



THE REPUBLIC OF UGANDA

HEALTH SECTOR BUDGET FRAMEWORK PAPER

FY 2018/19 – FY 2022/23

**MINISTRY OF FINANCE, PLANNING AND
ECONOMIC DEVELOPMENT**

Sector: Health

Foreword

The Health Sector Budget Frame Paper (BFP) was developed within the context of the Sector Wide Approach (SWAP) premised on the Programme Based Budgeting (PBB) principles. The Sector Budget Working Group in consultation with respective programmes and sub-programmes identified the sector outcomes, outputs and planned activities for Financial Year (FY) 2018/19 and the medium term.

The structure of the BFP for FY 2018/19 is therefore, in accordance with the Sector Programmes that link financial resources and other inputs to sector outputs and outcomes in a precise and coherent manner. The PBB provides a useful tool to improve how the sector makes decisions on allocating its resources, and helps to identify opportunities to improve the efficiency of public spending on health. PBB links outcome, output and activity performance indicators and targets with budget allocations over the medium term. This creates opportunities for efficiency-enhancing measures and redeployment of cost savings to meet priority needs.

The priority actions within Programmes and the intra Programme allocations are in pursuance of an input mix that leads to the attainment of the Sector goals. Priority actions and resource allocations for the sector are guided by jointly agreed undertakings in the Health Joint Review Mission and the Sector Budget Working Group within the realm of the National Development Plan (NDP) and the Health Sector Development Plan (HSDP).

Despite, the limited resource envelope to the sector notwithstanding, particular attention will be paid to areas that harness efficiency gains that will lead to improved service delivery and these include:

1. Prioritizing health promotion, prevention and early intervention with focus on improving hygiene and sanitation, integrated community case management of common conditions through the Community Health Extension Workers (CHEWS) and the introduction of the community health extension workers' strategy.
2. Human resources for health training, attraction, job scheduling, motivation, retention, and development will be prioritized. Additional resources for recruitment and incentives will be mobilized with focus on improving staffing for critical Human Resource for Health (Anesthetic officers, psychiatrists, DHOs & ADHOs). Revision of staffing norms for Regional Referral Hospitals and LGs to address the current need. Improve health worker performance by scaling up attendance tracking with automated biometric attendance analysis, routinely and introducing performance contracts for all health managers with clear outputs and targets. The Ministry will continue providing uniforms to health workers in a phased manner.
3. Strengthening inter sectoral collaboration to address the social determinants of health e.g. safe water, education, housing, nutrition, etc.
4. Reducing referrals abroad. The sector developed a proposal to reduce referrals abroad. In the short term the major focus is to improve Uganda Cancer Institute, Uganda Heart Institute and Mulago Hospital.
5. Improving health workers' performance through performance contracts for managers.
6. Improving supply of blood through community mobilization to donate blood and increased resource allocation to Uganda Blood Transfusion Services.
7. Strengthening enforcement of the Public Health Act for increased standard latrine coverage.
8. Reducing stocks of expired drugs from facilities by developing a strategy for minimizing expiry of medicines and mobilizing resources for disposal of expired medicines. Advocating for increased allocations for medicines and laboratory supplies and reagents.
9. The Ministry will progressively in a phased manner upgrade HC IIs to IIIs and construct HC IIIs in sub-counties without, considering the population and provide PHC Development Funds for completion of unfinished projects in the LGs. Special attention will be towards functionalization of HC IVs and hospitals in districts with special needs like islands, difficult terrain and large populations. Infrastructure developments in the referral hospitals will aim at improving critical service delivery areas like emergency care and specialized services.
10. The Ministry will take inventory of equipment in health facilities, redistribute those which are not in use and disposal of all old equipment before procurement of any new equipment.
11. Improving planning, including procurement planning and resource management in the sector through capacity building and support to improve efficiency in procurement and projects execution, to reduce resource wastage. Enforcing resource and financial management guidelines including value-for-money and mandatory timely

Sector: Health

- accountability for all deployed sector resources at all levels.
12. Improving the Health Management Information System by availing the HMIS tools to facilities (printing and distribution of the HMIS tools on quarterly basis); revision of the HMIS for inclusion of National ID Number in the patient registration; improving data quality through mentorship and data quality audits; and stabilizing the eHMIS connectivity to enable timely reporting. The Ministry of Health will work with NITA-U for IT platform integration, disseminate and implement the five-year e-Health strategy.
 13. Implement the Health Financing reforms, including the National Health Insurance Scheme (NHIS) and Results Based Financing (RBF). The Ministry will fast track the legislation process for establishment of a NHIS and scale up the RBF program in the public and PNFP sectors.

The Ministry of Health would like to register its appreciation to the Health Sector Development Partners who have not only supported the Health Sector financially but also through technical guidance. Their input in shaping policy and sector monitoring is highly valued. The Sector highly values the support and guidance that has been given by Ministry of Finance, Planning and Economic Development. Many thanks also go to the Civil Society and Private Sector partners who have complemented the delivery of services by the Sector.



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VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	6.045	7.650	1.156	7.650	8.415	8.836	9.278	9.742
Non Wage	41.236	56.835	5.837	56.026	68.352	78.604	94.325	113.190
Devt. GoU	47.216	28.840	0.754	28.840	35.184	42.221	42.221	42.221
Ext. Fin.	531.986	878.415	1.122	666.131	449.962	139.663	92.177	0.000
GoU Total	94.496	93.325	7.747	92.516	111.951	129.662	145.824	165.153
Total GoU+Ext Fin (MTEF)	626.482	971.740	8.869	758.646	561.914	269.324	238.002	165.153
<i>A.I.A Total</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	626.482	971.740	8.869	758.646	561.914	269.324	238.002	165.153

(ii) Vote Strategic Objective

- To provide inclusive and quality health care services through policy formulation and providing strategic direction, planning and coordination of health care provision in Uganda.
- To address the key determinants of health through strengthening of inter-sectoral collaborations and partnerships.
- To enhance the health sector competitiveness in the region and globally.

V2: Past Vote Performance and Medium Term Plans

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Performance for Previous Year FY 2016/17

Health Infrastructure

Rehabilitation work was done at Mulago National Referral Hospital at Mulago and all Regional Referral Hospitals including installation of oxygen plants,
Renovation of 19 medicine stores & Civil works ongoing for construction of 26 staff houses under GAVI
Ground breaking for the construction of a specialized hospital at Lubowa and a Paediatric Surgery Hospital at Entebbe under the Public Private Partnerships
Commenced renovation of Kawolo hospital
Construction of 34 staff housing units at HC IIIs in Karamoja
24 LGs were supported with funds to expand and renovate the following hospitals and HC IVs; Adjumani GH, Kitgum GH, Kabarole GH, Kiboga GH, Kapchorwa GH, Pallisa GH, Itojo GH, Kitagata GH, Bugiri GH, Atutur GH, Apac GH, Abim GH, Bundibugyo GH, Kaberamaido GH, Masindi GH, Kagadi GH, Kambuga GH, Tororo GH, Gomba GH & Bududa GH

Public Health

Increased community awareness and demand for services; advocacy by leaders at various level by RDC, LC-5 chairmen, religious leaders; community participation in containment of outbreaks for example Cholera, Rift Valley Fever, Yellow Fever.
A total of 24,019,282 Lost Life Insecticide –treated Nets were secured and distributed in 109 districts
IRS was conducted in the twenty districts
Rapid diagnostic kits (RDT) for testing malaria and anti-malarial medicines were procured and distributed.
Submitted a funding application to the Global Fund to Fight AIDS, TB and Malaria and has secured a grant of US\$ 188,322,878 to fund malaria control efforts in the period of three years (2018 – 2020).
59 million male condoms were procured and distributed
HIV testing services were provided to a total of 11,742,311 individuals including 10,292,539 adults and 1,449,772 children.
A total of 405,054 young men were circumcised
NTLP updated its Strategic Plan for 2015/16-2019/20, finalized manuals for TB & leprosy and quality Improvement in TB care, and initiated quality improvement projects for DR-TB care at 15 all DR-TB initiation sites across the country.

Pharmaceutical and other supplies

Supported transfer of stock across warehouses.
Conducted and updated quantification and supply plans for RH commodities, ARVs, Anti-TB drugs, Cotrimoxazole, Lab & malaria commodities.
Installed Rx Solution in up to 200 health facilities
3,318 Facilities started supervision, performance assessment and recognition strategy (SPARS) in 114 Districts, 21,451 visits were conducted leading to an improvement in medicines management with an average facility performance score of 18.8 out of 25 maximum score in the areas of stock & storage management, dispensing & prescribing quality, ordering & reporting.
Prepared central level and facility level stock status reports that led to redistribution of commodities from overstocked facilities to understocked facilities, stock transfers at the central warehouses etc.

Planning, Policy and Support services

The Health Sector staffing improved to 73% (45,029/61,796) from 71% (42,530/60,384) in 2015/16.
Obtained Certificate of Financial Implications for the National Health Insurance Scheme.
Compiled and submitted sector planning and reporting documents including the Budget Framework Paper 2017/18, The Annual Work Plan 2017/18, the Ministerial Policy Statement 2017/18, the Health sector improvement plan to attain middle income status, quarterly progress (OBT) reports, the revised LG Health Planning Guidelines 2016, the PHC conditional grant guidelines 2017/18, the Health Sector Negotiation issues with LG FY 2017/18 and prepared the AHSPR 2015/16,
Joint Review Meeting held and the Aide Memoire was presented to HPAC and signed in January 2017
Held one DHOs annual meeting to review decentralized health service delivery

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Performance as of BFP FY 2017/18 (Performance as of BFP)

Planning, Policy and support services

AHSPR 2016/17 prepared.

23rd JRM held and Aide Memoire of the 23rd JRM produced.

PPPH Policy implementation monitored in Soroti, Kumi, Amuria, Pallisa, Budaka, Mbale, Ibanda, Sheema, Isingiro, Bushenyi and Kiruhura.

Participated in 6 LGBFP workshops and presented sector issues paper.

Clinical Health services

The Palliative Care Communication Strategy ready for presentation at HPAC.

National operational guidelines for Hospitals and Lower Level Health facilities finalized and is ready for presentation to senior top management
Medical board meeting held to consider referrals abroad, 15 medical cases for referral abroad presented, 3 medical board meetings held, 12 medical cases referred abroad

Medical waste management plan presented to SMC. Concept note developed and Costed work plan presented to SBWG

Hepatitis B care and treatment guidelines Document finalised and presented to SMC and recommended to HPAC.

Resolution to conclude Hepatitis B vaccination in Northern Uganda by December 2017 undertaken, Referral and care for the Hepatitis B positives improved, 39 Hepatitis B prone districts supervised

2 Regulation for the Tobacco Control Act 2015 developed

HBV data to be linked with Resource centre DHIS 2 Data, 39 districts visited, 601 obstetric fistulas repairs done in Mulago, Soroti, Mbarara, Lira, Mubende, Mbale, Hoima, Kitovu and Kisiizi

Surgical camp conducted in Jinja RRH, Iganga, Kamuli, Bugiri Hospitals and Kigandalo HCIV, 401 patients operated

3 HF recommended for upgrading to HC III.

2 Oxygen Concentrators procured for Kisiizi Hospital.

Public health

Conducted social mobilization for house to house polio campaign in 10 districts

Commemoration of the World Sight Day, World Breastfeeding Week at national and district level and International Day of Older Persons

25 wheelchairs were distributed to PWDs in Moroto district

Conducted social mobilization for uptake of Voluntary Medical Male Circumcision using Community Film Shows. A total of 1,079 villages in nine (9) districts of greater Busoga region were mobilized for the service

Follow-up mobile phone registration of pregnant women by VHTs – Family connect - 2 sub-counties of Oyam district

2017 MPDSR guideline was launched in Kampala

Conduct a Health Facility Newborn Health Standards Assessment using the new WHO guidelines in 5 districts targeted for improvement activities.

Assessment started and still ongoing in Isingiro, Kasese, Kyenjojo, Iganga and Kamuli

Training HWs on prevention and control of cholera outbreaks in one (1) refugee hosting district. 40 H/Workers in Adjumani district trained using 2017 guidelines.

Build capacity of managers in humanitarian setting for Minimum Initial Service Package for SRH (MISP). 36 out of 78 managers trained (10 from Draught + 26 Refugee Settlements).

Finalized the guideline for industrial food fortification.

Review of 1 CHEWs Training Curriculum and 1 Trainers Guide done.

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FY 2018/19 Planned Outputs

Quality Assurance

4 quarterly performance review meeting held.

12 senior management committee and 12 SMER meeting held

Support supervision visits to regional referral, General Hospitals and HCIVs held in 115 districts.

Infrastructure

Support supervision and monitoring of Infrastructure development projects in RRHs, Kapchorwa GH, Buseruka & Kabaale HCIII in Hoima.

Follow up and assess impact of trained technicians on maintenance of laboratory medical equipment.

Train 23 hospital based technicians on the maintenance of 5 selected ICU/Theatre medical equipment

Quarterly Regional Medical equipment maintenance workshops' performance review meeting organized and held in Mubende RRH.

60% completion of 4 , 2bedroomed staff houses at Kapchorwa hospital

Health Research

Scaling up/roll out larviciding with National Malaria Control Program.

Public Health

Increased community awareness and demand for services

Community participation in preventing diseases, practicing health behaviors, respond to outbreaks

Health Workers skilled in managing communicable and NCDs including emergencies, rehabilitative services

Clinical Health

Palliative care

Technical support supervision

Hold Technical working groups

Issue health policy and guidance

Pharmaceutical and other Supplies

Provision of equitable, safe and sustainable health services through accessibility to quality medicines, equipment and other health supplies

Planning, policy and support Services

Prepare the AHSPR 2016-17 and hold 24th JRM

Monitoring implementation of the Policy in LGs

Participate in LGBFP workshops and Prepare issues paper.

Prepare and disseminate PHC guidelines

Prepare budget execution guidelines for vote 014

Budget performance analysis to prepare for 2019-20 sector BFP

Maintenance and update of the Knowledge Management Portal.

Orient district leadership on the RMNCAH score card

Data validation for entry into the DHIS2

Medium Term Plans

Scaling up Public Health Interventions to address the high burden of preventable diseases in the country. The Ministry plans to introduce the Community Health Workers as part of the health system to scale up Health promotion, education and effective communication to the population.

In FY 2018/19 the Ministry will put emphasis on prevention of the high burden of HIV/TB, malaria, Nutritional challenges, Environmental Sanitation and Hygiene, Immunization, Hepatitis B and Non Communicable Diseases,

Improvement of Reproductive, Maternal, Neonatal, Child and Adolescent health services to reduce avoidable deaths of Mothers and Children and improve their health status.

Human resources for health training, attraction, job scheduling, motivation, retention, and development will be prioritized. Additional resources for recruitment and incentives will be mobilized.

Infrastructural developments will be guided; constructions, rehabilitation and remodeling will focus on functionality of HC111, HC1V and Hospitals in addition to Districts with special needs like islands, difficult terrain, large populations and teaching Hospitals with the view to increase access to services for all.

Mobilization of additional resources for medicines, laboratory supplies, reagents and Safe Blood Transfusion Services and Effective and well-structured Support Supervision to the Local Governments.

Effective and well-structured support supervision to the local governments.

Effective and functional referral system at all levels of health care.

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Efficiency of Vote Budget Allocations

To ensure efficiency and value of money over the medium term, the sector will implement the following strategies;

- Implement a transparent and technically sound process to allocate resources to districts, hospitals and other spending institutions including formulation and or review of resource allocation formulas. In addition, decision of new programs will give special preference to districts with highest poverty incidence, poorest mortality indicators, hard to reach and hard to stay areas in allocation of resources.
- Reduce waste in health sector through minimizing inputs for any given output by; improving management and performance of health workers by paying them reasonably well, providing of their welfare through incentives, and improving logistics and procurement management systems.
- Given the high value of third party commodities, the sector will explore ways of improving efficiency in health spending through; handling charges of medicines and vaccines and drugs procurement and deliveries. Other initiatives include the financial and commodities truck systems (FACTS).
- Undertake efficiency studies in health facilities to investigate factors that affect efficiency and how efficiency can be improved.
- Implement the health financing strategy.
- Partnership with the private sector in areas of comparative advantage.
- Establish a criteria to access financial implications of new projects and programs
- Strengthen future analysis and value for money audits.

Vote Investment Plans

The ministry of Health intend to continue with the construction of Health facilities to aid the delivery of quality and accessible health services different part of the country as below;

The Construction of International Specialised Hospital in Uganda (FINASI), Paediatric Surgery Hospital will continue. Renovation and Rehabilitation works at Kayunga, Yumbe, Kawolo and Busolwe General Hospitals will continue. Maternal Units are to be constructed and rehabilitated at 43 facilities under the Uganda Reproductive Maternal Child Health Improvement Project. Construction and full equipment of Lower Mulago, Kawempe and Kiruddu Hospitals will be completed and the full functionality of the Hospitals will commence.

Major Expenditure Allocations in the Vote for FY 2018/19

The areas that take up the bulk of the Vote budget include:

Infrastructural development across the country (Kayunga, Yumbe, Kawolo, Busolwe)-Shs. 74.8 billion.
Intern Doctors and Senior House Officers- Shs. 13.6 Billion
Wage – Shs. 7.6 Billion.
Control of the spread of epidemics- Shs. 4.26 Billion.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :	
Programme :	01 Health Monitoring and Quality Assurance
Programme Objective :	To Improve quality of health care and patient safety
Responsible Officer:	Permanent Secretary, Ministry of Health
Programme Outcome:	Conduct regular health sector performance review, monitoring and evaluation.
<i>Sector Outcomes contributed to by the Programme Outcome</i>	
1. Improved level of sector collaboration and partnership	

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Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of health facilities attaining Star 3 (>75) status under the health facility quality of care assessment program;	0				20%	30%	30%
Vote Controller :							
Programme : 02 Health infrastructure and equipment							
Programme Objective : To improve the quality and accessible health infrastructure and equipment							
Responsible Officer: Permanent Secretary, Ministry of Health							
Programme Outcome: Development and management of health sector infrastructure and equipment.							
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of the functional health centre IVs (offering caesarian and blood transfusion section)	0				80%	85%	90%
• Proportion of subcounties with functional HC IIIs;	0				10%	20%	30%
• Proportion of functional imaging and radiography equipment in hospitals;	0				75%	80%	85%
Vote Controller :							
Programme : 03 Health Research							
Programme Objective : To improve research for enhanced innovations, inventions and applications							
Responsible Officer: Permanent Secretary, Ministry of Health							
Programme Outcome: Undertake basic, epidemiological, applied, interventional and operational research; Chemotherapeutic research; Coordinate research activities							
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Enhanced competitiveness in the health sector							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of reseach informed policy and guidelines	0				100%	100%	100%
Vote Controller :							
Programme : 04 Clinical and public health							

Vote:014 Ministry of Health

Programme Objective : To improve the quality and accessibility of clinical and public health services							
Responsible Officer: Permanent secretary, Ministry of Health							
Programme Outcome: To support provision of integrated public health services and control of epidemic and endemic diseases as well as to coordinate infrastructure development, pharmaceutical policy implementation, supply chain planning and management, integrated curative services interventions							
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Institutional/Facility based Maternity Mortality per 100,000 facility based deliveries	0				102	98	97
Vote Controller :							
Programme : 05 Pharmaceutical and other Supplies							
Programme Objective : To improve the quality and accessible medicines, equipment and other health supplies							
Responsible Officer: Permanent Secretary, Ministry of health							
Programme Outcome: Development of policy and guidelines for Medicines , equipment and other health supplies							
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of health facilities without drug stock out for 41 tracer medicines in previous 3 months	0				75%	80%	85%
Vote Controller :							
Programme : 06 Public Health Services							
Programme Objective : To Undertake Policy Development, Coordination, Planning, Implementation oversight, Monitoring and Evaluation of Communicable Disease Control Programs in Uganda.							
Responsible Officer: Permanent Secretary Ministry of Health							
Programme Outcome: Quality and accessible public health services							
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• DPT3 Coverage	0				95%	97%	97%

Vote:014 Ministry of Health

• Couple Years of protection	0	4,500,000	4,600,000	4,700,000
• Proportion of epidemics/disease outbreaks contained	0	100%	100%	100%

Vote Controller :

Programme : 08 Clinical Health Services

Programme Objective : Develop and coordinate standards guidelines and policies on infrastructure, medicines and health supplies, and integrated curative services.
Provide support supervision referral hospitals and the districts.
Coordination of medical board, interns and tertiary health issues.

Responsible Officer: Permanent Secretary Ministry of Health

Programme Outcome: Quality and accessible clinical health services

Sector Outcomes contributed to by the Programme Outcome

1. Improved quality of life at all levels

Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Institutional/Facility based Infant Mortality rate	0				52	51	51
• Institutional/Facility based perinatal mortality rate	0				12	11	10
• Institutional/Facility based Maternity Mortality rate	0				102	98	97

Vote Controller :

Programme : 49 Policy, Planning and Support Services

Programme Objective : To improve the Health policy, strategic direction, planning and coordination

Responsible Officer: Permanent Secretary, Ministry of Health

Programme Outcome: Policy development, financial management, auditing, human resource development, planning, budgeting, administrative and nursing services.

Sector Outcomes contributed to by the Programme Outcome

1. Improved level of sector collaboration and partnership

Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of national and HLG with comprehensive annual health plans and budgets	0				100%	100%	100%
• proportion of quarterly sector performance reports analysed and actioned	0				100%	100%	100%
• Timeliness and completeness of monthly HMIS reporting	0				95%	97%	100%

Vote:014 Ministry of Health

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :014 Ministry of Health								
01 Health Monitoring and Quality Assurance	0.805	0.639	0.110	0.713	0.713	0.713	0.713	0.713
02 Health infrastructure and equipment	179.760	118.679	0.621	150.163	150.163	164.095	107.678	15.500
03 Health Research	0.995	1.040	0.196	1.343	1.343	1.343	1.343	1.343
04 Clinical and public health	28.138	49.782	4.493	0.000	0.000	0.000	0.000	0.000
05 Pharmaceutical and other Supplies	398.828	762.634	0.833	515.101	14.114	13.074	27.005	51.210
06 Public Health Services	0.000	0.000	0.000	30.701	37.046	8.438	8.438	3.098
08 Clinical Health Services	0.000	0.000	0.000	29.932	43.023	53.696	69.859	70.323
49 Policy, Planning and Support Services	19.408	38.966	3.192	30.693	315.512	27.966	22.966	22.966
Total for the Vote	627.935	971.740	9.445	758.646	561.914	269.324	238.002	165.153

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 01 Health Monitoring and Quality Assurance								
03 Quality Assurance	0.805	0.639	0.110	0.713	0.713	0.713	0.713	0.713
Total For the Programme : 01	0.805	0.639	0.110	0.713	0.713	0.713	0.713	0.713
Programme: 02 Health infrastructure and equipment								
0216 District Infrastructure Support Programme	8.924	0.000	0.000	0.000	0.000	0.000	0.000	0.000
1027 Insitutional Support to MoH	1.861	9.100	0.042	9.100	9.100	13.932	0.000	0.000
1123 Health Systems Strengthening	29.053	0.000	0.000	0.000	0.000	0.000	0.000	0.000
1185 Italian Support to HSSP and PRDP	0.540	5.919	0.015	0.000	0.000	0.000	0.000	0.000
1187 Support to Mulago Hospital Rehabilitation	88.101	1.800	0.055	15.088	15.087	37.657	61.000	5.000
1243 Rehabilitation and Construction of General Hospitals	0.000	19.432	0.000	0.100	0.100	0.000	0.000	0.000
1315 Construction of Specialised Neonatal and Maternal Unit in Mulago Hospital	45.601	1.500	0.067	1.200	1.200	1.540	0.000	0.000
1344 Renovation and Equipping of Kayunga and Yumbe General Hospitals	4.547	38.067	0.435	73.572	74.040	0.070	0.000	0.000
1393 Construction and Equipping of the International Specialized Hospital of Uganda	0.700	0.050	0.000	0.050	0.050	0.000	0.000	0.000
1394 Regional Hospital for Paediatric Surgery	0.574	1.000	0.000	1.200	1.100	0.000	0.000	0.000
1440 Uganda Reproductive Maternal and Child Health Services Improvement Project	0.000	41.811	0.007	49.854	49.486	110.896	46.678	10.500
Total For the Programme : 02	179.900	118.679	0.621	150.163	150.163	164.095	107.678	15.500
Programme: 03 Health Research								
04 Research Institutions	0.753	0.800	0.136	1.103	1.103	1.103	1.103	1.103
05 JCRC	0.242	0.240	0.060	0.240	0.240	0.240	0.240	0.240

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Total For the Programme : 03	0.995	1.040	0.196	1.343	1.343	1.343	1.343	1.343
Programme: 04 Clinical and public health								
06 Community Health	2.724	2.074	0.344	0.000	0.000	0.000	0.000	0.000
07 Clinical Services	7.392	6.910	0.792	0.000	0.000	0.000	0.000	0.000
08 National Disease Control	5.874	5.398	0.611	0.000	0.000	0.000	0.000	0.000
09 Shared National Services	11.872	23.705	2.709	0.000	0.000	0.000	0.000	0.000
11 Nursing Services	0.188	0.215	0.030	0.000	0.000	0.000	0.000	0.000
1413 East Africa Public Health Laboratory Network Project Phase II	0.213	8.752	0.008	0.000	0.000	0.000	0.000	0.000
1441 Uganda Sanitation Fund Project II	0.000	2.728	0.000	0.000	0.000	0.000	0.000	0.000
Total For the Programme : 04	28.263	49.782	4.493	0.000	0.000	0.000	0.000	0.000
Programme: 05 Pharmaceutical and other Supplies								
0220 Global Fund for AIDS, TB and Malaria	376.627	670.203	0.783	466.234	13.829	12.789	12.789	12.789
1141 Gavi Vaccines and HSSP	22.201	0.000	0.000	0.000	0.000	0.000	0.000	0.000
1436 GAVI Vaccines and Health Sector Development Plan Support	0.000	92.431	0.050	48.583	0.000	0.000	13.932	13.932
18 Pharmacy	0.000	0.000	0.000	0.284	0.284	0.284	0.284	24.489
Total For the Programme : 05	398.828	762.634	0.833	515.101	14.114	13.074	27.005	51.210
Programme: 06 Public Health Services								
06 Community Health	0.000	0.000	0.000	1.529	1.595	1.993	5.491	0.290
08 National Disease Control	0.000	0.000	0.000	5.466	5.319	4.790	1.136	2.000
13 Health Promotion, Communication and Environment Health	0.000	0.000	0.000	0.933	0.933	1.072	1.096	0.521
14 Maternal and Child Health	0.000	0.000	0.000	0.509	0.590	0.583	0.715	0.286
1413 East Africa Public Health Laboratory Network project Phase II	0.000	0.000	0.000	16.926	28.608	0.000	0.000	0.000
1441 Uganda Sanitation Fund Project II	0.000	0.000	0.000	5.337	0.000	0.000	0.000	0.000
Total For the Programme : 06	0.000	0.000	0.000	30.701	37.046	8.438	8.438	3.098
Programme: 08 Clinical Health Services								
09 shared National Services (Interns allowances, transfers to international organisations and transfers to districts)	0.000	0.000	0.000	22.510	35.607	46.371	17.831	0.822
11 Nursing Services	0.000	0.000	0.000	0.544	0.549	0.544	45.818	2.000
15 Integrated Curative Services	0.000	0.000	0.000	2.608	2.600	2.540	2.340	1.175
16 Ambulance Services	0.000	0.000	0.000	0.858	0.850	0.850	0.680	6.178
17 Health Infrastructure	0.000	0.000	0.000	3.411	3.417	3.391	3.190	60.148
Total For the Programme : 08	0.000	0.000	0.000	29.932	43.023	53.696	69.859	70.323
Programme: 49 Policy, Planning and Support Services								
01 Headquarters	16.439	20.595	2.553	19.121	19.121	19.121	19.121	19.092
02 Planning	1.817	2.480	0.127	2.293	2.293	1.653	1.713	1.437
10 Internal Audit Department	0.315	0.320	0.016	0.370	0.529	0.139	1.440	2.429
12 Human Resource Management Department	0.864	1.110	0.087	1.183	1.024	2.054	0.692	0.008
1500 Institutional Capacity Building in the Health Sector-Phase II	0.000	14.461	0.409	7.727	292.546	5.000	0.000	0.000
Total For the Programme : 49	19.436	38.966	3.192	30.693	315.512	27.966	22.966	22.966
Total for the Vote :014	628.228	971.740	9.445	758.646	561.914	269.324	238.002	165.153

Table V4.2: Key Changes in Vote Resource Allocation

Vote:014 Ministry of Health

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :014 Ministry of Health	
<i>Programme : 01 Ministry of Health</i>	
Output: 01 Sector performance monitored and evaluated	
Change in Allocation (US\$ Bn) : 0.079	Increase in resource allocation to support supervision activities
Output: 02 Standards and guidelines disseminated	
Change in Allocation (US\$ Bn) : (0.029)	Clinical guidelines developed and disseminated in current financial year thus reduction in funds for next FY
Output: 04 Standards and guidelines developed	
Change in Allocation (US\$ Bn) : 0.034	MOH standards developed
<i>Programme : 02 Ministry of Health</i>	
Output: 01 Monitoring, Supervision and Evaluation of Health Systems	
Change in Allocation (US\$ Bn) : 5.913	The funds are meant to cater for support supervision at health facilities and training Reproductive, maternal and child health (RMNCAH) cadres in short supply (Biomedical Engineers, Midwives, Anesthetists and laboratory technicians) at health
Output: 72 Government Buildings and Administrative Infrastructure	
Change in Allocation (US\$ Bn) : (0.709)	Renovation of ministry of health headquarters is expected to be completed in FY 2017/18.
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) : (2.207)	The planned procured of vehicles for supporting the roll out of birth and death registration under the Uganda Reproductive Maternal and Child Health Services improvement project is expected to be concluded in FY 2017/18 hence the reduction in allocation
Output: 76 Purchase of Office and ICT Equipment, including Software	
Change in Allocation (US\$ Bn) : 2.961	Funds are for planned upgrade of the Warehousing system at the NMS to harmonise procurement, warehousing, distribution & Health facilities' requests The budget will also cater for procurement of Birth and Death Registration (BDR) equipment and associated
Output: 77 Purchase of Specialised Machinery & Equipment	
Change in Allocation (US\$ Bn) : 13.053	Funds are for procurement of Critical Reproductive Maternal Neonatal Child & Adolescent Health services (RMNCAH) equipment for selected health facilities.
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : (0.235)	Procurement office furniture completed
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 21.047	The increment is meant to accommodate planned Constructions of Kayunga, Yumbe and Pediatric surgery hospitals in FY 2018/19.

Vote:014 Ministry of Health

Output: 81 Health centre construction and rehabilitation		
Change in Allocation (US\$ Bn) :	(3.071)	The reduction is in line with the work plan for construction of maternity units at HC IIIs under the RMNCH project in FY 2018/19.
Output: 82 Staff houses construction and rehabilitation		
Change in Allocation (US\$ Bn) :	(5.619)	The ongoing staff house construction in Karamoja is expected to be completed in FY 2017/18
<i>Programme : 03 Ministry of Health</i>		
Output: 52 Support to Uganda National Health Research Organisation (UNHRO)		
Change in Allocation (US\$ Bn) :	0.303	This is on account of the reallocation of research institutions wage from the original department of national disease control to the Uganda Natural Chemotherapeutics organisation
<i>Programme : 05 Ministry of Health</i>		
Output: 01 Preventive and curative Medical Supplies (including immunisation)		
Change in Allocation (US\$ Bn) :	(136.276)	The reduction is on account of the reduction in the MTEF provision for GAVI and Global Fund. This is however expected to change when Development Partner commitments for FY 2018/19 have been confirmed.
Output: 02 Strengthening Capacity of Health Facility Managers		
Change in Allocation (US\$ Bn) :	(21.620)	The reduction is on account of the reduction in the MTEF provision for GAVI and Global Fund. This is however expected to change when Development Partner commitments for FY 2018/19 have been confirmed.
Output: 03 Monitoring and Evaluation Capacity Improvement		
Change in Allocation (US\$ Bn) :	(3.273)	The reduction is in line with the work plan for capacity development, monitoring and evaluation under GAVI and Global Fund projects for FY 2018/19.
Output: 04 Technical support, monitoring and evaluation		
Change in Allocation (US\$ Bn) :	0.100	New allocation for Pharmacy department nonwage activities
Output: 51 Transfer to Autonomous Health Institutions		
Change in Allocation (US\$ Bn) :	(3.809)	The reduction is on account of the reduction in the MTEF provision for GAVI and Global Fund. This is however expected to change when Development Partner commitments for FY 2018/19 have been confirmed.
Output: 72 Government Buildings and Administrative Infrastructure		
Change in Allocation (US\$ Bn) :	(42.003)	The reduction is in line with the expected outstanding obligation for construction of a medicines warehouse in Kajjansi under the GAVI project in FY 2018/19.
Output: 76 Purchase of Office and ICT Equipment, including Software		
Change in Allocation (US\$ Bn) :	0.003	New allocation for office and ICT equipment procurement for the FY
Output: 77 Purchase of Specialised Machinery & Equipment		
Change in Allocation (US\$ Bn) :	(40.000)	The reduction is on account of the reduction in the MTEF provision for GAVI and Global Fund. This is however expected to change when Development Partner commitments for FY 2018/19 have been confirmed.

