

BUDGET 2017/2018

**Prepared by
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Date: 19/10/2016 The district health sector implements its mandatory activities of offering preventive, health promotion, curative and rehabilitative services to various communities within the district.

The district has two (2) health Sub-districts i.e. Mawogola and Lwemiyaga HSDs

Mawogola HSD has 17 health units while Lwemiyaga HSD has nine (9) health units, thus making a total of twenty six (26) health units.

The district has no government hospital

HEALTH SECTOR

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SERVICES OFFERED

PREVENTIVE SERVICES

- School health education
- Prevention of STIs including HIV
- Environmental Health and Sanitation
- Epidemics and disaster prevention
- Childhood survival services
- Maternal and child health
- Nutrition
- General HCT/HIV counseling
- Adolescent health education and Counseling

CURATIVE/ CLINICAL SERVICES

- Outpatient diagnosis and treatment (OPD)
- - TB Treatment
- Treatment of mental health conditions
- Care for Injuries
- Laboratory services
- Dental /oral care
- STI treatment- IMCI
- Anti Retro Viral Therapy (ART)

SURVEILLANCE FOR SPECIAL DISEASES

- AFP/Poliomyelitis
- Neonatal tetanus Leprosy
- Weekly epidemiological surveillance

Health education and promotion

- Maternal and child health Maternity services
- Antenatal care
- Family Planning Services
- Intermittent presumptive treatment
- PMTCT/eMTCT

In patient services: 8 health units

Outreach services

- Routine immunization outreaches integrated
outreaches in hard to reach areas.

Implementing partners (IP)

Partners	Activities	Area
WHO	Disease surveillance and Immunization	Whole district
Global Fund	TB activities, malaria, HIV	Whole district
METS	Monitoring and Evaluation Technical services	Whole district
Kitovu Mobile	HIV care	Mateete and Lwebitakuli Sub county, DREAMS
Mildmay	HIV care and Health Systems strengthening	Whole district
Uganda Health Supply Chain	Drugs management	Whole district
GAVI	Strengthening Immunization	Whole district
FHI360	Family planning	Mateete, Lwebitakuli and Lwemiyaga
IntraHealth Uganda	Human resource for health	Whole district
CHAI	Private clinics and drug shops	Whole district
MarieStopes	Family planning	Whole district

Health Sector Performance 2015/2016

PHC Wage	1,509,613,000
PHC Non-Wage	136,961,231 – Direct releases to health facilities and DHO's Office
PHC Development	28,000,000 (Construction of a 5 stance line latrine for patients and staff constructed at Kayunga HC II, (12,000,000/=) Painting and glass fitting of patient general ward at Sembabule HC IV, with support from CNOOC(7,339,000) , Procurement of a photocopier for the DHO's office, (7,000,000/=)
PHC wage NGO	33,834,407 – Katimba, Lwebitakuli and Ntuusi HC IIIs NGO
PHC Drugs	136,961,231
Donors and Implementing partners	77,866,000 – this included funds from UNICEF, MildMay and PACE

Staffing levels for the district stands at 54.8%,

- no recruitment for government.
- Fourteen (14) contract staff were recruited

PERFORMANCE 2015/2016

DISTRICT	Total Population (UBOS Aug 2015)	Coverage (45%)											
		PCV3 cov		ANC4 Cov		IPT2 Cov		Deliveries Cov		HIV+ pregnant women initiated on ART Cov		Latrine Coverage	
		%	Score	%	Score	%	Score	%	Score	%	Score	%	Score
SEMBABULE	292,900	101.7	10.0	18.5	0.9	36.2	1.8	19.0	1.9	57.5	2.9	70.0	7.0

Quality Improvement (20%)								HR (10%)	
Fresh Still Births per 1,000 Deliveries		Maternal Deaths Audited		TB Treatment Success Rate		Patients diagnosed with Malaria that are lab confirmed		Approved posts filled with qualified personnel in public health facilities	
%	Score	%	Score	%	Score	%	Score	%	Score
10.7	3.5	#	0.0	98.8	4.9	67.2	3.4	54.4	5.4
Reporting(15%)							Summary		
Monthly reports sent on time		Completeness monthly reports		Timeliness of Quarterly OBT reporting		Total Score	% score (Total score /90)*100	National Ranking	
%	Score	%	Score	%	Score	%			
79.6	4.0	95.3	4.8	50.0	2.5	53.0	58.9	104	

