### **QUARTER 1: Highlights of Vote Performance**

### V1: Summary of Issues in Budget Execution

**Table V1.1: Overview of Vote Expenditures (UShs Billion)** 

		Approved Budget	Released by End Q 1	Spent by End Q1	% Budget Released	% Budget Spent	% Releases Spent
Recurrent	Wage	8.433	2.108	1.482	25.0%	17.6%	70.3%
	Non Wage	4.415	0.863	0.344	19.5%	7.8%	39.9%
Devt.	GoU	0.938	0.323	0.000	34.4%	0.0%	0.0%
	Ext. Fin.	0.000	0.000	0.000	0.0%	0.0%	0.0%
	GoU Total	13.786	3.294	1.826	23.9%	13.2%	55.4%
Total GoU+Ext F	in (MTEF)	13.786	3.294	1.826	23.9%	13.2%	55.4%
	Arrears	0.000	0.000	0.000	0.0%	0.0%	0.0%
To	otal Budget	13.786	3.294	1.826	23.9%	13.2%	55.4%
	A.I.A Total	0.000	0.000	0.000	0.0%	0.0%	0.0%
G	Frand Total	13.786	3.294	1.826	23.9%	13.2%	55.4%
<b>Total Vote Budget</b>	Excluding Arrears	13.786	3.294	1.826	23.9%	13.2%	55.4%
	Arrears						

Table V1.2: Releases and Expenditure by Programme and Sub-SubProgramme\*

Billion Uganda Shillings	Approved Budget	Released	Spent	% Budget Released	% Budget Spent	%Releases Spent
Programme: Human Capital Development	12.85	2.97	1.83	23.1%	14.2%	61.5%
Sub-SubProgramme: 07 Community Health Management	12.85	2.97	1.83	23.1%	14.2%	61.5%
Programme: Public Sector Transformation	0.94	0.32	0.00	34.4%	0.0%	0.0%
Sub-SubProgramme: 07 Community Health Management	0.94	0.32	0.00	34.4%	0.0%	0.0%
Total for Vote	13.79	3.29	1.83	23.9%	13.2%	55.4%

Matters to note in budget execution

## Vote: 122 Kampala Capital City Authority

### **QUARTER 1: Highlights of Vote Performance**

The Directorate of Public Health and Environment budgeted UGX.31.02Bn for execution of various out puts. In the first quarter, UGX.13.79Bn was released for Medical Services and UGX.17.23Mn to the Sanitation, Environment & Inspectorate Services. UGX.7.82Bn was released by end of September of which UGX.4.85BnBn spent representing an absorption rate of 62%. Challenges

- -Due to lack of the three-phase meter for the supplied three-phase cable, the Vaccine Walk in cold room is currently non-operational
- -Unstable power affecting powering of lab equipment (CBC and clinical chemistry analysers) and installation of haematology analyser and repair the chemistry analyser at Kitebi HCIII
- -The toll free line on downtime due to exit of the carrier of the service-Africell Uganda. This has hampered operations with few community calls coming into the call center.
- -Mobile data for the drivers interface and the facilities have been interfered with since the exit of Africell-Uganda. The referral loop is not being completed on the system.

#### Table V1.3: High Unspent Balances and Over-Expenditure in the Domestic Budget (Ushs Bn)

#### (i) Major unpsent balances Departments, Projects Sub-SubProgramme 07 Community Health Management 0.467 Bn Shs Department/Project :08 Public Health Reason: Medical supplies procurement, medical equipment maintenance, Water bills and procurement of Health Staff uniforms is on going. Items 412,532,981,000 UShs 224001 Medical Supplies Reason: Medical supplies procurement, medical equipment maintenance, Water bills and procurement of Health Staff uniforms is on going. 21,750,000,000 UShs 224005 Uniforms, Beddings and Protective Gear Reason: Medical supplies procurement, medical equipment maintenance, Water bills and procurement of Health Staff uniforms is on going. 19,396,000.000 UShs 223006 Water Reason: Medical supplies procurement, medical equipment maintenance, Water bills and procurement of Health Staff uniforms is on going. 13,000,000.000 UShs 228003 Maintenance – Machinery, Equipment & Furniture Reason: Medical supplies procurement, medical equipment maintenance, Water bills and procurement of Health Staff uniforms is on going. 0.323 Bn Shs Department/Project :1686 Retooling of Kampala Capital City Authority Reason: Procurement of Phase II health center civil works is on going. Items 322,678,700.000 UShs 312101 Non-Residential Buildings Reason: Procurement of Phase II health center civil works is on going.

### V2: Performance Highlights

(ii) Expenditures in excess of the original approved budget

## Vote: 122 Kampala Capital City Authority

### **QUARTER 1: Highlights of Vote Performance**

#### Table V2.1: Sub-SubProgramme Outcome and Outcome Indicators\*

Sub-SubProgramme: 07 Community Health Managem	ent						
Responsible Officer: Director Public Health and Environment							
Sub-SubProgramme Outcome: Improved coverage of primary care services and Education in Kampala City.							
Sub-SubProgramme Outcome Indicators	amme Outcome Indicators Indicator Planned 2021/22 Actuals By END Q1 Measure						
Percentage change in OPD per capita in Kampala City	Percentage	4.3%	2.3%				

#### **Table V2.2: Budget Output Indicators\***

Sub-SubProgramme: 07 Community Health Management	
Department: 08 Public Health	

Budget OutPut: 02 Monitoring and Inspection of Urban Health Units

<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1
No. of private health units submitting HMIS reports	Number	36	36
No. of public and private health units inspected and reports produced	Number	8	8
Number of health inspections conducted and reports produced	Number	167	44
Number of outreaches conducted	Number	79	54

#### **Budget OutPut: 03 Primary Health Care Services (Wages)**

<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1
Number of health workers paid monthly salaries	Number	469	469

#### **Budget OutPut: 04 Primary Health Care Services (Operations)**

<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1
Number of Antenatal care 1st visit attendance per	Number	159644	34294
Percentage of Deliveries at KCCA Health Facilities	Percentage	100%	86%
Total number of children administered with Pentava	Number	80000	24407

