

UGANDA HEART INSTITUTE

CAPACITY BUILDING PLAN

2022/2023 - 2026/2027

Developed by:

HRM Department, Uganda

Heart Institute

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FORWARD

Realizing the NDP-III program objectives is possible with robust planning and implementation of interventions intended to boost human capital development. Given its new mandate as stipulated under Uganda Heart Institute act 2016, Uganda Heart Institute (UHI) is best positioned to play a vital role in the human capital development, by scaling down on the impact of cardiovascular disease.

UHI has a major contribution to make towards national development by scaling up prevention and treatment of non — communication diseases which have a direct impact on human capital development. To realise progress in containing the cardiovascular diseases, there is need for increased effort towards attraction, development and retention of adequate human resource with the required

Knowledge, skills and of the Institute's

Cognizant manpower gaps the in Institute, continuous planning building capacity challenging the status Institute. The capacity They are institutional, or people related. challenges relate to implementation, coordination and departments and paramount concern

There is need to

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the current baseline (staff numbers, skills gap) the situation calls for and implementation of programs (CBP) aimed at quo and transforming the challenges are manifold. departmentalandindividual Institutional capacity gaps in policy formulation, monitoring and evaluation stakeholders. among functions. These are especially in the context of

the NDP-III and the UHI 5 years' strategic plan.

The departmental challenges pertain to the organisation structure, functions, human resources, financial resources, tools, office environment and more importantly the processes and systems including IT applications that enable operationalising policies and strategies and delivery of services to the citizens.

Challenges pertaining to individual capacities relate to the gaps in knowledge, skills, and attitude in the clinical and support services. The Institute's human resource needs to respond swiftly to the increasing demands for cardiovascular

service, to foster prevention, treatment and reduce referrals abroad in quest for specialised treatment.

Successful implementation of the NDP-III and the UHI strategic Plan calls for bridging the Institutional and individual capacity gaps as a top priority. UHI has already taken credible steps by implementing interventions aimed at transforming the Institute into a cardiovascular centre of excellence with highly competent, innovative, accountable, responsive, and effective human resource. The solutions are diverse and need to be guided by an overarching value system that is futuristic and ensures a "fit for purpose" workforce.

The solutions involve a judicious mix of strategies for addressing the gaps. They involve a series of actions that are interdependent and having multiple stakeholders on board – requiring seamless coordination, flow of information, a sound M&E to track progress and evaluate effectiveness.

To bring all these elements together, Uganda Heart Institute has developed this 5 years Capacity Building Plan(CBP) to provide a systematic approach for the Institute to plan and implement effective human resource development interventions.

All stakeholders are requested to embrace the Capacity Building Plan, integrate the strategies and outputs into their respective work plans. High priority interventions are recommended to be completed in the first 3 years so that the Institute is well equipped to realise the stated goals and targets of NDP-III and the Institute's strategic plan.

I invite all stakeholders to join hands and make transformation of Uganda Heart Institute a reality.

Dr. James Magara

CHAIRMAN, BOARD OF DIRECTORS

ACKNOWLEDGEMENT

The development of this Capacity Building Plan (CBP) was highly participatory and consultative to ensure sustainability and ownership of the process and outcome. This CBP therefore was facilitated by involvement of all staff of UHI at different levels and Technical Departments including the Executive Director and Heads of Department.

I am grateful to the Committee which prepared this CPB. In particular, I wish to thank the Chairperson of the Task Team Dr. Peter Lwabi, together with the Task Team members including Dr. Emmy Okello Senior Consultant Adult Cardiology, Dr. Oketcho Michael Senior Consultant Paediatric Cardiology, Ms. Lydia Namuli, Senior Hospital Administrator, Mr. Okok Richard Ag. Senior Accountant, Ms. Dorothy Ntanya Economist, Ms. Anna Oketayot Noland Principal Nursing Officer, Mr. Jaika Patrick Ag. Human Resource Officer, for their role in this CBP. My special thanks go to Mr. Godwin Tugume Head of Human Resource who played a pivotal role as a Technical person on the Task team and coordinated the process of developing this CBP.

In a special way, I extend my gratitude to the Board of Directors of Uganda Heart Institute for their stewardship and overall guidance on this programme.

In the same vein I wish to appreciate all organisations which provided vital information that guided the planning processes, especially Makerere University, Ministry of Public Service, Ministry of Health and Uganda Cancer Institute.

Finally, my gratitude is extended to all Staff of UHI who participated actively during the capacity needs assessment. In particular, I thank the Task Team Secretariat for their enormous effort on this programme.

Dr. John O.O Omagino

EXECUTIVE DIRECTOR

EXECUTIVE SUMMARY

i. Introduction

This Capacity Building Plan (CBP) is developed in view of the need to enhance Institutional Human Resource Capacity of Uganda Heart Institute. The CBP will enable the Institute to fulfill its mandate provided under the Uganda Heart Institute Act 2016, attain its mission and strategic objectives as stipulated in the UHI Strategic Plan.

One of the objectives of UHI strategic Plan 2022/23-2026/27 is to enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services. In an effort to achieve on this objective, the Institute has developed the 5 years CBP for implementation of human resource development programmes aimed at improving HR skills and knowledge for better performance of job functions.

Aware of the fact that skilled HR need a corresponding level of welfare and tools, the CBP comprises of three interrelated components i.e (i) Training (ii) Welfare (iii) Tools.

The CBP is based on Human Capital Development as one of the objectives of NDP III. The CBP therefore is an important tool of UHI necessary for acquisition of the needed skills for implementation of the strategic interventions for prevention and treatment of cardiovascular diseases.

ii. Purpose

The CBP is undertaken in view of enhancing staff development to improve Human Resource capacity for better performance of UHI. This will enable the Institute to deliver on its mandate, mission, vision and strategic objectives.

iii. Objectives

Specifically, the CBP is intended to; -

- a) Provide staff training and development programs intended for enhancement of the HR knowledge and skills necessary for performance of job functions in all departments and divisions of the Institute.
- b) Execute sufficient staff welfare program that will improve workplace environment, stimulate motivation, commitment and create a good corporate image.
- c) Improve management and coordination of staff training and development

programs under a central coordinating unit, by consolidating all the training and staff development activities under one Unit, for better management.

iv. The recommended Interventions for Implementation

Aware of the need for comprehensive capacity enhancement of UHI, the CBP includes 3 key components which contribute to performance of functions. These components are interdependent in facilitating performance. They are Training, Welfare and Tools.

a. Training:

In this CPB, training is recommended to contribute a dominant share of HR capacity building activities to facilitate acquisition of the needed Skills, knowledge and attitude of individual job holders. When implemented the training interventions will address the skills gap of individuals and teams. Uganda Heart Institute is a superspecialised entity where provision of the needed service largely depends on the supper specialist skills of its HR. It is on this basis that implementation of the planned training activities is highly recommended for the Institute to attain the desired skill levels.

Having focused much on the medical courses in the recent past, UHI has been left with a big gap in leadership and management skills. To bridge the gap, a balanced training program is recommended to scale up leadership and management skills especially for the HR in the clinical departments.

Summary Budget of Training Activities for the 5 Years costed CBP

Year of Implementation	Cost of short training courses		Cost of Long training courses			
	UGX	USD	UGX	USD	Total UGX	Total USD
YEAR 1	363,800,000	101,056	875,703,600	243,251	1,239,503,600	344,307
YEAR2	267,000,000	74,167	536,875,200	149,132	803,875,200	223,299
YEAR3	266,200,000	73,944	764,492,400	212,359	1,030,692,400	286,303
YEAR 4	146,200,000	40,611	737,197,200	204,777	883,397,200	245,388
YEAR 5	297,400,000	82,611	675,982,800	187,773	973,382,800	270,384
Total for 5 years	1,340,600,000	372,389	3,590,251,200	997,292	4,930,851,200	1,369,681

b. Welfare

It is understood that skilled HR will be efficient when the trained individuals and teams are adequately facilitated with welfare items, to create an enabling environment that stimulates motivation and commitment. This CBP therefore includes welfare interventions that will complement the planned training for better performance.

Summary Budget for Welfare Items (5 years)

S/N	The welfare item	Total Budget GOU	Budget USD
	Professional Allowances	23,438,862,886	6,501,765
	Health Insurance	2,511,540,000	696,682
	Break Tea	864,416,256	239,782
	Over-time	707,249,664	196,185
	Staff Canteen(Set up)	50,000,000	13,869
	Corporate Shirts	327,430,400	90,826
	Social events	245,572,800	68,120
	Staff SACCO	223,248,000	61,927
	Fuel / Transport	7,858,329,600	2,179,841
	Rewards	81,857,600	22,706
	Wellness activities	392,916,480	108,992
	Corporate games (Teams)	392,916,480	108,992
	Staff General Meetings	163,715,200	45,413
	Total	37,258,055,366	10,335,106

Tools/Equipment

Efficient performance is facilitated by adequate tools. UHI being a hospital, medical equipment is considered an essential component of capacity building. It is understood that, equipping a hospital is not necessarily a component of HR function, however in this context, the CBP considers basic tools without which the Institute may not perform the most basic tasks of the Institute. The total budget estimate for the basic tools is indicated below in the table

Summary Budget for re-tooling

BUDGET UG X	USD
9,196,500,000	2,554,583

v. The Budget:

A budget estimate of UGX **51,329,056,966** billion has been drawn. However, we note that this budget includes the cost of tools/ equipment which is capital development and which task outside the HR budget items.

The Summary Budget for the 5 Year CBP

CBP Component	Budget in UGX	Budget in USD
Training	4,874,501,600	1,354,028
Welfare	37,258,055,366	10,349,460
Basic Tools	9,196,500,000	2,554,583
Total Budget	51,329,056,966	14,258,071

vi. Recommendations and Conclusions

UHI is under transition to a fully-fledged autonomous cardiovascular center of excellence. With the new mandate, the current HR Capacity of the Institute in all aspects is in-adequate. In an effort to enhance the HR Capacity. this CBP recommends practical interventions for implementation in a period of 5 years

a. Approval of the staffing structure:

The current staffing structure is inadequate and thin on ground. This will be addressed by proposals for provision of adequate staff numbers and categories. Approval of the proposed HR structure therefore is one of the most important recommendations of this CBP

b. **Enhancement of salaries**: Aware of the need to provide a living wage, salary increments have been recommended to improve pay that will enable HR afford the cost of living and stay focused on their respective jobs

c. Implementation of the Training Interventions:

d. **Improve welfare provision**: Currently the staff welfare is low and does not facilitate the needed motivation and commitment for HR performance. It is therefore recommended that the welfare activities identified in this CBP be prioritized for implementation.

1.0 INTRODUCTION

Uganda Heart Institute (UHI) is established by the Uganda Heart Institute Act 2016 as an autonomous Government Entity with the mandate to undertake and coordinate the management of Cardiovascular Diseases (CVD) in Uganda. Upon its establishment, the Institute embarked on establishment of an HR system that will enable acquisition and retention of skilled human resource to operationalize the planned interventions intended to deliver on its mandate. Among other key components of the HR system is the Human Resource manual to provide regulations for HR management, the staff establishment structure to provide for adequate human resource numbers and categories and the HR capacity building plan for execution of capacity building interventions for HR development.

In fulfillment of the need to build human resource capacity a five years Capacity building plan has been developed to provide sufficient interventions for implementation to address the HR capacity gaps. The CBP is based on capacity needs assessment (CNA) to ensure implementation of performance based interventions. The impart capacity building program is sensitive to key ingredients in performance including skills, knowledge, attitude of individuals and welfare, policy, tools and equipment for institutional capacity necessary for an enabling environment for people to perform.

It is on this basis that UHI developed the five year CBP to provide for implementation of the necessary training programs and welfare packages to improve skills, stimulate commitment and motivation for better performance at Institutional, departmental and individual levels.

The five year costed CBP is a tool of staff development which provides the needed interventions with budget estimates for funding of the planned activities. It is envisaged that the CBP will be embraced by stakeholders and receive the necessary support of stakeholders for its funding and implementation of interventions.

1.1 Background and Context

According to the UHI Strategic Plan, 2021, the overall goal of UHI for the next five years is to reduce the burden of cardiovascular disease in the country. This is to be achieved through the following strategic objectives:

- 1. Strengthen health promotion and prevention of cardiovascular disease.
- 2. Enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services

- 3. Increase access to quality and equitable cardiovascular services to both local and international clients
- 4. Expand research and training in cardiovascular services
- 5. Manage and oversee cardiovascular services in the country

In an effort to have in place a human resource team with capacity to achieve the above objectives, the Institute embarked on developing a human resource system including; the organization structure, Human Resource manual and a Capacity Building Plan. The capacity building forms a strategic component of the HR system by focusing on key aspects including training, welfare improvement and retooling. The Capacity building plan therefore, is intended to provide interventions for adequate training, welfare and tools for performance of the UHI functions.

1.1.1 The Legal and Policy Context

Uganda Heart Institute Act (2016)

The Uganda Heart Institute Act 2016 establishes the Institute as an autonomous Government entity. **The act** provides for increasing local capacity to handle super specialized cardiovascular services and to empower the Uganda Heart Institute to oversee other public health centers which are not super specialized but which are handling cardiovascular related services. **Section 5 (e)**, provides legal basis for UHI to develop and promote educational programmes on the management and prevention of cardiovascular disease and related diseases;

- The UHI Act Provides the mandate and sets legal basis on which all functions and activities of UHI are built
- It is the UHI law within which all the UHI activities including training conform

National Development Plan (NDP) III.

The NPD III is the Government National master plan that sets the National Development Agenda to guide all sectoral programs in the Next 5 Years of its implementation. The NDP provides for Human Capital Development under which the Government intends to have in place well-educated, enlightened and healthy human resources who are essential to facilitate national development. This objective aims at producing appropriately knowledgeable, skilled and ethical labour force, improve population health, safety and management. The NDP III recognizes Capacity building as one of the key triggers of Human Resource development in all sectors of the economy

The UHI Strategic Plan (2020/21- 2025/2026)

The Strategic Plan sets the UHI development agenda for the next five years.

The UHI strategic Plan recognizes the fact that UHI intends to launch a robust Capacity building program to enable the Institute attract and retain the required skill levels. The Strategic plan interventions call for super specialist posts to be filled under the new Human Resource structure and manual. For the UHI employees to deliver on the planned programs, the strategic plan recommends training to enhance skills and competencies

Human Resources for Health Strategic Plan 2020-2030. The HR for health strategic plan calls for Effective health workforce coverage and resilience **with the necessary** Leadership and People Skills to guide the health sector in right direction. The strategic plan intends to equip health leaders and managers with adaptive leadership skills at central and regional levels targeting Directors, Heads of Departments, Divisions and Institutions, and HR Managers: **One of the key aspects is to c**onduct leadership and governance capacity needs assessment at MoH, and at the Health facility levels and develop needs-based tailor-made leadership and governance training program. This strategic plan provides a health sector framework for the development of Human Resources for Health.

UHI Human Resource Management and procedures Manual (2020).

The UHI HR Management and Procedures Manual 2021 is a set of regulations that guide execution of HR activities in the Institute. In regard to staff development, the manual prescribes steps and actions taken in planning, implementation and evaluation of staff development programs. All the HR activities of UHI that relate to staff development and capacity building are conducted within the framework of the HR management and procedures manual 2021. Section 4.4.15 Provides for training allowance, types of training, the training procedures, training methods, the HRD planning formats and so on. The HR manual is a basic tool that regulates the manner in which staff training and development should be managed in UHI

Uganda Heart Institute Organization Structure.

The Institute staffing capacity depends on the positions established in the staff structure. The Organization establishment provides for staffing numbers and categories with their corresponding salaries. The structure forms basis for planning of training and development activities basing on staff numbers and categories provided therein. Most of the planned training, welfare and tools is in tandem with the staff provisions of organization structure

UHI Fellowship Policy

The fellowship policy regulates activities for fellowship training. All activities regarding planning and implementation of training and development of fellows is conducted within the fellowship policy framework. Aware of priority given to the fellowship programs in regard to cardiac skills, the fellowship policy is a key tool in planning and implementation of fellowship programs.

The UHI Performance Appraisal Reports.

Part D. of the Staff performance appraisal Instrument provides for Identification of Performance gaps and action plans to improve performance through capacity building. The Performance Appraisal forms are a sources of Training Needs of Individual employees identified during performance of functions. Appraisals of the last three years have been a key source of information in the identification of training needs

Public Service Standing Orders (2021)

The PSO is the Public Service regulations under the Public Service Act No. 9 of 2008.

Sec. J of the PSO regulates the manner in which Staff Training and Development should be conducted in all Public service entities.

Sec. (J-a) 2. States that staff training and development in Government shall be guided by the Public Service Training Policy.

The PSO describes procedure for staff training and development of public officers as a continuous process, which shall be needs based. The PSO sets the guiding framework within which all the Public service activities regarding human resource are managed. Provides for all other terms and conditions of service including guidelines and activities of staff development in Government entities.

Public Service Training Policy

Sec. 2.3, states that all government agencies will have responsibility for training and developing their employees. The policy calls on every Government Official to take initiative and interest in his or her development and shall be accountable for his/her training authorized to undertake. Sec. 15 states that training needs shall be identified at both Organizational and individual levels. The policy provides a framework for managing trainings across the service. The policy guides each Public Service Entity to formulate its Training plans

Public Service Capacity Building Framework.

The PSCBF is the guide to MDAs on development of Institutional Capacity Building Plans

1.2 Justification

Upon establishment of the UHI as an Autonomous Government Entity in 2016, the Institute has not had a comprehensive Human Resource Development plan based on a Training Needs Assessment. Despite the commendable steps taken by the Institute towards training of its human resource, there was still need to undertake a study to establish the current HR capacity in terms of skills and competences visàvis the human resource capacity needed to perform functions.

Unplanned trainings complicate coordination and can lead to depletion of personnel when many people attend training at the same time, at the expense of the job duties at hand. It's further understood that absence of training needs assessment limits training funding since the potential funders will not have documented justification for funding the training activities.

Basing on the new status of UHI that came with change of mandate, the Institute faces a capacity gap resulting from the expanded functions and responsibilities. The high need for training and staff development that comes with new mandate is not reflected in the current planning and budgeting. For instance, the annual budget for training in the F/Y 2020/21 is sh. 440,810,000 which is quite insufficient for an Institution under transition to establish a global center of excellence.

It is against the above background that this CBP is developed in line with the National Development Plan III and the UHI Strategic Plan 2020/21- 2024/25

The NDP III Chapter 16 (Human Capital Development), intends to accelerate acquisition of the urgently needed skills in key growth areas and develop comprehensive national and sectoral Human Resource Development Plans (HRDP). The CBP also resonates the Uganda Heart Institute Strategic Plan which emphasizes

the need to transform and develop the Institute towards a center of excellence for cardiovascular care and research by 2020.

The Feasibility Study for establishment of a State-of-the-Art Cardiac Hospital for Uganda Heart Institute, stated that UHI will avail facilities for training and research to position UHI as a reputable and globally recognized center in cardiovascular clinical research and innovation which is translated into patient benefit at pace and scale. The Public Service training policy which guides staff training and development requires development of training programs based on a well conducted CNA.

It's on this basis therefore that UHI conducted a CNA and developed a 5 Year CBP.

1.3 Purpose of The Capacity Building Plan (CBP)

The Capacity Needs Assessment (CNA) and development of the CBP is undertaken in view of enhancing staff development to improve the Human Resource capacity of UHI. This will enable the Institute to deliver on its mandate, mission, vision and Strategic Objectives.

The UHI has a major contribution to make towards the achievement of the objectives contained in the National Development Plan (NDP III). Such a commitment calls for a Human resource team that is well trained and facilitated to perform functions.

The UHI has a Training Committee which oversees the training function in the Institute. The training committee needs to be supported with a comprehensive staff development plan on which the committee will base decisions to recommend trainings.

1.3.1 Objectives

The overall objective of this CBP is to identify the UHI human resource capacity needs and develop a 5 years CBP with interventions to scale up—staff training and development. Cognizant of the changed status under the new mandate of the Institute established as an autonomous entity, the CBP will provide adequate solutions for addressing skills gap, improve welfare and identify the basic tools needed to facilitate performance. Ultimately, the CBP will be a key tool for

mobilizing funding, undertaking training activities and improving staff commitment at work in a coordinated manner. Specifically, the CNA and CBP is intended to: -

- i. Provide staff training and development program intended to improve the HR knowledge and skills necessary for performance of job functions in the Institute. Basing on the TNA, the training program will provide training interventions for implementation in the next five years to address capacity gaps at the institutional, departmental and individual levels with an aim of delivering on the Institute mandate in line with the UHI strategic plan;
- ii. Execute a sufficient staff welfare package that will improve workplace environment, stimulate motivation, commitment and create a good corporate image. Basing on the identified welfare gaps and tools/equipment, the CBP is intended to implement welfare interventions based on both monetary and non-monetary benefits for attraction and retention of the skilled human resource.
- iii. Improve management and coordination of staff training and development programs under a central coordinating unit in the UHI. The CBP will consolidate all the training activities under one program for better coordination and management under the UHI Training Committee
- iv. Mobilise stakeholder support for the capacity building programs with an aim of mobilising adequate resources and good will necessary for implementation of the capacity building activities. The CBP will provide adequate information and justification regarding the existing human resource capacity in terms of staffing levels (numbers and skills), skills gap and interventions planned to address the gaps. In addition, the CBP will be a source of information on the needed welfare package and tools/equipment for supporting performance. The CBP will ultimately serve as a tool for informing stakeholder decisions on the right capacity building interventions for funding

1.4 Institutional Arrangement

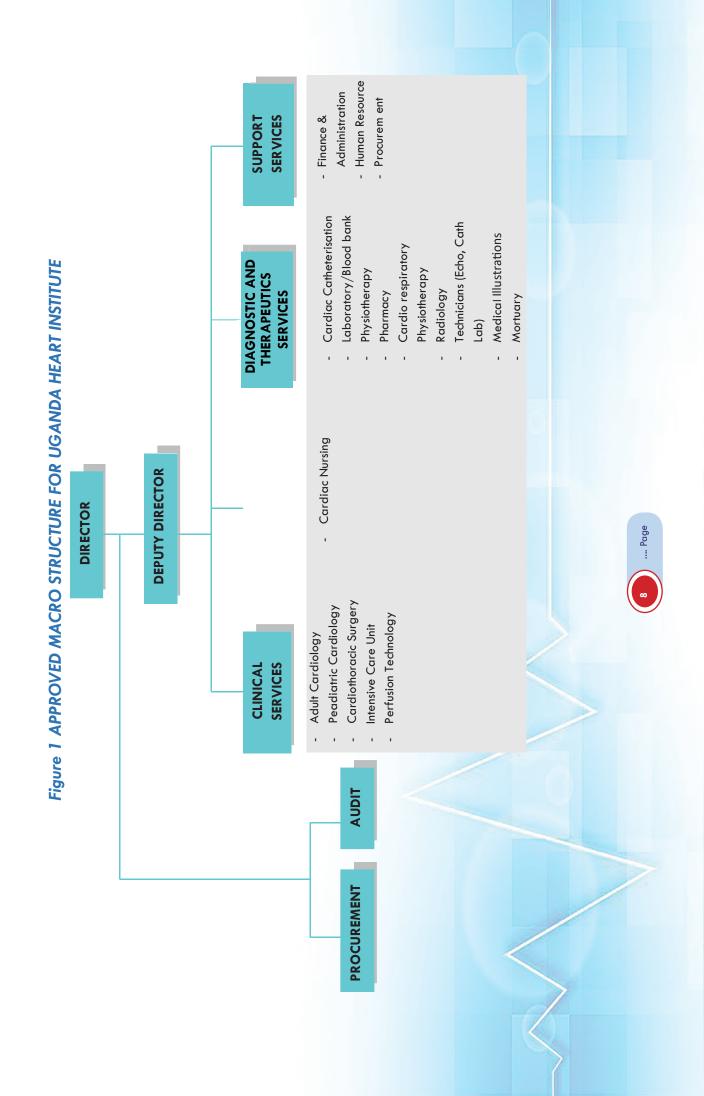
Uganda Heart Vision, mission and Mandate

Vision: "A global center of excellence in cardiovascular services"

Mission: "To promote health, provide preventive and clinical cardiovascular services and conduct research and training in cardiovascular science"

Goal: "The overall goal is to reduce the burden of cardiovascular disease in the country"

Mandate: "To coordinate the prevention and treatment of cardiovascular disease in Uganda"



2.0 THE CAPACITY BUILDING PROCESS

The capacity building in UHI will take five steps in a cycle, these include:-

- a. Engaging stakeholders on capacity development,
- b. Conducting Capacity needs assessment,
- c. Formulating a Capacity Building Plan
- d. Implementation of the Capacity Building Plan
- e. Evaluation of the Capacity Building Plan



Figure 2 The UHI Capacity Development process

2.1 Methodology

Development of this Capacity Building Plan adopted participatory and consultative approach to ensure ownership, involvement of stakeholders in implementation of interventions and sustainability of the programme.

