

Vote:173 Mbarara Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	2.673	3.399	0.621	3.399	3.399	3.399	3.399	3.399
Non Wage	1.335	1.251	0.250	1.164	1.251	1.251	1.251	1.251
Devt. GoU	1.558	1.978	0.014	1.978	1.978	1.978	1.978	1.978
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.566	6.628	0.885	6.542	6.628	6.628	6.628	6.628
Total GoU+Ext Fin (MTEF)	5.566	6.628	0.885	6.542	6.628	6.628	6.628	6.628
<i>A.I.A Total</i>	0.567	1.200	0.222	1.400	1.420	1.433	1.438	1.445
Grand Total	6.133	7.828	1.108	7.942	8.048	8.061	8.066	8.073

(ii) Vote Strategic Objective

- Offer comprehensive super-specialised curative, promotive, preventive and rehabilitative health care services.
- Provide outreach specialist support supervision services for District general Hospitals and lower level Health Facilities.
- Offer tertiary and continuing Professional Development to health workers.
- Contribute to the formulation of policies and guidelines of the Ministry of Health.
- Participate in the monitoring and evaluation of health services in the country.
- Undertake and conduct operational, technical and professional research.
- Provide quality assurance and support services to health care delivery system.
- To improve on the infrastructure of the entity through provision of adequate staff accommodation, improve working conditions and increase patient space within the next five years.
- To improve maternal child health care services and have safe deliveries, successful caesarean sections and eliminate fresh still births for mothers who come timely.
- To procure and maintain modern medical and non-medical equipment and furniture within the next five years to improve service delivery.

V2: Past Vote Performance and Medium Term Plans

Vote:173 Mbarara Referral Hospital

Performance for Previous Year FY 2016/17

1. 34,652/28,000 admissions, average length of stay 4 days, and 82.2% /75% bed occupancy rate. 9,189 major operations, 6,979 minor operations, 5,613 normal deliveries, 3,128 caesarean section deliveries.
 2. Achieved 44,867 out of 38,000 General out patients and 106,770 out 120,000 special clinics attendance planned. 4,974, out of 6,000 X-rays examinations were done; 9,340 out 7,000 Ultra sound examinations, 600 CT Scans, 105,453/130,000 lab examinations, 765//600 ECG', 300 ECHOs' CT Scans 0, ECG 765, endoscopy 174, renal dialysis sessions 81. 24,806/11,000 planed antenatal attendances; 25,000 EMTCT/HCT Contacts; 1,522 /3,000 family planning contacts.
 3. A new hospital board was constituted and 4 board meetings were held. 3,600 meals for malnourished children and TB patients, two general staff meetings; held; 12 contracts committee meetings were held; 34 other staff meetings were held; Bills for utilities Q123&4 were paid up except for power arrears;
 4. All hospital vehicles serviced; the hospital was cleaned, buildings and compound maintained; Items for disposal identified and due for disposal; board of survey report in place; Q1, Q2 and Q3 reports hard and soft copies produced and submitted;
 5. End of year staff party was held; Hand over from out going to incoming principal Hospital administrator was done witnessed by two board representatives;
 6. Internal audit conducted value for money hospital audits, witnessed and verified delivery of goods and services and audit reports were produced. Conducted audit for value for money, on various hospital activities, advised management on risk mitigation and performance improvement. Produced a work plan for FY 2017/18
 7. A new vehicle was procured for the Hospital Director; metallic racks were procured for the medicine store; Works for completion of the stalled 16 unit staff house construction resumed due to be completed in January, 2018. Lab remodelling works started due for completion with additional support by RHITES/West.
 8. Assorted medical equipment worthy Ugx 347.5M were procured including (Delivery beds; patient trolleys; wheel chairs; BP machines etc)
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Vote:173 Mbarara Referral Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