#### **Budget OutPut: 51 Provision of Urban Health Services**

<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1
No. of school health outreaches conducted	Number	79	0
Number of Health Facilities receiving vaccines for	Number	149	69
Percentage of Conditional grants disbursed to priv	Percentage	100%	0%

#### Project: 1686 Retooling of Kampala Capital City Authority

### **QUARTER 1: Highlights of Vote Performance**

Budget OutPut : 51 Provision of Urban Health Services								
<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1					
No. of school health outreaches conducted	Number	79	0					
Number of Health Facilities receiving vaccines for	Number	8	8					
Percentage of Conditional grants disbursed to priv	Percentage	100%	1%					
Budget OutPut: 80 Health Infrastructure Construction	on							
<b>Budget Output Indicators</b>	Indicator Measure	Planned 2021/22	Actuals By END Q1					
Status of construction of health Infrastructure	Process	92%	0					

#### Performance highlights for the Quarter

The performance highlights for the current quarter include the following;

Workplan

- -Conducting onsite data/ HMIS focused Mentorships
- -Co-ordinating partners to ensure availability of HMIS tools
- -Conducting Division Data cleaning sessions
- -Procurement of EMHS for the KCCA directly managed health facilities
- -Timely ordering of essential medicines and health supplies (EMHS) for health facilities in Kampala
- -Procurement planning / Forecasting for EMHS for KCCA directly managed health facilities"
- -Conducting Supportive supervision at HF level
- -Transfer of Primary Health Care funds to 33 Health centers
- -COVID 19 surveillance and response
- -Construction works for the 1st phase of the maternity block at Kiswa HCIII
- -Procurement of 10 beds; 2 oxygen cylinders; 2 concentrator; 10 lockers; and Curtains for Kisenyi HCIV and Bukoto HCII
- -Conducting Integrated FP in reaches
- -Conducting integrated Community FP outreaches
- -Conducting quarterly Onsite Mentorship on LARC for FP service providers
- -Conducting quarterly support supervision at Division
- -Monitoring of medical Waste disposal and collection services targeting KCCA directly managed units
- -Operationalization of a functional call and dispatch Centre

## V3: Details of Releases and Expenditure

Table V3.1: Releases and Expenditure by Budget Output\*

Billion Uganda Shillings	Approved Budget	Released	Spent	% GoU Budget Released	% GoU Budget Spent	%GoU Releases Spent
Sub-SubProgramme 07 Community Health Management	13.79	3.29	1.83	23.9%	13.2%	55.4%
Class: Outputs Provided	12.04	2.97	1.83	24.7%	15.2%	61.5%
080702 Monitoring and Inspection of Urban Health Units	0.34	0.09	0.03	26.0%	8.4%	32.3%
080703 Primary Health Care Services (Wages)	8.43	2.11	1.48	25.0%	17.6%	70.3%
080704 Primary Health Care Services (Operations)	3.27	0.77	0.32	23.7%	9.6%	40.8%

## **QUARTER 1: Highlights of Vote Performance**

Billion Uganda Shillings	Approved Budget	Released	Spent	% GoU Budget Released	% GoU Budget Spent	%GoU Releases Spent
Class: Outputs Funded	0.94	0.00	0.00	0.0%	0.0%	0.0%
080751 Provision of Urban Health Services	0.94	0.00	0.00	0.0%	0.0%	0.0%
Class: Capital Purchases	0.81	0.32	0.00	40.0%	0.0%	0.0%
080780 Health Infrastructure Construction	0.81	0.32	0.00	40.0%	0.0%	0.0%
Total for Vote	13.79	3.29	1.83	23.9%	13.2%	55.4%

Table V3.2: 2021/22 GoU Expenditure by Item

Billion Uganda Shillings	Approved Budget	Released	Spent	% GoU Budget Released	% GoU Budget Spent	%GoU Releases Spent
Class: Outputs Provided	12.04	2.97	1.83	24.7%	15.2%	61.5%
211101 General Staff Salaries	8.43	2.11	1.48	25.0%	17.6%	70.3%
211103 Allowances (Inc. Casuals, Temporary)	0.09	0.02	0.02	26.0%	26.0%	100.0%
221009 Welfare and Entertainment	0.16	0.04	0.04	24.9%	24.7%	99.0%
223005 Electricity	0.19	0.00	0.00	0.0%	0.0%	0.0%
223006 Water	0.07	0.02	0.00	26.0%	0.0%	0.0%
224001 Medical Supplies	2.09	0.44	0.03	21.2%	1.5%	7.2%
224004 Cleaning and Sanitation	0.86	0.30	0.25	34.6%	28.6%	82.8%
224005 Uniforms, Beddings and Protective Gear	0.09	0.02	0.00	26.0%	1.8%	7.1%
228003 Maintenance – Machinery, Equipment & Furniture	0.05	0.01	0.00	26.0%	0.0%	0.0%
Class: Outputs Funded	0.94	0.00	0.00	0.0%	0.0%	0.0%
263321 Conditional trans. Autonomous Inst (Wage subvention	0.94	0.00	0.00	0.0%	0.0%	0.0%
Class: Capital Purchases	0.81	0.32	0.00	40.0%	0.0%	0.0%
312101 Non-Residential Buildings	0.81	0.32	0.00	40.0%	0.0%	0.0%
Total for Vote	13.79	3.29	1.83	23.9%	13.2%	55.4%

Table V3.3: Releases and Expenditure by Department and Project\*

Billion Uganda Shillings	Approved Budget	Released	Spent	% GoU Budget Released	% GoU Budget Spent	%GoU Releases Spent
Sub-SubProgramme 0807 Community Health Management	13.79	3.29	1.83	23.9%	13.2%	55.4%
Departments						
08 Public Health	12.85	2.97	1.83	23.1%	14.2%	61.5%
Development Projects						
1686 Retooling of Kampala Capital City Authority	0.94	0.32	0.00	34.4%	0.0%	0.0%
Total for Vote	13.79	3.29	1.83	23.9%	13.2%	55.4%