During CNA the Task Team explored a broad spectrum of techniques and methods described below;

a) Holding the Inception Meetings

At the commencement of the exercise, the task team held inception meetings with key stakeholders. The inception meetings agreed on processes, activities and timelines for developing the CBP.

b) Stakeholder Engagement

UHI is linked to key external partners, including the Government Ministries, Departments, agencies and non-Government organizations. In order to obtain important information regarding capacity building, the key stakeholders were consulted including, Ministry of Health, Ministry of Public Service, Makerere University, the Health professional bodies. Internally all staff members were involved and their capacity needs identified. Group departmental meetings were held and questionnaires were distributed to all staff members for capacity needs identification. The Executive Director was consulted on matters of strategic needs and the needs of Board of directors were taken care of by consulting the Board Secretary.

c) Review of the Existing Documents

A comprehensive study of the existing documents was conducted. This review was done to inform the study on policy direction and best practices. Important aspects of the documents review were policy and legal implications, benchmarking of the best practices to develop a CBP based on existing literature.

3.0 THE CAPACITY NEEDS ASSESSMENT/ANALYSIS (CNA)

In this context, capacity needs assessment considered three (3) key aspects. These include Training, Tools/Equipment and Staff welfare. The three components are regarded as having a direct bearing on staff capacity for performance of functions at the Institutional, Departmental and Individual levels. Training which contributes to enhancement of individual skills for improved competence and attitude, is the dominant factor of capacity building. In the analysis therefore, emphasis was placed on identification of the training needs. However, for individuals to put their skills to use, they need sufficient tools/equipment and adequate welfare for motivation and retention. On this basis, the study delved further into assessment of the basic tools and welfare.

It is further understood that, the Human Resource Capacity is highly dependent on staffing numbers and categories and the key HR systems in place. UHI is currently developing an organization structure which when approved will provide for the adequate staffing in numbers and skills. This CNA therefore does not stretch to assessment of staff numbers and positions since that component is handled under review of the Organization structure.

3.1 Analysis Of The Basic HR Aspects

Staffing

Currently the Institute is severely understaffed with most departments operating at less than 50% of the needed human resource. Understaffing is attributed to the inadequate staff structure which provides for 189 positions out of 707 proposed positions needed by the Institute to operate at full capacity.

Catego	ry Total Staff in post	Staff on GoU payroll	Contract Staff	LOCUMS	Secondment	
Numbe	ers 230	160	47	16	7	

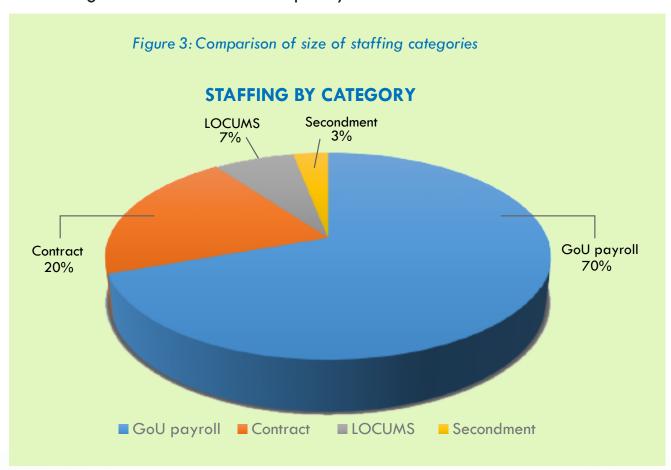
Table 1; Staffing information indicating the staff categories employed by the UHI

Table 1 above indicates that UHI employs a total of 230 employees both in the clinical and corporate services. Of the approved establishment of 189, only 160 staff are appointed into the structure, leaving 29 vacancies which are either obsolete, cannot attract the needed cadres or do not have wage for recruitment. In order for UHI to provide the needed cardiac services, 80 employees are appointed

on short –temporary contracts as contract staff, Locums and secondments.

The above scenario compromises capacity of the Institute in 2 ways

- i. The Institute does not operate at the required capacity due to severe inadequacies in staff numbers
- ii. The individuals employed on short temporary terms are not motivated enough to commit their full capacity in terms of time and effort.



The Gender distribution

The Government of Uganda agreed on a Gender policy on the basis of women emancipation for uplifting the female gender in all aspects of development. This policy would see most Institutions adopt affirmative action for Gender equity. The subsequent activities in this regard are gender mainstreaming in all Government programmes including Capacity building. In UHI, the assessment indicated rather a large number of female employees taking 66% of staff posts compared to males at 33%. This development is due to the dominant Nursing department

where the profession is preferred by females as compared to males. In terms of training and welfare, UHI does not discriminate, both males and females are given equal opportunities to access welfare and training.

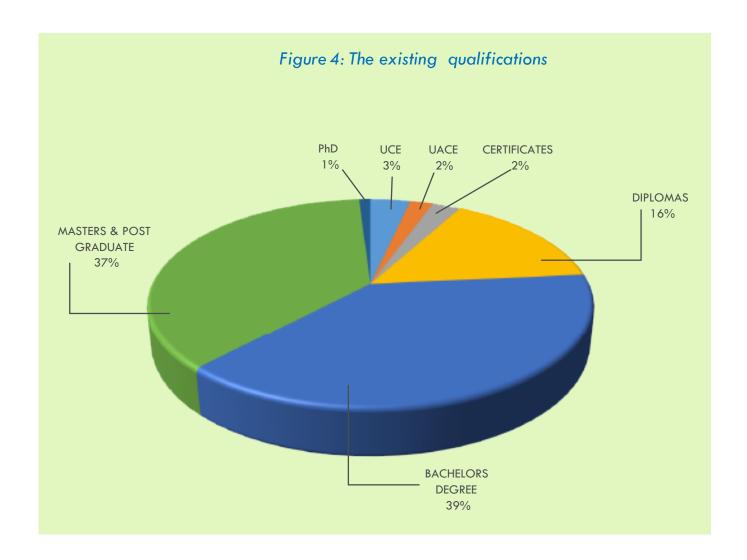
The gender Distribution

Gender	Frequency	Percent
Male	82	36 %
Female	148	64%
Total	230	100.0

The table above indicates un even gender distribution in staff numbers of Uganda Heart Institute with 64% of staff being females. This imbalance is a result of the dominant Nursing cadre who make the biggest section of the Institute. It is understood that traditionally, the nursing care is dominated by the female employees. The gender distribution however is not a reflection of the equal opportunities for both male and females .

The Current Education levels of UHI Human Resources

The current level of education determines the skills level and trainability of staff in post. UHI is a superspecialised entity where majority staff members should hold post graduate qualifications and training in professional areas. The graph below indicates that 37% of total staff are already qualified with masters and post-graduate studies and 39% possess bachelor's degrees. with highly specialized functions in all departments, UHI will need to train the 39% staff who stopped at bachelor's level to attain post graduate qualifications to match the skills demand. For staff who stopped at UCE, UACE and certificates (support teams) should be recommended for short courses to enhance their skills in the support services. Long courses will be recommended for selected individuals under support category, for growth and change of positions depending on their respective talents.



Job Descriptions

The Job Descriptions are important in HR development. The JDs entail key job information including the job duties, reporting relationships, salary levels and person specifications expected of each job. This information is useful in decision making regarding recruitment and training. During the TNA, 23.5 % of respondents indicated that they do not have the job descriptions, implying that they are not guided on their job expectations. Where jobs lack written person specifications, key stakeholders in training (Training Institutions, students, funders, potential candidates on labour market) who need information to pursue qualification and skills for such jobs, will not access adequate guidance

Have Job descriptions	Frequency	Percent
No	16	23.5
Yes	52	76.5
Total Respondents	68	100.0

3.2 Assessment of The Institutional Capacity

At the Institutional level, there are components of the Institute regarded as key influencers of the Institutes capacity. The key components include the Organization structures, the strategic policies and Organs established by policy or by law for shaping the strategic direction of the Institute. It is worth noting that Uganda Heart Institute is established by law, Uganda Heart Institute Act 2016, which gives it a strong legal foundation on which fundamental organs and functions are build.

Currently UHI is transitioning to its full establishment as an autonomous entity and a global center of excellence. Upon its establishment with the new mandate in 2016, the Institute developed the necessary strategic policies and organs for start-up, to operationise its mandate.

Policy Analysis

As an autonomous Government Entity, UHI is established by an act of Parliament. The UHI act 2016 provides for the law regarding establishment and operations of the Institute. However, while the law provides for autonomy, several key functions remain under the direction and control of the central Government entities. For instance, the Institute generates revenue but the authority to appropriate and utilize the NTR is with entities governing national resources. On staffing, the UHI Act provides for an independent appointing Board, to recruit, manage and develop its human resource, but the mandate to create staffing positions and terms and conditions of service remains with the MoPS.

The HR policy in Government entities is centrally established by the Ministry of Public Services (MoPS). Arising out of the Public Service Act, the MoPS developed the Public Service Standing Orders 2010 as Public Service Regulations. The Ministry regulates salaries, pension, Organization Structures, leave, training policy, staff allowances and the general public service code of conduct.

At Institutional level, UHI developed a Human Resource Management and Procedures Manual, to guide management of the Institute Human Resource activities. It is observed that there are substantial policies and regulations governing HR functions developed both centrally and at Institutional level, however most of the UHI employees are not conversant with the HR policies.

The Organization structure is a key policy document for provision of staff posts and their related salaries. When UHI attained its autonomy in 2016, the staffing structure was to be reviewed in light of the emerging new functions and responsibilities. However due to un avoidable circumstances, UHI is still under a small structure with staff establishment of 189 posts which are too far less than the required 707 posts. The current UHI staff structure therefore, does not reflect the expanded new UHI as an autonomous entity.

In an effort to fast-track review of the staff structure, UHI has proposed and submitted to the MoPS for approval of a revised structure of 707 posts. The revised structure if approved by the MoPS will have a significant improvement in staffing and remuneration of the Institute employees.

In regard to policy, there are a number of key policies not yet developed as indicated below in the table;

Table 3 status of Key policy documents in UHI

Policy	Available	Not available
UHI Act		
The UHI Board Charter		
Uganda Heart Institute Regulations		
HR Manual		
Strategic Plan		
Organization structure		
HR Capacity Building Plan		
ICT Policy		

Board of Directors

Established by the UHI act 2016, the UHI Board of Directors is the Institute's Governing body. The Board is composed of 9 members appointed by the Minister of Health, with the Executive Director as the Technical Head on the Board. The Secretary to the Board is the head of the Board Secretariat. For effective running of its business, the Board is guided by the Board Charter which provides regulations governing the Board activities. There are four Committees of the Board Including:

- Board Finance and Projects Committee
- Board Human Resource and Administration Committee
- Board Audit and Risk Management Committee
- Board Clinical Services Committee

The above committees are fully constituted and functional.

The Board received induction training for familiarization of members with the policies, procedures and the general conduct of the Board members. During the induction, the following content was covered.

- i. Overview of Corporate Governance and Principals and Board room dynamics
- ii. The role and functions of the Board and Management and Chairing meetings
- iii. Board Minutes and reports
- iv. Strategy implementation
- v. Risk management- Role of the Board
- vi. Finance and the Board
- vii. Policy Communication and Stakeholder management

The Board Secretariat is the administrative arm of the Board. It is observed that currently the Board secretariat is manned by one person, the Board Secretary who needs support of administrative assistants. Also the Board Secretariat needs an Independent Office that accommodates Office of the Secretary to the Board, a Board room and Records Office for safe custody of the Board Information and Records.

UHI Top Management

The Top Management of UHI is under the leadership of the Executive Director as established by the UHI Act 2016. The Executive Director is the Chief Executive of the Institute and the Head of Technical business. The ED is deputized by the Deputy Executive Director (DED) who is also the Head of Clinical Services and operations. It is observed that except for the Chief Executives, the rest of Departments still operate at lower levels as Divisions and Units, with most heads appointed in lower positions than the job demands. This leaves top management with members operating at under capacity.

Office of the Executive Director

In his analysis, the Executive Director explained that, in terms of Human Resource development, Uganda Heart Institute has taken a commendable step in staff training. However, the ED raises concern over the gaps in the management skills of employees in the Clinical Departments. He said for the Institute Heads of department to be all round leaders and managers, the Institute needed to embark on the required Heads of department needed to have full grasp of the strategic direction of the institute. He recommended tailor made leadership and Management courses for Heads of Department including: -

- Corporate Governance
- Strategic planning
- Corporate Law
- Project Planning and Management
- Project Proposal writing and Resource Mobilisation
- Strategic Planning and Management
- Management Skills Improvement
- Strategic Human Resource Management
- Performance Management in Organisations

The Organization structure

Currently UHI has a total establishment of 189 approved posts. The current establishment provides a thin staff structure which was inherited in 2016 upon establishment of UHI as an autonomous Government entity. Since then, UHI initiated a review process which recommended an establishment of 707 positions approved by the Board in 2020.

Given the above statistics, currently the Institute operates at 27.7% of its required staff capacity. All departments are severely understaffed with most units operating inadequately in significant functions including; Monitoring & Evaluation, Public health component, Research department, Inspection and quality assurance, Risk management.

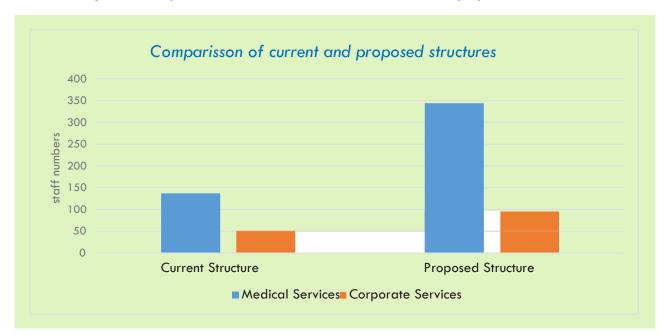
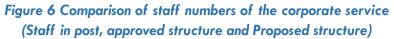
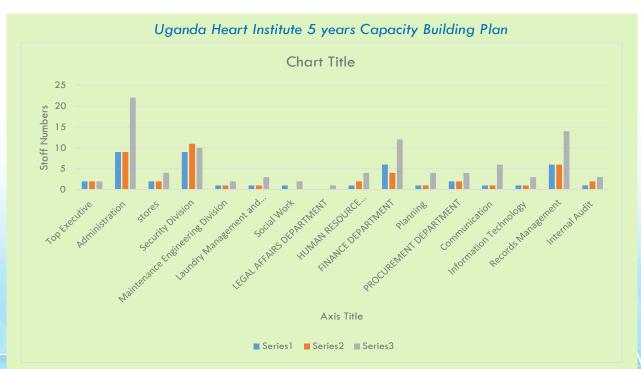


Figure 5 Comparison of staff numbers in the current and the proposed structures.





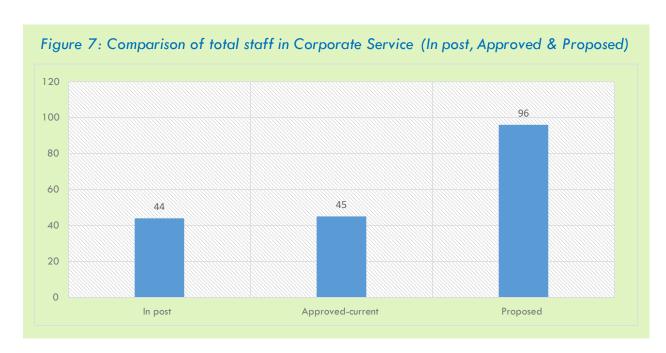


Figure 7 above indicates that, in the corporate services, the projected HR requirement is 96 staff in the midterm. However currently, the approved number is 45 and only 44 in post. The corporate service is operating at 46 % of the required staff which is far below the required staff capacity.

Figure 8: Comparison of staff numbers (In-post, approved current, Proposed structure)

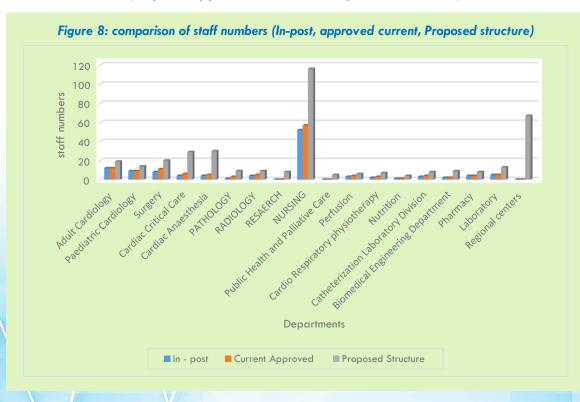
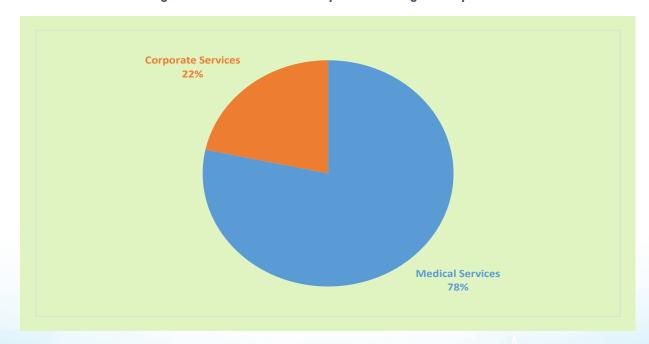


Figure 9: Comparison of staff numbers in the clinical departments (In-post, current approved and Proposed structure)



Figure 10The clinical and Corporate staffing in comparison



Analysis of Departmental Capacity

Currently UHI has 16 divisions in both Corporate and Clinical services. While most divisions operate as departments, there is no clear cut between departments and divisions. Some divisions operate as departments due to the sensitivity and workload. Generally, it is observed that organization of functions of UHI does not match the new mandate given under the UHI act 2016.

Cognizant of the expanded functions under the new mandate, the organization is planned for elevation of most functions to Directorates and departments in the proposed structure.

For departments to function effectively, there are basic office tools that should be available. Among the most necessary are Office computers and transport facilities.

Table 4 The departments indicating their staffing status and the basic tools

	Head of Division		Staffing			Basic facilities Needed	
Departments	Available	Not available	Approved	Filled	Gap	Vehicle	Computer
Adult Cardiology			12	11	1		
Paed Cardiology			9	8	1	x	
Surgery			11	8	3	x	
Anaesthesia			5	4	1	x	
Critical Care			6	4	2	×	
Nursing			57	52	5	x	
Pharmacy			4	4	0	x	
Laboratory			5	5	0	×	
Radiology			5	4	1	x	
Perfusion			4	2	2	x	
Physiotherapy			3	2	1	×	
Pathology			3	1	2	x	
Nutrition			1	1	0	x	
Bio Medical Eng			3	2	1	x	
Medical Records						×	
General Adminis- tration			2	2	0	х	
HRM			2	1	1	x	
Finance			6	4	2	х	
Planning			1	1	0	х	
Procurement			2	2	0	х	
Audit			2	1	1	х	

Communication			1	1	0	х	
Records			5	4	1	х	
IT			1	1	0	×	
Inventory Management			2	2	0	х	
Key: Available				X Not available			

Analysis of the Strategic Functions in the Corporate Service

Human Resource Management

The HRM Division is the fulcrum of the human resource function, responsible for championing the strategic direction and operations of the HR interventions. The division coordinates the development and implementation of a Human Resource Strategy that supports achievement of UHI's strategic plan and Mandate. Currently the HRM Division is manned by 2 people, the Principal Human Resource Officer (Head HR) and an Acting HR Officer

As a superspecialised entity employing the Cardiac specialists who are highly regarded in skills and experience, UHI needs a robust HR department with skilled HR practitioners to manage the current UHI HR in transition to its full autonomy. The HR department will play a key role in attraction, retention and sustainability of the needed human resources. While the current post holders in the division are skilled to handle the HR function, the Unit has a big manpower gap in terms of numbers.

The 2 HR staff are overworked and under resourced. Understaffing and resource constraints are a hindrance to implementation of a range of functions within timelines. The Unit lacks key facilities, including; Office space, documents equipment such as heavy duty printer, scanner, filing space, reception area, among others.

Analysis of Information Communication Technology (ICT)

In an effort to build a modern Institution that embraces e-Governance, use of Technology will be central in the operations of the Institute. The IT section is intended to ensure that the ICT resourcing needs of UHI are efficiently managed / delivered in the most cost effective manner possible and are consistently providing quality technical services/ support to both internal and external stakeholders.

