

Vote:175 Moroto 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	2.048	4.243	0.789	4.243	4.243	4.243	4.243	4.243
Non Wage	0.981	1.044	0.200	0.987	1.044	1.044	1.044	1.044
Devt. GoU	1.488	1.488	0.000	1.488	1.488	1.488	1.488	1.488
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	4.517	6.775	0.988	6.719	6.775	6.775	6.775	6.775
Total GoU+Ext Fin (MTEF)	4.517	6.775	0.988	6.719	6.775	6.775	6.775	6.775
<i>A.I.A Total</i>	0.013	0.025	0.000	0.040	0.045	0.050	0.060	0.070
Grand Total	4.530	6.800	0.988	6.759	6.820	6.825	6.835	6.845

(ii) Vote Strategic Objective

To provide comprehensive, super specialized health service, contact tertiary health training, research and contributing to health policy and planning.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2017/18

1. General Admissions out of 14,557 planned
2. 6 Days, Average Length of Stay,
3. 65% Bed Occupancy Rate out of 71%;
4. 66,276 General Outpatient Clinic Attended out of 75,000 planned
5. 26,565 Specialized Outpatient Clinic Attended,
6. 35,893 Lab. Test done,
7. 430 Blood transfusion conducted
8. 2,280 X-ray, (Imaging) done 1,488 Ultra-Sound Scans, Done,
9. 10,768 HIV Counseling and testing done,
10. 6,617 Adolescents attended to in Adolescent clinic Family, planning conducted
11. 13,608 Mothers and Children Immunised
12. 5 quarterly Hospital Board meeting held.
13. 12 quarterly Senior staff meetings held
14. 36 top management meetings held.
15. 5 quarterly general staff meeting held,
16. 4 quarterly outreach to lower level health facilities
17. 4 quarterly regional workshop outreach to health
18. 2 Conference Tables procured
19. 14 High back fabric chairs procured 50 High fixed chairs procured 15 High back leather chairs procured 14 Office tables procured 5 Benches procured 2 High stools Procured 4 Patient monitor procured (36M) 6 Oximeter procured (21M) 6 Stainless Steel Trolley 21.6M) 2 Autoclave procured (48M) Assorted medical equipment procured (19.2M) Payments for supplies done

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

1. 2,146 Patient Admitted
2. 95% Bed Occupancy Rate
3. 7 Days average length of stay
4. 198 Deliveries made
5. 592 Major surgeries done
6. 18,373 General out Patients seen
7. 1,943 Casualty Cases attended
8. 4,532 Patients in Out Patient Special Clinic attended
9. 30,911 Laboratory and Pathological cases done
10. 836 X-ray examinations done
11. 920 Ultra Sound scans done
12. 166 Blood transfusions done
13. 78 Family Planning contacts done
14. 628 Antenatal Attendances
15. 2,092 Prevention of mother to child transmission of HIV
16. 754 Physiotherapy cases handled,
17. 1,862 People immunised as static service including Vit A, De-worming and tetanus,
18. 1 Hospital Board meeting held
19. 9 Top Management meetings held
20. 9 Finance meetings held
21. 2 Quarterly Reports submitted
22. 1 Out Reach to lower health level units done, Civil works continued
23. 2 Site meetings conducted, Evaluation on Progress of works done,
24. 30 conference chairs procured, 2 office tables and 2 office chairs procured, 3 flip chart boards procured, 2 power point projectors procured, 1 five seater sofa set procured

FY 2019/20 Planned Outputs

1. 10,000 Patient Admitted
2. 95% Bed Occupancy Rate
3. 7 Days average length of stay
4. 1,000 Deliveries made
5. 2,500 Major surgeries done
6. 80,000 General out Patients seen
7. 8,000 Casualty Cases attended
8. 4,532 Patients in Out Patient Special Clinic attended
9. 125,000 Laboratory and Pathological cases done
10. 4,000 X-ray examinations done
11. 5,000 Ultra Sound scans done
12. 800 Blood transfusions done
13. 78 Family Planning contacts done
14. 3,000 Antenatal Attendances
15. 8,000 Prevention of mother to child transmission of HIV,
16. 3,000 Physiotherapy cases handled,
17. 8,000 People immunised as static service including Vit A, De-worming and tetanus,
18. 5 Hospital Board meeting held
19. 36 Top Management meetings held
20. 36 Finance meetings held
21. 8 Quarterly Reports submitted
22. 4 Out Reach to lower health level units done, Civil works continued
23. 8 Site meetings conducted, Evaluation of works done, 3 certificates issued,
24. 30 conference chairs procured, 2 office tables and 2 office chairs procured, 3 flip chart boards procured, 2 power point projectors procured, 1 five seater sofa set procured