### **QUARTER 1: Highlights of Vote Performance**

### Table V3.4: External Financing Releases and Expenditure by Sub-SubProgramme and Project

Billion Uganda Shillings	Approved Relea	sed Spent	% Budget	% Budget	%Releases
	Budget		Released	Spent	Spent

## **QUARTER 1: Cumulative Outputs and Expenditure by End of Quarter**

<b>Annual Planned Outputs</b>	<b>Cumulative Outputs Achieved by</b>	<b>Cumulative Expenditures made by</b>	UShs
	End of Quarter	the End of the Quarter to	Thousand
		<b>Deliver Cumulative Outputs</b>	
Sub-SubProgramme: 07 Community H	ealth Management		
Departments			
Department: 08 Public Health			
Outputs Provided			
<b>Budget Output: 02 Monitoring and Insp</b>	pection of Urban Health Units		
Increased coverage, access and awareness		Item	Spent
	-Served, 47,937 family planning users of which 8,615 were at KCCA managed	211103 Allowances (Inc. Casuals, Temporary)	23,394
population in the community	bulation in the community which 8,615 were at KCCA managed health facilities and 22,393 were first	224001 Medical Supplies	5,117
Increased Quality of Malaria services in the city.	time Family Planning users		
•	-Cough or Cold- No pneumonia ranked		
	highest- cause of morbidity with 50,155		
	cases (25,212 M; 24,943 F) (21%).		
	Followed by Malaria with 44,575 cases		
	(20,854 M; 23,721 F) contributing 19%Registered 3,996 road traffic injuries of		
	which majority (46%) were attributed to		
	Motor cycle		
	-Registered 1,532 deaths in Kampala of		
	which 66% were due to Non-		
	communicable diseases.		

#### Reasons for Variation in performance

There were no variations under Increased coverage, access and awareness for FP services among the underserved population in the community There were no variations under Increased Quality of Malaria services in the city.

28,511

Total

Wage Recurrent

		Non Wage Recurrent	28,511
		Arrears	0
		AIA	0
<b>Budget Output: 03 Primary Health O</b>	Care Services (Wages)		
Payment of health workers salaries	Paid 449 health works salaries totaling to	Item	Spent
	UGX.1.48Bn	211101 General Staff Salaries	1,482,217
Reasons for Variation in performance	?		
There were no variations under Payme	nt of health workers salaries		
		Total	1,482,217
		Wage Recurrent	1,482,217
		Non Wage Recurrent	0
		Arrears	0
		AIA	0

#### **Budget Output: 04 Primary Health Care Services (Operations)**

Reduced stock out of medical supplies 
Drug Stock out

-Only Depo Provera Injection was out of

### QUARTER 1: Cumulative Outputs and Expenditure by End of Quarter

Essential Medicines and Health supplies management

Strengthening the Disease Surveillance and Response in the city

Supporting the continuity of immunization services delivery in the city

Increased Quality of Malaria services in the city

Efficient and effective health services delivery

Monitoring and supporting the delivery of health services and hence ensuring that there are in line with national policies

the city

stock among the five tracer medicines (i.e. I Artemether/ Lumefantrine Tablets, Depo Provera Injection, Measles Vaccine, ORS, Sulphadoxine/ Pyrimethamine Tablets) at all the 8 KCCA directly managed health units.

#### **Essential Medicines**

-Made 100% ordering, there was no expenditure since National Medical Stores did not deliver

COVID 19 surveillance and response -50,260 COVID-19 confirmed cases and 761 COVID-19 related deaths by September 30th of which 5,486 new COVID 19 infections and 152 COVID-19 related deaths were btn July and September 2021 Coordinating Maternal Health services in -296,255 persons had been vaccinated with the 1st dose representing and 116,398 had been vaccinated with the 2nd dose of the vaccine

#### Immunization

-Immunized 14,928 children under the age of one year with pentavalent vaccine (DPT3) in Kampala at the 138 static immunization sites of with 2.029children at KCCA directly managed health units -16,311 children under the age of one year administered with the 1st does of the measles rubella vaccine of which KCCA managed health facilities contributed 1,893

#### Malaria

-Finalized micro plan and budget for Mosquito net distribution in Kampala KCCA, MoH in collaboration with TASO Mulago, Uganda Health Care Federation (UHF) with support from Global Fund conducted the DQA focusing on the Malaria program

#### ART Regimen

-173,247 clients (57,038 M; 116,209 F) clients were active on ART of which 160.138(52.012 M: 108.126 F) were on 1st line ARV regimen, 12,802 clients (4,883 M; 7,919 F) on the 2nd line ARV regimen, and 307 clients (143 M; 164) on the 3rd ARV regimen

Budget performance -UGX.31.02Bn was allocated to the Directorate of Public Health and Environment for FY 2021/22 for

Item	Spent
221009 Welfare and Entertainment	39,736
224001 Medical Supplies	26,856
224004 Cleaning and Sanitation	247,245
224005 Uniforms, Beddings and Protective	1,650

### QUARTER 1: Cumulative Outputs and Expenditure by End of Quarter

execution of the planned outputs. In the first quarter, UGX.13.79Bn was for Medical Services and UGX.17.23Mn to the Sanitation, Environment & Inspectorate Services. UGX.7.82Bn was released by end of September of which UGX.4.85BnBn spent representing an absorption rate of 62%.

-Registered 782,731 patients (322,971M; 459,760F) at OPD of 35,444 patients (122,806 M; 22,638 F) at KCCA directly managed health facilities. Hence, OPD utilisation rate for Kampala was 1.88 above the HSDP target of 1.5. -26,789 ANC 1st visit attendances of which 12,045 (45%) were at KCCA directly managed health facilities -Registered 22,109 deliveries in Kampala of which 5,796 deliveries at KCCA directly managed health units -Registered 7,357 admissions in the maternity units of the KCCA directly managed units, of which 1,087 clients were referred.

