Services	1. Administrative support services
2. Regional Blood Banks	2. Collection of blood
3. Internal audit	3. Laboratory Services
	4. Monitoring and Evaluation of Blood Operations

UBTS budget is costed based on the processes below:

VEIN TO VEIN PROCESS

- | | |
|---|--|
| <ul style="list-style-type: none"> • Blood donor education • Blood donor counselling • Blood collection • Blood donor mobilisation • Blood donor acknowledgment –donor incentives; refreshments; post- donation results • Blood transportation under cold chain • Blood collection | <ul style="list-style-type: none"> • Blood donor acknowledgment –donor incentives; refreshments; post- donation results • Blood screening for TTIs. • Blood Component preparation • Blood storage • Blood issuing • Disposal of waste • Monitoring and evaluation of the vein to vein |
|---|--|

Blood Collection Process

The blood collection process involves the following activities

- Blood donor mobilisation and sensitisation
- Blood donor education
- Pre-donation counselling
- Blood collection
- Blood donor promotion –donor incentives; refreshments; post- donation results
- Blood transportation under cold chain

Laboratory services –Blood processing and Packaging

Blood processing involves the following activities:

- Testing of blood against TTI thus HIV, Hep B, Hep C and Syphilis
- Processing blood into blood components
- Issuing of safe blood units to Health Transfusion Facilities throughout the country;
- Undertake Hospital accreditation;
- Carryout waste management and Disposal activities;
- Undertake Donor and Hemo vigilance activities
- Undertake blood usage data collection and blood needs assessment.

16.7 Budget Performance and Quality Objectives

Table 30: Quarter 1 & Quarter 2 FY 2018/19

Output description	Quarterly targets (Q1&2)	Outputs/Achievements (Q1&2)	Budget Release UGX bn (Q1&2)	Expenditure/ Budget Performance UGX bn (Q1&2)
Collection of Blood	Blood collection target 150,000 units of blood Mobilize 250,000 potential blood donors Counsel 150,000 donors on donation activities	Collected 129,040 units of blood Mobilized 230,000 potential blood donors Counseled 65,318 donors on post donation activities	4.07	3.78
Laboratory Services	Test 150,000 units of blood Issue 135,000 units of safe blood to health facilities Disposal of 15,000 units of discards in a safe manner	Tested 129,040 units of blood Issued 120,093 units of blood to health facilities Disposed off 8,947 units of discards	1.24	1.01
Quality Assurance Services	Carry out quality internal audit in 3 Regional Blood Bank of Gulu, Mbale and Arua; Conduct accreditation of Nakasero Blood Bank; Printed documents on quality assurance; Calibrate lab equipment; Train 60 staff on quality Management.	Carried out quality internal audit in 3 Regional Blood Bank of Gulu, Mbale and Arua; Conducted accreditation of Nakasero Blood Bank; Printed documents on quality assurance; Calibrated lab equipment; Trained 60 staff on quality Management.	0.26	0.16

Administrative Support Services	<p>Pay salaries of staff</p> <p>Pay for utilities</p> <p>Operate and maintenance of 61 vehicles & 3 motor cycles</p> <p>Manage cleaning services contract</p> <p>Carry out support supervision in 7 Regional Blood Banks</p>	<p>Paid salaries of staff</p> <p>Paid for utilities</p> <p>Operated and maintained 61 vehicles & 3 motor cycles</p> <p>Managed cleaning services contract</p> <p>Carried out support supervision in 7 Regional Blood Banks</p>	2.34	2.13
Capital Purchases	<p>Approval and award of contract for remodeling and expansion of stores and cold rooms at NBB</p> <p>Procure 4 vehicles</p> <p>Procure assorted medical equipment</p> <p>Procure ICT equipment</p>	<p>Contract awarded for remodeling and expansion of stores and cold rooms at NBB</p> <p>Contract awaits approval by the Solicitor General for 4 vehicles</p> <p>Procured assorted medical equipment for blood collection</p> <p>Procured 30 computers</p>	1.57	0.37
Planning, Monitoring and Evaluation	<p>Prepare UBTS BFP and Budget for FY 2019/20;</p> <p>Produce a draft of UBTS M&E Framework;</p> <p>Produce M&E Assessment Tool for the laboratory and hospitals;</p> <p>Prepare UBTS Q1 & 2 Performance Reports;</p> <p>Disseminate UBTS Strategic Plan to stakeholders in Mbale and Gulu RBBs</p> <p>Conduct assessment training on M&E in Mbale, Arua and Gulu</p>	<p>Prepared UBTS BFP and Budget for FY 2019/20;</p> <p>Produced a draft of UBTS M&E Framework;</p> <p>Produced M&E Assessment Tool for the laboratory and hospitals;</p> <p>Prepared UBTS Q1 & 2 Performance Reports;</p> <p>Disseminated UBTS Strategic Plan to stakeholders in Mbale and Gulu RBBs</p> <p>Conducted assessment training on M&E in Mbale, Arua and Gulu</p>	0.37	0.34

16.8 Challenges

1. Insufficient budget for procurement under NMS. By Jan 7th 2019 the approved budget of UGX 12.808 bn was exhausted as shown herein. This forced UBTS to ask for supplementary of UGX 19.4bn. MoFPED authorized NMS to procure supplies to the tune of UGX 10bn. This still leaves a gap of UGX 9.4bn.
2. Failure of hospitals and other health facilities to pick blood from Blood Banks
3. Inadequate storage facilities
4. The poor response to voluntary blood donation by Ugandans.
5. High maintenance costs due to old fleet of vehicles
6. Reported sell of blood to patients
7. Insufficient funds to rollout Blood Safety Information System(BSIS)

16.9 Proposed Solutions

1. Additional funding of UGX 9.4bn is required for procurement of medical supplies and reagents to ensure regular and adequate supply safe blood and blood products to hospitals. The MoFPED provided a commitment letter of UGX 10bn to NMS in Jan 2019 to enable NMS obtain supplies on credit.
2. UBTS has started delivering safe blood and blood products to hospitals and health facilities on pilot basis in Mbarara and Mbale Regional Blood Banks.
3. UBTS to speed up implementation of remodeling and expansion of store and cold rooms at Nakasero. A contractor has embarked on preliminary site activities.
4. UBTS to speed up procurement of 4 vehicles for blood collection. A contract is at Solicitor General for approval. And we expect deliveries to be made this quarter.
5. Strengthen partnerships with government agencies, corporate bodies cultural and religious institutions in blood collection
6. Robust BSIS that can trace a unit of blood from the donor to the recipient. UBTS has procured 30 computers for this cause

Conclusion

UBTS is strengthening its organisational capacity for efficient and effective service delivery. The staffing position is now 311 staff of the 424 positions provided for in the establishment by Public Service. Operational capacity has been stepped up and blood collection has improved.

Chapter Seventeen: Natural Chemotherapeutics Research Institute (NCRI)

17.1 Introduction

Natural Chemotherapeutics Research Institute (NCRI) is a government research and development centre under the Ministry of Health. The centre undertakes the development of quality natural products and services for improved health care delivery by applying both indigenous and modern technologies.

17.2 Mandate

To conduct research on natural products and traditional medicine systems in treatment and management of Human diseases and justify their therapeutic claims.

17.3 Budget Performance + Quarterly Objectives

Table 31 : Quarter 1 + Quarter 2 FY 2018/19

Output description	Quarterly targets (Q1 &2)	Outputs achievements/results (Q1 &2)	Budget release (Q1 &2)	Expenditure/ budget performance	Explanation for variation
Pre-clinical and clinical evaluation of medicinal plants	Carry out phytochemical screening on 60 herbal formulations and products per quarter.	Purchased laboratory animals, chemicals, reagents and sundries for the Chemistry, Pharmacology and Botany sections. Carried phytochemical screening on 126 herbal formulations and products.	9,700,000	9,700,000	-
	Toxicity and safety profile antidiabetic formulation.	Carried out toxicity and safety profile of 1 antidiabetic herbal formulation.			
	Evaluation of TIB immune booster	Allowances for technical committee on clinical evaluation of TIB immune booster paid for	4,150,000	4,150,000	

Improvement and maintenance of institutional infrastructure and capacity building	Sensitization and information dissemination on TM in Uganda.	Held weekly radio talk shows on CBS radio on issues pertaining to Traditional medicine, Nutrition and wealth creation in the Traditional medicine sector from July to December 2018.	12,000,000	12,000,000	-
	5th Annual National Traditional Medicine Conference (ANTRAMEC). Fuel and vehicle maintenance.	Organized and Held the 5th Annual National Traditional Medicine Conference (ANTRAMEC) with THETA on 30 th – 31 st August 2018 at Hotel Africana.	10,000,000	10,000,000	
	Promotional materials.	Fuel and maintenance of Motor vehicles: UG22070M, UG1831M and UG5341M done.	24,500,000	24,500,000	
	Stationery, small office equipment and furniture and subscriptions to scientific journal.	Purchased branded institutional T-shirts for staff and Banners. Purchased stationery, serviced office computers, photocopiers and printers, purchased small office equipment and office curtains, purchased 1 laptop for the office of the director and paid quarterly subscription to MUTHI journal and website development fees.	5,430,000	5,430,000	
	Capacity building for TM sector.	Supported Traditional medicine stakeholders' forum on Development of Traditional medicines in Uganda with Business Friends Africa (BFA) at Hotel Africana.	12,259,000	12,259,000	
	Staff Lunch and transport allowances.	Staff Lunch and transport allowances for staff for Q1 & Q2 paid.	6,000,000	6,000,000	
	Staff welfare	Staff welfare for Q1 and Q2 paid; account fees for institution paid	10,104,000	10,104,000	
	Staff training	Staff allowances for 2 staff			

	Capacity building.	members who travelled to south Korea for training on modernization of traditional medicines paid.	16,287,000	16,287,000	
	Information dissemination on research work done.	Trainers' fees for the training of UNYDA youth on the development of TMs.	10,000,000	10,000,000	
		TM research work and information on status of TM in Uganda for dissemination through media (Bukedde newspaper) collected and prepared.	6,000,000	6,000,000	
			5,000,000		
				5,000,000	
Conservation of medicinal and Aromatic plants.	Propagation and conservation of selected priority MPs.	Maintained the institutional Medicinal plants garden and nursery and introduce new propagules and seedlings of medicinal value.	7,350,000	7,350,000	
	Documentation of MPs.	Purchased raw medicinal plants materials for product formulation	2,000,000	2,000,000	
		Development of herbal monograph for <i>Warbugia ugandensis</i>	2,000,000	2,000,000	
		Field collection of herbal samples from Iganga, Nakasongola and Mpigi districts for laboratory analyses.	5,000,000	5,000,000	
	Agronomy and best agricultural practices for MPs for Herbal medicines	Conducted Herbal processors, agronomy and traditional medicines practices in communities in Gomba district, Mpenja, sub county, Ngalagala village; NCRI established	6,220,000	6,220,000	

		collaborations in TM processing with the communities.			
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17.4 Challenges and Proposed Solutions

- Infrastructure: Institutional buildings are dilapidated and in urgent need of renovations
 - Solution: request for access to capital development to renovate institutional buildings.
- Broken down vehicles: the institution has 3 vehicles, two of which are broken down with rising costs to maintain them.
 - Solution: request for purchase of 2 double cabin pickups to facilitate institutional outputs.
- Funding: currently, funds allocated to conduct research are inadequate
 - Solutions:
 - Request for additional funds in the next budgeting cycle.
 - Establish research collaborations with development partners for possible funding.