The IT section is responsible for development and implementation of ICT policies, procedures, systems and routines that will result in the effective and timely provision of information and communication services to the Institute to ensure effective decision making and programme implementation. It has been observed that most of the key items for ICT are still being developed, notably the ICT Policy and the ICT Strategic Plan are both in draft form. The ICT section procured a Health Management Information System(HMIS) which is currently under development and installation. Currently the Institute maintains a fairly equipped IT system, though with minimal resources. All Offices in the Institute are equipped with computers. Strategic Offices are provided with laptops, and mobile printers. There are also centralized heavy duty printers and photocopiers. Currently the ICT systems in place include: -

- i. The UHI domain emailing system
- ii. The Remote Desk Management
- iii. Centralized printer soft ware
- iv. Firewall. Protecting HMIS, to reject unwanted information
- v. The TVs for broadcasting tokens for client's reception

Work in progress

For the Institute to manage an efficient ICT system, there is need to finalise installation of the Health Management Information System (HMIS) to automate most of the key functions in the Institute for provision of an efficient cardiovascular service. The HMIS when fully functional will manage the following modules; -

- The Outpatient Department (OPD) Module
- The Inpatient Module
- Surgery Module
- Cath lab Module
- Laboratory Module
- Pharmacy Module
- HR Module
- Accounting Module
- Inventory Management and procurement Module

ICT Challenge

The efficiency of ICT software depends on the availability of hardware equipment. However, the Institute demonstrates inadequacy of key hardware equipment including; the server for data backup and a switch board for connecting Offices on line

3.3 The Welfare Analysis

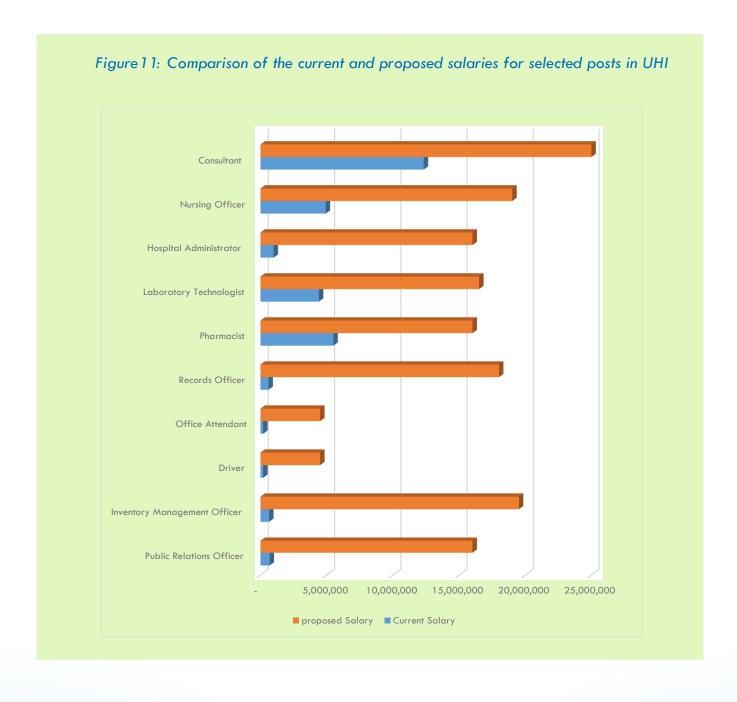
Currently UHI implements a welfare policy inherited from the main stream public service. While the policy provides a harmonized pay policy for the Uganda public service, it does not adequately take care of the welfare peculiarities of the Institute.

a) Salaries.

UHI employees are paid under the salary structure of the general public health sector. Despite the government effort to improve health worker's salaries generally, the current salaries for UHI do not provide adequate compensation for the level of skills and effort of cardiac specialists in the Institute. Under the Health sector the pay policy has been an area of concern and has seen health workers hold several strikes agitating for pay rise. In an effort to establish adequate pay, UHI developed a structure, submitted to the MoPS for approval.

Table 5: Wage comparisons between the current and the proposed structures

No.	Details	No. of Posts	Annual Wage
1	Current Structure	198	5,132,440,608
2	Proposed Structure	707	40,082,821,500



b) Allowances:

UHI adopted allowances of the general public service irrespective of the peculiar welfare needs of Institute. The public service allowances provided under circular standing instruction No.4 of 2008 do not cater for the hospital working conditions, such as working overtime in surgery and critical care units, working at awkward hours and exposure to health risks such as COVID 19 and Ebola. In addition, the public service allowances were established 15 Years ago and have since been affected by inflation and the ever rising cost of living.

Table 6:The selected approved allowances under circular standing instruction

No. 4 of 2008 - MoPS

Category	Senior Consultant	MoSG	Nursing Officer	Hospital Administrator	Accountant	Driver
Night Allowance	150,000	120,000	110,000	110,000	110,000	55,000
Safari Day allowance	14,000	13,000	12,000	12,000	12,000	11,000
Dinner Allowance	3,000	3,000	3,000	3,000	3,000	2,000
Sitting Allowance	90,000	90,000	90,000	90,000	90,000	90,000
Training Allowance	90,000	80,000	80,000	80,000	80,000	80,000

It is noted that in 2018, Ministry of Public Service had approved increased duty facilitating allowances for public Officers to take care of the inflation rates and cost of living. However, the revised rates were never implemented.

In an effort to retain the specialists in the heart Institute, UHI adopted a monthly professional allowance.

The Welfare Needs Proposed by UHI Staff

During the CNA, staff members identified welfare needs which they regard as Important to facilitate commitment, stimulate motivation and enhance performance. In their response the staff members identified the following welfare areas;

- i. Staff Housing
- ii. Monetary Allowances
- iii. Staff Canteen/Cafeteria
- iv. Medical Insurance
- v. Staff Loans
- vi. Staff Parties
- vii. Baby Care Centre
- viii. Subsidized Shops,
- ix. Monetary Benefits
- x. Staff parties

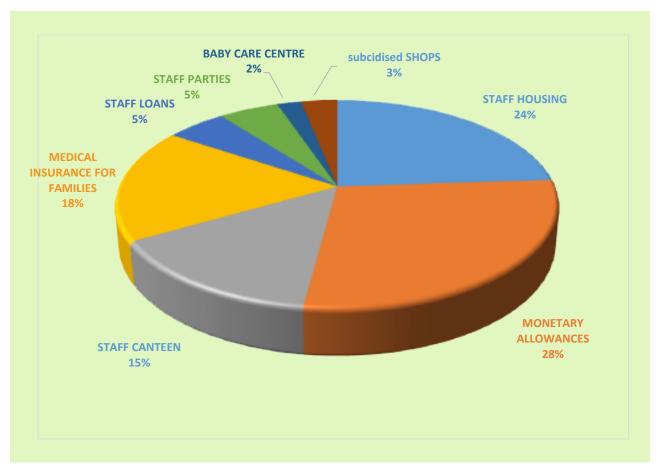


Figure 12: Staff response on welfare needs

According to figure 12 above, monetary allowances picked the highest share of response from staff. This is justified by the fact that UHI salaries are low and staff need allowances to cover up the gap. Staff housing and medical insurance also featured most in the response, explained by the fact that housing and medical care are part of the basic needs. In a nut shell, because staff salaries do not provide a living wage, staff members will need most of the basic needs covered by the Institute. The same applies to response on staff canteen which featured 15% of response.

3.4 TRAINING NEEDS ANALYSIS

3.4.1 The UHI training Trends

Currently UHI employs 230 people. 70 % of these are on Government of Uganda Payroll and 30% on local contracts outside the UHI approved structure. Currently most staff benefitting from training are those on the GoU payroll, especially the long term trainings within and outside Uganda. This means 30% of UHI staff do not access the formal long term training for professional and career development. In terms of welfare, UHI faces a challenge of remuneration of LOCUMS and temporary employees since they are not entitled to salaries

Uganda Heart Institute regards training as a key aspect of staff development. The Institute has supported most of its employees to undergo training and build capacity in their different professions, both within and outside Uganda. The Heart Specialists undergo intensive training to attain the required level of expertise and skill. In this regard, the Institute supports fellowship programs for doctors and nurses who aspire to super specialize in cardiac service. The Institute established a fellowship program to carry out practical placements of both internal and external practitioners. The fellowship program has since graduated 46 internal staff. It is however noted that despite of the effort towards training, the Institute training program is inadequately funded. With the limited funding in place, the Institute trained a number of staff as indicated below in the table

Table 7: the number of staff trained per division in the last 5 years by 2016/17 - 2020/21

Category	2016/17	2017/18	2018/19	2019/20	2020/21	TOTAL
Perfusion	1		1			2
Cardiac Anesthesia	2	1	1			4
Cardiac Nursing	3	3	17	13	6	42
Cardiac Surgery		1	2			3
Cardiac Critical Care			1		1	2
Pediatric Cardiology			1	3	1	5
Pharmacy			1	1	2	4
Laboratory			2		1	3
Biomedical Engineering			1	1		2
Adult Cardiology				1		1
Information Technology					1	1
Administration					1	1
Medical Records					1	1
Stores		1	1			2
TOTAL	6	6	28	19	14	73

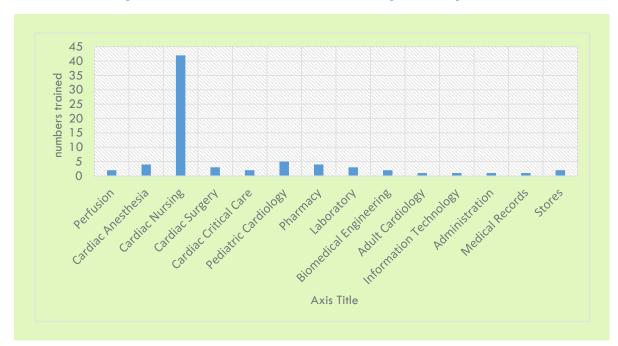


Figure 13: Beneficiaries of training in comparison

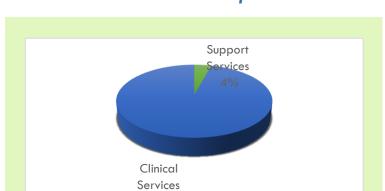
Figure 13 above demonstrates that majority of staff who benefitted from training are nurses. This is due to the big numbers of the nurses compared to other categories of staff in the Institute. The table also demonstrates that staff categories in the corporate services benefitted less compared to their counterparts in the Clinical services.



Figure 14: the UHI training Trend in the last five Years

Figure 14 above indicates a general upward trend in training. Between the Financial 2017/18 and 2018/19, there was a great improvement in numbers

attending training courses though, the Institute experienced a downward trend between 2018/19 and 2020/21.



■ Clinical Services

■ Support Services

Figure 15; Comparison of training beneficiaries between the Clinical cadres and corporate services

Basing on figure 14, it is observed that 96% of training benefitted staff in the clinical services compared to 4% of training in corporate services. It is further noted that most training has been in medical courses in particular fellowships in cardiac specialization at the expense of management and leadership programs. While this trend has built the much needed capacity of medical personnel to handle cardiovascular diseases, it has left out an important aspect of leadership and management needed by heads of department.

Table 8 the summary of education levels of Uganda Heart Institute employees

Education Level Needed	Frequency
PhD	5
FELLOWSHIPS	4
MASTERS	18
PGD	7
FIRST DEGREE	17
DIPLOMAS	13
CERTIFICATES	4

3.4.2 The competence needs analysis

For comprehensive identification of competence needs of individuals, several data collection tools were used including questionnaires, interview of target respondents, observations and information from existing records.

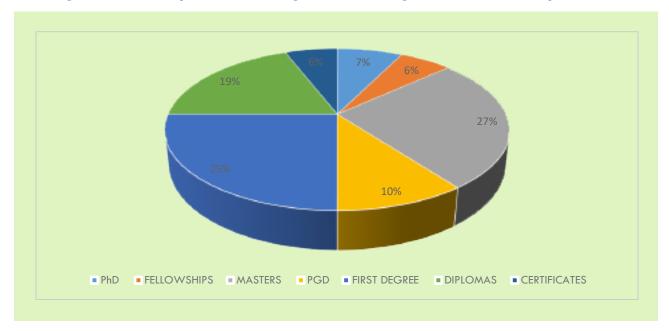


Figure 16: comparison of long term training courses from respondents

Figure 16 above indicates that majority employees 27% and 25% preferred attaining first degrees and master's degrees respectively implying that the Institute employs majority staff below graduate level. Aware of the Institute's need to superspecialise in cardiac courses, the planned training under this plan will be dominated by fellowships and attachments in total disregard of individual preference for degrees and master's degrees. It will only be in a few cases in clinical areas and majority training in corporate services that might take on undergraduate and graduate trainings.

A. Training Needs for The Board of Directors

Table 9 Board of Directors Training Schedule for 3 years

Timeline	Topics to be Covered	2021/22	2022/23	2023/24
Quarter 1	1. Induction of Board Members			
	2. Board Effectiveness and functions perspectives			
Quarter 2	3. Strategic Plan Development- Key roles of the Board			
	1. Finance and the Board			
Quarter 3	2. Risk Management practices			
	3. Role of Audit Committee			
	1. Board dynamics and concept of groupthink			
Quarter 4	Resource Mobilization and Advocacy role of the Board			
Quarter 1	1.Finance and the Board – Critical analysis by Board Members			
	2.Resource Mobilisation and Advocacy ro			
Quarter 2	Board Effectiveness			
Quarter 3	Corporate Governance and Committee Governance – Audit and Others			
Quarter 4	3. Board dynamics and concept of groupthink			
Quarter 1	Resource Mobilisation and Advocacy role of the Board			
Quarter 2	Corporate Governance and Committee Governance – Audit and Others Board dynamics and concept of groupthink			
Quarter 3				
Quarter 4	Board Evaluation			

Source: The Board Secretariat

A. Analysis of Job Competencies in Technical Departments

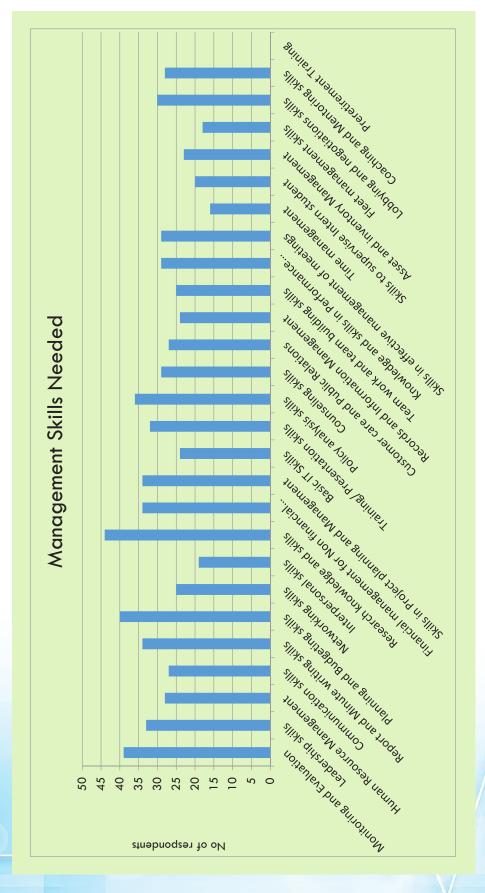
Management Skills Analysis

During the CNA, basing on the required skills for management improvement, staff members revealed that there are key skills in management lacking at all levels. The management skills were identified as critical at top and middle management levels where heads of department and divisions require a level of skills to perform leadership and management tasks.

A set of management skills was determined as critical as follows

- Leadership and Governance
- Monitoring and Evaluation
- Human Resource Management
- Communication skills
- Planning and Budgeting
- Negotiation and lobbying
- Net working
- Interpersonal Skills
- Research skills
- Financial Management and Accountability
- Project Planning and Management
- IT Skills
- Training/Presentation skills
- Policy formulation and analysis
- Counselling skills
- Customer Care and Public Relations
- Records and Information Management
- Team work and team building
- Performance Management
- Effective Management of Meetings
- Time Management
- Assets and Inventory Management
- Fleet Management
- Coaching and Mentoring
- Retirement planning and Management



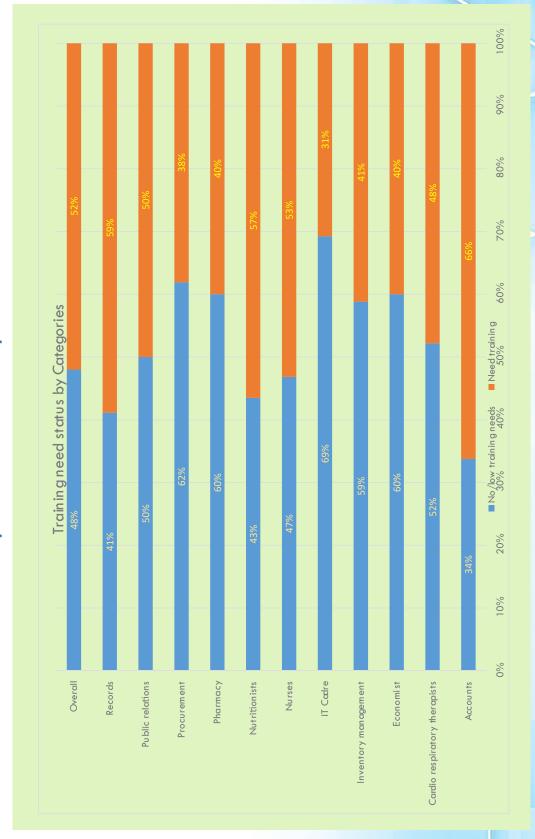


followed by Planning and Budgeting, Monitoring and Evaluation. While each of the management aspects As indicated, the need to enhance research knowledge and skills attracted the highest number of response, Figure 17 above demonstrates staff response on their training needs of the key management competencies. attracted response, priority will be given to areas in which most staff expressed need for training.

Analysis of Training Needs in Technical Departments

On each of the job categories, training needs were identified to establish the extent to which staff needed training on each of the job tasks. This analysis led to an in-depth understanding of job tasks in which staff need specific training. The analysis takes care of job areas for which training programs can be designed to address specific skills gap in the job roles. In practice, each job contains a detailed description of roles performed by the job holders. In order to sufficiently perform the job roles, the post holders must possess a set of skills that enable them to perform. This analysis therefore focused on each job to assess staff capacity for performance of tasks. The results of this analysis will help stakeholders to focus on the job roles where respondents revealed need for training. The tailor made courses will be designed to address the identified training needs.

Figure 18: Overall training needs in the technical competences of selected departments





Training Needs Analysis for Communication and Public Relations

The current workload for the role of communication and PR is significant. In reality, the workload is unachievable by the current single job holder occupying the PRO role. By policy communication and PR function is a responsibility of the Chief Executive but delegated for professional handling by the PRO. Currently the PRO is much engaged in day to day activities yet she requires more time to focus on the strategic outlook of the Institution. This sometimes limits the activities of this function, which is vital in helping the Institute to create synergies with the relevant stakeholders.

Furthermore, the analysis of the organisation indicated that the strategic elements that form part of the comprehensive approach to communication were missing from both the structure and the application on ground. It is recommended that a more senior strategic communication role should be considered and more staff recruited to support the only PRO currently employed by UHI.

Figure 19: The Cardio Respiratory Physioterapists

Cardio Respiratory physiotherapy

100%		%0	%0	%05	%0	%0	%0	%0	%05	100%	20%	20%	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
		100%	20%		20%	%05	100%	100%					% 40% 50%
				20%							20%	%05	10% 20% 30
Skills to train interns , staff and trainees in cardiorespiratory physiotherapy $^{\circ}$	Knowledge of the physiotherapy equipment. 0%	Ability to organize and conduct physiotherapy outreach services.	Ability to plan, coordinate, monitor and evaluation physiotherapy activities.	Skills to train patients on the use of appliances.	Ability to advise on specifications for physiotherapy appliances	Skills to participate in community awareness	Skills to ensure the safety of patients	Skills to provide moving aides to disabled patients	Skills to provide rehabilitative services to patients.	Skills to carry out Cardio respiratory physiotherapy on patients	Ability to diagnose , assess conditions which require physiotherapy	Knowledge of policy and regulations guiding physiotherapy	



Assessment of Records Management

Records Management is a key function of information management both in the corporate and medical services. The graph below indicates that the staff in the records management are fairly conversant with management of physical records (paper work and filing). Its however evident that the Records Personnel need to build capacity in managing electronic information and data bases.

Figure 20: Analysis of records management

%001 %06 %08 %02 %09 % 19 9088 83.0% % E 8 83.0% %05 83.0% 40% 9/0/9 % **/9** 30% **20**% 20% 33% Records Management **889**/ 10% %/ % / / %/ / / % | | % |-%0 Knowledge of Safeguarding patient records and ensuring that everyone complies.... Knowledge of creating digital copies of paperwork and storing the records.. Appraisal and disposal of records Ability to prepare patient charts and gather information and documents from... Knowledge of file classification and indexing Ability to keep accurate organized and complete medical records Knowledge of dispatch Ability to ensure confidentiality and safety of records Ability to conduct files tracking Skills in filing the paperwork and reports of inpatients quickly and accurately Knowledge of transferring data into the facility's main system database Knowledge of the national records policy Knowledge and skills to conduct regular Records Audit Ability to switch from paper to electronic record-keeping Skills to develop, maintain, verify and evaluate the existing records systems Knowledge of establishing new records management systems

No need Need

Analysis of training needs in the ICT Division

With the strategic drive and focus on e-Governance, the institute emphasizes need for a comprehensive approach to managing ICT within the Institute and ensuring that it is strategically developed to support the success of the Institute. ICT plays a fundamental Strategic role for positioning the Institute as a modern Organization. The table below indicates that, overall, staff in ICT need training in 62% of the IT job functions. While respondents did not express low need for training in most of the job tasks, it is evident that staff need to enhance skills in the IT strategic planning, development and maintenance of up to date assets register, skills to keep high levels of data and network security, knowledge of Medical IT equipment, among others. In planning training therefore, the job tasks where staff expressed over 50% need for training, will be emphasized.

Table 10 Staff training needs per Job task in the ICT

Skills /Competences for each job task	No need for Training	Need for Training
Knowledge of the national ICT policy	%09	%09
Ability to analyse the needs of UHI and develop plans and budgets for the ICT requirements	%05	20%
Ability to develop review and oversee the implementation of ICT strategic plans	100%	%0
Skills to conduct a detailed requirements analysis and recommending appropriate ICT interventions	100%	%0
Skills to develop and maintain an up to date asset register for all software resources	100%	%0
Ability to design and update a network topology map that adequately meets the networking and security requirements of the UHI	%05	20%
Knowledge of medical IT equipment	%0	100%
Skills to keep high levels of data and network security	%0	100%
Ability to provide staff with continuous, good quality, internet, intranet and e-mail services	100%	%0
Ability to develop and maintain an up to date asset register for all IT hardware and network resources	%001	%0
Ability to developand monitor implementation of the UHI business continuity plan to ensure full recovery from system failure	%05	20%
Skills to carry out the necessary routine maintenance on user workstations, servers and network infrastructure	%05	20%
Skills to provide prompt and efficient support to users facing IT problems	100%	%0
Skills to analyse problems periodically in order to identify themes and trends and develop strategies for improvement	100%	%0
		3/2

Ability to assess the hardware and software infrastructure needs and proposing appropriate technology installations and upgrades	100%	%0
Skills to train users in information and communication technology	100%	%0
Ability to develop IT ToRs and quotations to support key procurements	100%	%0
Skills to carry out physical installations and configurations of new hardware and network infrastructure	100%	%0
Knowledge of appropriate hardware/software technology supplies and services	20%	20%
Ability to provide routine system performance reports to management	%05	20%
Coding, debugging, testing, and documenting the developed application programs	%05	20%
Ability to develop an inventory of current resources and installations	100%	%0
Skills to maintain and monitor the access control system (doors), CCTV management to ensure that all information regarding staff movements is secured for easy reference when required	%05	%09
Skills to audit connectivity and security needs/issues for each location	%0	100%
Skills for integration of systems across UHI	%05	20%
Skills for designing and developing a website	100%	%0
Overall	%69	31%

Training Needs analysis in Accounts Division

In UHI, Accounts division combines the roles of finance and accounts. The division holds an important portfolio of managing the income and expenditure of the Institute funds. Currently the division is understaffed both in numbers and skills.