#### Reasons for Variation in performance

The Essential Medicines were not delivered in the first quarter and no payments were made

The variation in budget performance was due to the reduction in the number of staff

There was a variation under Supporting the continuity of immunization services delivery in the city, where the number immunized surpassed the planned

There was an increase in the number of people testing positive under COVID-19 as a result of the second wave

There were no variations under Coordinating Maternal Health services in the city

There were no variations under Efficient and effective health services delivery

There were no variations under Increased Quality of Malaria services in the city

There were no variations under Reduced stock out of medical supplies

Total	315,487
Wage Recurrent	0
Non Wage Recurrent	315,487
Arrears	0
AIA	0
<b>Total For Department</b>	1,826,215
Total For Department Wage Recurrent	<b>1,826,215</b> 1,482,217
•	, ,
Wage Recurrent	1,482,217

**Development Projects** 

Project: 1686 Retooling of Kampala Capital City Authority

Capital Purchases

**Budget Output: 80 Health Infrastructure Construction** 

# Vote: 122 Kampala Capital City Authority

## **QUARTER 1: Cumulative Outputs and Expenditure by End of Quarter**

<b>Annual Planned Outputs</b>	Cumulative Outputs Achieved by End of Quarter	Cumulative Expenditures made by the End of the Quarter to Deliver Cumulative Outputs	UShs Thousand
Developing infrastructure within the KCCA directly managed health units	Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	Spent
Reasons for Variation in performance			
There were no variations under Develop	aing infrastructure within the VCCA directly		
There were no variations under Develop	ping mirastructure within the KCCA directly	managed nearth units	
There were no variations under Develop	ping intrastructure within the RCCA directly	Total	
There were no variations under Develop	oning initiasulucture within the RCCA directly	-	
There were no variations under Develop	onig initastructure within the RCCA directly	Total	
There were no variations under Develop	onig initasuucture within the RCCA directly	Total GoU Development	0
There were no variations under Develop	onig initastructure within the RCCA directly	Total GoU Development External Financing	0
There were no variations under Develop	onig initastructure within the RCCA directly	Total GoU Development External Financing Arrears AIA	
There were no variations under Develop	ping mirasuucture within the RCCA directly	Total GoU Development External Financing Arrears	
There were no variations under Develop	onig initastructure within the RCCA directly	Total GoU Development External Financing Arrears AIA Total For Project	

GRAND TOTAL	1,826,215
Wage Recurrent	1,482,217
Non Wage Recurrent	343,998
GoU Development	0
External Financing	0
Arrears	0
AIA	0

AIA

0

## Vote: 122 Kampala Capital City Authority

## **QUARTER 1: Outputs and Expenditure in Quarter**

Sub-SubProgramme: 07 Community Health Management  Departments  Department: 08 Public Health  Outputs Provided  Budget Output: 02 Monitoring and Inspection of Urban Health Units  "• Conducting Quarterly TB Performance review meetings at City level • Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups • Conducting TB awareness campaigns through outreaches in schools • Conducting TB awareness campaigns through Radio talk shows • Conducting TB awareness campaigns through Radio talk shows • Conducting mentorship and support supervision to DTUs by District team (Monthly)  Sub-SubProgramme: 07 Community Health Management  Department:  Family Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  -Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 cases (25,212 M; 24,943 F) (21%).  Followed by Malaria with 44,575 cases (20,854 M; 23,721 F) contributing 19%.  -Registered 3,996 road traffic injuries of which majority (46%) were attributed to	sand
Department: 08 Public Health  Outputs Provided  Budget Output: 02 Monitoring and Inspection of Urban Health Units  "• Conducting Quarterly TB Performance review meetings at City level • Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups • Conducting TB awareness campaigns through outreaches in schools • Conducting TB awareness campaigns through Radio talk shows • Conducting mentorship and support supervision to DTUs by District team  Family Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  -Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 cases (25,212 M; 24,943 F) (21%). Followed by Malaria with 44,575 cases • Conducting mentorship and support supervision to DTUs by District team	
Budget Output: 02 Monitoring and Inspection of Urban Health Units  "• Conducting Quarterly TB Performance review meetings at City level	
Budget Output: 02 Monitoring and Inspection of Urban Health Units  "• Conducting Quarterly TB Performance review meetings at City level • Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups • Conducting TB awareness campaigns through outreaches in schools • Conducting TB awareness campaigns through Radio talk shows • Conducting TB awareness campaigns through Radio talk shows • Conducting TB awareness campaigns through Radio talk shows • Conducting mentorship and support supervision to DTUs by District team  Family Planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  • Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 cases (25,212 M; 24,943 F) (21%).  Followed by Malaria with 44,575 cases • Conducting mentorship and support supervision to DTUs by District team	
"• Conducting Quarterly TB Performance review meetings at City level • Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups • Conducting TB awareness campaigns through outreaches in schools • Conducting TB awareness campaigns through Radio talk shows • Conducting TB awareness campaigns through Radio talk shows • Conducting mentorship and support supervision to DTUs by District team  Family Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  Ocupanting Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  Ocupanting Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  Ocupanting Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  Ocupanting Planning -Served, 47,937 family planning users of which 8,615 were at KCCA managed health facilities and 22,393 were first time Family Planning users  Ocupanting Planning -Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 -Cases (25,212 M; 24,943 F) (21%).  Followed by Malaria with 44,575 cases  Ocupanting Planning -Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 -Cases (25,212 M; 24,943 F) (21%).  Followed by Malaria with 44,575 cases  -Conducting TB awareness campaigns -Conducting TB awareness campaigns -Cough or Cold- No pneumonia ranked highest- cause of morbidity with 50,155 -Cases (25,212 M; 24,943 F) (21%).  Followed by Malaria with 44,575 cases  -Conducting TB awareness campaigns -Cough or Cold- No pneumonia ranked highest- caus	
review meetings at City level  Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups  Conducting TB awareness campaigns through outreaches in schools  Conducting TB awareness campaigns through Radio talk shows  Conducting TB awareness campaigns through Radio talk shows  Conducting mentorship and support supervision to DTUs by District team  Conducting TB awareness campaigns through Radio talk shows  Conducting mentorship and support supervision to DTUs by District team  Conducting TB awareness campaigns through Radio talk shows  Conducting mentorship and support supervision to DTUs by District team  Conducting TB awareness campaigns through Radio talk shows  Conducting TB awareness campaigns through Radio	
Conducting Bi annual TB Stakeholders coordination meetings at District level  Contact tracing and screening for TB/MDR and HIV testing of contacts  Conducting screening activities targeting high risk groups (prisoners, fisherfolks, refugees etc) and outreaches using CHWs  "Conducting Integrated FP inreaches  Conducting integrated Community FP outreaches  Conducting quaterly Onsite Mentorship on LARC for FP service providers  Conducting quarterly support suppervision at Division  Conducting Data forcused mentorships/ Coaching  Conducting quarterly FP performance review meetings  "Motor cycle  -Registered 1,532 deaths in Kampala of which 66% were due to Non-communicable diseases.  Motor cycle  -Registered 1,532 deaths in Kampala of which 66% were due to Non-communicable diseases.	<b>Spent</b> 23,394 5,117

