I. VOTE MISSION STATEMENT

To provide quality preventive, promotive, rehabilitative, specialized curative health services, medical training, and research in Karamoja Region

II. STRATEGIC OBJECTIVE

To contribute to improved human capital development through specialized support supervision, digitalization, human resource planning, collaborations and partnership, research and innovations for improved quality of health services in Karamoja subregion

III. MAJOR ACHIEVEMENTS IN 2022/23

Managed to maintain and functional oxygen plant in place. Hospital ear marked for 100NM3 oxygen plant,

Use of iHRIS and biometric systems for staff duty attendance. Improved performance in relation to service delivery.

Intensified support supervisions targeting Hospitals and HCIVs aimed at reducing maternal, child deaths and the functionalities of laboratory systems and medical records.

Received an internal auditor and able to produce backlog audit reports.

Continued support from Hospital board in leadership and guidance.

Received support from CUAMM in setting up Blood collection centre (in Kind), UNICEF renovated Paediatric ward at 100% completion.

IV. MEDIUM TERM BUDGET ALLOCATIONS

Table 4.1: Overview of Vote Expenditure (Ushs Billion)

| | | 2022 | 2/23 | 2023/24 | | MTEF Budge | et Projections | |
|----------------|---------------------------|--------------------|---------------------|---------------------|---------|------------|----------------|---------|
| | | Approved Budget | Spent by End Dec | Budget Estimates | 2024/25 | 2025/26 | 2026/27 | 2027/28 |
| D | Wage | 7.145 | 3.343 | 8.041 | 8.443 | 9.287 | 10.216 | 11.237 |
| Recurrent | Non-Wage | 3.490 | 1.634 | 4.654 | 7.223 | 8.668 | 10.401 | 12.377 |
| Donat | GoU | 0.200 | 0.005 | 0.120 | 0.120 | 0.144 | 0.166 | 0.182 |
| Devt. | Ext Fin. | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | GoU Total | 10.836 | 4.982 | 12.815 | 15.786 | 18.099 | 20.783 | 23.797 |
| Total GoU+E | xt Fin (MTEF) | 10.836 | 4.982 | 12.815 | 15.786 | 18.099 | 20.783 | 23.797 |
| | Arrears | 0.001 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | Total Budget | 10.837 | 4.982 | 12.815 | 15.786 | 18.099 | 20.783 | 23.797 |
| Total Vote Bud | lget Excluding Arrears | 10.836 | 4.982 | 12.815 | 15.786 | 18.099 | 20.783 | 23.797 |

Table 4.2: Budget Allocation by Department for Recurrent and Development (Ushs Billion)

| | Draft Budget Estimates FY 2023/24 | | | |
|--|-----------------------------------|-------------|--|--|
| Billion Uganda Shillings | Recurrent | Development | | |
| Programme:12 Human Capital Development | 12.695 | 0.120 | | |
| SubProgramme:02 Population Health, Safety and Management | 12.695 | 0.120 | | |
| Sub SubProgramme:01 Regional Referral Hospital Services | 12.695 | 0.120 | | |
| 001 Hospital Services | 2.774 | 0.000 | | |
| 002 Support Services | 9.921 | 0.120 | | |
| Total for the Vote | 12.695 | 0.120 | | |

V. PERFORMANCE INDICATORS AND PLANNED OUTPUTS

Table 5.1: Performance Indicators

Programme: 12 Human Capital Development

SubProgramme: 02 Population Health, Safety and Management

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 001 Hospital Services

Budget Output: 000013 HIV/AIDS Mainstreaming

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases.

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|---|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| % of HIV positive pregnant women initiated on ARVs for EMTCT | Percentage | 2020-21 | 92% | 97% | 100% | 100% |
| No. of condoms procured and distributed (Millions) | Number | 2020-21 | 19 | 12000 | 9574 | 21 |
| No. of stakeholder engagements in the HIV prevention effort to address the sociocultural, gender and other structural factors that drive the HIV epidemic | Number | 2020-21 | 3 | | | 5 |
| No. of voluntary medical male circumcisions done | Number | 2020-21 | 112 | | | 650 |
| No. of youth-led HIV prevention programs designed and implemented | Number | 2020-21 | 1 | 12 | 2 | 2 |
| Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (incidence rate) | Number | 2020-21 | 79 | | | 110 |

