



Health Sector Semi-Annual Performance FY2016/17: What are the Key Issues?

Overview

The health sector contributes to the third objective of the second National Development Plan (NDP II), *'to enhance human capital development'*. The sector focuses on increasing access to quality health services. The contribution of the sector is pursued through three key outcomes namely:

- i) Increased deliveries in health facilities
- ii) Children under one year old protected against life threatening diseases, and
- iii) Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)

This Briefing Paper examines the extent to which the health sector achieved the planned outputs for the first half of FY2016/17 (July-December 2016); and the key challenges that need to be addressed.

Methodology: The Budget Monitoring and Accountability Unit (BMAU) collected primary and secondary data using a combination of random and purposive sampling methods in January and February 2017.

Field work covered 21 out of 23 sector Votes, and all the 17 Local Governments (LGs) that benefited from the Primary Health Care (PHC) transitional grant. Financial information was sourced from the Integrated Financial Management System (IFMS), project managers; performance reports and various budget and policy documents.

Performance Rating: A Weighted Scoring Method was used to rate the achievement of outputs relative to their budgets: Very Good (90%+); Good (70%-89%); Fair (50%-69%) and Poor (Less than 50%).

Key Issues

- Poor performance of the health sector at 37% compared to the very good financial release performance (104%).
- Health sector spending agencies delayed to initiate procurements.
- Inadequate staffing at the health facilities. The Health Service Commission had not recruited by 31st December, 2016.
- The Ministry of Health (MoH) does not involve beneficiary institutions such as LGs in monitoring and supervision of works for centrally managed projects like Health Sector Support Project and Global Alliance for Vaccines and Immunizations (GAVI). This is likely to affect quality of works.
- Inadequate funding affected critical institutions like the Uganda Blood Transfusion Services.

Sector Outputs for FY2016/17 include:

- Health sector human resource improved (attracted, motivated retained and developed).
- Improved maternal and child health services including reproductive health.
- HIV/AIDS, Malaria, Tuberculosis (TB) and Hepatitis controlled.
- Improved Primary Health Care focused on disease prevention, health promotion, nutrition, environmental sanitation, hygiene, and functionalizing lower level health facilities.
- Referrals abroad reduced through equipping, training, recruitment of specialist, staff motivation and acquisition of specialized medicines



- Blood collection under the Uganda Blood Transfusion Services enhanced.
- Control/preparedness for disease outbreaks including surveillance enhanced.

Sector Financial Performance

The sector release performance was very good at 52% at half year for FY2016/17 (Table 1). The Government of Uganda (GoU) release performed better than that of development partners. Expenditure performance was however better for the development partners than GoU funded programmes. The low absorption for GoU funded projects was attributed to delayed initiation of procurements.

Table 1: Financial performance of the Health Sector by 31st December, 2016

Funding Source	Approved Budget (billion)	Release (Ug shs billion)	Expenditure (Ug shs billion)	Percentage Release	Percentage Expenditure
GoU	924.16	520.00	286.00	56	55
Donor	903.10	434.29	408.23	48	94
Total Excl. Taxes, Arrears and NTR	1,827.26	954.29	694.23	52	73

Source: Approved Estimates of Revenue and Expenditure, and Progress Reports from sector Agencies

Overall sector performance

The health sector physical performance at half year FY2016/17 was poor at 37% of the sector semi-annual targets.

Good performing projects included;

a) **The Uganda Blood Transfusion Services (UBTS)**

Performance was at 97% of the half year target. The UBTS collected 119,691 units of blood for distribution to health facilities. There was however evident lack of adequate blood storage facilities at the benefiting health facilities while others had unmet demand.

b) **The Italian Support Project and PRDP**

Performance was good at 87% of the semi-annual target. Construction of staff houses at

the health centre IIIs was at different levels of completion. In Abim district (Alerek, Orwamuge, and Nyakwae HC IIIs), and Kotido (Lokitelaebu, Kanyeri, Rengen, Nakapelimoru, Panyangara, and Napumpum HC IIIs), the super structures were complete and roofing had commenced. In both Moroto (Nadungeti HCIV, Lemusi HCIII), and Nakapiripirit (Nakapiripirit HCIII and Namalu HCIII) districts, the works were at foundation level.



Completed super structure and roofing for staff house at Lokitelaebu HCIII in Kotido District

**c) Institutional Capacity Building (ICB)**

Performance was good at 80%. There was an improvement in ambulance referral services and emergency medical care in West Nile.

The districts of Arua, Maracha and Adjumani received 100litres of fuel on a monthly basis, and general maintenance repairs such as tyre replacements to facilitate the ambulance services. The Results Based Financing (RBF), an approach to performance management was being rolled out and training carried out for District Health Officers (DHOs) and in-charges for health facilities in the beneficiary districts.

The poor performing projects included:**a) District Infrastructure Support Programme (DISP)**

Performance was poor at 6.2% of the semi-annual target. This was attributed to delayed initiation of procurement for six X-ray machines, and late commencement of construction works for staff houses at Kapchorwa General Hospital. The funds for National Medical Stores (NMS) to procure other medical uniforms and assorted stationery for the project were inadequate and received late from the MoH.

b) Rehabilitation and Construction of General Hospitals

Performance was poor at 18%. This was mainly attributed to delayed initiation of procurement (at 90% of General Hospitals)

while others received the PHC-guidelines late (eg Gombe in Butambala district; Kambugu in Kanungu district).

c) The Uganda Cancer Institute (UCI)

The two projects (UCI and ADB Support to UCI) performed at an average of 26% of the semi-annual target. This was mainly attributed to delayed submission of structural designs for the multi-purpose building and delayed procurement of the cancer equipment for Mayuge and Arua satellite cancer centres for the ADB funded component. The project also registered slow progress on the foundation works for construction of the bunker due to the proposed changes in the design by the International Atomic Energy Agency.



Ongoing construction of the radiotherapy bunkers at the Uganda Cancer Institute

Key Implementation Challenges

- i) Delayed initiation of procurement. Majority (90%) of the districts implementing the Rehabilitation and Renovation of General Hospitals Grant had their procurements in the initial stages by December 2016. Late initiation



of procurement affected the acquisition of medical equipment such as beds, and cancer equipment.

- ii) Inadequate staffing at the Health Service Commission (HSC) and the health facilities. All the health facilities monitored did not have a complete staff structure. By February 2017, the HSC had not recruited the planned 850 health workers for national and regional referral hospitals.
- iii) Less involvement of stakeholders in the supervision and monitoring of construction works. The MoH does not often share the Bills of Quantities (BoQs) with District Engineers and DHOs for centrally managed projects. For instance at Ntoroko, and Nakapiripit districts, the DHOs had no BoQs for the GAVI works undertaken by MoH.
- iv) Unmet demand for blood units due to an inadequate budget. The UBTS requires Ug shs 27billion compared to the annual allocation of Ug shs 7.8billion in FY2016/17 to collect and process at least 280,000 units of blood needed countrywide.

Conclusion

The overall sector performance was poor at 37% of the semi-annual targets. The key constraints in the attainment of sector targets included delayed initiation of procurements, inadequate staffing, and funding all of which are management issues that can be resolved.

Recommendations

- i) Accounting officers and project managers should ensure all procurements are initiated in time.
- ii) The HSC and LGs should fast track filling of human resource gaps in the sector.
- iii) The MoH should involve health facility administrators and the LGs during implementation of the centrally managed projects through sharing of BoQs for works to improve monitoring and supervision.
- iv) The MoH should prioritise funding for UBTS to enable the entity increase the number of regional and blood collection centres

References

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