

Vote:169 Masaka Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2018/19 Outturn	FY2019/20		FY2020/21 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2021/22	2022/23	2023/24	2024/25
Recurrent Wage	4.135	4.600	1.142	4.600	4.600	4.600	4.600	4.600
Non Wage	1.787	2.526	0.612	2.526	2.526	2.526	2.526	2.526
Devt. GoU	2.058	2.058	0.478	2.058	2.058	2.058	2.058	2.058
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	7.980	9.184	2.233	9.184	9.184	9.184	9.184	9.184
Total GoU+Ext Fin (MTEF)	7.980	9.184	2.233	9.184	9.184	9.184	9.184	9.184
<i>A.I.A Total</i>	0.319	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	8.299	9.184	2.233	9.184	9.184	9.184	9.184	9.184

(ii) Vote Strategic Objective

Provision of specialized and general health care services, through delivery of curative, preventive, rehabilitative and promotive health services, capacity building, training, research and support supervision to other health facilities in Masaka region.

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V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2018/19

Admissions were 35,529, Patient days were 94,165, ALOS 3, and BOR 78%.
Major operations were 5,178, Refferals in 2,892 and referrals out 627.
General OPD were 50,195 and Specialized clinics were 166,701.
ANC visits were 15,675, Immunization 48,931, F/P 5386, PMTCT were 4,104 and VCT/RCT 37,074.
Total deliveries were 10,354.
X-Ray examinations were 4,069, U/Sound scan 15,153, Laboratory tests 185,056 and Blood transfusion 5,334.

Capital development outputs: Construction of the MCH complex up to 86% ie plastering internal and external, cieling works, terrazo works, windows fabrication. The Senior staff quarters construction moved up to 24% with works on the ground slub, plithwalls, murram filling, hardcore filling and casting. A mortuary fridge and an assortment of other medical equipment were also procured. A mortuary building was refurbished and walkways linking wards constructed.

Hospital management and support services: Third quarter & half year performance reports prepared and submitted, books of accounts and financial statements made, MPS and final estimates completed, 2 board meetings held, 6 top management meetings, 3 senior staff management meetings held, 4 general staff meetings held, buildings/compounds maintained/cleaned and paid for, utilities provided and paid for, meals for the needy, the destitute, TB and psychiatry patients provided and paid for, laundry services provided, vehicles, equipment, and plants serviced and repaired.

Under the internal audit program quarterly internal audit reports were made and discussed, there was continuous verification of goods and services during the financial year, ensured compliance to internal controls, ensured adherence to regulations, guidelines and continuously advised management on the same.

Human resource management services: Staff appraisal achieved 98% success and the process for the ending financial started, quarterly performance work plans reviewed, log in/log out of attendance to duty done and analyzed on monthly basis, timely payment of salaries and pension by 28th of every month, advertisement done by HSC for the cleared and submitted vacancies.

Records management services: Organized registry, updated staff records, transferred records of redeployed staff, collected personal files of newly transferred staff and trucking of staff and other records.

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Performance as of BFP FY 2019/20 (Performance as of BFP)

Admissions were 9,463, Patient days were 24,395, ALOS 3, and BOR 80%.
 Major operations were 1,135, Refferals in 736 and referrals out 137.
 General OPD were 29,082 and 19% increment in specialized clinics attendance (28,578).
 ANC visits were 3,996, Immunization 13,981, F/P 1,142, PMTCT were 738 and VCT/RCT 9,706.
 Total deliveries were 2,545. U/Sound scan 2900, Laboratory tests 25,666 and Blood transfusion 1,346.

Projects: Continued with civil works on the Marternal and Child Health Complex and its currently at 90% completion. The works included cieling finishes, external plastering, rails, terrazo works, plumbing and electrical works.

Hospital management and support services: Q4 performance report and annual performance report prepared, one board meeting held, 2 top management meetings held, one senior staff meeting, buildings/compounds maintained, provided and paid for utilities, special meals provided to the needy, laundry services rendered and vehicles repaired/serviced.

Under the internal audit program, the previous quarter??s internal audit report was made, advice rendered to management on internal control systems during the quarter, reviewed compliance to applicable policies/plans/procedures/laws/regulations and contracts, inspected and verified delivery of goods and services and audited private patients wing cash corrections.