Budget Output: 320009 Diagnostic Services

PIAP Output: Laboratory quality management system in place

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Percentage of targeted laboratories accredited | Percentage | 2020-21 | 100% | 100% | 100% | 100% |

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 001 Hospital Services

Budget Output: 320022 Immunisation Services

PIAP Output: Target population fully immunized

Programme Intervention: 12020106 Increase access to immunization against childhood diseases

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|-----------------------------|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| % of functional EPI fridges | Percentage | 2020-21 | 67% | 95% | 100% | 100% |

PIAP Output: Target population fully immunized

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|---|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| % Availability of vaccines (zero stock outs) | Percentage | 2020-21 | 85% | 85% | 100% | 95% |
| % of Children Under One Year Fully Immunized | Percentage | 2020-21 | 23% | 100% | 72% | 55% |
| % of functional EPI fridges | Percentage | 2020-21 | 67% | 90% | 100% | 100% |
| % of health facilities providing immunization services by level | Percentage | 2020-21 | 85% | 90% | 100% | 98% |

Budget Output: 320023 Inpatient Services

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases.

Programme Intervention: 12030114 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets | |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|--|
| | | | | Target | Q2 Performance | 2023/24 | |
| % of positive pregnant mothers initiated on ARVs for EMTCT | Percentage | 2020-21 | 93% | | | 100% | |
| Average Length of Stay | Number | 2020-21 | 7 | | | 6 | |
| Bed Occupancy Rate | Rate | 2020-21 | 96% | | | 96% | |
| No. of clients accessing Reproductive, Maternal, Neonatal, Adolescent, and Child Health services | Number | 2020-21 | 655 | | | 818 | |
| No. of youth-led HIV prevention programs designed and implemented | Number | 2020-21 | 1 | | | 2 | |

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 001 Hospital Services

Budget Output: 320023 Inpatient Services

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases.

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Proportion of Hospital based Mortality | Proportion | 2020-21 | 23% | | | 17.9% |
| Proportion of patients referred in | Proportion | 2020-21 | 15% | | | 7% |
| Proportion of patients referred out | Proportion | 2020-21 | 2% | | | 1% |

Budget Output: 320033 Outpatient Services

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases.

Programme Intervention: 12030114 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach

| Indicator Name | Indicator Base Year Measure | | Base Level | 2022/23 | | Performance Targets | |
|--|--------------------------------|---------|------------|---------|-------------------|------------------------|--|
| | | | | Target | Q2 Performance | 2023/24 | |
| % Increase in Specialised out patient services offered | Percentage | 2020-21 | 36% | | | 40.4% | |
| % of referred in patients who receive specialised health care services | Percentage | 2020-21 | 93% | | | 95% | |
| No. of clients accessing Reproductive, Maternal, Neonatal, Adolescent, and Child Health services | Number | 2020-21 | 655 | | | 818 | |
| No. of Patients diagnosed for NCDs | Number | 2020-21 | 18000 | | | 22000 | |
| No. of voluntary medical male circumcisions done | Number | 2020-21 | 22 | | | 672 | |
| Proportion of patients referred in | Proportion | 2020-21 | 15% | | | 7% | |
| Proportion of patients referred out | Proportion | 2020-21 | 0.2% | | | 0.1% | |

Budget Output: 320034 Prevention and Rehabilitaion services

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable and Non Communicable diseases

Programme Intervention: 12030114 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 001 Hospital Services

Budget Output: 320034 Prevention and Rehabilitaion services

PIAP Output: Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable and Non Communicable diseases

| Indicator Name | Indicator Measure | Base Year | Base Level | | 2022/23 | Performance Targets |
|-------------------------------|----------------------|-----------|------------|--------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| ART Coverage (%) | Percentage | 2020-21 | 87% | | | 95% |
| HIV incidence rate | Rate | 2020-21 | 1.9 | | | 1.8 |
| HIV prevalence Rate (%) | Percentage | 2020-21 | 1.8% | | | 1.7% |
| Malaria incidence rate (cases | Rate | 2020-21 | 12 | | | 8 |
| Malaria prevalence rate (%) | Percentage | 2020-21 | 16 | | | 11% |
| TB incidence rate per 1,000 | Rate | 2020-21 | 21 | | | 18 |
| Viral Load suppression (%) | Percentage | 2020-21 | 95% | | | 98% |

