

DISTRICT BUDGET CONFERENCE

2020/21

HEALTH DEPARTMENT

Introduction

- The Ministry has prioritized the following strategies to improve health service delivery
 - Operationalisation of the health facilities which are currently being upgraded from health centre IIs to health centre IIIs,
 - Prioritization of preventive measures in health service delivery through Health promotion and disease prevention
 - Improvement of reproductive, maternal, neonatal, child and adolescent health services
 - Streamline systems for drug ordering and distribution, that is to say, balancing push and pull systems to address issues of drug stock out and mismatch of drug with regional specific needs

Cont'

- Improving health service delivery, through dissemination of national standards and guidelines and ensuring their implementation, conducting support supervision of the public and private sector for quality improvement
- Enhancing blood collection by the Uganda blood transfusion services
- Establishment of the National health insurance scheme

BACKGROUND CONT'

- Mission-To provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels
- Goal -The goal of the Health Sector Development Plan (HSDP) 2015/16 – 2019/20 is 'To accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life
- Universal Health Coverage emphasizes delivery of the essential package of services for Uganda in an efficient and equitable manner

Background / Situation Analysis

- This is only possible by protecting the population from financial hardships and ensuring sound health financing mechanisms such as: Results Based Financing and Maternal voucher scheme
- RBF though was not a financing strategy will improve access to health care through delivery of quality health services to the poor and vulnerable communities especially reproductive health services

Background / Situation Analysis

- The district offers a variety of Health services at both community and Health Facility level, with special focus on disease prevention, health promotion, early diagnosis and treatment of patients
- Through team work and leadership support, the department has registered improvement in most Health indicators
- Our population is commonly affected by communicable diseases, malaria leading with highest number of OPD attendance

TOP 10 DISEASES

SN	Disease	Cases
1	OPD malaria	68,041
2	Pneumonia (caugh or cold)	30,131
3	Urinary tract infections	10,422
4	Gastro-intestinal disorders	7,298
5	Intestinal worms	4,991
6	Skin diseases	4,620
7	Acute diarrhoea	3,095
8	Other eye conditions	2,063
9	Moderate acute malnutrition (mam)	1,674
10	Hypertension	1,054

Planned Vs implemented activities 2018/19

Planned activities	Implemented activities
Support supervision and mentorships	Quarterly support supervision visits implemented with support from TASO, RHITES-E and PHC funds
Performance review meetings	Implemented quarterly with support from TASO
Health promotion / Disease prevention	Improved Hygiene and sanitation in communities, with support from USF (Donor funds) and PHC
Community mobilization and sensitization	H/E conducted in the communities as well as Health Facilities Radio talk shows conducted Community dialogue meetings (Kobwin and Kapir)
Outreach activities	Implemented by the HSD and lower Health facilities
Family Planning Camps	Implemented with support from RHITES-E

Planned Vs implemented activities 2018/19

Planned activities	Implemented activities
Essential Medicines and Health supplies	6 cycles of EMHS procured and delivered by NMS to the district
Recruitment of staff	Staff recruited and deployed in various Health facilities
Purchase of office equipment and stationery	Office stationery and equipment purchased
Commemorating international days (world contraception day & WAD)	World AIDS day commemorated in December 2018
Maintenance of equipment	Office Vehicle, motorcycle serviced. Ambulance serviced under HC IV Office Generator repaired Some Health facility refrigerators repaired
Procurement of medical equipment	Ultra sound scan machine procured Procured Laboratory incubator for Blood transfusion services Procured 9 Delivery Beds and 5 Examination Couches

Medical Equipment

SN	Equipment	Amount (UGX)
1	9 Delivery Beds	11,700,000
2	5 Examination couches	2,750,000
3	1 Laboratory Incubator	5,000,000
4	Sonopapers	990,000
5	Generator repair	1,593,000
6	Ultra sound scan	34,000,000

Beds & USS



Planned Vs implemented activities 2018/19

Planned activities	Implemented activities	Amount (UGX)
Construction of placenta pits	2 Placenta pits constructed. One at Ngora HC IV and the other at Agu HC III	5,917,293
Construction of a 3 Stance pit latrine	A 3 stance pit latrine constructed at Agu HC III	14,215,398
Construction of a Mortuary	A mortuary constructed at Ngora HC IV	24,127,485
Construction of Maternity ward	Maternity ward constructed at Ngora HC IV (to be completed this F/Y)	27,438,289