#### Reasons for Variation in performance

There were no variations under Increased coverage, access and awareness for FP services among the underserved population in the community There were no variations under Increased Quality of Malaria services in the city.

28,511	Total
0	Wage Recurrent
28,511	Non Wage Recurrent
0	AIA

#### **Budget Output: 03 Primary Health Care Services (Wages)**

Payment of 449 health workers salaries Paid 449 health works salaries totaling to UGX.1.48Bn Item Spent 211101 General Staff Salaries 1,482,217

### **QUARTER 1: Outputs and Expenditure in Quarter**

#### Reasons for Variation in performance

There were no variations under Payment of health workers salaries

Total	1,482,217
Wage Recurrent	1,482,217
Non Wage Recurrent	0
AIA	0

#### **Budget Output: 04 Primary Health Care Services (Operations)**

- "• Timely ordering of essential medicines and health supplies (EMHS) for health facilities in Kampala
- Procurement planning / Forecasting for facilities
- Procurement of EMHS for the KCCA directly managed health facilities

KCCA directly managed facilities with adequate stock of essential medicines and health supplies

- ". Conducting Quarterly harmonization and quality assurance meeting between KCCA and NIRA on births and deaths at city and division level
- · Distribution of birth and death notification forms
- Enrolling health facilities offering maternity services on the e- NIRA platform
- Mentorship sessions for notifying health facilities
- Providing data bundles/ internet connectivity to selected high volume public sites

Selected high volume health facilities benefiting from the NIRA-KCCA partnership

- "• 5day Integrated management of malaria training for health workers (15 per division) across Kampala.
- CMEs on malaria management at health facility level
- Malaria Clinical Audits in 10 health facilities in the city.
- · Distribution of LLINs at health facility and community level
- DQA focusing on the Malaria program
- ". Onsite HF invoice verification and validation
- · Support supervision of KCCA, PNFP and PFP facilities in Kampala
- Conducting Quarterly Performance

Drug Stock out -Only Depo Provera Injection was out of stock among the five tracer medicines (i.e Artemether/ Lumefantrine Tablets, Depo EMHS for KCCA directly managed health Provera Injection, Measles Vaccine, ORS, Sulphadoxine/ Pyrimethamine Tablets) at all the 8 KCCA directly managed health units.

#### **Essential Medicines**

-Made 100% ordering, there was no expenditure since National Medical Stores did not deliver

COVID 19 surveillance and response -50.260 COVID-19 confirmed cases and 761 COVID-19 related deaths by September 30th of which 5,486 new COVID 19 infections and 152 COVID-19 related deaths were btn July and September 2021

-296,255 persons had been vaccinated with the 1st dose representing and 116,398 had been vaccinated with the 2nd dose of the vaccine

#### Immunization

-Immunized 14,928 children under the age of one year with pentavalent vaccine (DPT 3) in Kampala at the 138 static immunization sites of with 2,029children at KCCA directly managed health units -16,311 children under the age of one year administered with the 1st does of the measles rubella vaccine of which KCCA managed health facilities contributed 1,893

#### Malaria

-Finalized micro plan and budget for Mosquito net distribution in Kampala KCCA, MoH in collaboration with TASO Mulago, Uganda Health Care Federation (UHF) with support from Global Fund conducted the DQA focusing on the

Item	Spent
221009 Welfare and Entertainment	39,736
224001 Medical Supplies	26,856
224004 Cleaning and Sanitation	247,245
224005 Uniforms, Beddings and Protective Gear	1,650

### **QUARTER 1: Outputs and Expenditure in Quarter**

Review meetings

- · Conducting Civil registration (Birth and Death Notification) bi annual performance ART Regimen review meetings
- Conducting RBF Quality and Quantity Verification
- Conducting Quarterly QI meetings
- Conducting Monthly MPDSR meetings
- "• Dialogue with Kawempe regional Referral Hospital management
- Training Health facilities from both Private and public facilities on MPDSR
- Setting up a virtual Learning Network between referral and referring sites within Environment for FY 2021/22 for the Kampala
- Maping underserved communities in Kampala and were attached to KCCA directly managed facilities to plan integrated communities in mapped areas

Increased vigilance and notification of vital statistics ". Conducting Quarterly harmonization and quality assurance meeting between KCCA and NIRA on births and deaths at city and division level

- Distribution of birth and death notification forms
- Enrolling health facilities offering maternity services on the e- NIRA platform
- Mentorship sessions for notifying health facilities
- Providing data bundles/ internet connectivity to selected high volume public sites

istrict Planning Meeting

- Joint support supervision by selected District leaders and DHT teams
- Quarterly Performance review meetings at Division and district level (6 divisions)
- quarterly Stakeholders coordination meetings at City level
- Quarterly HIV Stakeholders coordination meetings at Division level (5 Divisions)
- Quarterly KCCA AIDS Committee meeting- Citywide
- Quarterly City Quality Improvement Meeting
- Quarterly Division Quality Improvement Meeting
- HMIS/ Data Management Bi-Monthly co-ordination meetings at Citywide level
- Quarterly Division Data Quality Assessments
- Facilitation for Division HMIS volunteers for Health data management
- DHIS2 onsite mentorship for specific

Malaria program

-173,247 clients (57,038 M; 116,209 F) clients were active on ART of which 160,138(52,012 M; 108,126 F) were on 1st line ARV regimen, 12,802 clients (4,883 M; 7,919 F) on the 2nd line ARV regimen, and 307 clients (143 M; 164) on the 3rd ARV regimen

Budget performance

-UGX.31.02Bn was allocated to the Directorate of Public Health and execution of the planned outputs. In the first quarter, UGX.13.79Bn was for Medical Services and UGX.17.23Mn to the Sanitation, Environment & Inspectorate Services. UGX.7.82Bn was released by end of September of which UGX.4.85BnBn spent representing an absorption rate of 62%.