Vote:014 Ministry of Health

<i>Programme : 06 Ministry of Health</i>		
Output: 01 Community Health Services (control of communicable and non communicable diseases)		
Change in Allocation (US\$ Bn) :	4.322	Allocation to new Community health department as a result of the implementation of the new MoH budget structure meant to align it to the public health program.
Output: 02 National Endemic and Epidemic Disease Control		
Change in Allocation (US\$ Bn) :	4.226	Allocation to NDC department as a result of the implementation of the new MoH budget structure meant to align it to the new Public Health Program.
Output: 03 Technical Support, Monitoring and Evaluation		
Change in Allocation (US\$ Bn) :	5.337	Total allocation to support supervision under the new Public health program for the new Community, Maternal and Child health, National Disease control and Health Promotion, Communication and Environmental Health Departments and the USF and EAPHN Projects
Output: 04 Immunisation		
Change in Allocation (US\$ Bn) :	0.900	Funds allocated for immunization related activities as a result of the implementation of the new MoH budget structure meant to align it to the new Public Health program
Output: 05 Coordination of Clinical and Public Health emergencies including the Nodding Disease		
Change in Allocation (US\$ Bn) :	3.110	Funds allocated for health emergencies under the new program of Public Health program from an old program of clinical and public health so as to align it to the new MOH Budget structure.
Output: 06 Photo-biological Control of Malaria		
Change in Allocation (US\$ Bn) :	1.390	Allocation to photo biological control of malaria activities under the new program of Public Health from an old program of clinical and public health aligning it to the new MOH Budget structure.
Output: 07 Indoor Residual Spraying (IRS) services		
Change in Allocation (US\$ Bn) :	0.500	Funds meant for IRS activities under the new program of Public Health from an old program of clinical and public health aligning it to the new MOH Budget structure.
Output: 53 Support to Local Governments		
Change in Allocation (US\$ Bn) :	0.450	Allocation for sanitation and hygiene activities for Uganda Sanitation Fund project implementation districts under the new public health program
Output: 72 Government Buildings and Administrative Infrastructure		
Change in Allocation (US\$ Bn) :	9.616	Total allocation to civil works under the East African public health networking project under the new program of public health
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment		
Change in Allocation (US\$ Bn) :	0.641	Funds meant for procurement of vehicles for the laboratory sites under the East African Laboratory Networking Project (EAPHLNP) aligned to the new public health program.
Output: 76 Purchase of Office and ICT Equipment, including Software		

Vote:014 Ministry of Health

Change in Allocation (US\$ Bn) :	0.209	Office equipment and ICT equipment procurement allocation under the EAPHLN project for the butabika office headquarter
<i>Programme : 08 Ministry of Health</i>		
Output: 01 Technical support, monitoring and evaluation		
Change in Allocation (US\$ Bn) :	1.711	Allocation for technical support supervision to local government under the new programme of Clinical health services made up of new integrated Curative services, Health infrastructure, Ambulance services and Shared National Services sub programs .
Output: 02 Provision of Standards, Leadership, Guidance and Support to Nursing Services		
Change in Allocation (US\$ Bn) :	0.453	Change is a result of the implementation of the new MoH budget structure meant to align it to the new administrative structure. This explains the movement of resources within the programme.
Output: 03 Maintenance of medical and solar equipment		
Change in Allocation (US\$ Bn) :	2.400	Funds meant for medical and solar equipment maintenance under the new Health Infrastructure subprogram.
Output: 04 National Ambulance Services		
Change in Allocation (US\$ Bn) :	0.858	Funds for national ambulance services subprogram under the clinical health services program
Output: 05 Coordination of Clinical and Public Health Emergencies including the Nodding Syndrome		
Change in Allocation (US\$ Bn) :	2.000	Allocation to Hepatitis B control implementation plan activities in the affected districts under the new Integrated curative sub program.
Output: 51 Support to Local Governments		
Change in Allocation (US\$ Bn) :	7.400	Funds meant for medicine credit line for Private not for Profit Hospitals under Joint medical Stores
Output: 52 Transfer to International Health Organisations		
Change in Allocation (US\$ Bn) :	1.500	Contribution to the Global Fund
Output: 55 Medical Intern Services		
Change in Allocation (US\$ Bn) :	13.610	Total allocation for medical interns allowances and senior staff officers to be transferred on a quarterly basis to the health facilities where they are deployed
<i>Programme : 49 Ministry of Health</i>		
Output: 01 Policy, consultation, planning and monitoring services		
Change in Allocation (US\$ Bn) :	(6.787)	The reduction is on account of the reduction in the MTEF provision for the institution capacity building in the health sector phase II project. This is however expected to change when Development Partner commitments for FY 2018/19 have been confirmed.
Output: 04 Health Sector reforms including financing and national health accounts		
Change in Allocation (US\$ Bn) :	(0.085)	Reduced allocation on account of completion of drafting, printing and dissemination of the Health financing strategy
Output: 20 Records Management Services		

Vote:014 Ministry of Health

Change in Allocation (US\$ Bn) :	0.050	New output of records management created and funds allocated to it
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Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19	
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs	
Vote 014 Ministry of Health			
Programme : 02 Health infrastructure and equipment			
Project : 1027 Insitutional Support to MoH			
Output: 72 Government Buildings and Administrative Infrastructure			
Ministry of Health Headquarters renovated	Renovation for the Headquarter on going advance payment done. Contract for for the MOH Garage shade signed. BOQ for canteen, Vector control and Wabigalo submitted	MoH Headquarter Building the 2(two) blocks, Repairs and maintenance of lift/elevator and vector control building renovated	
Total Output Cost(Ushs Thousand):	1.542	0.042	0.833
Gou Dev't:	1.542	0.042	0.833
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment			
Two motor cycles procured		Two Vehicles for the Top Leadership (Hon. MoH and Hon. MSH (PHC) procured	
Total Output Cost(Ushs Thousand):	0.020	0.000	0.660
Gou Dev't:	0.020	0.000	0.660
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 80 Hospital Construction/rehabilitation			
Total Output Cost(Ushs Thousand):	1.800	0.000	0.000
Gou Dev't:	1.800	0.000	0.000
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Project : 1185 Italian Support to HSSP and PRDP			

Vote:014 Ministry of Health

Output: 82 Staff houses construction and rehabilitation

45% of construction of 68 staff houses completed. 4 supervising consultant reports Produced	15% of construction works completed .Finishings in Kotido,Kaboong and Abim are on going, other sites are now at beam level.		
Total Output Cost(Ushs Thousand):	5.619	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	5.619	0.000	0.000
A.I.A:	0.000	0.000	0.000

Project : 1187 Support to Mulago Hospital Rehabilitation

Output: 80 Hospital Construction/rehabilitation

Lower Mulago Hospital rehabilitated and equipped.	Construction of the Kawempe and Kiruddu Hospital ongoing. For Kawempe Hospital the overall progress of work is at 98%. The hospital is presently being used by Mulago hospital. The Contractor is currently handling the defects. For Kiruddu Hospital the overall progress of work is at 98%. The hospital is presently being used by Mulago Hospital. The Contractor is currently handling the defects. Rehabilitation work for lower Mulago Hospital is ongoing and the current progress of work is at 79%. Procurement of medical equipment and furniture for Kawempe and kiruddu hospitals on-going. The medical equipment and furniture have been delivered and installation is ongoing. Procurement of the main medical equipment and furniture for Mulago hospital on-going. Contracts have been signed and delivery and installation expected during the quarter October to December 2017	Final certificate for civil works at Lower Mulago Hospital, Kawempe and Kiruddu Hospitals cleared. Medical Equipment installed at Lower Mulago Hospital, Kawempe and Kiruddu Hospitals	
Total Output Cost(Ushs Thousand):	0.950	0.000	14.514
Gou Dev't:	0.950	0.000	1.586
Ext Fin:	0.000	0.000	12.928

Vote:014 Ministry of Health

A.I.A:	0.000	0.000	0.000
Project : 1243 Rehabilitation and Construction of General Hospitals			
Output: 80 Hospital Construction/rehabilitation			
1. Medical Equipment Procured and Distributed 2. Kawolo and Busolwe General Hospitals rehabilitated	1. Foundation Construction for all the new buildings completed (OPD, Casualty, Staff House, Operating Theatre and Antenatal). Studies for 3No. Boreholes completed.		
Total Output Cost(Ushs Thousand):	19.282	0.000	0.000
Gou Dev't:	0.300	0.000	0.000
Ext Fin:	18.982	0.000	0.000
A.I.A:	0.000	0.000	0.000
Project : 1315 Construction of Specialised Neonatal and Maternal Unit in Mulago Hospital			
Output: 80 Hospital Construction/rehabilitation			
Construction of Maternal and neonatal Hospital completed by February 2018	Physical progress of the M&N hospital construction in the quarter was 6% Cumulative Physical progress as at the end of the quarter is 98% Contracts agreements for 3 LOTS for supply of medical and non medical equipment were signed	Maternal and neonatal hospital construction completed and handled over	
Total Output Cost(Ushs Thousand):	0.100	0.000	0.924
Gou Dev't:	0.100	0.000	0.924
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Project : 1344 Renovation and Equipping of Kayunga and Yumbe General Hospitals			
Output: 77 Purchase of Specialised Machinery & Equipment			
Medical equipment for full re-equipping of Kayunga and Yumbe Hospitals including delivery beds, x ray machines, lab equipment, surgical equipment, Hospital beds, bedside lockers procured.	Draft specifications and tender documents prepared and reviewed by the Ministry of Health.	Kayunga and Yumbe General Hospitals fully equipped and furnished with diagnostic, Laboratory, ward, emergency, maternity equipment among others.	
Total Output Cost(Ushs Thousand):	6.700	0.084	15.600
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	6.700	0.084	15.600

Vote:014 Ministry of Health

A.I.A:	0.000	0.000	0.000
Output: 80 Hospital Construction/rehabilitation			
50% of the Civil works for rehabilitation and expansion of Kayunga and Yumbe Hospitals completed	Bids were received and evaluated and evaluation report approved by contracts committee. The evaluation report was submitted to the Funding Agencies for No Objections.	Construction works progressed up to 75% for Kayunga and Yumbe General Hospitals.	
Total Output Cost(Ushs Thousand):	27.885	0.000	55.346
Gou Dev't:	0.000	0.000	0.650
Ext Fin:	27.885	0.000	54.696
A.I.A:	0.000	0.000	0.000
Project : 1394 Regional Hospital for Paediatric Surgery			
Output: 80 Hospital Construction/rehabilitation			
50% of civil works completed	Construction works have not yet commenced	Timely completion of the construction Support supervision of hospital construction ensured.	
Total Output Cost(Ushs Thousand):	0.800	0.000	1.080
Gou Dev't:	0.800	0.000	1.080
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Project : 1440 Uganda Reproductive Maternal and Child Health Services Improvement Project			
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment			
34 vehicles procured to support roll out of Birth and Death Registration, Result Based Financing in 60 districts and support supervision in under resourced Local Governments	Procurement for moto vehicles initiated and best bidder selected		
Total Output Cost(Ushs Thousand):	2.847	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	2.847	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 76 Purchase of Office and ICT Equipment, including Software			
Birth,Death Registration mobile services procured for National Identification Registration Authority (NIRA) procured Firm to develop and install RBF soft ware procured	Procurement of consultants to develop and install RBF soft ware, National CRVS policy and Communication Strategies and BDR mobile services commenced	Warehousing system in NMS upgraded to harmonise procurement, warehousing, distribution & Health facilities request Birth Death Registration (BDR) equipment and associated materials procured	
Total Output Cost(Ushs Thousand):	2.695	0.000	5.657
Gou Dev't:	0.000	0.000	0.000

Vote:014 Ministry of Health

Ext Fin:	2.695	0.000	5.657
A.I.A:	0.000	0.000	0.000
Output: 77 Purchase of Specialised Machinery & Equipment			
RMNCH equipment including infant Resuscitation devices, Resuscitation tables, Glucometers, delivery beds, post-natal tables and MVA kits procured and distributed to Bundibugyo, Kalangala, Buikwe, Moyo, Otuke, Serere, Lwengo, Kaabong among others.	Specialized machinery procurement initiated	Critical Reproductive Maternal Neonatal Child & Adolescent Health services (RMNCAH) equipment to selected facilities Procured & Distributed	
Total Output Cost(Ushs Thousand):	4.000	0.000	7.973
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	4.000	0.000	7.973
A.I.A:	0.000	0.000	0.000
Output: 81 Health centre construction and rehabilitation			
Maternity units constructed in HCIIIs in 56 districts which include: Tororo, Kabale, Mayuge, Kiruhura, Buhweju, Mitooma, Yumbe, Zombo, Koboko, Alebtong, Soroti, Lira, Otuke, among others.	This has not yet commenced since land has to be identified by the district	Maternity units constructed in selected Health facilities Hire supervising consultants for civil works	
Total Output Cost(Ushs Thousand):	11.522	0.000	8.451
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	11.522	0.000	8.451
A.I.A:	0.000	0.000	0.000
Programme : 04 Clinical and public health			
Project : 1413 East Africa Public Health Laboratory Network Project Phase II			
Output: 72 Government Buildings and Administrative Infrastructure			
30% of Construction of Mbale and Lacor labs completed. 30% of civil works completed of the VHF Isolation unit and staff accommodation facility at Mulago Hospital. MDR treatment centers at Mbale and Moroto remodelled. Entebbe isolation centre remodelled.	1. Drawings for isolation units reviewed by HID. 2. Site visit to Moroto not done 3. Initiated procurement of ESIA consultant 4. Bid documents for Mbarara and Mbale ready and submitted for No Objection		
Total Output Cost(Ushs Thousand):	4.395	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	4.395	0.000	0.000
A.I.A:	0.000	0.000	0.000

Vote:014 Ministry of Health

Output: 75 Purchase of Motor Vehicles and Other Transport Equipment			
2 ambulances and 4 double cabin pickups procured	1. Four double cabin pick ups delivered 2. Ambulance procurement approved by Ministry of Public Service		
Total Output Cost(Ushs Thousand):	0.520	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	0.520	0.000	0.000
A.I.A:	0.000	0.000	0.000
Programme : 05 Pharmaceutical and other Supplies			
Project : 0220 Global Fund for AIDS, TB and Malaria			
Output: 72 Government Buildings and Administrative Infrastructure			
Construction of medicines ware house in kajjansi completed	Medicine stores construction has commenced with 10% of actual workdone		
Total Output Cost(Ushs Thousand):	48.215	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	48.215	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment			
-procure 7 delivery trucks for NMS and JMS 4 Film Vans, Station Wagon for QPPU, 2 Cars for M&E officers procured. Procure for other vehicles for controls and assurance	Five motorvehicles were procured,2 film vans and 3 pick ups	2 film Vans to support BCC interventions, 1 Motor Vehicle Procured	
Total Output Cost(Ushs Thousand):	3.416	0.000	0.873
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	3.416	0.000	0.873
A.I.A:	0.000	0.000	0.000
Output: 77 Purchase of Specialised Machinery & Equipment			
autoclaves, GeneXpert Machines, Microscopes, Forl Lift, Medicine Shelves and racks, medicine boxes, xray machines procured	Autoclaves, GeneXpert Machines, Microscopes, Forl Lift, , xray machines initiated and procured	GenXpert machines, condom vending machines, brooders for rats and mosquitoes for tests, spartum equipment among other equipment procured	
Total Output Cost(Ushs Thousand):	31.857	0.000	7.213
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	31.857	0.000	7.213
A.I.A:	0.000	0.000	0.000

Vote:014 Ministry of Health

Project : 1436 GAVI Vaccines and Health Sector Development Plan Support

Output: 72 Government Buildings and Administrative Infrastructure

30 storage facilities of floor area 180 square meters for vaccines and dry commodity storage in 30 districts constructed	Planned under Gavi HSS2, that had not commenced by beginning of quarter 1. Therefore under Gavi HSS2, No activity implemented yet. However, construction of 19 medicine stores and 26 staff houses under Gavi HSS1 was ongoing	1 UNEPI office designed and constructed; 30 DVS in 30 districts constructed
Staff houses constructed	Physical progress levels for medicine stores was Lot 1: 88% (Napak, Alebtong & Agago), Lot 2: 92% (Ntoroko, Rubirizi, Sheema, Buhwenju, Isingiro, Lyantonde & Lwengo), Lot 3: 98% (Buikwe, Pallisa, Luuka, Serere, Nakapiripit & Bukwo) Lot 4: 96% (Nakaseke, Buliisa & Zombo)	
	Physical progress levels for staff houses: Lot 1: 92% (Bulambuli (2), Namutumba (1), Bugiri (2), Namayingo (2) & Mayuge (2)) Lot 2: 96% (Kakumiro (1) & Kagadi (01), Bundibugyo (2), Kasese (2), Kanungu (2), & Kisoro (2)) Lot 3: 99% (Mukono (2), Wakiso (1), Kalangala (2) & Buvuma (2))	
Total Output Cost(Ushs Thousand):	6.189	0.000
Gou Dev't:	0.000	0.000
Ext Fin:	6.189	0.000
A.I.A:	0.000	0.000

Output: 75 Purchase of Motor Vehicles and Other Transport Equipment

57 (48-districts, 9-regional technicians) vehicles for programme management and District Health Offices that did not receive vehicles for support supervision & distribution of logistics to the Lower Level Health Units (LLHUs) procured	Planned under Gavi HSS2, that had not commenced by beginning of quarter 1. No activity implemented yet	57 vehicles procured; medium-size motorized boats procured; 2 refrigerated trucks procured
Total Output Cost(Ushs Thousand):	4.597	0.000
Gou Dev't:	0.000	0.000
Ext Fin:	4.597	0.000
A.I.A:	0.000	0.000

Vote:014 Ministry of Health

Output: 77 Purchase of Specialised Machinery & Equipment			
205 054 GreenLine SDD procured;186 VLS 094 Green Line SDD procured; 1155 PQS compliant cold boxes to replace the defective/obsolete ones and cater for the increased needs procured; 5,710 BERLINGER Fridge-Tag2 devices procured	Planned under Gavi Cold Chain Equipment Optimization Platform (CCEOP), that had not commenced by beginning of quarter 1. No activity implemented yet		
Total Output Cost(Ushs Thousand):	15.356	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	15.356	0.000	0.000
A.I.A:	0.000	0.000	0.000
Programme : 06 Public Health Services			
Project : 1413 East Africa Public Health Laboratory Network project Phase II			
Output: 72 Government Buildings and Administrative Infrastructure			
			1. Laboratories constructed at Mbale, Mbarara, Arua and Ikor remodelling, MDR TB centre at Moroto hospitals
Total Output Cost(Ushs Thousand):	0.000	0.000	9.616
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	0.000	0.000	9.616
A.I.A:	0.000	0.000	0.000
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment			
			2 ambulances for isolation centers in place 2 ambulances for isolation centres in place
Total Output Cost(Ushs Thousand):	0.000	0.000	0.641
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	0.000	0.000	0.641
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Inadequate staffing at all levels.

Inadequate funds for the maintenance of medical equipment nationwide.

High burden of disease due to preventable causes e.g malaria, diarrhoeal diseases, skin diseases, eye conditions.

Monitoring and management of various disease outbreaks are not equitably funded.

Stock outs of key commodities especially at tertiary and secondary level.

Funding gaps for ARVs, anti malarias and chemistry, haematology, laboratory and x-ray reagents and films are not adequate.

Table V5.1: Additional Funding Requests

Vote:014 Ministry of Health

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 014 Ministry of Health	
Programme : 02 Health infrastructure and equipment	
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 15.900	The additional funding is required to bridge the co-financing gaps for construction of specialized facilities. the increased contribution to these projects would help to increase the regional competitiveness of Uganda as it would aid establishment of centres of excellence.
Programme : 06 Public Health Services	
OutPut : 01 Community Health Services (control of communicable and non communicable diseases)	
Funding requirement US\$ Bn : 3.200	Government plans to introduce Community Health Extension Workers (CHEW's) to educate the communities on prevention of diseases and link communities to the health services therefore the additional funding is required for payment of honoraria for 1,500 CHEW's.
Programme : 49 Policy, Planning and Support Services	
OutPut : 04 Health Sector reforms including financing and national health accounts	
Funding requirement US\$ Bn : 3.000	NHIS will help achieve the NDP objective of quality and inclusive health service and deliver the SDG of universal health coverage

Vote:107 Uganda AIDS Commission

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	1.128	1.320	0.301	1.320	1.452	1.524	1.600	1.680
Non Wage	5.841	5.779	0.813	5.779	7.050	8.107	9.729	11.674
Devt. GoU	0.053	0.128	0.000	0.128	0.156	0.187	0.187	0.187
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542
Total GoU+Ext Fin (MTEF)	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542
<i>A.I.A Total</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542

(ii) Vote Strategic Objective

To provide an effective and efficient coordination of the Uganda's Multi-sectoral HIV and AIDS response.

V2: Past Vote Performance and Medium Term Plans

Vote:107 Uganda AIDS Commission

Performance for Previous Year FY 2016/17

- Developed HIV&AIDS communication plan for cultural leaders as champions of promoting positive cultural norms and values
- 15 Newspapers articles and radio messages were placed in the media to increase public awareness on HIV
- Candle light Memorial celebration was held in Kiryandongo District; 2,021 people received HTS - 36 were HIV+ and 38 SMCs were carried out
- Nine districts were supported to complete their District HIV/AIDS Strategic Plans.
- Sixteen districts and 3 Municipalities were assessed on functionality of Districts AIDS Committee
- Convened a semi-annual coordination meeting of Self-Coordinating Entities on the Presidential Fast Track Initiative
- Launched the One dollar initiative where private businesses and citizens are being mobilized to contribute at least one dollar to the response
- UAC Partnered with the National Debate Council and reached over 10,000 students from over 200 schools in Uganda on HIV/AIDS prevention messages
- Engaged Vision Group in a three-year partnership and other media houses on topical HIV/AIDS issues
- Engaged 12 Self Coordinating Entities (SCEs) & National HIV Prevention Committee (NPC) to disseminate the Fast-Track Initiative
- Eighth new staff were recruited to enhance Coordination of HIV/AIDS National and Decentralized Response
- Four field inspection undertaken to review and monitor the implementation of HIV/AIDS response at National and Sub-National levels
- Engaged 4 AIDS Development Partners (UNICEF, UNAIDS, UNFP and UN Women) to support the Presidential Fast-Track Initiative
- Engaged Municipality leadership (150 leaders from 41 Municipalities) to develop Action framework for implementation of the Presidential Fast-Track initiative
- Four National Prevention Committee and Message Clearing Committee meetings convened to review and clear HIV/AIDS Prevention messages from partners
- The Presidential Fast-Track Initiative to end AIDS as a public health threat in Uganda by 2030 Launched by His Excellency the President of Republic of Uganda

Vote:107 Uganda AIDS Commission

Performance as of BFP FY 2017/18 (Performance as of BFP)

- HIV Prevention Message Cleared,
- IEC/BCC Materials Developed and Disseminated,
- UAC Website Improved with current Information on HIV/AIDS Posted,
- MARPs Steering Committee meetings held,
- Roll-out of the Presidential Fast Track Initiative on ending AIDS in Uganda conducted in 40 Districts and 1230 leaders reached.
- Framework for elimination of HIV among adolescents and young people developed.
- HIV/AIDS information materials provided to Partners during the JAR, Coronation Anniversary and International Trade Fair
- Regional level HIV Prevention Debates held in 40 schools and over 10,000 students reached with HIV and AIDS messages
- High level meeting of the UN General Assembly attended in New York
- Technical support provided to 14 Local Governments to develop HIV and AIDS Strategic Plans,
- Quarter 4 Performance Report for the FY 2016/19 prepared and submitted to the MoFPED
- Draft HIV/AIDS Mainstreaming guidelines for Sectors and Local Governments developed,
- Participated in the LG Budget consultative workshop for the FY 2018/19 to provide support to develop 2018/19 LGBT,
- NASA bench marking study conducted in Ghana by members from UBOS, MoH, MoFPED, MoLG and UAC,
- Draft Concept Note on Quality Assurance of HIV activities for major projects and workplaces developed
- The 10th Joint Annual AIDS Review and Partners Forum meeting convened on the 30th and 31st August and report and aide Memoire complied,
- M&E TWG and National modeling meetings convened,
- Two LGs trained on M&E of HIV based on the new M&E Plan,
- Selected Gender tracking Indicators approved and dashboard demonstration conducted
- Supported Decentralized Local Governments structures
- Coordination meetings held with PLHV and SCEs Networks in 11 districts and at National and sub-national levels,
- Parliamentary Committee of HIV and Health engaged on relevant HIV/AIDS Policy Issues,

FY 2018/19 Planned Outputs

- Stakeholders engagement in the Implementation of Presidential Fast-Track Initiative for ending HIV as a public threat in Uganda by 2030 conducted
- Monitoring and technical support supervision to Local Governments on the implementation of Presidential Fast-Track Initiative of ending HIV undertaken
- Quarterly National Coordination of HIV/AIDS Prevention Committee meetings (MARPS Steering Committee, National Prevention Committee, AYP steering committee, IEC/BCC committee, Gender TWG and Message Clearing committee) convened
- Supported Quality assurance of HIV Prevention activities in cultural institutions, Religious establishment, Hotspots and Cross border areas, Fishing communities and Refugee settlements and IDPs areas.

Vote:107 Uganda AIDS Commission

- Participated in National, International and Partners' HIV and AIDS Assemblies, meetings and Conferences
- Media engagements on HIV/AIDS topical Issues undertaken
- HIV/AIDS Advocacy days (World AIDS Day, Philly Lutaaya, Candle Light days) commemorated
- Guidelines for media reporting on HIV/AIDS Issues developed and disseminated
- Advocated for the operationalisation of the AIDS Trust Fund
- National HIV/AIDS Spending Assessment (NASA) conducted
- Engaged development partners for mobilization of resources for HIV/AIDS Response
- Support provided to Country Coordinating Mechanism of the Global Fund to mobilize resources for Response in Uganda
- Decentralized HIV/AIDS Coordination structures (Districts and Municipalities) supported
- Strategic engagement and monitoring of sector plans and policy on HIV response with 50 MDAs and non-state actors to address HIV/AIDS implementation undertaken
- 8 major Institutional training centers in Uganda (UPDF, Police, National Leadership Institute kyankwanzi) engaged on HIV/AIDS Response
- Young people leadership engaged for increased participation in the HIV/AIDS Multi-Sectoral National Response
- National Annual Youth Forum on HIV/AIDS Response convened
- Coordination meetings with Self Coordinating Entities (SCEs) on HIV/AIDS Response conducted
- Monitor and Follow up of SCE Networks at both National and Sub- National levels on the implementation of HIV/AIDS interventions undertaken
- Sectors and Local Governments supported to mainstream HIV/AIDS in their Plans and Budget
- Gender sensitive BFP, Budget Estimates, Annual work plan, Ministerial Policy Statement and Procurement Plan prepared
- Quarterly and Annual Joint AIDS Review undertaken
- Gender sensitive HIV/AIDS databases operationalised
- Local Government supported on the review of HIV/AIDS data collected
- Capacity of Local Government technical staff built on HIV/AIDS M&E based on the new National M&E Plan
- Annual review of UAC Strategic Plan FY 2015/16-2019/20 undertaken
- National Aids Documentation and Information Center (NADIC) Systems and infrastructure to improve information sharing on HIV/AIDS Response developed
- HIV and AIDS information developed and disseminated to stakeholders
- UAC Administrative and Management system and Human Resources capacity strengthened
- Statutory staff Salaries paid
- Vacant positions filled to ensure full establishment to enhance the implementation of HIV/AIDS Response
- Staff capacity building and professional development

Vote:107 Uganda AIDS Commission

Medium Term Plans

- Strengthen Governance, Leadership and Management in HIV/AIDS Response
- Sustainable Resources mobilization for the National HIV/AIDS Response
- Mobilize and track resources for the national HIV response
- Enhance Advocacy and communication for the national HIV response
- Strengthen Strategic information on HIV/AIDS for evidence based decision making

Efficiency of Vote Budget Allocations

- Funds have been allocated to strengthen Advocacy and Strategic Information activities to enhance effective HIV Coordination at National and District levels. This is in addition to implement Presidential Fast-track Initiative to ending HIV/AIDS as a public health threat in Uganda by 2030

Vote Investment Plans

- Procurement of ICT Equipment
- Procurement of Office Furniture
- Procurement of Bio-metric System

Major Expenditure Allocations in the Vote for FY 2018/19

- Management and Administrative support Services
- Advocacy and Communication for the National HIV Response
- Strengthening Country Coordinating Mechanism on the Global Fund in Uganda
- Strengthening UAC Human Resource Capacity
- Improved Evidence based and informed Planning on HIV/AIDS interventions by key Sectors and Local Government

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :	
Programme :	51 HIV/AIDS Services Coordination
Programme Objective :	<ul style="list-style-type: none"> • To strengthen governance, leadership, and management systems • To mobilize adequate resources for the national HIV and AIDS response • To enhance gender sensitive advocacy and communication for the national HIV and AIDS response • To strengthen HIV and AIDS strategic information management for evidence based decision making
Responsible Officer:	Dr. Nelson Musoba
Programme Outcome:	Reduction in number of new infections (incidence)
<i>Sector Outcomes contributed to by the Programme Outcome</i>	

Vote:107 Uganda AIDS Commission

1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• HIV - incidence(Numbers)	0	83265			45,000	35,000	30,000
• Proportion of functional HIV/AIDS coordination structures at national and district levels	0	80%			90%	95%	100%
• % increase in number of large workplaces(30 workers and over) with HIV/AIDS workplace policies and programs	0	80%			90%	95%	100%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :107 Uganda AIDS Commission								
51 HIV/AIDS Services Coordination	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542
Total for the Vote	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 51 HIV/AIDS Services Coordination								
01 Statutory	6.968	7.098	1.114	7.098	8.501	9.632	11.329	13.355
0359 UAC Secretariat	0.053	0.128	0.000	0.128	0.156	0.187	0.187	0.187
Total For the Programme : 51	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542
Total for the Vote :107	7.021	7.226	1.114	7.226	8.657	9.819	11.516	13.542

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :107 Uganda AIDS Commission	
Programme : 51 Uganda AIDS Commission	
Output: 04 Major policies, guidelines, strategic plans	
Change in Allocation (US\$ Bn) : 0.096	There is need to strengthen the Decentralized HIV/AIDS Coordination Structures
Output: 05 Monitoring and Evaluation	

Vote:107 Uganda AIDS Commission

Change in Allocation (US\$ Bn) : (0.240)	Due to inadequate funding, fund not allocated for the quarterly Integrated support supervision to Local Government. This activity will be undertaken along side other Programmes
Output: 72 Government Buildings and Administrative Infrastructure	
Change in Allocation (US\$ Bn) : (0.028)	Planned renovation of the building have been halted due to legal dispute as advised by the Attorney General
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) : (0.100)	The Capital development fund allocated is not adequate to procure vehicles

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

N/A

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- Inadequate funding for HIV/AIDS Response
- Non functional Decentralized HIV/AIDS Coordination structures
- Inadequate staffing at the Zonal Coordination Offices
- Absence of the Board Members and a substantive Director General to provide Strategic direction of the Commission

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 107 Uganda AIDS Commission	
Programme : 51 HIV/AIDS Services Coordination	
OutPut : 02 Advocacy, Strategic Information and Knowledge management	
Funding requirement US\$ Bn : 0.970	Engagement with the Local leadership both at National and sub-national levels will increase awareness among men, Adolescent and young women to scale down on new HIV infections hence reduction in AIDS related death and disease burden. This leads to improvement in Human Capital Development.
OutPut : 04 Major policies, guidelines, strategic plans	
Funding requirement US\$ Bn : 0.840	Supporting the Decentralized HIV/AIDS Coordination Structure will strengthen Planning, Monitoring and supervision of the HIV/AIDS activities at the Lower levels. This will lead to improved efficiency and effectiveness in the Coordination and implementation of HIV/AIDS activities at the decentralized level. Hence increased awareness and reduction in new infections and HIV related death.

Vote:114 Uganda Cancer Institute

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.295	3.309	0.509	3.309	3.640	3.822	4.014	4.214
	Non Wage	1.872	3.143	0.530	2.940	3.587	4.125	4.951	5.941
Devt.	GoU	10.214	11.929	0.303	11.929	14.554	17.464	17.464	17.464
	Ext. Fin.	0.000	31.963	0.566	20.168	11.813	0.000	0.000	0.000
GoU Total		14.381	18.382	1.342	18.179	21.781	25.412	26.429	27.619
Total GoU+Ext Fin (MTEF)		14.381	50.345	1.908	38.347	33.595	25.412	26.429	27.619
<i>A.I.A Total</i>		1.024	1.860	0.367	1.860	2.600	2.800	2.800	2.800
Grand Total		15.406	52.205	2.275	40.207	36.195	28.212	29.229	30.419

(ii) Vote Strategic Objective

To offer super specialized services in areas of cancer treatment, research and prevention through conducting research into all aspects of common cancers in Uganda, provision of optimal evidence based clinical care, and provision of training for health care professionals using endemic cancers as model disease training.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

CANCER RESEARCH SERVICES

1. Nine (9) of the 11 submitted proposals were reviewed by the UCI REC;
2. Four (4) monitoring visits conducted by the REC to monitor research projects;
3. Two trainings conducted - Annual National Research Ethics Conference (ANREC) and How to conduct a monitoring visit;
4. UCI Scientific review committee was constituted.
5. One training for UCI staff held with the African Palliative Care Association;
6. Four studies initiated and supported 1) User requirements for an electronic medical records system for a cancer hospital 2) response to erlotinib in the treatment of NSCLC at the UCI 3) Defining the Molecular profile of breast cancer in Uganda and its clinical implications 4) Assessment of knowledge attitudes and practices of nurses handling of cytotoxic anticancer drugs at the UCI.
7. One UCI staff supported to attend a conference in France about cancer registry Ten (10) collaborative studies planned or initiated.
8. Twelve (12) collaborative research meetings were conducted to lender support in research activities Several (119) staff supported to attend palliative care trainings with Africa Palliative care association.
9. Three (3) Fellowship programs initiated (medical oncology, pediatric oncology and gynaecological oncology fellowships). Awaiting approval from NCHE and UMDPC and the vetting and award of in-post staff scholarships under the ADB support to Uganda Cancer Institute was supported.
10. Establishment of a comprehensive community cancer control program in Mayuge ongoing, training of staff, visitation of site conducted, meetings with local opinion leaders conducted.
11. Monitoring visits to Mbarara/Mayuge/Arua conducted to assess records and data management.
12. A Community Cancer registry at Mayuge District was established; training conducted in Mayuge and staff allocated to Mayuge site

Vote:114 Uganda Cancer Institute

13. Five (5) cancer registry related meetings attended

CANCER CARE SERVICES

1. 23,901 in-patient days and 18,776 outpatient days of comprehensive oncology clinical care provided.
2. 1,957 new patient cases received and attended
3. 138 Lumbar Punctures carried out
4. 471 Bone marrow Procedures performed
5. 308 minor surgical Operations and FNAC carried out
6. 268 Biopsies performed
7. 80 Gynae Operations performed
8. 59 Head and neck surgical Operations carried out
9. 8,415 X-rays performed
10. 516 CT simulations conducted
11. 619 patient days of social support provided
12. 124,056 laboratory investigations carried out
13. 17,269 Chemotherapy for infusion reconstituted
14. 1,549 patient days of social support provided
15. 14,580 Drug combinations dispensed to patients
16. 33,940 meals prepared and served for general inpatients

CANCER OUTREACH SERVICES

1. Three (3) radio talk shows and five (5) TV talk shows were conducted during the UMA health fair week,
2. Three Cervical cancer interviews were conducted and One (1) article about prostate cancer risk factors published in print media (new vision and observer).;
3. Conducted one (1) broadcasted interview.
4. Conducted fourteen (14) community based health education sessions;
5. Three community based health education sessions in partnership with UCCF.;
6. Educated 21,346 individuals out of whom 2684 clients were screened for cancers.;
7. Two (2) long distance outreaches were held.
8. Twenty-two (22) short distances outreaches were conducted.
9. Follow up calls made to 113 people with suspected cancers and made 120 referrals.
10. One (1) consultative and training meeting held at UCI.
11. Twenty (20) consultative and advocacy meetings held.
12. Six (6) Health management teams in six (6) districts trained.
13. Selected health care workers trained in six (6) districts on cancer prevention, screening and referrals.
14. Five (5) School drama groups formed
15. 26 static cancer awareness and screening clinics and two (2) Support supervision visits conducted
16. One (1) Cancer health education and screening needs assessment research project was initiated.

RADIOTHERAPY SERVICES

1. 1,732 Patient days of cancer care provided in the radiotherapy department
2. 153 New patients seen
3. 391 HDR planning sessions
4. 391 HDR (brachytherapy) sessions conducted
5. 1,089 Patients followed up

UGANDA CANCER INSTITUTE PROJECT

1. Renovated the old radiotherapy bunkers to house the new cobalt 60 machine
2. Continued with the construction of new radiotherapy bunkers which is currently at 71% of the civil works Monitoring and appraisal of all capital works at the UCI by the consultants for civil works were done
3. The two planned vehicles; a station wagon and a pickup truck were contracted and delivered by Motorcare and Mac East Africa respectively
4. Contract for Customer Relationship Management system, Que-management System and Call center integrating with clinic Master was awarded to Sybly Limited and fully installed
5. Seven (7) Desktop computers and two (2) printers procured

Vote:114 Uganda Cancer Institute

6. Contract for Network re-installation to change topology with 4 Alcatel switches and change of network cable was awarded to MFI Document Solutions Limited and installation work being implemented;
7. The connection of Fred Hutchinson outpatient and radiotherapy department LAN connections to main UCI were fully implemented
8. Time and Attendance Biometric Readers were procured;
9. Signage for the Institute was fully installed at UCI
10. Assorted ward equipment were procured.
11. X-ray viewers were procured.
12. Repair of biosafety cabins was fully executed
13. 20 oxygen concentrators were procured and delivered
14. 28 colour coded refuse bins were procured and delivered
15. Assorted physiotherapy equipment were procured
16. Assorted kitchen equipment were procured
17. Vehicle Fleet related supplies and Security related equipment were procured and delivered
18. Office curtains supply awarded to Bwali General Supplies and goods were delivered. supply of filling cabinets was awarded to Footsteps Furniture Company Limited and goods were delivered.