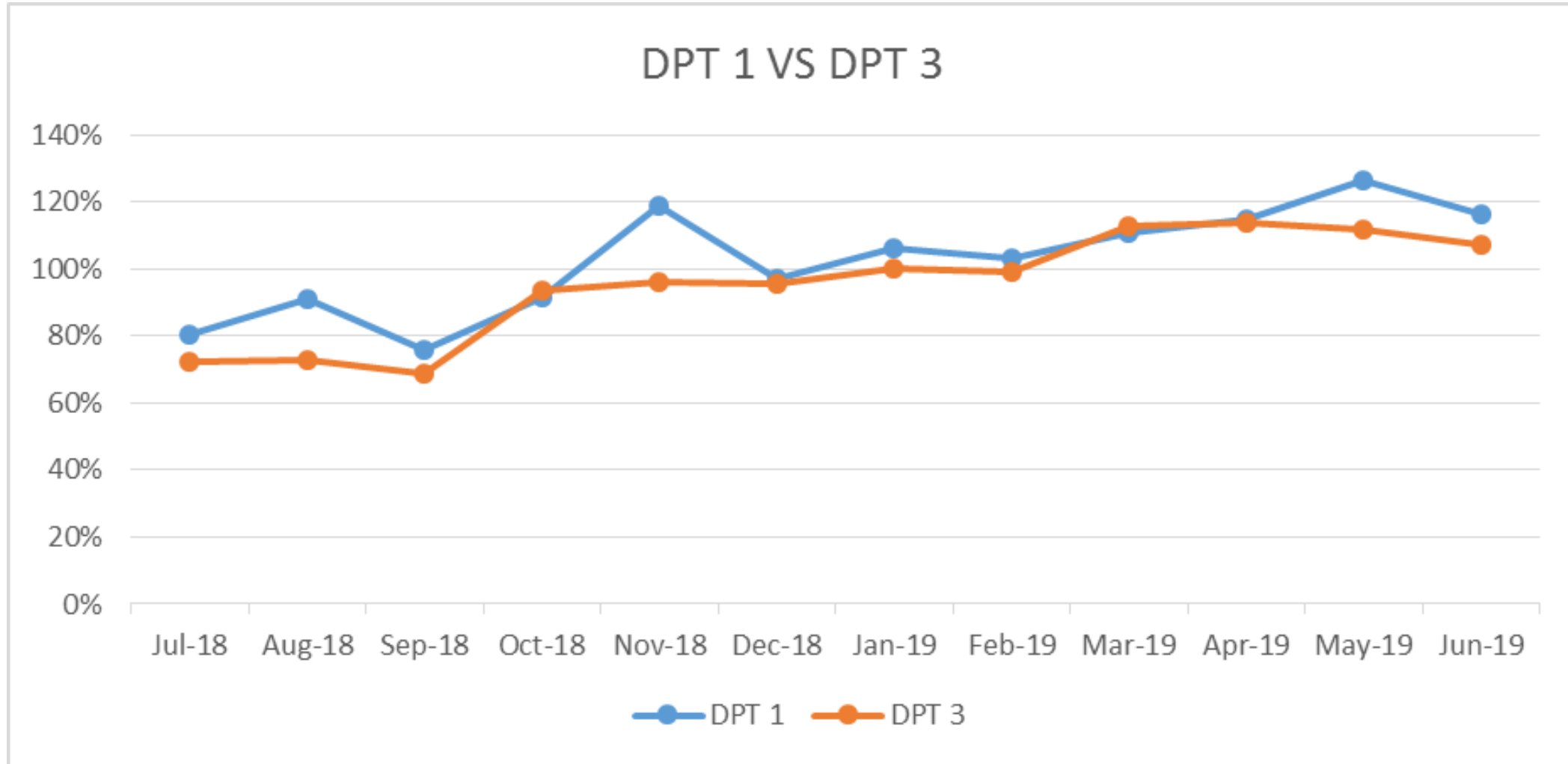
Some of the Projects for 2018/2019



PERFORMANCE

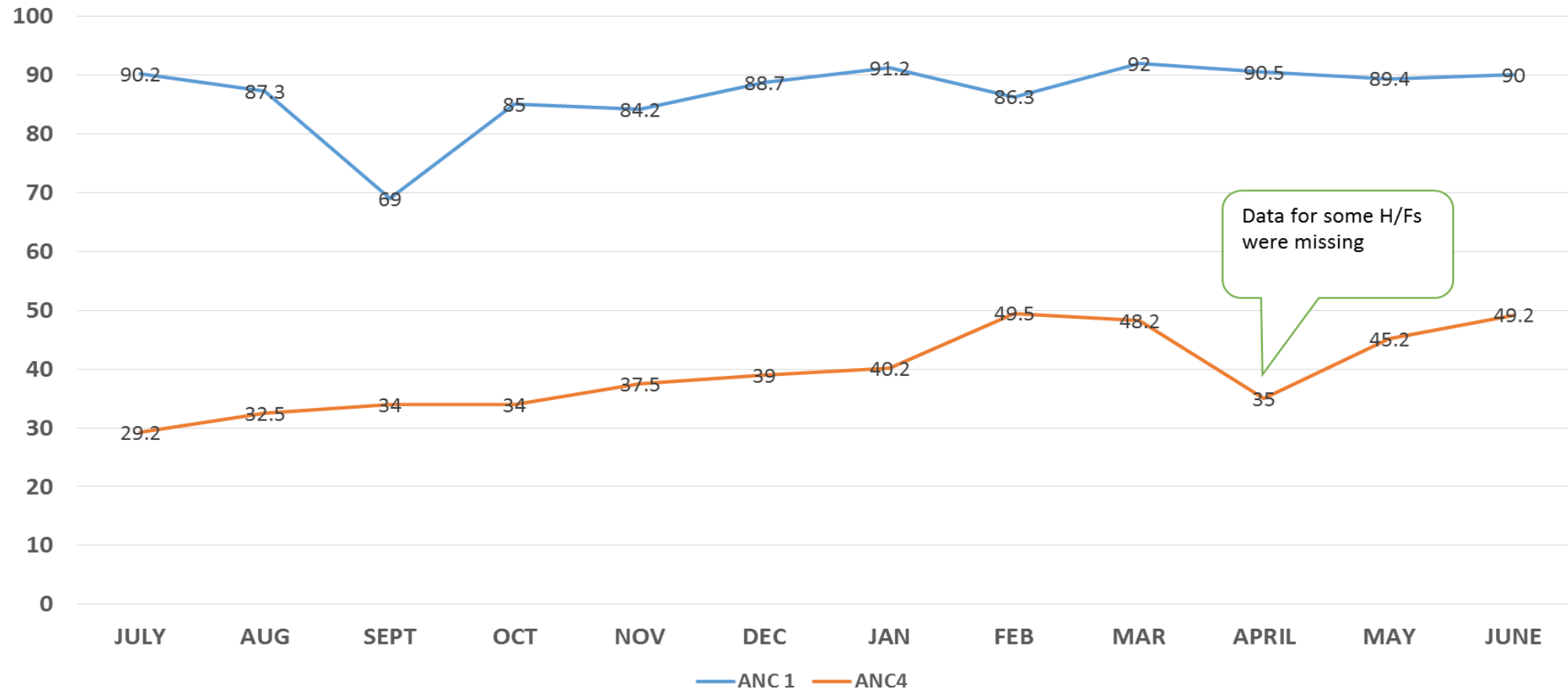
INDICATOR	PERFORMANCE
OPD UTILIZATION	1
DPT 1	95%
DPT 3	88%
BCG	90%
MEASLES	69%
DELIVERIES	63%
ANC 1	77%
ANC 4	32%
MALARIA LAB UTILIZATION	94%
IPT 1	69%
IPT 2	59%