Figure 21: Training needs Analysis for accounts Division

% 43% 43% 43%	29% 57% 57% 57% 57% 57% 43%	43% 43% 43% 57% 57% 43% 57% 51% 51%	14% 86% 14% 86% 29% 71% 29% 71% 71% 71% 71% 71% 71%	10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Axis Title
Ability to Develop and prepare schedules for taxes (PAYE & WHT) and NSSF	Skills to conduct Reconciliation of unbalanced ledgers to identify the irregularities, Ability to review the developed cash flow projections report to ensure that Knowledge of accountability procedures Skills to enter payment vouchers into IFMIS so as to generate / trigger the payment	Skills to develop and manage the budget tracker to ensure that planned activities Ability to develop and oversee the implementation of cash and bank reconciliation Ability to produce financial reports consistent with formats of management, Skills to monitor all payments that do not require LPO's (e.g. salary and staff Ability to guide requisitions to be accurate and linked to the annual work plan Skills to prepare accounting warrants (the warrant communicates to cash needs for	Skills to prepare accurate budget framework paper for approval by the Ministry of Finance to be aware Ability to review the budget call circular from the Ministry of Finance to be aware Rhowledge of Financial policy and Financial laws in Uganda	0% 10 % No need No need Need

that most staff in accounts are employed as assistant accountants. The graph above is a clear reflection of the to undergo further professional training to enable them perform the critical roles of finance management. The highest need is expressed in the tasks of; preparing the budget framework paper, preparation of accounting posts than the function requirements of finance and accounts. Except for the Head of accounts, the rest of staff in accounts are employed as diploma holders in salary scale U5. Their employment status expresses the fact mismatch between finance job roles and the job positions of the incumbents. The staff in accounts therefore need Figure 21 above indicates that overall, the accounts team expressed 66% need for training in the Job tasks. The high expression of need for training is explained by the fact that most accounts staff are employed in lower warrants and updating the OBT (Output Budget Tool), among others as indicated in the table above.

Figure 22: Analysis of Nursing Cadre



Training Needs In Administration

Senior Hospital Administrator

Skills /Competences needed
Skills for visioning
Enhancement of skills for diversity inclusion
Knowledge of performance improvement
Skills for motivation and empowering
Skills for collaboration/ partnerships building consensus
Skills for publications
Skills for flexibility and adaptability
Knowledge of policy and legal requirements for the operations of the UHI Board of Directors
Skills for developing operational plans for logistics and physical resource management
Knowledge of policy and legal requirements for safety and security
Knowledge and skills in fire fighting for safety of persons and property

Hospital Administrator

Ability to consolidate reports and key documents for use by top management, the Board and external
stakeholders
Skills for developing operational plans for logistics and physical resource management
Ability to manage physical work environment,
Knowledge of estate management
Skills in developing procedures and routines for effective management of physical resources
Skills to monitor the production of reports concerning management of physical resources, land, vehicles,
buildings, equipment and tools
Skills to coordinate the identification of 'fit for purpose' properties (offices) that will meet UHI's safety
and security standards
Ability to manage fleet by making them available in good working condition
Ability to provide support in the identification of vehicles and other items for disposal
Ability to manage the UHI property and all related service providers in a manner that is efficient re-
sulting in a clean, safe and legal working environment
Ability to participate in the development of terms of reference in order to identify the suppliers and
service providers for administrative services
Skills to supervise subordinates and appraise their performance

DEPARTMENTS ANALYSED ON INTERVIEWS

For an in-depth analysis of departments in the Clinical Services, the training needs for 6 divisions were analyzed by interviewing the Heads of department.

Table 11: Training Needs identified on Interviews

Training needs from Adult Cardiology

No.	Name	Title	Recommended Training
	Dr. Okello Emmy	Senior Consultant	Advanced structural intervention
	Dr. Ssebata Elias	Consultant	Advanced Coronary Cath lab interventionist
	Dr. Kiggundu Brian	MoSG	Advanced Coronary Cath lab interventionist
	Dr. Achan Josephine	MoSG	Cardiac electrophysiology
	Dr. Ssinabulya Isaac	MoSG	Advanced Echo
	Dr. Mbabazi Happy	MO	Cardiac ICU
	Dr. Nakagayi Doreen	MO	Cardiac ICU
	Dr. Daniel Iraguha	MO	Cardiac Kidney
	Dr. Salama	MO	Cardiac electrophysiology
	Dr. Namukasa	MO	International cardiology
	Mr. Odong	Cath lab	Cath lab

Training needs of Paediatric Cardiology

No.	Name	Title	Recommended Training
	Dr. Lubega Sulaiman	Senior Consultant	PGD(Management)
	Dr. Aliku Twalib	Consultant	Cath lab intervention
	DR. Namuyonga Judith	MoSG	Feuto Echo fellowship
	Dr. Tumwebaze Hilda	MoSG	Intensive care /Attachment
	Dr. Ndagire Tina Emma	MoSG	Attachment
	Dr. Benerd Bongonyinge	MoSG	Intensive care /Attachment
	Dr. Aketch Mary Teddy	MO	Completion of fellowship
	Dr. Owomugisha Gloria	MO	Fellowship
	Dr. Gloria Kaudha	MO	Fellowship

Training needs of Cardiovascular Surgery

No.	Name	Title	Recommended Training
	Dr. Tom Mwambu	Senior Consultant	Apprentice ship(Cardiovascular Surgery)
$\sqrt{}$	Dr. Dr. Oketcho Micheal	Consultant	Apprentice ship (Cardiovas- cular Surgery)

Dr. Muhoozi Rwakaryebe Mbag- ga	MoSG	Apprenticeship (Cardio- vascular Surgery)
Dr. Kebba Naomi	MoSG	Fellowship/apprenticeship (Cardiovascular surgery)
Dr. Paul Magala	MoSG	Apprenticeship (Cardiovascular Surgery)
Dr. Ariaka Herbert	MoSG	Fellowship attachment(Cardiovascular Surgery)
Dr. Miriam Nalule	МО	Fellowship attachment (Cardiovas- cular Surgery)
Dr. Ahabwe Kenneth	МО	Fellowship attachment (Cardiovas- cular Surgery)

Training needs of Radiology

No.	Name	Title	Recommended Training
	Dr. Opio James	Consultant	Executive MBA ManagementResearch Methods
	Paul Maderu	Senior Radiographer	Masters in Radiology
	Charles Mulondo	Radiographer	Masters in diagnostic Ultra sound
	Nicholas Wako		Masters in diagnostic Ultra sound

Training needs of Laboratory

No.	Name	Title	Recommended Training
	Kebba John		Master of Health Sciences in bio ethics
	Nduhukire Mercy		Master's degree in molecular biology
	Atieno Priscilah		Degree – Medical Laboratory tech
	Mwai Thadeus Jude		Degree- Biomedical Lab science
	Bamwange Beautrice		Masters in Hematology
	Yiga Robert		Masters in hematology

Training needs of Cardiac Nursing

3 -		3
Category	No.of people	Course
PNO	1	Leadership & Governance
SNO	2	Leadership & Governance
In Charges	5	Health Science Management
Nursing Officer	5	Fellowship /ICU
Nursing Officer	5	Fellowship /Others

Uganda Heart Institute Corporate Governance Training for Board Members

- 1) Board Induction
- 2) Board Evaluation
- 3) Test of Independence of Directors
- 4) Corporate Governance Training Needs Assessment
- 5) Capacity Building (Training) in Corporate Governance
- 6) Developing Corporate Governance (Board) Manuals
- 7) Corporate Governance Compliance Checks
- 8) Conducting Due Diligence on Potential Directors

3.4 Tools/Equipment Assessment

Aware of the importance of tools in performance of job functions, an assessment was conducted to establish the status of equipment and tools in the Institute. Acknowledging the fact that UHI is a Hospital with high tech medical equipment, this analysis does not extend into a detail of the equipments which will be required. Also it is understood that UHI is currently undertaking construction of a new hospital which when completed, a comprehensive assessment of the equipment needs will be carried out for equipment the new facility. In view of this therefore, this CBP captures basic tools required in the mid-term, in the current work environment, awaiting completion of the construction project.

UHI is fairly equipped with modern medical equipment. However due to limited space, the Institute is not equipped to the required level of specialized tools needed. In its current space, the Institute cannot accommodate much of the needed equipment.

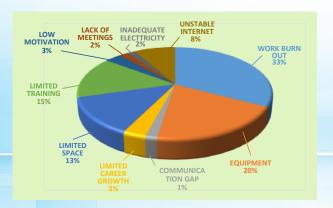
4.0 THE WORK CHALLENGES

UHI is under transition to its full autonomy as provided under the Uganda Heart Institute act 2016. Due to the new mandate and change of status, the Institute is expanding rapidly to accommodate functions as provided by law, without the corresponding resources to match the new demands. Consequently, the service is overstretched by increased demand and need for new systems. All resources including human, financial, material and infrastructure are increasingly becoming insufficient. In summary the following work challenges have been identified; -

Table 17 The work Challenges and their implication on performance

SN	Challenge	Cause	Implications	Solutions	Status of solutions
	Understaffing	Limited structure	Underperformance of functionsWork burn out of staff	Approval of the Revised structure	The Revised structure is submitted for approval
	Limited space	Borrowed premises	CongestionLimited space for equipment	Construction of the new home	Acquired land
	Low salaries	Low GDP	Low attraction and retention	Salary Enhancement	GoU proposed enhancement in FY 2022/23
	Limited trainings	Low training Budget	skills gap	Increase the Training budget	Not started
	Limited staff welfare	Low funding	Low motivation and commitment	Increase welfare budget	Not started
	In adequate tools / equipment	Limited space	In efficiency	Construction of a hospital	In progress
	Limited career growth	Lack of promotional positions	DemotivationAttrition	Approval of the Revised structure	The revised structure is submitted for approval

Figure 22: Magnitude of work challenges



According to figure 22 above staff responded that work burn out and limited equipment are the biggest challenges taking 33% and 20% respectively. Work burn out is justified by the low staffing of the Institute.

5.0 RECOMMENDATIONS

Aware of the need to build HR capacity in tandem with the current and future HR demands of UHI, a manifold of interventions will be implemented. Basing on the results of the CNA and acknowledging the current stand of UHI in terms of the existing policy, systems, infrastructure, welfare, tools and equipment, it is recommended that UHI and its stakeholders undertake practical interventions to address the existing capacity gaps at the Institutional, departmental and Individual Levels.

5.1 Recommendations for Institutional Capacity.

These recommended interventions entail;

- i. Expedite approval of the Organization structure with adequate staff establishment to provide all the necessary posts, hierarchy and their corresponding salaries. approval of the staff structure will enable staff recruitment to address staffing gaps by acquiring new skills and competencies. The structure will further solve the remuneration challenge by attracting added wage for the Institute for the newly created posts
- ii. Develop a welfare policy which provides adequate benefits and rewards. The welfare policy should accommodate the peculiar welfare needs of the Institute, in terms of allowances, housing, meals and compensation for the effort and risks. Under welfare, items such as overtime allowance, risk allowance, professional allowance, motivational rewards, corporate wear, wellness activities should be prioritized
- iii. Improve IT systems. In modern management, IT is a strategic function necessary for corporate e-governance. It is hence recommended that UHI expedites full implementation of the HRIS with adequate modules to stimulate electronic planning and management of activities at all levels of the Institute. E-governance will improve efficiency by optimizing use of resources, make the service faster and improve on the corporate image
- iv. Improve the physical work environment. The CBP acknowledges the strategic progress made to construct the UHI new cardiac hospital which when completed the hospital will come with better Office space, hospital wards and theaters, storage facilities, staff amenities, equipment and better ambiance. However, in the meantime, it is recommended the current premises be improved with adequate IT and communication systems, tools and equipment.

5.2 Recommendations for departmental Capacity

At the departmental level, it is recommended that a set of Interventions are executed to improve departmental performance of functions

- i. UHI should re-organise divisions and departments to provide for strategic leadership and create adequate size of departments to accommodate functions in accordance with UHI mandate. It is further recommended that the strategic functions which are currently thin, should be expanded. These include M&E, ICT, Research, Public health and preventive cardiology, housekeeping, among others
- ii. Improve on provision of equipment and tools, including medical equipment in departments, transport facilities and Office tools such as computers, furniture and gadgets

5.3 Recommendations for Individual Capacity

This is the most important component of capacity building. Aware of the role of human resource as a key factor in transformation of an entity and in light of the super specialist skills required for cardiac services, recommendations to develop individual employees will create the much needed impact when implemented.

5.3.1 Training

Results of the TNA, demonstrate the need to undertake comprehensive training programs to address the skills gap of the UHI Human Resources. The training programs will include long term, continuous professional development and onjob short courses. Basing on the findings which indicate a trend of dominance of training in Clinical services and in an effort to improve management skills of Heads of Department, it is recommended that UHI undertakes more of training courses in leadership and management.

In addition to long and short courses, there will be need for non-conventional training programs intended to acclimatize Individuals with work processes in different fields. Such courses will include; placements, job rotations, attachments, coaching and mentoring, among others.

5.3.1.1 The Recommended Short Course Training Program

The short term training program will consist of the on job tailor made courses designed to address skills gap of individuals which do not necessitate a full range

of long term courses in training Institutions. The short term courses will take less than one month conducted in conferences, workshops, webinars, attachments and will most accommodate group trainings to address a skills gap affecting teams. Basing on the needs analysis, the short courses will be delivered mostly to address skills gap in Leadership, management and administration.

The short courses will be dominated by the tailor made training programs targeting top management, middle managers and heads of sections. The short courses programme will offer a variety of trainings to enhance skills, competencies and attitude at work, build knowledge and offer insights into good practice. The programs will be tailored with succinct management components for the delivery of strategic levels of management skills at all levels of UHI.

Table 18 The recommended training for the Board of Directors

Course Modules	No of People	Duration
■ Induction of Board Members	15	5 days
Board Effectiveness and functions perspectivesStrategic Plan Development- Key roles of the Board	15	5 days
 Finance and the Board Risk Management practices Role of Audit Committee 	15	5 days
Board dynamics and concept of groupthinkResource Mobilization and Advocacy role of the Board	15	5 days
Finance and the Board — Critical analysis by Board MembersResource Mobilisation and Advocacy	15	5 days
■ Board Effectiveness	15	5 days
 Corporate Governance and Committee Governance – Audit and Others 	15	5 days
 Board dynamics and concept of groupthink 	15	5 days
 Resource Mobilisation and Advocacy role of the Board 	15	5 days
 Corporate Governance and Committee Governance – Audit and Others Board dynamics and concept of groupthink 	15	5 days
■ Board Evaluation	15	days
		- X

Table 19 Recommended short modular courses for Management Skills Improvement

	Skills / Composing	200	No. of Partic-	a Gitarii C
	Skills/Comperencies	Caregory	ipants	Course Duranion
	Effective Leadership, Mentoring and Coaching	Top Management , Consultants , MoSG, In charges	30	1 Week
	Strategic Planning & Management	HoDS , Economist	12	1 Week
	Project Planning and Management	HoDs, Economist	12	
	Project Proposal Writing and Resource Mobilization	HoDs	12	
	Strategic Human Resource Management	HoDs, In Charges	18	1 Week
	Monitoring and Evaluation	HoDs, Economist	12	1 Week
	Management Skills Improvement	Middle managers , In charges	25	2 Days
	Communication skills	All staff members	220	1 day
A	Reports and Minute writing skills	All staff members	220	1 Day
	Financial Management and Accounting for Non-Financial Managers	HoDs/Divisions	20	1 Week
	Training of Trainers	HoDS/Divisions	20	1 Week
	Networking , lobbying and Negotiation skills	HoDs	12	2 days
	Research methods & skills	Research Officers/ Clinicians	95	2 Weeks
	Basic Computer Skills	Secretarial staff & Office Atten- dants	8	1 Month
	Policy Formulation & analysis skills	Economist , Head Accounts , HoDs	14	1 Week
	Counseling skills	Nutritionist , Physiotherapist, Nurses	06	1 Week
	Customer care and Public Relations	All Staff	220	1 Day
	Records and Information Management	All Staff	220	2 Days
	Team work and team building skills	All Staff	220	1 Day
		1/A VIII		

effective management of meetings	HoDS , In charges	18	1 Day
Time management	All staff Members	220	1 day
	Administrators , Procurement		
Asset and inventory Management	Officers , Inventory Management	5	1 week
	Officers		
Fleet management skills	Hospital Administrator & Drivers	9	1 week
Preretirement Planning and Management	All Staff Members	All staff	2 days
Induction	New staff	100	5 Days

5.3.1.2 The Recommended Long Courses

These courses will target individuals to enhance superspecialisation in their respective professions. Most of these The long term professional courses will include undergraduate, graduate and post graduate courses and fellowships. courses will target employees in the medical services where superspecialisation in cardiac /cardiovascular service takes long.

Table 20: Recommended long training courses for each HR Category

4	Recommended courses to improve Management and Leadership	eadership eadership			
	Staff Category	Recommended Course	No. of peo- ple	Duration	Institution
	Senior Consultant	Executive MBA	4	2 Years	ESAMI
	Consultants	PGD Management	5	1 Year	IMU
	In charges		9	9 Months	Dip Health Services Management
В	Recommended courses for Professional Specialization Adult Cardiology	Adult Cardiology			

	-				
	Advanced structural intervention	Senior Consultant	1	6 months	Italy
	Advanced Coronary Cath	230M +ac+1.13ac)	2	0 ciba	<u>:</u>
	lab interventionist	COIISUILAIIL, IVIOSG		IIIdid S IIIOIIdii	וומומ
	Cardiac electrophysiology	MoSG	1	1 year	Italy
	Cardiac ICU	Medical Officer	2	3 months	South Africa
	Advanced Echo	MoSG	1	1 Year	Canada
	Cardiac Kidney	Medical Officer	1	3 months	South Africa
	Cardiac electrophysiology	Medical Officer	1	1 year	Italy
	International cardiology	Medical Officer	1	1year	Malaysia/Italy
	Cath lab		1	9 months	Malaysia
C	Pediatric Cardiology				
	Attachment /Cath lab intervention	Consultant	1	India or Italy / Amrita	1 Year
	Feuto Echo fellowship	MoSG	1	India or Italy	3 to 6 months
	Intensive care /Attachment	MoSG	3	India or Italy	1 Year
	Fellowship	МО	2	UHI	
Q	Cardiovascular Surgery				

D	Cardiovascular Surgery				
	Apprentice ship (Cardiovascular Surgery)	Senior Consultant & Consul- tant	2	1 months India	India
	Apprenticeship (Cardiovascular Surgery)	MoSG	2		Salam center
	Apprenticeship (Cardiovascular Surgery)	MoSG	1	3 months India	India
	Fellowship attachment (Cardiovascular Surgery)	MoSG	1	1 ½ years UHI/India	UHI/India
	Fellowship attachment (Cardiovascular Surgery)	MO	2	1 $\%$ years UHI/India	UHI/India
Е	Cardiac Anesthesia & Critical Care				
	Echo Cardiography	MoSG	3		
	Fellowship	MoSG	1	/	UHI
	Cadiac Anaesthesia	MoSG	2	/	Salam Center

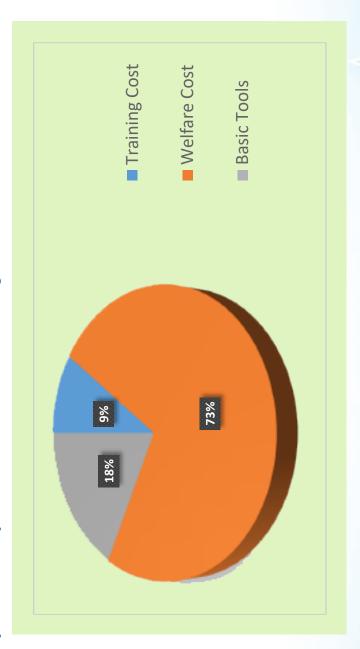
ш	Laboratory				
	Master of Health Sciences in bio ethics	Senior Laboratory Technologist	1	2 years	
	Master's degree in molecular biology	Laboratory Technologist	1	3years	MUK
	Degree – Medical Laboratory tech	Phlebotomist	1	3yrs	MUST
	Degree- Biomedical Lab science	Laboratory Technologist	1	3yrs	MUK
	Masters in Hematology	Laboratory Technologist	2	3yrs	Clerks International University
_G	Radiology				
	Masters in Radiology	Senior Radiographer	1	3 years	MUK
	Masters in diagnostic Ultra sound	Radiographers	2		ECUREI
I	Cardiac Nursing				
1	PGD HR Management	In charges	9	9 months	UMI
2	HR Management	SNO	1	9 Months	UMI
	Fellowship	Nursing Officers/ Assistant Nursing Officer	10	2years	Uganda Heart Institute

No.	Nutrition				
	Maters in Human nutrition and Dietetics	Nutrition	1	2 years	Salam center
	Corporate Services				
	Masters in Health services management	General Administration	1	2 Years	Nkozi University
	Maters in HRM	HRM	1	2 years	IMU
	Postgraduate studies in e-HRIS	HRM	1	9 months	South Korea
	Bachelor of Records Management	Records Management	1	3 Years	MUK
	Bachelor of Health Informatics	Records Management	1	3 Years	Victoria University
	Master of Business Administration (MBA)	Accounts	1	2 Years	MUBS

Bachelor of Business Administration (BBA) accounts	Accounts	2	3 Year	MUBS
CPA	Accounts	2	5 Years	Institute of Certified Public Accountants
Masters in Information and Network Security	ICT	1	1Year	MUK
PGD – M &E	Planning	1	9 months	UMI
Support Staff				
Motor Vehicle maintenance- minor repairs	Drivers	2	2 Weeks	Nakawa Vocational Institute
Diploma in Fleet Management	Drivers	2	1 Year	UMI
Bachelor of Secretarial Studies	Secretarial Cadre	1	3 Years	Bugema University
Diploma in Secretarial Studies	Secretarial Cadre	2	1 Year	YMCA
Diploma in Customer Care and Public relations	Receptionists	3	1 Year	Kyambogo University
Refresher Training in Security	Security Guards	4	1 Month	
Training in Cyber Security	Security Guards	1	9 months	
Diploma in Medical Records	Office Attendants	2	3 years	Mulago Paramedical School
Bachelor of Business Administration	Office Attendants	1	3 Years	MUBS
Diploma in hospitality	Laundry	2	2 years	YMCA

6.0 THE 5 YEAR COSTED CAPACITY BUILDING PLAN

Figure 23: The 5 years costed plan include the costed Training, the Welfare Plan and the Plan for the Basic tools



Aware of the impact of training on skills, knowledge and competence enhancement of individuals and teams, the CBP will be dominated by training activities.

