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Kampala Capital City Authority

V1: Vote Overview

I. Vote Mission Statement

To deliver quality services to the City.

II. Strategic Objective

1. Improve Productivity of the city
2. Improve quality of social services
3. Enhance Attractiveness of the city
4. Enhance safety of communities
5. Improve Transport services
6. Improve Governance and Accountability
7. Optimize Resource Utilization
8. Increase Financial Resource Availability
9. Improve Communication
10. Promote Disaster Preparedness and Management
11. Improve Regulatory Framework
12. Improve Business Process Management
13. Improve Information Management
14. Increase KCCA Productivity
15. Enhance Human resource development
16. Enhance Strategic partnerships and collaboration
17. Improve Workplace Infrastructure

III. Major Achievements in 2019/20

- Concluded Measles Rubella and Polio campaign in the city the A total of 600,510 were administered with Measles Rubella Vaccine in the campaign representing an 85% performance coverage whereas a total of 251593 were administered with Polio vaccine representing a 75% performance coverage
- Transfer to NGO Hospitals UGX.280,055,754
- KCCA received 182 Notice Boards from UNICEF for the EPI static sites in Kampala city
- KCCA EPI Focal persons conducted Routine Support supervision visits covering Cold Chain to 168 Health facilities with UNEPI Fridges
- Malaria Annual performance review meeting in line with the Malaria strategy 2020 that developed strategies of reducing Malaria incidence and stock of Anti Malaria commodities in the Health facilities.
- Roll out of Birth and Death Notification in Health facilities in Kampala; KCCA in partnership with NIRA
- KCCA in partnership with living Goods has started the roll out of the Community Health Worker Registry (CHWR) in Nakawa Division. The following pre implementation activities were conducted
- City wide SGBV training for health workers was conducted and covered 100 Health workers from the private health facilities (25 from Nakawa, Makindye, Central and Rubaga Division), 30 Health workers from the Government Health facilities

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- Community Dialogues were conducted to improve community linkage and referral of SGBV cases and victims to health facilities
- Strategic purchasing of Primary Health Care (PHC) services with focus on FP and MNCH services; the KCCA health team and think well team strategized on areas for purchasing PHC services from the private sector through selected public health facilities as a way of increasing access to quality services and decongesting the Government facilities
- Conducted support supervision visits in 19 Health facilities in Kampala
- KCCA in partnership MoH, UNICEF and UNFPA held a planning meeting to implement SRH activities in Kampala
- City AIDs committee meeting to discuss priorities for SRH/GBV/HIV Integration next year: KCCA in partnership with UNFPA convened the meeting to discuss priorities