-Registered 782,731 patients (322,971M; 459,760F) at OPD of 35,444 patients (122,806 M; 22,638 F) at KCCA directly managed health facilities. Hence, OPD utilisation rate for Kampala was 1.88 above the HSDP target of 1.5. -26,789 ANC 1st visit attendances of which 12,045 (45%) were at KCCA directly managed health facilities -Registered 22,109 deliveries in Kampala of which 5,796 deliveries at KCCA directly managed health units -Registered 7,357 admissions in the maternity units of the KCCA directly managed units, of which 1,087 clients were referred.

### **QUARTER 1: Outputs and Expenditure in Quarter**

health facilities preferrably HCIII and above (60 Health facilities per Division)

- Formation and orientation of parish AIDS committees
- Conduct Parish AIDS committee meting
- Mentorship and support supervision for KP service delivery points
- Conduct mentorships post training visits and support supervision visits to SLMTA and basic LQMS sites to increase uptake of viral load, EID, Recency, Serum crag, CD4 and GeneXpert services and application of knowledge gained.
- Technical support supervision visits to support Advanced HIV Disease management, regimen optimization, VL monitoring, Third line ART, NCD screening and Management, Implementation of revised ART guidelines and SOPs at HFs within the region.
- Procurement of key Infrastructure for the HIV/AIDs office
- Division OVC stakeholder coordination meetings
- COVCC-Citywide
- SOVCC-Division"• Conducting daily COVID 19 Implementation Team meetings
- Conducting GKMA COVID 19 coordination meetings covering the neighbouring districts of Mukono and Wakiso
- Conducting surveillance co-ordination meetings with the POE management at Port bell
- Conduct mentorship on COVID 19 preparedness and case management
- Disseminate case management guidelines, SOPs and strategies for IPC & WASH to all health facilities.
- Build surge capacity to support case management and IPC through training health workers in case management especially in private health facilities.
- Reactivate IPC and WASH Committees in Health Facilities.
- Training health workers from the private and public sector on provision of mental health and psychosocial support services
- Training VHT members on provision of psychosocial support services
- HF based surveillance. Screening at health facility gates and isolation tents to hold those with symptoms.
- Conducting refresher trainings for Village Health Teams (VHTs) to support contact tracing and active search.
- Development and utilization of digitalized materials such as informative

## **QUARTER 1: Outputs and Expenditure in Quarter**

video clips

- Participating in COVID 19 related Radio/TV talk shows
- Conducting health education sessions using trained VHTs
- Distribution of IEC materials by the VHTs
- Conducting engagement meetings with Political leaders
- Conducting engagement meetings with Religious leaders
- Conducting engagement meetings with the Business owners, Arcade Owners, Taxi and Markets Authorities
- Conduct compliance and enforcement co-ordination

Annual OVC Citywide stakeholders meeting.

- Annual review meeting for Probation and Social welfare officers, police child and family protection officers on management of GBV and child abuse cases
- Conduct support visits to selected OVC household for case management and Following up GBV and child protection cases for emergency ,medical and legal support
- Inspection of children homes in the city for compliance to the rules and regulations
- Support supervision visits by the KCCA Finance team
- ""• Conducting Quarterly TB Performance review meetings at City leve
- 1• Conducting HUB coordination meetings to strengthen sample referral especially from Private clinics, Drug shops & risk groups
- Conducting TB awareness campaigns through outreaches in schools
- Conducting TB awareness campaigns through Radio talk shows
- Conducting mentorship and support supervision to DTUs by District team (Monthly)
- Conducting Bi annual TB Stakeholders coordination meetings at District level
- Contact tracing and screening for TB/MDR and HIV testing of contacts
- Conducting screening activities targeting high risk groups (prisoners, fisherfolks, refugees etc) and outreaches using CHWs
- ""• Conducting Integrated FP in reaches
- Conducting integrated Community FP outreaches
- Conducting quaterly Onsite Mentorship on LARC for FP service providers
- Conducting quarterly support

## Vote: 122 Kampala Capital City Authority

### **QUARTER 1: Outputs and Expenditure in Quarter**

supervision at Division

- Conducting Data focused mentorships/ Coaching
- Conducting quarterly FP performance review meetings
- ""• 5day Integrated management of malaria training for health workers (15 per division) across Kampala.
- CMEs on malaria management at health facility level
- Malaria Clinical Audits in 10 health facilities in the city.
- Distribution of LLINs at health facility and community levelStrengthened MCH services in the city "• Dialogue with Kawempe regional Referral Hospital management
- Training Health facilities from both Private and public facilities on MPDSR
- Setting up a virtual Learning Network between referral and referring sites within the Kampala
- Mapping underserved communities in Kampala and were attached to KCCA directly managed facilities to plan integrated communities in mapped areas

#### Reasons for Variation in performance

The Essential Medicines were not delivered in the first quarter and no payments were made

The variation in budget performance was due to the reduction in the number of staff

There was a variation under Supporting the continuity of immunization services delivery in the city, where the number immunized surpassed the planned

There was an increase in the number of people testing positive under COVID-19 as a result of the second wave