Chapter Eighteen: Uganda Virus and Research Institute

18.1 Mission

To carry out scientific investigations concerning communicable diseases especially viral diseases of public health

- Importance and to advise Government on strategies for their control and prevention.
- UVRI engages in health research pertaining to human infections and disease processes associated with / linked to viral etiology and provides capacity
- Building to targeted beneficiaries.

18.2 Budget Performance + Quarterly Objectives

Table 32 : Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly Targets (Q1&Q2)	Outputs achievements/Results (Q1&Q2)	Budget Release	Expenditure/Budget Performance	Explanation For Variation ** Results
	Salaries for staff paid	103 UVRI staff paid salary on time.	770M	657M	Awaits recruitment by HSC for unfilled vacancies.
	Process pension and gratuity	Pension processed and paid	469M	163M	Awaits approval of pending files by Ministry of Public Service.
	Coordinate and supervise research and support services	Coordinated support supervision of UVRI field stations of Arua, Masaka and Kyamulibwa	179M	179M	N/A
		Payment of utility bills like water and electricity	274M	274M	N/A
		Cleaning services maintained in offices, laboratories and compound	125M	12M	N/A
		Staff trained and attended international meetings to benchmark best practices	120M	40M	N/A
		IFMS recurrent costs paid	2M	2M	N/A
		IPPS recurrent costs paid	2M	2M	N/A
		Dedicated internet provided to staff	14M	14M	N/A
		Subscriptions paid	34M	34M	N/A
		Printing, Stationery and Photocopying processed.	22M	22M	N/A

		Short term consultancy services undertake	195M	195M	N/A
		Medical supplies provided	299M	299M	N/A
		Offered Guard and Security Services for the Institute	12M	12M	N/A
		Advertising and Public Relations was done	24M	24M	N/A
		Workshops and Seminars were held	44M	44M	N/A
		Fuel, lubricants and oils expended.	75M	75M	N/A
		Maintenance civil carried out	30M	30M	N/A
		Vehicle maintenance done	31M	31M	N/A
		Machinery, equipment maintenance was done.	143M	143M	N/A
		Other maintenances were realized	127M	127M	N/A
		Engineering and design studies were undertaken	38M	38M	N/A
		Transport equipment	121M	121M	N/A
		Residential buildings improved	150M	150M	N/A
		Books, periodicals and newspapers paid .	6M	6M	N/A
		Incapacity, death benefits and funeral expenses incurred.	2M	2M	N/A

Health Research Services

	To carry out surveillance and distribution of profiles of key malaria vectors across Uganda.	<ul style="list-style-type: none"> In Q1 Carried out field mosquito collection to establish status of insecticide resistance among mosquito populations within the Uganda Cattle corridor. Several villages in the districts of Nakasongola, Luweero, Kapeeka and Masindi were sampled. Q2: Explored species distribution of main arboviral vectors in South Western Uganda districts of 			Requisitions are at various stages of procurement including: bidding, evaluation, contracts committee and engagement of contractors on commitment basis and encumbrances.
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		Bundibugyo, Fort Portal and Kyenjojo with a view to mapping their distribution assess risk for disease transmission. We collected from those districts and data processing is currently on-going.			
	<p>1. HIV proficiency testing support supervision to participants in five districts in the Central region: Goma, Kiboga, Kasanda, Mityana & Mubende.</p> <p>2. Undertake samples for HIV and syphilis testing for sentinel surveillance</p> <p>3. Make presentations on HIV drug resistance at an international conference in Johannesburg</p>	<ul style="list-style-type: none"> All the targeted testers were support supervised except for the six. Other testers besides the targeted ones who were available at the time of support supervision also benefited from the same. The HIV inconclusive referral forms were distributed to all HCs visited Job aids were distributed to testing sites which did not have them <p>77 ANC samples for HIV syphilis testing for sentinel surveillance</p> <p>Made 4 presentations on HIV drug resistance at an international conference in Johannesburg</p> <p>Drafted the HIV drug resistance strategic plan</p>			Requisitions are at various stages of procurement including: bidding, evaluation, contracts committee.

	4. Draft the HIV Drug Resistance Strategic Plan.				
	Recruit super infected subjects and evaluate immune response	10 participants recruited from Mbale & Wakiso			
	1. To carry out support supervision visits Rakai and Kyotera Districts. 2. To follow up test results used in population based studies	3,372 sexually active women with 4,921 observations identified and adopted. days of field work in Rakai era.			
	Surveillance for influenza, plaque, arboviruses and other highly pathogenic organisms	Routine surveillance of arboviruses was carried at Kisubi (Zika Forest) Nkokonjeru Community and St. Francis Hospital and Sseganga in North East Wakiso District.			
	Laboratory surveillance of AFP <ul style="list-style-type: none"> 80% Virus isolation results reported within 14 days from receipt of stool specimen 90% 	<ul style="list-style-type: none"> A total of 2983 samples were received: 2226 cases, 727 Contacts, Community, 11 Others (sabins) 2541 results out in 14 days A total of 42 isolates were referred to ITD lab for confirmation. All results shared 	37M	53M	Requisitions are at various stages of procurement including: bidding, evaluation, contracts committee

	<p>ITD results reported within 7 days from specimen receipt</p> <ul style="list-style-type: none"> • Laboratory surveillance of Measles and rubella: 90% Measles and Rubella IgM results reported within 7 days of specimen receipt • Carry out research on Vaccine preventable diseases 	<p>in 7 days (100%)</p> <ul style="list-style-type: none"> • In this period, 801 suspected outbreaks were reported 162 were confirmed measles, 138 were rubella. Out of the confirmed outbreaks 25 outbreaks (2 measles and 2 rubella were followed up). B3 measles genotype was identified in the collected samples. • Start on laboratory testing on two researchs namely: Correlation of Acute Flaccid Paralysis and oral polio vaccine and molecular characterization of enteroviruses 			
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Chapter Nineteen: National Drug Authority (NDA)

19.1 Background

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

19.2 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”

19.3 Vision

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

19.4 Mission

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

19.5 Objectives

1. To Increase compliance to the NDA Act and regulations that will ensure the delivery of essential, safe, efficacious and cost effective medicines and other health care products.
2. To ensure that relevant and appropriate drug information is widely disseminated to the stakeholders, pharmaceutical service providers and the general public on rational use to minimize on adverse drug reactions.
3. To promote domestic production of human and veterinary medicines and health care products and support Government interventions related to “Buy Uganda, Build Uganda”.
4. To strengthen systems, processes and procedures for pre and post market authorization for medicines and health care products.
5. To develop adequate financial, physical, technical and human resource capacity to deliver and meet stakeholder and statutory requirements.
6. To enhance regulatory capacity through harnessing available synergies with other national, regional and international medicines regulatory authorities

19.5.1 NDA Strategic Objectives

1. Increase compliance to the NDA/P Act and regulations
2. Promote domestic production of human and veterinary medicines and health care products
3. Strengthen the systems, processes and procedures for pre-market activities for medicines and health care products
4. Strengthen the systems, processes, and procedures for post- marketing authorisation of drugs and healthcare products
5. Provide relevant and appropriate drug information to the public

19.6 NDA Contribution to Health Outcomes

1. Drugs available on the Uganda market are efficacious for stated diseases and conditions resulting in better treatment of illnesses and prevention of diseases to protect and **promote a healthy population;**
2. Reduced treatment failures & number of deaths due to substandard, spurious, falsely-labelled, falsified and counterfeit drugs;
3. Improved animal health and production to safeguard public health and **improved economic gains for the farmers.**

19.7 Performance Targets

Table 33 : The Performance Targets indicated below are the total set of agreed upon performance

#	Indicator	Planned Half year Target	Half year Actual performance	Rating
1	Proportion of enforcement actions effected based on intelligence recommendations (include internal and external recommendations)	80%	81%	
2	GMP Report Feedback to Manufacturer after inspection done within 45 working days	45 Working Days.	25	
3	Number of dossier evaluations carried out.	800	961	
4	Number of variation applications evaluated	300	487	
5	Number herbal medicines applications evaluated	40	122	
6	Proportion of Adverse Events(including signals) arising from the reported ADR for which regulatory action is undertaken	95%	100%	
7	Proportion of clinical/field trial applications evaluated and regulatory action issued within the SDT.	90%	75.6%	
8	Proportion of PMS samples in the sampling protocol failing quality test in the Laboratory	10.0	9.1%	
9	Proportion of Human medicine samples tested in the period	70%	32%	
10	Proportion of Veterinary Medicine samples tested in the period	70%	70.7%	
11	Proportion of Medical device samples tested in the period.	75%	96.4%	
12	Revenue collection	27,290,190,824	29,753,703,889	

13	Working ratio	1.3:1	1.3:1	
14	Staff costs as a percentage of total internally generated revenue	63%	56%	
15	Proportion of staff who attain 80% of their approved performance targets.	95%	73.2%	
16	Reduce expenses in costs or damages to aggrieved parties in civil litigation against NDA	Evidence of reduced financial costs.	2 cases were won while 2 came with costs.	

19.8 Financial performance summary

19.8.1 Real Revenue performance

The revenue streams' performance is shown in the table below showing exceptional performance in GMP audit fees at 113% and Verifications fees at 133%.