Department: 002 Support Services

Budget Output: 000001 Audit and Risk Management

PIAP Output: Service delivery monitored

Programme Intervention: 12030102 Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels

| Indicator Name | Indicator Base Year Measure | | Base Level | 2022/23 | | Performance Targets | |
|--|--------------------------------|---------|------------|---------|-------------------|------------------------|--|
| | | | | Target | Q2 Performance | 2023/24 | |
| Approved Hospital Strategic Plan in place | Yes/No | 2020-21 | Yes | | | Yes | |
| Audit workplan in place | Yes/No | 2020-21 | Yes | YES | Yes | Yes | |
| No. of performance reviews conducted | Number | 2020-21 | 3 | | | 4 | |
| Number of audits conducted | Number | 2020-21 | 4 | | | 4 | |
| Number of quarterly Audit reports submitted | Number | 2020-21 | 4 | 4 | 1 | 4 | |
| Proportion of clients who are satisfied with services | Proportion | 2020-21 | 63% | | | 90% | |
| Proportion of patients who are appropriately referred in | Proportion | 2020-21 | 15% | | | 35% | |
| Proportion of quarterly facility supervisions conducted | Proportion | 2020-21 | 75 | | | 100 | |
| Risk mitigation plan in place | Yes/No | 2020-21 | 1 | 1 | 1 | 1 | |

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 002 Support Services

Budget Output: 000005 Human Resource Management

PIAP Output: Human resource recruited to fill the vacant posts

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--------------------|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Staffing levels, % | Percentage | 2020-21 | 66% | 90% | 67% | 68% |

PIAP Output: Increased coverage of health workers accommodations

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|----------------------------------|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | 0 | Q2 Performance | 2023/24 |
| Annual recruitment Plan in place | Yes/No | 2020-21 | Yes | | | Yes |

Budget Output: 000008 Records Management

PIAP Output: Comprehensive Electronic Medical Record System scaled up

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| % of hospitals and HC IVs with a functional EMRS | Percentage | 2020-21 | 0% | 95% | 100% | 100% |

Budget Output: 000014 Administrative and Support Services

PIAP Output: Governance and management structures reformed and functional

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Approved strategic plan in place | Number | 2020-21 | 1 | 1 | 1 | 1 |
| Hospital Board in place and functional | Number | 2020-21 | 1 | 1 | 1 | 1 |
| No. of functional Quality Improvement committees | Number | 2020-21 | 1 | 1 | 1 | 2 |

Sub SubProgramme: 01 Regional Referral Hospital Services

Department: 002 Support Services

Budget Output: 000014 Administrative and Support Services

PIAP Output: Governance and management structures reformed and functional

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|-------------------------------|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Risk mitigation plan in place | Number | 2020-21 | 1 | 1 | 1 | 1 |

Budget Output: 320011 Equipment Maintenance

PIAP Output: Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 202 | 2/23 | Performance Targets |
|--|----------------------|-----------|--|-------------------|---------|------------------------|
| | | Targe | Target | Q2 Performance | 2023/24 | |
| % functional key specialized equipment in place | Percentage | 2020-21 | 40% | | | 55% |
| % recommended medical and diagnostic equipment available and functional by level | Percentage | 2020-21 | 63% | 80% | 85% | 75% |
| A functional incinerator | Status | 2020-21 | One Functional and other nonfunctional | | | All functional |
| Medical equipment inventory maintained and updated | Text | 2020-21 | Yes | YES | Yes | Yes |
| Medical Equipment list and specifications reviewed | Text | 2020-21 | Yes | YES | Yes | Yes |
| Medical Equipment Policy developed | Text | 2020-21 | No | YES | No | Yes |
| No. of fully equipped and adequately funded equipment maintenance workshops | Number | 2020-21 | 65 | | | 85 |
| No. of health workers trained | Number | 2020-21 | 50 | 70 | 85 | 85 |
| Proportion of departments implementing infection control guidelines | Proportion | 2020-21 | 30 | | | 30 |