ADB SUPPORT TO UCI

1. Research concept for reallocation of funds from repository to cater for research were submitted to the bank for no objection on 8th June 2017. Advertised and received 25 research proposals in cancer research
2. The contracts with the newly appointed Project Architect and Bio Medical Engineer were signed on 27th April 2017 and the two new appointees assumed duty on 2nd May 2017.
3. Specifications for the Procurement of Linear Accelerator (LINAC) were developed and procurement process for the equipment was initiated.
4. The Second call for in-post applications for scholarships was posted on UCI notice boards on 19th June 2017 targeting the August intake
5. Local evidence based IEC materials were drafted and are ready for final editing and production (printing)
6. The PCU held two stakeholders' consultative meetings together with some Key senior management team members of Uganda Cancer Institute to specify Medical Equipment & ICT Requirements for the project
7. The Terms of Reference for the procurement process for the consultancy services for project monitoring and impact evaluation and procurement process initiated
8. Contract for Consultancy services for design, preparation of bidding documents, and construction supervision of a multipurpose cancer building was signed on 3rd April 2017, inception Report approved on 5th May 2017 and Held the first design workshop to populate the design requirements on 5th May 2017 and Held the second design workshop to agree on the optimal feasibility planning for detailed design of multipurpose building on 12th June 2017.
9. Started implementing the contract to construct houses for relocation of current occupants for site earmarked for multipurpose building

Performance as of BFP FY 2017/18 (Performance as of BFP)

MANAGEMENT/SUPPORT SERVICES

1. Assets and inventory were all well managed
2. Offices were managed and supervised
3. All Utilities like water, electricity and internet bills for Uganda Cancer Institute were settled
4. Infrastructure, equipment and vehicles were maintained in the quarter
5. The Quarterly return reports were submitted to the Accountant Generals office
6. Quarterly performance monitoring reports were submitted
7. Financial report was prepared and submitted in the quarter
8. Security, cleaning and hygiene at the Uganda Cancer Institute was maintained
9. IT and other communication and record management services supported
10. Four press releases were held,
11. Nine radio talk shows took place and four TV talk shows
12. One newsletter published
13. 3 monthly salary payments made to all staff in accordance with standards
14. 3 monthly pensions made to all pensioners in accordance to standard
15. 4 performance planning capacity building meetings held for Senior Nursing Officers, radiology unit, laboratory unit and social workers conducted.

Vote:114 Uganda Cancer Institute

16. Schedules of duty developed for radiology, social workers, stores, office attendants, procurement and catering produced.

CANCER CARE

1. 8910 infusions were carried out
2. 10754 prescriptions were dispensed
3. 3 drug reconciliation reports were prepared and submitted to the Director in the quarter
4. all Cytotoxic waste was disposed off during the month
5. 21848 laboratory investigations dispatched
6. 4979 imaging investigations carried out
7. 496 physiotherapy sessions conducted
8. 18 prostheses fitted
9. 5919 patient files were retrieved and availed to the clinical team for patient care documentation
10. 1179 new patient files were opened
11. 241 social support sessions were carried out
12. 1274 counseling sessions were conducted
13. 1179 new patients were attended to and initiated on appropriate treatment
14. 10407 in patient days of care were provided
15. 13332 outpatient days of care were provided
16. 360 specialized procedures carried out
17. 25 major and 260 minor surgical and gynecological operations were carried out

CANCER RESEARCH

1. 3 peer reviewed publications
2. The Uganda Cancer Institute research policy was not ratified
3. The grants office, regulatory office and quality assurance office were established
4. Established and functional
5. Five research studies supported under AfDB
6. 90% electronic data for key parameters for 2016 to 2017 was carried out and is currently on going.
7. Currently on going and nearing completion
8. Mayuge Cancer registry is now operational and running
9. 56 people awarded scholarships in this quarter
10. Two fellowships developed and currently undergoing accreditation by the medical council

CANCER OUTREACH

1. Three radio interviews & talk shows held on cancer risk factors, early detection and access to treatment (two interviews; Radio west, UBC, during Mitooma district outreach) and one radio talk show (KFM). Five TV interviews (Urban TV, TV West, UBC TV, NTV & Bukedde TV)
2. 5 District health teams were oriented on the national cancer health education and risk education, cancer screening and early detection and cancer referral guidelines
3. Four (4) Long distance outreaches conducted; 23/07/2017, Luwero, Ziobwe s/c, Ziobwe C.O.U, 29/07/2017, Luwero, Busiika, Bugema SDA Church 01/09/2017, Mitooma district, Kabira Sub county, Kabira HC111, 23/09/2017, Iganga, UCI & Lions club outreach
4. Seven short distance outreaches conducted during quarter one: Seven short distance outreaches conducted during September 2017; 03/09/2017, Kajjansi, Wakiso, UCI & Dream football community league, 12th-15th, Sep 2017, Kampala, Imperial royal, UCI & UEDCL, 27th- 29th Sep 2017, Kololo, Kampala, URA Taxpayers & public accountability week
5. 65 static cancer awareness and screening clinics conducted at Uganda Cancer;
6. 2 cancer survivor ship talk sessions were delivered to two different groups.
7. 3 peer reviewed publications

INTERNAL AUDIT

One Quarterly Audit report on UCI planned activities prepared and submitted to authorities

RADIOTHERAPY

1. 150 brachytherapy insertions were conducted
2. TLDs were read once

Vote:114 Uganda Cancer Institute

3. 150 new patients were seen
4. 65 radiation therapy education sessions were provided to patients
5. 314 patients were followed up
6. 300 in care patients were reviewed
7. The monitoring was done and a continuous activity for radiation protection
8. A new radiotherapy machine was acquired and installed.
9. Servicing on the High Dose rate Brachytherapy machine was done

FY 2018/19 Planned Outputs

CANCER RESEARCH

1. 48 research proposals reviewed by UCI Research Ethic Committee
2. 12 REC meetings held
3. 4 monitoring reviews carried out
4. 4 review meetings held and facilitated
5. 4 CAB meetings facilitated and held
6. Four training meetings on human subject research ethics held
7. Eight (8) UCI initiated research projects supported
8. 8 UCI staff supported to present research findings at local and international fora Collaborative researches (HCRI, ACTG, APPCA, ACS, TXH, PATH) supported
9. Ten UCI initiated and funded research projects
10. Four (4) Support visits to Mayuge Community cancer center conducted
11. Eight (8) cancer registry related training workshops held and reports developed
12. One publication on cancer trends in Uganda

CANCER OUTREACH

1. 40 Supporting visits on cancer awareness, screening and referral of patients at lower level health facilities made
2. 400 copies of cancer health education & risk reduction guideline for district health facilities produced
3. 8 TV and 24 Radio talk shows conducted
4. 12 Newspaper supplements/articles published
5. 26,0000 cancer Information Education Communication (IEC) materials produced
6. 400 copies of cancer early detection & referral guidelines produced
7. 40 trainings on the national cancer health education and risk reduction, cancer early detection and proper referral conducted to district health teams
8. 8 Long distance and 24 Short distance outreaches conducted.
9. 260 Static cancer awareness and screening clinics conducted at UCI
10. 1000 copies of Guidelines for Cancer Survivorship produced
11. 4 Talks delivered on wellness & life after cancer treatment to cancer survivorship groups and individuals who survived cancer
12. 4 Cancer patients' follow-up outreach conducted.
13. 48 health education sessions conducted in various social groups in the community

CANCER CARE

1. 30,000 in-patient days and 20,000 outpatient days of comprehensive oncology clinical care provided at Uganda Cancer Institute.
2. 10,000 in-patient days and 15,000 outpatient days of comprehensive oncology clinical care provided at satellite clinics.
3. 500 new patient cases received and attended to at satellite clinics.
4. 4,500 new patient cases received and attended to at Uganda Cancer Institute.
5. 500 Lumbar Punctures carried out at Uganda Cancer Institute
6. 400 Bone marrow Procedures performed at Uganda Cancer Ins
7. 1,000 minor surgical procedures carried out at Uganda Cancer Institute
8. 156 major surgical procedures carried out at Uganda Cancer Institute
9. 100 Gynae Operations performed at Uganda Cancer Institute
10. 10,000 X-rays performed at Uganda Cancer Institute
11. 144 diagnostic mammography procedures performed
12. 3,600 mammography screening investigations performed
13. 2,400 digital fluoroscopy investigations performed

Vote:114 Uganda Cancer Institute

14. 144 interventional fluoroscopy procedures performed
15. 7,000 Ultra sound scans performed at Uganda Cancer Institute
16. 300 Ultra sound interventions performed at Uganda Cancer Institute
17. 3,000 CT scans conducted at Uganda Cancer Institute
18. 200 CT interventions performed at Uganda Cancer Institute
19. 150,000 assorted clinical laboratory investigations (CBCs, Chemistries, Blood transfusions, Platelet transfusions, HIV tests, Urine Analyses, Stool Analyses, Bone marrow Processing, Peripheral films, B/S for malaria and Cytology) conducted
20. 1,000 histo-pathology examinations carried out
21. 1,500 cytology examinations carried out
22. 9000 assorted research investigations carried out
23. 1,000 patient days of psychosocial assessment and support provided
24. 40,000 Chemotherapy for infusion reconstituted in Uganda Cancer Institute's pharmacy
25. 3,000 patient days of physiotherapy services provided at Uganda Cancer Institute
26. 40,000 prescriptions dispensed to patients at Uganda Cancer Institute
27. 60,000 meals prepared and served for general inpatients at Uganda Cancer Institute

INTERNAL AUDIT

1. Four (4) Drugs and sundries Management Audit reports developed and submitted
2. Four (4) Payroll audit reports developed and submitted
3. Three (3) payment reports developed and submitted
4. Two (2) stores management Audit reports developed and submitted
5. Four (4) special assignment Audit reports developed and submitted
6. Two (2) procurement processes audit reports reviewed

vii. Two (2) Fixed Asset Management Audit reports developed and submitted

1. One (1) projects audit report developed and submitted
2. One (1) end of year performance audit report developed and submitted

RADIOTHERAPY SERVICES

1. 35,000 treatment sessions conducted on cobalt 60 machine
2. 15,000 treatment sessions conducted on LINAC machine
3. 2,000 patients planned for radiation therapy using CT-Simulator, Conventional simulator and computer planning
4. 2400 brachytherapy insertions conducted
5. Staff thermo-luminescent dosimeters (TLDs) read 12 times a year
6. 2,000 new patients attended to
7. 260 radiation therapy education sessions provided to patients
8. 4,160 patients who completed treatment followed up
9. 2,000 on treatment patients reviewed
10. 1,000 compensators and immobilization devices constructed
11. Radiation leakage monitoring around the bunker conducted once
12. Radiotherapy equipment maintenance and service done four times a year

MANAGEMENT/SUPPORT SERVICES

1. All Utilities like water, electricity and Internet bills for Uganda Cancer Institute settled
2. Financial statements for UCI prepared and submitted to Authority Institutions three times in the year
3. Four (4) Quarterly performance achievement reports & newsletters published for Uganda Cancer Institute visibility
4. Four Uganda Cancer Institute press releases published,
5. Eight Institutional radio talk shows and Eight Institutional TV talk shows conducted
6. Four Uganda Cancer Institute Quarterly return reports for Aid In Appropriation prepared and submitted to Accountant General's Office
7. IT, other communication and record management services at Uganda Cancer Institute supported throughout the year
8. Offices managed and supervised Performance
9. Monitoring and evaluation reports prepared and submitted to authority Institutions four times throughout the year
10. Security, cleaning and hygiene at the Uganda Cancer Institute maintained Uganda Cancer Institute
- 11.

Vote:114 Uganda Cancer Institute

- i. Assets and Inventory managed
- ii. Uganda Cancer Institute customized Institutional Calendars, certificates of appreciation to donors, brochures, diaries, business cards for Key UCI staff and seasonal greetings cards printed, delivered and distributed to stakeholders

Medium Term Plans

- i. Equipping the Institute with state of the art medical equipment for cancer diagnosis and treatment so as to reduce referrals abroad and attract medical tourism
- ii. Implementation of the UCI Act 2016 with aim of improved service delivery and staff retention at the UCI
- iii. Transforming UCI into a Center of excellence through procurement of state of the art equipment, attraction and retention of specialist oncologists, construction of modern buildings and improved quality of care
- iv. Construction of regional cancer centers with aim of decongesting the main UCI and bringing services closer to the people

Efficiency of Vote Budget Allocations

Will be working according to the public finance management Act 2015 by ensuring expenditure is according to work plans and cash flow plans as established by PS/ST

Vote Investment Plans

- i. Construction and equipment of radiotherapy Bunkers
- ii. Construction of Multipurpose cancer building
- iii. Construction of nuclear medicine department and support areas for the radiotherapy bunkers
- iv. Procurement of state of the art medical equipment for cancer diagnosis and treatment
- v. Construction of cancer early detection and screening centre

Major Expenditure Allocations in the Vote for FY 2018/19

- i. The one of the major expenditure allocations went to Uganda Cancer Institute Project which is to cater for construction of radiotherapy bunkers and other buildings
- ii. The other project was ADB support to UCI which is aimed at transforming the UCI into a center of excellence in oncology
- iii. Also wage was among the expenditures with substantially big allocation and this is aimed at recruitment of additional staff to improve service delivery

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	57 Cancer Services						
Programme Objective :	To reduce the incidences of cancer cases and associated mortalities through excelling in prevention, care, research and training						
Responsible Officer:	Dr Jackson Orem						
Programme Outcome:	Improved cancer services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % reduction in cancer incidence	0				0.02%	0.02%	0.02%

Vote:114 Uganda Cancer Institute

• % change in disease presentation (from stage III & IV to II & I)	0		3%	3%	3%
• % of patients under effective treatment	0	50%	55%	60%	65%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :114 Uganda Cancer Institute								
57 Cancer Services	13.872	50.345	1.854	38.347	33.595	25.412	26.429	27.619
Total for the Vote	13.872	50.345	1.854	38.347	33.595	25.412	26.429	27.619

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 57 Cancer Services								
01 Management/support services	3.107	4.422	0.675	4.310	4.861	5.227	5.698	6.235
02 Medical Services	0.786	1.891	0.283	1.780	2.196	2.525	3.030	3.637
03 Internal Audit	0.024	0.025	0.003	0.045	0.031	0.035	0.042	0.051
04 Radiotherapy	0.118	0.115	0.023	0.115	0.140	0.161	0.194	0.232
1120 Uganda Cancer Institute Project	8.116	8.809	0.000	8.029	11.354	15.464	15.464	15.464
1345 ADB Support to UCI	1.976	33.952	0.869	22.068	13.013	0.000	0.000	0.000
1476 Institutional Support to Uganda Cancer Institute	0.000	1.131	0.000	2.000	2.000	2.000	2.000	2.000
Total For the Programme : 57	14.128	50.345	1.854	38.347	33.595	25.412	26.429	27.619
Total for the Vote :114	14.128	50.345	1.854	38.347	33.595	25.412	26.429	27.619

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :114 Uganda Cancer Institute	
Programme : 57 Uganda Cancer Institute	
Output: 03 Cancer Outreach Service	
Change in Allocation (US\$ Bn) : 0.100	These funds were a reallocation with aim of enhancing preventive measures through screening and outreach services country wide for early detection.
Output: 05 Internal Audit	
Change in Allocation (US\$ Bn) : 0.020	The additional twenty million was aimed at enhancing internal audit activities especially attending field work to satellite centres like Mayuge, Mbarara and Arua to examine compliance and service delivery.

Vote:114 Uganda Cancer Institute

Output: 72 Government Buildings and Administrative Infrastructure		
Change in Allocation (US\$ Bn) :	(12.247)	This is mainly due to less capital works expected under ADB support to UCI project where the construction of multi purpose cancer building will be in its initial stages
Output: 76 Purchase of Office and ICT Equipment, including Software		
Change in Allocation (US\$ Bn) :	(0.969)	Priorities are in procurement of state of the art medical equipment and thus ICT is of no priority this Financial Year
Output: 77 Purchase of Specialised Machinery & Equipment		
Change in Allocation (US\$ Bn) :	3.199	Priorities are in procurement of state of the art medical equipment this Financial Year to improve service delivery at the UCI
Output: 84 OPD and other ward construction and rehabilitation		
Change in Allocation (US\$ Bn) :	(0.100)	No major repairs on outpatients department are anticipated this Financial Year since majority has been done during 2017/18

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 114 Uganda Cancer Institute		
Programme : 57 Cancer Services		
Project : 1120 Uganda Cancer Institute Project		
Output: 72 Government Buildings and Administrative Infrastructure		
Basement store for UCI to house addition procurement and supplies repaired	The designs for this are currently on going.	Completion of construction of the radiotherapy bunkers, continue with construction of support areas for the bunkers and nuclear medicine department
Construction of support areas for the radiotherapy bunkers initiated.	The procurement for this is ongoing and the contract is at Solicitor Generals office for clearance	
Master plan for UCI designed	The activity is to be initiated in the Next Quarter	
Radiotherapy bunkers constructed and supervised	The construction of the radiotherapy building is currently on going and is at 61%.	
Structural designs and artistic impressions for the service support building developed	The activity is to be initiated in the Next Quarter	
Water pipeline channeling, streamlining and plumbing for UCI carried out:	A contract has been placed with National water(NWSC) for Phase 1	
Total Output Cost(US\$ Thousand):	8.709	8.029
Gou Dev't:	8.709	8.029
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000
Project : 1345 ADB Support to UCI		

Vote:114 Uganda Cancer Institute

Output: 72 Government Buildings and Administrative Infrastructure

Current occupants of land where the multipurpose building will be housed relocated	Occupants were relocated and the land is now available for construction to begin	The Multipurpose building for oncology centre of excellence constructed	
Multipurpose building for the East Africa Oncology Institute Constructed	The contractor for the construction of the Multipurpose building has not yet been procured as it is awaiting finalization of the Architectural designs		
Structural designs for the Multipurpose building developed and construction supervised	On July 17th the third design workshop was held in which the feasibility planning was presented and approved. On 21st August, the fourth design workshop was held in which the preliminary designs were presented and approved		
Total Output Cost(Ushs Thousand):	22.067	0.125	10.500
Gou Dev't:	0.712	0.125	0.500
Ext Fin:	21.355	0.000	10.000
A.I.A:	0.000	0.000	0.000

Output: 76 Purchase of Office and ICT Equipment, including Software

Assorted ICT Equipment for Training and Telemedicine procured and installed	The plan to procure Consultancy Services for development of Specifications and requirements for Biomedical Equipment and ICT requirements for the centre of Excellence was dropped in favour of doing the job with in-house staff namely, Project Biomedical Engineer and Project ICT Specialist. This decision was taken to ensure that the equipment requirements can be developed in time to inform the building designs before the final architectural drawings are approved.		
Total Output Cost(Ushs Thousand):	0.935	0.000	0.000
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	0.935	0.000	0.000
A.I.A:	0.000	0.000	0.000

Vote:114 Uganda Cancer Institute

Output: 77 Purchase of Specialised Machinery & Equipment

Assorted medical Equipment for Outreach Centres (Arua & Mayuge) procured, supplied and installed in the two cancer centres		Bids for supply of Equipment for Outreach Centres (Arua & Mayuge) were received and evaluated. Evaluation report for medical equipment for Arua and Mayuge was also approved by the bank and the contracts drafted and sent to the Bank currently awaiting the Bank’s response.		Assorted medical equipment for the Oncology Multipurpose building and main UCI procured	
Total Output Cost(Ushs Thousand):		1.872	0.000	4.168	
Gou Dev’t:		0.000	0.000	0.000	
Ext Fin:		1.872	0.000	4.168	
A.I.A:		0.000	0.000	0.000	

Project : 1476 Institutional Support to Uganda Cancer Institute

Output: 77 Purchase of Specialised Machinery & Equipment

Blood bank refrigerator (80m), Centrifuge (35 m), Heavy duty generator (245 m), Ward file trolleys (15m), file trolleys for patient files (2.1 m), Micro-Laryngoscopy scope (150 m) One 40.ft Container (56 m), 4 box trolleys (8 m), 30 padlocks (2.7 m), 2 ladders (1.4 m), 20 plastic pallets (4 m), 20 wooden pallets (3.4 m) & Fleet Requirements(Tires and Batteries Purchased Sterilizer/ autoclave, digital colposcopes (2), LEEP machines (2), Cryotherapy equipments (2), Coldcoagulators (2), Brachytherapy Applicators procured	To be initiated in the Next Quarter Procurement for this has been initiated and is currently ongoing. To be initiated in the Next Quarter	Assorted state of the art medical equipment procured	
Total Output Cost(Ushs Thousand):	0.897	0.000	1.800
Gou Dev't:	0.897	0.000	1.800
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- The Institute continued with experience of constrained space for expansion
- The breakdown of the existing cobalt 60 machine continued to hamper service delivery at the Institute
- Inadequate staffing levels following a restricted staff structure which is not even filled to capacity
- Drug stock outs and delays in supply and delivery of requisite drugs and sundries for patients
- Limited funding to enable purchase of state of the art medical equipment for diagnosis and care
- Difficulty in attracting and retaining cancer specialists

Table V5.1: Additional Funding Requests

Vote:114 Uganda Cancer Institute

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 114 Uganda Cancer Institute	
Programme : 57 Cancer Services	
OutPut : 02 Cancer Care Services	
Funding requirement US\$ Bn : 19.240	Cancer medication drugs and sundries. Funds for constructing regional cancer centres
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 13.000	Finalization of the construction of the Nuclear medicine department

Vote:115 Uganda Heart Institute

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.357	2.835	0.417	2.835	3.118	3.274	3.438	3.610
	Non Wage	4.543	4.677	0.818	4.498	5.487	6.310	7.572	9.087
Devt.	GoU	4.498	4.500	0.000	4.500	5.490	6.588	6.588	6.588
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	GoU Total	11.399	12.012	1.235	11.833	14.096	16.173	17.598	19.285
	Total GoU+Ext Fin (MTEF)	11.399	12.012	1.235	11.833	14.096	16.173	17.598	19.285
	<i>A.I.A Total</i>	3.952	6.000	0.710	6.000	8.000	10.000	13.000	17.000
	Grand Total	15.350	18.012	1.946	17.833	22.096	26.173	30.598	36.285

(ii) Vote Strategic Objective

"To enhance prevention and promotion of cardiovascular care"

V2: Past Vote Performance and Medium Term Plans

Vote:115 Uganda Heart Institute

Performance for Previous Year FY 2016/17

Heart Care:

- 459 cardiac interventions were performed (63 open heart surgeries, 54 closed heart surgeries and 342 catheterisation procedures).
- 12,909 outpatients attended to and diagnostic services provided (9,850 ECHOs, 7,874 ECGs, 1,352 X-rays, 180 holter monitoring, 57,559 laboratory tests and 63 stress tests).
- 522 ICU/CCU admissions.
- 1,184 inpatient admissions.

Heart Research:

- 10 Proposals and 10 publications on Rheumatic Heart Disease and other heart related diseases conducted.

Heart Outreaches:

- Outreaches were conducted through support supervision to 12 regional referral hospitals and provision of health education to 90 specialised groups.

Uganda Heart Institute Project:

- Assorted specialised surgical instruments, procedural instruments, machinery and equipment procured for Cath-lab, adult and Paediatric cardiology, laboratory, Perfusion, Physiotherapy and Anaesthesia.
- 3 double cabin vehicles for the Director, Accounts and other departments procured.
- 15 computers and 15 UPS, 1 printer and other office and ICT equipment procured.

Heart Institute Support Services:

- Staff facilitated for training; 8 super specialists were trained in the areas of cardiac surgery, critical care, cardiac anaesthesia, perfusion and cardiology.
- Management and staff meetings, workshops, seminars and conferences facilitated.
- Utilities (water, electricity, internet) paid.
- Service providers (cleaning and sanitation, maintenance of facilities and assets) paid.

Performance as of BFP FY 2017/18 (Performance as of BFP)

Heart Care:

- 109 cardiac interventions have been performed (15 open heart surgeries, 17 closed heart surgeries and 77 catheterisation procedures).
- 4,399 outpatients attended to and diagnostic services provided. 2,670 ECHOs, 2,211 ECGs, 8,771 laboratory tests, 221 x-rays.
- 150 ICU/CCU admissions.
- 346 inpatient admissions.

Heart Research:

- Research on heart related diseases has been conducted and 5 publications done.

Heart Outreaches:

- Outreaches through support supervision to 3 regional referral hospitals conducted.

Heart Institute Support Services:

- Staff facilitated for training; 3 staff undergoing training in cardiac surgery and anaesthesia.
- Management and staff meetings, workshops, seminars and conferences facilitated.
- Utilities (water, electricity, internet) paid.
- Service providers (cleaning and sanitation, maintenance of facilities and assets) paid.

Vote:115 Uganda Heart Institute

FY 2018/19 Planned Outputs

Heart Care:

- Improved access to heart care by performing 100 open heart surgeries, 100 closed heart surgeries and 500 catheterization procedures.
- Attend to 20,000 outpatients and provide diagnostic services. 16,000 ECHOs, 14,000 ECGs, and 70,000 laboratory tests.

Heart Research:

- Carry out research on heart related diseases and its management. 10 proposals and 10 publications.
- Build capacity of UHI staff in research through training.

Heart Outreaches:

- Provide support supervision to 13 regional referral hospitals.
- Conduct community outreaches to specialised groups.
- Conduct awareness campaigns.

Heart Institute Support Services:

- Improve human resource capacity through staff recruitment and training of super specialists.
- Facilitate Board, management and staff meetings, workshops, seminars and conferences.
- Utilities (water, electricity, internet) paid.
- Service providers (cleaning and sanitation, maintenance of facilities and assets) paid.

Medium Term Plans

- Increase number of cardiac interventions to reduce referrals abroad.
- Consolidate the valve and coronary bypass surgery.
- Improve infrastructure by constructing and equipping the UHI home.
- Establish regional cardiac centres to improve access to heart care for all.
- Train more super specialists.
- Carry out basic and clinical research in heart disease and its management.
- Promote prevention and awareness of heart disease.

Efficiency of Vote Budget Allocations

- Timely procurement of specialised sundries, machinery and equipment.
- Execution of the budget in line with the Public Finance Management Act (2015).
- Budget and work plan aligned to NDP II.

Vote Investment Plans

- Construct and equip UHI Home.
- Procure Office and ICT equipment; 10 computers, Security firewall, Queue management, Network switches, 1 CCTV camera system, 3 Access control and 1 walk through detector.
- Procure specialised machinery and equipment; Surgical instruments, 2 ECG machines, 1 warmer cabinet, 1 cerebral oximetry, 1 ICU ventilator, 1 operating table, infusion pumps, syringe pumps, 1 stress test machine, 1 washing/dryer machine, medical furniture and other assorted medical equipment.
- Procure assorted office and residential furniture and fittings; 2 Air Conditioners, secretarial chairs, 3 Office cabinets and other assorted office furniture and fixtures.

Major Expenditure Allocations in the Vote for FY 2018/19

- Purchase of specialised drugs and sundries.
- Procurement of specialised machinery, furniture and equipment.
- Provision of heart institute support services.

Vote:115 Uganda Heart Institute

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :

Programme :

58 Heart Services

Programme Objective :

a)

Provide cardiac care and medical services for patients with cardiovascular and other related diseases.

Carry out research in cardiovascular disease and its management.

Offer teaching/training in cardiovascular medicine.

Enhance health promotion and prevention of cardiovascular disease and other related diseases.

b)

Responsible Officer:

Dr. Omagino O.O. John

Programme Outcome:

Quality and accessible Heart Services

Sector Outcomes contributed to by the Programme Outcome

1. Enhanced competitiveness in the health sector

Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of patients in need of cardiac surgery operated	0				60%	70%	80%
• Annual(%) decrease in number of referrals for heart conditions abroad	0				38%	35%	30%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :115 Uganda Heart Institute								
58 Heart Services	11.193	12.012	1.234	11.833	14.096	16.173	17.598	19.285
Total for the Vote	11.193	12.012	1.234	11.833	14.096	16.173	17.598	19.285

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18	2018-19	Medium Term Projections
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Vote:115 Uganda Heart Institute

	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 58 Heart Services								
01 Management	2.720	3.415	0.492	3.236	3.608	3.838	4.114	4.421
02 Medical Services	3.993	4.083	0.739	4.083	4.981	5.728	6.874	8.248
03 Internal Audit	0.011	0.014	0.003	0.014	0.016	0.019	0.023	0.027
1121 Uganda Heart Institute Project	4.498	4.500	0.000	4.500	5.490	6.588	6.588	6.588
Total For the Programme : 58	11.223	12.012	1.234	11.833	14.096	16.173	17.598	19.285
Total for the Vote :115	11.223	12.012	1.234	11.833	14.096	16.173	17.598	19.285

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :115 Uganda Heart Institute	
Programme : 58 Uganda Heart Institute	
Output: 76 Purchase of Office and ICT Equipment, including Software	
Change in Allocation (US\$ Bn) : 0.051	The institute requires a queue management system to work hand in hand with the HMIS which was procured in the previous Financial year. The Institute also requires a CCTV surveillance camera and walk through detector for security purposes.
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : (0.081)	The funds were added to procurement of specialized machinery and equipment. This was due to the high demand for heart care services that require highly specialized equipment.

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 115 Uganda Heart Institute		
Programme : 58 Heart Services		
Project : 1121 Uganda Heart Institute Project		
Output: 77 Purchase of Specialised Machinery & Equipment		
1 Clinical chemical Analyser, 1 Echo machine Heavy Duty, 25 Infusion pumps, 4 Blood analysers, 1 Vital sign machine, 2 Stress test machine, 1 Heat exchanger machine, 1 Centrifuge, 1 Pace Maker Programmer, 2 Blood Gas Analyser, 1 Ventilator, 2 Cell Savor,	1. Signed contract with supplier for Clinical Chemistry Analyser. 2. Contract awarded for syringe pumps, infusion pumps and patient monitors. 3. 1 Centrifuge procured. 4. Procurement process for cell savers and ventilator began.	Surgical instruments, 2 ECG machines, 1 warmer cabinet, 1 cerebral oximetry, 1 ICU ventilator, 1 operating table, infusion pumps, syringe pumps, 1 stress test machine, 1 washing/dryer machine, medical furniture and other assorted medical equipment
Total Output Cost(US\$ Thousand):	4.200	0.000
		4.230

Vote:115 Uganda Heart Institute

Gou Dev't:	4.200	0.000	4.230
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- Limited funding; Currently only 50% of UHI capacity is utilized due to inadequate budgetary provision for procurement of specialized sundries. In order to increase performance of cardiac interventions from 500 (50%) to 700 (70%), additional funding of USD 3.5M (UGX 12 Billion) is required which will further save the country USD 10.5M (UGX 36 billion) if these patients were referred abroad.
- Human resource gap, inadequate skills and low motivation to retain existing staff. UHI requires additional funding of UGX 3.73 Billion for training super specialists and hiring expatriates.
- Inadequate space to fully utilise UHI capacity. UHI requires UGX 232 Billion for construction and equipping of the UHI Home. Alternatively, hire operational space at UGX 3.7 Billion per year.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 115 Uganda Heart Institute	
Programme : 58 Heart Services	
OutPut : 02 Heart Care Services	
Funding requirement US\$ Bn : 3.500	Increase in funding will lead to increase in number of patients accessing quality heart care and this will also reduce on the number of referrals abroad.
OutPut : 04 Heart Institute Support Services	
Funding requirement US\$ Bn : 3.730	Training of more super specialists will contribute to Uganda Heart Institute becoming a centre of excellence and providing quality heart care to its patients.
OutPut : 72 Government Buildings and Administrative Infrastructure	
Funding requirement US\$ Bn : 232.000	Construction of the UHI Home will lead to improved health infrastructure and improved access to heart care services to all.

Vote:116 National Medical Stores

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent Wage	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Non Wage	264.964	237.964	120.219	278.964	340.337	391.387	469.665	563.597
Devt. GoU	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	264.964	237.964	120.219	278.964	340.337	391.387	469.665	563.597
Total GoU+Ext Fin (MTEF)	264.964	237.964	120.219	278.964	340.337	391.387	469.665	563.597
<i>A.I.A Total</i>	0.000	0.000	0.000	20.000	23.000	25.000	32.000	40.000
Grand Total	264.964	237.964	120.219	298.964	363.337	416.387	501.665	603.597

(ii) Vote Strategic Objective

- Procure, warehouse and distribute Essential medicines and health supplies to all public health facilities
- Maximise value offering to our customers.
- Strengthen management efficiency and effectiveness for improved service delivery.
- Enhance innovations for efficient service delivery.
- Broaden and sustain the resource base of corporation.
- Enhance organisational capacity for sustainable operations and growth of National Medical Stores.
- Strengthen partnerships and collaborations for improved stakeholder engagement.

V2: Past Vote Performance and Medium Term Plans

Vote:116 National Medical Stores

Performance for Previous Year FY 2016/17

The Corporation received and spent the appropriated funds shs 237 billion for the FY 2016/17. The release was in accordance to levels of care from Health center 11(shs 11.6 billion); Health centers III(shs 18.36);Health Center IV(shs 7.99 billion); General hospitals(shs 14.45 billion); Regional Referral hospitals(shs 13.02 billion);National Referral Hospitals(shs 12.36 billion); ACTS, ARVS and Anti-TB drugs(shs 110 billion); Specialized units(UBTS,UHI,UCI)(shs 18.1 billion); Emergency and donated items(shs 2.5 billion);Reproductive health items(shs 8 billion);Immunization supplies including Hepatitis B Vaccine(shs 17 billion); Laboratory items(shs 5 billion.)

In addition a supplementary amount of shs.27 billion was received to facilitate the procurement of ACTs and blood supplies(shs 20 billion and shs 7 billion respectively).

The Corporation receive shs 4 billion from the Ministry of Health to procure Uniforms for medical workers (shs 3 billion) and Medical Stationery (shs 1 billion).The uniforms were procured and Regional Referral and National Referral Hospitals have been served.The distribution continues to General Hospitals and other Local Government units.

The supply of medicines and medical supplies to all health facilities spread throughout the country is for both general and specialized treatment of ailments that affect the Women, Men, Children, the Elderly and Disabled. The Essential Medicines and Health Supplies are accessible in all areas of Uganda including the hard to reach areas. The Basic Kits supplied to HC 2 and HC 3 as well as orders to higher levels of care are designed to ensure the health supplies covers the sensitivities of age, sex and location.

The budget allocation is according to the level of health care which ensure that similar levels of health centres or Hospitals receive the same amount of money(budget allocation) irrespective of their location in the country.

Specifically there are supplies designed for delivering mothers (maama kit) under reproductive health care.

Immunisation supplies are interventions to prevent child killer diseases especially children under the age of 5yrs.Young girls are vaccinated against cervical cancer. Supply of Hepatitis B Vaccines is an intervention to the spread out of the disease in the most affected regions of Northern and Eastern Uganda.

People affected with HIV/AIDS can access ARVs from accredited health facilities spread out across the country.

The medicines and health supplies are delivered to all health facilities in Uganda at the same cost charged to the facilities under the last mile arrangement to ensure equity in supply without disadvantaging the hard to reach or those in remote areas of the country.

The procurement, storage and distribution of medicines and health supplies was done in adherence to the objective of strengthening mechanism for quality effective and efficient service delivery.