Table 34 : Real Revenue Performance

Income Sources	July-Dec 18	July-Dec 18	Perf.(%)	July-Dec 17	July-Dec 17
	Budget (Ush.mns)	Outturn (Ush.Mns)		Outturn (Ush.Mns)	Perf.(%)
Licensing fees	1,143	796	70	1,006	88
GMP Audit fees	1,760	1,990	113	2,060	117
Retention fees	7,636	7,238	95	6,595	86
Verification fees	12,717	16,922	133	14,165	113
Drug Registration fees	2,042	1,497	73	1,460	72
Amendment fees	809	587	73	493	61
Rental Income	99	94	95	92	93
Miscellaneous Income	970	629	65	816	84
Total	27,026	29,753	99	26,687	99

19.9 GoU and Development Partners

There was no direct support from the Government of Uganda for this period of the financial year 2018/19.

19.10 Capital Expenditure

Capital expenditure for the period is currently under spent as most of the procurements are still under tender / bid evaluations, while those received in December are in the process of capitalization / recognition effective January 2018. These relate to procurements that materialized in Quarter 2 and comprise of computers and furniture for staff.

Table 35 : Capital Expenditure against budget

Capital Expenditure	Total Budget 2018/19	Actual Out turn As at 31st December 2018	Performance(%) 31st December 2018
Office Furniture & Fittings	91,000,000	88,775,014	98%
Office Equipment - General	170,000,000	17,751,940	10%
Laboratory Equipment	3,431,573,700	243,974,681	7%
Computers	1,338,298,500	433,226,248	32%
Total	5,030,872,200	783,727,919	16%

19.11 Challenges

1. The ICT system was attacked by ransomware during the period of the year which interrupted Navision accounting system and DPROM DPS system and server documents.
2. The licensing guidelines 2018 were declared null and void in the courts of law.
3. NDA MIS system is still not functioning optimally with the product and GMP module causing delays in approval license applications.
4. NFDA bill stalled up to Cabinet level due to the Ministry of Agriculture Animal Industry and Fisheries (MAAIF) efforts of reclaiming regulation of veterinary drugs.

19.12 Recommendations

1. More investment in systems security is required including procuring systems back up. These have been provided for in the budget of 2019-2020.
2. The guidelines are undergoing the review for FY 2019-2020.
3. The GMP and product modules are being updated by the Developers before final handover by the TMEA team.
4. The Ministry of Health is fast tracking the approval of the NFDA Bill.

19. 13 Budget Performance + Quarterly Objectives

Table 36 : Quarter 1 + Quarter 2 FY 2018/19

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
1.1	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 8077 of which 1407 (17.4%) were found non-compliant.	306,027,000	449,941,840	Target Achieved
	Enforcement activities. Operation against hawking and illegal advertisement of medicines	6 country wide enforcement operations.	A total of 7 enforcement operations against hawking and illegal advertisement were conducted in 4 regions against 7 regions namely; Central Region(3), South Western(1), West Nile (3) and Eastern Region (1).			Target Achieved
	Conduct investigations and intelligence gathering	80% investigation concluded	Quarter 1; 87.91% (80 out of 91) of actionable reports (intelligence) resulted into regulatory action. <u>Emphasis on Veterinary products undertaken.</u> Investigation on smuggled veterinary vaccines took place in August 2018. 2 suspects were arrested and the case is			Target Achieved

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
			before court. Quarter 2; 15 intelligence recommendations were received of which 14(93.33%) enforcement actions were effected. A total of 106 recommendations were made of which 94 (88.7%) were implemented.			
	Sensitization of stakeholders	8	A total of 59 sensitization meetings held; 57 sensitization meetings were held by Inspectorate and enforcement and 2 by product safety.	96,000,000	119,420,920	Target Achieved
	Provide legal advisory to NDA suits	Evidence of cases submitted.	A total of 7 cases were submitted to DPP out of which 2 (28.57%) have been suctioned for prosecution.	270,000,000	202,879,175	Target Achieved
	Draft Regulations & guidelines for products under NFDAs proposed mandate		The Regulations on Surgical Instruments and Appliances were drafted, approved by the Authority and sent to the Hon. Minister of Health for onward transmission to the First Parliamentary Counsel (FPC), Ministry of Justice and Constitutional Affairs.			There was delayed approval of the amended fees regulation because they included fees for surgical instrument where the mandate is still in doubt.

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanati on For The Variance
			The Amended Fees Regulations were approved by the Hon. Minister of Health and forwarded to FPC. They are yet to be gazetted.			
	Build capacity of domestic herbal manufacturers to meet notification/Registration requirements	Meeting report for training and sensitization meeting.	One capacity building workshop for local herbal manufacturers was held on 21st September 2018.	25,000,000	14,149,500	
1.3	Licensing of pharmaceutical premises	No target was provided in half year due to the licensing period.	The Results will be provided by the end of 31 st January 2019.	95,908,800		The licensing period for 2019 will be effective from January 2019.
		15 facilities existed during the preceding year.	There are 15 local facilities inspected (First quarter 2 and second quarter 13) The rest of the inspections will be conducted in quarter 3. <i>Note: 5 of the local facilities postponed the inspection to January 2019.</i>	36,195,000	6,720,000	Target Achieved
		63(First Quarter 33&Q2 was 30)	A total of 132(First quarter inspected 69 and second quarter inspected 63) facilities for GMP. There were also			Target Achieved

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
			17 desk reviews conducted during the period.			
		3CRO s	CRO were not implemented in Quarter 1			There is limited capacity in inspection of CROs.
		2 APIs	Two (2) API facilities were Inspected. The main challenge faced was turned down of the proposed inspections by foreign sites hence the failure to meet the target.			Target Achieved
1.4	Control the import and export of medicines and health care products through verification and inspection of import consignments	95%	98.41% of consignments were inspected within 2 working days in quarter 1 while 97.54% consignments were inspected in quarter 2 within 2 working days. Overall 97.98% inspections were conducted in 2 working days.	57,750,000	20,596,000	Target Achieved
1.5	Test samples of medicines - with emphasis on microbiology analysis for injectable, herbals, domestically manufactured products, devices and other pharmaceutical products at NDQCL and other labs	500	Received 882 samples of which 283(32%) were tested The PMS failure rate was 9.1% (10 samples failed out 110). Challenges	964,707,265	436,072,138	There was delayed approval of the PMS strategy and Plan which caused a delayed in procuring the samples from the

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
			faced included delayed submission of PMS samples and WHO delay to fund sampling under its project.			market.
	Undertake a survey on quality assessment of RDTs	Proposal Written	Not accomplished.	22,778,640	13,830,000	Management recommended for a study to assess the quality of rapid diagnostic test kits to be conducted instead.
1.6	Put in place Track and Trace systems along the entire supply chain	Install and test the T&T system, Provide report to management	Not yet installed.			Pilot Test request not yet approved by management.
1.7	Foster ethical medicines promotion	4 planned in Quarter	Eleven (11) show cause notices were issued (first quarter 3 and second quarter 8) to illegal advertisers.	20,400,000	17,727,000	Target Achieved
1.8	Destruction of obsolete pharmaceuticals	30,000	Within half year 1,231,699.03 kg of drugs were destroyed. A total of 687,804.83 kg of obsolete pharmaceuticals were destroyed and 43 Destruction certificates/ reports issued in quarter 1.	48,000,000	630,000	Target Achieved

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
			<p>Of the above 591230 were collected from public sector as part of the Corporate Social Responsibility.</p> <p>In second quarter 546,894.20kg were destroyed in quarter 2 and 32 destruction certificates were issued.</p>			
	Calibration, qualification, maintenance of lab equipment	95% of lab equipment fully functional.	All (100%) equipment due for PM and calibration during the Quarter were calibrated/main tained.	537,696,910	210,695,559	Target Achieved
	Participate in inter-laboratory proficiency testing for medicines, condoms and gloves	Inter-laboratory proficiency tests	Two interlab proficiency tests for gloves and medicines have been completed, awaiting results.	22,778,640	13,830,000	Target Achieved
2.0	Conduct post market surveillance	60 samples for conventional human drug, 23 samples for veterinary drug and 50 samples for herbal preparation	<p>In Quarter 1 no samples picked however in quarter 2 PMS surveillance took place as follows;</p> <p>162 samples picked in 6 regions.</p> <ul style="list-style-type: none"> ● Central: 21 ● Northern: 25 ● South Eastern: 26 ● South Western: 26 ● West Nile: 36 ● Western: 28 	115,800,000	24,242,170	Target Achieved
2.1	Participate in and ensure appropriate	Trip Reports and recommendations.	25 regional and international	612,791,352	416,665,990	Target Achieved

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanation For The Variance
	representation at regional and international meetings and events.		participations were carried out on various areas of regulation and recommendations were issued for auctioning.			
		As per Schedule	Renewals and registrations are being done as per calendars of the Professional bodies			
		As per plan	<p>The Training and Development plan was approved at the end of the quarter at a total budget of 618,562,798/=.</p> <p>By the end of the half year 12 staff had benefited from the training programme.</p> <p>The plan is targeting</p> <ol style="list-style-type: none"> 1. group trainings (29 regulatory related functions, 3 Continuous Professional Developments, 1 Leadership, 2 Management and 2 technical 			

SO	Output Description	Quarterly Targets (Q1&Q2)	Outputs Achievements/ Results (Q1&Q2)	Budget Release	Expenditure / Budget Performance	Explanati on For The Variance
			skills related) 2. Individual trainings (8 technical and competency skills) 3. Self- sponsored (10 technical and competency skills).			

Chapter Twenty: National Medical Stores

20.1 Background

National Medical stores was established as a Statutory Corporation in 1993 by an Act of Parliament, and is mandated under Chapter 207 of the Laws of Uganda to Procure, Store and Distribute medicines and medical supplies.

20.2 Principal Activities

The principal activities of the Corporation are efficient procurement, storage, distribution of drugs and other medical supplies of good quality to public health services in Uganda. The Corporation also provides secure, safe and efficient storage, administration, distribution and supply of goods having regard to national needs and available budget.