- KCCA in partnership with UNICEF conducted a quarterly stakeholders meeting to review and advocate for integration of SGBV/ SRH services in HIV programming
- Developed concept note for the KCCA DPHE rapid retrospective assessment on current perinatal deaths in selected facilities in Kampala under Kampala MANE project
- Training of staff from selected hospitals in Kampala city to prepare them for implementation of the hospital component under the RBF project. These included; Old Kampala Hospital; Kibuli Muslim Hospital and St Francis Nsambya Hospital.
- RBF verification entailing quantity and quality assessment was conducted at Kisugu Health Centre III in Makindye Division and Kisenyi Health Centre IV in Central Division
- Under the IDI-KCCA HIV project; Data Quality Assessments were conducted a total of 15 health facilities in Rubaga Division
- Under Fast Track Cities project, a total 300 leaders at the Division and City level were engaged and oriented about the Fast Track Cities project supported by
- Country Coordinating Mechanism(CCM) for the Global Fund; KCCA health team attended the 1 day consultative meeting on key priorities for MARPS(Most At Risk Populations) for the Next Global Fund Cycle for the period 2020-23
- KCCA health team supported MoH and other partners to develop an HIV Testing Services(HTS) optimization strategy for the period of 2020/21 to 2024/25. This was organized by MoH and sponsored by CHAI.
- Sensitization about the Deliver and B-Protected studies; A team from MUJHU sensitized 100 health workers from the KCCA directly managed health facilities about the studies that will be conducted at Kawempe National Referral Hospital. The two studies will evaluate the safety of PrEP and the ring in pregnant and breastfeeding women.
- Conducted TB stakeholders meeting to track TB performance for the last 4 quarters and to formulate mechanisms that will enable the successful implementation of Amber Heart Foundation's TB project for Kampala City
- Mentored a total of 264 health workers at 65 DTUs, supported them monitor QI projects on running improving TB treatment response monitoring at 2, 5, 6 months of treatment and patient retention at 15 high volume sites
- Conducted TB screening exercise where a total of 1,669 persons were screened (899 Male and 770 Females).
- Conducted a CME on TB with more emphasis on Paediatric TB at Kawempe Referral hospital.- A total of 454 people from Musajja Alumbwa, Kasaato, Kibizzi Zone, Ndeeba, Kibuye, LUFULA kalerwe and the constitutional square were screened during the target outreaches, 86 were PTP, 11 were diagnosed Susceptible TB and 1 MDR-TB. All were diagnosed were initiated on treatment
- Mentored 25 Laboratory staff, Updated QI journals in 56 DTUs on results TAT, and Sample referral for gxp.
- 95% of genexpert sites participated in PT panel EQA and all scored 100%
- Onsite QI mentorship in 65 TB treatment sites
- Lab mentorships in 25 Health facilities
- Distribution of TB drugs in 65 TB treatment sites and cartridges in the 21 Gene Xpert sites
- TB treatment outreaches in 4 slums
- Joint ART SPARS Supervision; KCCA in partnership with IDI, UPMB, UCMB and Uganda Health Supply Chain (UHSC) program conducted the Joint ART SPARS Supervision in 9 selected Health facilities offering HIV services which included: IDI Mulago; MJAP ISS Clinic; MUJHU Clinic-Mulago; Kiruddu Hospital; Baylor Clinic; TASO Mulago; Makindye Military; Police HCII; and St Balikudembe Market Clinic
- Conducted routine support supervision at Kisugu HCIII and Kisenyi HCIV
- Redistributed 700 doses of redundant Efavirenz 600mg from Kisugu HCIII to JCRC Clinic
- Requested and received 300 doses of TDF/3TC/EFV from JCRC and were taken to Kisenyi HCIV to offset a shortage that was caused by delayed NMS deliveries
- Received Cycle 2 supplies from NMS for all the 7 health facilities; one consignment was delivered in November,2019 for cycle two as per the NMS schedule
- The KCCA health data team attended a DHIS2 training as part of the roll out of the new DHIS2 interface with improved capabilities and increased efficiency.
- A total of 1,429 clients were newly vaccinated against yellow fever from the City Hall Clinic in Kampala City. Of these, 795 (56% of the total clients) were male and the rest were female
- A total of 85 clinics were inspected by the medical team in the city in the process of provision of medical health services
- Validated the health facility master list for Kampala.

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- KCCA in partnership with Inter-AID and UNHCR conducted a Health Access and Utilization Survey for Urban refugees to evaluate access, utilization and related barriers of health services
- Active search and surveillance was conducted in a total of 65 Health facilities focusing on AFP and AEFIs for continuous reporting and submission of Weekly Epidemiological reports through Mtrac
- 70% of the construction works for Phase 3 for the maternity unit at Kitebi HCIII completed
- The layout of the Architectural design for upgrade of works at Kiswa Health Centre III was completed
- KCCA in partnership with Clinton Health Access Initiative (CHAI) and Ministry of Health (MoH) trained a total of 150 VHTs (30 VHTs per Division) on distribution and administration of Sayana Press.
- Integrated Family Planning Outreach Family planning 4 outreaches in makindye, 5 in Kawempe, 3 in Nakawa,5 in central and 3 in Rubaga
- Identified and mapped Partners for the Emergency Medical Services, Global Emergency care, Ogaget application, and the Makerere University College of Health Sciences Emergency medicine team for input into algorithms and SoPs.

IV. Medium Term Plans

Medium Term Plans

- Investment in health education and promotion
- Revamping the City Referral System(Emergency call Centre; Directory)
- Developing EMS Strategic Plan
- Revamping the community health structures in the city
- Increasing access of health services to the urban poor
- Construction and operationalization of medical waste treatment plant
- Establish a responsive community based and public health surveillance and education system
- Strengthen MPDSR in the city
- Incorporating Results Based Financing in the boarder scope of health financing(Policy changes)

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V. Summary of Past Performance and Medium Term Budget Allocations

Table 5.1: Overview of Vote Expenditures (US\$ Billion)