Performance as of BFP FY 2017/18 (Performance as of BFP)

The Corporation received and spent the appropriated funds shs 207 billion for the first two quarters of FY 2017/18. The release was in accordance to levels of health care from Health center 11(shs 8.9 billion); Health centers III(shs 16.4);Health Center IV(hs 5.9 billion); General hospitals(shs 13.9 billion); Regional referral hospitals(shs 11.5 billion);National Referral Hospitals(shs 11.5 billion); ARVs (shs,80 billion) ACTs(shs 8.1 billion) and Anti-TB drugs(shs 6.5 billion); Specialized units(UBTS,UHI,UCI) (shs16.5 billion); Emergency and donated items(shs 2.0 billion);Reproductive health items(shs 6.5 billion);Immunization supplies including Hepatitis B Vaccine(shs 15.5 billion); Laboratory items(shs 4.5 billion.) and domestic areas of shs 20 billion.

The supply of medicines and medical supplies to all spread throughout health facilities is for both general and specialized treatment of ailments that affect the Women, Men, Children,the Elderly and Disabled. These Essential Medicines and Health Supplies are accessible in all areas of Uganda including the hard to reach areas. The Basic Kits supplied to HC 2 and HC 3 as well as orders to higher levels of health care are designed to ensure the health supplies covers the sensitivities of age, sex and location. The medicines and health supplies are delivered to all health facilities in Uganda at the same cost charged to the facilities under the last mile arrangement.

Vote:116 National Medical Stores

FY 2018/19 Planned Outputs

The Corporation to receive shs 277 billion for the FY 2018/19. This will be in accordance to levels of care from Health center II (shs 11 billion); Health centers III(shs 18.36 billion);Health Center IV(shs 12.78 billion); General hospitals(shs 19.455 (billion); Regional referral hospitals (shs18.23 billion);National Referral Hospitals(shs 16.365 billion); ACTS(shs 8.1 billion), ARVS(shs 94 billion) and Anti-TB drugs(shs 7 billion); Specialized units(UBTS,UHI,UCI)(shs 23.1 billion); Emergency and donated items(shs 2.5 billion);Reproductive health items(shs 17 billion);Immunization supplies including Hepatitis B Vaccine(shs 19 billion); Laboratory items(shs 11 billion).

The supply of medicines and medical supplies will be made to health facilities for both general and specialized treatment of ailments that affect the Women, Men, Children, the elderly and disabled. These EMHS will be accessed in all areas of Uganda including the hard to reach areas. The Basic Kits supplied to HC 2 and HC3 as well as orders to higher levels of care are designed to ensure the health supplies covers the sensitivities of age, sex and location. The Corporation will continue to emboss all medicines and health supplies that are delivered to health facilities to ensure they secure accessibility by the patients. Continue with the advocacy of preventive health as an inroad to better health for all Ugandans. To strengthen the hub to spoke model from General hospitals to lower health facilities. The corporation will continue to provide medicines for the disadvantaged like people with HIV/AIDS and the mentally challenged to improve their quality of life. Reproductive supplies especially mama kits will continue to be delivered and advocate for more funding to foster the efforts of reducing deaths of delivering mothers. Immunisation supplies to cater for prevention of killer diseases will be delivered to all health facilities.

Medium Term Plans

The Corporation will continue to procure, store and distribute Essential medicines and health supplies to all public health facilities in accordance with levels of health care taking into consideration sensitivities of age, sex and location. It will strengthen management efficiency and effectiveness for improved service delivery and enhance innovations for efficient service delivery.

It will enhance organizational capacity for sustainable operations and growth of National Medical Stores.

The Corporation will strengthen partnerships and collaborations for improved stakeholder engagement. Efforts to prepare and review procurement plans with the health facilities will be enhanced as this is a key factor in getting procurement plans rights and ensure they have taken care of needs for the distinct needs for regions, for the youth, women, men and elderly. Special attention to be paid to the marginalized groups like the mentally challenged and disabled.

There will be prominent consideration for people infected with HIV/AIDS to execute the test and treat policy to improve their quality of life.

The vote performance will be improved through better planning and execution with an ill-inclusive and seamless Enterprise Resource Planning (ERP) whose procurement is underway.NMS plans to complete the construction of an ultra modern ware house that will increase the storage capacity three times the current one.This will ensure sufficient storage of more stock to take care of buffer stock wherever there are challenges during transportation by the suppliers.

Efficiency of Vote Budget Allocations

The corporation is mandated to procure, store and distribute essential medicines and health supplies. It aggregates a national procurement plan and sources for the supplies in big volumes from both manufacturers and local representatives where economies of scale are attained. The three year frame work contracts frees time for continuous supplies and acts as a hedge against continuously fluctuation of prices of medicines.

Vote Investment Plans

Construction of the start of the art warehouse on the land bought at Kajjansi is work in progress.This will avail adequate capacity for storage of essential medicines and health supplies.This project is partly funded by Global fund .A new Enterprise Resource Planning (ERP)system to buttress in bound and outbound logistics will enhance the capacity and effectiveness of procurement,storage and distribution of essential medicines and health supplies.The ERP will enable online ordering by the health facilities that will ensure that time receipt of orders by NMS and further reduce order processing errors.

Major Expenditure Allocations in the Vote for FY 2018/19

Vote:116 National Medical Stores

Major expenditure allocations are in accordance with levels of health care at the various health facilities. This stretches from Health center II and Health centre III where EMHS Basic Kits are served every two months in accordance with the published delivery schedules. From Health centre IV through to General Hospitals, Regional Referral Hospitals to National Referral Hospitals (Mulago and Butabika). EMHS orders are served in accordance with the need assessment summarised in a facility procurement plan and budget allocation. Other vote outputs are given prominence because of their significance. These include supply of ARVS to cater for the people infected with HIV/AIDS. ACTs are used for treatment of malaria as one of the killer diseases in the country. Anti TB drugs are for the treatment of people suffering from TB. Specialised items are served to specialized units (UCI, UHL, and UBTS to cover cancer patients, heart patients and blood supply respectively.

Provision of reproductive health supplies for better family planning and Maama kit supplies are given to every delivering mother in health facilities. Immunisation supplies including Hepatitis B Vaccine that help in the prevention of disease in children below the age of 5yrs, age bearing women and Hepatitis B Vaccine for people in the North and Eastern parts of Uganda.

Laboratory items used for diagnosis of diseases prior to appropriate prescription is very critical for effective service delivery.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	59 Pharmaceutical and Medical Supplies						
Programme Objective :	To provide supplies of medicines and other pharmaceutical supplies to the Ugandan Population						
Responsible Officer:	Mr. Moses Kamabare						
Programme Outcome:	Quality and accessible medicines, equipment and other health supplies						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of medicines and supplies procured and distributed against the consolidated procurement plan	0				85%	87%	90%
• Proportion of health facilities without drug stock out for 41 tracer medicines in previous 3 months	0	237.964			85%	87%	90%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :116 National Medical Stores								
59 Pharmaceutical and Medical Supplies	264.964	237.964	140.014	278.964	340.337	391.387	469.665	563.597
Total for the Vote	264.964	237.964	140.014	278.964	340.337	391.387	469.665	563.597

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Vote:116 National Medical Stores

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 59 Pharmaceutical and Medical Supplies</i>								
01 Pharmaceuticals and Other Health Supplies	264.964	237.964	140.014	278.964	340.337	391.387	469.665	563.597
<i>Total For the Programme : 59</i>	<i>264.964</i>	<i>237.964</i>	<i>140.014</i>	<i>278.964</i>	<i>340.337</i>	<i>391.387</i>	<i>469.665</i>	<i>563.597</i>
Total for the Vote :116	264.964	237.964	140.014	278.964	340.337	391.387	469.665	563.597

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
<i>Vote :116 National Medical Stores</i>	
<i>Programme : 59 National Medical Stores</i>	
Output: 08 Supply of EMHS to HC 1V	
Change in Allocation (US\$ Bn) : 4.790	Health centre I've were grossly underfunded and required more resources for medicines and health supplies
Output: 09 Supply of EMHS to General Hospitals	
Change in Allocation (US\$ Bn) : 5.001	To cater for the distric tspecific requirements of essential medicines and health supplies
Output: 10 Supply of EMHS to Regional Referral Hospitals	
Change in Allocation (US\$ Bn) : 5.209	
Output: 11 Supply of EMHS to National Referral Hospitals	
Change in Allocation (US\$ Bn) : 4.000	
Output: 13 Supply of EMHS to Specialised Units	
Change in Allocation (US\$ Bn) : 5.000	
Output: 15 Supply of Reproductive Health Items	
Change in Allocation (US\$ Bn) : 9.000	To allow safe delivery to every delivering mother in health facilities.
Output: 17 Supply of Lab Commodities to accredited Facilities	
Change in Allocation (US\$ Bn) : 6.000	To facilitate proper diagnosis of diseases before prescription.

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

N / A

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:116 National Medical Stores

The sustained depreciation of the Uganda shilling against the USD dollar and other major currencies that causes inflationary pressures and ultimately rise in the cost of the medicines and medical supplies. The challenges of implementing the guideline to tender in Uganda shillings that has discouraged global manufacturers from participating in tenders leaving their agents/middlemen to quote very high prices.

The implementation of the Test and Treat policy for HIV infected people which is very well intended but has no significant additional funds to take care of the additional new patients.

The unfunded priorities which don't receive resource allocation and continue to affect service delivery include Laboratory items(shs 50 billion) to fill up gaps created by withdraw of funding by PEPFAR. Anti Malarials(shs 38 billion) Maama kits (shs 14 billion) this is essential for mother delivering in public health facilities. More funds(shs 60 billion) to be availed towards the procurement of ARVS to cater for the increase in patients to be put on ARTS in relation to the Test and Treat policy. There is a funding gap of shs 14billion for safe blood collection. The emergency vote for MOH and Immunisation supplies(Vaccines) require addition funding of shs 5 billion and 8 billion respectively Availability of funds for these items is a game changer in the health sector's service delivery and a step towards strengthening mechanism for quality effective and efficient service delivery.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 116 National Medical Stores	
Programme : 59 Pharmaceutical and Medical Supplies	
OutPut : 12 Supply of ACTs and ARVs to accredited facilities	
Funding requirement US\$ Bn : 118.000	The test and treat policy will go a long way to improve the quality of life of the patients and improve their productivity and contribution to the economy. On the other hand the ACTS will prevent death arising from malaria.
OutPut : 13 Supply of EMHS to Specialised Units	
Funding requirement US\$ Bn : 14.000	Improving on safe blood collection will improve service delivery to delivering mothers, elderly, children, accident victims and more lives will be saved by providing adequate safe blood wherever it is needed.
OutPut : 14 Supply of Emergency and Donated Medicines	
Funding requirement US\$ Bn : 5.000	It helps to mitigate the impact of epidemics(cholera,e.t.c) which may not have been planned for adequately.
OutPut : 15 Supply of Reproductive Health Items	
Funding requirement US\$ Bn : 14.000	The provision of maama kits and other post delivery supplies to every delivering mother will improve on service delivery and reduce on the number of mothers dying while in labour. The supplies also contribute on better conditions for child birth and mitigates on number of children under from infection at birth.
OutPut : 17 Supply of Lab Commodities to accredited Facilities	
Funding requirement US\$ Bn : 50.000	Laboratory commodities are critical for diagnosis of ailments prior to appropriate prescription of medicines and medical supplies. They contribute to effective service delivery whereby the right drugs are prescribed to improve the quality of life of patients and reduce the consequences of multiple resistant drugs .

Vote:122

Kampala Capital City Authority

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	3.541	14.344	0.802	14.344	15.778	16.567	17.395	18.265
Non Wage	1.330	1.321	0.334	1.321	1.612	1.853	2.224	2.669
Devt. GoU	0.932	0.938	0.078	0.938	1.144	1.373	1.373	1.373
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307
Total GoU+Ext Fin (MTEF)	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307
<i>A.I.A Total</i>	1.015	5.588	0.248	2.917	5.688	5.788	5.888	5.988
Grand Total	6.817	22.191	1.463	19.519	24.222	25.582	26.881	28.295

(ii) Vote Strategic Objective

V2: Past Vote Performance and Medium Term Plans

Vote:122 Kampala Capital City Authority

Performance for Previous Year FY 2016/17

Salaries of health workers

- Salaries and wages amounting to UGX 3.53 Billion were disbursed to public health workers, casual workers for garbage management were paid out during the Year as follows.

PHC-Grants (Health Financing)

UGX. 804,292,999 million was disbursed to thirty three (33) private health facilities in Kampala as Primary Health Care (PHC) grants as follows:

Infrastructure improvements in KCCA health facilities

- Kiruddu and Kawempe Hospitals** originally HCIV facilities were upgraded to city hospital each with 170 beds. The civil works were completed and modern equipment installed. The facilities became operational and are managed by Mulago hospital management pending the completion of the renovations works of Mulago referral hospital. Kawempe Hospital specialises in providing obstetric services while Kiruddu provides general and specialised medical services.
- Kisenyi Health Centre** - undertook minor repairs on the facility including the completion of the perimeter wall installation and a new gate installed in the facility. The facility is however old and has several infrastructure challenges requiring a major overhaul.
- Kawaala Health Centre** - completed construction works for upgrading of the facility to HCIV. The equipment to functionalise the ward and the theatre will be procured and the facility officially opened in FY 2017/18.
- Kisugu Health Centre** - Commenced renovation work on Kisugu Health Centre and works are ongoing expected to be completed before December 2017
- Komamboga Health Centre** - Commenced renovation of the children's ward is at Komamboga Health Centre and works expected to be completed in the second quarter of FY 2017/18.

Access to Essential Medicine

- UGX 914 million was allocated for essential medicines and health supplies. At the end of the FY, 86% UGX 786 million had been absorbed for essential medicines, procurement of yellow fever vaccine when there was a massive upsurge in demand.
- UGX 400 million had been disbursed for EMHS. This was however slightly lower than what was allocated in the previous FY 2015/16 UGX 451 million. Kisenyi HCIV was allocated the highest due to the fact that the facility has the highest patient load compared to all other KCCA managed Health centres

Antenatal Care

A total of 233 health facilities in Kampala provided ANC services for the pregnant mothers including the 4th visit. The top ten facilities serving many pregnant mothers include: Mulago National Referral Hospital, Mengo Hospital, Lubaga Hospital, St. Francis Nsambya Hospital, Naguru Hospital-China -Uganda friendship, Case Medical Centre, Komamboga HC III, Kisenyi HC III, Kawaala HCIII and Kiswa HC III

Health Services Coverage

- 53.5% pregnant women attending 4 ANC session
- 88,617 Deliveries in Health Unit indicating a 110.9% above target of deliveries in health facilities
- 107.7% children under 1 Yr immunized with 3rd dose Pentavalent vaccine
- 3,464,163 OPD attendance
- 73,808 Immunizations against Measles (107.4% achievement and above the 85% target for one year old children immunized against measles
- 34,901 for Intermittent Presumptive Treatment (IPT2) for Malaria
- Major causes of morbidity included malaria, No Pneumonia and Urinary Tract Infections
- A total 98,308 ANC 1st visit attendances were registered.

Vote:122 Kampala Capital City Authority

Performance as of BFP FY 2017/18 (Performance as of BFP)

- A total of 943,514 attendances were registered at OPD by the end of 1st quarter of FY 2017/18(66.2% of total were New OPD attendants).
- By the end of 1st quarter, a total of 23,870 deliveries were registered in Kampala.
- UGX 469,609,704 was allocated for essential medicines and health supplies. To date, we have absorbed 46,995,729.26 and accounts to 10%, 22,537,006.36 on health supplies (4.8%) and 24,458,723.26(5.2%) on essential medicines.
- In the 1st quarter, UGX. 201,073,250 /= were disbursed to thirty-three (33) private health facilities in Kampala as Primary Health Care (PHC)
- Malaria was the highest ranking cause of morbidity in the city with 83,038 cases enumerated representing a 37% among the top ten (10) causes of morbidity in all the age groups.

Infrastructure improvements in KCCA health facilities

Kiruddu Hospital

The construction works are complete and Mulago hospital is currently providing services. Mulago is expected to vacate the place When the renovations in Mulago are complete.

Kawempe hospital

The construction works were complete and currently Mulago runs the facility providing obstetric services.

Kisenyi

The perimeter wall was completed and the new gate installed in the facility.

Kawaala

The construction works for upgrading of the facility to HCIV are complete except for a few remedial works.

Kisugu

Renovation/rehabilitation work in Kisugu was started and ongoing, the work is expected to be complete before December 2017

Komamboga

The children's ward is being renovated the work is ongoing

Kiswa

Fencing the facility is a priority and planned for this financial year

FY 2018/19 Planned Outputs

- Provision of efficient and appropriate health care services in the city
- Processing of Salaries of health workers for lower level facilities
- Processing of Conditional transfers to NGO Hospitals.
- Procurement of General Medicines for health Centers and medical equipment's. This is in addition to the drugs and medicines directly transferred from National Medical stores by the Ministry of Health.
- Infrastructure improvement in KCCA health facilities
-

Medium Term Plans

- Health workers paid their salaries
- school health outreaches conducted
- Renovation of Kawaala, Kisenyi , Kiswa, Kisuggu,Komambogga and Kitebi health Centres

Efficiency of Vote Budget Allocations

Vote:122 Kampala Capital City Authority

UGX 20.52 Bn was allocated to public health activities

Vote Investment Plans

- Purchase of medical equipments
- Health infrastructure construction

Major Expenditure Allocations in the Vote for FY 2018/19

Payment of health workers salaries

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :		07 Community Health Management					
Programme Objective :		<div><div>1.</div><div>Develop, monitor and evaluate the effectiveness of the KCCA Public Health Legislation; and institute frameworks and standards to ensure the promotion of health and wellbeing of the community.</div><div>2.</div><div>Plan, conduct research, develop and monitor the implementation of strategies on epidemiology and disease control including emergency management, vaccination/immunization, testing treatment and health impact assessment surveys.</div><div>3.</div><div>Plan, set benchmarks and monitor the implementation of health and wellbeing promotion through periodic inspections and intensive health education.</div><div>4.</div><div>Plan and monitor the provision of efficient and appropriate health screening and treatment services at all the City Maternal, Child Health and Medical Health Centres.</div><div>5.</div><div>Plan, and monitor the implementation of the Environmental and City Ambience Management through the Water, Sewerage & Sanitation, Waste, Parklands, and Cemeteries Inspection and Management</div></div>					
Responsible Officer:		Director Public Health and Environment					
Programme Outcome:		Improved coverage of primary care services and Education in Kampala City.					
Sector Outcomes contributed to by the Programme Outcome							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)		Performance Targets					
		2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target
N / A							

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :122 Kampala Capital City Authority								
07 Community Health Management	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307
Total for the Vote	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Vote:122 Kampala Capital City Authority

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 07 Community Health Management								
0115 LGMSD (former LGDP)	0.807	0.938	0.078	0.938	1.144	1.373	1.373	1.373
0422 PHC Development	0.125	0.000	0.000	0.000	0.000	0.000	0.000	0.000
08 Public Health	4.871	15.665	1.136	15.665	17.390	18.420	19.619	20.934
Total For the Programme : 07	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307
Total for the Vote :122	5.802	16.602	1.215	16.602	18.534	19.793	20.992	22.307

N / A

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 122 Kampala Capital City Authority		
Programme : 07 Community Health Management		
Project : 0115 LGMSD (former LGDP)		
Output: 80 Health Infrastructure Construction		
Construction and renovation of health infrastructure.	<p>Infrastructure improvements in KCCA health facilities</p> <p>Kiruddu Hospital</p> <p>Kiruddu originally had a health facility (HCIV) which was upgraded to a city hospital. The construction works are complete and Mulago hospital is currently providing services in Kiruddu hospital based on the MoU signed. Mulago is expected to vacate the place when the renovations in Mulago are complete.</p> <p>Modern equipment was procured for Kiruddu and is currently being installed.</p> <p>A major challenge is the management of sewage. Septic tanks were constructed but this requires emptying on a daily basis, the facility requires a linkage to the sewer line or a lagoon.</p> <p>Kawempe hospital</p> <p>The construction works were complete and currently Mulago runs the facility providing obstetric services.</p>	Health Infrastructure Construction

Vote:122 Kampala Capital City Authority

	<p>Kisenyi The perimeter wall was completed and the new gate installed in the facility. The key challenge currently is the leaking roof which requires urgent repairs. There is also a challenge of drainage, when it rains the water floods the labour/delivery suite.</p> <p>Kawaala The construction works for upgrading of the facility to HCIV are complete except for a few remedial works. The equipment to functionalise the ward and the theatre will be procured this financial year and the facility officially opened.</p> <p>Kisugu Renovation/rehabilitation work in Kisugu was started and ongoing, the work is expected to be complete before December 2017</p> <p>Komamboga The children's ward is being renovated the work is ongoing</p> <p>Kiswa Fencing the facility is a priority and planned for this financial year</p>		
Total Output Cost(Ushs Thousand):	1.878	0.000	0.604
Gou Dev't:	0.000	0.000	0.000
Ext Fin:	0.000	0.000	0.000
A.I.A:	1.878	0.000	0.604
Output: 81 Health Infrastructure Rehabilitation			
Equipping KCCA Health Centers with medical tools.	<p>Infrastructure improvements in KCCA health facilities</p> <p>Kiruddu Hospital Kiruddu originally had a health facility (HCIV) which was upgraded to a city hospital. The construction works are complete and Mulago hospital is currently providing services in Kiruddu hospital based on the MoU signed. Mulago is expected to vacate the place when the renovations in Mulago are complete.</p> <p>Modern equipment was procured for Kiruddu and is currently being installed.</p>	Health Infrastructure Rehabilitation	

Vote:122 Kampala Capital City Authority

	<p>A major challenge is the management of sewage. Septic tanks were constructed but this requires emptying on a daily basis, the facility requires a linkage to the sewer line or a lagoon.</p> <p>Kawempe hospital</p> <p>The construction works were complete and currently Mulago runs the facility providing obstetric services.</p> <p>Kisenyi</p> <p>The perimeter wall was completed and the new gate installed in the facility.</p> <p>The key challenge currently is the leaking roof which requires urgent repairs.</p> <p>There is also a challenge of drainage, when it rains the water floods the labour/delivery suite.</p> <p>Kawaala</p> <p>The construction works for upgrading of the facility to HCIV are complete except for a few remedial works. The equipment to functionalise the ward and the theatre will be procured this financial year and the facility officially opened.</p> <p>Kisugu</p> <p>Renovation/rehabilitation work in Kisugu was started and ongoing, the work is expected to be complete before December 2017</p> <p>Komamboga</p> <p>The children's ward is being renovated the work is ongoing</p> <p>Kiswa</p> <p>Fencing the facility is a priority and planned for this financial year</p>		
Total Output Cost(Ushs Thousand):	0.938	0.078	0.938
Gou Dev't:	0.938	0.078	0.938
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- The closure of Mulago hospital increased the number of patients in the KCCA health managed facilities.

Vote:122

Kampala Capital City Authority

N / A

Vote:134 Health Service Commission

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	1.180	1.359	0.315	1.359	1.494	1.569	1.648	1.730
Non Wage	3.483	3.799	0.767	3.174	3.872	4.453	5.344	6.413
Devt. GoU	0.447	0.263	0.000	0.263	0.321	0.386	0.386	0.386
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.110	5.421	1.083	4.796	5.688	6.408	7.377	8.528
Total GoU+Ext Fin (MTEF)	5.110	5.421	1.083	4.796	5.688	6.408	7.377	8.528
<i>A.I.A Total</i>	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	5.110	5.421	1.083	4.796	5.688	6.408	7.377	8.528

(ii) Vote Strategic Objective

The strategic objectives of the Commission are to:

- 1) Provide timely advice to H.E. the President and Government on matters relating to the state of the Health service as mandated by the law.
- 2) Recruit in efficient and effective manner health workers to meet Uganda citizens' health needs in accordance with the goals of the Health Sector Policy and Development Plan 2015/16-2019/20.
- 3) Carry out advocacy and make recommendations to improve the terms and conditions of service of the health workforce.
- 4) Enhance the institutional capacity of the Health Service Commission to deliver on its mandate.

V2: Past Vote Performance and Medium Term Plans

Vote:134 Health Service Commission

Performance for Previous Year FY 2016/17

Recommended Fourteen(14) Medical Specialists to His Excellency the President for Appointment.
 Appointed into the Health Service Nine Hundred Sixteen (916) of various categories of the health workers for different health Institutions under its jurisdiction and one hundred fifty two (152) support staff.
 Processed Three hundred three (393) Human Resource for Health cases, the majority of which where confirmation into appointment. This was done through regular submission to the Commission and during the hands on support supervision to the Regional Referral Hospitals.
 Carried out Support Supervision in Fifty Eight (58) Districts out of the targeted 84 Districts.
 Under took hands on Support Supervision visits to Ministry of Health Headquarters, 13 RRHs, Five (5) General Hospitals and Nineteen (19) HCs.
 Provided Technical guidance to seven (7) Districts on Human Resource for Health issues.
 Held Human Resource for Health Planning Workshop
 Held Meetings with key stakeholders to discuss human resource issues arising from the refurbishment of Mulago NRH, and the construction of Kiruddu and Kawempe Hospitals
 Provided input to the Ministry of Health on the schemes of service for the Nursing and Medical Laboratory cadres

Performance as of BFP FY 2017/18 (Performance as of BFP)

72 Health Workers were recommended for appointment into the health service.
 68 Human Resource for Health decisions were processed that included Confirmation, Corrigenda, Re-designation, study leave.
 Carried out performance and career enhancement training for staff of the Commission.
 Recruitment planning meeting held.

FY 2018/19 Planned Outputs

850 Health Workers recruited.
 500 Human Resource for Health cases processed.
 84 Districts, 14 RRHs and 5 National Health Institutions Supervised
 Technical Support to the District Service Commission- Review of the guidelines to DSCs and provide technical support in recruitment
 E-recruitment system operationalised
 Land in Butabika developed
 Administrative support services provided

Medium Term Plans

Recruitment of Health Workers upto 100% of the cleared vacancies.
 Carry out Support Supervision to all the planned 84 Districts and DSCs, 14 Regional Referral Hospitals, 5 National Health Institutions and MoH HQs,
 The Commission prioritizes the Development of Land in Butabika so as to provide a better and conducive working environment for Members and Staff and also candidates during interview time.
 Handling of Human Resource for health cases such confirmations, re-designation and study leaves shall be at the shortest time upon submission

Efficiency of Vote Budget Allocations

The Commission will implement the budget as per plan

Vote Investment Plans

The Commission with the available resource intends to procure one Station wagon to enhance the performance of the Commission in terms of support supervision to the District Local Governments and Health Institutions under its jurisdiction.
 The Commission also intends to develop the land in Butabika if resource are provided for in the FY 2018/19.

Major Expenditure Allocations in the Vote for FY 2018/19

Health Workers Recruitment and selection to enable 100% recruitment of the cleared vacan
 Handling Human Resource for Health cases submitted by Institutions
 Support Supervision to all targeted Districts, Regional Referrals Hospitals and National Health Institutions
 Provision of Administrative services to the Members, Staff and the clients to the Commission

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :

Vote:134 Health Service Commission

Programme :	52 Human Resource Management for Health						
Programme Objective :	To provide a strong and competent human resources for efficient and effective health services delivery in line with Human Capital development as stated in NDP 11						
Responsible Officer:	MARY THEOPISTA WENENE						
Programme Outcome:	Improved status of human resources for health in the health service						
Sector Outcomes contributed to by the Programme Outcome							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of qualified health workers recruited against the annual recruitment plan at national level	0	100%			100%	100%	100%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :134 Health Service Commission								
52 Human Resource Management for Health	5.141	5.421	1.083	4.796	5.688	6.408	7.377	8.528
Total for the Vote	5.141	5.421	1.083	4.796	5.688	6.408	7.377	8.528

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 52 Human Resource Management for Health</i>								
01 Finance and Administration	3.308	3.962	0.795	3.337	4.694	5.271	6.124	7.139
02 Human Resource Management	1.365	1.154	0.279	1.154	0.631	0.710	0.826	0.963
03 Internal Audit	0.021	0.041	0.008	0.041	0.041	0.041	0.041	0.041
0365 Health Service Commission	0.447	0.263	0.000	0.263	0.321	0.386	0.386	0.386
Total For the Programme : 52	5.141	5.421	1.083	4.796	5.688	6.408	7.377	8.528
Total for the Vote :134	5.141	5.421	1.083	4.796	5.688	6.408	7.377	8.528

N / A

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

N/A

Vote:134 Health Service Commission

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Inadequate office space for the Members and staff of the Commission most especially during the recruitment period.

The Commission budget has remained inadequate to handle activities of the Commission.

The Commission receives over whelming number of applicants for certain cadres such as Nurses, Midwives, laboratory cadre and Clinical officers.

This has so much impacted on the stagnant budget of the Commission on none wage.

Constricted structures across the health service. The structure provides for very limited avenue for career growth and development.

Difficulty in attracting and retaining certain cadres such as Consultants, Pathologists, Anaesthetists and Dispenser.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 134 Health Service Commission	
Programme : 52 Human Resource Management for Health	
OutPut : 02 Secretariat Support Services	
Funding requirement US\$ Bn : 3.380	Having sufficient Human resources and of the right caliber is a per-requisite for attainment of NDP objectives
OutPut : 06 Health Workers Recruitment and Human Resource for Health Management Services	
Funding requirement US\$ Bn : 0.750	Having sufficient Human resources and of the right caliber is a per-requisite for attainment of NDP objectives
OutPut : 75 Purchase of Motor Vehicles and Other Transport Equipment	
Funding requirement US\$ Bn : 0.300	Having sufficient Human resources and of the right caliber is a per-requisite for attainment of NDP objectives

Vote:151 Uganda Blood Transfusion Service (UBTS)

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.139	2.715	0.544	2.715	2.986	3.135	3.292	3.457
	Non Wage	6.022	6.356	1.586	5.843	7.129	8.198	9.838	11.805
Devt.	GoU	0.262	0.370	0.015	0.370	0.451	0.542	0.542	0.542
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		8.424	9.441	2.145	8.928	10.566	11.875	13.671	15.804
Total GoU+Ext Fin (MTEF)		8.424	9.441	2.145	8.928	10.566	11.875	13.671	15.804
<i>A.I.A Total</i>		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total		8.424	9.441	2.145	8.928	10.566	11.875	13.671	15.804

(ii) Vote Strategic Objective

To make available safe and adequate quantities of blood to all hospitals for the management of patients in need in all health care facilities

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

1. UBTS collected a total of 239,620 units of blood against the target of 266,805. A total of 224,176 of safe units of blood were issued to health care facilities.
2. All blood collected was tested for TTi makers and results issued to all blood donors.
3. All vacant positions were filled and staff deployed in regions
4. Mass campaigns were conducted to educate potential blood donors
5. Conducted supervision activities in hospitals for better transfusion practices
6. Staff were trained in the ongoing accreditation program and blood bank information system

Performance as of BFP FY 2017/18 (Performance as of BFP)

1. For the FY 2017/18 UBTS set to collect a total of 240,000 units of blood and we expect to distribute a total of 216,000 units of safe blood to all transfusing health facilities in the country.
2. All blood collected is to be screened for HIV, Hep B and C and in addition to blood grouping
3. Finalize the collaboration process with Mbarara University of science and technology to start a course in management of Transfusion medicine and to start initially with in service health workers.
4. Formalize and implement the distribution of blood in blood collection centers

Vote:151 Uganda Blood Transfusion Service (UBTS)

FY 2018/19 Planned Outputs

1. UBTS target for the FY 2018/19 is to collect 160,000 units of blood.
2. Test all the blood collected
3. Educate and mobilize a pool of blood donors both loyal and potential donors from the general community
4. Procurement of laboratory and blood collection equipment
5. Maintenance of laboratory and blood collection equipment
6. Open offices in the underserved regions of the country
7. Enhance capacity development to improve blood safety through training of staff
8. Intensify clinical interface

Medium Term Plans

1. Expand blood transfusion infrastructure to operate adequately within decentralized healthcare delivery system.
2. Continue to transform blood collection centers into blood distribution centers to bring services nearer to the health care facilities. More funding is required for this undertaking will be required since we shall be required to procure blood storage fridges.
3. Increase annual blood collection necessary to the transfusion need for all patients in the country by putting in place additional blood collection teams.
4. Operate an active nationwide quality assurance program that ensures blood safety from vein to vein and work towards ISO certification (accreditation program which is already under way)
5. Promote appropriate clinical use of blood in the hospitals by dissemination of the revised clinical guidelines throughout the health care facilities and creation of more hospital blood transfusion committees to monitor blood use in the health care facilities.
6. Strengthen the organizational capacity of UBTS to enable efficient and effective service delivery and build on the partnerships to improve service delivery.

Efficiency of Vote Budget Allocations

UBTS has moved funds away from administration to blood collection operations and M & E. This meant to further increase the units of blood collected

Vote Investment Plans

1. UBTS proposes to construct a central store at Nakasero (2.5Bn)
2. Construction of Arua and moroto Regional Blood Banks (6BN)
3. Blood Collection -2 Mobile Van 800M each total 1.6BN
4. Blood safety Information System (1.6BN)
5. Laboratory and blood collection equipment (4.6BN)

Major Expenditure Allocations in the Vote for FY 2018/19

1. UBTS major funding allocation is for blood collection operations and laboratory services currently at 5Bn
2. Wage at 2.71 Bn
3. Administrative Support Services at 0.88M
4. Internal audit at 0.04M
5. Capital development at 0.37M

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :

Programme : 53 Safe Blood Provision

Vote:151 Uganda Blood Transfusion Service (UBTS)

Programme Objective :	To make available safe and adequate quantities of blood to all hospitals for the management of patients in need in all health care facilities.						
Responsible Officer:	Dr. Dorothy Kyeyune Byabazaire						
Programme Outcome:	Quality and accessible Safe Blood						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Proportion of planned blood units collected	0	5%			5%	10%	15%
• proportion of health centres without blood stockouts	0				7%	10%	10%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :151 Uganda Blood Transfusion Service (UBTS)								
53 Safe Blood Provision	8.424	9.441	2.144	8.928	10.566	11.875	13.671	15.804
Total for the Vote	8.424	9.441	2.144	8.928	10.566	11.875	13.671	15.804

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 53 Safe Blood Provision</i>								
01 Administration	2.969	4.113	0.783	3.515	2.986	3.135	3.292	3.457
02 Regional Blood Banks	4.759	4.913	1.336	5.003	7.089	8.158	9.798	11.765
0242 Uganda Blood Transfusion Service	0.262	0.370	0.015	0.370	0.451	0.542	0.542	0.542
03 Internal Audit	0.434	0.044	0.011	0.040	0.040	0.040	0.040	0.040
Total For the Programme : 53	8.424	9.441	2.144	8.928	10.566	11.875	13.671	15.804
Total for the Vote :151	8.424	9.441	2.144	8.928	10.566	11.875	13.671	15.804

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :151 Uganda Blood Transfusion Service (UBTS)	
<i>Programme : 53 Uganda Blood Transfusion Service (UBTS)</i>	
Output: 01 Adminstrative Support Services	

Vote:151 Uganda Blood Transfusion Service (UBTS)

Change in Allocation (US\$ Bn) :	(1.533)	Funds moved to blood collection operations and M & E. This meant to further increase the units of blood collected..
Output: 02 Collection of Blood		
Change in Allocation (US\$ Bn) :	1.000	The funds are meant to increase the units of blood collected.
Output: 03 Monitoring & Evaluation of Blood Operations		
Change in Allocation (US\$ Bn) :	0.030	Additional re- allocation from administrative support services to enhance M & E in regions
Output: 04 Laboratory Services		
Change in Allocation (US\$ Bn) :	0.040	Enhanced to try and cater for maintenance of the laboratory equipment.
Output: 19 Human Resource Management Services		
Change in Allocation (US\$ Bn) :	(0.010)	Re- allocated to records management Services
Output: 20 Records Management Services		
Change in Allocation (US\$ Bn) :	0.010	Allocation from Human Resource Management services.
Output: 76 Purchase of Office and ICT Equipment, including Software		
Change in Allocation (US\$ Bn) :	(0.030)	To cater for field blood collection equipment
Output: 78 Purchase of Office and Residential Furniture and Fittings		
Change in Allocation (US\$ Bn) :	(0.020)	Allocated to maintenance of laboratory .