20.3 Budget Performance + Quarterly Objectives

Table 37 : Summary on vote 116 performance for Quarter 1 + Quarter 2

Output description	Quarterly targets (Q1 &2)	Outputs achievements/ results (Q1&2)	Budget release (Q1 &2)	Expenditure/ budget performance	Explanation for variation/ **results
Supply of EMHS to HC11 (Basic Kit)	8,930,589,600	8,930,589,600	8,930,589,600	8,930,589,600	
Supply of EMHS to HC111(Basic Kit)	16,288,000,000	16,288,000,000	16,288,000,000	16,288,000,000	
Supply EMHS to HCIV	10,225,600,000	10,187,631,128	10,225,600,000	10,187,631,128	No invoices to pay.
Supply of EMHS to General Hospitals	14,593,600,000	14,337,418,625	14,593,600,000	14,337,418,625	No invoices to pay.
Supply of EMHS to Regional Referral Hospitals	14,148,808,000	14,148,808,000	14,148,808,000	14,148,808,000	
Supply of EMHS to National Referral Hospitals	12,804,016,400	12,804,016,400	12,804,016,400	12,804,016,400	

Supply of EMHS to Specialised units	9,816,231,200	9,816,231,200	9,816,231,200	9,816,231,200	
Supply of Emergency and Donated Medicines to Health Facilities	1,983,718,000	1,983,718,000	1,983,718,000	1,983,718,000	
Supply of Reproductive Health Items to all Health Facilities	8,000,000,000	8,000,000,000	8,000,000,000	8,000,000,000	
Supply of Immunisation Supplies including Hepatitis B Vaccine	9,500,000,000	9,500,000,000	9,500,000,000	9,500,000,000	
Supply of Laboratory Commodities to accredited Facilities	5,147,987,600	5,147,987,600	5,147,987,600	5,147,987,600	
Supply of ARV's to accredited Facilities	43,465,503,000	43,465,503,000	43,465,503,000	43,465,503,000	
Supply of Anti-Malarial Medicines to accredited Facilities	5,109,967,200	5,109,967,200	5,109,967,200	5,109,967,200	
Supply of TB medicines to accredited Facilities	3,320,000,000	3,320,000,000	3,320,000,000	3,320,000,000	
WAGE RECURRENT	4,956,542,400	4,956,542,400	4,956,542,400	4,956,542,400	
AIA	10,988,900,600	9,286,093,209	5,494,450,300	9,286,093,209	

20.4 Challenges

1. The sustained depreciation of Uganda Shillings against the dollar and other international currencies. Performance is affected in that funds for procurement of medicines and health supplies are received from the Treasury in Uganda Shillings whereas majority of the contracts for medicines and medical supplies are denominated in US Dollars. Hence National Medical Stores is no longer able to attract higher quality and better priced reputable international manufacturers/ Suppliers in our tenders due to the requirement by Permanent Secretary/ Secretary to the Treasury to quote in Ugandan Shillings.
2. Inadequate budget for UBTS and Vaccines for Children.
3. Not being able to fully utilise IFMS for all NMS supply chain activities
 - PS/ST gave us a waiver to continue utilizing IFMIS to the extent of the previous Financial year until all the challenges NMS faced are fully resolved.

Chapter Twenty-one: Health Monitoring Unit

21.1 Vision

A healthy Ugandan population supported by an effective and responsive health care system.

21.2 Mission

To monitor and strengthen the National Health care system to become more accessible, efficient, responsive and accountable to the people of Uganda.

21.3 Objectives

1. To engage and empower local communities to generate solutions to local health challenges
2. To ensure investigation and correction of diversions to implementation of health policy and guidelines
3. To ensure delivery of quality health services that are people centered
4. To provide support by building capacity and celebrating critical stakeholders in health

21.4 Values

Undaunted: We are fearless and highly committed to the task at hand.

Responsive: We respond quickly to issues that come to our attention, and aspire to help health facilities aspire to similar standards.

Integrity: We aspire to raise the bar of health care; we walk the talk.

21.5 Budget Performance + Quarterly Objectives

Table 38 : HMU Quarter 3 and 4 outputs

	OUTPUT DESCRIPTION	QUARTERLY TARGETS (Q1&2)	OUTPUTS/ ACHIEVEMENTS	Funds budget ed	Remarks
1.1 Monitoring - 86,907, 000 total					
1.1.1	Comprehensive Routine Monitoring of health activities within districts	6 districts	6 districts; Luwero, Soroti, Mubende, Abim, Arua , Yumbe >> Recovered MCH vehicle for Abim Hospital		
1.1.2	Comprehensive monitoring of health facilities: Equipment inventory assessment, Health service assessment, Medical Waste management, Medicines management, Mentorship on identified knowledge gaps, Infrastructure and on-going	6 Hospitals and 36 Health centres	3 RRH, 2 GH, 5HCIVs, 19HCIIIs, 3 HCIIIs	26,239, 000	Inadequate funds for comprehensive monitoring

	constructions				
1.1.3	Follow-up activities and/or targeted monitoring	6 districts	Soroti, Abim Nebbi, Zombo, Arua , Maracha, Koboko, Yumbe (Hepatitis B Vaccine audit) Arua, Koboko, Yumbe >> Resolved a stand off between health workers and Administration; >> X-Ray services were restored at Soroti RRH; >> The Chairman LC V was made to return the MCH that he had grabbed in Abim. >>On spot training on the documentation of vaccines >> halted fraudulent procurement of generator costing 20,000,000 in Abim Hospital	8,054,300	Inadequate funds for follow up activities
1.1.4	Financial Audits	6 Audits	4RRHs i.e. Soroti, Mubende, Hoima, Masaka RRHs, Apac district	9,870,000	Inadequate funds
1.1.5	Medicines Audit	12 medicine audits	11 audits; Mitooma (2), kaberamaido (6), Jinja (1), Mbarara (2)	10,318,000	Inadequate funds
1.1.6	Report dissemination to districts and stakeholders	All (100%) districts visited	District dissemination conducted for Soroti RRH, Abim district, and all districts for Hepatitis B audit		
1.1.7	Monitor healthcare training institutions	>> 2 training institutions	0	0	Inadequate funds

1.2 Public Engagement / Community Interface					
1.2.1	Public-community dialogue (to receive feedback - complaints/compliments, publicise government programs, resolve stand-offs between community and health workers)	6 community dialogue sessions	1 community dialogue conducted in Abim district	500,000	
1.3 Information, Education And Communication					
1.3.1	Radio Talk shows	6 radio talk shows	2 radio talk shows conducted – Abim, Koboko		Was paid for by District; RDC
1.3.2	Television Talk shows	1 television talk show	1: UBC	0	Was paid for by UBC
1.3.3	Write articles for newspapers	2 newspaper articles	0	0	Lack IEC personnel
1.3.4	Press briefings	2 press briefing	2: Soroti RRH, HMU	0	
1.4 Monitoring The Mtrac Dashboard And Call Centre					
1.4.1	Monitor all incoming reports via the mTrac anonymous hotline tagged to the attention of HMU	Monitor all incoming complaints tagged to HMU, and respond in a timely manner	0	0	Lack call center staff to follow up M trac Complaints not regularly forwarded to HMU from MOH
1.4.2	Take appropriate action to all received reports via the call centre	Appropriate action taken to all (100%) incoming complaints via the call centre	0	0	Lack call center staff to follow up M trac Complaints
1.4.3	Write update reports regarding the mTrac activities	2 update reports	0	0	Lack call center staff to follow up M trac Complaints
1.5 Criminal Investigations -					
28,700,700					

1.5.1	Investigate newly generated cases	32 cases investigated and submitted to DPP	26 cases generated		
1.5.2	Cases submitted to court	16 cases submitted to court	15 cases submitted to court		
1.5.3	Follow-up of previously generated cases country-wide	32 previously generated cases followed up	65 previously generated cases followed up		
1.5.4	Train investigators within the HMU regarding medical-related crime	1 session	0		
1.6 Legal					
1.6.1	Review generated cases	All (100%) cases reviewed	100% newly generated cases reviewed		
1.6.2	Liase with state attorneys contry-wide on all investigated cases	100% of cases in court witnessed	100% of court cases attended by witnesses		
	Convictions	4 convictions	5 convictions >> Rakai: Dr. Watima – Maternal death >> Maracha: two accused charged with unlawful possession of government medicines, both pleaded guilty. A1 sentenced to 1year in prison and a fine of 2million in the alternative. A2 sentenced to 1year in prison and a fine of 1.2million in the alternative. >> Mityana: Kabanda Jovan – sentenced to 3years in prison; offence – theft of HPP screen T.V from Mityana Hospital		
1.7 Collaborative Ventures					
1.7.1	Collaborations with other institutions (professional bodies, development partners,	2 collaborative ventures	In collaboration with Intra-Health assessed the use of Human Resource monitoring	3,225,000	

	other MDAs)		tools introduced by Intra-Health		
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Chapter Twenty One: Uganda National Health Research Organisation

1. Developed, installed on line web based platform for the Clinical Research Information Management (CRIMS) to **automate** the processes of managing clinical trials: submissions, tracking, sharing reviewing, approvals, and general management on line in time by the Regulatory Agencies (UNHRO, NDA, UNCST and RRH). Support from EDCTP.
2. **UNHRO** held a national consultative workshop on 12th October for Stakeholders to discuss the proposed East African- Cross Border Health Services and Implementation Research Project by the EA Health Research Commission. The objective of the project is to study risk factors for specified diseases among vulnerable mobile populations at border areas. Prof Kibiki the Executive Secretary EAHRC and the DHS/Clinical Services/MOH officiated. Recommendations were made for further integration into the process. Report available.
3. Attended the 7th meeting of the Commissioners of the EAHRC to review the health strategic Plans for the region. The meeting held in Arusha on the 17-18th October 2018. Held in Hotel Africana and Report available.
4. Held an international national seminar on 22-24 Oct to discuss / dialogue to discuss enabling equitable research systems. Theme was “Meeting of Minds for Action”. Discussed challenges in research priority setting and the drivers of research funding. Participants included academia and University, and International Networks Associations of Scientific Publications (INASP). Keynote speaker was Dr Gatrude Ngabirano of the EA Commission for Science and Technology. Recommendations: EAJ Science and Technology and Innovation, enhanced publications, repository- on line and inventories and networks, national research agendas, collaboration. Report available
5. On 25th Oct held a national Ethics Committee meeting to review and approve the Ebola Vaccine study in Western Uganda. Vaccination carried out and completed in December.
6. On 17th Dec – visited Mbale Clinical Research Institute (MCRI) to monitor progress and provide technical support on the implementation of the multi country and multicenter COAST trial study to determine the optimal levels of Oxygen regimen in childhood pneumonia.