	2018/19 Outturn	2019/20		2020/21	MTEF Budget Projections				
		Approved Budget	Expenditure by End Dec		2021/22	2022/23	2023/24	2024/25	
Recurrent									
Wage	16.641	8.433	1.453	8.433	8.433	8.433	8.433	8.433	8.433
Non Wage	1.249	4.415	0.778	4.415	5.298	6.358	7.630	9.156	
Devt.									
GoU	0.918	0.938	0.016	0.938	0.938	0.938	0.938	0.938	0.938
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	18.808	13.786	2.248	13.786	14.670	15.729	17.001	18.527	
Total GoU+Ext Fin (MTEF)	18.808	13.786	2.248	13.786	14.670	15.729	17.001	18.527	
Arrears	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Budget	18.808	13.786	2.248	13.786	14.670	15.729	17.001	18.527	
A.I.A Total	0.904	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	19.712	13.786	2.248	13.786	14.670	15.729	17.001	18.527	
Total Vote Budget Excluding Arrears	19.712	13.786	2.248	13.786	14.670	15.729	17.001	18.527	

VI. Budget By Economic Classification

Table V6.1 2019/20 and 2020/21 Budget Allocations by Item

<i>Billion Uganda Shillings</i>	2019/20 Approved Budget				2020/21 Draft Estimates		
	GoU	Ext. Fin	AIA	Total	GoU	Ext. Fin	Total
Output Class : Outputs Provided	12.044	0.000	0.000	12.044	12.044	0.000	12.044
211 Wages and Salaries	8.433	0.000	0.000	8.433	8.433	0.000	8.433
221 General Expenses	0.251	0.000	0.000	0.251	0.251	0.000	0.251
223 Utility and Property Expenses	0.263	0.000	0.000	0.263	0.263	0.000	0.263
224 Supplies and Services	3.047	0.000	0.000	3.047	3.047	0.000	3.047
228 Maintenance	0.050	0.000	0.000	0.050	0.050	0.000	0.050
Output Class : Outputs Funded	0.804	0.000	0.000	0.804	0.804	0.000	0.804
263 To other general government units	0.804	0.000	0.000	0.804	0.804	0.000	0.804
Output Class : Capital Purchases	0.938	0.000	0.000	0.938	0.938	0.000	0.938
312 FIXED ASSETS	0.938	0.000	0.000	0.938	0.938	0.000	0.938
Grand Total :	13.786	0.000	0.000	13.786	13.786	0.000	13.786
Total excluding Arrears	13.786	0.000	0.000	13.786	13.786	0.000	13.786

VII. Budget By Programme And Subprogramme

Table V7.1: Past Expenditure Outturns and Medium Term Projections by Programme and SubProgramme

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Billion Uganda shillings	FY 2018/19 Outturn	FY 2019/20		2020-21 Proposed Budget	Medium Term Projections			
		Approved Budget	Spent By End Dec		2021-22	2022-23	2023-24	2024-25
07 Community Health Management	19.712	13.786	2.248	13.786	14.670	15.729	17.001	18.527
0115 LGMSD (former LGDP)	0.918	0.938	0.016	0.938	0.938	0.938	0.938	0.938
08 Public Health	18.793	12.849	2.231	12.849	13.732	14.792	16.063	17.589
Total for the Vote	19.712	13.786	2.248	13.786	14.670	15.729	17.001	18.527
Total Excluding Arrears	19.712	13.786	2.248	13.786	14.670	15.729	17.001	18.527

VIII. Programme Performance and Medium Term Plans

Table V8.1: Programme Outcome and Outcome Indicators (Only applicable for FY 2020/21)

Programme :	07 Community Health Management						
Programme Objective :	<p>1. Develop, monitor and evaluate the effectiveness of the KCCA Public Health Legislation; and institute frameworks and standards to ensure the promotion of health and wellbeing of the community.</p> <p>2. Plan, conduct research, develop and monitor the implementation of strategies on epidemiology and disease control including emergency management, vaccination/immunization, testing treatment and health impact assessment surveys.</p> <p>3. Plan, set benchmarks and monitor the implementation of health and wellbeing promotion through periodic inspections and intensive health education.</p> <p>4. Plan and monitor the provision of efficient and appropriate health screening and treatment services at all the City Maternal, Child Health and Medical Health Centres.</p> <p>5. Plan, and monitor the implementation of the Environmental and City Ambience Management through the Water, Sewerage & Sanitation, Waste, Parklands, and Cemeteries Inspection and Management</p>						
Responsible Officer:	Director Public Health and Environment						
Programme Outcome:	Improved coverage of primary care services and Education in Kampala City.						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Outcome Indicators			Performance Targets				
					2020/21	2021/22	2022/23
			Baseline	Base year	Target	Projection	Projection