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

N/A

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

1. PEPFAR funding ended used to cover the \$2M to support blood collection and laboratory service
2. To collect 300,000 Units FY 2018/19, Additional funding to UBTS 9.8BN and NMS 22.8BN is required for operations and procurement of medical supplies
3. Construction of Arua and Moroto regional blood bank has continued to lag due to funding (12Bn)
4. Construction of the central store urgently required (2.5Bn). Upts has no storage yet medical supplies are supposed to be stored under controlled temperatures.
5. Procurement of cold chain equipment (blood bank Fridges, Freezers, Blood Transportation cool boxes) are in critical need
6. Accreditation of UBTS- the process is on going but requires funding
7. Legislation for establishments of UBTS as an autonomous blood and organ supply Authority
8. Mobile blood collection Vans purposely equipped to appropriately store and transport blood. (Requires 4 Trucks)
9. Roll BSIS to all Regions and this requires UGX 1.6Bn
10. Clinical interface for appropriate use of blood and blood products at health Transfusing facilities, this requires UGX 0.800M)

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 151 Uganda Blood Transfusion Service (UBTS)	

Vote:151 Uganda Blood Transfusion Service (UBTS)

Programme : 53 Safe Blood Provision	
OutPut : 01 Administrative Support Services	
Funding requirement US\$ Bn : 10.700	<p>Construction of Regional blood banks will enable UBTS deliver services nearer to the communities and the national stores will further Increase Storage capacity to meet National blood requirements for transfusion and reduce death from anemia which is currently the third leading cause of death in Uganda's hospitals.</p> <p>A well equipped and resourced blood service will provide sufficient and efficacious blood and blood products for appropriate use in health care delivery</p>
OutPut : 02 Collection of Blood	
Funding requirement US\$ Bn : 6.600	<p>Increased Blood Collection will reduce death from anemia which is currently the third leading cause of death in Uganda's hospitals.</p> <p>A well equipped and resourced blood service will provide sufficient and efficacious blood and blood products for appropriate use in health care delivery</p>
OutPut : 03 Monitoring & Evaluation of Blood Operations	
Funding requirement US\$ Bn : 0.600	<p>Monitoring and evaluation of UBTS activities will increase the capacity of staff to meet the objectives of collecting and providing adequate quantities of safe blood requirements for transfusion and reduce death from anemia which is currently the third leading cause of death in Uganda's hospitals.</p> <p>A well equipped and resourced blood service will provide sufficient and efficacious blood and blood products for appropriate use in health care delivery.</p>
OutPut : 04 Laboratory Services	
Funding requirement US\$ Bn : 4.000	<p>Well Maintained laboratory equipment will deliver effective and quality services nearer to the communities to meet National blood requirements for transfusion and reduce death from anemia which is currently the third leading cause of death in Uganda's hospitals.</p> <p>A well equipped and resourced blood service will provide sufficient and efficacious blood and blood products for appropriate use in health care delivery</p>

Vote:161 Mulago Hospital Complex

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	19.239	22.947	4.569	22.947	25.241	26.504	27.829	29.220
	Non Wage	17.609	21.547	5.226	20.312	24.780	28.497	34.197	41.036
Devt.	GoU	20.086	22.020	0.550	22.020	26.864	32.237	32.237	32.237
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		56.935	66.514	10.345	65.278	76.886	87.238	94.263	102.493
Total GoU+Ext Fin (MTEF)		56.935	66.514	10.345	65.278	76.886	87.238	94.263	102.493
<i>A.I.A Total</i>		7.411	7.000	1.563	40.000	60.000	191.000	191.000	191.000
Grand Total		64.346	73.514	11.908	105.278	136.886	278.238	285.263	293.493

(ii) Vote Strategic Objective

- To increase the range and quality of super-specialised health care services thereby reducing referrals abroad.
- To provide super-specialised training to health workers.
- To conduct operational research in order to promote evidence based practice.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

The 2016/17 performance surpassed target. There was high patient turn up at upper mulago(surgery and pediatrics), kiruddu (internal medicine)and kawempe as follows;

130350 admissions.

650065 inpatient days.

30200 deliveries

601230 General outpatients .

40891 emergencies

1700006 Laboratory tests done

52,800 images

45,000 specialized surgical operations

110% bed occupancy rate

Average length of stay (ALOS) 6 days

Construction of staff houses (100 units) at 98%

Vote:161 Mulago Hospital Complex

Performance as of BFP FY 2017/18 (Performance as of BFP)

Quarter 1 performance showing an upward trend across all departments;

45,920 admissions.

162,516 inpatient days.

9,171 deliveries

152,307 General outpatients .

12,773 emergencies

127,502 Laboratory tests done

4,201 images

110% bed occupancy rate

Average length

of stay (ALOS) 6 days

FY 2018/19 Planned Outputs

The main focus of the hospital in 2018/19 will be on super specialized services and the projections are as follows;

250,000 admissions.

820,000 inpatient days.

28,080 deliveries

450,000 General outpatients

560,000 specialized outpatients

42,788 emergencies

2,000,000 Laboratory tests

25,000 scans (MRI, CT scans, mammography)

40,000 xrays (mobile, bucky fluoroscopy

4 days average length of stay

45,000 specialized surgical operations

95% recovery rate

90% bed occupancy rate

Number of health workers trained

Number of research protocols approved

Motor vehicles procured

200 staff houses constructed

Upper mulago remodeled

Medical equipment and machinery purchased

Medium Term Plans

Vote:161 Mulago Hospital Complex

- 1.Continue offering super specialized health care services to the patients
- 2.Conduct operational research for evidence based medicines
- 3.Providing more super-specialized training to bridge the skills gap
- 4.Operationalizing Mulago national specialized hospital
- 5.Digitizing all hospital operations
- 6.Construction of staff houses to accommodate interns, SHOs staff in emergency areas
- 7.Remodeling and Equipping of Upper Mulago Hospital
- 8.Provide transport for some senior consultants
- 9.Improving quality management systems

Efficiency of Vote Budget Allocations

- 1.The biggest percentage of the budget is allocated to medical services for implementation of specialized health service delivery in order to reduce referrals abroad.
- 2.There is provision of staff training to close the skills gap
- 3.Research budget to prioritize operational research for evidence based practice
- 4.Under AIA, there is a provision for enhancement of staff remuneration in order to improve human resource productivity,
- 5.Construction of staff houses to accommodate interns, SHOs and staff in emergency areas to provide for 24 hour coverage,
- 6.Provision of budget for security will allow for improvement of security in the hospital for people and their property.

Vote Investment Plans

- 1.Procurement of Medical equipment
- 2.Rehabilitation and upgrade of upper mulago
- 3.Construction of staff houses (200 units)
- 4.Procurement of medical furniture
- 5.Procurement of vehicles for senior consultants
- 6.Construction of 5 level parking yard under PPP
- 7.Establishment of a solar plant on rooftops under PPP
- 8.Construction of more 3000 units under PPP

Major Expenditure Allocations in the Vote for FY 2018/19

Vote:161 Mulago Hospital Complex

1. Medical services
2. Construction of staff houses
3. Purchase of motor vehicles
4. Remodeling and rehabilitation of upper mulago
5. Purchase of medical equipment and machinery

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	54 National Referral Hospital Services						
Programme Objective :	To provide Super-specialized healthcare Services, training of health workers and conduct research						
Responsible Officer:	Executive Director						
Programme Outcome:	Quality and accessible National Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Enhanced competitiveness in the health sector							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of super-specialised cases managed.	0				5%	8%	10%
• % increase in diagnostic investigations carried out	0				2%	2%	2%
• Average length of Stay	0				4	4	4

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :161 Mulago Hospital Complex								
54 National Referral Hospital Services	57.283	66.514	11.566	65.278	76.886	87.238	94.263	102.493
Total for the Vote	57.283	66.514	11.566	65.278	76.886	87.238	94.263	102.493

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23

Vote:161 Mulago Hospital Complex

Programme: 54 National Referral Hospital Services								
01 Management	12.142	15.697	4.968	14.462	15.080	15.100	15.800	17.000
02 Medical Services	24.957	28.656	6.019	28.656	34.802	39.751	46.015	53.026
0392 Mulago Hospital Complex	20.086	22.020	0.550	22.020	26.864	32.237	32.237	32.237
04 Internal Audit Department	0.137	0.140	0.029	0.140	0.140	0.150	0.210	0.230
Total For the Programme : 54	57.323	66.514	11.566	65.278	76.886	87.238	94.263	102.493
Total for the Vote :161	57.323	66.514	11.566	65.278	76.886	87.238	94.263	102.493

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :161 Mulago Hospital Complex	
<i>Programme : 54 Mulago Hospital Complex</i>	
Output: 05 Hospital Management and Support Services - National Referral Hospital	
Change in Allocation (US\$ Bn) : (15.513)	the amount distributed to sub-program
Output: 06 Administration and Finance	
Change in Allocation (US\$ Bn) : 13.712	Relocated from hospital management and support services
Output: 07 Planning and Development	
Change in Allocation (US\$ Bn) : 0.238	Relocated from hospital management and support services
Output: 13 Audit Services	
Change in Allocation (US\$ Bn) : 0.181	Relocated from hospital management and support services
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : 0.147	Relocated from hospital management and support services
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) : 0.900	New item
Output: 77 Purchase of Specialised Machinery & Equipment	
Change in Allocation (US\$ Bn) : 2.000	New item to be procured
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : 1.000	New item to be purchased
Output: 82 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : 12.000	No provision in the last FY(2017/18)
Output: 84 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : (15.900)	Difference distributed to motor vehicles,office&residential furniture and fittings,specialized machinery and equipment, and construction of staff houses

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs

Vote:161 Mulago Hospital Complex

Vote 161 Mulago Hospital Complex				
Programme : 54 National Referral Hospital Services				
Project : 0392 Mulago Hospital Complex				
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment				
			Motor vehicles for senior consultants procured	
Total Output Cost(Ushs Thousand):	0.000	0.000		0.900
Gou Dev't:	0.000	0.000		0.900
Ext Fin:	0.000	0.000		0.000
A.I.A:	0.000	0.000		0.000
Output: 77 Purchase of Specialised Machinery & Equipment				
			Specialized medical equipment procured (Neuro-surgical electro physiological monitoring, Green-berg brain system, ENT Bronchoscopy, telescope, etc)	
Total Output Cost(Ushs Thousand):	0.000	0.000		2.000
Gou Dev't:	0.000	0.000		2.000
Ext Fin:	0.000	0.000		0.000
A.I.A:	0.000	0.000		0.000
Output: 78 Purchase of Office and Residential Furniture and Fittings				
			Hospital beds, mattresses, Linen and office furniture	
Total Output Cost(Ushs Thousand):	0.000	0.000		1.000
Gou Dev't:	0.000	0.000		1.000
Ext Fin:	0.000	0.000		0.000
A.I.A:	0.000	0.000		0.000
Output: 82 Staff houses construction and rehabilitation				
			Construction of staff houses (200 units)- first phase	
Total Output Cost(Ushs Thousand):	0.000	0.000		12.000
Gou Dev't:	0.000	0.000		12.000
Ext Fin:	0.000	0.000		0.000
A.I.A:	0.000	0.000		0.000

Vote:161 Mulago Hospital Complex

Output: 84 OPD and other ward construction and rehabilitation			
Demolition and Rebuilding of Outpatient department and I.C.U	Rebuilding of Outpatient department on progress	Remodeling and rehabilitation of upper mulago to create facilities for national referral hospital (OPD clicics, theaters, wards, support infrastructure-kitchen, laundry)	
Introduction of an additional Floor on the theatre extension Block K			
Demolition of Mortuary and Construction of the new pathology dept (block H)			
Organ Transplant Unit on Block A level 6			
Total Output Cost(Ushs Thousand):	22.520	0.550	6.120
Gou Dev't:	22.020	0.550	6.120
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.500	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- 1.Reoccupation of lower Mulago and the women's hospital
- 2.Outsourcing medical experts to offer specialized health care services
- 3.Implementation of Mulago National Specialized Hospital
- 4.Inadequate budget for recurrent wage and non-wage (medical and health supplies, maintenance, utilities, training, staff houses)
- 5.Accommodation of staff
- 6.Human resource challenges in terms of numbers, cadre mix and scope of specialization due to inadequate wage
- 7.Poor infrastructure at upper Mulago

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 161 Mulago Hospital Complex	
Programme : 54 National Referral Hospital Services	
OutPut : 01 Inpatient Services - National Referral Hospital	
Funding requirement US\$ Bn : 86.400	current budget only provides essential medicines and does not provide for super specialized medicines e.g for neurosurgery, orthopedic surgery, organ transplant, renal dialysis, ICU, In vitro fertilization, nuclear medicine and other specialized surgery
OutPut : 05 Hospital Management and Support Services - National Referral Hospital	

Vote:161 Mulago Hospital Complex

Funding requirement US\$ Bn : 34.000	The required funds will be used to recruit more specialized (including external professionals) staff to provide super specialized services and this will reduce on the referrals abroad, thus saving government expenditure.
<i>OutPut : 72 Government Buildings and Administrative Infrastructure</i>	
Funding requirement US\$ Bn : 2.525	The new structure and equipment will require additional funding for maintenance and utilities
<i>OutPut : 82 Staff houses construction and rehabilitation</i>	
Funding requirement US\$ Bn : 28.000	staff houses are required to accommodate staff in emergency areas, interns, senior house officers. This will improve on the productivity of health workers

Vote:162 Butabika Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	3.302	3.799	0.785	3.799	4.179	4.388	4.607	4.837
	Non Wage	5.708	5.413	1.105	5.254	6.410	7.371	8.846	10.615
Devt.	GoU	1.808	1.808	0.034	1.808	2.206	2.647	2.647	2.647
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		10.818	11.020	1.924	10.861	12.794	14.406	16.100	18.099
Total GoU+Ext Fin (MTEF)		10.818	11.020	1.924	10.861	12.794	14.406	16.100	18.099
<i>A.I.A Total</i>		0.723	1.500	0.198	1.700	1.900	2.000	2.000	2.000
Grand Total		11.541	12.520	2.122	12.561	14.694	16.406	18.100	20.099

(ii) Vote Strategic Objective

To offer Specialized and general Mental Health Services

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

OUTPUT 805501 ADMINISTRATION AND MANAGEMENT

388 staff paid salaries and allowances, 4 Hospital Management board meeting, 11 Senior Management meetings, Staff medical expenses paid, Utilities paid, Hospital infrastructure and grounds maintained, Vehicles, Machinery and equipment maintained

OUTPUT 805502 MENTAL HEALTH INPATIENT SERVICES

7,626 patients were admitted of which 4,550 were male and 3,076 female, 33,909 investigations conducted in the lab, 0 investigations conducted in x-ray, 1,541 conducted in ultrasound, All 7,626 inpatients provided with 3 meals a day, 7,626 inpatients provided with uniforms and beddings

OUTPUT 805503 LONG TERM PLANNING FOR MENTAL HEALTH

Two researches were conducted

1. Nutrition status among patients in Butabika Hospital - Data collection on going
2. Causes of death in Butabika Hospital one year audit - Results disseminated

OUTPUT 805504 SPECIALISED OUTPATIENT AND PHC SERVICES

Vote:162 Butabika Hospital

29,691 were attended to of which 15,028 were male and 14,663 female in the Mental Health clinic, 5,694 were attended to in the Adolescent Mental Health Clinic of which 3,109 were male and 2,585 female, 545 were attended to in the Alcohol and Drug Clinic of which 521 were male and 24 female, 38,926 Medical (general, Dental, Orthopedic, Family planning, HIV/AIDS, TB,STD, Eye clinic, Trauma unit Theatre/minor) outpatients attended to

OUTPUT 805505 COMMUNITY MENTAL HEALTH SERVICES

60 outreach clinics conducted in the areas of Nkokonjeru, Nansana, Kitetika, Kawempe Katalamwa and Kitebi, 4,235 patients were seen in outreach clinics and 2,274 were male and 1,961 female, 22 visits to regional referral hospitals mental health units. Visited 2 Moroto, Jinja, Mbarara, Mubende, Lira, Hoima, Masaka, 2 Soroti, Mbale, 2 Gulu and 2 Kabale, 345 patients resettled within kampala/wakiso, 456 resettled up-country

OUTPUT 805506 IMMUNISATION SERVICES

8,573 Children immunised

CAPITAL DEVELOPMENT

- Completed the Expansion of the Private Wing
- Procured the bio-safety cabinet
- Procured of furniture and fittings for the private wing
- Commenced the expansion of the Alcohol and Drug Unit
- Procured kitchen utensils
- Procured assorted medical equipment

Vote:162 Butabika Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

OUTPUT 085501 ADMINISTRATION AND MANAGEMENT

All staff paid salaries and allowances, 1 Hospital Management board meeting, 3 Senior Management meetings, Staff medical expenses paid, Utilities paid, Hospital infrastructure and grounds maintained, Vehicles, Machinery and equipment maintained

OUTPUT 085502 MENTAL HEALTH INPATIENT SERVICES

1,193 male and 706 female patients admitted, 7,244 investigations conducted in the lab, 0 investigations conducted in x-ray, 461 conducted in ultrasound, All 1,899 inpatients provided with 3 meals a day, 1,899 inpatients provided with uniforms and beddings

OUTPUT 085503 LONG TERM PLANNING FOR MENTAL HEALTH

One research conducted - Overview of the Health and Economic impact of alcohol and drug abuse in Uganda

OUTPUT 085504 SPECIALISED OUTPATIENT AND PHC SERVICES

3,653 male and 3,735 female attended to in the Mental Health clinic, 612 male and 583 female attended to in the Child Mental Health Clinic, 122 male and 9 female attended to in the Alcohol and Drug Clinic, 7,478 Medical (general, Dental, Orthopedic, Family planning, HIV/AIDS, TB,STD, Eye clinic, Trauma unit Theatre/minor) outpatients attended to

OUTPUT 085505 COMMUNITY MENTAL HEALTH SERVICES

15 outreach clinics conducted in the areas of Nkokonjeru, Nansana, Kitetika, Kawempe Katalamwa and Kitebi 607 male and 629 female patients seen in the clinics, 6 visits to regional referral hospitals mental health units. Visited Jinja, Mbarara Fortportal, Mubende, Arua and Lira, 60 patients resettled within kampala/wakiso and 118 patients resettled up country

OUTPUT 085506 IMMUNISATION SERVICES

452 Children immunised

CAPITAL DEVELOPMENT

- Expansion of the Alcohol and Drug Unit work is on going at 65 %

FY 2018/19 Planned Outputs

OUTPUT 085501 ADMINISTRATION AND MANAGEMENT

Staff paid salaries and allowances

4 Hospital Management board meetings

12 Senior Management meetings

Staff medical expenses paid

Vote:162 Butabika Hospital

Utilities paid

Hospital infrastructure and grounds maintained. Vehicles

Machinery and equipment maintained

OUTPUT 085502 MENTAL HEALTH INPATIENT SERVICES

5,984 male and 3,366 female patients admitted

30,800 investigations conducted in the lab

2,750 investigations conducted in x-ray

2,200 conducted in ultrasound

All 8,500 inpatients provided with 3 meals a day

8,500 inpatients provided with uniforms and beddings

OUTPUT 085503 LONG TERM PLANNING FOR MENTAL HEALTH

Mental Health Research conducted.

(2 Short term research undertakings

OUTPUT 085504 SPECIALISED OUTPATIENT AND PHC SERVICES

14,696 male and 14,696 female attended to in the Mental Health clinic

2,613 male and 2,316 female attended to in the Child Mental Health Clinic

845 male and 36 female attended to in the Alcohol and Drug Clinic

44,000 Medical (general, Dental, Orthopedic, Family planning, HIV/AIDS, TB,STD, Eye clinic, Trauma unit Theatre/minor) outpatients attended to

OUTPUT 085505 COMMUNITY MENTAL HEALTH SERVICES

60 outreach clinics conducted in the areas of Nkokonjeru, Nansana, Kitetika, Kawempe Katalemwa and Kitebi

1,830 male and 1,689 female patients seen in the clinics

24 visits to regional referral hospitals mental health units

900 patients resettled

OUTPUT 085506 IMMUNISATION SERVICES

2,000 Children immunized

OUTPUT 085519 HUMAN RESOURCE MANAGEMENT

Vote:162 Butabika Hospital

Pre-retirement training

Payroll management

Wage bill & retirement plan developed

Pension and gratuity managed

Reward and sanction managed

Performance management of staff supported

OUTPUT 085520 RECORDS MANAGEMENT SERVICES

All statistical reports compiled

Secure storage facilities but promote access and use of medical records availed

Supplies of documentation medical records provided

Documentation of medical records monitored audited

CAPITAL DEVELOPMENT

- Construction of 6 units staff quarters
- Procurement of assorted medical equipment
- Procurement of furniture and fittings for the Alcohol and Drug Unit
- Construction of kitchen stoves
- Procurement of computers
- Internet networking

Medium Term Plans

Vote:162 Butabika Hospital

The hospital's medium expenditure plans for enhancing provision of Mental and General Outpatient Health care include

- Provision of mental health care (review and diagnosis, investigations, provision of medicine, food, dressing, and beddings), irrespective of age and sex
- Provision of general out patient care to both male and female patients.
- Community outreach clinics to marginalized groups
- Resettlement of child adolescents, female and male patients across the country
- Training of health workers and students in mental health care.
- Maintenance of infrastructure and ensuring provisions for the disabled
- Procurement of assorted medical equipment
- Construction of 6 units staff quarters to care for health workers who work late hours
- Procurement of computers
 - Procurement of assorted furniture for the Alcohol and Drug Unit

Efficiency of Vote Budget Allocations

1. Proper adherence to Government rules and regulations
2. Activities undertaken as per work plan
3. Expenditures are incurred for the intended purposes to achieve hospital objectives

Vote Investment Plans

1. Construction of 6 units for staff accommodation
2. Installation of solar on three wards
3. Construction of kitchen stoves
4. Procurement of furniture and fittings for the Alcohol and Drug Unit

Major Expenditure Allocations in the Vote for FY 2018/19

1. Food for patients
2. Construction of staff houses
3. Maintenance - civil
4. Cleaning services
5. Non medical sundries

Vote:162 Butabika Hospital

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	55 Provision of Specialised Mental Health Services						
Programme Objective :	To provide super specialised and general mental health services, conduct mental health training, mental health related research and to provide support to mental health care services in the country						
Responsible Officer:	Dr. David Basangwa						
Programme Outcome:	Quality and accessible Specialised mental health services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of referred mental health cases managed; bed occupancy rate	0				18%	15%	12%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :162 Butabika Hospital								
55 Provision of Specialised Mental Health Services	10.775	11.020	1.913	10.861	12.794	14.406	16.100	18.099
Total for the Vote	10.775	11.020	1.913	10.861	12.794	14.406	16.100	18.099

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 55 Provision of Specialised Mental Health Services</i>								
01 Management	8.959	9.179	1.871	9.020	10.555	11.726	13.419	15.419
02 Internal Audit Section	0.010	0.033	0.007	0.033	0.033	0.033	0.033	0.033
0911 Butabika and health center remodelling/construction	1.808	1.400	0.034	1.300	2.000	2.000	2.000	2.000
1474 Institutional Support to Butabika National Referral Hospital	0.000	0.408	0.000	0.508	0.206	0.647	0.647	0.647
Total For the Programme : 55	10.777	11.020	1.913	10.861	12.794	14.406	16.100	18.099
Total for the Vote :162	10.777	11.020	1.913	10.861	12.794	14.406	16.100	18.099

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
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Vote:162 Butabika Hospital

Vote :162 Butabika Hospital	
<i>Programme : 55 Butabika Hospital</i>	
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) :	(0.200) No vehicle will be purchased
Output: 76 Purchase of Office and ICT Equipment, including Software	
Change in Allocation (US\$ Bn) :	0.018 Will continue buying some computers but also network internet services in some offices
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) :	0.232 The change is due to the furniture which will purchased for the Alcohol and Drug Unit which is currently construction

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 162 Butabika Hospital		
Programme : 55 Provision of Specialised Mental Health Services		
Project : 0911 Butabika and health centre remodelling/construction		
Output: 80 Hospital Construction/rehabilitation		
Completion of the Alcohol and Drug Unit	Expansion of the Alcohol and Drug Unit works on going at 75%	Construction of 6 units staff houses
Total Output Cost(US\$ Thousand):	1.400	0.034
Gou Dev't:	1.400	0.034
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- Delay in releasing A.I.A cashlimits
- Insufficient funds on several items
- Increasing prices of goods and services
- Inadequate medicines budget leading to medicine stock outs
- Inadequate human resource
- Bed occupancy has remained above 150%
- High rate of destruction of infrastructure and consumables leading to high maintenance costs due to the nature of patients
- Lack of x-ray services

Table V5.1: Additional Funding Requests

Vote:162 Butabika Hospital

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 162 Butabika Hospital	
Programme : 55 Provision of Specialised Mental Health Services	
<i>OutPut : 77 Purchase of Specialised Machinery & Equipment</i>	
Funding requirement US\$ Bn : 4.300	The funds are for the purchase of a Xray and MRI machines for radiology services in order to improve health service delivery to patients
<i>OutPut : 80 Hospital Construction/rehabilitation</i>	
Funding requirement US\$ Bn : 5.000	Funds are for the construction of a perimeter fence to secure the Hospital land from encroachers and prevent patient escape.

Vote:163 Arua Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.874	3.095	0.594	3.095	3.095	3.095	3.095	3.095
	Non Wage	3.242	2.034	0.399	1.684	2.034	2.034	2.034	2.034
Devt.	GoU	1.051	1.060	0.053	1.060	1.060	1.060	1.060	1.060
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		7.167	6.188	1.046	5.839	6.188	6.188	6.188	6.188
Total GoU+Ext Fin (MTEF)		7.167	6.188	1.046	5.839	6.188	6.188	6.188	6.188
<i>A.I.A Total</i>		0.075	0.100	0.000	0.152	0.172	0.172	0.172	0.192
Grand Total		7.243	6.288	1.046	5.991	6.360	6.360	6.360	6.380

(ii) Vote Strategic Objective

- Scale up critical interventions
- Improve levels, and equity in access and demand
- Accelerate quality and safety improvements
- Improve efficiency and effectiveness of Services

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

General OPD attendance were 44,277/55,000; special clinic attendances 142,225/140,000; Inpatient admissions were 23,286/18,000; bed occupancy 99.5%/85%; ALOS of 4.5/ 4 days. Total lab investigations 104,834/100,000; imagings 8,685/9,000; 115/80 postmortems . 15,954/20,000 ANC attendances; 4,565/3,000 Family planning contacts; 48,664/32,250 mothers and children immunized; 6,529 deliveries. 85% Medical equipment was maintained in the region; 4 user training's done. Assorted medical equipment and parts procured. Renovations done on pediatric, surgical wards, theatre and part of administration block.

Vote:163 Arua Referral Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

1. The following outputs were realized in quarter one under program one of hospital services; Inpatient services: 6,414 admitted, Bed Occupancy rate of 99.5, Average Length of stay of 4 days, 1,012 Major Surgical procedures conducted and 1,881 deliveries. Outpatient services: 9,348 general OPD attendance and 33,992 Specialized OPD clinic attendance. Diagnostics: 38,985 Laboratory tests done, 2,497 imagings (Ultra sound scans (1,865) & X-rays (632)) done and 26 postmortems done. Preventive services: 4,198 mothers attended Antenatal care, 1,446 Family planning contacts were made, 11,596 were children immunized, 1,021 women were immunized and percentage of HIV + women not on art was 0%. Medicines and Supplies: Medicines and supplies worth UGX 186,084,396 supplied by NMS, cumulatively 18.3% of the Annual budget of UGX1,015,663,764 was supplied.

2. On Capital development: Procurement of Contractor for consultancy service for the construction of the staff house done, contract signed and consultancy service in progress. Request for permission from Public Service to procure a 4-wheel station wagon done. Inventory taking was done for medical equipment and Equipment to be procured identified, and the contractor to supply equipment identified, order put and equipment delivered to the hospital stores.

FY 2018/19 Planned Outputs

General OPD attendance of 40,000; Special clinic attendances 140,000; 25,000 Inpatient admissions; Bed occupancy rate 85%; Average Length of Stay of 4 days. Total lab investigations of 160,000; 9,000 Imagings to be conducted; 80 postmortems to be done. 18,000 ANC attendances; 5,500 Family planning contacts; 50,000 children immunized, 4,000 mothers immunised; deliveries. 85% Medical equipment was maintained in the region; 4 user training's done. Assorted medical equipment and parts procured. The hospital has planned for 152,000,000 to be raised from the private wing.

Medium Term Plans

In the midterm, the hospital plans are: Provision of general hospital services including cancer treatment; Construction of staff accommodation phase III; Continue maintenance of medical equipment in the region; Procurement of a staff van; Fencing entire hospital land; Construction of a casualty department; Purchase of office Furniture and equipment; Construct an Administration block; Installation of intercom; renovation of hospital structures.

Efficiency of Vote Budget Allocations

The hospital will observe the following to ensure there is efficiency while providing health care services in 2018/19 Financial year.

- Increased supervision internally and in the region.
- Monitoring within the hospital.
- Supervision of works.
- Improvement of resource accountability.
- Enhancement of quality of care provided by staff.
- Improvement of the working environment and occupational safety.
- Adherence to procurement regulations.

Vote Investment Plans

A 7-storeyed staff housing unit started in 2017/18, allocation of UGX 800,000,000 made for 2018/19, and construction to be done in phases up to 2020/21. Funding solicited from partners (JICA) for construction of Casualty unit and the hospital has been requested by the partner to provide UGX 137,000,000 as its contribution. Works scheduled to start in August 2018. 80,000,000 has been allocated to procurement of specialized medical equipment, while 18,000,000 was allocated to procuring Office equipment and furniture and 25,000,000 apportioned to replacing solar batteries and equipment.

Major Expenditure Allocations in the Vote for FY 2018/19

Vote:163 Arua Referral Hospital

Procurement of Specialised Medical Equipment 80,000,000. Staff House Construction worth 800,000,000, Contribution Towards Casualty unit 137,000,000, Replacement of Solar Batteries 25,000,000, Office Furniture and Equipment 18,000,000.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To improve the health of the catchment population through provision of specialized curative, preventive, promotive and rehabilitative health services.						
Responsible Officer:	DR. ADAKU ALEX						
Programme Outcome:	Inclusive and quality healthcare services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0	11%			13%	15%	18%
• % increase of diagnostic investigations carried	0				6%	8%	10%
• Bed occupancy rate	0				85%	85%	85%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :163 Arua Referral Hospital								
56 Regional Referral Hospital Services	7.109	6.188	1.022	5.839	6.188	6.188	6.188	6.188
Total for the Vote	7.109	6.188	1.022	5.839	6.188	6.188	6.188	6.188

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Arua Referral Hospital Services	5.835	4.880	0.922	4.531	4.880	4.880	4.880	4.880
02 Arua Referral Hospital Internal Audit	0.016	0.016	0.004	0.016	0.016	0.016	0.016	0.016
03 Arua Regional Maintenance	0.218	0.232	0.043	0.232	0.232	0.232	0.232	0.232

Vote:163 Arua Referral Hospital

1004 Arua Rehabilitation Referral Hospital	1.051	0.667	0.053	0.937	0.800	0.800	0.800	0.667
1469 Institutional Support to Arua Regional Referral Hospital	0.000	0.393	0.000	0.123	0.260	0.260	0.260	0.393
Total For the Programme : 56	7.120	6.188	1.022	5.839	6.188	6.188	6.188	6.188
Total for the Vote :163	7.120	6.188	1.022	5.839	6.188	6.188	6.188	6.188

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :163 Arua Referral Hospital	
<i>Programme : 56 Arua Referral Hospital</i>	
Output: 03 Medicines and health supplies procured and dispensed	
Change in Allocation (US\$ Bn) : (0.015)	The reduction in allocation to Medicines and health supplies is due to allocations made to cater for pensions and gratuity as a result of increase in the number of pensioners that has made it necessary to make cuts in other areas.
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : (0.013)	The reduction in allocation to Diagnostic services is due to allocations made to cater for pensions and gratuity as a result of increase in the number of pensioners that has made it necessary to make cuts in other areas.
Output: 06 Prevention and rehabilitation services	
Change in Allocation (US\$ Bn) : (0.008)	The reduction in allocation to preventive and rehabilitation services is due to allocations made to cater for pensions and gratuity as a result of increase in the number of pensioners that has made it necessary to make cuts in other areas.
Output: 07 Immunisation services	
Change in Allocation (US\$ Bn) : (0.012)	The reduction in allocation to Immunization services is due to allocations made to cater for pensions and gratuity as a result of increase in the number of pensioners that has made it necessary to make cuts in other areas.
Output: 77 Purchase of Specialised Machinery & Equipment	
Change in Allocation (US\$ Bn) : 0.080	This allocation was done to replace equipment that have broken down or are outdated.
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : (0.067)	The main capital investment priorities for 2018/19 FY is continuation of works on the construction of a 7-storeyed staff house.
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.200	The allocation made in 2017/18 was to kick the project which is estimated to cost about 8bn and the allocation in 2018/19 is to continue the project in a phased manner.
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.137	This allocation was made to cater for votes part contribution towards JICA project for construction of a Casualty unit.
Output: 85 Purchase of Medical Equipment	

Vote:163 Arua Referral Hospital

Change in Allocation (US\$ Bn) : (0.350)	This allocation was made to procure office equipment to replace those that are out of use.
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Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 163 Arua Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Arua Rehabilitation Referral Hospital		
Output: 81 Staff houses construction and rehabilitation		
12-unit storeyed staff house constructed.	Procurement of Contractor for consultancy service for the construction of the staff house done. Contract signed and consultancy service in progress.	A 7-Storeyed Staff Housing Unit Constructed
Total Output Cost(US\$ Thousand):	0.600	0.053
Gou Dev't:	0.600	0.053
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Limited staff accommodation; inadequate budget inclusive of medicines and supplies; Limited equipment to match hospital mandate; high community expectations; Difficulty in projecting hospital service catchment population due to refugee influx from Sudan and Congo boarder. Staff retired in the last three years leaving the few with heavy work load. Manual data collection; Heavy work load due to HEP B testing, vaccination and treatment since the hospital is the main focal facility in the region. Unstable power supply from the provider (WENRECO) affects the smooth running of activities in the hospital; this may make the budget for fuel insufficient at the end of the year. The accounts section is manned by only one staff (Accounts Assistant). This makes him overwhelmed with work, which has led to delayed execution of payments, delayed preparation of final accounts and other accounts functions. The management team is totally new to IFMS and had to get some acquaintance with system.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 163 Arua Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 77 Purchase of Specialised Machinery & Equipment	

Vote:163 Arua Referral Hospital

Funding requirement US\$ Bn : 0.500	Most of the increasing complicated cases the hospital receives are not fully managed and have to be referred out to Mulago and other facilities which is very expensive both to the hospital and patients themselves. Procurement of Specialized equipment will therefore enhance the hospital's capacity to provide specialized services, improved quality of care to patients, reduce on mortality from manageable conditions and reduce on the costly referrals.
<i>OutPut : 80 Hospital Construction/rehabilitation</i>	
Funding requirement US\$ Bn : 1.400	Conducive and spacious office is critical for duty performance and motivation, this leads to improved quality service delivery, hence need for additional funding.
<i>OutPut : 81 Staff houses construction and rehabilitation</i>	
Funding requirement US\$ Bn : 15.000	Accommodation is critical for duty attendance, motivation and response to emergencies. Staff house construction leads to improved and quality service delivery, hence need for additional funding in a phased manner.
<i>OutPut : 85 Purchase of Medical Equipment</i>	
Funding requirement US\$ Bn : 0.500	The hospital has no staff van, inadequate furniture and office equipment. This if availed improves on staff motivation, good and healthy working environment and quality service delivery.