Project: 1577 Retooling of Moroto Regional Referral Hospital

Budget Output: 000002 Construction Management

PIAP Output: Hospitals and HCs rehabilitated/expanded

Sub SubProgramme: 01 Regional Referral Hospital Services

Project: 1577 Retooling of Moroto Regional Referral Hospital

Budget Output: 000002 Construction Management

PIAP Output: Hospitals and HCs rehabilitated/expanded

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|---|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| No. of Health Center Rehabilitated and Expanded | Number | 2020-21 | 1 | | | 3 |

Budget Output: 000003 Facilities and Equipment Management

PIAP Output: Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment

Programme Intervention: 12030105 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Medical equipment inventory maintained and updated | Text | 2020-21 | Good | YES | Yes | Very Good |

PIAP Output: Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|--|----------------------|-----------|--|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| % functional key specialized equipment in place | Percentage | 2020-21 | 40% | | | 55% |
| % recommended medical and diagnostic equipment available and functional by level | Percentage | 2020-21 | 63% | 85% | 88% | 85% |
| A functional incinerator | Text | 2020-21 | One functional and other nonfunctional | | | All functional |
| Medical equipment inventory maintained and updated | Text | 2020-21 | Yes | YES | Yes | Yes |
| Medical Equipment list and specifications reviewed | Text | 2020-21 | Yes | YES | Yes | Yes |
| Medical Equipment Policy developed | Text | 2020-21 | No | | | Yes |
| No. of fully equipped and adequately funded equipment maintenance workshops | Number | 2020-21 | 65 | | | 85 |
| No. of health workers trained | Number | 2020-21 | 70 | 60 | 85 | 85 |

Sub SubProgramme: 01 Regional Referral Hospital Services

Project: 1577 Retooling of Moroto Regional Referral Hospital

Budget Output: 000003 Facilities and Equipment Management

PIAP Output: Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.

| Indicator Name | Indicator Measure | Base Year | Base Level | 2022/23 | | Performance Targets |
|---|----------------------|-----------|------------|---------|-------------------|------------------------|
| | | | | Target | Q2 Performance | 2023/24 |
| Proportion of departments implementing infection control guidelines | Number | 2020-21 | 95% | | | 99% |

VI. VOTE NARRATIVE

Vote Challenges

The entity continues to experience challenges of inadequate resources both financial and manpower, overwhelming workload, inadequate patient space, continuous stock out of medicines and sundries due to inadequate funding and data collection gaps

Low staffing level especially for the specialist. The available specialists are 6 out of 25.

Limited staff accommodation in the hospital is associated with low staff retention and attraction including poor attendance to emergencies and night calls. There is lack of accommodation both in the hospital and town for rent.

Old and dilapidated infrastructure demotivated the practitioners

Low health seeking behavior of the community leading to Low utilization

Under performance of the lower health facilities leading to lower referrals

Insecurity in the region and Hospital contributes to low attraction and retention and service delivery.

Unreliable Water supply coupled with prolonged drought

IICS remains a challenge in data capture, use and reporting hence hindering data driven decision making and planning

Plans to improve Vote Performance

Strengthening diagnostic and healthcare services at the decentralized level to improve prescription, minimize medicine wastage and improve patient treatment outcomes and reduce utility costs.

The hospital is committed to working within the provisions of the approved budget and service delivery targets with emphasis on quality improvement (Improved Stock management, proper accountability for medicines, and reduction of stock-outs).

Lobby Infrastructure development including construction of residential and non residential houses, renovations, and civil works on the dilapidated structures.

Stakeholders mobilization, sensitization and involvement including the local communities, media, and partners for integrated service delivery through integrated planning, reviews, and feedback meetings.

Recruit and fill critical staff positions in the acquisition of critical staff for quality service delivery.

Strengthen mentorships and support supervision to the lower facilities to build capacity to deliver improved services, functionalize theatres, management of emergencies and referrals (especially pregnant mothers and very sick children) to reduce maternal and child mortality in the region.

Supporting community interventions (integrated Specialized outreaches, surgical camps, and media engagements) for social mobilization and sensitization on disease preventions, especially to the most remote, vulnerable, and needy people.

Construct an underground water harvesting reservoir.