PROFESSIONAL COUNCILS

Chapter Twenty-Two: Allied Health Professionals Council (AHPC)

22.1 Mandate

The Allied Health Professionals Council is a statutory body established by the Allied Health Professionals Act Cap. 268 to regulate, supervise and control the training and practice of Allied Health Professionals in Uganda.

22.2 Vision

To be the leading health regulatory body in protecting the society from harmful and unethical professional practices.

22.3 Mission

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

22.4 Statutory functions

- To regulate the standards of allied health professionals in the country.
- To regulate the conduct of the allied health professionals and to exercise disciplinary control over them.
- To supervise the registration of allied health professionals and the publication of the names of registered allied health professional in the gazette.
- To advise and make recommendations to the government on matters relating to allied health professionals.
- To exercise general supervision and control over allied health professionals and perform any other function relating to those professions or incidental to their practice
- To perform any other function conferred upon it under the Act or referred to it from time to time .

22.5 Objectives

- Register all eligible allied health professionals.
- Register and license allied health units and medical laboratories
- Inspect proposed AHP training institutions.
- Recover outstanding arrears
- Pay salaries and wages for council employees
- Gazette allied health units, training schools and professionals
- Publicize all council activities
- Support the public relations function
- Procure goods and services
- Supervise, monitor and take disciplinary action for unethical conduct.
- Conduct board, council and committee meetings
- Monitor and evaluate council activities

22.6 Budget Performance + Quarterly Objectives

Table 39 : Council -AHPC -Quarter 1 + Quarter 2 performance summary

Output description	Quarterly targets (Q1 &2)	Outputs achievements results (Q1 &2)	Budget release (Q1 &2)	Expenditure/ budget performance	Explanation for variation
Registration of professionals	1,037 professionals	865 professionals	7,259,000	6,055,000	Graduation delays
Renewal of licences	3,605 professionals	2,314 professionals	25,235,000	16,198,000	Most professionals to appear in 3 rd and 4 th quarters
Licencing of private health units	300 units	766 units	2,100,000	5,362,000	
Licensing of medical laboratories	173 labs	283 labs	1,211,000	1,981,000	
Sensitisation of CAO's and DHO's in districts on councils mandate	30 districts	16 districts	28,200,000	8,720,000	Most engagement by districts has been carried out by Regional Allied Health Supervisors
Review meeting with district allied health supervisors	2 Meeting	1 meeting organised for Mbale region	8,000,000	8,940,000	Inclusion of District Laboratory Supervisors because of laboratory inspection activities
Bi annual review meeting to assess progress on work plan implementation by the council	1 meeting	2 meetings organised	14,000,000	19,760,000	Consideration of draft budget estimates for FY 2019/2020.
Inspection of health facilities	1,000 health units	Inspected 1,250 health units	84,580,000	85,900,000	Increased involvement of district allied health supervisors
Inspection of allied health training institution	10 institutions	Inspected 7 institutions	23,000,000	13,200,000	Inspections conducted around Kampala

s					
Support supervision at AHPC regional offices.	13 regions	12 regions supervised	28,620,000	34,400,000	Outreaches to district allied health supervisors and district laboratory supervisors to monitor their activities
Staff salaries and allowances	48 employees	45 employees	552,000,000	451,900,000	3 vacant posts (Internal Auditor, Records Assistant and Regional Supervisor-Mbale
Council, committee and board meetings	28 meetings	21 meetings organised	61,300,000	62,300,000	Under budgeting
Repair and maintenance of motor vehicles	5 motor vehicles	5 motor vehicles	39,000,000	47,800,000	Under budgeting
Attendance of regional and international conferences	3 conferences	4 conferences	115,000,000	126,900,000	Extra ordinary EAC sectoral committee meeting on Health held in Kigali
Stationery supplies	Assorted items	Assorted items	17,900,000	11,520,000	Low peak period
Advertising and notices	2 Adverts	4 adverts placed	8,500,000	6,200,000	Independence day notice
Cleaning and sanitation services	6 months	6 months	7,200,000	9,800,000	Under budgeting
Computer and IT supplies	Assorted	Assorted	18,600,000	21,200,000	None
Guard and security services	6 months	6 months	7,200,000	8,500,000	Under budgeting
Carriage, haulage and transport	6 months	6 months	8,000,000	10,400,000	None

22.7 Key Challenges

- Inadequate means of transport for inspectorate activities
- Delayed disposal of court cases reported by council
- Low compliance by staff in public service
- Management of licensed health units by non-qualified persons

22.8 Proposed Solutions

- Procure two vehicles for Mbarara and Inspectorate Unit by April 2019
- Engage stakeholders involved in prosecution of illegal practitioners to expedite processes
- Engage all employers of professionals in civil service to improve their compliance
- Work closely with law enforcement agencies to prosecute illegal practitioners

Chapter Twenty Three: Uganda Nurses and Midwives Council

23.1 Mandate

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

23.2 Background

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

Since its inception in 1922, the Uganda Nurses and Midwives Council (UNMC) has gone through a lot of phases including the enactment of the current Uganda Nurses and Midwives Act of 1996.

23.3 Mission

Uganda Nurses and Midwives Council (UNMC) exists to set and regulate standards of training and practice, register nurses and midwives and provide professional guidelines for public safety

23.4 Vision

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

23.5 Core Functions of the Council

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

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

23.6 Budget Performance + Quarterly Objectives

Table 40 : Quarter 1 + Quarter 2 FY 2018/19

Output description	Quarterly targets (Q1 & 2)	Outputs achievements / results (Q1 & 2)	Budget release (Q1 & 2)	Expenditure/ budget performance	Explanation for variation/ **results
Registered and enrolled; and renewed nurses and midwives	2500 to be registered/enrolled, 1250 per quarter 4510 to be renewed	Total Registered/enrolled: 3616 Q1 : 1840 Q2: 1776 All were locally trained. No foreign trained registered Total renewed - 3033 Q1: 1058 (619 Registered & 439 Enrolled) Q2: 1975 (1011 Enrolled & 964 Registered)	51.015M	26.758M - -	The number of students passed out in February 2018 by UNMEB was higher than the previous releases. Some expenses have not been paid due to unavailable funds The majority of nurses and midwives renewed in the 3 rd & 4 th of the previous year because of the requirement for gazette.
Registered and renewed Nursing & Midwifery private clinics	No of Facilities to be registered: <ul style="list-style-type: none">• General Clinics: 24• Domiciliary clinics: 10	Total Registered: 22 <ul style="list-style-type: none">• General Clinics: 10• Domiciliary Homes: 12 Total renewals: 25	-	-	More domiciliary clinics were registered due to high demand of midwifery services Clinics are expected to renew by 30 th March according to the law.

	<p>No. of Facilities to be renewed: 50</p> <ul style="list-style-type: none"> • General Clinics: 15 • Domiciliary Homes: 35 	<ul style="list-style-type: none"> • General Clinic: 07 • Domiciliary Homes: 18 			Therefore the majority renew around that time.
Participated in inspection of HTI and Universities in collaboration with the MOES and NCHE	No. to be inspected: 12, 6 per quarter	No. inspected: 06 schools/universities, 4 for temporary licensure; 1 for full registration; and 1 for compliance to standards	18.4M	7.550M	<p>Inaccessible funds limited implementation of this activity, mostly in Q2</p> <p><u>Details of the schools inspected</u></p>
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.	-	-	<p>Inaccessible funds and delay in constitution of the responsible committee (Education, Training, and Registration) deterred implementation.</p> <p>The activity is conducted with support from NCHE</p>
Maintained an updated database of all eligible Nurses and Midwives and publicize	<p>Weekly updates</p> <p>Publish Nurses and Midwives in</p>	<p>Weekly updates done</p> <p>Gazette was made on 20th July, 2018</p>	-	-	<p>Maintained as planned</p> <p>By end of December 2018, there were 65912 nurses and midwives, 46472 had valid practicing licenses. <i>Details of this are inserted below out of this table.</i></p>

	the Uganda Gazette				<p>The compliance rate to renewal was 71%.</p> <p>A total of 46,881 nurses and midwives were published in the gazette. It was 71% of the total registered nurses and midwives at that time.</p>
GIS system functionalized	Fully functional GIS in 3 districts	<ul style="list-style-type: none"> • Development of the system • GIS Pilot in Lamwo, Kitgum, and Gulu for real time data • Stakeholders meeting held • Presentation to MoH for approval – HR TwG 	65M	65	<p>This activity was with support of UNFPA.</p> <p>The funds were paid through both UNMC and MoH. First installment of 20 M for development was paid through UNMC. The rest 30M for pilot and 15M for stakeholders meeting was paid through MoH.</p> <p>The Link for the GIS is 104.248.181.213 <i>Please find below the maps from GIS</i></p>
Waterborne toilet constructed	Construct 1 facility with 4 toilets, 1 bathroom & 1 urinal	100% of the construction achieved	43.7M	20M	The balance is to be paid upon accessibility to funds
Newly appointed council functionalized	1 Inauguration ceremony of 19 members; 1 handover ceremony; 1	<ol style="list-style-type: none"> 1. Inauguration of 16 members 2. Handover ceremony held 3. Induction 	52.109M	11.844M	Pending payments due to inaccessible funds

	induction training for 5 days	training for 5 days held			
Quarterly meetings conducted	5 meetings were to be held for the following: <ul style="list-style-type: none"> - Disciplinary - Education, Training and Registration - Inspectorate and Quality Assurance - Finance, Planning & Administration Full Council	3 Full council meetings were held, no committee meeting was held	13.450M	-	Issues to be handled needed the entire team at a go Pending payments due to inaccessible funds
Nursing and Midwifery clinics inspected to ascertain compliance to standards	Inspect 4 districts (Mbarara, Kiruhura, Ibanda, Bushenyi) in Ankole sub region	13 clinics and drug shops were inspected in Mbarara district	9.85	5.250M	The limited cooperation of the clinic staff, interference of the community, and resistance to lawful orders led to wastage of time. Details of the Clinics and drug shops inspected

23.7 Total Number of Nurses and Midwives by 31st December, 2018

Table 41 : Total Number of Nurses and Midwives by 31st December, 2018

Cadre	Numbers
Enrollment Level	
1. ECN	15091
2. EMHN	1221
3. EM	12871
4. EN	15666
Sub Total	44849
Registered Level	
1. PhD	1
2. MNS	29
3. BNS	1200
4. BSM	17
5. RCN	2680
6. Tutor - Midwifery	78
7. Tutor – Nursing	121
8. RMHN	913
9. RM	6278
10. RN	9421
11. RPaedN	167
12. RPHN	158
Sub Total	21063
Overall Total	65912

Chapter Twenty-Four: Uganda Medical and Dental Practitioners Council

24.1 Vision

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

24.2 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.