Human resource management services: Staff quarterly performance work plans prepared, quarterly analysis of biometric login data done, salaries and pension paid by 28th of every month, no training committee meeting and rewards and sanctions committee meeting.

Records management services: Registry records updated and organized, orderly movement and tracking of records, transfer of records for staff on transfer and proper filing.

FY 2020/21 Planned Outputs

Planned outputs: 37,000 inpatient admissions, ALOS 3, and BOR 80%.
 Major operations 5,500, Refferals in 3,000.
 General OPD 53,000 and Specialized clinics 200,700.
 ANC visits 17,600, Immunization 47,000, F/P 5280, PMTCT 4,500 and VCT/RCT 39,000.
 Total deliveries 11,354. X-Ray examinations 5,200, U/Sound scan 17,153, Laboratory tests 200,056 and Blood transfusion 6,334.

Capital outputs: Completion of the MCH complex particularly Mecahanical and Electrical works final finishes, fixing windows and doors, painting, external compound works, user training and commissioning of the building.

Hospital management and support services: Performance reports prepared and submitted, books of accounts and financial statements made, BFP/MPS and final estimates completed, 4 board meetings held, 12 top management meetings, 4 senior staff management meetings held, 4 general staff meetings held, buildings/compounds maintained/cleaned and paid for, utilities provided and paid for, meals for the needy, the destitute, TB and psychiatry patients provided and paid for, laundry services provided, vehicles, equipment, and plants serviced and repaired.

Under the internal audit program make quarterly internal audit reports, carry out continuous verification of goods and services during the Financial Year, ensure compliance to internal controls, ensure adherence to regulations, guidelines and continuously advise management on the same.

Medium Term Plans

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In the medium term the entity will continue to strengthen cooperate governance by regular consultation and scheduled meetings to involve the Hospital Management Board in major decisions. The specialists support supervision visits to the lower level health facilities on quarterly basis will continue and be strengthened to ensure better performance at the lower level facilities and enable the Regional Referral Hospital concentrate on its core function as a referral. Quality improvement projects will continue to be done by all departments/units for better service delivery. Partnership with implementing partners is being explored to computerize data on all the units of the entity for better planning and performance.

Resource allocation for capital development will majorly be for the ongoing project. Service delivery will continue to be gender sensitive in terms of clinical care, use of hospital facilities and response to client??s needs. Clients will receive services according to need, for example children and women will be given priority. Patients who require urgent attention will be attended to before the ones that can wait. Equity will also apply to issues relating to health care workers. Positions in the hospital will be open for competition regardless of gender, tribe and age if applicable.

Infrastructure developments will always take into consideration disabled clients and staff Equipping the MCH complex with equipment that will serve the mothers/ children as well as the disabled patients. Resume the construction of the Senior staff hostel.in order to ease the current accomodation challenges. Fencing the Hospital land, Construction of a medicine/medical supplies store. Construction of an emergency skills lab, Procurement of other equipment like Xray, Accident/Emergency equipment as well as Construction of an Administration block.

Efficiency of Vote Budget Allocations

For efficiency of allocation mandatory items like utilities have been sufficiently budgeted for, employee costs though not adequately budgeted for due insufficient resources have taken a big portion of the allocation while contracted service providers are budgeted for to avoid an accumulation of arrears.

A bigger proportion of the capital development budget has been allocated to the ongoing project to mitigate the challenges paused by the project though they may still exist.

Funds have been mainly allocated to service delivery areas. More emphasis has been put to inpatient services to cater for services like major operations, deliveries, and special clinics.

For capital development, funds have been allocated to the completion of the Maternal and Child Health complex as well as the construction of the Senior staff hostel.These buildings will go along way in improving general service delivery and efficiency at work.

Vote Investment Plans

Final works on the Maternal and Childhealth Complex as well as comissioning it. Resume the construction of the Seior staff house which is currently at 25% completion. Procure some medical equipment, general equipment like computers and medical furniture,. The hospital will also spend on supervision of construction works as well as on the preparation of a new Strategic plan.

