

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	FY2017/18 Outturn	FY2018/19		FY2019/20 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2020/21	2021/22	2022/23	2023/24
Recurrent Wage	2.983	5.150	1.151	5.150	5.150	5.150	5.150	5.150
Non Wage	1.380	1.961	0.352	1.477	1.961	1.961	1.961	1.961
Devt. GoU	1.872	1.978	0.167	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	6.235	9.089	1.670	8.605	9.089	9.089	9.089	9.089
Total GoU+Ext Fin (MTEF)	6.235	9.089	1.670	8.605	9.089	9.089	9.089	9.089
<i>A.I.A Total</i>	0.445	1.400	0.234	1.500	1.600	1.700	1.800	1.900
Grand Total	6.679	10.489	1.904	10.105	10.689	10.789	10.889	10.989

(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

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Performance for Previous Year FY 2017/18

Performance in 2017/18 Under in-patient service: 34,652/28,000 admissions were realised with 4 days average length of stay. The bed occupancy rate was 82.2% in the year. There were 9,189 major operations and 6,979 minor operations were done; Under Out patients: A total of 8,741 deliveries were done (5,613 were normal deliveries and 3,128 were caesarean sections), A total of 44,867 out of 38,000 planned outpatient attendances were registered; and 106,770 out 120,000 special clinics attendance were achieved; In diagnostics: 4,974, out of 6, 000 X-rays examinations were carried out; A total of 9,340 out 7,000 Ultra sound examinations were held; 105,453/130,000 lab examination tests were done; 765 out of 600 ECG tests were done; 300 ECHOs 'and No CT Scans were done as the machine broke down; 765 ECG tests were done with 174 endoscopy tests and 81 dialysis sessions were carried out. In prevention: 24,806 out of 11,000 planed antenatal attendances and 25,000 EMTCT/HCT were achieved and There were 1,522 /3,000 family planning contacts registered. Under management: 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; 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; End of year staff party was held; Hand over from out going to incoming principal Hospital administrator was done witnessed by two board representatives. Work plan for FY 2017/18 produced. Internal audit conducted value for money hospital audits, Witnessed and verified delivery of goods and services and audit reports were produced. Audits of various hospital activities were conducted; management was advised on risk mitigation and performance improvement; Under capital development: 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 February; 2018. Lab remodelling works was started due for completion with additional support by RHITES/West and Assorted medical equipment worthy Ugx 347.5M were procured including (Delivery beds; patient trolleys; wheel chairs; BP machines etc)

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Performance as of BFP FY 2018/19 (Performance as of BFP)