The Cost of CBP Activities in Comparison



6.1 The 5 years costed Training Plan

Table 21 Summary Budget of training Plan 5 years

Year of Implementation	Cost of short trair	ining courses	Cost of Long training courses	ourses		
	nex	USD	nex	OSD	Total UGX	Total USD
YEAR 1	363,800,000	101,056	875,703,600	243,251	1,239,503,600	344,307
YEAR2	267,000,000	74,167	536,875,200	149,132	803,875,200	223,299
YEAR2	266,200,000	73,944	764,492,400	212,359	1,030,692,400	286,303
YEAR 4	146,200,000	40,611	737,197,200	204,777	883,397,200	245,388
YEAR 5	297,400,000	82,611	675,982,800	187,773	973,382,800	270,384
Total for 5 years	1,340,600,000	372,389	3,590,251,200	997,292	4,930,851,200	1,369,681

Figure 24: Budget Distribution for short and long courses

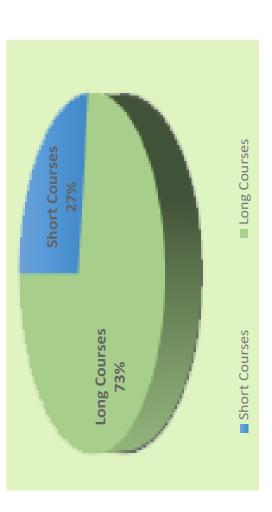


Figure 25: Percentage share Course Categories in long term courses

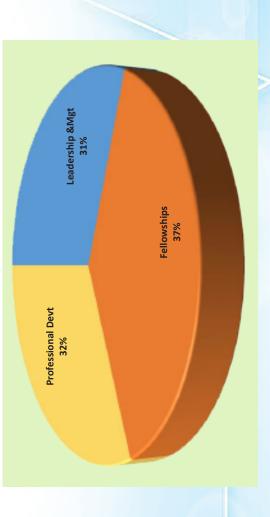


Table 22: Training Plan for the Board of Directors YEAR 1

SN	Course Modules	No. partici- pants	Duration (Days)	Daily cost	Amount UGX	OSD
	Induction of Board Members	15	2	7,500,000	37,500,000	10,417
	§ Board Effectiveness and functions perspectives	15	2	7,500,000	15,000,000	4,167
	Strategic Plan Development- Key roles of the Board	15	2	7,500,000	15,000,000	4,167
	Risk Management practices	15	1	7,500,000	7,500,000	2,083
	Role of Audit Committee	15	1	7,500,000	7,500,000	2,083
	Board dynamics and concept of groupthink	15	1	7,500,000	7,500,000	2,083
	Resource Mobilization and Advocacy role of the Board	15	1	7,500,000	7,500,000	2,083
	Finance and the Board – Critical analysis by Board Members	15	1	7,500,000	7,500,000	2,083
	Resource Mobilisation and Advocacy	15	1	7,500,000	7,500,000	2,083
\neg	Corporate Governance and Committee Governance – Audit and Others	15	1	7,500,000	7,500,000	2,083
	Board Evaluation	15	2	7,500,000	15,000,000	4,167
	Total				135,000,000	37,500

Table 23: Short courses Management skills improvement

				7	
OSD	11,667	4,667	4,667	6,111	6,111
Amount UGX	1,400,000 42,000,000	1,400,000 16,800,000 4,667	1,400,000 16,800,000	22,000,000 6,111	22,000,000 6,111
Unit cost UGX	1,400,000	1,400,000	1,400,000	100,000	100,000
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Course Duration	1 Week	1 Week	1 Week	1 day	1 Day
No. of Partici- pants	30	12	12	220	220
Category	Top mgt , Const , MoSG, In charges	HoDS , Economist 12	HoDs, Economist	All staff members 220	All Staff
Skills/Competencies	Effective Leadership, Men- Top mgt , Const , toring and Coaching MoSG, In charge	Strategic Planning & Management	Monitoring and Evaluation HoDs, Economist	Communication skills	Team work and team building skills
	1	1	2	3	4

2	effective management of meetings	HoDS , In charges 18	18	1 Day	×			200,000	3,600,000	1,000
9	Preretirement Planning and Management	2 Years to retire	20	2 days	×			200,000	4,000,000	1,111
7	Advanced cardi- ac life support (International Conference)	Surgeons	4	2 days		×		10,000,000	10,000,000 40,000,000	11,111
8	Induction	New Staff	44	1 Week		×	×	1,400,000	x x 1,400,000 61,600,000 17,111	17,111
	Total								228,800,000 63,556	63,556

Table 24: Year 1 long courses

Functions	Staff Category	Course	No. of par- ticipants	Course duration	Institution	Unit cost USD	ngx	USD.
Clinical Services	Senior Consultants	Executive MBA	1	2 years	ESAMI	2,000	25,200,000	7,000
Adult Cardiology	Cardiologists	Cardiac electrophysiology	1	1 year	Italy	13,200	47,520,000	13,200
Adult Card	MoSG	General Fellowship	2	3 years	IHN	8,333	29,997,600	16,666
Card. Surgery	MoSG	Apprenticeship	2	1 year	Salam center	40,000	288,000,000	80,000
Card. Surgery	MoSG	Fellowship	2	3years	UHI/India	8,333	29,997,600	16,666
Card. Anesthesia/Criti- cal Care	MoSG	Fellowship	2	3 years	IHN	8,333	59,997,600	16,666
Paed .Cardiology	MoSG	General felloship	2	3YEAR	IHN	8,333	59,997,600	16,666
Pharmacy	Pharmacist/ In patient	Msc Clinical Pharmacy	1	2 Years	MUST	19,444	69,998,400	19,444
Laboratory	Phlebotomist	Degree – Medical Laborato- ry tech	1	3yrs	MUST	5,556	20,001,600	5,556
Nursing	Nursing Officers	Fellowship	3	3 Years	IHN	8,333	89,996,400	24999
Nursing	Nursing Officer	Msc Palliative care	1	2 years	MUK	4,167	14,999,400	4167
Cardiology	MoSG	Msc Course Palliative Care	1	2 Years	MUK	4,167	14,999,400	4167
General Administration	Admin Officer	Masters in Health services management	1	2 years	UMU - Nkozi	3,333	11,998,800	3,333
HRM	PHRO	Postgraduate studies in e-HRIS	1	1 Year	South Korea	10,000	36,000,000	10,000
							7/10 10 10	

Planning	Economist	PGD – M &E	1	1 Year	UMI	1,389	5,000,400	1,389
Bachelor of Secretarial Studies	Pool Steno	Bach. Secretarial Studies	1	3 years	Bugema University	3,333	11,998,800	3,333
Total			23				875,703,600 243,251	243,251

Year 2 Table 25: Year 2 short courses - Management skills improvement

Skills/Competencies	Category	No. of Par- ticipants	Course Duration	_	< <	S 0	Z		D J	ш	Σ	۱ A	Σ	_	Unit Cost	Am	ount UGX	USD
Project Planning and Management	HoDs, Economist	12	1 week	×	\vdash		\vdash	_	\vdash	\vdash	_	\vdash		\square	1,400,000	0 16,800,000	000	4,667
Strategic Human Resource Management	HoDs, In Charges	18	1 Week		×										1,400,000	0 25,200,000	000	7,000
Reports and Minute writing skills	All staff members	220	1 Day		<u> </u>	×									100,000	0 22,000,000	000	6,111
Training of Trainers	HoDS/Divisions	20	1 Week				×	Ļ			_				1,400,000	0 28,000,000	000	7,778
Research Methods /Data Analysis	Research Offi- cers/ Clinicians	30	1 week					×							1,400,000	0 42,000,000		11,667
Networking , lobbying and Negoti- ation skills	НоДѕ	12	2 days						×						200,000	0 2,400,000	000	299
Basic Records and Information Management	All Staff	220	1 Dау							×	×				100,000	0 22,000,000	000	6,111
Time management	All staff Members	220	1 day									×	×		100,000	0 22,000,000	000	6,111
Fleet management skills	Hosp. Admin & Drivers	9	1 week												1,400,000	0 8,400,000	000	2,333
Advanced Cardiac Life support	Surgeons	4	1 Week											×	1,000,000	0 4,000,000	000	1,111
Induction	New Staff	53	1 week							1			1		1,400,000	0 74,200,000		20,611
Total		762														267,000,000		74,167

Table 26: Year 2 long courses

S	Functions	Staff Category	Course	No. of partici-	Course	Institution	Unit cost	X9N	USD Total
				pants	duration		OSD		
	Clinical Services	Senior Consultant	Executive MBA	н	2 years	ESAMI	2,000	25,200,000	2,000
	Clinical Services	Consultants	PGD Management	2	1 Year	IWN	1,389	10,000,800	2,778
П	Adult Cardiology		Advanced Coronary Cath interventionist	1	3 months	India	10,000	36,000,000	10,000
	Adult Cardiology		Cardiac ICU	Н	3 months	South Africa	10,000	36,000,000	10,000
	Card. Surgery	MoSG- Surgery	Fellowship	2	3 years	India	8,333	29,997,600	16,666
	Radiology	Radiologist	Fellowship	Н	6 months	India	8,333	29,998,800	8,333
	Anaes/critical care		Echo Cardiography	\vdash			30,000	108,000,000	30,000
	Cadiac Anaesthesia/Critical Care	MoSG	General Fellowship	2	3 years	Salam Center	8,333	59,997,600	16,666
	Pharmacy	Pharmacist/Outpatient	MSC Clinical Pharmacy	Н	2 Year	MUST	4,167	15,001,200	4,167
н	Laboratory	Laboratory Technologist	Masters in Hematology	н	2 years	Clarke In- ternational University	6,389	23,000,400	6,389
m	Nursing	Nursing Officer	Felowship	2	2 years	Ħ	8,333	29,997,600	16,666
	Nursing	In charges	Post Graduate Diploma Health Mgt	2	1 Year	Mulago	1,389	10,000,800	2,778
	Research		M SC Health Information Management	1	2 years	MUK	4,167	15,001,200	4,167
	Hospital Management	SHA	Health Services Manage- ment	1	2 Years	Galilee Insti- tute	8800	31,680,000	8,800
	HRM	HRO	Masters in HRM	1	2 years	UMI	1,944	6,998,400	1944
	Accounts	Accountant	Master of Business Administration(MBA)	Н	2years	MUBS	2,778	10,000,800	2778
	Total						121,355	536,875,200	149,132
								1/10	

Year 3

Table 27: Year 3 short courses - Management skills improvement

USD	6,111	7,778	5,444	19,444	6,167	1,944	2,333	1,111	20,611	73.944
Amount UGX	22,000,000	28,000,000	19,600,000	000'000'02	33,000,000	000'000'2	8,400,000	4,000,000	74,200,000	266.200.000
Unit Cost UGX	100,000	1,400,000	1,400,000	1,400,000	1 50,000	1,400,000	1,400,000	200,000	1,400,000	
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Course Duration	1 Day	1 Week	1 Week	1 Week	1 Дау	1 week	1 week	2 days		
No. of Par- ticipants	220	20	14	50	220	5	9	20	53	
Category	All staff members	HoDs/Divisions	Economist , Head Accounts , HoDs	Nutritionist , Physio- therapist, Nurses	All Staff	Administrators , Pro- curement Officers , Inventory Management Officers	Hospital Administrator & Drivers	Staff Members	New staff	
Skills/Competencies	Reports and Minute writing skills	Financial Management and Accounting for Non-Financial Managers	Policy Formulation & analy- sis skills	Counseling skills	Customer care and Public Relations	Asset and inventory Manage- ment	Fleet management skills	Preretirement Planning and Management	Induction	Total
	_	2	m	4	5	9	7	8	6	
				,		-	. ,			

Table 28: Year 3 long courses

USD	2,778	1,389
UGX	10,000,800 2,778	008'000'5
Unit cost UGX	1,389	1,389
Institution	IWN	Mulago
Course duration	1 Year	1 Year
No. of partici- pants	2	1
Course	PGD Management	PGD Health Service Management
Staff Category	Consultants	In charges
SN Functions	Clinical Services	Nursing
NS		

Nursing	Nursing Officer	Certificates in Palliative Care	5	3 months	Hospice Uganda		2,000,000	1,389
Nursing	Nursing Officer	Fellowship	2	2 years	UHI	8,333	29,997,600	16,666
Adult Cardiology		Cardiac ICU	1	6 months		19,444	69,998,400	19,444
Adult Cardiology		Cath lab	1	9 months	Malaysia	14,583	52,498,800	14,583
Fellowship	MoSG	General Fellowship	9	3 Years	UHI	8,333	179,992,800	49,998
Cardiovascular Surgery	Senior Consultant	Apprentice ship	1	1 months	India	46,667	168,001,200	46,667
Pharmacy	Senior Pharmacist	Fellowship	1	6 Months		10,000	36,000,000	10,000
Laboratory	Senior Laboratory Technologist	Master of Health Sciences in bio ethics	1	2 years		8,333	29,998,800	8,333
Radiology	Senior Radiographer	Masters in Radiology	1	3 years	MUK	8,333	29,998,800	8,333
Nutrition	Nutritionist	Masters of Clinical Nutri-tion/Dietetics	1	2 years	India	8,333	29,998,800	8,333
Bio Medical Engineering	Bio Medical Engineer	Masters in Bio medical Engineering	1	2 Years		6944	24,998,400	6,944
Medical Records Management	Records Officer	Bachelor of Health Infor- matics	1	3 Years	Victoria University	4,167	15,001,200	4,167
Accounts	Assistant Accountants	Bachelor of Business Administration (BBA) accounts	2	3 Year	MUBS	4,167	30,002,400	8,334
Customer Care	Receptionists	Diploma in Customer Care and Public relations	3	1 Year	Kyambogo University	1,667	18,003,600	5,001
			26			152,082	764,492,400	212,359

Year 4

Table 29: Year 4 Short courses - Management skills improvement

	8
USD	7,778
amount UGX	28,000,000
A S O N D J F M A M J Unit cost	1,400,000
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Course Duration	1 Week
No. of Participants Duration	20
Category	Top Management , Consultants , MoSG, In charges
Skills/Competencies	Effective Leadership, Mentoring and Coaching
	1

1	Strategic Planning & Management	HoDS , Economist	5	1 Week	×										1,4	000'001	1,400,000 7,000,000 1,944	1,944
2	Monitoring and Evaluation	HoDs, Economist	5	1 Week	_	×									1,4	000'001	1,400,000 7,000,000	1,944
3	Communication skills	All new recruits	120	1 day	-		×	×	×				Н	-	100	100,000	12,000,000 3,333	3,333
4	Team work and team building skills	All new recruits	120	1 Day						×	×	×			100	100,000	12,000,000 3,333	3,333
5	effective management of meetings	HoDS , In charges	10	1 Day	_							$\hat{}$			20	200,000	2,000,000	556
9	retirement Planning and Management 2 Years to retire	2 Years to retire	20	2 days	_						_		_		20	200,000	4,000,000 1,111	1,111
7	Induction		53	1 week										Ť	k 1,4	000'001	x 1,400,000 74,200,000 20,611	20,611
	Total																146,200,000 40,611	40,611

Table 30: Year 4 long courses

SN	Functions	Staff Category	Course	No. of participants	Course	Institution	Unit cost USD	Amount UGX	OSD
	Radiology	Consultant – Radiology	Executive MBA	1	2 Years	ESAMI	2,000	25,200,000	7,000
	Clinical Services	Consultants	PGD Management	2	1 Year	IMU	1,389	10,000,800	2,778
	Nursing	In charges	PGD- HSM	1	1 Year	Mulago	1,389	5,000,400	1,389
	Adult Cardiology	Cardiologist	Advanced structural intervention	1	6 months	Italy	30,000	108,000,000	30,000
5.	Adult Cardiology	Cardiologist	Cardiac Kidney	1	3 months	South Africa	10,000	36,000,000	10,000
6.	Adult Cardiology	Cardiologist	Cardiac electrophysiology	1	1 year	Italy	30,000	108,000,000	30,000
7.	Paediatric Cardiology	MoSG	Intensive care /Attachment	1		India or Italy	30,000	108,000,000	30,000
8.	Cardiovascular Sur- gery	MoSG	General Fellowship	9	3years	UHI/India/ Italy	8,333	179,992,800	49,998
.6	Laboratory	Laboratory Tech- nologist	Master's degree in molecular biology	1	3years	MUK	4,167	15,001,200	4,167
10.	Nursing	Nursing Officer	Nursing Officer & Assistant Nursing Officer	2	2 years	UHI/India	2,778	20,001,600	5,556

11.	11. Nutrition	Nutrition	Maters in Human nutrition and Dietetics	1 2	1 2 years	Salam center		30,000 108,000,000	30,000
	Records Management	Records Assis- tant	Bachelor of Records Management	1 3	1 3 Years	MUK	3,333	11,998,800	3,333
	Secretarial	Pool Steno	Diploma in Secretarial Studies	1 1	1 1 Year YMCA	YMCA	256	2,001,600	256
								737,197,200	204,777

Table 31: Year 5 short courses- Management skills improvement Year 5

	Skills/Competencies	Category	No. of Par- ticipants	Course Duration	7	A	S	0	Z	٥	JF	Σ	Α		<u> </u>	Rate	ngx	USD
2	Project Planning and Management	HoDs, Economist	5	1 week	×									\vdash		1,400,000	7000000	1,944
4	Strategic Human Resource Management	HoDs, In Charges	11	1 Week		×										1,400,000	15400000	4,278
9	Reports and Minute writing skills	All new recruits	120	1 Day			×							\square		100,000	12000000	3,333
7	Training of Trainers	HoDS/Divisions	20	1 Week				×								1,400,000	28000000	7,778
7	Research Methods /Data Analysis	Research Officers/ Clinicians	30	1 week					×							1,400,000	42000000	11,667
8	Networking , lobbying and Negoti- ation skills	HoDs	5	2 days						×						200,000	1000000	278
10	Records and Information Manage- ment	All new recruits	120	1 Day							×					100,000	12000000	3,333
11	Time management	All new recruits	120	1 day								×			1	100,000	12000000	3,333
12	Induction	New staff	120	1 week									×	×	×	1,400,000	168000000	46,667
	Total																297,400,000	82,611

Table 32: Year 5 Long courses

NS	Functions	Staff Category	Course	No. of par- ticipants	Course duration	Institution	Unit cost USD	UGX	Total cost USD
	Clinical Services	Consultants	PGD Management	1	1 Year	UMI	1,389	5,000,400	1,389
	Nursing	In charges	PGD Health Services Manage- ment	1	1 Year	Mulago	1,111	3,999,600	1,111
	Nursing	SNO	PGD HR M	1	9 Months	UMI	1,389	5,000,400	1,389
	Nursing	Nursing Officer & Assis- tant Nursing Officer	Fellowship	4	2 years	Uganda Heart Institute	8,333	119,995,200	33,332
	Adult Cardiology	Cardiologists	Advanced Coronary Cath Lab Interventionist	1	3 months	India	10,000	36,000,000	10,000
	Paed. Cardiology	Consultant	Attachment /Cath lab interven- tion	1	1year	India or Italy	30,000	108,000,000	30,000
A	Fellowship	MoSG	Fellowship	9	3 Years	UHI/India	8,333	179,992,800	49,998
	Cardiac Anaesthesia / Critical Care		Echo Cardiology	1			30,000	108,000,000	30,000
	Laboratory	Laboratory Technologist	Degree- Biomedical Lab science	1	3yrs	MUK	8,333	29,998,800	8,333
	Laboratory	Laboratory Technologist	Masters in Hematology	1		Clerks International University	8,333	29,998,800	8,333
	Radiology	Radiographers	Masters in diagnostic Ultra sound	2		ECUREI	6,944	49,996,800	13,888
	Total			20				675,982,800	187,773

6.2 The 5 years costed Welfare Plan

Table 33: The 5 year costed welfare plan

															ă	2/
Budget USD	6,501,765.02	696,682.39	239,782.60	196,185.76		13,869.63	90,826.74	68,120.06	61,927.32	2,179,841.78	22,706.69	108,992.09	108,992.09		45,413.37	10,335,106
Total Budget GOU	23,438,862,886	2,511,540,000	864,416,256	707,249,664		50,000,000	327,430,400	245,572,800	223,248,000	7,858,329,600	81,857,600	392,916,480	392,916,480		163,715,200	37,258,055,366
Y5	6,531,233,348	699,840,000	240,869,376	197,074,944			91,238,400	68,428,800	62,208,000	2,189,721,600	22,809,600	109,486,080	109,486,080		45,619,200	10,368,015,428
Y4	5,442,694,456	583,200,000	200,724,480	164,229,120			76,032,000	57,024,000	51,840,000	1,824,768,000	19,008,000	91,238,400	91,238,400		38,016,000	8,640,012,856
Y3	4,535,578,714	486,000,000	167,270,400	136,857,600			63,360,000	47,520,000	43,200,000	1,520,640,000	15,840,000	76,032,000	76,032,000		31,680,000	7,200,010,714
Y2	3,779,648,928	405,000,000	139,392,000	114,048,000			52,800,000	39,600,000	36,000,000	1,267,200,000	13,200,000	63,360,000	63,360,000		26,400,000	6,000,008,928
Y1	3,149,707,440	337,500,000	116,160,000	95,040,000	30,000,000	50,000,000	44,000,000	33,000,000	30,000,000	1,056,000,000	11,000,000	52,800,000	52,800,000		22,000,000	5,080,007,440
No. of staff	220	200	220	33	30	220	220	220	220	220	220	220	88		220	
Target Group	All staff Members	All staff and their spouses	All staff	Surgery, Anaesthesia, Critical Care, support staff	Female Officers	All staff	All staff	All staff	All staff(Establish- ment)	All staff	All staff					
The welfare item	Professional Allowances	Health Insurance	Break Tea	Over-time	Baby care center(Set up)	Staff Canteen(Set up)	Corporate Shirts	Staff parties	Staff SACCO	Fuel / Transport	Rewards	Wellness activities	Corporate games (Teams)	Staff General	Meetings	Total
N/S																

6.3 Plan for the Basic Tools /equipment
Table 34: The re-tooling plan

+0+	Outhor	+200 +iall	Vall tailow A	231
	- Cuantity			
Heavy Duty Echo machines	1	200,000,000	200,000,000	138,889
Portable Echo machines	4	350,000,000	1,400,000,000	388,889
ECG Machines	3	40,000,000	120,000,000	33,333
Defibrillator Machines	3	000'000'09	180,000,000	50,000
Patient Monitors wall mount	30	60,000,000	1,800,000,000	200,000
Automated Blood Grouping	1	345,000,000	345,000,000	95,833
Sample labeler	1	000'000'09	60,000,000	16,667
High Advanced Chest vibration Therapy machine	1	30,000,000	30,000,000	8,333
Dosimetry test tools	1	10,000,000	10,000,000	2,778
X Ray Machine	1	2,772,000,000	2,772,000,000	770,000
Ice Making Machine	1	100,000,000	100,000,000	27,778
Vein viewer	1	2,000,000	2,000,000	1,389
Dosimetry test tools	1	10,000,000	10,000,000	2,778
Endoscopy unit complete	1	350,000,000	350,000,000	97,222
Fridge	1	2,000,000	2,000,000	256
Portable Autoclave Machine	П	35,000,000	35,000,000	9,722
regulator	1	1,000,000	1,000,000	278
Fluid warmer	1	10,000,000	10,000,000	2,778
Vehicles /Station wagon	4	350,000,000	1,400,000,000	388,889
Heavy duty Photocopiers	3	15,000,000	45,000,000	12,500
Water Dispensers	10	1,000,000	10,000,000	2,778
Paper Binders	2	200,000	2,500,000	694
Office Paper Shreder	9	1,500,000	000,000,6	2,500
Total			9,196,500,000	2,554,583

Average cost per year (Estimate)

Average cost UGX	Average Cost USD
1,839,300,000	510,917

7.0 APPENDICES

Appendix 1: The Uganda Heart Institute Staff list

UGANDA HEART INSTITUTE - STAFF LIST FOR GoU APPROVED STRUCTURE

Status	Contract	Comfirmed				Confirmed	Confirmed	-	Confirmed
Sex	\$	\$				\$	\$	\$	ш
Date of Present Appointment	1/7/2014	15th/07/1989 13th/08/2015				6/3/2011	11/12/2000	2/4/2022	8/4/2015
Date of First Appointment	1/7/1984	15th/07/1989				8/7/2000	11/12/2000	5/1/2019	29/09/2006
E Š	-	2				46	٥	215	42
Scale Names of Incumbent	Dr. Omagino O.O. John	Dr. Peter Lwabi				U1SE 1.Dr. Okello Emmy	1.Dr. Sebatta Elias Mugalula	2. Dr. Ssinabulya Isaac	1.Dr.Nabaale Juliet
Scale	U1SE	U1SE				U1SE	U1SE		LO
Va- cant Posts	0	0	0			0	0		0
Filled	1	1	2			-	2		9
Ap- proved Posts	ı	1	2			1	2		9
Post	Executive Director	Deputy Director	Sub Total	MEDICAL SERVICES	Adult Cardiology	C	Consultant	Consultant	MOSG