Major Expenditure Allocations in the Vote for FY 2020/21

The bulk of the funds have been allocated to inpatient services. This is because as a Regional Referral Hospital our focus is on specialised care and major operation. On the side of Projects the major allocations which cater for about 90% are for completion of the MCH complex and the Senior staff house.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Programme :	56 Regional Referral Hospital Services
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Programme Objective :

- 1) To enhance quality, safety, and scope of health care services to all clients.
- 2) To build capacity of health care providers in the lower health facilities for better health care
- 3) To strengthen health care research and training.
- 4) To reduce morbidity, mortality, and transmission of communicable diseases.
- 5) To reduce maternal and child mortality and morbidity.
- 6) To enhance promotive, preventive and rehabilitative health services in order to reduce disease burden in the region.

Responsible Officer: Dr Nathan Onyachi

Programme Outcome: Quality and accessible Regional Referral Hospital Services

Sector Outcomes contributed to by the Programme Outcome
1. Improved quality of life at all levels

Programme Performance Indicators (Output)	Performance Targets				
	2019/20 Plan	2019/20 Q1 Actual	2020/21 Target	2021/22 Target	2022/23 Target
• % increase of specialised clinic outpatients attendances	10%	3%	12%	12%	12%

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

Billion Uganda shillings	2018/19	2019/20		2020/21	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2021/22	2022/23	2023/24	2024/25
Vote :169 Masaka Referral Hospital								
56 Regional Referral Hospital Services	7.845	9.184	2.204	9.184	9.184	9.184	9.184	9.184
Total for the Vote	7.845	9.184	2.204	9.184	9.184	9.184	9.184	9.184

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS
Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2018/19	2019/20		2020/21	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2021/22	2022/23	2023/24	2024/25
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Masaka Referral Hospital Services	5.784	7.114	1.720	7.114	7.114	7.114	7.114	7.114
02 Masaka Referral Hospital Internal Audit	0.006	0.013	0.005	0.013	0.013	0.013	0.013	0.013
1004 Masaka Rehabilitation Referral Hospital	2.058	2.058	0.478	2.058	2.058	2.058	2.058	2.058
Total For the Programme : 56	7.848	9.184	2.204	9.184	9.184	9.184	9.184	9.184
Total for the Vote :169	7.848	9.184	2.204	9.184	9.184	9.184	9.184	9.184

N / A

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

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FY 2019/20		FY 2020/21	
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs	
Vote 169 Masaka Referral Hospital			
Programme : 56 Regional Referral Hospital Services			
Project : 1004 Masaka Rehabilitation Referral Hospital			
Output: 81 Staff houses construction and rehabilitation			
		Senior Staff house construction. The Senoir staff house is currently at 24%. In this Financial Year, we hope to do civil works, block works, casting and move it to about 40% completion. The first floor will be done.	
Total Output Cost(Ushs Thousand):	0.000	0.000	0.818
Gou Dev't:	0.000	0.000	0.818
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 82 Maternity ward construction and rehabilitation			
Maternity and children ward complex completed	External plastering done, final block works, terrazzo finishes, rails and shuttering.	Construction of Maternal and Children Ward Complex. This building is currently at 90% completion and we hope to complete it this Financial Year by doing mechanical and electrical works, internal and external finishes, compound works and user training	
Total Output Cost(Ushs Thousand):	1.600	0.478	1.070
Gou Dev't:	1.600	0.478	1.070
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2020/21 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2020/21

The budget for the hospital is not adequate considering the activities and the current workload. The staffing structure is not commensurate to the work load. There is overcrowding in the wards and particularly in Maternity. The drugs which are supposed to handle a full month cannot cover the patients, a good number of them go without drugs. The Xray machine and other diagnostic machines break down regularly. The Capital development budget cannot complete the 2 projects ie the MCH Complex and the Senior Staff Quarters in the stipulated time..

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2020/21	Justification of requirement for additional outputs and funding
Vote : 169 Masaka Referral Hospital	
Programme : 56 Regional Referral Hospital Services	

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OutPut : 81 Staff houses construction and rehabilitationFunding requirement US\$ Bn : **7.000**

The construction of this building started in 2015 and was supposed to be completed in 2 years but due to the funding challenges its currently at 24% completion. The completion of this building will enable Specialists and other senior staff stay near the Hospital and easily respond to emergencies and routine activities.

OutPut : 85 Purchase of Medical EquipmentFunding requirement US\$ Bn : **2.000**

The wards which are being shifted to the new building have old equipment and most of it is now old. There is therefore need to procure equipment that will be reliable and also to handle the additional number of patients and services to be offered.