In-patient service: 5,570 admissions against (7,350) planned with 4 days' average length of stay. Bed occupancy rate was 78% in the quarter against annual target of 85%. There were 1,594 major operations and 1,872 minor operations were done; Out patients: A total of 8,338 General OPD attendances were registered out of (9,975) planned and 31,728 out (31,500) special clinics attendance were achieved; A total of 2,151 deliveries were done (1,286 were normal deliveries and 865 were caesarean sections) Diagnostics: 34,934 out (22,500) Lab examination tests were done in the quarter. 1,589 out of (1,250) X-rays examinations were carried out; A total of 1,754 out (1,950) Ultra sound examinations were held; 156 out of 275 ECG tests were done; 52 ECHOs out of 70 and 390 Ct Scan Investigations done in the quarter. Target for the year (1,600). 53 Endoscopy tests out of 70 and 46 Dialysis sessions were carried out of 25. Prevention: 1,987 out of (737) planned antenatal attendances in the Quarter; 966 EMTCT and 2,759 HCT were achieved. There were 1,606 out of (588) Family Planning contacts registered. 4,068 Immunisations out of 3,856 planned immunisation contacts in the quarter Management: One Hospital Management Board meeting was held as per plan. 2 Hospital Board Sub Committee meetings held. 3,471 meals provided for malnourished children and oncology patients (This includes children from Oncology and Nutrition wards, Psychiatric ward and TB wards. It also includes the vulnerable and abandoned patients in the wards). Buried (53 adults and 21 Children unclaimed bodies) . Daily morning meetings progressively continued; daily night reports on coverage, concerns updates and communications made. Data and mortuary reports given every Tuesday. One contracts committee meeting was held; 6 Senior management Meetings held; 24 departmental meetings held; Utility payments (Yaka for power) and water was made; Power was very erratic with frequent black outs associated with high fuel expenses for stand by generators. The hospital is quite well cleaned under close supervision by the administrators and the Infection Control and Prevention committee. Items for disposal identified; Board of survey report in place; This includes the old vehicles and obsolete medical equipment. Final accounts prepared and verified; Domestic arrears submitted for verification by Earnest and Young and advised by Finance; Value for money Audit carried out by a team from Ministry of Health. The budgeting process started for the FY 2019/20. Six Hospital vehicles inspected for functionality by the Engineer Ministry of Works and in running condition; Human Resource: All staff on payroll received salaries for the three month in the quarter (All the 307 staff on payroll with no outstanding salary arrears); Salaries for the quarter paid with the new enhancements. Problem cases being sorted out. Monthly data capture was done including entry of newly transferred staff. Recruitment plan for FY 2018/19 being followed; clearances made and recruitment exercise to be started. Domestic arrears for pensioner's submitted for Earnest and Young for Audit for onward transmission to Ministry of Finance to process payments. Additional funds allocated by Finance to clear gratuity and pension arrears. Hospital restructuring with support from Ministries of Public service, Health with support from partners (Intra-Health) being concluded, Draft report produced and being reviewed. Records: Weekly surveillance reports were produced and submitted (MTRAC); HMIS Monthly and quarterly reports were produced and submitted to (DHIS2); Three In-house trainings in Data capture and reporting held with support from RHITES SW. On job mentorship about data capture and report compilation by records team. Monthly data cleaning carried out in various data tools, Data used for reporting and giving updates; One quarterly data review meeting was held attended by all respective stake holders and partners. Departmental data review meeting carried out to appreciate data quality Draft quarterly report for compilation of the hospital quarterly performance report submitted Data capture tools were received from partners (IDI, WHO, RHITES SW) Internal Audit: Stores were inspected; management was guided in areas of internal controls, Advances and financial accountability and value for money. The quarterly report produced for management review. The PAC report was received and responses made, Clearance made through Ministry of Health. Exit meeting with the Auditor General was done and responses cleared. The FY 2016/17 internal audit report was produced and circulated. Corrective actions taken. Management went through an internal audit exit meeting. Deliveries of items purchased were witnessed and verified. Capital development: The 16 Unit staff house is completed was awaiting fixing of separate YAKA meters for each staff house that were being procured by UMEME for official handover to be conducted; Allocations to staff already in process and a certificate of occupation is being processed from Mbarara Municipal Council. The process for perimeter wall construction initiated: (Ministry of Works appointed a committee to guide the process, Communication to the District building committee for its clearance sent, BoQs being reviewed by the committee and Contracts committee due to sit for advert) East African Public Health laboratory support to construct hospital laboratory is ongoing. The site was handed, hoarded, excavation works started and foundation works being done to put up pillars. Site meeting planned for first week of November, 2018. Institutional Support: Staff canteen construction due for completion and hand over before November. Coaster was cleared and the bus was delivered to the hospital and already in use. Construction Works on the Orthopaedic structure near completion 95% to house the unit that was demolished to provide for the Laboratory construction by the EAPHLN. Completion of remodeling of gynaecology ward and is now occupied Internal audit: Conducted value for money hospital audits, A new resident Internal Auditor was received and undergoing Induction at the Ministry of Finance. Witnessed and verified goods and service; The FY 2017/18 Internal audit report produced; auditor Generals reports and responses submitted to PAC Management was advised on risk mitigation and performance improvement; Hospital preparing for the External Audit exercise

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FY 2019/20 Planned Outputs

Plans for FY-2019/20: 1. 30,000 admissions, 85 % bed occupancy and 4 days Average Length of Stay. 2. 40,000 General out patients, 128,000 special clinics attendance; 4,580 Referrals 3. 5,500 X-ray examinations, 8,000 Ultra sound examinations, 4. 93,000 lab tests, 6,000 blood transfusions CT scans 1,600, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations, 200 Renal dialysis sessions. 5. 3,000 patients given meals, 24 top management, 20 other committee meetings, 12 contracts committee meetings, 4 hospital Board meetings, 8 board committee meetings; 14 evaluation committee meeting, 48 other staff meetings, 6. Medical equipment repaired, 7 Vehicles and 6 generators repaired & serviced. Hospital cleaned and contractor paid; 7. 2,400 family planning contacts, 3,000 Antenatal attendances/PMTCT/HCT, 400 EMTCT mothers handled. Immunizations 15,500. 8. 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. 9. Laundry and sterilization equipment /assorted medical equipment including monitors for high dependence units procured. Renovation of Medical and surgical ward. 10. Improve on hospital security, staff accommodation, rehabilitate existing infrastructure, and reduce on costs of utilities by use rain water harvesting and solar power back up. 11. 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 centre of excellence. 12. The audit, PDU and Finance management units' function strengthened 13. Fast track Phase Two hospital construction to meet the service demands especially patient space and turn the entity into a Regional Centre of Excellence providing Super Specialised health care services to the people in South Western Uganda and beyond. 14. Completion of the hospital Perimeter Wall Fence to improve on the hospital security and safety. 15. Strengthen Community health department to coordinate and support the lower health facilities. Involving supervision, mentorship, support and stake holders/partners. 16. Start-up construction of the Four Storied 56 Single Unit (One bed room and sitting room) staff housing project to address staff accommodation shortage including, temporary accommodation for doctors and nurses in critical care and on call. 17. Establish a Regional Medical Equipment Maintenance workshop for Ankole Sub Region. 18. Procurement of assorted medical equipment including washing machine, purchase of central sterilization unit equipment, Ventilators, ICU equipment, BP machines stretchers, Repair and upgrade the oxygen plant and CT scan machines and equipping high dependence units of the four major departments. 19. Rehabilitate existing old structures especially the old Paediatric, Medical, Surgical wards and OPD.