Pentavalent Immunization

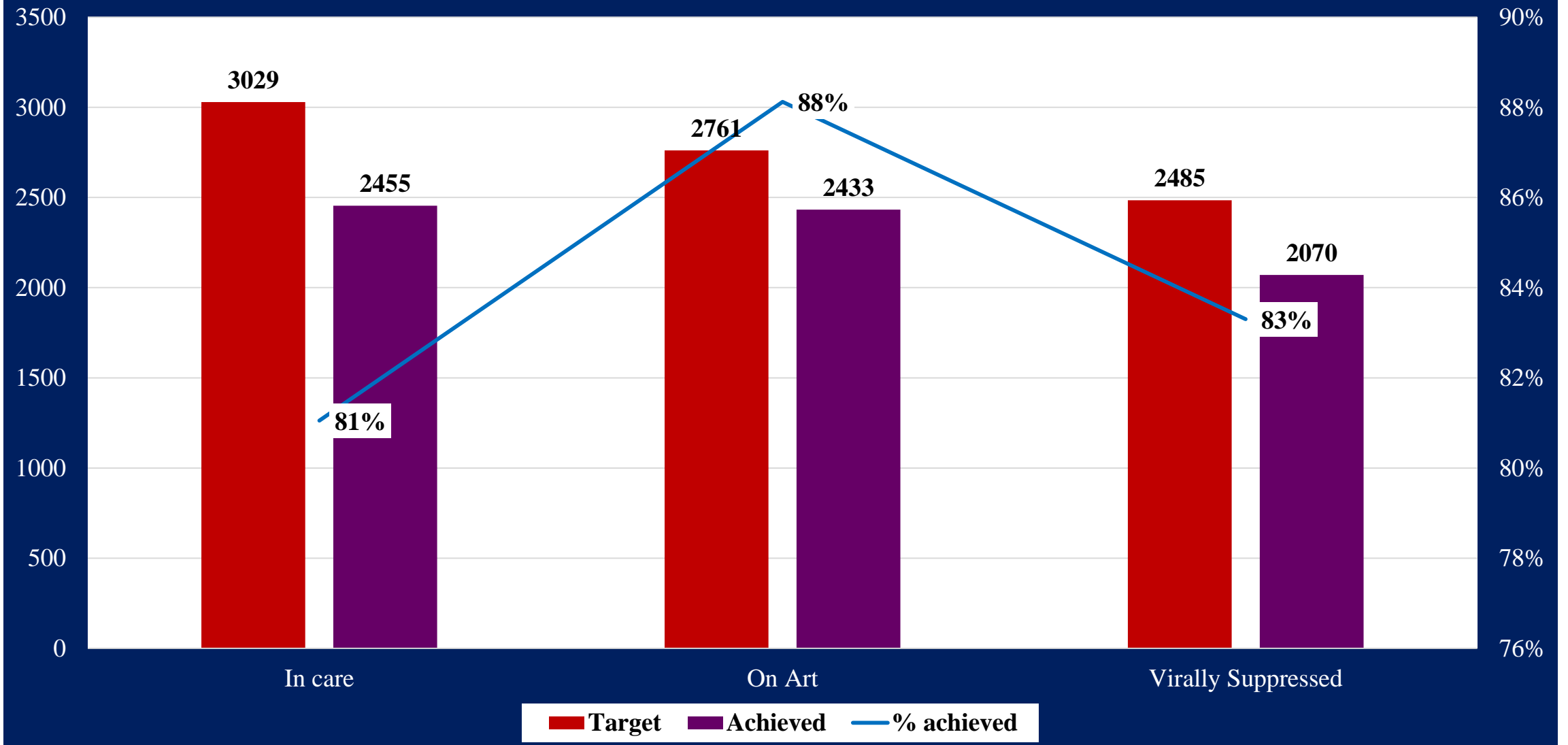


1st ANC Vs 4th ANC

A graph showing 1st and 4th ANC Attendance For F/Y 2018/2019



Progress towards 959595



Improvement in utilization of health services



ANC attendance at HC IV



Patients in sickle cell clinic

Other Achievements (Not planned for)

- Renovation of surgical theatre- supported by Rotary club
- Functional Sickle cell clinic on Thursdays (Supported by Friends and the busiest in the region)
- Installation of a Solar system at Opot HC II and Ajeluk HC III, with support from UK friends

2019/2020 Performance

- Family planning camp conducted – supported by RHITES-E
- Support supervision conducted
- Procurement of EMHS and equipment from JMS using RBF
- Mobilization and sensitization on MR campaign
- Lobbied for an SDD vaccines refrigerator from UK partners
- Blood transfusion services at HC IV soon starting
- One motorbike for the HUB procured by TASO
- Disseminated guidelines to H/Fs
- Mentorship on Quality Improvement by district coaches

Anticipated Resource Envelope F/Y 2020/21

- Funding from MOH - 1,961,371,101 UGX (PHC Wage)
 - 370,187,568 UGX (PHC Non-wage)
 - 44,842,891 UGX (PHC Development)
 - 79,947,447 UGX (Transitional Dev't)
 - 328,000,000 UGX (RBF)
- Funding from TASO - 228,000,000 UGX
- Funding from GAVI and Global fund
- DDEG for the Health Sector

Funding gaps

- No RBF for Ngora Freda Carr Hospital
- No PHC funding for the HSD
- Inadequate funding for DMU (PHC & RBF)
- Inadequate PHC (non-wage and Development) for DHO's office