Vote:164 Fort Portal Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	3.145	3.552	0.710	3.552	3.552	3.552	3.552	3.552
Non Wage	1.406	1.592	0.251	1.404	1.592	1.592	1.592	1.592
Devt. GoU	1.027	1.060	0.265	1.060	1.060	1.060	1.060	1.060
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.578	6.205	1.227	6.016	6.205	6.205	6.205	6.205
Total GoU+Ext Fin (MTEF)	5.578	6.205	1.227	6.016	6.205	6.205	6.205	6.205
<i>A.I.A Total</i>	0.142	0.758	0.071	0.758	0.758	0.800	0.810	0.820
Grand Total	5.720	6.963	1.298	6.774	6.963	7.005	7.015	7.025

(ii) Vote Strategic Objective

- To enhance health education and promotion at community level.
- To reduce maternal and Child mortality and morbidity
- To reduce morbidity, mortality and transmission of communicable diseases
- To reduce morbidity and mortality attributable to communicable diseases
- To enhance hospital capacity for effective service delivery

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

- Total no.of patients admitted 27000
- Total maternal deliveries 6000
- Major surgeries 2000,
- Blood transfusion 3000
- BOR 85%
- ALOS 5

Performance as of BFP FY 2017/18 (Performance as of BFP)

- Total no.of patients admitted 7500 ,
- Total maternal deliveries 1750,
- Major surgeries 500
- Blood transfusion 750
- BOR 85%
- ALOS 4

Vote:164 Fort Portal Referral Hospital

FY 2018/19 Planned Outputs

- Total no.of patients admitted 30000 ,
- Total maternal deliveries 7000,
- Major surgeries 3000
- Blood transfusion 3500
- BOR 90%
- ALOS 4

Medium Term Plans

- Health education and promotion at community level enhanced.
- Maternal and Child mortality and morbidity reduced.
- Morbidity, mortality and transmission of communicable diseases reduced.
- Morbidity and mortality attributable to communicable diseases reduced
- Hospital capacity for effective service delivery

Efficiency of Vote Budget Allocations

In order to improve quality and efficiency of service delivery, there is need to allocate funds to the following item;

- Continuation of 16 unit staff hostel
- Procurement of medical and non medical equipment
- Hospital management and support services

Vote Investment Plans

- Construction of staff hostel (16 units)
- Procurement of assorted medical and non medical equipment

Major Expenditure Allocations in the Vote for FY 2018/19

- Continuation of 16 unit staff hostel
- Procurement of medical and non medical equipment
- Hospital management and support services

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :	
Programme :	56 Regional Referral Hospital Services
Programme Objective :	To provide general and specialized services which are inclusive to the catchment population in Rwenzori Region
Responsible Officer:	Hospital Director
Programme Outcome:	Quality and accessible Regional Referral Hospital Services
<i>Sector Outcomes contributed to by the Programme Outcome</i>	

Vote:164 Fort Portal Referral Hospital

1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialized clinic outpatients attendances	0				5%	5%	5%
• % increase of diagnostic investigations carried	0				5%	5%	5%
• Bed occupancy rate	0				85%	85%	90%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :164 Fort Portal Referral Hospital								
56 Regional Referral Hospital Services	5.572	6.205	1.223	6.016	6.205	6.205	6.205	6.205
Total for the Vote	5.572	6.205	1.223	6.016	6.205	6.205	6.205	6.205

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Fort Portal Referral Hospital Services	4.331	4.934	0.950	4.834	4.934	4.934	4.934	4.934
02 Fort Portal Referral Hospital Internal Audit	0.012	0.016	0.000	0.016	0.016	0.016	0.016	0.016
03 Fort Portal Regional Maintenance	0.206	0.194	0.008	0.106	0.194	0.194	0.194	0.194
1004 Fort Portal Rehabilitation Referral Hospital	1.027	0.922	0.265	1.000	1.000	1.000	1.000	1.000
1470 Institutional Support to Fort Portal Regional Referral Hospital	0.000	0.138	0.000	0.060	0.060	0.060	0.060	0.060
Total For the Programme : 56	5.576	6.205	1.223	6.016	6.205	6.205	6.205	6.205
Total for the Vote :164	5.576	6.205	1.223	6.016	6.205	6.205	6.205	6.205

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :164 Fort Portal Referral Hospital	
Programme : 56 Fort Portal Referral Hospital	
Output: 02 Outpatient services	
Change in Allocation (US\$ Bn) : (0.102)	Reduction is due to competing priorities of the hospital. More funds allocated to electricity bills due to Yaka initiative by government
Output: 03 Medicines and health supplies procured and dispensed	

Vote:164 Fort Portal Referral Hospital

Change in Allocation (US\$ Bn) :	(0.059)	There is need to support private services in order to avoid inadequacies of medicines at this service area.
Output: 19 Human Resource Management Services		
Change in Allocation (US\$ Bn) :	0.080	Focusing at IPPS activities as a priority to development and management of human resources, hence allocation of funds to this item is required
Output: 72 Government Buildings and Administrative Infrastructure		
Change in Allocation (US\$ Bn) :	(0.040)	Due to limited funding, priority has been given to construction of staff hostel as an on going project.
Output: 77 Purchase of Specialised Machinery & Equipment		
Change in Allocation (US\$ Bn) :	0.100	More attention is focused at purchase and repairs of machinery and assorted equipment such as computers, weighing scales, beds, generators repairs and servicing, beds etc
Output: 85 Purchase of Medical Equipment		
Change in Allocation (US\$ Bn) :	(0.138)	Assorted medical equipment including; P.B Machines, drug trolleys, wheel chairs, kitchen equipment, physiotherapy equipment, etc

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 164 Fort Portal Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Fort Portal Rehabilitation Referral Hospital		
Output: 81 Staff houses construction and rehabilitation		
Engineering and design works started. Monitoring and supervision of construction works. Staff houses constructed, rehabilitated, maintained including sanitation	7% completion of Staff house construction works started. On going monitoring and supervision of construction works.	Continuation of construction of a 16 unit staff hostel
Total Output Cost(US\$ Thousand):	0.882	0.265
Gou Dev't:	0.882	0.265
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:164 Fort Portal Referral Hospital

- Cultural beliefs, attitudes and practices among the local communities in Kabarole and other surrounding districts in the catchment area greatly influence the health seeking behaviour.
- Inadequate human resource in the various departments and programmes e.g. Community Health Department, Laboratory, MCH, CDs and NCDs
- Inadequate hospital infrastructure for effective service delivery e.g. lack of Causality/Emergency Care Unit, ICU, PNC and inadequate space PMTCT, and Isolation facilities etc.
- Poor supply chain management leading to lack of commodities and supplies for diagnostics e.g. microscopes and reagents.
- Limited supplies of essential medicines for managing communicable disease.
- TB mortality remains high with an average annual death rate of 18.6% reported on the TB ward.
- Inadequate funding for the different programs e.g. community outreaches, mass media etc.
- Lack of epidemic preparedness plan and budget.
- Limited awareness and knowledge of NCDs among the staff hence limited capacity to manage NCDs.
- Inadequate facilitation of Village Health Teams (VHTs)
- Poor road network and transportation affecting the referral system

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 164 Fort Portal Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 05 Hospital Management and support services	
Funding requirement US\$ Bn : 0.500	Improvement on funding gap to these activities will enhance services delivery at the hospital level hence scaling up gaps in diseases prevention and control.
OutPut : 81 Staff houses construction and rehabilitation	
Funding requirement US\$ Bn : 1.500	Construction of staff hostel will promote staff welfare hence providing conducive atmosphere to workforce who will in turn provide health care to population of Uganda.
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 4.500	There is limited space for causality unit and, there are dilapidated administration offices that required quick intervention, the current status is hindering quality service delivery to the patients and staff. Provision of funds to this effect will ensure preventive services and rehabilitation as well as a motivated workforce hence improvement of livelihood to staff and the population served by the hospital.
OutPut : 85 Purchase of Medical Equipment	
Funding requirement US\$ Bn : 1.800	

Vote:165 Gulu Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	2.669	3.283	0.513	3.283	3.283	3.283	3.283	3.283
Non Wage	1.665	1.513	0.250	1.228	1.513	1.513	1.513	1.513
Devt. GoU	1.058	1.488	0.711	1.488	1.488	1.488	1.488	1.488
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.393	6.283	1.474	5.999	6.283	6.283	6.283	6.283
Total GoU+Ext Fin (MTEF)	5.393	6.283	1.474	5.999	6.283	6.283	6.283	6.283
<i>A.I.A Total</i>	0.000	0.600	0.059	0.610	0.620	0.640	0.650	0.700
Grand Total	5.393	6.883	1.533	6.609	6.903	6.923	6.933	6.983

(ii) Vote Strategic Objective

1. To improve maternal and child health in the catchment area
2. Contribute to scaling up of health sector strategic interventions in order to improve the health of the community
3. Prevention, management and control of communicable diseases
4. To improve effectiveness, efficiency and accountability of hospital operations
5. To support clinical departments by ensuring efficient, safe environmentally health system infrastructure for smooth deliver of health services
6. Prevention, management and control of non communicable diseases

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

Total Number of General OPD cases attended to = 295,225; Total number of patients admitted 22,112; Bed Occupancy 82%; Average length of stay is 3 days. Total number laboratory investigation = 105,550; total x-rays were 84 and U/S scans done were 200; ANC attendances were 8,886; 3,574 cases were attended to in Family Planning services; 128 clients received EMTCT services and 16,556 patients received HCT services. 80% of the medical equipment were serviced and repaired in the User units. The construction of the 54 self-contained rooms in a 2-storied building continued with the finishing of the first floor. Here were 3,317 and 18,688 major and minor operations done during the year.

Vote:165 Gulu Referral Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

As per 30th September 2017 the total number of General OPD cases attended to is 36,949; The total number of patients admitted 6524; Bed occupancy rate 74%; average length of stay is 3 days. Laboratory investigations=45,131; total x-rays 712 and U/S scans 1,109 were done and 11,151 children immunized. 20% of the medical equipment was maintained in health user units, the construction of staff quarters continued progressing.

FY 2018/19 Planned Outputs

The total number of General OPD case will be 185,000; Total admissions will be 20,000 with average length of stay of 2.5 days and bed occupancy rate of 72%. Total laboratory investigations will be 50,000; total X-rays will be 4,500 and U/S done will be 5,000. Patients attended to in orthopedics, psychiatry and physiotherapy clinics will be 4,500; 6,500 ANC attendances; 4,012 cases will attend family planning clinic; 50,000 children will be immunized. 80% of the medical equipment will be repaired and serviced. The hospital will continue with the construction of the 54 self-contained housing units in a two storied building, overhauling the entire sewage system, fencing the hospital land, purchase of a hygiene extractor, purchase of the vehicle for the Hospital Director and some specialized machinery. There will also be the overhaul and repair of the old generator. JICA will construct the theatre, maternity and Intensive care unit in a storied building.

Medium Term Plans

In the medium term the hospital plans to complete the construction of the staff quarters, purchase of a hospital vehicle and purchase of a three phase generator, construction of the theatre, maternity and ICU. The hospital also plans to improve on service delivery by attending to more patients, improving community services, finalize the hospital master plan and implement the patients charter.

Efficiency of Vote Budget Allocations

Prioritization of activities and items for funding; broad based consultative planning and budgeting; improved resource management (HRH, Financial and others); timely budget implementation and linking allocations to National and Sector priorities.

Vote Investment Plans

In the medium term the hospital plans to complete the construction of the 54 self-contained staff houses in the storied building, purchase of a hygiene extractor, purchase a hospital vehicle for the hospital Director, renovate and overhaul the sewage system, fence the hospital land, put up walkways and support the JICA team in the construction of the maternity, Theatre and Intensive care unit

Vote:165 Gulu Referral Hospital

Major Expenditure Allocations in the Vote for FY 2018/19

Construction of the 54 self-contained staff units in a two storied building, purchase of a hygiene extractor repair and overhaul of the sewage system and purchase of specialized machinery are the major key expenditure allocations.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide quality, sustainable and specialized health services to all people of Gulu Sub region						
Responsible Officer:	Dr James Elima						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0				90%	95%	98%
• % increase of diagnostic investigations carried	0				90%	92%	95%
• Bed occupancy rate	0				75%	73%	72%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :165 Gulu Referral Hospital								
56 Regional Referral Hospital Services	5.372	6.283	1.473	5.999	6.283	6.283	6.283	6.283
Total for the Vote	5.372	6.283	1.473	5.999	6.283	6.283	6.283	6.283

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23

Vote:165 Gulu Referral Hospital

<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Gulu Referral Hospital Services	4.173	4.617	0.745	4.332	4.617	4.795	4.617	4.617
02 Gulu Referral Hospital Internal Audit	0.007	0.011	0.003	0.011	0.011	0.000	0.011	0.011
03 Gulu Regional Maintenance	0.144	0.168	0.015	0.168	0.168	0.000	0.168	0.168
1004 Gulu Rehabilitation Referral Hospital	1.058	1.388	0.711	0.900	0.838	0.800	0.838	0.838
1468 Institutional Support to Gulu Regional Referral Hospital	0.000	0.100	0.000	0.588	0.650	0.688	0.650	0.650
Total For the Programme : 56	5.382	6.283	1.473	5.999	6.283	6.283	6.283	6.283
Total for the Vote :165	5.382	6.283	1.473	5.999	6.283	6.283	6.283	6.283

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :165 Gulu Referral Hospital	
<i>Programme : 56 Gulu Referral Hospital</i>	
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : (0.290)	This is money for gratuity which is not in the budget
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.005	This had not been budgeted for previously but it is essential for the human resource to have her separate budget
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) : 0.300	This is for the purchase of the vehicle of Hospital Director. The old vehicle poses a risk to the Hospital Director
Output: 77 Purchase of Specialised Machinery & Equipment	
Change in Allocation (US\$ Bn) : 0.228	There is need to some specialized medical equipment and the hygiene extractor in order to improve on the quality of services .The hospital does not most of the equipment to use.
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.360	This is meant to overhaul the sewage system of the hospital and construct a fence around the hospital land which was not previously budgeted for. The sewage system is in a poor form.
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.888)	Money has been reallocated to the retooling programs like purchase of the vehicle for Hospital Director, purchase of hygiene extractor fencing the hospital land, purchase of specialized machinery , overhaul ing the sewage system etc

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 165 Gulu Referral Hospital		
<i>Programme : 56 Regional Referral Hospital Services</i>		

Vote:165 Gulu Referral Hospital

Project : 1004 Gulu Rehabilitation Referral Hospital			
Output: 81 Staff houses construction and rehabilitation			
Completion of the second slab and initiation of the 3rd slab	There was the completion of the second slab	Completion of the second floor of the staff quarters and subsequent roofing. The building is a 2- storeyed building comprising of 54 units each floor with 18 units	
Total Output Cost(Ushs Thousand):	1.388	0.711	0.500
Gou Dev't:	1.388	0.711	0.500
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

The challenges include

1. Under-staffing especially senior consultants, Consultants and MOSG in the fields of surgery, pediatrics and anesthesia. The staff structure not matching with the current staffing needs;
2. The low wage leads to failure to recruit certain cadres to serve in intensive care, accidents and emergency and neonatal care;
3. Inadequate equipment e.g. CT Scan, MRI and other important diagnostic equipment leading to too many referrals which is costly to the patients and the hospital;
4. Lengthy procurement procedures leads to delays in procurement processes

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 165 Gulu Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 03 Medicines and health supplies procured and dispensed	
Funding requirement UShs Bn : 0.400	Improving the well being of the children improves the quality of the population in Uganda and will eventually lead to a healthy population
OutPut : 78 Purchase of Office and Residential Furniture and Fittings	
Funding requirement UShs Bn : 0.600	The hospital is usually in darkness when power goes off at night. This leaves the health workers with no option in providing the services. Provision of adequate lighting improves efficiency and quality of services provided
OutPut : 80 Hospital Construction/rehabilitation	

Vote:165 Gulu Referral Hospital

Funding requirement US\$ Bn : 1.000	Good working conditions increases morale among health workers and this will improve the quality of services provided
<i>OutPut : 81 Staff houses construction and rehabilitation</i>	
Funding requirement US\$ Bn : 2.000	staff accommodation improves efficiency and quality of services. The building will accommodate 54 staff members and this will reduce on the time taken by staff in reporting for duty. This will eventually improve on the efficiency , output and quality of services provided to the patients

Vote:166 Hoima Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.453	4.139	0.578	4.139	4.139	4.139	4.139	4.139
	Non Wage	1.399	1.479	0.271	1.210	1.479	1.479	1.479	1.479
Devt.	GoU	1.059	1.060	0.271	1.060	1.060	1.060	1.060	1.060
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		4.912	6.678	1.120	6.409	6.678	6.678	6.678	6.678
Total GoU+Ext Fin (MTEF)		4.912	6.678	1.120	6.409	6.678	6.678	6.678	6.678
<i>A.I.A Total</i>		0.000	0.120	0.000	0.180	0.180	0.180	0.180	0.180
Grand Total		4.912	6.798	1.120	6.589	6.858	6.858	6.858	6.858

(ii) Vote Strategic Objective

To provide specialized health care services to Bunyoro Region including:

- Offering Comprehensive, curative, promotion and rehabilitative care
- Offering tertiary training and continuous professional development
- Undertaking and conducting operational, professional and technical research in health
- Carry out disease surveillance in the region
- Evaluation and monitoring of implementation of health programs

V2: Past Vote Performance and Medium Term Plans

Vote:166 Hoima Referral Hospital

Performance for Previous Year FY 2016/17

During the FY 2016/17 the hospital had a total number of 24,568 patients admitted representing 111.7% with an average length of stay of 3.9 days and 82.9 bed occupancy rate.

A total of 179,391 General Outpatient attendances and 59,366 specialized outpatients served. all combined indicated performance of 99.5%

The number of deliveries that were conducted were 7,627., while 3,678 patients were referred to the Hospital

In terms of surgical interventions carried out 3,747 were major operations while 11,428 were minor operations

Under diagnostic services 2,937 x-rays representing 49%, 76,553 laboratory tests representing 109% , 2513 ultra sound representing 66.1% , These numbers were below targets because of the X-ray machine and ultra sound scan broke down for 2 quarters and there was shortage of films, chemicals and gel for both equipment. and 5,212 blood transfusions made

1.0 Billion worth of Essential Medicines and Health Supplies delivered and dispensed .

Under Family planning services there were 2312 family planning users representing 38.5%, 13,685 Ante Natal Care Visits and 31,310 immunizations representing 120.4%

Under capital Development, the Hospital constructed and operationalized Oxygen Plant ,

Completed the Designs and Plans for the Lagoon and Perimeter Fence .

The Hospital completed the Procurement process of the above projects.

The Construction of the Perimeter Wall project was started and contract for construction of lagoon was made

Payment for the balance on the construction of Administration Block was completed and the Block is fully utilized

The Hospital completed the beautification of the compound and completed the construction of the drainage system.

Performance as of BFP FY 2017/18 (Performance as of BFP)

During the period of July to end on September 2017 the following outputs have been achieved:

A total of 7,978 patients have been admitted with an average length of stay of 4 days and 74.3 bed occupancy rate.

A Total of 54,108 outpatient attendees were treated as Specialist and General outpatients

The number of mothers who had live deliveries were 2,025 and 6,878 immunizations contacts were made.

Under diagnostic services, 23,457 Laboratory investigations were made

Under capital development, the progress for Construction of the Perimeter wall is 60% and well ahead of time whereas Construction of Lagoon is 10%.

FY 2018/19 Planned Outputs

During 2018/19 FY the Hospital has planned to deliver the following outputs:

The number of patients to be admitted are 26,000

Outpatients will be 240,000 outpatients

The Bed Occupancy Rate will be 85%

32,000 immunization contacts

8,000 live babies

100,000 Laboratory investigations

6000 X-ray examinations

4100 ultrasound examinations

6000 blood transfusions

Complete construction of Perimeter Wall

Complete Construction of Lagoon

Assorted medical equipment worth 100m to be procured.

Medium Term Plans

Vote:166 Hoima Referral Hospital

Development and use of strategic Plan
 Lobbying and advocacy for Resources
 complete Perimeter Wall construction
 Complete Lagoon construction
 Procure ambulance
 Negotiate Public Private Partnership arrangements for Laboratory supplies
 increased networking and coordination for Development Partners

Efficiency of Vote Budget Allocations

Harnessing natural resources by harvesting rain water and installation of solar systems
 Carry out regular Energy audits to identify areas of wastage and institute immediate corrective measures
 Printing and displaying payroll on monthly basis to identify ghosts and ensure transparency

Vote Investment Plans

Complete construction of the Perimeter Wall
 complete construction of Lagoon
 procure an assortment of medical and office equipment
 Refurbishment of old dilapidated medical, Surgical and maternity wards , complete floor of Pediatrics and Kangaroo wards
 Prioritize water harvesting and
 Prioritize Solar installation

Major Expenditure Allocations in the Vote for FY 2018/19

Major expenditure allocation will be on construction of the Perimeter wall and Lagoon costing 450M and 510M respectively .
 Providing medical equipment and office equipment and water tanks costing 100M
 Electricity Bills costing 120M
 Water Bills costing 90M

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide specialized and general health care and treatment, disease prevention, rehabilitation and health promotion services in Bunyoro Region comprising of the districts of Hoima, Masindi, Buliisa, Kiryandongo, Kibale, Kagadi and Kakumiro						
Responsible Officer:	Dr. Peter Mukobi						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialized clinic outpatient attendances	0	10%			10%	12%	15%

Vote:166 Hoima Referral Hospital

• % increase of diagnostic investigations carried out	0	15%	17%	20%
• Bed occupancy rate	0	85%	95%	99%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :166 Hoima Referral Hospital								
56 Regional Referral Hospital Services	5.025	6.678	1.098	6.409	6.678	6.678	6.678	6.678
Total for the Vote	5.025	6.678	1.098	6.409	6.678	6.678	6.678	6.678

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Hoima Referral Hospital Services	3.878	5.502	0.801	5.233	5.502	5.502	5.502	5.502
02 Hoima Referral Hospital Internal Audit	0.006	0.015	0.002	0.015	0.015	0.015	0.015	0.015
03 Hoima Regional Maintenance	0.093	0.101	0.023	0.101	0.101	0.101	0.101	0.101
1004 Hoima Rehabilitation Referral Hospital	1.059	0.960	0.271	0.960	0.960	0.960	0.960	0.960
1480 Institutional Support to Hoima Regional Hospital	0.000	0.100	0.000	0.100	0.100	0.100	0.100	0.100
Total For the Programme : 56	5.036	6.678	1.098	6.409	6.678	6.678	6.678	6.678
Total for the Vote :166	5.036	6.678	1.098	6.409	6.678	6.678	6.678	6.678

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :166 Hoima Referral Hospital	
Programme : 56 Hoima Referral Hospital	
Output: 05 Hospital Management and support services	
Change in Allocation (US\$ Bn) :	(0.265)
	Gratuity figures missing

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 166 Hoima Referral Hospital		
Programme : 56 Regional Referral Hospital Services		

Vote:166 Hoima Referral Hospital

Project : 1004 Hoima Rehabilitation Referral Hospital			
Output: 80 Hospital Construction/rehabilitation			
Sewerage system and lagoon constructed	Sewerage system and lagoon construction in progress.	1 Completed sewerage system and lagoon	
Total Output Cost(Us\$ Thousand):	0.510	0.037	0.510
Gou Dev't:	0.510	0.037	0.510
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

The Hospital does not have a functional ambulance, this has made referral to Mulago National Referral Hospital very difficult and costly.

Under-staffing in the area of Specialists such as Orthopedic Surgeon, physician, pediatrician, and Consultant under Obstetrician and Gynecology department.

Exorbitant utility bills The hospital is affected with exorbitant utility bills beyond its financial capacity. For example electricity bills have jumped from 6 million per month to 15 Million per month resulting from construction of added health facilities from JICA and Administration Block and new equipment installed by JICA and the oxygen plant which has increased electricity bill by an average of 5M per month.

Shortage of staff accommodation. The Hospital is accommodating less than 40% of its staff this made it difficult to mobilize staff for emergencies and equally affected staff retention. In a bid to solve the problem of critical cadre retention the hospital has been forced to hire private accommodation thus critically crippling the already meagre financial resources

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 166 Hoima Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 01 Inpatient services	
Funding requirement US\$ Bn : 0.200	Nutritional support will increase survival rates for critically ill patients and thus enable them recover fast and become economically productive.
OutPut : 04 Diagnostic services	
Funding requirement US\$ Bn : 0.250	NMS has not supplied critical reagents and laboratory supplies necessary to run a number of laboratory tests like CBC, chemistry, tests and other specialists medicines.
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 1.000	Hoima Regional Referral hospital does not have a mortuary/histopathology lab making it very difficult to conserve bodies, undertake biopsies and other pathological related services. This has compromised delivery of quality health services and maintenance of hygienic environment

Vote:166 Hoima Referral Hospital

<i>OutPut : 85 Purchase of Medical Equipment</i>	
Funding requirement UShs Bn : 0.300	The ambulance will support delivery of fast emergency services to the population in Bunyoro Region. This will contribute to reduction in mortality.

Vote:167 Jinja Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	3.095	4.578	0.751	4.578	4.578	4.578	4.578	4.578
	Non Wage	1.519	1.791	0.240	1.453	1.791	1.791	1.791	1.791
Devt.	GoU	1.020	1.488	0.000	1.488	1.488	1.488	1.488	1.488
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		5.634	7.857	0.991	7.519	7.857	7.857	7.857	7.857
Total GoU+Ext Fin (MTEF)		5.634	7.857	0.991	7.519	7.857	7.857	7.857	7.857
<i>A.I.A Total</i>		0.336	0.250	0.028	0.250	0.280	0.300	0.300	0.350
Grand Total		5.970	8.107	1.019	7.769	8.137	8.157	8.157	8.207

(ii) Vote Strategic Objective

- To improve the quality and safety of hospital care by offering comprehensive specialised and general curative, promotive preventive and rehabilitative health care services.
- To contribute to scaling up critical HSSIP interventions.
- To strengthen research activities.
- To strengthen training of health workers.
- To strengthen collaboration with other hospitals and offer a supporting role to health facilities in the catchment area.
- To improve effectiveness and efficiency of hospital services.
- To strengthen hospital partnerships.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

Improved staffing levels by recruitment of key cadres.started on the partial completion of the private wing to enable hospital generate more funds.Acquisition of an echo machine has helped improve on diagnostic activities .payment of salaries and pension is on time

Performance as of BFP FY 2017/18 (Performance as of BFP)

The has been wage enhancement..key medical equipments procured. The medical equipment workshop for the region has been established and constructed. Renovation of opd to create casualty department

FY 2018/19 Planned Outputs

Construction of 24 units staff block to improve on the staff accomodation procure some key medical equipment's and renovation of wards.Recrut more key staff

Medium Term Plans

Participate in the recruitment of more staff.Empower the community health department to participate in preventive mechanisms to reduce on the curative costs

Efficiency of Vote Budget Allocations

Resources have been allocated as per departments need sand demands in the order of priority

Vote:167 Jinja Referral Hospital

Vote Investment Plans

Construction of 24 unit staff block .Procurement of medical equipment

Major Expenditure Allocations in the Vote for FY 2018/19

staff salaries ,allowances and training costs. ambulancing activites.Maintainance of buldings.utility bills .preparation of designs and construction of staff houses

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	a. To improve the quality and safety of hospital care. b. To contribute to scaling up critical HSSIP interventions. c. To strengthen research activities. d. To strengthen training of health workers. e. To strengthen collaboration with other hospitals and offer a supporting role to health facilities in the catchment area. f. To improve effectiveness and efficiency of hospital services. g. To strengthen hospital partnerships.						
Responsible Officer:	Dr. Nkuruziza Edward						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0				6%	7%	7%
• % increase of diagnostic investigations carried	0				6.5%	7%	7%
• Bed occupancy rate	0				85%	86%	85%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :167 Jinja Referral Hospital								
56 Regional Referral Hospital Services	5.865	7.857	1.314	7.519	7.857	7.857	7.857	7.857
Total for the Vote	5.865	7.857	1.314	7.519	7.857	7.857	7.857	7.857

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Vote:167 Jinja Referral Hospital

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Jinja Referral Hospital Services	4.725	6.262	0.979	5.924	6.262	6.262	6.262	6.262
02 Jinja Referral Hospital Internal Audit	0.121	0.017	0.335	0.017	0.017	0.017	0.017	0.017
03 Jinja Regional Maintenance	0.000	0.090	0.000	0.090	0.090	0.090	0.090	0.090
1004 Jinja Rehabilitation Referral Hospital	1.020	0.835	0.000	0.388	0.388	0.388	0.000	0.000
1481 Institutional Support to Jinja Regional Hospital	0.000	0.653	0.000	1.100	1.100	1.100	1.488	1.488
Total For the Programme : 56	5.866	7.857	1.314	7.519	7.857	7.857	7.857	7.857
Total for the Vote :167	5.866	7.857	1.314	7.519	7.857	7.857	7.857	7.857

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :167 Jinja Referral Hospital	
Programme : 56 Jinja Referral Hospital	
Output: 71 Acquisition of Land by Government	
Change in Allocation (US\$ Bn) : (0.020)	These funds were enough for processing and acquisition of titles ,there fore funds allocated to other pressing capital demands
Output: 76 Purchase of Office and ICT Equipment, including Software	
Change in Allocation (US\$ Bn) : (0.035)	The user departments recommended that the ict and office equipment's procured were serving the purpose ,for the meantime no need to have more allocation to this budget line.the others can be catered for by the recurrent budget
Output: 77 Purchase of Specialised Machinery & Equipment	
Change in Allocation (US\$ Bn) : 0.090	Waste management mainly medical waste has been a challenge for years therefore these funds are for the procurement and completion of the medical waste incenerator
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.880	Only 15% of the staff are accommodated and the major ward structures are dilapidated .There for these funds are meant to cater for specialist accomodation of 24 units on two bedrooms and renovation of wards to improve on the ambience of working space
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.395)	This was a one off and the funds were justifiably exact to complete the works
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : (0.520)	There is a reduction in this vote.188 is what is required for incenerator to address the challenge of medical waste disposal

Vote:167 Jinja Referral Hospital

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 167 Jinja Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1481 Institutional Support to Jinja Regional Hospital		
Output: 80 Hospital Construction/rehabilitation		
		24 2 bed roomed staff block constructed Renovation of wards and structures
Total Output Cost(Us\$ Thousand):	0.000	0.000
Gou Dev't:	0.000	0.000
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000
		1.100
		1.100
		0.000
		0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Limited budget to cater for recurrent expenditures. Failures to attract and retain some key cadres. increased demand for wage enhancements on the side of the staff

N / A

Vote:168 Kabale Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.172	2.719	0.543	2.719	2.719	2.719	2.719	2.719
	Non Wage	1.609	1.526	0.248	1.430	1.526	1.526	1.526	1.526
Devt.	GoU	1.276	1.488	0.334	1.488	1.488	1.488	1.488	1.488
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		5.057	5.733	1.126	5.637	5.733	5.733	5.733	5.733
Total GoU+Ext Fin (MTEF)		5.057	5.733	1.126	5.637	5.733	5.733	5.733	5.733
A.I.A Total		0.000	0.500	0.000	0.500	0.550	0.600	0.650	0.700
Grand Total		5.057	6.233	1.126	6.137	6.283	6.333	6.383	6.433

(ii) Vote Strategic Objective

1. To contribute to the production of a healthy human capital through provision of equitable, safe and sustainable health services
2. To address key determinants of health through strengthening intersectoral collaboration and partnerships
3. To enhance health sector competitiveness
4. To increase financial risk protection of households against impoverishment due to health expenditures

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

69,184 Inpatients were admitted and treated on the wards. Bed Occupancy Rate was 88% with an Average Length of Stay of 5 days. 164, 449 Outpatients were seen in the Outpatients Department and Grade A. 46,359 attended to in the special clinics. 992, 332, 714 worth of medicines and sundries were received from NMS and dispensed accordingly.

While in the laboratory, 177,329 specimens were collected from the patients and investigations carried. 9,502 X-rays were done.

As for Family Planning, 6,121 and 9,723 antenatal attendencies were recorded. Immunizations carried out were 68,969

Vote:168 Kabale Referral Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

And as at BFP, 2,981 In patients were attended to with an Average Length of Stay of 5 days and a Bed Occupancy Rate of 84%. Major operations were 315. General Outpatients were 638 while in the specialist clinics 15,318 patients were attended to.

UGX 0.296 bn worth of medicines and sundries were received from National Medical Stores and dispensed. 24,945 laboratory tests were carried out and x-rays (imaging) taken were 472. Ultra sound scans were 1,253.

All attendances for the Antenatal cases were 1,597, immunizations were 5,748 while Family Planning attendances were 782.

UGX was paid to Musuuza Building Contractors LTD as the second Construction Certificate the Interns' hostel.

FY 2018/19 Planned Outputs

Continue improving on the various output areas that include;

- Inpatients
- Outpatients
- Diagnostics
- Hospital Management
- Human Resource
- Prevention and Rehabilitation services

Medium Term Plans

- Enhance medical infrastructure
- Improve the working environment and boost the morale of the health workers and be able to retain them.
- Continue lobbying Implementing Partners to help fill staffing gaps as we also head hunt for those interested in working in Kabale Hospital.