Medium Term Plans

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1. Completing construction of 30Units staff accommodation to improve on attraction and retention of staff
2. Continue to lobby for the World Bank Project phase II for the inpatient facilities; like wards and theater
3. Strengthen, functionalise and support the community health department
4. Continue with construction works of maternity ward
5. Lobby for funds to renovation the children and TB wards
6. Strengthening of support and technical supervision activities and health promotion and prevention activities through support to community health department.
7. Strengthening the regional workshop activities in the region through building capacity of the leader ship, ensuring regional stakeholder meetings take place annually, involving the regional stakeholders like the CAOs, DHOs and Medical Superintendent
8. Attract, recruit and retain more specialists and technical staff, and other health facility in-charges.
9. Lobby regional Stake holders for unfunded priorities like Isolation unit, follow-up of the ART patient, feeding of patients, operationalization of the Neonatal Care unit in the region,
10. Operationalization of the regional Blood distribution center.

Efficiency of Vote Budget Allocations

1. Timely procurement, executing the budget in line with the Public Finance Act (2015), strengthening internal controls and internal mechanism as well filling in the skills mix gap.
2. Ensure the water harvesting containers and equipment are well maintained and sufficient in order to reduce on water bills.
3. Install solar systems in order to reduce on fuel expenditure and electricity bills
4. Ensure the hospital has a functional Regional Equipment maintenance workshop,
5. Equip the hospital with vital equipment and ensure all the available equipments are functional.
6. Strengthen the community health department and ensure its functional for quality health service delivery.

Vote Investment Plans

The 10 unit staff house construction is at 1st floor slab level, and and construction works are on going. 200M has been allocated to complete the construction works. Consultancy services for the maternity ward construction has been procured. Bidding process for construction works of maternity ward is at final stages. 1.2B has been allocated for construction works the following furniture was procured:- 30 conference chairs procured, 2 office tables and 2 office chairs procured, 3 flip chart boards procured, 2 power point projectors procured, 1 five seater sofa set procured; 2 Conference Tables procured, 14 High back fabric chairs procured 50 High fixed chairs procured; 15 high back leather chairs procured; 14 Office tables procured; 5 Benches procured 2 High stools procured 4 Patient monitor procured (36M); 6 Oximeter procured (21M); 6 Stainless Steel Trolley 21.6M); 2 Autoclave procured (48M); Assorted medical equipment procured (19.2M)

Major Expenditure Allocations in the Vote for FY 2019/20

The major Expenditure allocations are as follows:- Maternity ward construction, Ugx. 1.2 Billion, 10 unit staff house construction:- 0.200Million, 0.040M for furniture and fittings for Maternity ward and Ugx 0.034M for equipment for maternity ward.

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 :	a) To expand and sustain the delivery of high quality safe services. b) To scale up promotive, preventive and surveillance health care services c) To attract and retain critical human resources for health d) To strengthen the referral systems and collaborate for efficient health care services e) To strengthen collaboration and partnership with other sectors, development partners, institutions and health care provisions in the region, within and outside the country,
Responsible Officer:	Mr. Mawa Geoffrey
Programme Outcome:	Quality and accessible regional health services
<i>Sector Outcomes contributed to by the Programme Outcome</i>	

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1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2017/18 Actual	2018/19 Target	Base year	Baseline	2019/20 Target	2020/21 Target	2021/22 Target
• Percentage increase of speciliezed clinic out patient attendance					10%	15%	20%
• Bed Occupancy					75%	80%	85%
• Diagonostic services					10%	15%	20%

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

Billion Uganda shillings	2017/18	2018/19		2019-20	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2020-21	2021-22	2022-23	2023-24
Vote :175 Moroto Referral Hospital								
56 Regional Referral Hospital Services	4.015	6.775	0.948	6.719	6.775	6.775	6.775	6.775
Total for the Vote	4.015	6.775	0.948	6.719	6.775	6.775	6.775	6.775

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
Programme: 56 Regional Referral Hospital Services								
01 Moroto Referral Hosptial Services	2.633	5.155	0.931	5.099	5.155	5.155	5.137	5.132
02 Moroto Referral Hospital Internal Audit	0.008	0.007	0.002	0.007	0.007	0.007	0.010	0.010
03 Moroto Regional Maintenance	0.114	0.125	0.015	0.125	0.125	0.125	0.140	0.145
1004 Moroto Rehabilitation Referral Hospital	1.200	1.388	0.000	1.413	0.988	0.988	1.450	1.450
1472 Institutional Support to Moroto Regional Referral Hospital	0.288	0.100	0.000	0.075	0.500	0.500	0.038	0.038
Total For the Programme : 56	4.244	6.775	0.948	6.719	6.775	6.775	6.775	6.775
Total for the Vote :175	4.244	6.775	0.948	6.719	6.775	6.775	6.775	6.775

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
Vote :175 Moroto Referral Hospital	
<i>Programme : 56 Moroto Referral Hospital</i>	
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.788)	With the current allocations, the vote will be able to accommodate 25% of the critical staff. Therefore the change in allocation will ensure the vote achieves part of the sector priority of Human resources for Health, (Retention & Attraction)

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Output: 82 Maternity ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.813	The hospital has a dilapidated maternity ward. The change in allocation will help the vote achieve the health sector priority of Improvement of reproductive maternal, neonatal health, child & adolescent health; Infrastructural development & rehabilitation
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : (0.015)	The current focus is to equip the wards, however due to lack of space, more funds has been allocated for the construction of the maternity ward.