Beef up security in the hospital through increasing CCTV coverage and hire of security personnel,

Adopt a more robust and resilient EMR system

VII. Off Budget Support and NTR Projections

Table 7.1: Off Budget Support by Project and Department

| Billion Uganda Shillings | 2023/24 Draft Etimates |
|---|---------------------------|
| Programme: 12 Human Capital Development | 883,000 |
| SubProgramme: 02 Population Health, Safety and Management | 883,000 |
| Sub SubProgramme : 01 Regional Referral Hospital Services | 883,000 |
| Department: 001 Hospital Services | 883,000 |
| Total For The Vote | 883,000 |

Table 7.2: NTR Collections (Uganda Shillings Billions)

| Revenue Code | Revenue Name | FY2022/23 | Projection FY2023/24 |
|--------------|---|-----------|-------------------------|
| 141541 | Rent & Rates - Non-Produced Assets - from Gov't units | 0.000 | 0.000 |
| 142155 | Sale of drugs-From Government Units | 0.000 | 0.000 |
| 142159 | Sale of bid documents-From Government Units | 0.000 | 0.000 |
| 142201 | Vehicle Parking Fees | 0.000 | 0.000 |
| 142301 | Sale of (Produced) Government Properties/Assets | 0.000 | 0.000 |
| 144149 | Miscellaneous receipts/income | 0.000 | 0.000 |
| Total | • | 0.000 | 0.000 |

VIII. VOTE CROSS CUTTING POLICY AND OTHER BUDGETARY ISSUES

Table 8.1: Cross- Cutting Policy Issues

| • > | | 1 | | • 4 |
|-----|----------|-----|---------------|------|
| 1 |) Gender | ana | $H_{i}\Omega$ | HHTV |
| - | Genaci | unu | 4 | uit, |

| i) Gender and Equity | |
|------------------------------------|---|
| OBJECTIVE | To provide inclusive, equal and accessible health care services to all deserving and ill patients seeking services despite gender, age, sex and sexual orientation, social economic status or otherwise. To sensitise the community on the dangers of late health services seeking behaviour to avoid complications and death of referred patients targeting expectant mothers, the disabled, adolescents and those from risky and unfavourable locations. To offer inclusive emergency and ambulatory services to all critically ill and deserving patients with due consideration of age, gender, sex and sexual orientations, socio-economic status and geographical locations |
| Issue of Concern | Low Understanding of Gender equality in the Community and Hospital Decision making in uptake of health services greatly influenced by the gender role in the household and community leading to low utilization of services by special groups like women, child |
| Planned Interventions | Promote Gender friendly work committees Raise awareness on gender role amongst the staff and community Equip and enhance the performance of Gender Based Violence Clinic Develop capacity of staff to address and manage Gender Based Violence (GBV) in Hosp |
| Budget Allocation (Billion) | 0.200 |
| Performance Indicators | 100% of disadvantaged patients treated 96 adolescent clinics 4 CMEs about GBV provided 4 Radio talk shows on GBV |
| ii) HIV/AIDS | |
| OBJECTIVE | To reduce incidence of HIV infections by implementing the 95,95,95 policy of Test Treat and Supress Total Elimination of mother to child infections by implementing E-MTCT Positive To give HAART to all eligible clients 95,95,95 policy |
| Issue of Concern | Underutilization of the well-established HIV/AIDS program |
| Planned Interventions | Strengthen the Community awareness activities Strengthen follow up of Nonviral load suppression and Lost to follow-up Strengthen the test and treat program Increase static and community screening including targeted testing Implement the 95-95-95 policy |
| Budget Allocation (Billion) | 0.003 |
| Performance Indicators | Number of patients tested - 37050 95-95-95 target achieved. |
| iii) Environment | |
| OBJECTIVE | To eliminate generated infections and sepsis. To have a clean and safe working hospital environment |