There were no variations under Coordinating Maternal Health services in the city

There were no variations under Efficient and effective health services delivery

There were no variations under Increased Quality of Malaria services in the city

There were no variations under Reduced stock out of medical supplies

315,487	Total
0	Wage Recurrent
315,487	Non Wage Recurrent
0	AIA

Outputs Funded

#### **Budget Output: 51 Provision of Urban Health Services**

Transfer of funds on Autonomous health institutions

Transfers to NGO Hospitals Item

-Transferred UGX.39Mn to NGO

hospitals

#### Reasons for Variation in performance

There were no variations under Transfer of NGO hospitals funds

Total (	Total 0
Recurrent (	ge Recurrent (
Recurrent (	ge Recurrent (

# Vote: 122 Kampala Capital City Authority

## **QUARTER 1: Outputs and Expenditure in Quarter**

Outputs Planned in Quarter	Actual Outputs Achieved in Quarter	Expenditures i Quarter to del		UShs Thousand
			AIA	
			Total For Department	1,826,21
			Wage Recurrent	1,482,21
			Non Wage Recurrent	343,99
			AIA	
Development Projects				
Project: 1686 Retooling of Kampala Cap	oital City Authority			
Outputs Funded				
Budget Output: 51 Provision of Urban H	<b>Iealth Services</b>			
Improved health outcomes "• Operationalization of a functional call and dispatch centre • Functionalization of the KCCA/ Kampala Digital emergency transportation system. All calls received at the Emergency	executed other than Kiswa Health Centre	Item		Spent
Reasons for Variation in performance	evelopments in Health centers were not exe	cuted in quarter 1 d	Total	
Reasons for Variation in performance	evelopments in Health centers were not exe	cuted in quarter 1 d	<b>Total</b> GoU Development	
Reasons for Variation in performance	evelopments in Health centers were not exe	cuted in quarter 1 d	Total GoU Development External Financing	
<b>Reasons for Variation in performance</b> The renovations and other infrastructure de	evelopments in Health centers were not exe	cuted in quarter 1 d	<b>Total</b> GoU Development	
Operations Centre resolved.  Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure		cuted in quarter 1 d	Total GoU Development External Financing	
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa	e Construction Infrastructure -Kiswa Health Centre 90% construction	cuted in quarter 1 d	Total GoU Development External Financing	1
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure  Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed	e Construction Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the		Total GoU Development External Financing	
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA	
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA	Spent
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA	Spent
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA	Spent
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA  its  Total GoU Development	Spent
Reasons for Variation in performance The renovations and other infrastructure de  Capital Purchases  Budget Output: 80 Health Infrastructure Construction works for the 1st phase of the maternity block at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed  Reasons for Variation in performance	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA  its  Total GoU Development External Financing	Spent
Reasons for Variation in performance The renovations and other infrastructure de Capital Purchases	e Construction  Infrastructure -Kiswa Health Centre 90% construction works of phase 1 for the maternity block Procurement of the Contractor for the second phase on-going	Item	GoU Development External Financing AIA  its  Total GoU Development External Financing AIA	

AIA

0

# **QUARTER 1: Outputs and Expenditure in Quarter**

TAL 1,826,2	GRAND TOTAL
rrent 1,482,2	Wage Recurrent
rrent 343,9	Non Wage Recurrent
ment	GoU Development
ıcing	External Financing
AIA	AIA

## Vote: 122 Kampala Capital City Authority

### **QUARTER 2: Revised Workplan**

UShs Thousand Planned Outputs for the Quarter Estimated Funds Available in Quarter (from balance brought forward and actual/expected releaes)

Sub-SubProgramme: 07 Community Health Management

Departments

**Department: 08 Public Health** 

Outputs Provided

#### **Budget Output: 02 Monitoring and Inspection of Urban Health Units**

"• Conducting Quarterly TB Performance review meetings at It	tem	Balance b/f	New Funds	Total
City level	211102 Allemanas (Inc. Connella Terranam)	6	0	6
Conducting HUB coordination meetings to strengthen	211103 Allowances (Inc. Casuals, Temporary)	0	U	6
sample referral especially from Private clinics, Drug shops & 22	224001 Medical Supplies	59,883	0	59,883
risk groups	••			
<ul> <li>Conducting TB awareness campaigns through outreaches</li> </ul>	Total	59,889	0	59,889
in schools	Wage Recurrent	0	0	0
<ul> <li>Conducting TB awareness campaigns through Radio talk</li> </ul>	ruge Recurrent	v	v	v
shows	Non Wage Recurrent	59,889	0	59,889
<ul> <li>Conducting mentorship and support supervision to DTUs</li> </ul>				
by District team (Monthly)	AIA	0	0	0

- Conducting Bi annual TB Stakeholders coordination meetings at District level
- Contact tracing and screening for TB/MDR and HIV testing of contacts
- Conducting screening activities targeting high risk groups (prisoners, fisherfolks, refugees etc) and outreaches using CHWs
- "• Conducting Integrated FP inreaches
- Conducting integrated Community FP outreaches
- Conducting quaterly Onsite Mentorship on LARC for FP service providers
- Conducting quarterly support suppervision at Division
- Conducting Data forcused mentorships/ Coaching
- Conducting quarterly FP performance review meetings

#### **Budget Output: 03 Primary Health Care Services (Wages)**

Payment of 449 health workers salaries	Item		Balance b/f	New Funds	Total
	211101 General Staff Salaries		626,122	0	626,122
		Total	626,122	0	626,122
		Wage Recurrent	626,122	0	626,122
		Non Wage Recurrent	0	0	0
		AIA	0	0	0

#### **Budget Output: 04 Primary Health Care Services (Operations)**

"• Timely ordering of essential medicines and health supplies	Item	Balance b/f	New Funds	Total
(EMHS) for health facilities in Kampala • Procurement planning / Forecasting for EMHS for KCCA	221009 Welfare and Entertainment	392	0	392
directly managed health facilities	223006 Water	19,396	0	19,396
Procurement of EMHS for the KCCA directly managed health facilities	224001 Medical Supplies	352,650	0	352,650
KCCA directly managed facilities with adequate stock of	224004 Cleaning and Sanitation	51,513	0	51,513

KCCA directly managed facilities with adequate stock of essential medicines and health supplies