24.3 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.

24.4 Budget Performance + Quarterly Objectives

Table 42 : Quarter 1 + Quarter 2 FY 2018/19

Output Description	Quarterly target (Q1&Q2)	Output Achievement/Results (Q1&Q2)	Budget Q1&Q2 (U shs Millions)	Expenditure/Budget Performance (U shs Millions)	Explanation for variation/ Results
Objective 1					
Inspection of Medical & Dental Schools in Uganda	Inspect 2 University med school	1	2,400,000	-	Soroti university re inspected
Inspection of internship sites/ centres	Inspect 5 University med school	Inspected 1	3,400,000	-	Induction of Mengo Hospital interns conducted. Re scheduled 3 rd quarter

Maintaining register for 1 st year students	10 Universities	0	Desk work	Deskwork	Asked NCHE to submit the returns from the Universities
Maintaining register for qualified graduates	4 Universities	-	Desk work	Deskwork	4 University submitted information
Conducting ethical sensitization for University Medical and Dental schools	Conduct ethical sensitization in 2 Universities	1	5,520,000	1,050,000	Launch of UCU MBChB, BDS, in Mengo Hospital.
Reviewing Medical & Dental training programs	Review 3 curriculum for medical and dentistry programme	Reviewed 2 curricula's 4 strategic meetings held with NCHE	0	0	Curricula from KIU dental, Soroti MBChB, reviewed and submitted to NCHE. Payment done
Objective 2					
Facilitating CPD providers	Facilitate 5 associations	Facilitated 1 professional association to conduct CPD activities	2,790,000	1,190,000	Uganda Paediatric Association meeting held in Fairway Hotel.

Conducting MLEB Exams	Conduct 1 exam	Conducted 1 exam	16,400,000	12,323,000	Exam conducted for foreign trained students
Conducting Peer review meetings for foreign trained doctors	Conduct 3 peer review assessments	2 assessments sessions held	3,390,000	3,243,000	2 Peer review assessments done in Jan & March
Regional ethical sensitization workshops	2 regions	1 region visited	5,600,000	5,300,000	UMA & UMDPC ethical sensitization held in Masaka
Inspection of health facilities in Kampala	Inspect 500 health units.	Inspected 35 H/U in Kampala	6,800,000	3,750,000	UMC Victoria Hospital inspected by Registrar's Forum on 16/10/2018. Review meeting for peer to peer inspection also held
Inspection of health facilities up country	Inspect 2000	Inspected 150 HUs	43,769,500	38,373,000	Regional Inspectors engaged
Hosting Medical inquiries	2	2	21,720,000	7,917,000	2 inquiries on medical negligence held on the 20/07/2018 & 27-28/09/2018

Providing Provisional Licenses to the Medical & Dental Practitioners	250	569	0	0	Desk work
Providing Full Registration Licenses to the Medical & Dental Practitioners	150	356	0	0	Desk work
Providing Annual Practising Licenses to the Medical & Dental Practitioners	200	465	0	0	Desk work
Providing Specialist Certificates to the Medical & Dental Practitioners	200	42	0	0	Desk work
Providing temporary Licenses to foreign trained Medical & Dental Practitioners	150	295	0	0	Desk work
Providing certificate of good standing to the Medical & Dental Practitioners	38	94	0	0	Desk work
Providing Operating Licenses to new health facilities	-	-	0	0	Deskwork
Providing Operating Licenses to existing health facilities	500	443			Desk work
Objective 3					
Production and dissemination of regulations	3	1	0	-	Drafts for statutory instrument for advertisement done

Review and strengthen existing guidelines	3	1	4	-	Submitted statutory instrument on Fellowships to solicitor General
Objective 4					
Facilitating Council Meetings	2	1	5,540,000	4,898,000	Council meeting held on 30/11/2018
Facilitating Finance & Administration Committee Meetings	2	2	2,270,000	2,120,000	One meeting held
Facilitating Ethics & Disciplinary Committee Meetings	5	21	3,400,000	1,460,000	One meeting held
Facilitating Education & Training Committee Meetings	2	1	2720,000	710,000	One meeting held
Facilitating Inspection & Registration Committee Meetings	2	1	1,760,000	130,000	One meeting held
Facilitating Research & Quality Assurance Committee Meetings	1	0	760,000	560,000	One meeting held

Facilitating extra ordinary meetings	5	2	2,510,000	1,250,000	One Emergency Council meeting held
Facilitating Registrars Forum Meetings	12	1	2,000,000	1,060,000	One meeting held at Nurses Council

25.5 Challenges and Proposed Solutions

- Inadequate transport for inspection
 - Procurement of more vehicles is in process
- Inadequate funding to conduct major infrastructural developments
 - Remodeling of the Council House is to be done in a phased manner

Chapter Twenty-Five: Pharmacy Board

25.1 Mandate

- Protect the society from substandard and unethical pharmaceutical practices.
- Ensure practicing pharmacists are duly registered
- Enforce Pharmacy Professional Standards and Ethical Codes of Conduct countrywide.

25.2 Background

- The Pharmacy and Drugs Act Chapter 280, laws of Uganda 2000 edition

25.3 Functions

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

25.4 Quarter 2 Planned Outputs

1. Pharmacy Practice Legislation Strengthened
2. Quarterly Pharmacy Board Meetings Held
3. Names of registered pharmacists publish in the Uganda Gazette.
4. Enforcement of Standards.
5. The Registrar's office supported.

25.5 Budget Performance + Quarterly Objectives

Table 43 : Quarter 1 + Quarter 2 FY 2018/19

OUTPUT DESCRIPTION	Q1 & Q2 TARGETS	ACHIEVEMENTS	EXPEND. & BUDGET PERFORM.	RESULTS
Pharmacy Profession & Practice Bill Review Report discussed and adopted.	PPPP Bill report sent to PA unit for submission to parliament.	PPPP Review report enriched and recommendations submitted to Policy Analyst.	NA	Feed back from PA unit is awaited.
Pharmacy board meetings.	Two ordinary, one special and two committee meetings	Meetings were held as planned	100%	Pharmacists registered and PB activities

Internship training of pharmacists coordinated	i. Mentor in-post interns and supervisors ii. Vett the newly qualified pharmacists and recommend them to UMIC for internship iii. Induction for New interns.	52 Interns were verified and deployed in approved TCs. - Support supervision done in four centres.	100%	Intern pharmacists training progressing well. - Improved relationship of PB and Internship Centres
Pharmacy Board Secretariat operational	-Meetings facilitated -Materials & logistics procured. -Joint HPCs activities carried out. -National, Regional & International Pharmacy practice meetings facilitated. -Vehicle and office equipt. Serviced.	All planned meetings were held One international meeting attended Joint inspections of Health units done	100%	Planned PB carried out. One International meeting attended. Joint HPCs meetings & inspections done.

25.6 Challenges

- Weak and unsupportive regulatory frame
- 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
- Lack of HR to match the activities planned
- Inadequate storage facility for pharmacist's files and records.

25.7 Priorities

- Finalise the development of the PB Disciplinary Committee operating procedure.
- Procure Registration and Internship materials.
- Advocacy for the PPPP Bill to be enacted into law
- Review the Pharmacy Board Business Plan

National Referral Health Institutions

Chapter Twenty-six: Butabika National Referral Hospital

26.1 Vision:

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

26.2 Mission

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

26.3 Background

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

26.4 Objectives

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

26.5 Planned activities

- Provision of inpatient Mental Health care (review and diagnosis, investigations, provision of food, medicines, dressing, beddings etc).
- Provision of Mental Health and General Outpatients care.
- Community Outreach Clinics
- Technical support supervision to Regional Referral Hospitals.
- Resettlement of Patients.
- Conduct Mental Health related research
- Training of Health Workers and Students in Mental Health Care.
- Maintenance of infrastructure and grounds
- Equipping of ADU
- Construction of Staff Houses

26.8 Wages

Table 44 : Wages (Approved Budgets and Expenditures)

Item	Approved Budget	Releases	Expenditures	% Absorption of Release	Unspent Balances
Wage	5,422,707,928	2,725,417,747	2,569,039,075	47%	156,378,672
Non Wage	5,063,558,730	2,531,779,365	2,459,212,215	49%	72,567,150
AIA	1,700,00,000	650,500,000	628,372,370	37%	22,127,630
Pension	306,643,506	153,321,754	152,824,207	50%	497,547
Gratuity	450,974,400	450,974,400	19,335,350	50%	431,639,050
Development	1,808,140,579	1,158,140,579	816,470,674	45%	341,669,905
Total	14,752,025,143	7,670,133,845	6,645,253,891	45%	1,024,879,954