HRH -Challenges

- Inadequate wage bill to fill all required positions such as ADHO-EH, Public Health Nurse, Ophthalmic Clinical Officers
- Mortuary Attendants are not in the structure of HC IV
- HRH structures are old and not meeting the current demand
- No clear guidance on recruitment / replacement of Nursing Assistants yet they are still in the structure
- Records officers and nursing assistants were not enhanced
- Position of health facility in charge is just an assignment

Health Financing Challenges

- Irregular release of funds from MOH i.e USF
- Inadequate funds for the HSD to conduct outreach activities
- Indicative Planning figures (IPFs) for GAVI, GF, RBF etc are not sent to Districts early for inclusion in the workplan and Budgets
- Some times donor funds sent to the district are not accompanied with a communication from MOH
- Inadequate PHC funds (non wage, sector development) that affect implementation / procurement of planned activities

Service Delivery Challenges

- Non-availability of motorcycles for outreach activities in Health Facilities
- Some Health Centre IIs are more busy than HC IIIs yet these do not have adequate EMHS, including mama kits
- Lack of essential equipment like BP machines
- Medical equipment are not regularly maintained / serviced
- VHTs are not motivated to carry out their roles

Health Infrastructure challenges

- Some wards and OPD are too small and need to be expanded
- Lack of relevant infrastructure in some Health facilities e.g incinerator for DMU
- Frequent breakdown of vaccines refrigerators
- Most facilities do not have accommodation for staff and existing ones needs renovation and expansion
- Some HFs are operating without running water, electricity
- High electricity bills at DHO's office and in some Health facilities, so we need more solar panels at the health facilities
- Most HCs are not fenced and this exposes the HFs, leading to insecurity

HMIS Challenges

- Fluctuating power supply and poor internet connectivity for DHIS2
- Shortage of updated tools in some HFs
- No computers in the HFs for data entry
- Lack of power in the health facilities to run the computers
- Knowledge gap among Health Information assistants and some Health workers in data analysis

EMHS Challenges

- Inadequate medicines for the increasing population
- Inadequate vaccines for rabies
- Unnecessary demand for drugs by the communities
- District maternity unit receives medicines and supplies as H/C III yet it has a theatre and conducts high volumes of deliveries

Leadership and governance

- HUMCs not oriented on their roles and responsibilities
- Outdated guidelines for HUMCs

Planned Interventions for FY 2020/21

- Construction of staff accommodation in Health Facilities
- Fencing of some Health Facilities especially H/C IIs & HC IIIs
- Construction of a shade for the generator in DHO's office
- Procurement of Furniture & curtains for DHO's office
- Renovation/expansion of some H/C IIIs and H/C IIs
- Procure a LapTop for a Biostatiscian
- Pit latrine at DHO's office

Planned Interventions for FY 2020/21

Kobwin Sub-county

Extension of maternity ward

Construction of General ward and OPD

Fencing of Kobwin HC III

Construction of kitchen for attendants

Construction of staff houses at Opot HC II

Upgrade Atoot HC II to HC III

Upgrade Opot HC II to HC III

Upgrade Omito HC II to HC III

Planned Interventions for FY 2020/21

Ngora Town council

- Pit Latrine at Health Centre IV (for staff and patients)
- Bathing shelter for mothers at HC IV
- Laundry station for maternity at HC IV
- Construction of OPD block for DMU
- Renovation of some blocks at DMU
- Construction of a placenta pit for DMU
- Construction of pit latrines and Bathrooms at DMU

Planned Interventions for FY 2020/21

Mukura Town Council

- Construction of Bathing shelter for mothers

Mukura sub-County (Ajeluk)

- Construction of maternity ward
- Connection of water at the facility
- Installation of solar to staff Quarters

Planned Interventions for FY 2020/21

Kapir Subcounty

- Construction of immunization shade (Kapir HC III)
- Extension of maternity ward (Omito HC II)

Achievements Vs Planned interventions from the DDP

SN	Planned Interventions	Location	Achievements
1	5 year Phased Fencing of Ngora Health Centre IV	Ngora HC IV	Ngora HC IV Fenced with support from Baylor
2	Construction of Paediatric ward at HC IV	Ngora HC IV	Construction took 3 years to complete
3	Purchase of theatre Equipment	Ngora HC IV	Small operating light, Oxygen concentrators, Anaesthetic machine, Autoclaves 2 electric and non-electric, some surgical instruments, operation

Achievements Vs Planned interventions from the DDP

4	Staff houses construction and rehabilitation	All Health facilities	NUSAF??
5	OPD and other ward construction/rehabilitation	All Health facilities	Maternity ward at Kobwin HC and Mukura HC III

THANK YOU