## Vote: 122 Kampala Capital City Authority

### **QUARTER 2: Revised Workplan**

"• Conducting Quarterly harmonization and quality	224005 Uniforms, Beddings and Protective Gear	21,750	0	21,750
assurance meeting between KCCA and NIRA on births and	228003 Maintenance – Machinery, Equipment & Furniture	13,000	0	13,000
deaths at city and division level  • Distribution of birth and death notification forms	Total	458,701	0	458,701
• Enrolling health facilities offering maternity services on the	Wage Recurrent	0	0	0
e- NIRA platform • Mentorship sessions for notifying health facilities	Non Wage Recurrent	458,701	0	458,701
<ul> <li>Providing data bundles/ internet connectivity to selected high volume public sites</li> </ul>	AIA	0	0	0

Selected high volume health facilities benefiting from the NIRA-KCCA partnership

- "• 5day Integrated management of malaria training for health workers (15 per division) across Kampala.
- CMEs on malaria management at health facility level
- Malaria Clinical Audits in 10 health facilities in the city.
- Distribution of LLINs at health facility and community level
- DQA focusing on the Malaria program
- ". Onsite HF invoice verification and validation
- $\bullet$  Support supervision of KCCA, PNFP and PFP facilities in Kampala
- Conducting Quarterly Performance Review meetings
- Conducting Civil registration (Birth and Death
- Notification) bi annual performance review meetings
- Conducting RBF Quality and Quantity Verification
- Conducting Quarterly QI meetings
- Conducting Monthly MPDSR meetings
- "• Dialogue with Kawempe regional Referral Hospital management
- Training Health facilities from both Private and public facilities on MPDSR
- Setting up a virtual Learning Network between referral and referring sites within the Kampala
- Maping underserved communities in Kampala and were attached to KCCA directly managed facilities to plan integrated communities in mapped areas

Increased vigilance and notification of vital statistics "• Conducting Quarterly harmonization and quality assurance meeting between KCCA and NIRA on births and deaths at city and division level

- · Distribution of birth and death notification forms
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istrict Planning Meeting

- Joint support supervision by selected District leaders and DHT teams
- Quarterly Performance review meetings at Division and district level (6 divisions)
- · quarterly Stakeholders coordination meetings at City level
- Quarterly HIV Stakeholders coordination meetings at Division level (5 Divisions)
- Quarterly KCCA AIDS Committee meeting- Citywide
- · Quarterly City Quality Improvement Meeting

20/23

## **QUARTER 2: Revised Workplan**

- Quarterly Division Quality Improvement Meeting
- HMIS/ Data Management Bi-Monthly co-ordination meetings at Citywide level
- · Quarterly Division Data Quality Assessments
- · Facilitation for Division HMIS volunteers for Health data management
- DHIS2 onsite mentorship for specific health facilities preferrably HCIII and above (60 Health facilities per Division)
- Formation and orientation of parish AIDS commitees
- Conduct Parish AIDS committee meting
   Mentorship and support supervision for KP service delivery points
- Conduct mentorships post training visits and support supervision visits to SLMTA and basic LQMS sites to increase uptake of viral load, EID, Recency, Serum crag, CD4 and GeneXpert services and application of knowledge
- Technical support supervision visits to support Advanced HIV Disease management, regimen optimization, VL monitoring, Third line ART, NCD screening and Management, Implementation of revised ART guidelines and SOPs at HFs within the region.
- Procurement of key Infrastructure for the HIV/AIDs office
- · Division OVC stakeholder coordination meetings
- COVCC-Citywide
- SOVCC-Division
- "• Conducting daily COVID 19 Implementation Team
- Conducting GKMA COVID 19 co-ordination meetings covering the neighbouring districts of Mukono and Wakiso • Conducting surveillance co-ordination meetings with the
- POE management at Port bell
- · Conduct mentorship on COVID 19 preparedness and case management
- · Disseminate case management guidelines, SOPs and strategies for IPC & WASH to all health facilities.
- Build surge capacity to support case management and IPC through training health workers in case management especially in private health facilities.
- Reactivate IPC and WASH Committees in Health
- Training health workers from the private and public sector on provision of mental health and psychosocial support services
- Training VHT members on provision of psychosocial support services
- HF based surveillance. Screening at health facility gates and isolation tents to hold those with symptoms.
- Conducting refresher trainings for Village Health Teams (VHTs) to support contact tracing and active search.
- · Development and utilization of digitalized materials such as informative video clips
- Participating in COVID 19 related Radio/TV talk shows
- Conducting health education sessions using trained VHTs
- · Distribution of IEC materials by the VHTs
- Conducting engagement meetings with Political leaders
- · Conducting engagement meetings with Religious leaders
- Conducting engagement meetings with the Business owners, Arcade Owners, Taxi and Markets Authorities
- Conduct compliance and enforcement co-ordination

Annual OVC Citywide stakeholders meeting.

· Annual review meeting for Probation and Social welfare

### **QUARTER 2: Revised Workplan**

officers, police child and family protection officers on management of GBV and child abuse cases

- Conduct support visits to selected OVC household for case management and Following up GBV and child protection cases for emergency ,medical and legal support
- Inspection of children homes in the city for compliance to the rules and regulations
- Support supervision visits by the KCCA Finance team
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- Malaria Clinical Audits in 10 health facilities in the city.
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Strengthened MCH services in the city "• Dialogue with Kawempe regional Referral Hospital management

- Training Health facilities from both Private and public facilities on MPDSR
- Setting up a virtual Learning Network between referral and referring sites within the Kampala
- Maping underserved communities in Kampala and were attached to KCCA directly managed facilities to plan integrated communities in mapped areas

**Development Projects** 

# Vote: 122 Kampala Capital City Authority

## **QUARTER 2: Revised Workplan**

**Project: 1686 Retooling of Kampala Capital City Authority** 

Capital Purchases

Construction works for the 1st phase of the maternity block	Item		Balance b/f	New Funds	Total
at Kiswa HCIII 1st phase of the maternity block at Kiswa HCIII completed	312101 Non-Residential Buildings		322,679	0	322,679
		Total	322,679	0	322,679
		GoU Development	322,679	0	322,679
		External Financing	0	0	0
		AIA	0	0	0
		GRAND TOTAL	1,467,391	0	1,467,391
		Wage Recurrent	626,122	0	626,122
	N	on Wage Recurrent	518,590	0	518,590
		GoU Development	322,679	0	322,679
		External Financing	0	0	0

AIA

0

0