To ensure proper hospital waste disposal and management

| Issue of Concern | Poor domestic waste management, hygiene and sanitation and compound outlook in the hospital compound and staff quarters |
|------------------------------------|--|
| Planned Interventions | Strengthen the IPC activities Coordination with the Municipal authority to manage wastes in the staff quarters Raise awareness to staff about commitment to maintenance of individual environment / compound Improve Management and maintenance of Incinerator |
| Budget Allocation (Billion) | 0.200 |
| Performance Indicators | Number of departments with hand washing facilities - 12 Number of IPC & 5s trainings conducted - 4 Incinerator serviced twice annually |
| iv) Covid | |
| OBJECTIVE | To sensitize the communities in continuous observance of Standard Operating Procedures to comb the spread of Covid-19 and other emerging pandemics like Ebola, Kalas among others |
| Issue of Concern | Majority of people do not observe Standard Operating Procedures (SOPs) |
| Planned Interventions | Increased risk communication Strengthen infection control measures in the hospital Increased testing of suspected cases Build capacity of hospital and regional staffs to manage Cases Provide institutional cases management Strengthen capacity of districts |
| Budget Allocation (Billion) | 0.100 |
| Performance Indicators | Number of community sensitizations and dialogues conducted - 2 12 Radio talk shows 4 CMEs/ CPDs on case management |

IX. PERSONNEL INFORMATION

Table 9.1: Staff Establishment Analysis

| Title | Salary Scale | Number of Approved Positions | Number of filled Positions |
|---|--------------|-------------------------------------|----------------------------|
| PSYCHIATRIC CLINICAL OFFICE | ER U5(SC) | 3 | 0 |
| Accountant | U4U | 1 | 1 |
| Anaesthetic Officer | U5(SC) | 5 | 1 |
| ARTISAN MATE | U8L | 5 | 5 |
| Askari | U8L | 18 | 14 |
| ASSISTANT ACCOUNTANT | U6U | 5 | 0 |
| Assistant Engineering Officer | U5SC | 1 | 0 |
| Assistant Inventory Management Officer | U5U | 3 | 1 |
| Assistant Medical Records Officer | U5L | 1 | 1 |
| ASSISTANT PROCUREMENT OFFICER | U5U | 1 | 0 |
| Bio Medical Engineer | U4SC | 1 | 1 |
| Clinical Officer | U5(SC) | 10 | 8 |
| Consultant | U1SE | 12 | 1 |
| Cook | U8 L | 2 | 1 |
| Darkroom attendant | U8 U | 5 | 3 |
| Dental Attendant | U8(Med) | 4 | 4 |
| Dental Surgeon | U4 (Med-1) | 1 | 1 |
| Dhobi | U8L | 8 | 5 |
| Dispenser | U5(SC) | 4 | 3 |
| DOMESTIC ASSISTANT | U6L | 3 | 2 |
| Driver | U8U | 7 | 6 |
| ENGINEERING ASSISTANT | U6U | 1 | 1 |
| ENGINEERINGTECHNICIAN | U6U | 2 | 2 |
| Enrolled Midwife | U7(Med) | 25 | 17 |
| ENROLLED NURSES | U7(Med) | 35 | 32 |
| Enrolled Psychiatry Nurse | U7(Med) | 4 | 3 |
| Hospital Administrator | U4L | 1 | 0 |
| Hospital Director | U1S | 1 | 1 |
| Human Resource Officer | U4L | 1 | 1 |
| INTERNAL AUDITOR | U4U | 1 | 0 |

| Title | Salary Scale | Number of Approved Positions | Number of filled Positions |
|---|--------------|------------------------------|----------------------------|
| Kitchen Attendant | U8L | 2 | 0 |
| Laboratory Assistant | U8 (Med) | 6 | 6 |
| Laboratory Technician | U5 SC | 5 | 2 |
| Laboratory Technologist | U5SC | 1 | 0 |
| Medical Officer Special Grade | U2SC | 9 | 2 |
| MEDICAL OFFICERS | U4 (Med-1) | 10 | 8 |
| Medical Records Officer | U4L | 1 | 1 |
| Medical Social Worker | U4L | 2 | 1 |
| MORTUARY ATTENDANT | U8(Med) | 2 | 2 |
| NURSING ASSISTANTS | U8(Med) | 4 | 3 |
| NURSING OFFICER (MID WIFERY) | U5(SC) | 20 | 13 |
| Nursing Officer (NURSING) | U5(SC) | 30 | 19 |
| Nursing Officer (Psychiatry) | U5(SC) | 1 | 1 |
| Nutritionist | U5(SC) | 2 | 1 |
| Occupational Therapist | U5(SC) | 2 | 1 |
| Office Attendant | U8L | 8 | 7 |
| Office Typist | U6L | 1 | 0 |
| OPTHALMIC CLINICAL OFFICER | U5(SC) | 1 | 1 |
| Orthopaedic Officer | U5(SC) | 4 | 3 |
| Orthopaedic Technician | U5(SC) | 2 | 1 |
| Pharmacist | U4 (Med-1) | 1 | 1 |
| Pharmacy Attendant | U8(Med) | 7 | 5 |
| PHYSIOTHERAPIST | U5(SC) | 1 | 0 |
| Porter | U8 L | 4 | 3 |
| PRINCIPAL OPTHALMIC CLINICAL OFFICER | U3(Med-2) | 2 | 2 |
| Principal Anaesthetic Officer | U3(Med-2) | 1 | 0 |
| Principal Clinical Officer | U3SC | 1 | 1 |
| Principal Dispenser | U3(Med-2) | 1 | 0 |
| Principal Hospital Administrator | U2L | 1 | 1 |
| Principal Human Resource Officer | U2L | 1 | 0 |
| Principal Laboratory Technologist | U3 SC | 3 | 1 |
| PRINCIPAL NURSING OFFICER | U3(Med-2) | 1 | 0 |