- 1) Planned: 29,400 admissions, 85 % bed occupancy achieved Q1 and 4 days Average Length of Stay 5,864 admissions; 81.2% Bed Occupancy Rate; 4 Average Length of stay. With 1,809 major 2,042 minor operations.
 - 2) Planned: 39,900 general out patients, 126,000 special clinics attendance achieved (8,570 General OPD attendances registered. 30,831 specialized clinic attendances.) in Q1.
 - 3) Planned: 1,200 X-ray examinations , 7,800 Ultra sound examinations, 90,000 lab tests, 5,000 blood transfusions CT scans 0, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations , 100 Renal dialysis sessions. Achieved (1,486 X-rays done out of (1,100), 2,236 Ultra sound tests done out of (2050) planned, 12,371 Laboratory tests done; 1,375 blood transfusions done, 60 ECO, ECG 163, Renal dialysis 114 and 41 endoscopy tests done.
 - 4) Planned (3,00 meals, 24 top management meetings, 20 other committee meetings, 12 contracts committee meetings, 5 hospital Board meetings, 14 evaluation committee meeting, 48 other staff meetings, 40 medical equipment repaired,20 repairs on 7 vehicles & generators) Achieved Q1 (98 destitute children and 53 malnourished patients were fed. 151 destitute patients were provided with meals. 3 Top management meetings held; 4 other committee meetings held; One contracts committee meeting held; PPDA training was held for the entity; one board committee meeting held; one plenary Board meeting was held; Daily morning assemblies held for updates; All vehicles were maintained; Stand by generators assessed for servicing; Hospital cleaned and contractor paid;)
 - 5) Planned annual (2,350 family planning contacts, 29,527 antenatal attendances/PMTCT/HCT): Achieved (2,049 ANC out of 7,381 planned) attendances; 488 out of 588 FP planning contacts made; registered; 97 EMTCT mothers handled.
 - 6) Planned annual (Immunizations 15,424.) Achieved 6,046/3,856 Immunizations done in Q1). All staff are on the payroll and received salaries for all the three months in the quarter. Monthly data capture was done including entry of newly transferred staff. Three disciplinary cases are under investigation, Recruitment plan for the next FY 2018/19 produced; 26 pensioners files submitted to public service for clearance.
 - 7) All monthly disease surveillance reports were produced, Staff supported to capture data, Data updating done. Required reports produced. 80% Various medical equipment including Trolleys;Delivery beds; BP machines; Green glazer etc were procured , delivered and in use.
 - 8) Repairs of the CT Scan machine process initiated through the contracts committee,. Sourcing of the contractor started. Repairs of the X-ray machine also initiated through the contracts committee. Machine to be functional within October, 2017.
 - 9) Planned to construct a staff canteen started BOQs under review. Procurement of a staff bus initiated (Quotations secured) . Clearance waited from Ministry of Public Service and Ministry of Works. Hospital Directors official vehicle official Vehicle delivered and in use. No debt
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Vote:173 Mbarara Referral Hospital

FY 2018/19 Planned Outputs

1. 29,400 admissions, 85 % bed occupancy and 4 days Average Length of Stay; 39,900 general out patients, 126,000 special clinics attendance; 5,000 X-ray examinations , 7,800 Ultra sound examinations, 90,000 lab tests, 5,000 blood transfusions CT scans 0, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations , 100 Renal dialysis sessions.
2. 3,00 patients given meals, 24 top management, 20 other committee meetings, 12 contracts committee meetings, 5 hospital Board meetings, 14 evaluation committee meeting, 48 other staff meetings,
3. Medical equipment repaired,7 Vehicles and 6 generators repaired& serviced. Hospital cleaned and contractor paid; 2,350 family planning contacts, 29, antenatal attendances/PMTCT/HCT, 400 EMTCT mothers handled. Immunizations 15,424.
4. All staff accessed to payroll and salaries paid by 28th of every month. Submissions for recruitment made; Have all disciplinary cases handled and reported. Recruitment plan for the next FY 2018/19 produced; Pensioners files cleared for payment; Staff supported to capture data, Data updating done. Required reports produced.
5. Laundry and sterilization equipment /assorted medical equipment including monitors for high dependence units procured. Renovation of Medical and surgical ward.

Medium Term Plans

- Improve on hospital security, staff accommodation,
- Rehabilitate existing infrastructure,
- Reduce on costs of utilities through alternatives such as rain water harvesting and solar power installations and close monitoring of bills
- Filling of existing staffing gaps within the wage bill, closing gaps in data collection.
- Lobbying for the reconstruction of the hospital to meet the service demands especially patient space and turn the entity into a center of excellence.

Efficiency of Vote Budget Allocations

1)

The entity continues to allocate money prioritizing:

1. Maternal child health care,
2. Prevention of communicable diseases,
3. Treatment of non-communicable diseases and
4. Staff accommodation.

Other allocations are for specialized service deliver to reduce on referrals and improved response to emergencies and accidents both off and in the hospital, hospital safety/security and quality of services delivery.

As a result allocations were made for procurement of an ambulance, fence construction and equipment to improve service delivery, staff accommodation and renovation of old maternity, medical and surgical wards.

The entity continues to allocate money for areas that are critical for service delivery like provision of utilities and supplies for improved services provision. Support community interventions including outreaches and immunization for disease preventions and specialist out reaches to avail services to the most needy.

Vote Investment Plans

Vote:173 Mbarara Referral Hospital

Procure service contract for the CT Scan, Upgrade the Oxygen plant and secure service contract. Ugx200M.
 Construct a perimeter wall around the hospital Ugx 700M
 Procure an Ambulance as the old one is due for boarding off. Ugx 400M
 Renovation of surgical and Medical wards Ugx 200M
 An assortment of equipment for Laundry; central sterilization and up grading oxygen plant. Ugx 400M
 Establishment of the workshop for the Mbarara region Ugx 232M

Major Expenditure Allocations in the Vote for FY 2018/19

Major expenditure allocation under capital investment is under:

1. Construction of staff quarters,
2. staff transport and improvement of patient accommodation,
3. utilities and consumables that are all critical for improved staff morale and improved quality of care.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :		56 Regional Referral Hospital Services					
Programme Objective :		Quality and accessible Regional Referral Hospital Services					
Responsible Officer:		Dr. Barigye Celestine Hospital Director					
Programme Outcome:		Quality and accessible Regional Referral Hospital Services					
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendences	0				5%	10%	15%
• % increase of diagnostic investigations carried	0				45%	48%	50%
• Bed occupancy rate	0				85%	85%	85%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :173 Mbarara Referral Hospital								
56 Regional Referral Hospital Services	5.516	6.628	1.034	6.542	6.628	6.628	6.628	6.628
Total for the Vote	5.516	6.628	1.034	6.542	6.628	6.628	6.628	6.628

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18	2018-19	Medium Term Projections
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Vote:173 Mbarara Referral Hospital

	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Mbarara Referral Hospital Services	3.846	4.622	1.019	4.548	4.634	4.634	4.634	4.634
02 Mbarara Referral Hospital Internal Audit	0.125	0.028	0.000	0.016	0.016	0.016	0.016	0.016
1004 Mbarara Rehabilitation Referral Hospital	1.558	1.228	0.005	1.578	1.978	1.978	1.978	1.978
1479 Institutional Support to Mbarara Regional Hospital	0.000	0.750	0.010	0.400	0.000	0.000	0.000	0.000
Total For the Programme : 56	5.530	6.628	1.034	6.542	6.628	6.628	6.628	6.628
Total for the Vote :173	5.530	6.628	1.034	6.542	6.628	6.628	6.628	6.628

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
<i>Vote :173 Mbarara Referral Hospital</i>	
<i>Programme : 56 Mbarara Referral Hospital</i>	
Output: 07 Immunisation Services	
Change in Allocation (US\$ Bn) : 0.017	
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : (0.014)	
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.001	
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.350	This is mainly renovation works on the old buildings to improve on the structures
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.828)	
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.378	
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : 0.100	

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 173 Mbarara Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Mbarara Rehabilitation Referral Hospital		

Vote:173 Mbarara Referral Hospital

Output: 80 Hospital Construction/rehabilitation			
			Wall construction completed involving : BOQs solicitation, Supervisor of works engaged, Bids advertised and contractor procured, contract signed, 6 site meetings held, certificate of completion produced, payments made).
Total Output Cost(Ushs Thousand):	0.000	0.000	0.700
Gou Dev't:	0.000	0.000	0.700
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 81 Staff houses construction and rehabilitation			
16 units staff quarters Completion of 16 units staff quarters		Staff house construction is in final stages roofing almost complete and internal works started. Certificate No 7 worthy Ugx 217 million paid . Works to be completed by January, 2017 . 2 Site meetings held and constant inspection done to monitor progress of works. Finalization of refurbishment of the old structure to house the lab near completion. Finishing being made with additional support from RHITEs .	16 Unit staff house construction completed. 2 Site meetings held, works supervised. Certificates issued payments done
Total Output Cost(Ushs Thousand):	0.928	0.000	0.100
Gou Dev't:	0.928	0.000	0.100
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:173 Mbarara Referral Hospital

The entity continues to experience challenges of inadequate resources both financial and manpower, overwhelming work load, inadequate patient space, continuous stock out of medicines and sundries due to inadequate funding and data collection gaps. These include:

1. Poor medical equipment functionality due to inadequate maintenance service as the hospital has no medical equipment maintenance workshop. The specialized equipment especially diagnostics keep breaking down like Xray, CT scan BP machines, autoclaves.
2. Under staffing for various staff cadres especially doctors, midwives/nurses, anaesthetic and other relevant cadres.
3. Limited working space and old structures causing overcrowding.
4. Inadequate waste management with high volumes of waste generated since there is no functional incinerator
5. No staff canteen causing in hygienic food vending inside and around the hospital.
6. Insecurity to staff, patient and hospital property due to lack of a fence.
7. Difficulty in projecting the hospital service catchment population given the influx of refugees and un limited entries of people from Tanzania, Rwanda, Burundi and Congo.
8. Difficulty in staff attraction and retention due to limited hospital accommodation and high rents costs.
9. Difficulty in staff attraction and retention due to limited hospital accommodation and high rents costs.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 173 Mbarara Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 05 Hospital Management and support services	
Funding requirement US\$ Bn : 0.800	Improved equipment maintenance improves diagnosis and treatment of both communicable and Non communicable diseases and hence reduces mortality and morbidity in the region.
OutPut : 06 Prevention and rehabilitation services	
Funding requirement US\$ Bn : 0.400	Technical support supervision to lower facilities will reduce on referrals and enable the regional hospital to handle complicated cases hence reducing on costs of health service provision, improves on health seeking behavior thus reducing unnecessary sickness and death that could have been prevented. This will also help extend specialized services to those who may not afford due to distance and poverty.
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 120.000	Provision of a conducive working environment with ample space, equipment and working tools.
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 2.000	Construction of this unit will lead to improved service delivery to reduce maternal and neonatal mortality