26.8 Budget Performance + Quarterly Objectives

Table 45 : Butabika NRH - Achievements - Quarter 1 and Quarter 2

Output Description	Quarterly Target (Q1 & Q2)	Output Achievements (Q 1 & Q2)	Budget Release (Q1 & Q 2)	Expenditure/ Budget Performance	Variation
Administration and Management	<ul style="list-style-type: none"> 404 staff paid salaries and allowances 	<ul style="list-style-type: none"> 404 staff paid salaries and allowances 		<ul style="list-style-type: none"> 2.55 bn 	
	<ul style="list-style-type: none"> 2 Hospital Management Board Meetings. 6 senior Management meetings. Staff medical expenses paid. Utilities paid Hospital infrastructure and grounds maintained. Vehicles, machinery and 	<ul style="list-style-type: none"> 2 Hospital Management Board meetings. 6 Senior Management meetings. Staff medical expenses paid. Utilities paid. Hospital infrastructure and grounds maintained. Vehicles, machinery and equipment maintained. 		<ul style="list-style-type: none"> 1.055 bn 	

	equipment maintained.				
Mental Health Inpatient Services	<ul style="list-style-type: none"> ▪ 4,600 patients admitted ▪ 15,400 Laboratory investigations conducted. ▪ 1,375 X-ray investigations conducted. ▪ 1,100 Ultrasound investigations. ▪ All patients provided with 3 meals, uniforms and beddings. 	<ul style="list-style-type: none"> ▪ 3,612 patients admitted. ▪ 15,582 Laboratory tests. ▪ 0 X-ray investigations. ▪ 758 Ultrasound investigations. ▪ All 3,612 inpatients provided 3 meals, beddings and uniform. 	<ul style="list-style-type: none"> ▪ 1.45 bn 	<ul style="list-style-type: none"> ▪ 1.281 bn 	0 X-rays because of non- functional X-ray machine.
Long Term Planning for Mental Health	<ul style="list-style-type: none"> ▪ Mental Health research conducted. 	<ul style="list-style-type: none"> ▪ Research on “Pattern of work place violence experienced by health workers and intervention used at Mental Health Units in Uganda”, being conducted. 	<ul style="list-style-type: none"> ▪ 20 m 	<ul style="list-style-type: none"> ▪ 14.4 m 	
Specialized Outpatient and PHC Services	<ul style="list-style-type: none"> ▪ 17,601 patients admitted in specialized Mental Health 	<ul style="list-style-type: none"> ▪ 19,521 patients admitted. 	<ul style="list-style-type: none"> ▪ 0.052 bn 	<ul style="list-style-type: none"> ▪ 0.052 bn 	

	<p>clinics.</p> <ul style="list-style-type: none"> ▪ 22,000 patients attended in PHC clinics. 	<ul style="list-style-type: none"> ▪ 17,144 patients attended in PHC clinics. 			
Community Mental Health Services	<ul style="list-style-type: none"> ▪ 30 Outreaches conducted in Nkokonjeru, Nansana, Kitetika, Kawempe, Katalemwa and Kitebi. ▪ 12 Technical support supervision visits to RRHs. 	<ul style="list-style-type: none"> ▪ 30 Outreaches conducted in areas of Nkokonjeru , Nansana, Kitetika, Kawempe, Katalemwa and Kitebi. ▪ 2,642 patients seen at the outreaches. ▪ 12 Technical support supervision visits conducted patients admitted. 	<ul style="list-style-type: none"> ▪ 0.07 bn 	<ul style="list-style-type: none"> ▪ 0.07 bn 	
Immunization Services	<ul style="list-style-type: none"> ▪ 1,000 Immunized 	<ul style="list-style-type: none"> ▪ 4,547 immunized. 	<ul style="list-style-type: none"> ▪ 5 m 	<ul style="list-style-type: none"> ▪ 4.97 m 	
Capital	<ul style="list-style-type: none"> ▪ Construction of 6 Units 	<ul style="list-style-type: none"> ▪ Started constructio 	<ul style="list-style-type: none"> ▪ 0.70 bn 	<ul style="list-style-type: none"> ▪ 0.48 bn 	

Development	<p>Staff houses.</p> <ul style="list-style-type: none"> ▪ Kitchen Stoves Constructed ▪ Internet connected to OPD ▪ Assorted furniture for ADU procured. ▪ Procurement of assorted Medical equipment. 	<p>n of staff houses.</p> <ul style="list-style-type: none"> ▪ Kitchen stoves constructed. ▪ Internet connected to OPD. ▪ Procured furniture for ADU. ▪ Assorted Medical equipment pending delivery. 	<ul style="list-style-type: none"> ▪ 0.05 bn ▪ 0.03 bn ▪ 0.30 bn ▪ 0.10 bn 	<ul style="list-style-type: none"> ▪ 0.05 bn ▪ 0.03 bn ▪ 0.30 bn ▪ 0.00 	<p>Awaiting delivery</p>
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Figure 5 : Maintenance of grounds



Figure 6 : Construction of staff housing

26.9 Challenges

1. Human Resource:
 - Still experience inadequate human resource.
 - Inadequate structure
 - Difficult to attract cadres
2. Patient Attendance:
 - Bed occupancy has remained above 150% over the last two years. Patient attendance has also remained high in spite of existence of Mental Health Units in all the Regional Referral Hospitals.
3. High Maintenance costs:

- Owing to the nature of illness of our patients, there is a high rate of destruction of infrastructure and consumables, leading to high maintenance costs.

4. Lack of X-ray Services

5. Land Encroachment

Chapter Twenty-seven: Uganda Cancer Institute

27.1 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.

27.2 Functions of UCI

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

Table 46: Summary of vote expenditures (Ushs billions)

	Approved Budget	Cashlimits by End Q2	Released by End Q 2	Spent by End Q2	% Budget Released	% Budget Spent	% Releases Spent
Recurrent Wage	4.739	2.370	2.370	2.040	50.0%	43.1%	86.1%
Non Wage	10.261	5.115	5.115	4.834	49.8%	47.1%	94.5%
Devt. GoU	11.929	6.955	6.955	6.199	58.3%	52.0%	89.1%
Ext. Fin.	64.263	39.166	15.243	15.243	23.7%	23.7%	100.0%
GoU Total	26.930	14.439	14.439	13.073	53.6%	48.5%	90.5%
Total GoU+Ext Fin (MTEF)	91.192	53.605	29.683	28.317	32.5%	31.1%	95.4%
Arrears	0.020	0.020	0.020	0.011	100.0%	56.5%	56.5%
Total Budget	91.212	53.624	29.702	28.328	32.6%	31.1%	95.4%
<i>A.I.A Total</i>	1.860	0.463	0.463	0.447	24.9%	24.0%	96.5%
Grand Total	93.072	54.087	30.165	28.774	32.4%	30.9%	95.4%
Total Vote Budget Excluding Arrears	93.052	54.068	30.146	28.763	32.4%	30.9%	95.4%

Table 47: Quarter 1 and Quarter 2 performance for FY18/19

	Quarterly (Q1 & Q2) Planned Activities	Outputs Achieved (Q1 &Q2)	Reason for Variation
	<i>Cancer Research</i>		
	24 research proposals reviewed by UCI Research Ethic Committee	28 research proposals were reviewed by UCI REC	
	6 REC meetings held 2 monitoring reviews carried out 2 review meetings held and facilitated 2 CAB meetings facilitated and held Two (2) Support visits to Mayuge Community cancer center conducted	6 REC meetings were held and 1 monitoring review was carried out 2 review meetings were held and 3 CAB meetings were held. Three (3) support visit to Mayuge were conducted	
	One publication on cancer trends in Uganda	Data for publication on Cancer trends is still being cleaned	
	Four (4) UCI initiated research projects supported	Seven (7) UCI initiated research projects supported	
	4 UCI staff supported to present research findings at local and international fora Collaborative researches (HCRI, ACTG, APPCA, ACS, TXH, PATH) supported	6 UCI initiated research projects were supported under the ADB support to UCI	
	Five (5) UCI initiated and funded research projects	6 UCI research projects were initiated and funded	
	<i>Cancer Care Services</i>		

	Quarterly (Q1 & Q2) Planned Activities	Outputs Achieved (Q1 & Q2)	Reason for Variation
Services	75,000 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) conducted in Uganda Cancer Institute	398,145 assorted clinical lab investigations were carried out.	
	72 interventional fluoroscopy procedures performed	56 intervention fluoroscopies	
	3,500 Ultra sound scans performed at Uganda Cancer Institute	3,266 Ultra sound scans were performed at UCI	
	500 histo-pathology examinations carried out	403 histo-pathology examinations were carried out.	
	4,500 assorted research investigations carried out	5,585 assorted research investigations were carried out	
	5,000 in-patient days and 7,500 outpatient days of comprehensive oncology clinical care provided at satellite clinics.	4,169 inpatient days and 7,280 outpatient days provided at the satellite clinics.	
	250 new patient cases received and attended to at satellite clinics.	288 new patient cases were received and attended to at satellite clinics.	
	15,000 in-patient days and 10,000 outpatient days of comprehensive oncology clinical care provided at Uganda Cancer Institute.	19,626 in-patient days 26,332 outpatient days of comprehensive oncology clinical care provided at UCI	
	78 major and 500 minor surgical procedures carried out at Uganda Cancer Institute	131 major surgical procedures were carried out. 501 minor surgical procedures were carried out.	
	50 Gynae Operations performed at Uganda Cancer Institute	51 gynae operations were performed at UCI	
	2,250 new patient cases received and attended to at Uganda Cancer Institute	2,455 new patient cases were received and attended to.	
	500 Lumbar Punctures carried out at Uganda Cancer Institute	218 Lumbar Punctures were carried out.	
	200 Bone marrow Procedures performed at Uganda Cancer Ins	334 Bone marrow procedures were performed at UCI.	
500 patient days of psychosocial assessment and support provided	827 patient days of psycho-social assessment and support provided		

	Quarterly (Q1 & Q2) Planned Activities	Outputs Achieved (Q1 & Q2)	Reason for Variation
	20,000 Chemotherapy for infusion reconstituted in Uganda Cancer Institute's pharmacy	22,465 chemotherapy for infusion was reconstituted	
	1,500 patient days of physiotherapy services provided at Uganda Cancer Institute	1,633 patient days of physiotherapy services provided at Uganda Cancer Institute	
	20,000 prescriptions dispensed to patients at Uganda Cancer Institute	68,183 prescriptions were dispensed to patients	
	30,000 meals prepared and served for general inpatients at Uganda Cancer Institute	48,080 meals were prepared and served for general inpatients at UCI	
	150 Ultra sound interventions performed at Uganda Cancer Institute	79 Ultra sound interventions were performed.	
	1,500 CT scans conducted at Uganda Cancer Institute	1474 CT scans were conducted at UCI	
	200 CT interventions performed at Uganda Cancer Institute	120 CT interventions were performed at UCI	
	5,000 X-rays performed at Uganda Cancer Institute	3,934 X-rays investigations	
	72 diagnostic mammography procedures performed	56 diagnostic mammography procedures	
	1,800 mammography screening investigations performed	799 mammography screening investigations were performed	
	<i>Cancer outreach services</i>		
	4 Long distance and 12 Short distance outreaches conducted.	9 long distance outreaches conducted during which 27,683 people (M=6,876, F=20,807) educated and 23,927 people screened (M=9,948, F=12,979). 23 short distance outreaches were conducted during which 33,224 people (M=13,480, F=18,744) educated in Kakajjo, Kampala Kazo, kawempe, old Kampala Lugazi, Buikwe Katwe, Refugee Namasuba, Nakawa and Gayaza, 3Cs club.	
	130 Static cancer awareness and screening clinics conducted at UCI	63 Static cancer awareness and screening clinics were conducted at UCI during which 6600 (M=1,070, F=5,530) people were educated and 1,450 people	