Efficiency of Vote Budget Allocations

Vote allocation was efficient basing on the MTEF that was given

Vote Investment Plans

- Continue with the construction of the Interns' hostel
- Procure basic medical equipment and also medical machinery
- Procure CCTV cameras that will help in monitoring key areas of the hospital.
- Procure a washing machine and a dryer to be used in the laundry unit where they are currently using bare hands.
- Install rain water harvesting tanks to expand on what is in place.
- Construct a security gate house at the psychiatric unit
- Also renovate the medical ward

Major Expenditure Allocations in the Vote for FY 2018/19

Vote:168 Kabale Referral Hospital

- Also renovate the medical ward Major expenditure allocation was on the Interns' hostel at shs. 1bn . An extra 100,000,000 was added to cater for the consultancy costs.
- Procurement of basic medical equipment at shs. 88,000,000
- Washing machine and dryer at shs. 120,000,000.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide specialized health care services to Kigezi region including; a) Offering comprehensive,curative,promotional and rehabilitative care b) Offering tertiary training and continuous professional development c)Undertaking and conducting,professional and technical research in health d)Carry out disease surveillance in the region e) Improve effectiveness and efficiency of hospital services f) Evaluation and monitoring of the implementation of health programmes						
Responsible Officer:	Dr. Sophie Namasopo						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendences	0	15%			20%	25%	30%
• % increase of diagnostic investigations carried out;	0	10%			15%	16%	17%
• Bed occupancy rate	0	84%			90%	95%	100%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :168 Kabale Referral Hospital								
56 Regional Referral Hospital Services	4.922	5.733	1.095	5.637	5.733	5.733	5.733	5.733
Total for the Vote	4.922	5.733	1.095	5.637	5.733	5.733	5.733	5.733

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18	2018-19	Medium Term Projections
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Vote:168 Kabale Referral Hospital

	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Kabale Referral Hospital Services	3.287	3.879	0.745	3.852	3.945	3.945	3.945	3.945
02 Kabale Referral Hospital Internal Audit	0.005	0.011	0.003	0.012	0.005	0.005	0.005	0.005
03 Kabale Regional Maintenance Workshop	0.363	0.355	0.013	0.285	0.295	0.295	0.295	0.295
1004 Kabale Regional Hospital Rehabilitation	1.276	1.423	0.279	1.488	1.488	1.488	1.488	1.488
1473 Institutional Support to Kabale Regional Referral Hospital	0.000	0.065	0.055	0.000	0.000	0.000	0.000	0.000
Total For the Programme : 56	4.931	5.733	1.095	5.637	5.733	5.733	5.733	5.733
Total for the Vote :168	4.931	5.733	1.095	5.637	5.733	5.733	5.733	5.733

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :168 Kabale Referral Hospital	
Programme : 56 Kabale Referral Hospital	
Output: 01 Inpatient services	
Change in Allocation (US\$ Bn) : 0.323	The cost of maintaining In Patients had gone up
Output: 03 Medicines and health supplies procured and dispensed	
Change in Allocation (US\$ Bn) : (0.031)	Deduction was aimed at funding other areas/outputs that are also key in improving service delivery.
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : (0.046)	resources pulled to build up inpatient services
Output: 05 Hospital Management and support services	
Change in Allocation (US\$ Bn) : (2.962)	The change was attributed to wage bill, which was transferred to In Patients.
Output: 06 Prevention and rehabilitation services	
Change in Allocation (US\$ Bn) : (0.023)	This particular output has benefited from the past year, so hence the reduction
Output: 07 Immunisation Services	
Change in Allocation (US\$ Bn) : (0.051)	Also added on to inpatients
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : 0.004	there has been an increase in the scope of work for Human Resource including issues of Performance Management.
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : (0.006)	Scope of work for this period is low. Most of the works under records were done earlier.
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : (0.006)	Scope of work for this period is low. Most of the works under records were done earlier.
Output: 72 Government Buildings and Administrative Infrastructure	

Vote:168 Kabale Referral Hospital

Change in Allocation (US\$ Bn) :	(1.190)	Allocation was given to construction of interns' mess, gate house for Psychiatry.
Output: 76 Purchase of Office and ICT Equipment, including Software		
Change in Allocation (US\$ Bn) :	0.110	This was important to facilitate administrative work
Output: 77 Purchase of Specialised Machinery & Equipment		
Change in Allocation (US\$ Bn) :	0.060	This is meant to facilitate clinical work in the areas of the laundry mainly.
Output: 81 Staff houses construction and rehabilitation		
Change in Allocation (US\$ Bn) :	1.038	needed for the construction of the interns ' hostel , consultancy fees and the gate house at psychiatry.
Output: 81 Staff houses construction and rehabilitation		
Change in Allocation (US\$ Bn) :	1.038	Th construction of the interns' hostel and the consultancy costs is an ongoing project that had to be catered for.
Output: 83 OPD and other ward construction and rehabilitation		
Change in Allocation (US\$ Bn) :	(0.103)	It is only the medical ward to be worked on, so the reallocation was taken to outputs with more work
Output: 83 OPD and other ward construction and rehabilitation		
Change in Allocation (US\$ Bn) :	(0.103)	there was a reduction in the work to be done under this item.
Output: 85 Purchase of Medical Equipment		
Change in Allocation (US\$ Bn) :	0.088	Most of the equipment is worn out and some units do not have equipment at all for instance the Dental Laboratory needs total eq
Output: 85 Purchase of Medical Equipment		
Change in Allocation (US\$ Bn) :	0.088	Most of the equipment is worn out and some units do not have equipment at all for instance the Dental Laboratory needs total equipping

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19	
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs	
Vote 168 Kabale Referral Hospital			
Programme : 56 Regional Referral Hospital Services			
Project : 1004 Kabale Regional Hospital Rehabilitaion			
Output: 72 Government Buildings and Administrative Infrastructure			
Doctors/Interns Hostel partially constructed	Laying the foundation and construction of the ground floor is in progress.		
Hospital Furniture procured and delivered	procurement of a photocopier has been initiated.		
Total Output Cost(Us\$ Thousand):	1.190	0.279	0.000
Gou Dev't:	1.190	0.279	0.000

Vote:168 Kabale Referral Hospital

Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 81 Staff houses construction and rehabilitation			
			Construction of hostel continues
Total Output Cost(Ushs Thousand):	0.062	0.000	1.100
Gou Dev't:	0.062	0.000	1.100
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

- Limited staffing especially the specialists. This has undermined service delivery.
- Unchanging MTEF ceiling.
- Frequent power outages that can go on for a full week.
- Increasing water tariffs.
- Limited supplies of essential drugs and sundries.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 168 Kabale Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 72 Government Buildings and Administrative Infrastructure	
Funding requirement US\$ Bn : 0.080	The oxygen plant will not only cater for Kabale Regional Referral Hospital but for also the other health centers in the kigezi region. This will help in boosting the health services in those areas.
OutPut : 75 Purchase of Motor Vehicles and Other Transport Equipment	
Funding requirement US\$ Bn : 0.500	It will highly increase the survival rate of the patients on referral given the well equipped ambulance
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 0.050	Improve sanitation in the hospital
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 0.600	This will improve the welfare of the patients and the health workers who handle the patients from the wards

Vote:169 Masaka Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.418	2.825	0.546	2.825	2.825	2.825	2.825	2.825
	Non Wage	1.213	1.334	0.286	1.195	1.334	1.334	1.334	1.334
Devt.	GoU	3.138	2.058	0.515	2.058	2.058	2.058	2.058	2.058
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		6.769	6.217	1.347	6.078	6.217	6.217	6.217	6.217
Total GoU+Ext Fin (MTEF)		6.769	6.217	1.347	6.078	6.217	6.217	6.217	6.217
<i>A.I.A Total</i>		0.187	0.350	0.057	0.600	0.700	0.800	0.900	0.900
Grand Total		6.956	6.567	1.404	6.678	6.917	7.017	7.117	7.117

(ii) Vote Strategic Objective

Provision of specialized and general health care services, through delivery of curative, preventive, rehabilitative and promotive health services, capacity building, training, research and support supervision to other health facilities in Masaka region.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

34,932 admissions (inclusive of 2,600 caesarian sections and 873 major surgeries). Bed occupancy rate 99.9%. Average length of stay 3.3 days. 39,240 general outpatients. 169411 special clinics attendances. 2,163 referrals in. 13,888 antenatal attendances. 5,904 family planning contacts. 4,075 eMTCT. 38,240 VCT/RCT. 37,237 all immunizations. 300 x-ray examinations. 10,241 ultra sound scan examinations. 503,541 laboratory tests and 4,271 blood transfusions. 4 Hospital Management Board meetings, 12 top management meetings, 4 general staff meetings, timely payment of salaries and pension.

Performance as of BFP FY 2017/18 (Performance as of BFP)

8,396 admissions (inclusive of 656 caesarian sections and 1,040 major surgeries). Bed occupancy rate 85%. Average length of stay 3 days. 8,258 general outpatients. 151,646 special clinics attendances. 660 referrals in. 3690 antenatal attendances. 543 family planning contacts. 1601 eMTCT. 10,345 VCT/RCT. 10,729 all immunizations. 45 x-ray examinations. 3,473 ultra sound scan examinations. 123,145 laboratory tests and 1,294 blood transfusions. 0 Hospital Management Board meetings, 3 top management meetings, 1 general staff meetings, timely payment of salaries and pension.

FY 2018/19 Planned Outputs

36,000 admissions (inclusive of 2,500 caesarian sections and 41,150 major surgeries). Bed occupancy rate 85%. Average length of stay 3 days. 40,000 general outpatients. 62,584 special clinics attendances. 2,640 referrals in. 16,000 antenatal attendances. 2,043 family planning contacts. 4,500 eMTCT. 40,300 VCT/RCT. 40,100 all immunizations. 10,000 x-ray examinations. 12,200 ultra sound scan examinations. 500,145 laboratory tests and 4,900 blood transfusions. 4 Hospital Management Board meetings, 12 top management meetings, 4 general staff meetings, timely payment of salaries and pension.

Medium Term Plans

Completion of the Maternity/Children ward structure, Purchase equipment and continue with the construction of the senior staff quarters

Vote:169 Masaka Referral Hospital

Efficiency of Vote Budget Allocations

Funds have been allocated to the core service areas, ie inpatient services, maternity/children ward complex, as well as purchase of equipments. We are also strengthening our managers through mentoring to efficiently manage the resources.

Vote Investment Plans

Maternity/ Children ward complex, senior staff quarter, renovation of mortuary small interns house and purchase of equipment and furniture

Major Expenditure Allocations in the Vote for FY 2018/19

Construction of the Maternity/ Childrens complex
Construction of 40 units senior staff quarter construction
Patients food
Utilities

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide Specialized and higher level health services through provision of curative, preventive, rehabilitative, and pro motive health services to all people of Masaka region						
Responsible Officer:	Dr Nathan Onyachi						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase in diagnostic investigations carried out	0	10%			15%	15%	20%
• Bed Occupancy rate	0	85%			85%	85%	85%
• % increase of specialised clinic outpatients attendances	0	6%			7%	8%	10%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :169 Masaka Referral Hospital								
56 Regional Referral Hospital Services	6.533	6.217	1.426	6.078	6.217	6.217	6.217	6.217
Total for the Vote	6.533	6.217	1.426	6.078	6.217	6.217	6.217	6.217

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Vote:169 Masaka Referral Hospital

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Masaka Referral Hospital Services	3.389	4.152	0.909	4.014	4.151	4.151	4.151	4.151
02 Masaka Referral Hospital Internal Audit	0.007	0.006	0.002	0.006	0.008	0.008	0.008	0.008
1004 Masaka Rehabilitation Referral Hospital	3.138	2.058	0.515	2.058	2.058	2.058	2.058	2.058
Total For the Programme : 56	6.534	6.217	1.426	6.078	6.217	6.217	6.217	6.217
Total for the Vote :169	6.534	6.217	1.426	6.078	6.217	6.217	6.217	6.217

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :169 Masaka Referral Hospital	
Programme : 56 Masaka Referral Hospital	
Output: 03 Medicines and health supplies procured and dispensed	
Change in Allocation (US\$ Bn) : (0.012)	The was need to invest more in human resource
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : (0.024)	Due to the increase on the budget of vehicle repairs
Output: 05 Hospital Management and support services	
Change in Allocation (US\$ Bn) : (2.972)	Gratuity not yet inclusive
Output: 07 Immunisation Services	
Change in Allocation (US\$ Bn) : (0.019)	No change
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.085	For repairing the interns house and mortuary
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.260	Reviving construction works for the staff house
Output: 82 Maternity ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.588)	Moving towards the completion of the super structure
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : 0.243	For purchase of new equipment to replace obsolete ones

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 169 Masaka Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Masaka Rehabilitation Referral Hospital		

Vote:169 Masaka Referral Hospital

Output: 81 Staff houses construction and rehabilitation			
Foundation for all the 40 units staff hostel completed 1 block of the staff hostel completed	No funds released Q.1 for item budget.	Continue construction of senior staff 40 units quarters	
Total Output Cost(Ushs Thousand):	0.500	0.000	0.760
Gou Dev't:	0.500	0.000	0.760
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000
Output: 82 Maternity ward construction and rehabilitation			
Completing the construction of the super structure of maternity and Children's complex	The construction is at 61% of works done. Currently casting the last slab i.e fourth floor, plastering, and block works on going.		
Total Output Cost(Ushs Thousand):	1.558	0.515	0.970
Gou Dev't:	1.558	0.515	0.970
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Inadequate budget, inadequate human resource and increasing work load

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 169 Masaka Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 03 Medicines and health supplies procured and dispensed	
Funding requirement US\$ Bn : 1.000	This will improve the quality of care leading to the well being of the population we serve to contribute to improved household incomes.
OutPut : 04 Diagnostic services	
Funding requirement US\$ Bn : 2.000	This will improve diagnosis and right treatment leading to improved service delivery and quality of life that is productive and contributing to national development.
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 10.000	Improve accommodation for both staff and patients to have a better working environment and a motivated work force that is committed to work contributing to the well being of the catchment population and national development.

Vote:169 Masaka Referral Hospital

<i>OutPut : 85 Purchase of Medical Equipment</i>	
Funding requirement US\$ Bn : 1.000	Improved quality of care leading to the well being of the population we serve to make it productive and contribute to national development

Vote:170 Mbale Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	3.724	3.946	0.865	3.946	3.946	3.946	3.946	3.946
	Non Wage	4.641	2.716	0.405	2.308	2.716	2.716	2.716	2.716
Devt.	GoU	5.464	3.058	0.000	3.058	3.058	3.058	3.058	3.058
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		13.829	9.720	1.270	9.312	9.720	9.720	9.720	9.720
Total GoU+Ext Fin (MTEF)		13.829	9.720	1.270	9.312	9.720	9.720	9.720	9.720
<i>A.I.A Total</i>		0.000	0.350	0.000	0.400	0.400	0.400	0.400	0.400
Grand Total		13.829	10.070	1.270	9.712	10.120	10.120	10.120	10.120

(ii) Vote Strategic Objective

- **Strategic Objectives**
 1. To improve the quality of patient care as per the Ministry of Health and other conventional standards and guidelines
 2. To increase access to specialized and diagnostic services
 3. To contribute to regional and national human resources development in the health sector
 4. To contribute to the development and implementation of the National Health Policy
 5. To ensure efficient and effective resource utilization

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

construction of the surgical ward complex at 16% 1st floor completed, construction of incinerator at 80% complete, renovation of ward 6/7 done, disposal of assets at 90% done, and re-owned 1.44 hectares of land which had been encroached ,and final draft of the strategic plan inplace

Performance as of BFP FY 2017/18 (Performance as of BFP)

continue with the construction of surgical ward complex, clear areas for utilities, revitalize the private wing, complete construction and installation of incinerator, procure transport for out reach services. Fence off the land we have reposed

FY 2018/19 Planned Outputs

Continue with construction of surgical ward complex , renovate the stores, purchase director's vehicle, purchase assorted medical and non medical equipment, and equip private wing.

Medium Term Plans

Complete construction of surgical ward complex, enhance out reach activities and support supervision and continue lobbying for more resources

Efficiency of Vote Budget Allocations

Focus will be on Outpatient services and preventive services aimed at decongesting the hospital. We hope to improve on support supervision and timely payment of salaries and allowances , emphasize out reach services and sensitization of the public We shall also ensure through performance monitoring that hospital targets are met .

Vote:170 Mbale Referral Hospital

Vote Investment Plans

Continue with construction of surgical ward complex , renovate the stores, purchase director's vehicle, purchase assorted medical and non medical equipment, and equip private wing.

Major Expenditure Allocations in the Vote for FY 2018/19

Continue with phase two construction of the surgical ward complex at (2BN) , Renovation of stores and construction of medical records and registry office (0.510BN), procure assorted medical equipment (0,20BN) , procure vehicle for Hospital Director (0.350BN).

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	Continue with the construction of the surgical complex , procure medical equipment, Renovate main medical stores , construct medical records office and registry , and procure a vehicle for out reach services.						
Responsible Officer:	Hospital Director, DR. EMMANUEL TUGAINEYO ITUUZA						
Programme Outcome:	Quality and accessible health services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0	15%			20%	25%	30%
• % increase of diagnostic investigations carried	0				20%	25%	30%
• Bed occupancy rate	0				85%	90%	90%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :170 Mbale Referral Hospital								
56 Regional Referral Hospital Services	14.042	9.720	1.262	9.312	9.720	9.720	9.720	9.720
Total for the Vote	14.042	9.720	1.262	9.312	9.720	9.720	9.720	9.720

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23

Vote:170 Mbale Referral Hospital

<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Mbale Referral Hospital Services	8.230	6.273	1.237	5.878	6.662	6.662	6.662	6.662
02 Mbale Referral Hospital Internal Audit	0.020	0.027	0.004	0.015	0.000	0.000	0.000	0.000
03 Mbale Regional Maintenance	0.333	0.361	0.021	0.361	0.000	0.000	0.000	0.000
1004 Mbale Rehabilitation Referral Hospital	5.464	2.000	0.000	2.000	3.058	3.058	3.058	3.058
1478 Institutional Support to Mbale Regional Hospital	0.000	1.058	0.000	1.058	0.000	0.000	0.000	0.000
Total For the Programme : 56	14.047	9.720	1.262	9.312	9.720	9.720	9.720	9.720
Total for the Vote :170	14.047	9.720	1.262	9.312	9.720	9.720	9.720	9.720

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :170 Mbale Referral Hospital	
<i>Programme : 56 Mbale Referral Hospital</i>	
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : 0.032	we intend to increase on expenditure for digital films for the X-ray and investigations done
Output: 07 Immunisation Services	
Change in Allocation (US\$ Bn) : (0.016)	Lower health facilities are increasingly being encouraged to do immunizations at there level
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : 0.023	The activity range for the department has broadened hence more funding
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.029	There is need to improve on records management and storage in the hospital
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 1.058	To renovate the medicine store in order to improve on quality of stage of medicines .
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.830)	The allocation has maintained as per the last FY due to funding
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : (0.228)	Shs 0.200bn has been allocated under key output code 80 (Re-tooling)

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 170 Mbale Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Mbale Rehabilitation Referral Hospital		

Vote:170 Mbale Referral Hospital

Output: 83 OPD and other ward construction and rehabilitation			
Surgical complex constructed, ,	The first floor is finished, and they started on on the 2nd phase of the project which is 20% completion of the project	Continue with construction phase two of the surgical ward complex,	
Total Output Cost(Ushs Thousand):	2.000	0.000	2.000
Gou Dev't:	2.000	0.000	2.000
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Under funding, Length procurement procedures ,and delays in securing approvals from solicitor general's office, failure to attract specialized staff

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 170 Mbale Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 01 inpatients services	
Funding requirement UShs Bn : 0.009	
OutPut : 04 Diagnostic services	
Funding requirement UShs Bn : 0.032	The increment is to cater for utilities
OutPut : 05 Hospital Management and support services	
Funding requirement UShs Bn : 0.505	Increased access to Health services to all
OutPut : 07 Immunisation Services	
Funding requirement UShs Bn : 0.016	Decongest immunisable services to lower health facilities
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement UShs Bn : 5.000	Improve on staff welfare and timely attendance to patients

Vote:171 Soroti Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	2.384	2.791	0.000	2.791	2.791	2.791	2.791	2.791
	Non Wage	1.321	1.455	0.000	1.213	1.455	1.455	1.455	1.455
Devt.	GoU	1.058	1.488	0.000	1.488	1.488	1.488	1.488	1.488
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	GoU Total	4.763	5.734	0.000	5.492	5.734	5.734	5.734	5.734
	Total GoU+Ext Fin (MTEF)	4.763	5.734	0.000	5.492	5.734	5.734	5.734	5.734
	<i>A.I.A Total</i>	0.000	0.045	0.000	0.060	0.065	0.065	0.070	0.075
	Grand Total	4.763	5.779	0.000	5.552	5.799	5.799	5.804	5.809

(ii) Vote Strategic Objective

1. To improve the quality and safety of hospital care
2. To contribute to scaling up critical HSSIP interventions
3. To strengthen research activities
4. Strengthen training of health workers
5. To strengthen collaboration with other hospitals and provide the support supervision to lower level health facilities in the Teso Region
6. To improve effectiveness and effectiveness and efficiency of hospital services
7. To strengthen hospital partnerships

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

Inpatients services had less than planned number of inpatient admissions and deliveries.

Out patient services too had less than planned numbers of general out patients than planned but registered more in gyne and ENT.

Medicines and medical supplies were received as planned but need increased budget

Diagnostics registered more than planned numbers in lab tests, Ultra sound scans. Xray scan were affected by Atomic energy decision to shut it down..

Performance as of BFP FY 2017/18 (Performance as of BFP)

Absorption of funds for the planned activities is continuing normally

X-ray machine which was shut down is now open., but needs fulfillment of the licensing conditions.

Vote:171 Soroti Referral Hospital

FY 2018/19 Planned Outputs

Inpatient services
 Out patient services
 Procuring and dispensing medicines
 Diagnostic services
 Management Services
 Prevention and Rehabilitation services.
 Construction/ Rehabilitation services
 Retooling

Medium Term Plans

Land acquisition
 Construction of Maternal and surgical ward
 Purchase of Medical and transport equipment
 Replacement and recruitment of staff.

Efficiency of Vote Budget Allocations

High absorption of funds released for activities
 Appropriate Management of orders for supply of medicines
 Monitoring and supervision of implementation of planned activities
 Adherence to recruitment cycle at all levels of action point.

Vote Investment Plans

Acquisition of land
 Purchase of Motor Vehicles
 Construction of Maternal and Surgical Ward
 Construction of incinerator

Major Expenditure Allocations in the Vote for FY 2018/19

Payment of staff salary
 Rehabilitation/ Renovations of Hospital structures
 Purchase of Medical and transport equipment
 Land and processing of land titles

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :	
Programme :	56 Regional Referral Hospital Services
Programme Objective :	To provide specialized and general health care, conduct training, research and support supervision to other health facilities in the region.To improve quality of services.
Responsible Officer:	Dr. Mulwany W. Francis
Programme Outcome:	quality and accessible regional health services
<i>Sector Outcomes contributed to by the Programme Outcome</i>	
1. Improved quality of life at all levels	

Vote:171 Soroti Referral Hospital

Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0	15			16%	17%	18%
• % increase of diagnostic investigations carried	0				6%	10%	15%
• Bed occupancy rate	0				95%	97%	98%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :171 Soroti Referral Hospital								
56 Regional Referral Hospital Services	4.774	5.734	0.000	5.492	5.734	5.734	5.734	5.734
Total for the Vote	4.774	5.734	0.000	5.492	5.734	5.734	5.734	5.734

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Soroti Referral Hospital Services	3.575	4.104	0.000	3.858	4.100	4.100	4.100	4.100
02 Soroti Referral Hospital Internal Audit	0.007	0.005	0.000	0.005	0.005	0.005	0.005	0.005
03 Soroti Regional Maintenance	0.134	0.137	0.000	0.141	0.141	0.141	0.141	0.141
1004 Soroti Rehabilitation Referral Hospital	1.058	1.348	0.000	0.488	0.488	0.488	0.488	0.488
1471 Institutional Support to Soroti Regional Referral Hospital	0.000	0.140	0.000	1.000	1.000	1.000	1.000	1.000
Total For the Programme : 56	4.774	5.734	0.000	5.492	5.734	5.734	5.734	5.734
Total for the Vote :171	4.774	5.734	0.000	5.492	5.734	5.734	5.734	5.734

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :171 Soroti Referral Hospital	
Programme : 56 Soroti Referral Hospital	
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : (0.140)	Procurement of furniture to be concluded in FY 2017/18
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.087	Rehabilitation of hospital wards and administration block. e.g Maternity ward

Vote:171 Soroti Referral Hospital

Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.947)	End of Project on staff house construction, funds reallocated to the retooling project
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : 1.000	Procurement of assorted medical equipment.

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 171 Soroti Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Soroti Rehabilitation Referral Hospital		
Output: 81 Staff houses construction and rehabilitation		
Hospital continues to construct 24 units of staff house. Supervision by supervising engineer will be undertaken.	Staff house construction still progressing. Certificate of works paid within the quarter. Payment for supervision of works was done.	
Total Output Cost(US\$ Thousand):	0.947	0.000
Gou Dev't:	0.947	0.000
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Old transport equipment- Motor Vehicles
 Old and dilapidated hospital structures
 Old and inadequate medical equipment
 inadequate staff- over load
 Limited land for expansion
 Inadequate funds to cover operations timely.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 171 Soroti Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 10.000	This will improve the working environment which will increase recovery rate of the patients
OutPut : 85 Purchase of Medical Equipment	

Vote:171 Soroti Referral Hospital

Funding requirement US\$ Bn : **0.500**

Availability of essential medical equipment will increase the case detection rates and improve on the prescription services. This in turn will reduce on admissions into the hospital

Vote:172 Lira Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	2.700	3.227	0.641	3.227	3.227	3.227	3.227	3.227
Non Wage	1.694	1.519	0.191	1.320	1.519	1.519	1.519	1.519
Devt. GoU	1.007	1.488	0.093	1.488	1.488	1.488	1.488	1.488
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.400	6.234	0.924	6.035	6.234	6.234	6.234	6.234
Total GoU+Ext Fin (MTEF)	5.400	6.234	0.924	6.035	6.234	6.234	6.234	6.234
<i>A.I.A Total</i>	0.000	0.040	0.000	0.050	0.070	0.080	0.090	0.100
Grand Total	5.400	6.274	0.924	6.085	6.304	6.314	6.324	6.334

(ii) Vote Strategic Objective

Improvement in the total health of the people within Lango Sub Program in order to promote a productive population

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

The entity provided quality specialized services as well as general curative, preventive, rehabilitative and promotive care. A brief summary of the outputs is highlighted below: Inpatient services - 14,749 inpatients, ALOS was 8; Bed Occupancy was at 98%; Outpatient services- 10,109 specialized contacts;

Diagnostic services- 40,019 Laboratory contacts; 4892 x-ray contacts; 1615 ultra sound; 1640 blood transfusions done

Medicines and related supplies- Drugs and supplies worth UGX 1,189,408,540

Prevention and rehabilitation- 30,000 ANC, 1156 Family planning contacts; 476 physiotherapy contacts, 873 orthopaedic cases

Management and support services including Human resource, records, Audit, and Maintenance of machinery and equipment continued to be undertaken efficiently and effectively

With regard to capital investments, the following were achieved an eight unit staff block was constructed, an oxygen plant was installed and is functional, heavy duty washing machine and heavy duty photocopier.

Performance as of BFP FY 2017/18 (Performance as of BFP)

The highlights below include performance for Q1 supplies

Prevention and rehabilitation

Inpatient services- 1114 major operations, ALOS is 7days, Bed Occupancy is at 90%;

Outpatient services: 3704 Specialized contacts, 52,676 general OPD; 27,497 referrals in

Diagnostic Services: 1452 x-rays, 657 ultra sounds;

Medicines and related supplies

Prevention and rehabilitation 780 couple years of protection, 1382 ANC

Management of support services

Capital investments have commenced with soliciting of consultant for drawing of designs for the hostel, feasibility studies, demolition of OPD in preparation for new construction by JICA, are yet to be undertaken

Vote:172 Lira Referral Hospital

FY 2018/19 Planned Outputs

Recurrent outputs

Provision of general hospital services that is OP, IP, Diagnostic services, prevention and rehabilitation services,
 Management and support services, Human resources management, Records management services (strengthened)
 Audit services (quarterly audit reports, value for money audits, verification of deliveries,
 Machinery and Equipment maintenance services

Medium Term Plans

LRRH will continue to offer health care as is mandated and in line with established policies, procedures and regulations

Capital investments will majorly concentrate on construction of staff accommodation as well as procure, commissioning and maintenance of equipment and tools and other infrastructure for service delivery

Efficiency of Vote Budget Allocations

Rent – The entity is embarking on construction of hostels to accommodate both interns and staff in order to cut down the funds on rent. However in FY 2018/19, the entity has adequately budgeted for rent as provided for in the framework contracts.

Utilities- The entity has embarked on installation of solar power to cut down costs on electricity. Water harvesting equipment is also in place though needs to be enhanced.

Arrears will carry the first call on the LRRH resources should they arise within the current FY

Taxes -the entity has adopted tax inclusive budgeting for all development expenditures.

Additionally, the entity shall continue to adhere to the PFMA 2015 and other regulatory instruments- PPDA, in implementations of programme outputs and projects

Vote Investment Plans

A three level 16 unit -two bed roomed staff hostel to be constructed

Perimeter fence (about 2km) to be constructed

Specialized machinery & equipment (Transport spare parts (40M); ICT (26M); completion of Solar lighting equipment (77M

Furniture and fittings (to cater for Electrical, Plumbing and generator accessories', Filling cabins, desk, desks etc.) to be procured

OPD-construction to continue (JICA project to be co funded by LRRH)

Major Expenditure Allocations in the Vote for FY 2018/19

Vote:172 Lira Referral Hospital

Service delivery that is IP due to increased utility needs following installation of oxygen plant;

Human resource due to the need to develop human capital – training, workshops as well as improve their welfare to improve productivity, for motivation as well as improved service delivery

With regard to capital investment effort will be put on securing the hospital business area which is under threat by encroachers. A perimeter fence will be constructed to secure this land and management will continue to pursue the issue of encroachers with the high court

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To offer comprehensive, promotive, preventive, curative, specialized and rehabilitative healthcare services to all people within Lango sub-region..						
Responsible Officer:	Hospital Director						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Percentage (%) increase of specialised clinic outpatients attendances	0				0%	3%	5%
• Percentage (%) increase of diagnostic investigations carried	0				0%	3%	5%
• Percentage bed occupancy rate	0				2%	2%	2%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :172 Lira Referral Hospital								
56 Regional Referral Hospital Services	5.615	6.234	0.934	6.035	6.234	6.234	6.234	6.234
Total for the Vote	5.615	6.234	0.934	6.035	6.234	6.234	6.234	6.234

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								

Vote:172 Lira Referral Hospital

01 Lira Referral Hospital Services	4.496	4.610	0.834	4.395	4.594	4.594	4.594	4.594
02 Lira Referral Hospital Internal Audit	0.011	0.008	0.002	0.023	0.023	0.023	0.023	0.023
03 Lira Regional Maintenance	0.105	0.128	0.006	0.128	0.128	0.128	0.128	0.128
1004 Lira Rehabilitation Referral Hospital	1.007	1.488	0.093	1.315	1.400	1.400	1.400	1.450
1477 Institutional Support to Lira Regional Hospital	0.000	0.000	0.000	0.173	0.088	0.088	0.088	0.038
Total For the Programme : 56	5.619	6.234	0.934	6.035	6.234	6.234	6.234	6.234
Total for the Vote :172	5.619	6.234	0.934	6.035	6.234	6.234	6.234	6.234

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year		Justification for proposed Changes in Expenditure and Outputs
Vote :172 Lira Referral Hospital		
<i>Programme : 56 Lira Referral Hospital</i>		
Output: 01 Inpatient services		
Change in Allocation (US\$ Bn) :	0.210	Allocation to the output was increased due to the increased need for utilities following the installation of the oxygen plant, and the need for patient uniforms and the intensified cleaning to help prevent and control infection on the wards.
Output: 02 Outpatient services		
Change in Allocation (US\$ Bn) :	0.029	Allocation to the output was increased due to the increased need to cater for utilities and the increased need to enhance the hospital cleaning in order to prevent and control hospital acquired infections
Output: 03 Medicines and health supplies procured and dispensed		
Change in Allocation (US\$ Bn) :	0.019	The allocation was made to cater for the privately procured drugs and supplies that will be used in the newly established private patients's pharmacy.
Output: 04 Diagnostic services		
Change in Allocation (US\$ Bn) :	0.015	Allocation to the output was increased due to need to facilitates the provision of timely, cost-effective, and high quality diagnostic care in safe and secure environments.
Output: 05 Hospital Management and support services		
Change in Allocation (US\$ Bn) :	(4.078)	The allocation to the output reduced due to transfer of payments of wage, salary, pension, welfare, incapacity, death, staff training, workshops,etc to the human resource output
Output: 07 Immunisation Services		
Change in Allocation (US\$ Bn) :	0.011	Allocation to the output was increased due to need to prevent illness from unpleasant and serious infectious diseases, and subsequently contribute to improved quality of life
Output: 19 Human Resource Management Services		
Change in Allocation (US\$ Bn) :	3.555	The allocation to the output increased due to transfer of payments of wage, salary, pension, welfare, incapacity, death, staff training, workshops,etc to the human resource output from management and support services

Vote:172 Lira Referral Hospital

Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.034	The allocation to the output increased due to transfer of records related activities such as printing , stationary, books and periodicals to records services to management and support services
Output: 75 Purchase of Motor Vehicles and Other Transport Equipment	
Change in Allocation (US\$ Bn) : 0.040	The allocation to the output was made to meet the demands for motor vehicle spare parts and related accessories for the grounded ambulance, land cruiser , administrative pickup and the outreach vehicle
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : 0.030	Funds allocated are to meet the increased demand for office furniture for the newly deployed staff as well as electrical and plumbing fittings for the entire entity
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.100)	The activity was a one off i.e funds were required to demolish OPD in preparation for construction of new OPD by JICA in FY 17/18

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 172 Lira Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Lira Rehabilitation Referral Hospital		
Output: 81 Staff houses construction and rehabilitation		
Super structure up to roofing level of a 16No. Units Staff house (Phase one of the Construction project).		16 unit staff house constructed
Total Output Cost(US\$ Thousand):	0.800	0.000
Gou Dev't:	0.800	0.000
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:172 Lira Referral Hospital

Human resources for health: Inadequate staffing and non-availability of critical cadres to cater for maternal child healthcare and rehabilitative services; Low Attraction and failure to retain key staff due to inadequate accommodation, pay and other incentives

Inadequate space for clinical care leading to Overcrowding at the Outpatients and Inpatients

Dilapidated infrastructure which does not take concern of people with disabilities and affects quality of care

Under funding of hospital services to cater for the mandate of Lira Regional Referral hospital.

Peculiar need for utilities to match the mandate for specialised care leads to accumulation of arrears

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 172 Lira Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 0.750	During FY 17/18, the entity expects to receive support from JICA for the construction of a new OPD and Lira RR Hospital expected to co-fund with funds worth UGX 750,000,000. However, the funds are not available to co-fund the project, yet the project has started in FY17/18 and is expected to be completed by the end of FY 18/19.

Vote:173 Mbarara Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	2.673	3.399	0.621	3.399	3.399	3.399	3.399	3.399
Non Wage	1.335	1.251	0.250	1.164	1.251	1.251	1.251	1.251
Devt. GoU	1.558	1.978	0.014	1.978	1.978	1.978	1.978	1.978
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	5.566	6.628	0.885	6.542	6.628	6.628	6.628	6.628
Total GoU+Ext Fin (MTEF)	5.566	6.628	0.885	6.542	6.628	6.628	6.628	6.628
<i>A.I.A Total</i>	0.567	1.200	0.222	1.400	1.420	1.433	1.438	1.445
Grand Total	6.133	7.828	1.108	7.942	8.048	8.061	8.066	8.073

(ii) Vote Strategic Objective

- Offer comprehensive super-specialised curative, promotive, preventive and rehabilitative health care services.
- Provide outreach specialist support supervision services for District general Hospitals and lower level Health Facilities.
- Offer tertiary and continuing Professional Development to health workers.
- Contribute to the formulation of policies and guidelines of the Ministry of Health.
- Participate in the monitoring and evaluation of health services in the country.
- Undertake and conduct operational, technical and professional research.
- Provide quality assurance and support services to health care delivery system.
- To improve on the infrastructure of the entity through provision of adequate staff accommodation, improve working conditions and increase patient space within the next five years.
- To improve maternal child health care services and have safe deliveries, successful caesarean sections and eliminate fresh still births for mothers who come timely.
- To procure and maintain modern medical and non-medical equipment and furniture within the next five years to improve service delivery.