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 175 Moroto Referral Hospital			
Programme : 56 Regional Referral Hospital Services			
Project : 1004 Moroto Rehabilitation Referral Hospital			
Output: 81 Staff houses construction and rehabilitation			
Construction works for the Second phase of the 10 units of staff houses continued.	Civil works continued 2 Site meetings conducted, Evaluation on Progress of works done	1. Construction works done 2. 8 Site meetings done 3. 3 Certificates issued 4. Supervision on works done	
Civil works continued, Civil works started, Site meeting done, Measurement sheets filled, certificates for payment, payments made			
Total Output Cost(US\$ Thousand):	0.988	0.000	0.200
Gou Dev't:	0.988	0.000	0.200
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 82 Maternity ward construction and rehabilitation			
Civil works Continued, Supervision done, Site meetings done, measurement sheets filled, certificates for payment issued, payments made,	Adverts done and bidding process completed	1. Bids evaluated 2. Contracts Awarded 3. Construction works done 4. 8 Site meetings done 5. 3 Certificates issued 6. Supervision on works done	
Total Output Cost(US\$ Thousand):	0.400	0.000	1.213
Gou Dev't:	0.400	0.000	1.213
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

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Vote Challenges for FY 2019/20

1 Old, inadequate and dilapidated infrastructure especially wards, administration block and mortuary that are condemned and becoming public nuisance has negatively affected service up-take since most clients would prefer not to be admitted in the hospital wards. 2. Under staffing for both specialized and support staff, coupled with poor attitude towards work is a deterrent factor to quality services in the hospital. 3. Absence of incentives to attract and retain both specialized and support health staffs like hard to reach allowance, high cost of living and high cost of accommodation, and lack of social amenities has contributed to poor attraction and retention of the hospital staff. 4. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruitment process; management challenges at vote level. 5. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruited processes and poor management at the vote level. Which we are trying to address in this financial year. 6. Delayed and lengthy recruited process for the much needed staff is a challenge; as a result the hospital returned funds for wage back to the treasury. 7. High cost of utilities like fuel, electricity coupled with electricity supply being inconsistent and unstable hence affecting specialized medical equipment which is costly to repair. 8. Inadequate funds for major capital development infrastructure activities like staff accommodation hence scheduling the projects as multi-year projects. 9. Inadequate and stagnant NWR funding to support meeting the cost of allowances, fuel, electricity and rent for the hospital and staff. 10. Sparse population in the area increases our cost of service delivery in the region since more area and distance has to be covered to see few people especially during community out reaches.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2019/20	Justification of requirement for additional outputs and funding
Vote : 175 Moroto Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 05 Hospital Management and support services	
Funding requirement US\$ Bn : 0.060	It should be noted that given the increasing number of specialized staff in the hospital as mandated by NDPII and NHPII and the NRM manifesto the hospital should be able to intensify support supervision activities to build the capacity and mentor-ship of the lower level health facilities
OutPut : 77 Purchase of Specialised Machinery & Equipment	
Funding requirement US\$ Bn : 0.200	Procuring and installing 30 solar points and back up inverters for security lighting in dark, wards, administration block and along the walkways will reduce over dependence on Generators during the frequent blackouts. This will help cut increase in expenditure on fuel and also reduce electricity bills.
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 2.500	The Hospital currently has two Consultants and the number of these consultants is going to increase if the hospital successfully recruits for the positions that have been advertised. The presence of these consultants will come with other benefits like medical Interns who will help to fill the gap left especially by Medical Officers. We therefore need to plan for accommodation facilities for the Doctors.
OutPut : 81 Staff houses construction and rehabilitation	
Funding requirement US\$ Bn : 2.400	Additional funding for the three phase staff accommodation will lead to Efficient and effective health care services provided. It will greatly help especially to attract and retain newly posted staff in Moroto Regional Referral Hospital, create space for work and improve working environment
OutPut : 83 OPD and other ward construction and rehabilitation	

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Funding requirement US\$ Bn : **14.000**

There is need for additional funding for construction of new wards given the dilapidated nature of the existing wards (Surgical, Medical, Children, TB Ward and Neonatal unit). Construction of new wards will provide equitable, safe and sustainable health services for inclusive and quality healthcare services. The vote will be able to reduce infant/maternal mortality rate, recruit and attract specialists, start training interns, improve health care services.