| Title | Salary Scale | Number of Approved Positions | Number of filled Positions |
|---|--------------|------------------------------|----------------------------|
| PRINCIPAL ORTHOPAEDIC OFFICER | U3(Med-2) | 1 | 0 |
| PRINCIPAL ORTHOPAEDIC TECHNICIAN | U3(Med-2) | 1 | 0 |
| Principal Psychiatric Clinical Officer | U3(Med-2) | 1 | 1 |
| PRINCIPAL PUBLIC HEALTH DENTAL OFFICER | U3(Med-2) | 2 | 1 |
| PRINCIPAL RADIOGRAPHER | U3(Med-2) | 1 | 1 |
| PROCUREMENT OFFICER | U4U | 1 | 1 |
| Public Health Dental Officer | U5(SC) | 2 | 2 |
| Radiographer | U5(SC) | 3 | 0 |
| Records Assistant | U6L | 2 | 0 |
| SEAMASTER | U8(Med) | 1 | 1 |
| Senior Occupational Therapist | U4(Med-2) | 1 | 1 |
| Senior Accountant | U3U | 1 | 1 |
| Senior Anaesthetic Officer | U4(Med-2) | 2 | 1 |
| SENIOR ASSISTANT ACCOUNTANT | USU | 3 | 0 |
| Senior Clinical Officer | U4U | 8 | 2 |
| Senior Consultant | U1SE | 4 | 1 |
| Senior Dental Surgeon | U3(Med-2) | 1 | 1 |
| Senior Dispenser | U4 SC | 3 | 3 |
| Senior Enrolled Nurse | U5 SC | 5 | 1 |
| Senior Hospital Administrator | U3L | 1 | 1 |
| Senior Laboratory Technologist | U4SC | 3 | 1 |
| Senior Nursing Officer | U4(Med-2) | 15 | 10 |
| Senior Nutritionist | U3SC | 1 | 1 |
| Senior occupational Therapist | U4U | 2 | 0 |
| SENIOR OPTHALMIC CLINICAL OFFICER | U4(Med-2) | 3 | 0 |
| Senior Orthopaedic Officer | U4(Med-2) | 3 | 2 |
| Senior Orthopaedic Technician | U4(Med-2) | 2 | 0 |
| Senior Physiotherapist | U4(Med-2) | 2 | 1 |
| Senior Principal Nursing Officer | U2 SC | 1 | 0 |
| SENIOR PSYCHIATRIC CLINICAL OFFICER | U4(Med-2) | 3 | 3 |

| Title | Salary Scale | Number of Approved Positions | Number of filled Positions |
|-------------------------------------|--------------|------------------------------|----------------------------|
| Senior Public Health Dental Officer | U4 SC | 1 | 1 |
| Senior Radiographer | U4(Med-2) | 1 | 1 |
| Senior Records Officer | U3L | 1 | 1 |
| Senior Theatre Assistant | U4 SC | 1 | 1 |
| Stores Assistant | U6U | 1 | 0 |
| Supplies Officer | U4U | 1 | 0 |
| Theater Assistant | U6 | 9 | 9 |

Table 9.2: Staff Recruitment Plan

N/A