Medium Term Plans

Medium term Plans: Improve hospital security, staff accommodation, rehabilitate existing infrastructure, reduce on costs of utilities by use rain water harvesting and solar power, 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 Regional Center of Excellence for provision of Specialized health care services referral and training and health research. 1. Fast track Phase Two hospital construction to meet the service demands especially patient space and turn the entity into a Regional Centre of Excellence providing Super Specialised health care services to the people in South Western Uganda and beyond. 2. Completion of the hospital Perimeter Wall Fence to improve on the hospital security and safety. 3. Strengthen Community health department to coordinate and support the lower health facilities. Involving supervision, mentorship, support and stake holders/partners. 4. Start-up construction of the Four Storied 56 Single Unit (One bed room and sitting room) staff housing project to address staff accommodation shortage including, temporary accommodation for doctors and nurses in critical care and on call. 5. Establish a Regional Medical Equipment Maintenance workshop for Ankole Sub Region. 6. Procurement of assorted medical equipment including washing machine, purchase of central sterilization unit equipment, Ventilators, ICU equipment, BP machines stretchers, Repair and upgrade the oxygen plant and CT scan machines and equipping high dependence units of the four major departments. 7. Rehabilitate existing old structures especially the old Paediatric, Medical, Surgical wards and OPD. 8. Reduce on costs of utilities by investing in rain water harvesting and solar power back up for power. 9. Filling of existing staffing gaps within the wage bill to improve on staffing. 10. Computerization of data (Digitalising data collection) for improved records management and evidence based decision making. 11. Strengthen collaborations and partnerships especially with Mbarara University

Efficiency of Vote Budget Allocations

Efficiency in vote allocations: 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 neediest. Improvement in Lab/diagnostic services by having functional and well maintained equipment will improve on prescription; reduce on medicine wastage and patient recovery. This will contribute to quick patient recovery reduce patient stay in the hospital and will help reduce on the cost of service delivery to the patients. Improved support supervision both internally and in the region will help improve on the general performance especially attendance to emergencies like to pregnant mothers and very sick children. This will help to reduce maternal and child death especially during delivery.

Vote Investment Plans

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56 Regional Referral Hospital Services	6.147	9.089	1.718	8.605	9.089	9.089	9.089	9.089
Total for the Vote	6.147	9.089	1.718	8.605	9.089	9.089	9.089	9.089

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

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

Billion Uganda shillings	2017/18	FY 2018/19		2019-20	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2020-21	2021-22	2022-23	2023-24
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Mbarara Referral Hospital Services	4.266	7.095	1.549	6.611	7.095	7.095	7.095	7.095
02 Mbarara Referral Hospital Internal Audit	0.016	0.016	0.002	0.016	0.016	0.016	0.016	0.016
1004 Mbarara Rehabilitation Referral Hospital	1.228	1.578	0.164	1.278	1.978	1.978	1.978	1.978
1479 Institutional Support to Mbarara Regional Hospital	0.644	0.400	0.003	0.700	0.000	0.000	0.000	0.000
Total For the Programme : 56	6.154	9.089	1.718	8.605	9.089	9.089	9.089	9.089
Total for the Vote :173	6.154	9.089	1.718	8.605	9.089	9.089	9.089	9.089

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

FY 2018/19		FY 2019/20	
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			
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).	The process for perimeter wall construction initiated: 1) (Ministry of Works appointed a committee to guide the process, 2) Communication to the District building committee for its clearance sent, 3) BoQs being reviewed by the committee and 4) Contracts committee due to sit for advert)	Completion of the Perimeter wall construction Phase Two.	
Total Output Cost(Ushs Thousand):	0.700	0.056	0.300
Gou Dev't:	0.700	0.056	0.300
Ext Fin:	0.000	0.000	0.000