					2. Dr. Zhang Wan Zhu	45	29/09/2006	8/4/2015	ш	Confirmed
					3. Dr. Lugero Charles	156	8/4/2015	8/4/2015	¥	Confirmed
					4. Dr. Rwebembera Jselyn	152	5/3/2016	5/3/2016	ш	Confirmed
					5.Dr. Achan Jose- phine	99	3/3/2011	24th/07/2017	ч	Confirmed
					1. Dr.Mbabazi L Happy	63	7/7/2014	2/4/2022	ш	Confirmed
Medical Officer	3	3	0	U4	1. Dr. Nakagaayi Doreen	162	8/4/2015	8/4/2015	Ъ	Confirmed
					2.Dr. Namukasa Justine Busingye	110	8/4/2015	8/4/2015	ш	Confirmed
					3.Iraguha Daniel Ndagutse	135	1/7/2014	1/7/2014	¥	Confirmed
Sub Total	12	12	0							
Peadiatric Cardiology										
Senior Consultant	-	_	0	U1SE	Dr. Lubega Sulaiman	8	12/12/1997	4/11/2017	\$	Confirmed
Consultant	2	2	0	U1SE	1.Dr. Aliku Twalib	270	1/21/2016	4/11/2017	×	Confirmed
			0		2.Dr. Namuyonga Judith	137	8/4/2015	2/6/2022	ш	Confirmed
MOSG	က	က	0	U2	1. Dr. Tumwebaze Hilda	209	13/07/2009	1/3/2016	ш	Confirmed
					2. Dr. Ndagire Tina Emma	247	2/18/2018	2/18/2018	ч	Confirmed
					3. Dr. Obongonyinge Bernard	201	2/6/2022	06th/02/2022	¥	Confirmed
Medical Officer	е	ო	0	N4	1.Dr. Owomugisha Gloria	165	8/4/2015	8/4/2015	ш	Confirmed
					2.Dr. Akech Mary Teddy	163	8/4/2015	8/4/2015	ш	Confirmed
					3.Dr. Nyesiga Sharon 149	149	8/4/2015	8/4/2015	()	

								•		
Sub Total	6	6	0							
Cardiothoracic Surgeons										
Senior Consultant	_	-	0	U1SE	Dr, Mwambu Tom	4	15th/10/1991	1/7/2014	\$	Confirmed
Consultant	4	_	က	U1SE	1. Dr. Oketcho Mi- cheal	9	1/11/1996	27/07/2009	\$	Confirmed
MOSG	က	ო	0	U2	Dr. Muhoozi Rwa- karyebe Mbagga	196	3/30/2017	3/30/2017	\$	Probation
					Dr. Kebba Naomi	202	05/10/2020	10/5/2020	ш	Confirmed
					Dr. Ariaka Herbert	164	8/4/2015	8/4/2015	W	Confirmed
Medical Officer	3	3	0		1. Dr. Nalule Miriam	154	8/4/2015	8/4/2015	Н	Confirmed
					2.Dr. Ahabwe Ken- neth	172	17/06/2015	17/06/2015	*	Confirmed
					3.Dr.Rutahaba Elijah	184	17/06/2015	17/06/2015	×	Confirmed
Sub Total	11	8	3							
Cardiac Anaesthesia										
Senior Consultant	1	_	0		Dr. Mijumbi Cephas	က	30/10/1981	26/12/2015	€	Contract
Consultant	1	0	-	U1SE	1. Ayupo Nodreen	187	7/3/2015	06th/02/2022	ч	Confirmed
MOSG	2	2	0	U2	2. Sempiira Joshua	221	8/8/2016	12/17/2020	\$	Confirmed
Medical Officer	_	_	0	D 4	1 .Dr. Ssebuliba Moses Kiwanuka	134	8/4/2015	8/4/2015	\$	Confirmed
Sub-Total	5	4	1							
Intensive Care Unit										
Senior Consultant	1	0	1	U1SE				/		
Consultant	1	_	0	U1SE	1. Namutebi Catherine	188	30th/03/2017	06th/02/2022	щ	Confirmed
MOSG	3	2	1	U2	Dr. Othin Moses	316	05/10/2020	10/5/2020	×	Confirmed
					4. Nkwiine Ritah	263	2/15/2017	4/7/2019	F	Confirmed
Medical Officer	1	_	0	D4						
Sub Total	9	4	2							
							178	Control of the Contro	No.	

Pathology										
Consultant	_	0	-	U1 SE						
MOSG	_	0	-	U2						
Medical Officer	_	-	0	U4						
Sub Total	3	1	2							
Laboratory										
Senior Medical Laboratory Tech- nologist	-	-	0	U4	Kebba John Michael G.	76	23/08/1996	7/7/2010	\$	Confirmed
Laboratory Technologist	4	4	0	US	1.Anyido Benson	131	29/04/2015	29/04/2015	ш	Confirmed
					2.Yiga Robert	169	29/04/2015	29/04/2015	\$	Confirmed
					3.Aol Lilliane	61	29/04/2015	29/04/2015	ш	Confirmed
					4. Mwai Thaddeus Jude	242	1/24/2017	2/28/2018	\$	Confirmed
Sub Total										
	5	22	0							
Radiology										
Consultant	-	_	0	U1 SE	Dr. Opio James	285	1	8/2/2017	\$	Confirmed
MOSG	1	0	-	U2						
Senior Radiographer	1	1	0	U4	Maderu Paul	120	3/4/2011	3/30/2017	×	Confirmed
Radiographer	2	2	0	U5	Mulondo Charles	130	8/14/2013	2/28/2018	×	Confirmed
					Wako Nicholas	211	1/3/2016	1/3/2016	×	Confirmed
Sub Total	5	4	1							
Perfusion Services										
Principal Perfusion Technologist	-	_	0	U3	Muura Pascaline	18	17/03/1995	30/06/2003	L	Confirmed
Senior Perfusion Technologist	1	2	7	U4	Wambuzi Samson	19	6/6/1995	24/03/2000	W	Confirmed

					Nakigozi Carolyn	158	2/17/2015	4/7/2019	ш	Confirmed
Perfusion Technologist	2	0	2	US						
Sub Total	4	3								
Cardio Respiratory Physiotherapy										
Senior Cardio Respiratory Physio- therapist	1	1	0	N4	Namasembe Hellen	192	1/3/2018	28/09/2020	F	Confirmed
Cardio Respiratory Physiotherapist	2	-	-	U5	Uchungi Harrison	378	4/8/2021	4/8/2020	\$	Probation
Sub Total	3	2	1							
Nursing Services										
Principal Nursing Officer	_	-	0	U2	1. Oketayot Anna Noland	30	3/1/2006	3/1/2006	ш	Confirmed
Senior Nursing Officer	2	2	0	U3	1.Munduru Jane Frances	33	8/4/2015	8/4/2015	Н	Confirmed
					2 Ayikoru Leira	14	21/10/1992	2/6/2022	ш	Confirmed
Assistant Senior Nursing Officer	8	_	1	U4	1. Munduru Gertrude	16	3/1/1994	3/3/2011	ш	Confirmed
					2. Namuli Flavia	34	13/05/2003	3/3/2011	щ	Confirmed
					3. Atim Grace OI- inga	12	8/1/1987	6/6/2012	ш	Confirmed
					4. Nalubega Madina	17	1/10/1992	6/6/2012	ч	Confirmed
					5. Obwin John	20	6/6/1995	6/6/1665	¥	Confirmed
0					6. Musoke Mary Leatitia	21	1/7/1996	9661/2/1	н	Contract
Nursing Officer	16	16	0	U4	1. Nakisige Monica	15	5/1/1995		ц	Confirmed
			0		2. Among Grace	31	13/05/2003	6/2/2014	ட	Confirmed
			0		3. Okiror Simon Peter	166	8/4/2015	8/4/2015	ц	Confirmed
			0		4. Achieng Caroline	167	8/4/2015	8/4/2015	F	Confirmed
									1 / P	

Confirmed	F	6/6/2011	6/6/2011	106	9. Namale Hadijah					
Confirmed	Н	1/4/2011	1/4/2011	85	8. Aya Kate Ochan					
Confirmed	Ŧ	1/4/2011	1/4/2011	90	7. Namukwaya Harriet Nyanzi					
Confirmed	ш	1/4/2011	1/4/2011	72	6. Arach Joyce					
Confirmed	ш	1/4/2011	1/4/2011	86	5. Nalule Grace)
Confirmed	Ь	1/4/2011	1/4/2011	57	4. Munanda Atifa					
Confirmed	Н	10/12/2003	10/12/2003	26	3. Namayanja Berna					
Confirmed	Ь	20/12/2001	20/12/2001	27	2. Kitooleko Samalie					
Confirmed	€	18/08/1998	18/08/1998	23	1. Wesana Charles	05	4	26	30	Nursing Officer
							0			
Confirmed	ш	21/10/2019	10/21/2019	235	16. Kenyange Re- gina		0			
Confirmed	ч	21/10/2019	24/06/2005	236	15. Kimunyu Akisa		0			
Confirmed	ш	21/10/2019	10/21/2019	233	14. Nasongo Ra- cheal		0			
Confirmed	ш	1/4/2011	1/4/2011	59	13. Nawakonyi Susan		0			
Confirmed	ч	1/4/2011	1/4/2011	28	12. Atweeta Lilian		0			
Confirmed	ш	1/4/2011	1/4/2011	51	11. Mwima Racheal Joan		0			
Confirmed	ш	13/05/2003	13/05/2003	32	10. Atugonza Constance		0			
Confirmed	ч	1/3/3016	5/2/2009	71	9. Abuo Jennifer		0			
Confirmed	Ь	8/4/2015	8/4/2015	601	8.Namatovu Sarah		0			
Probation	ш	8/4/2015	8/4/2015		7.Nabuuma Agnes		0			
Probation	ш	8/4/2015	8/4/2015	174	6.Kamalembo Batu- rine Flavia		0			
Confirmed	ш	8/4/2015	8/4/2015	25	5. Komugabe Pen- inah		0			

	Confirmed	W	1/4/2011	1/11/1992	13	Afidraa Phillip	U4	0	-	_	Senior Pharmacy Technician
	Confirmed	ч	1/3/2016	1/3/2016	206	Namuyanja Jessica	1 1	0	_	_	
4	Confirmed	ш	5/29/2017	4/17/2012	94	Nyirankusi Eleth	U3	0	_	_	Senior Pharmacist
- 3/											
	<							0	_	_	
	Confirmed	\$	1/3/2016	1/3/2016	210	Osuu John	U4	0	_	_	
			//								Nutrition Services
								5	52	57	
	Confirmed	\$	4/12/2018	10/13/2014	148	26. Hagumakubaho Damaseni					
	Conformed	\$	2/28/2018	4/3/2013	139	25. Wadia Moses					
	Confirmed	ш	2/20/2018	10/13/2014	151	24. Nantongo Resty					
	Confirmed	ш	2/20/2018	10/13/2014	153	23. Namugga Justine					
	Conformed	ш	4/12/2018	10/13/2014	155	22. Noledah Atukun- da					
	Conformed	ш	2/20/2018	4/19/2012	100	21. Anyayo Sylivia					
	Confirmed	×	21/05/2015	21/05/2015	185	20.Serwano Herbert					
	Confirmed	ш	2/7/2015	2/7/2015	181	19.Alanyo Linda Grace					
	Confirmed	Ъ	21/05/2015	21/05/2012	186	18.Icumar Perepetua					
	Confirmed	Ъ	21/05/2015	21/05/2012	182	17.Akello Miriam					
	Confirmed	Ъ	21/05/2015	21/05/2012	147	16.Akello Pamella					
	Confirmed	×	21/05/2015	21/05/2012	178	15.Balaga Noah					
	Confirmed	Н	21/05/2015	21/05/2012	177	14.Kusiima Agnes					
	Confirmed	\$	21/05/2015	21/05/2012	80	13.Mutenyo Benard					
	Confirmed	щ	21/05/2015	21/05/2012	179	12.Babirye Jose- phine					
	Confirmed	ட	21/05/2015	21/05/2012	175	11.Irar Irene Esther					
	Confirmed	ш	1/4/2011	6/6/2011		10. Ajilong Loyce					

Pharmacy Technician	1	_	0	U5	Imenyo Beatrice		8/4/2015	8/4/2015	ч	Confirmed
Sub Total	4	4	0							
Echo Technician (Cardiac)										
Principal Echo (Cardiac) Technician	_	0	-	U3						
Senior Echo (Cardiac) Technician	0	0	0	U4						
Echo Technician	1	0	-	U5						
Sub Total	2	0	2							
Catheterization Laboratory Services										
Principal Cath. Laboratory technician	-	0	-	U3						
Senior Cath. Laboratory Technician	1		0	U4	Ruhinda Daudi Kirenzi	65	1/3/2016	1/3/2016	*	Confirmed
Cath. Laboratory Technician	-	-	0	U5	Mahinga Rolly Odong	350	21/10/2019		\$	Probation
Medical Physicist	1	1	0	U4	Ndagire Hadijah	96	2/28/2018		Ъ	Confirmed
Sub Total	4	3	1	0						
Maintenance Engineering										
Electrician	-	_	0	70	Malungu Robert	50	1/7/1995	1/7/1995	\$	Confirmed
Sub Total	1	_	0							
Biomedical Engineering										
Biomedical Engineer	1	0	_	U4						
Biomedical technician	2	2	0	U5	1.Kato David	204	27/01/2016	27/01/2016	*	Probation
					2. Jjuko Denis	145			\$	Confirmed
Sub Total	က	2	_							
Sub Total - Medical	137	117	19							
FINANCE AND ADMINISTRATION										

HUMAN RESOURCE										
Principal Human Resource Officer	_	-	0	U2	Tugume Godwin	369	2/2/2021	2/2/2021	\$	Comfired
Human Resource Officer	1		-	N 1						
Sub Total	2	1	1	0						
ADMINISTRATION										
Senior Hospital Administrator	_	_	0	U4	Namuli Lydia Muty- abule	118	28/06/1996	24/04/2015	ட	Confirmed
Hospital Administrator	_	_	0	V	Nabukeera Agnes	323	10/1/2018	10/1/2018	ட	Confirmed
Sub Total	2	2	0	0						
Public Relations										
Public Relations Officer	_		0	V	Mirembe Grace Nakwanga	249	2/20/2017	2/28/2018	ட	Confirmed
Sub Total	1	1	0	0						
					1					
Information Technology										
Information Technology Officer	1	1	0	04	1. Kibaalizi Enock Musoke	66			¥	
Sub Total	1	1	0							
PLANNING										~
Economist	_	-	0	U 4	Ntaanya Dorothy Semanda		2/20/2017	2/28/2018	ш	Confirmed
Sub Total	_	-	0	0						
							7 8 V			

Accounts										
Senior Accountant	_	0	_	U2	Opio Richard Okok (AG)		10/2/2002	3/5/2012	\$	Confirmed
Accountant	-	_	0	N4	Opio Richard Okok	195	4/4/2003	3/5/2009	\$	Confirmed
Senior Accounts Assistant	1	0		US						
Accounts Assistants	က	က	0	UZ	1. Nakalungi Ger- trude	228	2/5/1988	6661/61/01	ш	Confirmed
					2.Mwebaze Denis	159	5/31/1996	2/11/2000	\$	Confirmed
					3. Nabunwa Justine	63	2009	4/17/2019	ч	Confirmed
Sub total	9	4	2							
Internal Audit										
Senior Internal Auditor	1	0		U3						1
Internal Auditor	_	-	0	V	Wasukira Geofrey	351		9	\$	Confirmed
Sub Total	2	-	1							
Procurement and Supplies										
Senior Procurement Officer	1	1	0	U3	Birungi Susan	41	7/26/2009	8/28/2020	ч	Confirmed
Procurement Officer	_	-	0	U4	Asekenye Racheal Wabwire	349	6/2/2021		ш	Probation
Inventory Management Officer	1	1	0	04	Ngobi Robert Bo- gere	68	11/10/2010	26th/11/2020	*	Confirmed
Assistant Inventory Mgt Officer	1	0	1	U5				A A		Y
Sub Total	4	က	_							
Secretarial										
Personal Secretary (SG)	_	-	0	U4	Kasozi Sharifah	119	1/17/2013	2/28/2018	ш	Confirmed
Stenographer	1	_	0	U5	Nagawa Zaituni	122			F	Confirmed

Pool Stenographer	-	-	0	90	Nampiija Rose	338	14/10/2020		ш	Probation
Office typist	1	1	0	N7	Birungi Margaret	262	20/10/2020		F	Confirmed
Sub Total	4	4	0							
Records										
Medical Records Officer	-	_	0	N4	Jaika Patrick	24	3/3/2011	3/3/2011	*	Confirmed
Assistant Medical Records Officer	-	-	0	U5	Nabawanuka Zaam	39	3/3/2011	3/3/2011	ш	Confirmed
Assistant Records Officer	-	-	0	U.S	Annet Nakato	194	14/10/1999	3/7/2015	ш	Confirmed
Medical Records Assistant	2	2	0		Akello Florence	112			Н	Conformed
					Mayokia Rose	251			ш	Confirmed
Sub Total	5	5	0							
Security										
Security Officer	1	0	_	N4						
Assistant Security Officer	2	_	_	US	1. Onegiu Wilfred	79	3/3/2011	3/3/2011	*	Confirmed
Security Guard	8	8	0	08	1.Ojanji Fred	78	21/05/2015	21/05/2015	×	Confirmed
					2.Opar Deforce	77	21/05/2015	21/05/2015	¥	Confirmed
					3.Akenda Nicholas	113	21/05/2015	21/05/2015	*	Confirmed
					4. Watpe Deograsia	150	20th/07/2016		*	Confirmed
					5. Omona Patrick	217	20/07/2016		×	Confirmed
					6. Orombi Gilbert	218	20/07/2016		\$	Confirmed
					7. Menya Stanley	231			*	Confirmed
					8. Omalla David Jaramogi		>			