	Quarterly (Q1 & Q2) Planned Activities	Outputs Achieved (Q1 & Q2)	Reason for Variation
		screened (M = 321, F=1,129)	
	4 TV and 6 Radio talk shows conducted	6 TV and 9 radio talk-shows were conducted	
	6 Newspaper supplements/articles published	6 newspaper supplements were published.	
	13,000 cancer Information Education Communication (IEC) materials produced	17,331 copies of IEC materials produced and distributed	
	2 Talks delivered on wellness & life after cancer treatment to cancer survivorship groups and individuals who survived cancer	3 Talks were delivered on wellness & life after cancer treatment to patients	
	500 copies of Guidelines for Cancer Survivorship produced 200 copies of cancer early detection & referral guidelines produced 40 trainings on the national cancer health education and risk reduction, cancer early detection and proper referral conducted to district health teams	2500 copies of Guidelines for Cancer survivor-ship were produced 690 copies (10 copies per district & 20 per RRH) cancer early detection & referral guidelines for suspected cancer produced and distributed in 20 districts & 3 RRHs in Eastern Uganda	
	20 Supporting visits on cancer awareness, screening and referral of patients at lower level health facilities made	51 Supporting visits on cancer awareness, screening and referral of patients at lower level health facilities were made	
	200 copies of cancer health education & risk reduction guideline for district health facilities produced	392 copies of cancer health education & risk reduction guideline for district health facilities were produced	
	1200 brachytherapy insertions conducted	627 brachytherapy insertions were conducted	
	Staff thermo-luminescent dosimeters (TLDs) read 6 times a year	TLDs were paid for, yet to be received from the IAE	
	1,000 new patients attended to	899 new patients were attended to	
	7,500 treatment sessions conducted on cobalt 60 machine	21,892 treatment sessions were conducted on the Cobalt-60 machine	
	2,000 patients planned for radiation therapy using CT-Simulator, Conventional	840 patients were planned for radiation therapy using CT-Simulator, Conventional	

	Quarterly (Q1 & Q2) Planned Activities	Outputs Achieved (Q1 & Q2)	Reason for Variation
	simulator and computer planning	simulator and computer planning	
	Radiation leakage monitoring around the bunker conducted once	Radiation leakage monitoring was conducted once	
	Radiotherapy equipment maintenance and service done twice	Radiotherapy equipment maintenance and service was done twice	
	130 radiation therapy education sessions provided to patients	133 radiation therapy education sessions provided to patients.	
	2,080 patients who completed treatment followed up	2,829 patients who completed treatment followed up.	
	1,000 on treatment patients reviewed	1,152 on-treatment patients were reviewed	

Table 48: Uganda Cancer Institute Project FY18/19 Q1 and Q2 outputs

Annual Planned activities	Actual output (Q1 & Q2)	Reasons for variation
<p>Complete construction of the radiotherapy bunkers</p> <p>Interim Certificates for the bunkers paid.</p> <p>Service support building for the radiotherapy bunkers and nuclear medicine constructed</p> <p>Second Phase of water pipeline channeling streamlining and plumbing for UCI</p> <p>Land for the Regional Cancer Center in Mbarara fenced</p>	<p>Construction was at 95% of civil works.</p> <p>Second interim Certificate for construction of the radiotherapy bunkers was paid. Second Interim Certificate construction of the service support building was paid. Construction was at 65% of civil works</p> <p>Second phase of water pipeline channeling, streamlining and plumbing for UCI was initiated</p> <p>Bills of quantities for fencing the land in Mbarara and specifications were developed and the procurement process is currently at evaluation stage</p>	

Table 49: ADB Support to UCI FY18/19 Q1 and Q2 outputs

Annual Planned activities	Actual output (Q1 & Q2)	Reasons for variation
Advance payment for the construction of the Multipurpose building for the East Africa Oncology Institute Interim Certificates (three certificates) paid, at different stages of construction	Advance payment for the construction of the Multipurpose building for the East Africa Oncology Institute. The site was handed over to the contractor to commence construction in December 2018	
Selected students trained, consultancies implemented such as Training Needs Assessment, Operations for EAC facilitated	Conducted a stakeholder meeting to identify the ICT requirements and medical equipment for the EACoEO multipurpose building. A list of desired equipment¶s was generated and a	

	priority list was developed in line with the budget allocation. Draft Baseline survey report for project monitoring and impact evaluation was submitted to ADB for review. Of the 162 long-term trainees (Masters, PhD, Fellowships), 44 students have completed long-term training. The Training Needs Assessment by MakCHS commenced and final report expected in February 2019. The procurement of Station Wagon and High Roof Van was concluded. Payment from the Bank was effected	
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Table 50: Institutional Support to UCI FY18/19 Q1 and Q2 outputs

Annual Planned activities	Actual output (Q1 & Q2)	Reason for variation
10 Desktop Computers procured. Storage back up system installed and configured UCI Computers and PBX serviced and maintained	10 desktop computers were procured and delivered. Installation of storage backup system was at the evaluation stage. UCI computers and PBX were serviced and maintained	
Procurement of a Barcode reader, Patient Monitors, , Pulsoximeters , Infusion Pump, Sevoflurane Evaporizers, Oxygen Concentrators, Anesthetic Machine procured Service and Maintenance of specialized Medical Equipment and Machines at UCI	Contracts for procurement of Patient Monitors, Infusion Pump, Pulsoximeters, Sevoflurane Evaporizers, Oxygen Concentrators, and Anesthetic Machine were awarded to the suppliers, awaiting delivery	

27.3 Challenges

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

1. 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 65%. The UCI requires an additional UGX 8Bn to improve availability of medical supplies to 85%.
2. Inadequate specialized diagnostic capacity, for instance, lack of MRI, PET Scan etc
3. Lack of a surgical ward for post-operative patients. This in effect limits the number of surgical operations whilst administering post-operative care
4. 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.

Annexes

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 2ND APRIL 2019				
8.00 - 9.00 am	REGISTRATION	Secretaries QAD		
9.00 - 9.05 am	WORKSHOP OBJECTIVES	Ag. DGHS		
9.05 - 9.20 am	SECTOR PERFORMANCE INDICATORS	HITD		
9.20 - 9:35 am	FINANCE & ADMINISTRATION <ul style="list-style-type: none"> - Ministers activities - Activities of PS/DGHS - Administration - Internal Audit - Accounts - Procurement 	US (F&A)		
9:35 - 9:50 am	Human Resources Management (HRM)	C-HRM		
9:50 - 10:05 am	QUALITY ASSURANCE & INSPECTION	CHS (QAID)		
10.05 - 10:20 am	HMU	Dir. HMU		
10.20 -10:45 am	HEALTH PLANNING <ul style="list-style-type: none"> - Planning Division - Budget and Finance - Health Information & Technology Division (HITD) - PAU 	CHS (P)		
10.45 -11.05 am	DISCUSSION			
11.05 -11.20 am	Opening Remarks	Hon. MOH		
11.20-11.40 am	TEA BREAK			
11:40-12.10 am	COMMUNITY HEALTH <ul style="list-style-type: none"> - Reproductive Health - Child Health - HE/ Promotion - Vector Control - Environment Health - VPH - Disability & Rehabilitation - Non Communicable Diseases 	Ag. CHS CHD		
12.10 am - 12.25 pm	Nursing Department	Ag. CHS (N)		
12.25 - 12:55 pm	DISCUSSION			
12.55- 2.00PM	LUNCH BREAK			
2.00 - 2.15 pm	INTEGRATED CURATIVE SERVICES	CHS (ICS)		
2.15 - 2.30 pm	PHARMACY	CHS (PHARM)		
2.30 - 2.45 pm	INFRASTRUCTURE	CHS (IFS)		

TIME	DEPARTMENT/INSTITUTION	PRESENTER	CHAIRPERSON
2.45 - 3.00 pm	UGANDA BLOOD TRANSFUSION SERVICES	Director UBTS	CHAIR HSC
3.00 - 3.20 pm	DISCUSSION		
	National Referral Hospitals		
3.20 - 3.35 pm	Uganda Heart Institute (UHI)	E/Director	
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 TEA			
WEDNESDAY 3RD APRIL 2019			
TIME	DEPARTMENT/INSTITUTION	PRESENTER	CHAIRPERSON
9.00 -9.20 am	NATIONAL DISEASE CONTROL - ACP - Malaria Control Program - NTBLP - UNEPI - Onchocerciasis - ESDR - CPHL - UGWEP	CHS (NDC)	
	9.20 – 10:15 am		
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	
11.50 - 12:30 pm	DISCUSSION		
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		
	Health Professional Councils		
3.15 – 3.35 pm	Uganda Medical & Dental Practitioners Council	Registrar	
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	

TIME	DEPARTMENT/INSTITUTION	PRESENTER	CHAIRPERSON
3.45 - 4.15 pm	DISCUSSION		
	Wrap up: <ul style="list-style-type: none"> Summary of cross cutting issues actions 		
	<ul style="list-style-type: none"> Closure by the PS 		
5.00 PM	EVENING TEA AND DEPARTURE		

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 1st and 2nd 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	<ul style="list-style-type: none"> • Title of Department/Programme/Institution • Date • Presenter's name
1- 2 slides	Department/Programme/ Institution Background Information	<ul style="list-style-type: none"> • Mandate • Objectives
1- 2 slides	Progress of actions from last review	<ul style="list-style-type: none"> • Provide update on actions from the previous review
3 - 4 slides	Work plan - key activities	<ul style="list-style-type: none"> • 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: <i>Q1 and Q2:Target; Outputs (achievement); Funds released and Expenditure; explain variance/outcomes as applicable</i> (see illustration on page 2)
2 - 4 slides	Achievements, challenges and recommendations	<ul style="list-style-type: none"> • Lessons learnt, challenges and recommendations (Indicate responsible officer and time)
<ul style="list-style-type: none"> • 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 targets (Q1+Q2)	Outputs/ achievements (Q1+Q2)	Budget release (Q1+Q2)	Expenditure (budget performance)	Explanation for variation/**results/ 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.

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