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A.I.A:	0.000	0.000	0.000
Output: 81 Staff houses construction and rehabilitation			
16 Unit staff house construction completed. 2 Site meetings held, works supervised. Certificates issued payments done		1. The 16 Unit staff house is completed was awaiting fixing of separate YAKA meters for each staff house that were being procured by UMEME for official handover to be conducted. 1) Allocations to staff already in process. 2) A certificate of occupation is being processed from Mbarara Municipal Council.	Start up construction of Phase One 4 storied 56 Unit staff house.
Total Output Cost(Ushs Thousand):	0.178	0.000	0.600
Gou Dev't:	0.178	0.000	0.600
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2019/20 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2019/20

Vote Challenges. The entity continues to experience challenges of inadequate resources both financial and manpower, inadequate space and staff accommodation, overwhelming work load, inadequate patient space, continuous stock out of medicines and sundries due to inadequate funding and data collection gaps. 1. Most of the hospital infrastructure/wards are old, tiny, dilapidated and congested. There is need for general structural up lift of the hospital (Phases Two and Three of hospital construction) 2. With the expansion of Mbarara University of Science and Technology medical school, the hospital initiated many specialised and super specialised units. These units are mainly run by professors and lecturers from the university but this requires other staff like Nurses lab, midwives and other support staff that the hospital structure does not have. This results into work overload, staff burn out and this compromises the quality of services delivered. 3. The hospital has no Medical Equipment Maintenance Workshop hence frequent equipment break down due to poor maintenance, lack of routine servicing and user training associated with high repair costs 4. The hospital has limited staff accommodation with only about 15% of the staff accommodated. Rentals are far as the area is covered by student hostels and staff stay far away from the hospital. . This affects retention, duty coverage and attendance to emergencies. 5. The hospital has installed vital specialised equipment such as Oxygen Plant, CTScan and X-ray and Central suction unit that consume a lot of power. Power is erratic and affects equipment functionality. This has increased the power consumption against a limited budget. The newly installed YAKA is inadequate to sustain this equipment and associated domestic arreras on power 6. Delayed referrals from the lower level facilities like Lyatonde district, Isingiro, Ntungamo and other districts. This is a common occurrence during public holidays and weekends and at night causing maternal and Infant death among others. 7. The area is prone to epidemics like Rift Valley haemorrhagic fever, Cong Crimean fever and other epidemics. This is complicated by high refugee influx from Congo, Burundi Somalia, South Sudan and Rwanda. The community is vulnerable 8. Inadequate equipment to handle some major centralised hospital activities especially sterilization and laundry for theatre, words and lab to prevent Hospital acquired infection and control. 9. The hospital has limited land for expansion especially to accommodate Western Region Heart Institute, Neuro-Surgery Institute, Nurses training school and HIV Aids clinic and future Geriatric services, Interns mess, senior staff quarters and neonatal hospital. 10. The Oxygen plant has limited capacity to meet hospital Oxygen needs as well as support to the lower facilities. The plant can only supply directly to theatres, ICU, Private ward, Accident and emergency services. Cylinders cannot be filled to cater for other wards like Paediatric and medical wards.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2019/20	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	

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Funding requirement US\$ Bn : **0.600**

With the aspirations of Uganda Vision 2040 in line with the NDP11 designated to propel Uganda towards middle income status by 2020, the hospital works towards contributing to production of a healthy human capital by providing equitable, safe and sustainable health services using medical equipment. The maintenance workshop will help improve the hospital's capacity to provide quality health services efficiently, effectively and support lower facilities.

OutPut : 80 Hospital Construction/rehabilitation

Funding requirement US\$ Bn : **5.000**

With the aspirations of Uganda Vision 2040 in line with the NDP11 designated to propel Uganda towards middle income status by 2020, the hospital works towards contributing to production of a healthy human capital by providing equitable, safe and sustainable health services. Phase two hospital construction will help improve the hospital's capacity to provide quality specialized health services efficiently and effectively in the region. .

OutPut : 85 Purchase of Medical Equipment

Funding requirement US\$ Bn : **0.400**

With the aspirations of Uganda Vision 2040 in line with the NDP11 designated to propel Uganda towards middle income status by 2020, the hospital works towards contributing to production of a healthy human capital by providing equitable, safe and sustainable health services. Upgrade of the oxygen plant to double its capacity will help improve the hospital's capacity to provide quality specialized health services efficiently and effectively in the region.