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• Percentage change in OPD per capita in Kampala City	0	2018	2.5%	2.7%	2.8%
SubProgramme: 0115 LGMSD (former LGDP)					
Output: 81 Health Infrastructure Rehabilitation					
Number of completed infrastructure commissioned			1	1	1
Number of facilities refurbished			3	5	3
Percentage of works completed			100%	80%	75%
SubProgramme: 08 Public Health					
Output: 02 Monitoring and Inspection of Urban Health Units					
No. of private health units submitting HMIS reports			36	38	40
No. of public and private health units inspected and reports produced			8	10	11
Number of health inspections conducted and reports produced			156	161	163
Number of outreaches conducted			72	75	78
Output: 03 Primary Health Care Services (Wages)					
Number of health workers paid monthly salaries			450	483	494
Output: 04 Primary Health Care Services (Operations)					
Number of Antenatal care 1st visit attendance per			142,000	142,500	143,000
Percentage of Deliveries at KCCA Health Facilities			100%	100%	100%
Total number of children administered with Pentava			80,000	81,000	82,000
Output: 51 Provision of Urban Health Services					
No. of school health outreaches conducted			81	82	85
Number of Health Facilities receiving vaccines for			122	122	122
Percentage of Conditional grants disbursed to priv			100%	100%	100%

IX. Major Capital Investments And Changes In Resource Allocation

Table 9.1: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2019/20		FY 2020/21
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Dec	Proposed Budget and Planned Outputs
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Program : 08 07 Community Health Management		
Development Project : 0115 LGMSD (former LGDP)		
Output: 08 07 81 Health Infrastructure Rehabilitation		

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Establish an out patient department and construct a maternity ward at Kiswa health center. Procure tool for the KCCA Health centers.	-The layout of the Architectural design for upgrade of works at Kiswa Health Centre III was completed -KCCA in partnership with Clinton Health Access Initiative (CHAI) and Ministry of Health (MoH) trained a total of 150 VHTs (30 VHTs per Division) on distribution and administration of Sayana Press. -Integrated Family Planning Outreach Family planning 4 outreaches in makindye, 5 in Kawempe, 3 in Nakawa, 5 in central and 3 in Rubaga -Identified and mapped Partners for the Emergency Medical Services, Global Emergency care, Ogalet application, and the Makerere University College of Health Sciences Emergency medicine team for input into algorithms and SoPs.	Health Facilities Constructions and Improvements	
Total Output Cost(Ushs Thousand)	937,692	16,156	937,692
Gou Dev't:	937,692	16,156	937,692
Ext Fin:	0	0	0
A.I.A:	0	0	0

X. Vote Challenges and Plans To Improve Performance

Vote Challenges

The challenges under Medical section include;

Challenges

Medical services

- High dependence on partner support
- Limited budget for essential medicines and health supplies
- Delay in effecting payments for project activities
- Inadequate city referral system affecting linkage to care
- Stock out of Key HMIS tools and registers
- Inadequate vehicles for field based activities at the Division level
- MDR TB Management
- Understaffing at all levels .i.e. City, Division Health facility level

Plans to improve Vote Performance

Plans to improve performance

- Advocate for increased budget allocation for Medical services
- DPHE to continue engaging the DTS-KCCA about delayed payments which ultimately affects project outputs
- Expedite establishment of the fully operational call centre
- KCCA in engaging IDI and MOH to avail the key HMIS tools
- Allocation of vehicles for field based units at the Division level
- Enforcement to ensure that MDR access treatment
- DPHE to continue engaging the relevant stakeholders on Human source issues

XI Off Budget Support

Table 11.1 Off-Budget Support by Sub-Programme

N/A

XII. Vote Cross Cutting Policy And Other Budgetary Issues

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Table 12.1: Cross- Cutting Policy Issues

XIII. Personnel Information

Table 13.1 Staff Establishment Analysis

N/A

Table 13.2 Staff Recruitment Plan

N/A