The crite Attendant	Sub Total	11	6	2							
2 2 0 U8 1. Kayom Coggan 105 M 3. Kyomukama Owen 129 20/07/2016 11/30/2020 M 3. Kyomukama Owen 129 20/07/2016 11/30/2020 M 3. Syomukama Owen 129 20/07/2015 5/21/2015 M 3. Syomukama Owen 129 20/07/2015 5/21/2015 M 3. Syomukama Owen 129 20/07/2016 F 3. Syomukama Owen 129 2/05/2015 11/30/2020 M 3. Syomukama Owen 129 21/05/2015 11/30/2020 M 4 M 3/3/2011 M 3/3/2012 M 3/3											
2 2 0 U/B 1. Kayom Coggan 105 M M 1 1 0 U/B 1. Kayizera Emmanuel 104 21/05/2015 11/30/2020 M 3 3 0 U/B 1. Kwizera Emmanuel 104 21/05/2015 5/21/2015 M 3 3 0 U/B 1. Namwebye Esther 143 21/05/2015 21/05/2015 F 4 4 0 U/B 1. Namwebye Esther 143 21/05/2016 7/20/2016 F 4 4 0 U/B 1. Namwebye Esther 183 3/3/2011 M M 4 4 0 U/B 1. Nkufliam 4 3/3/2011 M M 2 2 0 U/B 1. Nkundizana Wil- 21/05/2015 11/30/2020 M 3 3 3 3 3/3/2011 3/3/2011 M M 4 4 0 U/B 1. Nkundizana Wil-<	Other Cadres										
1 1 0 0 0 1.Kwizera Emmanue 104 21/05/2015 5/21/2015 M 1.Kwizera Emmanue 104 21/05/2015 21/05/2015 F 1.Kwizera Emmanue 104 1.Kwizera Emmanue 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105 105	Theatre Attendant	2	2	0	0.8	1. Kayom Coggan	105			\$	Confirmed
1 1 0 U8 1.Kwizera Emmanuel 104 21/05/2015 5/21/2015 M 3 3 0 U8 1.Namwebye Esther 143 21/05/2015 21/05/2015 F 4 4 0 U8 1.Namwebye Esther 143 21/05/2016 7/20/2016 F 5 3. Sserunkuma Mi-chael 84 3/3/2011 3/3/2011 M 6 1.Okalebo George 83 3/3/2011 3/3/2011 M 7 1.Okalebo George 83 3/3/2011 M 8 1.Okalebo George 83 3/3/2011 M 9 1.Okalebo George 84 3/3/2011 M 1.Okalebo George 85 3/3/2011 M 1.Okalebo George 84 3/3/2012 M 1.Okalebo						3. Kyomukama Owen	129	20/07/2016	11/30/2020	\$	Confirmed
3 3 0 U8 1.Namwebye Esther 143 21/05/2015 21/05/2015 F 4 4 4 0 U8 1.Okclebo George Andrew 83 3/3/2011 3/3/2011 M 2 2 0 U8 1.Okclebo George Andrew 183 21/05/2015 21/05/2015 M 2 2 0 U8 1.Nkundizana Will- Isan 21/05/2015 21/05/2015 M 2 2 0 U8 1.Nkundizana Will- Isan 21/05/2015 21/05/2015 M 2 2 0 U8 1.Nkundizana Will- Isan 21/05/2015 3/9/2012 F 2 2 0 U8 1.Nkundizana Will- Isan 21/05/2015 3/9/2012 F 3 3 3 3/3/2011 3/9/2012 3/9/2012 F F 4 4 0 U8 1.Nkundizana Wil- Isan 105/2012 3/9/2012 3/9/2012 F F 5 2 0 U8 1.Nambooze Annette Raman 3/9/2012 3/9/2012 F F<	Laundry Attendant	_	_	0	8 0	1.Kwizera Emmanuel	104	21/05/2015	5/21/2015	\$	Confirmed
4 4 4 0 U8 1.Okalebo George (3.3/2011) 3/3/2011 M 4 4 4 0 U8 1.Okalebo George (8.3) 3/3/2011 3/3/2011 M 2 0 U8 1.Okalebo George (8.3) 3/3/2011 3/3/2011 M 3 1.Okalebo George (8.3) 3/3/2011 3/3/2011 M M 4 4 0 U8 1.Okalebo George (8.3) 3/3/2011 M M 5 0 U8 1.Nkundizana Wil- (8.3) 21/05/2015 11/30/2020 M 1 0 U8 1.Nkundizana Wil- (8.2) 3/9/2012 3/9/2012 F 2 0 U8 1.Nkundizana Wil- (8.2) 3/9/2012 3/9/2012 F 3 0 U8 1.Nambooze Annette (8.2) 3/9/2012 3/9/2012 F 4 16 0 U8 1.Nambooze Annette (8.2) 3/9/2012 3/9/2013 F 4 16 0 U8	Office Attendant	က	က	0	0.8 0.0	1.Namwebye Esther	143	21/05/2015	21/05/2015	ட	Confirmed
4 4 4 0 U8 1.Okalebo George charles 83 3/3/2011 3/3/2011 M 4 4 4 4 4 4 1.Okalebo George 83 3/3/2011 3/3/2011 M 5 2 0 U8 1.Okalebo George 84 3/3/2011 3/3/2011 M 2 2 0 U8 1.Nkundizana Will- list 21/05/2015 11/30/2020 M 2 2 0 U8 1.Nkundizana Will- list 21/05/2016 11/30/2020 M 2 2 0 U8 1.Nkundizana Will- list 21/05/2016 11/30/2020 M 3 2 0 U8 1.Nambooze Annette 82 3/9/2012 3/9/2012 F 4 4 1.1/1994 49 5/11/1994 F F 5 4 1 1.0kwesige Beatrice 48 5/11/1994 F F 6 1 1 1 1 1 1 1 1 1 1 7						2. Tino Veronca	220	20/07/2016	7/20/2016	ட	Probation
4 4 0 U8 1.Okalebo George 83 3/3/2011 3/3/2011 M 2 2 0 U8 1.Nkundizana Wil- 21/05/2015 21/05/2015 M 2 2 0 U8 1.Nkundizana Wil- 21/05/2015 11/30/2020 M 2 2 0 U8 1.Nkundizana Wil- 21/05/2015 11/30/2020 M 2 2 0 U8 1.Nkundizana Wil- 21/05/2015 11/30/2020 M 3 2 0 U8 1.Nambooze Annette 82 3/9/2012 3/9/2012 F 0 2 0 U8 1.Nambooze Annette 82 3/9/2012 3/9/2012 F F 1 1 1.Nambooze Annette 82 3/9/2012 3/9/2012 F F 1 1 1.Nambooze Annette 82 3/9/2012 3/9/2013 F F 1 1 1 1.Nambooze Annette 82						3. Sserunkuma Mi- chael				×	Probation
2 2 2 0 U8 1.Nkundizana Wil- 21/05/2015 21/05/2015 M 2.Nkundizana Wil- 21/05/2015 11/30/2020 M 2. Kirimwika Umar 198 8/28/2016 11/30/2020 M 2. Kirimwika Umar 198 8/28/2016 11/30/2020 M 2. Kirimwika Umar 198 8/28/2016 11/30/2020 M 2. Kobusinge Monica 115 12/14/2012 2/28/2018 F 2. Kobusinge Beatrice 48 23/10/1991 F 5 12/14/2012 2/28/2018 F 5 12/1	Drivers	4	4	0	N8	1.Okalebo George William	83	3/3/2011	3/3/2011	*	Confirmed
2 2 0 U8 1.Nkundizana Wil- 21/05/2015 21/05/2015 M 22 D 0 U8 1.Nkanbooze Annette 82 3/9/2012 3/9/2012 F P 22 D 0 U8 1.Nambooze Annette 82 3/9/2012 3/9/2012 F P 22 D 0 U8 1.Namesige Beatrice 48 23/10/1991 F P 22/28/2018 F P 22/05/2018 F P 22/05						2. Olwe Paul	84	3/3/2011	3/3/2011	¥	Confirmed
2 2 0 U8 I.Nkundizana Wil- 21/05/2015 11/30/2020 M iam 2.Kirimwika Umar 198 8/28/2016 11/30/2020 M 2. S. Kirimwika Umar 198 8/28/2016 11/30/2020 M 1.Nambooze Annette 82 3/9/2012 3/9/2012 F 5. S. Kobusinge Monica 115 12/14/2012 2/28/2018 F 5. S. S. Sonabana Ziripah 49 5/11/1994 F 6 7 S. Sonabana Ziripah 49 5/11/1994 F 7 S. Sonabana Ziripah 49 S. Ziripah 49 5/11/1994 F 7 S. Sonabana Ziripah 49 S. Ziripah 49						3.Twesigye Andrew	183	21/05/2015	21/05/2015	*	Confirmed
2. Kirimwika Umar 198 8/28/2016 11/30/2020 M 2. Kirimwika Umar 198 8/28/2016 3/9/2012 F F I I I I I I I I I I I I I I I I I	Cleaners	2	2	0	N8	1.Nkundizana Wil- Iiam		21/05/2015	11/30/2020	×	Confirmed
2 2 0 U8 1.Nambooze Annette 82 3/9/2012 5/28/2012 F 2. Kobusinge Monica 115 12/14/2012 2/28/2018 F 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						2. Kirimwika Umar	198	8/28/2016	11/30/2020	×	
0 2 0 U8 1.Awvesige Beatrice 48 23/10/1991 23/10/1991 F 14 16 0 2. Bonabana Ziripah 49 5/11/1994 5/11/1994 F 53 48 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Receptionist	2	2	0	0.8	1.Nambooze Annette	82	3/9/2012	3/9/2012	Ь	Confirmed
0 2 0 U8 1.Mwesige Beatrice 48 23/10/1991 23/10/1991 F 14 16 0 2. Bonabana Ziripah 49 5/11/1994 F F 53 48 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 <td></td> <td></td> <td></td> <td></td> <td></td> <td>2. Kobusinge Monica</td> <td>115</td> <td>12/14/2012</td> <td>2/28/2018</td> <td>ц</td> <td></td>						2. Kobusinge Monica	115	12/14/2012	2/28/2018	ц	
14 16 0 2. Bonabana Ziripah 49 5/11/1994 5/11/1994 F 53 48 7 35 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 7 48 8 8 9 8 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 </th <td>Nursing Aide</td> <td>0</td> <td>2</td> <td>0</td> <td>80</td> <td>1.Mwesige Beatrice</td> <td>48</td> <td>23/10/1991</td> <td>23/10/1991</td> <td>Ъ</td> <td>Confirmed</td>	Nursing Aide	0	2	0	80	1.Mwesige Beatrice	48	23/10/1991	23/10/1991	Ъ	Confirmed
14 16 53 48 190 165						2. Bonabana Ziripah	46	5/11/1994	5/11/1994	ш	Confirmed
53 48 190 165	Sub Total	14	16	0							
190 165	Sub Total - Support	53	48	7							
	GRAND TOTAL	190	165	26							<

SECONDMENT

sn	Post Title	Scale	Names of Incumbent	Date of Birth	File No	Sex
	Consultant-Adult Cardiol- ogy	U2	Dr.Kayima James	2/7/1977	246	Σ
	MOSG- Cardiothoracic Surgery	U2	Dr. Magala John	2/26/1980	127	Σ
	MOSG- Critical Care	U2	Dr. Ssemogerere Lameck	3/30/1983	126	Σ
	Consultant- Anaesthesiol- ogist	U2	Dr. Ejoku Joseph		125	Σ
	MOSG - Cardiac Anaesthesia	U2	Dr. Igaga Elizerbeth	3/29/1989	308	F
	MOSG- Anaesthesia	U2	Dr.Sendagire Conelius	7/9/1987	189	Μ
	Principal Human Resource Officer	U2	Tugume Godwin	10/10/1974	369	Σ

CONTRACTS OUTSIDE THE APPROVED STRUCTURE

	Post Title	Scale	Names of Incumbent Fi	File No.	Sex
_	Critical Care Attendant	N8	Atim Josephine	348	ш
2	2 Critical Care Attendant	80	Namayanja Pamela	347	ш
က	Pharmacist	N4	Kamugira Norman	342	٤
4	4 Systems Administrator	N4	Khabusi Simon Peter	340	¥
5	5 Computer Programmer	N4	Namutebi Laiton	339	ш
9	6 Records Assistant	107	Nakamyuka Sharon	227	ш
7	7 Accounts Assistant	90	Namutaawe Gertrude Lule	352	F \
8	8 Laboratory Technologist	US	Odele Stephen	324	W
6	9 Accounts Assistant	U6	Munduru Christine	319	F/
10	10 Accounts Assistant	90	Namuwuluya Beatrice 15-02-1993	320	<i>E</i> /
1	11 Pharmacist	N4	Zziwa Joseph	225 M	¥

226 M	230 F	234 F	239 M	241 F	240 M	273 F	142	312 F	129	140	333 M	201	136 F	191	123	372 M	373 M	363	375	376	377 F	378	371 M	4 76		108 M	380 F	
Ssenono Deo	Musana Annette Liz	Kabajurizi Teddy	Besigensi Kenneth	Dr.Kaudha Gloria	Dr. Kasekenda Ronald	Nakiria Rosemary	Nalukwago Cathaerine	Namirembe Zainab	Dr. Kiggundu Brian	Dr. Nalyazi Nalikka Joanita	Kalulu Mbooga Ali	Dr. Obongonyinge Bernard	Bamwange Beatrice	Etipu Patrick	Atieno Priscilla	Sseruwa Samuel	Turyasingura Jonan	Nagaba Ritah	Natukunda Janet	Namatovu Imelda	Nabuzaale Sirikye- Zulia	Harrison Uchungi	Andrua Paul	Dr. Batambuze W. Ephraim		Katanku Denis Musoga	Arono Bridget	
N8	US	U4	U4	U4	U4	107	N8	U4	U2	U2	N8	U2	90	90	90	U4	U4	U4	04	04	U4	U4	U4	U1SE		U4	US	
Oxygen Orderly	Ass.Nursing Officer	Nursing Officer	Nursing Officer	Medical Officer	Medical Officer	Receptionist	Office Attendant	Nursing Officer	MOSG- Adult Cardiololy	MOSG- Adult Cardiololy	Driver	MOSG - Paediatrics	Philebotomist	Accounts Assistant	Philebotomist	Nursing Officer	Nursing Officer	Nursing Officer	Nursing Officer	Nursing Officer	Nabuzaale Sirikye Zulia	Physiotherapist	Nursing Officer		Cardiology	Nutritionist	Assistant Inventory Man-	
12	13	14	51	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	/	36	37	ď	>

39	39 Security Guard	U8	Omalla David Jamamogi	382	W
40	40 Theatre Attendant	80	Kalinda John Batista	81	W
41	41 Office Attendant	N8	Sserunkuma Micheal	381	¥

TEMPORARY EMPLOYEES

	TEMPORARY STAFF						
	Post Title	Names of Incumbent	File No.	Basic Salary	Date of First Appointment	Date of Present Appointment	Sex
-	Pharmacist	Namuyenga Rehema	366	366 600,000	1/25/2021	1/25/2021	ш
2	Nursing Officer	Nansamba Lydia Sarah	365	000'009	1/25/2021	1/25/2021	Щ
က	Nursing Officer	Namale Justine Sarah	364	000'009	1/25/2021	1/25/2021	Щ
4	Nursing Officer	Ahabwe Abas	362	000'009	1/25/2021	1/25/2021 M	¥
5	5 Nursing Officer	Tumwine Aggrey	361	361 600,000	1/25/2021	1/25/2021 M	×
9	6 Nursing Officer	Akello Judith	360	360 600,000	1/25/2021	1/25/2021	ш
7	7 Nursing Officer	Tibenda Prisca	359	000'009	1/25/2021	1/25/2021	Ь
8	Nursing Officer	Lekuru Aketoko Mercy	358	000'009	1/25/2021	1/25/2021	Ь
6	9 Medical Officer	Dr. Owori Rogers	357	800,000	1/25/2021	1/25/2021	W
10	10 Medical Officer	Opio Chris	356	800,000	1/25/2021	1/25/2021	¥
11	11 Medical Officer	Dr. Nandudu Gloria Mercy	355	800,000	1/25/2021	1/25/2021	4
12	12 Phamacist	Ssentambule Ibrahim	367	367 600,000	1/25/2021	1/25/2021 M	¥
13	13 Medical Officer	Dr. Gwokyalya Ginall	368	000'008	1/25/2021	1/25/2021 M	W

Appendix 2: The Current Approved organisation structure

UGANDA HEART INSTITUTE CURRENT APPROVED STRUCTURE				
NAME	APPROV. NO	SALARY SCALE	BASIC	
Executive Director	1	U1SE	8,036,776	96,441,312
Deputy Executive Director	1	U1SE	7,307,602	87,691,224
Sub Total	2		15,344,378	184,132,536
Adult Cardiology				
Senior Consultant	1	U1SE	7,307,602	87,691,224
Consultant	2	U1SE	6,035,667	144,856,008
MOSG	9	U1	4,500,962	324,069,264
Medical Officer	3	U4	3,000,000	108,000,000
Sub Total	12		20,844,231	664,616,496
Peadiatric Cardiology				
Senior Consultant	1	U1SE	7,307,602	87,691,224
Consultant	2	U1SE	6,035,667	144,856,008
MOSG	3	U2	4,500,962	162,034,632
Medical Officer	3	U4	3,000,000	108,000,000
Sub Total	9		20844231	502581864
Cardiothoracic Surgery				
Senior Consultant	1	U1SE	7,307,602	87,691,224
Consultant	4	U1SE	6,035,667	289,712,016
MOSG	3	U2	4,500,962	162,034,632
Medical Officer	3		3,000,000	108,000,000
Sub Total	11		20844231	647437872
Cardiac Anaesthesia				
Senior Consultant	1	U1SE	7,307,602	87,691,224

Consultant	-	111SF	6.035.667	72 428 004
MOSG	2	U2	4,500,962	108,023,088
Medical Officer	1	U4	3,000,000	36,000,000
Sub Total	5	0	20844231	304142316
Intensive Care Unit				
Senior Consultant	1	U1SE	7,307,602	87,691,224
Consultant	1	U1SE	6,035,667	72,428,004
MOSG	3	U2	4,500,962	162,034,632
Medical Officer	1	U4	3,000,000	36,000,000
Sub Total	9		20844231	358153860
Pathology				
Consultant	1	U1SE	6,035,667	72,428,004
MOSG	1	U2	4,500,962	54,011,544
Medical Officer	1	U4	3,000,000	36,000,000
Sub Total	3		13536629	162439548
Laboratory				
Senior Medical Laboratory Technologist	1	U4	2,200,000	26,400,000
Laboratory Technologist	4	US	1,200,000	57,600,000
Sub Total	5		340000	8400000
Radiology			///	
Consultant	1	U1SE	6,035,667	72,428,004
MOSG	1	U2	4,500,962	54,011,544
Senior Radiographer	1	U4	2,200,000	26,400,000
Radiographer	2	U5	1,200,000	28,800,000
Sub Total	5		13936629	181639548
Perfusion Services				
Principal Perfusion Technologist	П	U3	3,100,000	37,200,000
		1778		

Senior Perfusion Technologist	1	U4	2,200,000	26,400,000
Perfusion Technologist	2	US	1,200,000	28,800,000
Sub Total	4		0200000	92400000
Cardio Respiratory Physiotherapy				
Senior Cardio Respiratory Physiotherapist	1	U4	2,200,000	26,400,000
Cardio Respiratory Physiotherapist	2	US	1,200,000	28,800,000
Sub Total	3		3400000	5520000
Nursing Services				
Principal Nursing Officer	1	U2	3,500,000	42,000,000
Senior Nursing Officer	2	U3	3,100,000	74,400,000
Assistant Senior Nursing Officer	8	04	2,200,000	211,200,000
Nursing Officer	16	U4	2,200,000	422,400,000
Nursing Officer	30	U5	1,200,000	432,000,000
Sub Total	57		12200000	118200000
Nutrition Services			7 6	
Nutritionist	1	U4	2,200,000	26,400,000
Sub Total	1		2200000	26400000
Pharmacy				
Senior Pharmacist	1	U3	3,300,000	39,600,000
Pharmacist	1	U4	3,300,000	39,600,000
Senior Pharmacy Technician	1	U4	2,200,000	26,400,000
Pharmacy Technician	1	U5	1,200,000	14,400,000
Sub Total	4		10000000	12000000
Echo Technician (Cardiac)		/ /		
Principal Echo (Cardiac) Technician	1	U3 //	3,100,000	37,200,000
Echo Technician	1	US	1,200,000	14,400,000
Sub Total	2		430000	51600000

Catheterization Laboratory Services				
Principal Cath. Laboratory technician	1	U3	3,100,000	37,200,000
Senior Cath. Laboratory Technician	1	U4	2,200,000	26,400,000
Cath. Laboratory Technician	1	US	1,200,000	14,400,000
Medical Physicist	1	U4	2,200,000	26,400,000
Sub Total	4		8700000	104400000
Maintenance Engineering				
Electrician	1	U7	613,158	7,357,896
Sub Total	1		613158	7357896
Biomedical Engineering				
Biomedical Engineer	1	U4	2,200,000	26,400,000
Biomedical technician	2	U5	1,200,000	28,800,000
Sub Total	3		340000	5520000
Human Resource				
Principal Human Resource Officer	1	U2	1,201,688	14,420,256
Human Resource Officer	1	U4	601,341	7,216,092
Sub Total	2		1803029	21636348
Administration				
Senior Hospital Administrator	1	U3	943,990	11,327,880
Hospital Administrator	1	U4	623,063	7,476,756
Sub Total	2		1567053	18804636
Public Relations				
Public Relations Officer	П	N4	623,063	7,476,756
Sub Total	1		623063	7476756
Information Technology				
Information Technology Officer	П	N4	2,200,000	26,400,000

F To C	7		0000000	
Sub lotal	1		0000077	2640000
Planning				
Economist	1	U4	834,959	10,019,508
Sub Total	1		834929	10019508
Accounts				
Senior Accountant	1	U2	979,805	11,757,660
Accountant	1	U4	940,366	11,284,392
Senior Accounts Assistant	1	US	472,079	5,664,948
Accounts Assistants	æ	U7	436,677	15,720,372
Sub Total	9		2828927	44427372
Internal Audit				
Senior Internal Auditor	1	U3	508'626	11,757,660
Internal Auditor	1	U4	909,244	10,910,928
Sub Total	2		1889049	22668588
Procurement and Supplies				
Senior Procurement Officer	1	N3	685'066	11,887,068
Procurement Officer	1	U4	299'862	9,584,004
Inventory Management Officer	1	04	299'862	9,584,004
Assistant Inventory Mgt Officer	Т	US	472,079	5,664,948
Sub Total	4		3060002	36720024
Secretarial				
Personal Secretary	1	U4	601,341	7,216,092
Stenographer	1	U5	462,852	5,554,224
Pool Stenographer	1	U6	424,253	5,091,036
Office typist	1	U7	276,989	3,323,868
Sub Total	4		1765435	21185220
Records				
Medical Records Officer	1	U4	706,668	8,480,016
	(

Assistant Medical Records Officer	1	US	479,759	5,757,108
Assistant Records Officer	1	US	462,852	5,554,224
Medical Records Assistant	2	U7	316,393	7,593,432
Sub Total	5		1965672	27384780
Security				
Security Officer	1	U4	601,341	7,216,092
Assistant Security Officer	2	US	479,759	11,514,216
Security Guard	8	U8	202,166	19,407,936
Sub Total	11		1283266	38138244
Other Cadres				
Theatre Attendant	2	U8	313,832	7,531,968
Laundry Attendant	1	N8	198,427	2,381,124
Office Attendant	3	N8	215,822	7,769,592
Drivers	4	U8	219,909	10,555,632
Cleaners	2	U8	198,427	4,762,248
Receptionist	2	U7	289,361	6,944,664
Sub Total	14		1435778	39945228
GRAND TOTAL	190		223,008,182	5,098,508,640

Appendix 3: The Proposed Human Resource Structure

Š	No. POSTS	SCALE	Proposed Salary P.M		Salary P.A.
			250-300 beds		
	1.0 EXECUTIVE DIRECTOR'S OFFICE		/		
	Executive Director	UHI-M1	1/	39,984,149	479,809,788
	Deputy Executive Director	UHI-M1	1/	37,784,149	453,409,788
	Sub Total		2	77,768,298	933,219,576
					36

2.0 MEDICAL AND CLINICAL SERVICES DIRECTORATES Associate Executive Deputy Director Clinical Services UHI-M1 1 35,784,149 429,409,788 2.1 CARDIOLOGY DIRECTORATE UHI-M1 1 32,726,146 392,713,752 Adult Cardiology Department Adult Cardiology Department Associate Chief - Adult Cardiology Department UHI-M1 1 28,622,123 343,465,476 Adult Cardiology Department Adult Cardiology Department UHI-M1 12 24,298,146 3,498,33,024 Associate Chief - Adult Cardiology Department UHI-M2 8 19,435,125 1,865,772,000 Sub Total
2.0 MEDICAL AND CLINICAL SERVICES DIRECTORATES Associate Executive Deputy Director Clinical Services 2.1 CARDIOLOGY DIRECTORATE Chief - Cardiology Department Adult Cardiology Department Associate Chief - Adult Cardiology Consultant - Adult Cardiology Sub Total Associate Chief - Adult Cardiology Consultant - Adult Cardiology Pagistrar - Adult Cardiology Begistrar - Adult Cardiology Consultant - Paediatric Cardiology Adultant - Paediatric Cardiology Consultant - Adult Ca
2.0 MEDICAL AND CLINICAL SERVICES DIRECTORATES Associate Executive Deputy Director Clinical Services 2.1 CARDIOLOGY DIRECTORATE Chief - Cardiology Department Associate Chief - Adult Cardiology Consultant - Adult Cardiology Consultant - Adult Cardiology Sub Total Associate Chief - Paediatric Cardiology Consultant - Adult Cardiology Consultant - Adult Cardiology Consultant - Adult Cardiology Sub Total Associate Chief - Paediatric Cardiology Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology MOSG - Cardiology Consultant - Paediatric Cardiology MOSG Paediatric Cardiology Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology MOSG Paediatric Cardiology MOSG Paediatric Cardiology - Fellow Consultant - Paediatric Cardiology - Fellow MOSG - MOSG - MOH-MI-MI MOSG - MOH-MI-M
2.0 MEDICAL AND CLINICAL SERVICES DIRECTORATES Associate Executive Deputy Director Clinical Services 2.1 CARDIOLOGY DIRECTORATE Chief - Cardiology Department Associate Chief - Adult Cardiology Senior Consultant - Adult Cardiology Consultant - Adult Cardiology Registrar - Adult Cardiology Registrar - Adult Cardiology MOSG - Cardiology Senior Consultant - Paediatric Cardiology Senior Consultant - Paediatric Cardiology Senior Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology Senior Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology Registrar - Paediatric Cardiology - Fellow Sub Total Consultant - Cardiology - Fellow Sub Total Chief - Cardiac Surgery Adult Cardiovascular Surgery Head - Adult Cardiovascular Surgery
2.0 MEDICAL AND CLINICAL SERVICES DIRECT Associate Executive Deputy Director Clinical Se 2.1 CARDIOLOGY DIRECTORATE Chief - Cardiology Department Adult Cardiology Department Associate Chief - Adult Cardiology Senior Consultant - Adult Cardiology Registrar - Adult Cardiology MOSG - Cardiology Department Associate Chief - Paediatric Cardiology Senior Consultant - Paediatric Cardiology Senior Consultant - Paediatric Cardiology Consultant - Paediatric Cardiology Registrar - Paediatric Cardiology Registrar - Paediatric Cardiology Consultant - Paediatric Cardiology Registrar - Paediatric Cardiology - Fellow Sub Total CARDIAC SURGERY DIRECTORATE Chief - Cardiac Surgery Head - Adult Cardiovascular Surgery