TARGETS FOR 2016/2017 AND 2017/2018

Indicator	Disaggregation	HSDP Target 2015/16
ART Coverage		57%
HIV+ pregnant women not on HAART receiving ARVs for eMTCT during pregnancy, labour, delivery and postpartum		85%
TB case detection Rate (all forms)		83%
IPT ² doses coverage for pregnant women		58%
IPT3 doses coverage for pregnant women		93%
In Patient malaria deaths per 100,000 persons per year	M – 20	13
	F – 23	
Malaria cases per 1,000 persons per year	M - 365	198
	F – 480	
Under five vitamin A second dose coverage	M– 27%	66%
	F– 28%	
DPT ³ HibHeb ³ Coverage	M– 105%	95%
	F– 99%)	
Measles coverage under 1 year	M – 96%	90%
	F – 93%	
Bed occupancy rate (Hospitals & HC IVs)	HC IV	55%
Average length of stay (Hospitals & HC IVs)	HC IV	3
Contraceptive prevalence Rate		39%
Couple year of protection		4,300,000
ANC 4 Coverage		37.5%
Health Facility deliveries		54%
HC IVs offering CEmOC services	Sembabule District Budget Consultative Meeting for 2017/2018 (HR)	10 55%
HC IVs conducting C/S		55%

HC IVs conducting blood transfusion		55%
Availability of a basket of commodities in the previous quarter (% of facilities that had over 95%)		86%
Facility based fresh still births (per 1,000 deliveries)		15
Maternal deaths among 100,000 health facility deliveries		114
Maternal death reviews		38%
Under Five deaths among 1,000 under 5 admissions	M - 15.1	17.6
	F - 22.3	
ART Retention rate		83%
TB treatment success rate		82%
Client satisfaction index		71%
Timeliness of reporting (HMIS 105)		88%
Latrine coverage		74.5%

Sanitation and hygiene

District Latrine coverage	71%
Improved Latrine coverage	23%
Un-improved Latrine coverage (Traditional Latrine)	48%
Hand washing facility coverage	25%

Major Achievements in 2015/216

- We have improved accessibility to health services by constructing three (3) health centers at Mitima, Bulongo and Karushoshomezi.
- We have scaled up HIV/eMTCT services to eight (8) sites within the district however there is hope to add on more four (4) sites in order to improve accessibility to these services.
- We supported two (2) Midwives to undergo a training in anaesthesia at Masaka Regional Referral Hospital. The theatre at Sembabule HC IV opened in late November 2015 so far 282 CS have been done.

- Construction of a general ward at Sembabule HC IV was completed with support from CNOCO.
- Received ten(10) motorcycles i.e. 4 from Population Secretariat and 6 GAVI.
- Renovation of a maternity ward at Sembabule HC IV and a staff quarter at Kyabi HC III was done with support from MildMay Uganda.
- We received 80 mattresses and patient beds from NMS for HC IVs and IIIs government.
- Received a donation of medical equipment for Sembabule HC IV from Hon. Sam Kuteesa.
- We carried out quarterly support supervision to lower level health units.(4 visits).
- We had DHT and Extended DHMT and review meetings on a quarterly basis with support from MildMay.
- We have achieved 100% reporting rates on HMIS Weekly, monthly, Quarterly reports.

- Availability of drugs and other health supplies in health facilities has improved greatly with support from NMS.
- Most health workers have received trainings and mentorships in a number of areas i.e. comprehensive HIV care, Nutrition, HMIS, performance management, Quality Improvement etc with support from Ips.

Major Challenges

- The District has no hospital hence we lack specialized services leading to our clients being referred to Masaka, Villa Maria and Kitovu hospital which are distant from Sembabule district
- The DHO's office has no motor vehicle.
- Low staffing level which is at only 54.8%
- Inadequate staff accommodation and lack of water tank in HC IIs and HC IIIs
- All health facilities' land have no land titles and all the facilities are not demarcated hence giving room for encroachers.

- We have not scaled up VHTs to cover the whole district, we still lack VHTs in Ntuusi, Lugusulu, part of Mateete and Mijwala and also no ICCM for the whole district.
- Drugs, delivery and availability of essential medicines in health units has improved but the push system for health centers IIIs and IIs is a problem.
- Low access to health services and the many hard to reach areas affects service delivery.
- Lack of proper population estimates for the sector which affects performance indicators.(301867)
- Lack of vaccine fridges at some health facilities has greatly affected immunization activities.
- Lack of functional health management committees.