Senior Consultant - Adult Cardiovascular Surgery	UHI-M1	2	26,175,993	628,223,832
Consultant - Adult Cardiovascular Surgery	UHI-M1	4	24,298,146	1,166,311,008
Registrar - Adult Cardiovascular Surgery	UHI-M2	∞	22,221,813	2,133,294,048
MOSG Adult Cardiovascular Surgery - Fellow	UHI-M2	4	19,435,125	932,886,000
Sub Total		20	153,479,346	5,596,894,116
Paediatric Cardiac Surgery Department				
Associate Chief - Paed Cardiovascular Surgery	UHI-M1	1	28,622,123	343,465,476
Senior Consultant - Paed Cardiovascular Surgery	UHI-M1	2	26,175,993	628,223,832
Consultant - Paed Cardiovascular Surgery	UHI-M1	4	24,298,146	1,166,311,008
Registrar - Paed Cardiovascular Surgery	UHI-M1	9	22,221,813	1,599,970,536
MOSG Paed Cardiovascular Surgery Fellow	UHI-M2	3	19,435,125	699,664,500
Sub Total		16	120,753,200	4,437,635,352
2.3 CARDIAC CRITICAL CARE AND CARDIAC ANAESTHESIA DIRECTORATE	TORATE		Ye.	
Chief - Cardiac Critical Care	UHI-M1	1	32,726,146	392,713,752
Adult Cardiac Critical Care Department				
Associate Chief - Paediatric Cardiac Critical Care	UHI-M1	1	28,622,123	343,465,476
Senior Consultant - Paediatric Cardiac Critical Care	UHI-M1	2	26,175,993	628,223,832
Consultant - Paediatric Cardiac Critical Care	UHI-M1	4	24,298,146	1,166,311,008
Registrar - Paediatric Cardiac Critical Care	UHI-M2	8	22,221,813	2,133,294,048

MOSG - Paediatric Cardiac Critical Care, Fellow	UHI-M2	4	19,435,125	932,886,000
Sub Total		20	153,479,346	5,596,894,116
Paediatric Cardiac Critical Care Department				
Associate Chief - Paediatric Cardiac Critical Care	UHI-M1	-	28,622,123	343,465,476
Senior Consultant - Paediatric Cardiac Critical Care	UHI-M1	7	26,175,993	628,223,832
Consultant - Paediatric Cardiac Critical Care	UHI-M1	4	24,298,146	1,166,311,008
Registrar - Paediatric Cardiac Critical Care	UHI-M2	8	22,221,813	2,133,294,048
MOSG - Paediatric Cardiac Critical Care - Fellow	UHI-M2	4	19,435,125	932,886,000
Sub Total		19	120,753,200	5,204,180,364
Adult Cardiac Anaesthesia Division				
Associate Chief - Adult Cardiac Anaesthesia	UHI-M1	1	28,622,123	343,465,476
Senior Consultant - Adult Cardiac Anaesthesia	UHI-M1	2	26,175,993	628,223,832
Consultant - Adult Cardiac Anaesthesia	UHI-M1	4	24,298,146	1,166,311,008
Registrar - Adult Cardiac Anaesthesia	UHI-M2	8	22,221,813	2,133,294,048
MOSG - Adult Cardiac Anaesthesia - Fellow	UHI-M2	8	19,435,125	1,865,772,000
Sub Total		23	120,753,200	6,137,066,364
Paediatric Cardiac Anaesthesia Division				
				100

Associate Chief - Paed Cardiac Anaesthesia	UHI-M1	-	28,622,123	343,465,476
Senior Consultant - Paed Cardiac Anaesthesia	UHI-M1	2	26,175,993	628,223,832
Consultant - Paed Cardiac Anaesthesia	LM-IHU	4	24,298,146	1,166,311,008
Registrar - Paed Cardiac Anaesthesia	UHI-M2	ω	22,221,813	2,133,294,048
MOSG - Paed Cardiac Anaesthesia - Fellow	UHI-M2	∞	19,435,125	1,865,772,000
Sub Total		23	120,753,200	6,137,066,364
2.4 DIRECTORATE OF IMAGING AND DIAGNOSTICS				
Chief - Imaging & Diagnostics	U1SE	1	32,726,146	392,713,752
PATHOLOGY DEPARTMENT				
Associate Chief - Pathology	IM-IHU	1	28,622,123	343,465,476
Senior Consultant - Pathologist	IM-IHU	1	26,175,993	314,111,916
Consultant Pathologist	LM-IHU	l l	24,298,146	291,577,752
MOSG Pathologist	UHI-M2	2	19,435,125	466,443,000
Sub Total		9	153,479,346	1,808,311,896
			. W.	
RADIOLOGY DEPARTMENT				
Associate Chief - Radiology	UHI-M1	1	28,622,123	343,465,476
Senior Consultant Radiologist	UHI-M1	/ 1	26,175,993	314,111,916
Consultant Radiologist	UHI-M1	0	24,298,146	
MOSG Radiologist	UHI-M2	2	22,221,813	533,323,512
Senior Radiographer	UHI-M4	2	16,746,648	401,919,552
Radiographer	UHI-M5	4	12,433,867	596,825,616
Sub Total		10	149,933,715	2,189,646,072

LABORATORY DEPARTMENT				
Manger - Clinical Laboratory	UHI-M1	1	24,298,146	291,577,752
Principle Clinical Laboratory Technologist	UHI-M2	l l	22,221,813	266,661,756
Senior Laboratory Technologist	UHI-M3	2	19,435,125	466,443,000
Laboratory Technologist	UHI-M4	4	16,746,648	803,839,104
Laboratory Technician	UHI-M5	4	12,433,867	596,825,616
Phlebotomist	0HI-M6	2	12,433,867	298,412,808
Sub Total		14	107,569,466	2,723,760,036
2.5 RESEARCH AND TRAINING DIRECTORATE				
Chief - Research & Training	UHI-M1	l	32,726,146	392,713,752
Manger Fellowship Training	UHI-M1	l	26,175,993	314,111,916
Manager Research	UHI-M1	l	26,175,993	314,111,916
Senior - Research Officer	UHI-M1	l	24,298,146	291,577,752
Senior Training Officer-	UHI-C2	l	16,745,548	200,946,576
Research Officer	UHI-C4	l	10,542,348	126,508,176
Training Officer	UHI-C4	l	10,542,348	126,508,176
Senior Librarians	UHI-C3	l	12,433,867	149,206,404
Librarian	UHI-C4	l	10,542,348	253,016,352
Sub Total		6	133,464,396	1,854,589,104
2.6 DIRECTORATE OF CARDIAC NURSING				
Chief - Cardiovascular Nurse	UHI-M1	/ 1	26,175,993	314,111,916
General Cardiac Nursing Department				
Manager - Cardiovascular Nursing	UHI-M1	/1 \	26,175,993	314,111,916
Principle Cardiovascular Nursing Officer	UHI-M1	A	24,298,146	291,577,752

Senior Cardiovascular Nursing Officer	UHI-M2	2	22,221,813	533,323,512
Nursing Officer - Fellow	UHI-M3	8	19,435,125	1,865,772,000
Nursing Officer - Fellow	UHI-M4	50	16,746,648	
Sub Total		63	135,053,718	13,366,885,896
Cardiac Critical Care Nursing Department				
Principle Cardiovascular Nursing Officer - Critical Care	UHI-M1	1	24,298,146	291,577,752
Senior Cardiovascular Nursing Officer - Critical Care	UHI-M2	2	22,221,813	533,323,512
Cardiovascular Nursing Officer - Theatre and Cath	UHI-M3	∞	19,435,125	1,865,772,000
Nursing Officer - Fellow	UHI-M4	50	16,746,648	
Sub Total		61	82,701,732	
Theatre and Cath Nursing Department				
Principle Cardiovascular Nursing Officer - Theatre and Cath	UHI-M1	-	24,298,146	291,577,752
Senior Cardiovascular Nursing Office - Theatre and Cath	UHI-M2	-	22,221,813	266,661,756
Cardiovascular Nursing Officer - Theatre and Cath	UHI-M3	5	19,435,125	1,166,107,500
Nursing Officer - Fellow	UHI-M4	30	16,746,648	6,028,793,280
Sub Total		37	82,701,732	7,753,140,288
		_/		
Public Health and Palliative Care Division	\ 			
Manger - Cardiac Public Health	UHI-M1	1/	24,298,146	291,577,752
Senior Cardiac Public Health Officer	UHI-M3	4	19,435,125	932,886,000

Cardiac Public Health Officer	UHI-M4	16	16,746,648	3,215,356,416
Sub Total		21	60,479,919	4,439,820,168
2.7 DIRECTORATE OF ALLIED HEALTH				
Chief- Allied Health	UHI-M1	l	26,175,993	314,111,916
Sub Total		1	26,175,993	314,111,916
Perfusion Technology Department				
Principal Perfusion Technologist	UHI-M1	1	19,435,125	233,221,500
Senior Perfusion Technologist	UHI-M4	4	16,746,648	803,839,104
Perfusion Technologist	UHI-M5	9	12,433,867	895,238,424
Sub Total		11	48,615,640	1,932,299,028
Cardio Respiratory Physiotherapy Department				
Manger Cardio Respiratory Physiotherapy	UHI-M1	-	19,435,125	233,221,500
Senior Cardio Respiratory Physiotherapy	UHI-M4	2	16,746,648	401,919,552
Cardio Respiratory Physiotherapy	UHI-M5	5	12,433,867	746,032,020
Sub Total		8	48,615,640	1,381,173,072
				ı
NUTRISTION DEPARTMENT				-
Principal Nutritionist	UHI-M2	// 1	19,435,125	233,221,500
Senior Nutritionist	UHI-M3	2	16,746,648	401,919,552
Health Service Officer - Nutrition	UHI-M4	5	12,433,867	746,032,020
Sub Total		8	48,615,640	1,381,173,072

LCIIO Sei vices Division			10 425 125	222 221 500
Manger Echo lechnician	OHI-WZ	-	19,435,125	733,221,500
Senior Echo Technician	UHI-M4	2	16,746,648	401,919,552
Echo Technicians	UHI-M5	4	12,433,867	596,825,616
Sub Total		7	48,615,640	1,231,966,668
Catheterization Laboratory Division				
Principal Laboratory Technologist	UHI-M3	ı	19,435,125	233,221,500
Senior Cath Laboratory Technician	UHI-M4	2	16,746,648	401,919,552
Cath Laboratory Technician	UHI-M5	5	12,433,867	746,032,020
Sub Total		8	48,615,640	1,381,173,072
Medical Physics Division				
Medical Physicist	UHI-M4	2	16,746,648	401,919,552
Sub Total		2	16,746,648	401,919,552
Biomedical Engineering Department				
Principal Biomedical Engineer	UHI-M3	-	19,435,125	233,221,500
Biomedical Engineer	UHI-M4	2	16,746,648	401,919,552
Biomedical Technicians	UHI-M5	9	12,433,867	895,238,424
Sub Total		6	48,615,640	1,530,379,476
				-
Pharmacy Department			W.	V .
Manager Pharmacy	UHI-M1	1	22,221,813	266,661,756
Senior Pharmacist	UHI-M3	9	19,147,777	1,378,639,944
Pharmacist	UHI-M4	10	16,746,648	2,009,597,760
Sub Total		17	58,116,238	3,654,899,460

INSPECTION AND QUALITY ASSURANCE DEPARTMENT				
Manager - Quality Assurance and Inspection	UHI-M1	1	26,746,648	320,959,776
Manager Inspection & QA	UHI-M2	1	22,221,813	266,661,756
Officer - Inspection & QA	UHI-M3	2	19,147,777	459,546,648
Sub Total		4	68,116,238	1,047,168,180
Sub Total-1- Medical Personnel		470		
3.0 DIRECTORATE OF CORPORATE SERVICES				
Associate Director Corporate Services	UHI-C1U	_	22,893,470	274,721,640
Sub Total		1	22,893,470	274,721,640
3.1 GENERAL ADMINISTRATION DIRECTORATE				
Chief — General Administration	UHI-C2	2	16,746,648	401,919,552
Manager – General Administrator	UHI-C3	2	12,433,867	298,412,808
Assistant Manager- General Administration	UHI-C4	4	10,542,348	506,032,704
Sub Total		8	39,722,863	1,206,365,064
			/	
STORES AND INVENTORY MANAGEMENT DEPARTMENT				
Manager - Stores and Inventory Management	UHI-C1	ı	19,147,777	229,773,324
Assistant Manager - Stores and Inventory Manager	UHI-C2	1	16,746,648	200,959,776
Senior Stores and Inventory Manager	UHI-C3	1/1	12,433,867	149,206,404
Stores and Inventory Coordinator	UHI-C4	2	10,542,348	253,016,352
Stores and Inventory Officer	UHI-C6	3	6,542,348	235,524,528

	Stores Assistant	UHI-C7	0		1
	Sub Total		8	65,412,988	1,068,480,384
	Secretarial Division				
	Personal Assistant	UHI-C3	2	12,433,867	298,412,808
	Executive Secretary	UHI-C4	9	10,542,348	759,049,056
	Sub Total		8	22,976,215	1,057,461,864
	Security Division				
	Assistant Manager - Security	UHI-C3	1	12,433,867	149,206,404
	Security Coordinator	UHI-C4	l	10,542,348	126,508,176
	Asst. Security Coordinator - Grade 1	UHI-C5	0	8,043,324	-
	Sub Total		2	31,019,539	275,714,580
A					
	Maintenance Engineering Division			**E 0	
	Manager Engineering	UHI-C4	l	10,542,348	126,508,176
	AssistantManager Engineering	UHI-C5	2	8,043,324	193,039,776
	Sub Total		3	18,585,672	319,547,952
				/V	
	Laundry Management and Housekeeping Division				
	Laundry and Housekeeping Coordinator	UHI-C4	1	10,542,348	126,508,176
	Laundry Assistant	UHI-C8	8	4,032,258	387,096,768
	Sub Total		6	14,574,606	513,604,944
	Counseling Services Division	/			
	Manager – Social work	UHI-C4	// \	10,542,348	126,508,176
	Social worker	UHI-C4	J _A	10,542,348	126,508,176

	Sub Total		2	21,084,696	253,016,352
	LEGAL AFFAIRS DEPARTMENT				
	Manager - Legal Affairs	UHI-C2	1	16,746,648	200,959,776
	Assistant Manager - Legal Affairs	ED-IHN	1	12,433,867	149,206,404
	Legal Officer	UHI-C4	1	10,542,348	-
	Sub Total		3	39,722,863	350,166,180
	REGULATIONS DIVISIONS				
	Manager - Regulations	UHI-C2	1	16,746,648	200,959,776
	Assistant Manager - Regulations	ED-IHN	2	12,433,867	298,412,808
	Sub Total		3	29,180,515	499,372,584
A	3.2 HUMAN RESOURCE MANAGEMENT DIRECTORATE				9
	Chief - Human Resource Management	UHI-C1	1	20,322,824	243,873,888
	Human Resource Management Department				-
	Manager - Human Resource Management	UHI-C2	3	16,746,648	602,879,328
	Assistant Manager - Human Resource Mgt	ED-IHN	3	12,433,867	447,619,212
	Human Resource Officers	UHI-C4	2	10,542,348	253,016,352
	Records Officers	UHI-C4	2	10,542,348	253,016,352
	Sub Total		11	60,045,687	1,800,405,132
			/		
	3.3.0 DIRECTORATE OF FINANCE & PLANNING		/	W.	\
	FINANCE DEPARTMENT				
	Chief Finance Officer	UHI-C1	1/	20,322,824	243,873,888
	Manager - Finance	UHI-C2	2	16,746,648	401,919,552
	Assistant Manager - Finance	ED-IHN	2	12,433,867	298,412,808

	Accountants	UHI-C4	4	10,542,348	506,032,704
	Sub Total		٥	60,045,687	1,450,238,952
	PLANNING, MONITORING AND EVALUATION DEPARTMENT				
	Manager - Planning, Monitoring & Evaluation	UHI-C2	2	16,746,648	401,919,552
	Assist Manager- Planning/ Monitoring and Evaluation	UHI-C3	2	12,433,867	298,412,808
	Planning, Monitoring and Evaluation Officer	UHI-C4	2	10,542,348	253,016,352
	Sub Total		9	39,722,863	953,348,712
	PROCUREMENT DEPARTMENT				
	Manager - Procurement	UHI-C2	3	16,746,648	602,879,328
	Assist Manager - Procurement	UHI-C3	3	12,433,867	447,619,212
	Procurement Officers	UHI-C4	9	10,542,348	759,049,056
	Sub Total		12	39,722,863	1,809,547,596
	3.4 DIRECTORATE OF INFORMATION AND COMMUNICATIONS MANAGEMENT	AANAGEMENT			
	Chief - Information & Communications Management	UHI-C1	1	20,322,824	243,873,888
	PUBLIC RELATIONS DEPARTMENT			\ \\ /\	-
	Manager – Public Relations and Corporate Affairs – Media Relations/Customer Relations	UHI-C2	ı	16,746,648	200,959,776
	Assistant Manager — Media Relations /Customer Relations	UHI-C3	2	12,433,867	298,412,808
	Media Relation/Customer Relations Officer	UHI-C4	2	10,542,348	253,016,352
	Sub Total		9	60,045,687	996,262,824
			>		/
					STV At

Information Technology Department				
Manager - Strategy & Enterprise Architecture/ Applications/ Support	UHI-C2	3	16,746,648	602,879,328
Assist Manager - Strategy & Enterprise Architecture/ Applications/Support	UHI-C3	3	12,433,867	447,619,212
Coordinator - Strategy & Enterprise Architecture/ Applications/ Support	UHI-C4	3	10,542,348	379,524,528
Sub Total		6	39,722,863	1,430,023,068
Records Management Division				
Manager - Medical Records Management	UHI-C2	l	16,746,648	200,959,776
Assistant Manager - Medical Records Management	UHI-C3	l	12,433,867	149,206,404
Medical Records Officer	UHI-C4	2	10,542,348	253,016,352
Assistant Medical Records/Data Officer	UHI-C5	8	8,043,324	772,159,104
Sub Total		12	47,766,187	1,375,341,636
5.5 INTERNAL AUDIT DEPARTMENT				
Chief - Internal Auditor	UHI-C1	1	19,147,777	229,773,324
Senior Internal Auditor	UHI-C3	2	12,433,867	298,412,808
Internal Audit	UHI-C4	3	10,542,348	379,524,528
Sub Total		9	42,123,992	907,710,660
Other Cadres				
Mortuary Assistant Coordinator	UHI-C5	// 1	8,043,324	96,519,888
Theatre Generalist	UHI-C8	8	4,032,258	387,096,768
Mortuary Support Generalist	UHI-C8	3	4,032,258	145,161,288
Office Generalist	UHI-C8	5	4,032,258	241,935,480
Executive Driver	0HI-C8	8	4,032,258	387,096,788

Customer Service Executive	UHI-C7	5	6,433,867	386,032,020
Oxygen Support Assistant	UHI-C7	7	6,433,867	540,444,828
Sub Total		37	37,040,090	2,184,287,040
Sub Total 2 - Corporate Personnel		154	731,409,346	
GRAND TOTAL		624		

UGANDA HEART INSTITUTE PROPOSED HR STRUCTURE FOR THE REGIONAL CENTRES

o Z	POSTS	SCALE	Regional Centre	Salary P.M	Salary P.A
	2.1 CARDIOLOGY DIRECTORATE				
2.1.1	Adult Cardiology Department				
	Consultant - Adult Cardiology	UHI-M1	1	24,298,146	291,577,752
	MOSG Fellow- Cardiology	UHI-M2	7	19,435,125	466,443,000
	Medical Officer	UHI-M4	4	16,746,648	803,839,104
	Sub Total		7	60,479,919	958'658'195'1
2.1.2	Paediatric Cardiology Department				
	Consultant - Paediatric Cardiology	UHI-M1	1	24,298,146	291,577,752
)	C **	C	10 425 125	744 443 000
	MOSO relion- raegianic Calalology	ZW-IIIO	7	17,433,123	400,4445,000
	Medical Officer	UHI-M4	ဗ	16,746,648	602,879,328
	Sub Total		9	60,479,919	1,360,900,080
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	2.3 CARDIAC CRITICAL CARE AND CARDIAC ANAESTHESIA DIRECTORATE	IORATE			
2.3.1	Adult Cardiac Critical Care Department				
	Consultant - Paediatric Cardiac Critical Care	UHI-M1	>	24,298,146	291,577,752

	MOSG Fellow - Paediatric Cardiac Critical Care Medical Officer	UHI-M2 UHI-M4	7 7	19,435,125 16,746,648	233,221,500
	Sub Total		4	60,479,919	926,718,804
2.4.3	LABORATORY DEPARTMENT				
	Laboratory Technologist	UHI-M4	1	16,746,648	200,959,776
	Laboratory Technician	UHI-M5	က	12,433,867	447,619,212
	Sub Total		4	29,180,515	648,578,988
	2.6 DIRECTORATE OF CARDIAC NURSING				
2.6.1	General Cardiac Nursing Department				
	Senior Cardiovascular Nursing Officer	UHI-M2	_	22,221,813	266,661,756
	Cardiovascular Nursing Officer	UHI-M3	4	19,435,125	932,886,000
	Nursing Officer - Fellow	UHI-M4	30	16,746,648	6,028,793,280
	Sub Total		35	58,403,586	7,228,341,036
2.7.2	Cardio Respiratory Physiotherapy Department				
	Senior Cardio Respiratory Physiotherapy	UHI-M4	-	16,746,648	200,959,776
	Cardio Respiratory Physiotherapy	UHI-M5	က	12,433,867	447,619,212
	Sub Total		4	29,180,515	648,578,988
2.7.4	Echo Services Division				
	Senior Echo Technician	UHI-M4	-	16,746,648	200,959,776
	Echo Technicians	UHI-M5	-	12,433,867	149,206,404
	Sub Total		2	29,180,515	350,166,180

2.7.7	Biomedical Engineering Department				
	Biomedical Technicians	UHI-M5	2	12,433,867	298,412,808
	Sub Total		2	12,433,867	298,412,808
2.7.8	Pharmacy Department				
	Pharmacist	UHI-M3	-	19,147,777	229,773,324
	Pharmacy Technician	UHI-M5	2	12,433,867	298,412,808
	Sub Total		က	31,581,644	528,186,132
	Sub Total-1- Medical Personnel		67	371,400,399	13,551,742,872
	3.1 GENERAL ADMINISTRATION DIRECTORATE				
	Hospital Administrator	UHI-C4	_	10,542,348	126,508,176
	Sub Total		_	10,542,348	126,508,176
3.1.2	STORES AND INVENTORY MANAGEMENT DEPARTMENT				
	Stores and Inventory Officer	0HI-C6	_	6,542,348	78,508,176
	Sub Total		_	6,542,348	78,508,176
3.1.7	Laundry Management and Housekeeping Division				
	Laundry Assistant	UHI-C8	1	4,032,258	48,387,096
	Sub Total		1	4,032,258	48,387,096
	3.2 HUMAN RESOURCE MANAGEMENT DIRECTORATE				
3.2.1	Human Resource Management Department		>		



	Human Resource Officer Records Officer Records Assistant	UHI-C4		10,542,348	126,508,176
	Sub Total		7	10,542,348	174,895,272
	3.3.0 DIRECTORATE OF FINANCE & PROCUREMENT				
3.3.1	FINANCE DEPARTMENT				
	Assistant Accountant	UHI-C6	2	6,542,348	157,016,352
	Sub Total		7	6,542,348	157,016,352
3.4.3	Records Management Division				
	Assistant Medical Records/Data Officer	UHI-C5	က	8,043,324	289,559,664
	Medical Records Assistant	UHI-C7	3	7,065,324	254,351,664
	Sub Total		9	15,108,648	543,911,328
5.16	Other Cadres				
	Mortuary Attendant	UHI-C8	2	4,032,258	96,774,192
	Office Attendant	UHI-C8	2	4,032,258	96,774,192
	Sub Total		4	8,064,516	193,548,384
	Sub Total 2 - Corporate Personnel		16	61,374,814	1,274,387,688
	GRAND TOTAL		83.00	432,775,213	14,826,130,560





UGANDA HEART INSTITUTE

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