Targets for the health sector 2017/2018

Conditional Grant to PHC salaries	1,169,524,289 – Lower level health units
District staff salaries	14,919,8244 – DHO's office
PHC Non-Wage	114,193,373.9 (Direct transfers to lower health facilities)
Conditional Grant to PHC Non wage DHO's office	61,721,447
PHC Development	No grant
PHC wage NGO	33,834,407 (Direct transfers to lower NGO health facilities)
PHC Drugs	136,961,231 (Direct transfers to lower health facilities by National Medical Stores)
Local Revenue	6,500,000
Multi-Sectoral Transfers to LLG Non wage	13,901,680
Donors and Implementing partners	120,130,000
Conditional Grant to PHC salaries	1,169,524,289 – Lower level health units

Activities for 2017/2018	Budget 2017/2018
Train and mentor health facility in charges in leadership, governance, management and planning and support DHT members to under take a fellowship program in the above areas.	2,912,500
Strengthening support supervision at all levels to involve both public and private partners.	7,656,000
To disseminate HSD policy and reforms.	600,000
Integrate the activities of the district health supervisory authority into the district work plan.	2,640,000
To have integrated out reaches/medical camps in hard to reach and disadvantaged areas.	10,000,000
Strengthen SMC camps in all areas.	
Put up a system for collecting and submitting weekly, monthly, and quarterly reports on time into the National reporting system (DHIS2).	5,620,000
Strengthen data processing and utilization for decision-making.	2,400,000
Conduct data quality assessment and quarterly data review meetings.	7,360,000
Install a backbone Internet and data management server at the DHO's Office and HSD.	20,800,000

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Recruit, train and mentor records assistants at all levels in order to maintain a functioning health information system plus HRIS.	
Functionalize the reporting system by VHTs (quarterly basis).	26,432,000
Carry out periodic LQAS to generate data and information for decision-making.	
To have data assessment centers at HC IVs and IIIs	30,000,000

Implement the developed three-year recruitment and capacity building plan.	954,410,440
Construct staff houses at health facilities and provision of water tanks and electricity/solar energy.	1,700,000,000
Appraise all staff, confirm staff and functionalize the reward and sanctions committee.	-
Provision of water tanks	12,000,000

Implement output and input support supervision tool/ arrival and departure.	2,400,000
Implement quality improvement framework.	8,900,000
To have duty rosters in place at all level indicating the staff on calls i.e. evenings, nights and weekends.	-
To have support supervision by the SAS to the respective health facilities and submit reports to CAO through the DHO for action.	-
Have standard operating procedures at all levels of care.	-
Provide security at health facilities.	18,720,000
Construct enough staff houses at HC IIIs and IVs.	
Government through MoH to implement provision of allowances to staff in hard to reach areas.	

Procure motorcycles for health facilities in hard to reach areas.	11,000,000
Develop procurement plan for EMHS for health facilities.	
Timely ordering of EMHS by HC IVs.	-
Recruit store's assistants at the district and HC IVs.	-
Inspecting medicines during delivery by the relevant authorities at levels.	-
Having updated stock cards and a well documented redistribution process.	-
To have a department work plan well implemented according to the GoU financial regulations.	-
Strengthen the public and private partnership.	-
Integrating IPs work plans into the department work plan and reporting system and to have timely accountabilities and submission of reports.	-
Strengthening health education and promotion.	2,000,000
Improving access to health services by upgrading HC IIs to IIIs, IIIs to IVs, have a district hospital; accrediting health facilities to work as ART sites and also have VHTs in sub counties were they are missing.	-
Implementing the developed HIV/AIDS strategic plan.	-

Cont'd

Strengthening mobilization and sensitization of the communities on health related issues and the services available within the district.	12,000,000
Develop bylaws and ordinances to improve sanitation and hygiene hence improving disease prevention.	-
To upgrade Sembabule HC IV to a district hospital status and have it fully functional	
To have an infrastructure development plan.	
Integrating nutrition services into the existing health care package including HIV/AIDS.	-
To improve nutrition supply storage areas for Mateete HC III, Iwemiyaga HC III, and Ntuusi HC IV.	
Provide health education talks to mothers on exclusive breastfeeding funding and other related issues	-
Implementing integrated family health days during the months of April and October.	38,000,000
Implement nutrition framework	
Implement nutrition reporting indicators at all levels.	
Train and mentor VHTs on the provision of family planning methods.	-
Improving mobilization and sensitization of the community on family planning services.	-
Timely ordering of family planning commodities to avoid stock outs.	-
Strengthening partnerships with IPs.	4,800,000

UNFUNDED PRIORITIES IN THE DDP 2015/2016 -2019/2020

Description of planned activity	
Upgrading of Sembabule HC IV to a district hospital status in dispensary ward,	
Construction of an OPD at Kampala HC II in Kampala parish, Lwemiyaga sub county, Lwemiyaga HSD	
Construction of a health centre III in Nsoga parish, Mijwala sub county Mawogola HSD	
Upgrading Makoole HC II to HC III	
Procure furniture for the newly constructed health units of Bulonga, Mitima and Karushonshomezi	
Upgrading Makoole HC II to HC III	
Procurement of megaphone for 42 health centers in Mawogola and Lwemiyaga HSD	
Procurement of 2 water tanks for Bulongo and Mitima HC IIs, karushonshomezi	