V2: Past Vote Performance and Medium Term Plans

Vote:173 Mbarara Referral Hospital

Performance for Previous Year FY 2016/17

1. 34,652/28,000 admissions, average length of stay 4 days, and 82.2% /75% bed occupancy rate. 9,189 major operations, 6,979 minor operations, 5,613 normal deliveries, 3,128 caesarean section deliveries.
2. Achieved 44,867 out of 38,000 General out patients and 106,770 out 120,000 special clinics attendance planned. 4,974, out of 6,000 X-rays examinations were done; 9,340 out 7,000 Ultra sound examinations, 600 CT Scans, 105,453/130,000 lab examinations, 765//600 ECG', 300 ECHOs' CT Scans 0, ECG 765, endoscopy 174, renal dialysis sessions 81. 24,806/11,000 planed antenatal attendances; 25,000 EMTCT/HCT Contacts; 1,522 /3,000 family planning contacts.
3. A new hospital board was constituted and 4 board meetings were held. 3,600 meals for malnourished children and TB patients, two general staff meetings; held; 12 contracts committee meetings were held; 34 other staff meetings were held; Bills for utilities Q123&4 were paid up except for power arrears;
4. All hospital vehicles serviced; the hospital was cleaned, buildings and compound maintained; Items for disposal identified and due for disposal; board of survey report in place; Q1, Q2 and Q3 reports hard and soft copies produced and submitted;
5. End of year staff party was held; Hand over from out going to incoming principal Hospital administrator was done witnessed by two board representatives;
6. Internal audit conducted value for money hospital audits, witnessed and verified delivery of goods and services and audit reports were produced. Conducted audit for value for money, on various hospital activities, advised management on risk mitigation and performance improvement. Produced a work plan for FY 2017/18
7. A new vehicle was procured for the Hospital Director; metallic racks were procured for the medicine store; Works for completion of the stalled 16 unit staff house construction resumed due to be completed in January, 2018. Lab remodelling works started due for completion with additional support by RHITES/West.
8. Assorted medical equipment worthy Ugx 347.5M were procured including (Delivery beds; patient trolleys; wheel chairs; BP machines etc)

Vote:173 Mbarara Referral Hospital

Performance as of BFP FY 2017/18 (Performance as of BFP)

- 1) Planned: 29,400 admissions, 85 % bed occupancy achieved Q1 and 4 days Average Length of Stay 5,864 admissions; 81.2% Bed Occupancy Rate; 4 Average Length of stay. With 1,809 major 2,042 minor operations.
- 2) Planned: 39,900 general out patients, 126,000 special clinics attendance achieved (8,570 General OPD attendances registered. 30,831 specialized clinic attendances.) in Q1.
- 3) Planned: 1,200 X-ray examinations , 7,800 Ultra sound examinations, 90,000 lab tests, 5,000 blood transfusions CT scans 0, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations , 100 Renal dialysis sessions. Achieved (1,486 X-rays done out of (1,100), 2,236 Ultra sound tests done out of (2050) planned, 12,371 Laboratory tests done; 1,375 blood transfusions done, 60 ECO, ECG 163, Renal dialysis 114 and 41 endoscopy tests done.
- 4) Planned (3,00 meals, 24 top management meetings, 20 other committee meetings, 12 contracts committee meetings, 5 hospital Board meetings, 14 evaluation committee meeting, 48 other staff meetings, 40 medical equipment repaired, 20 repairs on 7 vehicles & generators) Achieved Q1 (98 destitute children and 53 malnourished patients were fed. 151 destitute patients were provided with meals. 3 Top management meetings held; 4 other committee meetings held; One contracts committee meeting held; PPDA training was held for the entity; one board committee meeting held; one plenary Board meeting was held; Daily morning assemblies held for updates; All vehicles were maintained; Stand by generators assessed for servicing; Hospital cleaned and contractor paid;)
- 5) Planned annual (2,350 family planning contacts, 29,527 antenatal attendances/PMTCT/HCT): Achieved (2,049 ANC out of 7,381 planned) attendances; 488 out of 588 FP planning contacts made; registered; 97 EMTCT mothers handled.
- 6) Planned annual (Immunizations 15,424.) Achieved 6,046/3,856 Immunizations done in Q1). All staff are on the payroll and received salaries for all the three months in the quarter. Monthly data capture was done including entry of newly transferred staff. Three disciplinary cases are under investigation, Recruitment plan for the next FY 2018/19 produced; 26 pensioners files submitted to public service for clearance.
- 7) All monthly disease surveillance reports were produced, Staff supported to capture data, Data updating done. Required reports produced. 80% Various medical equipment including Trolleys; Delivery beds; BP machines; Green glazer etc were procured , delivered and in use.
- 8) Repairs of the CT Scan machine process initiated through the contracts committee,. Sourcing of the contractor started. Repairs of the X-ray machine also initiated through the contracts committee. Machine to be functional within October, 2017.
- 9) Planned to construct a staff canteen started BOQs under review. Procurement of a staff bus initiated (Quotations secured) . Clearance waited from Ministry of Public Service and Ministry of Works. Hospital Directors official vehicle official Vehicle delivered and in use. No debt

Vote:173 Mbarara Referral Hospital

FY 2018/19 Planned Outputs

1. 29,400 admissions, 85 % bed occupancy and 4 days Average Length of Stay; 39,900 general out patients, 126,000 special clinics attendance; 5,000 X-ray examinations , 7,800 Ultra sound examinations, 90,000 lab tests, 5,000 blood transfusions CT scans 0, 1,100 ECG, 280 ECHO, 280 Endoscopy examinations , 100 Renal dialysis sessions.
2. 3,00 patients given meals, 24 top management, 20 other committee meetings, 12 contracts committee meetings, 5 hospital Board meetings, 14 evaluation committee meeting, 48 other staff meetings,
3. Medical equipment repaired, 7 Vehicles and 6 generators repaired & serviced. Hospital cleaned and contractor paid; 2,350 family planning contacts, 29, antenatal attendances/PMTCT/HCT, 400 EMTCT mothers handled. Immunizations 15,424.
4. All staff accessed to payroll and salaries paid by 28th of every month. Submissions for recruitment made; Have all disciplinary cases handled and reported. Recruitment plan for the next FY 2018/19 produced; Pensioners files cleared for payment; Staff supported to capture data, Data updating done. Required reports produced.
5. Laundry and sterilization equipment /assorted medical equipment including monitors for high dependence units procured. Renovation of Medical and surgical ward.

Medium Term Plans

- Improve on hospital security, staff accommodation,
- Rehabilitate existing infrastructure,
- Reduce on costs of utilities through alternatives such as rain water harvesting and solar power installations and close monitoring of bills
- Filling of existing staffing gaps within the wage bill, closing gaps in data collection.
- Lobbying for the reconstruction of the hospital to meet the service demands especially patient space and turn the entity into a center of excellence.

Efficiency of Vote Budget Allocations

1)

The entity continues to allocate money prioritizing:

1. Maternal child health care,
2. Prevention of communicable diseases,
3. Treatment of non-communicable diseases and
4. Staff accommodation.

Other allocations are for specialized service delivery to reduce on referrals and improved response to emergencies and accidents both off and in the hospital, hospital safety/security and quality of services delivery.

As a result allocations were made for procurement of an ambulance, fence construction and equipment to improve service delivery, staff accommodation and renovation of old maternity, medical and surgical wards.

The entity continues to allocate money for areas that are critical for service delivery like provision of utilities and supplies for improved services provision. Support community interventions including outreaches and immunization for disease preventions and specialist outreaches to avail services to the most needy.

Vote Investment Plans

Vote:173 Mbarara Referral Hospital

Procure service contract for the CT Scan, Upgrade the Oxygen plant and secure service contract. Ugx200M.

Construct a perimeter wall around the hospital Ugx 700M

Procure an Ambulance as the old one is due for boarding off. Ugx 400M

Renovation of surgical and Medical wards Ugx 200M

An assortment of equipment for Laundry; central sterilization and up grading oxygen plant. Ugx 400M

Establishment of the workshop for the Mbarara region Ugx 232M

Major Expenditure Allocations in the Vote for FY 2018/19

Major expenditure allocation under capital investment is under:

1. Construction of staff quarters,
2. staff transport and improvement of patient accommodation,
3. utilities and consumables that are all critical for improved staff morale and improved quality of care.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	Quality and accessible Regional Referral Hospital Services						
Responsible Officer:	Dr. Barigye Celestine Hospital Director						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase of specialised clinic outpatients attendances	0				5%	10%	15%
• % increase of diagnostic investigations carried	0				45%	48%	50%
• Bed occupancy rate	0				85%	85%	85%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :173 Mbarara Referral Hospital								
56 Regional Referral Hospital Services	5.516	6.628	1.034	6.542	6.628	6.628	6.628	6.628
Total for the Vote	5.516	6.628	1.034	6.542	6.628	6.628	6.628	6.628

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18	2018-19	Medium Term Projections
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Vote:173 Mbarara Referral Hospital

	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Mbarara Referral Hospital Services	3.846	4.622	1.019	4.548	4.634	4.634	4.634	4.634
02 Mbarara Referral Hospital Internal Audit	0.125	0.028	0.000	0.016	0.016	0.016	0.016	0.016
1004 Mbarara Rehabilitation Referral Hospital	1.558	1.228	0.005	1.578	1.978	1.978	1.978	1.978
1479 Institutional Support to Mbarara Regional Hospital	0.000	0.750	0.010	0.400	0.000	0.000	0.000	0.000
Total For the Programme : 56	5.530	6.628	1.034	6.542	6.628	6.628	6.628	6.628
Total for the Vote :173	5.530	6.628	1.034	6.542	6.628	6.628	6.628	6.628

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :173 Mbarara Referral Hospital	
Programme : 56 Mbarara Referral Hospital	
Output: 07 Immunisation Services	
Change in Allocation (US\$ Bn) : 0.017	
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : (0.014)	
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.001	
Output: 80 Hospital Construction/rehabilitation	
Change in Allocation (US\$ Bn) : 0.350	This is mainly renovation works on the old buildings to improve on the structures
Output: 81 Staff houses construction and rehabilitation	
Change in Allocation (US\$ Bn) : (0.828)	
Output: 83 OPD and other ward construction and rehabilitation	
Change in Allocation (US\$ Bn) : 0.378	
Output: 85 Purchase of Medical Equipment	
Change in Allocation (US\$ Bn) : 0.100	

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 173 Mbarara Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Mbarara Rehabilitation Referral Hospital		

Vote:173 Mbarara Referral Hospital

Output: 80 Hospital Construction/rehabilitation

			Wall construction completed involving : BOQs solicitation, Supervisor of works engaged, Bids advertised and contractor procured, contract signed, 6 site meetings held, certificate of completion produced, payments made).	
Total Output Cost(Ushs Thousand):	0.000	0.000		0.700
Gou Dev't:	0.000	0.000		0.700
Ext Fin:	0.000	0.000		0.000
A.I.A:	0.000	0.000		0.000

Output: 81 Staff houses construction and rehabilitation

16 units staff quarters Completion of 16 units staff quarters	Staff house construction is in final stages roofing almost complete and internal works started. Certificate No 7 worthy Ugx 217 million paid . Works to be completed by January, 2017 . 2 Site meetings held and constant inspection done to monitor progress of works. Finalization of refurbishment of the old structure to house the lab near completion. Finishing being made with additional support from RHITEs .	16 Unit staff house construction completed. 2 Site meetings held, works supervised. Certificates issued payments done	
Total Output Cost(Ushs Thousand):	0.928	0.000	0.100
Gou Dev't:	0.928	0.000	0.100
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:173 Mbarara Referral Hospital

The entity continues to experience challenges of inadequate resources both financial and manpower, overwhelming work load, inadequate patient space, continuous stock out of medicines and sundries due to inadequate funding and data collection gaps. These include:

1. Poor medical equipment functionality due to inadequate maintenance service as the hospital has no medical equipment maintenance workshop. The specialized equipment especially diagnostics keep breaking down like Xray, CT scan BP machines, autoclaves.
2. Under staffing for various staff cadres especially doctors, midwives/nurses, anaesthetic and other relevant cadres.
3. Limited working space and old structures causing overcrowding.
4. Inadequate waste management with high volumes of waste generated since there is no functional incinerator
5. No staff canteen causing in hygienic food vending inside and around the hospital.
6. Insecurity to staff, patient and hospital property due to lack of a fence.
7. Difficulty in projecting the hospital service catchment population given the influx of refugees and un limited entries of people from Tanzania, Rwanda, Burundi and Congo.
8. Difficulty in staff attraction and retention due to limited hospital accommodation and high rents costs.
9. Difficulty in staff attraction and retention due to limited hospital accommodation and high rents costs.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 173 Mbarara Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 05 Hospital Management and support services	
Funding requirement US\$ Bn : 0.800	Improved equipment maintenance improves diagnosis and treatment of both communicable and Non communicable diseases and hence reduces mortality and morbidity in the region.
OutPut : 06 Prevention and rehabilitation services	
Funding requirement US\$ Bn : 0.400	Technical support supervision to lower facilities will reduce on referrals and enable the regional hospital to handle complicated cases hence reducing on costs of health service provision, improves on health seeking behavior thus reducing unnecessary sickness and death that could have been prevented. This will also help extend specialized services to those who may not afford due to distance and poverty.
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 120.000	Provision of a conducive working environment with ample space, equipment and working tools.
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 2.000	Construction of this unit will lead to improved service delivery to reduce maternal and neonatal mortality

Vote:174 Mubende Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent Wage	2.238	3.439	0.525	3.439	3.439	3.439	3.439	3.439
Non Wage	1.119	0.924	0.160	0.840	0.924	0.924	0.924	0.924
Devt. GoU	1.058	1.060	0.506	1.060	1.060	1.060	1.060	1.060
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	4.415	5.423	1.192	5.338	5.423	5.423	5.423	5.423
Total GoU+Ext Fin (MTEF)	4.415	5.423	1.192	5.338	5.423	5.423	5.423	5.423
<i>A.I.A Total</i>	0.054	0.130	0.021	0.150	0.200	0.250	0.300	0.400
Grand Total	4.469	5.553	1.213	5.488	5.623	5.673	5.723	5.823

(ii) Vote Strategic Objective

- To improve the quality and productivity of the people by enhancing good health through increasing awareness and uptake of disease prevention interventions.
- To reduce Maternal and Neo Natal Mortality.
- To contribute to the body of knowledge in health care through training, research and disseminating best practices.
- To combat HIV/AIDS, TB, Malaria and other infectious diseases.
- To strengthen collaboration with other stake holders.
- To build a formidable and highly motivated and committed health care work force.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

15,180 inpatient admissions, 80% bed occupancy rate, 4 days average length of stay, 4,468 normal deliveries and 1,267 caesarian section deliveries. 18,600 general outpatients, 90,000 outpatient special clinic attendances, 113,839 laboratory tests done, 3,545 x-ray examinations, 2,801 ultra sound scan examinations. One board meeting held, One top management meeting held, laundry services provided throughout the year, cleaning services provided throughout the year, medical equipment and vehicles serviced and maintained, utilities provided and paid for and special meals provided to patients and staff. 10,964 antenatal attendances, 2,234 family planning contacts, 158 HIV+ mothers receiving ART. Construction of the medical/pediatric/pathology/private block at roofing level.

Performance as of BFP FY 2017/18 (Performance as of BFP)

3,256 inpatients admissions, 71% BOR, 4 days ALOS. 570 major operations, 3,559 minor operations, 947 normal deliveries, 304 caesarian section deliveries. Outpatient attendances 4,655, specialized outpatient attendance 22,907, referrals in 617. 27,135 laboratory tests done, 698 x-rays done, 421 ultra sound examinations. 3,092 antenatal attendances, 679 family planning users, 104 HIV+ mothers on ART which is 99%, 9,304 immunizations. One board meeting, two top management committee meetings, timely submission of quarterly/annual reports, timely payment of salaries/pension, asset register on quarterly basis, maintenance of buildings and compounds, provide and pay for utilities, provide laundry services, repair/servicing of equipment/vehicles/plants. Continued construction of the medical/pediatric/pathology/private block.

Vote:174 Mubende Referral Hospital

FY 2018/19 Planned Outputs

1. Inpatients: 85% bed occupancy rate, 4 days average length of stay, 16,000 inpatient admissions, 3,500 major operations including caesars
2. Out patients: 20,000 general outpatients, 90,000 special clinic attendances, 2,500 referrals in.
3. Diagnostic services: 111,000 laboratory tests, 2,800 x-rays, 1,700 ultra sound scans,
4. Management and support services: Timely submission of quarterly/annual reports, timely payment of salary/pension, updating of assets register on quarterly basis, 4 board meetings, maintain buildings and compounds, repair/service of equipment, plants and vehicles
5. Prevention and rehabilitation: 12,000 antenatal attendances, 2,700 family planning users, 99% of HIV+ pregnant mothers on ART.
6. Immunization services (all contacts): 37,000
- 7.

Medium Term Plans

In the medium term management is strengthening the private wing to generate financial resources to support other service areas and motivate health workers, complete construction of the medical/pediatric/private/pathology block, seek to improve solar power and water harvesting to ensure constant service delivery. Continue to strengthen systems to promote efficiency and effectiveness.

Efficiency of Vote Budget Allocations

Vote allocation continues to give priority to service delivery areas like construction of pediatric/medical/private/pathology block and purchase of medical equipment. Wage allocation and filling of staffing gaps will continue to improve service delivery. Adequate allocations have been made utilities to ensure uninterrupted service delivery.

Vote Investment Plans

Continue construction of the pediatric/medicine/private/pathology block, connect covered walk way to private unit and administration block, leveling and beautification of compound, procurement of furniture and purchase of assorted medical equipment.

Major Expenditure Allocations in the Vote for FY 2018/19

Major expenditure allocations have been towards partial clearance of pending interim certificates for capital works, purchase of medical equipment, utilities, staff facilitation and cleaning services. Most of the resources are allocated to inpatients for to the day today basic needs.

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide specialized and general health care and treatment, disease prevention, rehabilitative and health promotion services.						
Responsible Officer:	Dr. Andema Alex						
Programme Outcome:	Quality and accessible regional referral hospital services.						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Bed Occupancy Rate (BOR)	0				85%	85%	88%
• Percentage increase of diagnostic investigations carried out.	0				10%	12%	15%
• Percentage increase of specialised clinic outpatients attendances	0				5%	7%	10%

Vote:174 Mubende Referral Hospital

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

<i>Billion Uganda shillings</i>	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :174 Mubende Referral Hospital								
56 Regional Referral Hospital Services	4.383	5.423	1.191	5.338	5.423	5.423	5.423	5.423
Total for the Vote	4.383	5.423	1.191	5.338	5.423	5.423	5.423	5.423

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

<i>Billion Uganda shillings</i>	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Programme: 56 Regional Referral Hospital Services								
01 Mubende Referral Hospital Services	3.254	4.271	0.665	4.186	4.271	4.271	4.271	4.271
02 Mubende Referral Hospital Internal Audit	0.010	0.010	0.003	0.010	0.010	0.010	0.010	0.010
03 Mubende Regional Maintenance	0.061	0.082	0.018	0.082	0.082	0.082	0.082	0.082
1004 Mubende Rehabilitation Referral Hospital	1.058	0.675	0.506	0.908	0.908	0.908	0.908	0.908
1482 Institutional Support to Mubende Regional Hospital	0.000	0.385	0.000	0.152	0.152	0.152	0.152	0.152
Total For the Programme : 56	4.383	5.423	1.191	5.338	5.423	5.423	5.423	5.423
Total for the Vote :174	4.383	5.423	1.191	5.338	5.423	5.423	5.423	5.423

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :174 Mubende Referral Hospital	
Programme : 56 Mubende Referral Hospital	
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : 0.010	Need to provide furniture to new officers

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 174 Mubende Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Mubende Rehabilitation Referral Hospital		

Vote:174 Mubende Referral Hospital

Output: 80 Hospital Construction/rehabilitation

- Medical-Mortuary-Medical block constructed	A fraction of of the pending certificates paid to a tune of 500m only. The project is at roofing level	Continue construction of the medical/pediatric/pathology/private complex and have the roofing completed, plastering and start on metal works and plumbing. Pay retention for renovation of medical ward and extension of three phase power line to stores	
Total Output Cost(Ushs Thousand):	0.675	0.506	0.908
Gou Dev't:	0.675	0.506	0.908
Ext Fin:	0.000	0.000	0.000
A.I.A:	0.000	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Major challenges facing the entity include uncleared interim certificates for the construction of the medical/pediatric/private/pathology block standing at 2.5bn, vacant staff positions especially for senior clinicians, rampant power outages that put pressure on fuel to run generators for more than 50% of the time, a poorly motivated work force due to poor pay with most of the buildings being old and dilapidated. The vote also experiences shortage of medicines and sundries. Lack of blood continues to be a major challenge and attributes to referrals by 60%.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 174 Mubende Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 77 Purchase of Specialised Machinery & Equipment	
Funding requirement US\$ Bn : 0.150	To improve cost effectiveness and efficiency by reducing water consumption from National Water and Sewerage Corporation and reduce bills
OutPut : 80 Hospital Construction/rehabilitation	
Funding requirement US\$ Bn : 2.500	Improved accommodation for patients and better working environment for health workers to improve the quality and well being of the population.
OutPut : 83 OPD and other ward construction and rehabilitation	
Funding requirement US\$ Bn : 0.600	Secure hospital land for future developments for care of patients and improve security of persons and government property
OutPut : 85 Purchase of Medical Equipment	
Funding requirement US\$ Bn : 0.560	Provision of specialized equipment and provide lighting during power black out to improved quality of care.

Vote:175 Moroto Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

<i>Billion Uganda Shillings</i>	FY2016/17 Outturn	FY2017/18		FY2018/19 Proposed Budget	MTEF Budget Projections			
		Approved Budget	Spent by End Sep		2019/20	2020/21	2021/22	2022/23
Recurrent Wage	1.617	2.977	0.328	2.977	2.977	2.977	2.977	2.977
Non Wage	1.017	1.066	0.144	1.009	1.066	1.066	1.066	1.066
Devt. GoU	0.392	1.488	0.000	1.488	1.488	1.488	1.488	1.488
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	3.025	5.531	0.472	5.475	5.531	5.531	5.531	5.531
Total GoU+Ext Fin (MTEF)	3.025	5.531	0.472	5.475	5.531	5.531	5.531	5.531
<i>A.I.A Total</i>	0.000	0.025	0.000	0.025	0.030	0.035	0.040	0.045
Grand Total	3.025	5.556	0.472	5.500	5.561	5.566	5.571	5.576

(ii) Vote Strategic Objective

To provide comprehensive, super specialized health service, contact tertiary health training, research and contributing to health policy and planning.

V2: Past Vote Performance and Medium Term Plans

Vote:175 Moroto Referral Hospital

Performance for Previous Year FY 2016/17

- 9,612 General admissions
- 8 Days Average Length of Stay
- 137% Bed Occupancy rate
- 66,656 Patents attended to in the general Outpatient clinics,
- 15,871 Patients attendant to in the specialized outpatient clinics
- 73,172 Total Lab. Tests conducted
- 4,740 X-ray(Imaging)
- 4 29 Ultra-sound scans done.
- 425 Blood transfusions were done
- 72 Hospital Board management meetings held
- 7 Monthly senior staff meeting held
- 13 Top management meetings held ?
- 2 Quarterly general staff meetings
- 5,351 Mothers attended to in Antenatal clinic.
- 1,106 family planning contacts
- 18,202 immunizations
- Recruitment of close to 45 staff by mainly HSC, and other collaborating partners (Rhites E)
- Renovation of old theater into a neonatal unit done and the unit operationalized to reduce the neonatal mortality in the region worth 90million
- Procurement of Specialized Machinery and equipment completed 30million
- Construction of Oxygen plant house and installation and commissioned done for worth 470million
- Procurement of assorted furniture for operationalization of the new OPD worth 20million
- Procurement of transport equipment was done worth 150million.
- 4 Internal audit conducted
- 4 Regional workshops out reaches.
- Planting and maintaining trees and grass to improve on the beauty of the hospital compound was done for worth 3million

Performance as of BFP FY 2017/18 (Performance as of BFP)

- No. of in-patients (Admissions) 2542
- Average Length of Stay (ALOS) 6 days
- Bed Occupancy Rate (BOR) 71%
- Number of Major Operations (including Caesarian section) 691
- No. of general outpatients attended to 15597
- No. of specialized outpatients attended to 7097
- Referral cases in 126
- No. of laboratory tests carried out 20694
- No. of patient x-rays (imaging) 1210
- No. of antenatal cases (All attendances) 1108
- No. of children immunized (All immunizations) 4531
- No. of family planning users attended to (New and Old) 690
- Number of ANC Visits (All visits) 1,108
- Number of Childhood Vaccinations given 4,531
- Assets register updated on a quarterly basis 1
- Timely payment of salaries and pensions by the 2
- Timely submission of quarterly financial/activity
- Value of medical equipment procured (Ush Bn) Value 200,000,000
- Timely payment of salaries and pensions by the 20th of every Month
- Timely submission of quarterly financial/activity reports that is by 30th of the Month after the end of a quarter

Vote:175 Moroto Referral Hospital

FY 2018/19 Planned Outputs

- 14,557 Admissions planned
- 80% Bed occupancy
- 5Average length of stay
- 1,200 Deliveries
- 1,476 Major surgeries
- 92,941 laboratory & pathological
- 6,886 X-ray examinations
- 4,066 Ultra sound
- 21,033 Immunization static
- 75,000 OPD ATTENDANCE
- Casualty cases
- 14,600 Special clinics outpatient
- Blood transfusion
- 2,000 Family planning contacts
- 4,500 ANC
- Assets register updated on a quarterly basis 1
- Timely payment of salaries and pensions by the 2
- Timely submission of quarterly financial/activity
- Value of medical equipment procured (Ush Bn) Value 200,000,000
- Timely payment of salaries and pensions by the 20th of every Month
- Timely submission of quarterly financial/activity reports that is by 30th of the Month after the end of a quarter

Medium Term Plans

1. Completing construction of 30Units staff accommodation to improve on attraction and retention of staff
2. Continue to lobby for the World Bank Project phase II for the inpatient facilities; like wards and theater
3. Start construction of a new maternity ward
4. Renovation of the Children and TB wards
5. Strengthening of support and technical supervision activities and health promotion and prevention activities through support to community health department.
6. Strengthening the regional workshop activities in the region through building the capacity of the leadership and recruitment of more technical staff, ensuring regional stakeholder meetings take place annually, involving the regional stakeholders like the CAOs, DHOs and Medical Superintendent and other health facility in-charges.
7. Lobby regional Stake holders for unfunded priorities like Isolation unit, follow-up of the ART patient, feeding of patients, support for transportation of dead bodies, operationalization of the Neonatal Care unit in the region, operationalization of the regional Blood distribution center.

Efficiency of Vote Budget Allocations

Vote:175 Moroto Referral Hospital

The votes plans to efficiently and effectively utilize the planned resources through; installation of rain water harvesting tanks on all new constructions and renovate the existing ones, appoint all hospital management committees to support top management in the day today management of the hospital. Ensure that there is an active and functional rewards and sanctions committee in place and operationalize the hospital biometric machines to support management of absenteeism. Operationalize vehicle trackers to reduce on cost of fuel and maintenance of its fleet. Make sure all staff are accessed on both payroll and pension payroll within two months and all staff salaries are paid by the 25th of every month.

Vote Investment Plans

Complete Construction of phase two of staff accommodation worth 2.6Billion 10 unit staff accommodation with a current allocation of 0.988billion, Continues with construction of a new maternity ward 0.400billion, Procurement of Medical equipment and machinery 0.050billion, Procurement of furniture and fittings 0.050billion.

Major Expenditure Allocations in the Vote for FY 2018/19

More than half of the vote capital development funds shs. 0.988billion was allocated for construction of staff accommodation, shs. 0.400billion allocated for starting the construction of a maternity wards which could not take place under the UHSSP project, procurement of Medical equipment and machinery worth shs. 0.050billion and Procurement of furniture and fittings worth

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide comprehensive, specialized Health services, contact tertiary Health training, research and contributing to the Health policy and planning.						
Responsible Officer:	Mr. Mawa Geoffrey						
Programme Outcome:	Quality and accessible regional health services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• Percentage increase of speciliezed clinic out patient attendance	0				20%	20%	20%
• Bed Occupancy	0				85%	85%	85%
• Diagonostic services	0				0%	10%	20%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18	2018-19	MTEF Budget Projections
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Vote:175 Moroto Referral Hospital

	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :175 Moroto Referral Hospital								
56 Regional Referral Hospital Services	2.687	5.531	0.459	5.475	5.531	5.531	5.531	5.531
Total for the Vote	2.687	5.531	0.459	5.475	5.531	5.531	5.531	5.531

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Moroto Referral Hospital Services	2.248	3.908	0.449	3.855	3.908	3.908	3.908	3.908
02 Moroto Referral Hospital Internal Audit	0.007	0.010	0.000	0.007	0.010	0.010	0.010	0.010
03 Moroto Regional Maintenance	0.124	0.125	0.010	0.125	0.125	0.125	0.125	0.125
1004 Moroto Rehabilitation Referral Hospital	0.392	1.200	0.000	1.388	1.200	1.200	1.200	1.200
1472 Institutional Support to Moroto Regional Referral Hospital	0.000	0.288	0.000	0.100	0.288	0.288	0.288	0.288
Total For the Programme : 56	2.770	5.531	0.459	5.475	5.531	5.531	5.531	5.531
Total for the Vote :175	2.770	5.531	0.459	5.475	5.531	5.531	5.531	5.531

Table V4.2: Key Changes in Vote Resource Allocation

Major changes in resource allocation over and above the previous financial year	Justification for proposed Changes in Expenditure and Outputs
Vote :175 Moroto Referral Hospital	
<i>Programme : 56 Moroto Referral Hospital</i>	
Output: 04 Diagnostic services	
Change in Allocation (US\$ Bn) : (0.016)	The services are offered in a new structure that has low maintenance cost and has increased partner support..
Output: 19 Human Resource Management Services	
Change in Allocation (US\$ Bn) : 0.025	Increased number of staff in the area and also need to contribute resources for improved performance and contribution to help hospital achieve its strategic objectives
Output: 20 Records Management Services	
Change in Allocation (US\$ Bn) : 0.005	New out put with increased staff who need facilitation and stationary to improve performance, development of human resource for health, and improve health infrastructural on the HIMS for quality records
Output: 78 Purchase of Office and Residential Furniture and Fittings	
Change in Allocation (US\$ Bn) : (0.038)	The current financial year furniture procured should be able to furnish most of the rooms in the new OPD. Hence reduced budget for furniture.
Output: 82 Maternity ward construction and rehabilitation	

Vote:175 Moroto Referral Hospital

Change in Allocation (US\$ Bn) :	0.200	Changing from remodeling to a new maternity ward if resources allow.
Output: 85 Purchase of Medical Equipment		
Change in Allocation (US\$ Bn) :	(0.150)	More resource needed for infrastructure development and equipping follows after the construction is complete.

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 175 Moroto Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Moroto Rehabilitation Referral Hospital		
Output: 81 Staff houses construction and rehabilitation		
10 units staff house constructed	Procurement process is at the stage of signing of contract with consultant.	Construction works for the Second phase of the 10 units of staff houses continued. Civil works continued, Civil works started, Site meeting done, Measurement sheets filled, certificates for payment, payments made
Total Output Cost(US\$ Thousand):	1.000	0.000
Gou Dev't:	1.000	0.000
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

Vote:175 Moroto Referral Hospital

1. Old, inadequate and dilapidated infrastructure especially wards, administration block and mortuary that are condemned and becoming public nuisance has negatively affected service up-take since most clients would prefer not to be admitted in the hospital wards.
2. Under staffing for both specialized and support staff, coupled with poor attitude towards work is a deterrent factor to quality services in the hospital.
3. Absence of incentives to attract and retain both specialized and support health staff like hard to reach allowance, high cost of living and high cost of accommodation, and lack of social amenities has contributed to poor attraction and retention of the hospital staff.
4. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruitment process and also management challenges at vote level.
5. Failure to absorb all the wage, and capital development budget due to both vote based and external challenges like delayed and lengthy recruited processes and poor management at the vote level. Which we are trying to address in this financial year.
6. Delayed and lengthy recruited process for the much needed staff is a challenge, as a result the hospital returned funds for wage back to the treasury.
7. High cost of utilities like fuel, electricity coupled with electricity supply being inconsistent and unstable hence affecting specialized medical equipment which is costly to repair.
8. Inadequate funds for major capital development infrastructure activities like staff accommodation hence scheduling the projects as multi-year projects
9. Inadequate and stagnant NWR funding to support meeting the cost of allowances, fuel, electricity and rent for the hospital and staff.
10. Sparse population in the area increases our cost of service delivery in the region since more area and distance has to be covered to see few people especially during community out reaches.

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 175 Moroto Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 81 Staff houses construction and rehabilitation	
Funding requirement US\$ Bn : 7.600	•Contribute to production of a healthy human capital through, infrastructure development, by ensuring that the staff and institutions need for new infrastructure are identified, planned and budgeted for and implemented to attract and retain the much needed human resource in Karamoja region to improve on the accessibility, efficiency and quality of the health services in the region. And also contribute to training of the much needed human resource for health in the region.
OutPut : 82 Maternity ward construction and rehabilitation	
Funding requirement US\$ Bn : 3.600	•Contribute to reduce maternal mortality through access to conducive hospital environment with skilled Birth Attendants (SBA), Emergency Obstetric Care (EmOC) and equipment to support human resource to offer quality and accessible MCH services in the region.

Vote:176 Naguru Referral Hospital

VI: Vote Overview

(i) Snapshot of Medium Term Budget Allocations

Table V1.1: Overview of Vote Expenditures

Billion Uganda Shillings		FY2016/17	FY2017/18		FY2018/19	MTEF Budget Projections			
		Outturn	Approved Budget	Spent by End Sep	Proposed Budget	2019/20	2020/21	2021/22	2022/23
Recurrent	Wage	3.106	4.246	0.732	4.246	4.246	4.246	4.246	4.246
	Non Wage	0.939	0.999	0.128	0.839	0.999	0.999	0.999	0.999
Devt.	GoU	1.047	1.056	0.004	1.056	1.056	1.056	1.056	1.056
	Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total		5.092	6.301	0.865	6.141	6.301	6.301	6.301	6.301
Total GoU+Ext Fin (MTEF)		5.092	6.301	0.865	6.141	6.301	6.301	6.301	6.301
<i>A.I.A Total</i>		0.204	0.400	0.010	0.280	0.300	0.315	0.325	0.340
Grand Total		5.295	6.701	0.874	6.421	6.601	6.616	6.626	6.641

(ii) Vote Strategic Objective

- To provide a range of specialized curative, promotive, preventive and rehabilitative services.
- To contribute to regional human resource development through training of various cadres of health workers.
- To contribute to national and conduct operational level research.
- To contribute as requested to the Ministry's national policy and support supervision.

V2: Past Vote Performance and Medium Term Plans

Performance for Previous Year FY 2016/17

- Construction of the hospital stores, the TB unit, and gabion retention wall for staff houses were constructed.
- Assorted medical equipment and ICT equipment including Desktop computers and patient screen were procured.
- Undertook procurement process for oxygen plants for 14 Regional Referral Hospitals and distribution and installation was completed. All the oxygen plants in the Regional Referral Hospitals are now functionality.

Performance as of BFP FY 2017/18 (Performance as of BFP)

- The oxygen plant was also installed and is functional.
- Construction of the hospital stores and gabion retention wall for staff houses were completed.
- Assorted medical equipment including operation tables, delivery sets; assorted engineering tools including electrical, plumbing, refrigeration and air conditioning tool kit and assorted furniture were procured.
- The procurement process for software to aid digitalization of the hospital commenced.
- The construction of the 16 more units for staff houses commenced.

Vote:176 Naguru Referral Hospital

FY 2018/19 Planned Outputs

1. Procurement of medicines and sundries
2. Continuation with phase 2 construction of staff houses
3. Construction of the phase 1 of the maintenance workshop and the main gate house

Medium Term Plans

1. Continue with construction of the 16 units of staff houses.
2. Strengthen the functionality of private services so as to increase on revenue collections.
3. Automation of the hospital records management systems
4. Lobby for the expansion of the hospital by two more additional levels to create more working space.
5. Focus of changing hospital image to a first class government hospital

Efficiency of Vote Budget Allocations

1. Ensure Cleanliness of the hospital environment
2. Functionality of medical equipment despite inadequate funds allocated for maintenance of the equipment
3. Planned procurement of medical equipment effected
4. Timely payment of staff salaries, gratuity and pension for retired staff

Vote Investment Plans

1. Continuation of construction of 16 units of staff houses 500M.
2. Procurement of assorted medical equipment for Accident and Emergency Unit 156M.
3. Construction of maintenance workshop and gate house 400M

Major Expenditure Allocations in the Vote for FY 2018/19

The major expenditure for FY 2017/18 include;

1. Wage of 4.24 billion.
2. Construction of 16 units of staff houses at Shs. 500 million.
3. A maintenance workshop and a gate house at Shs. 400 million.
4. Procurement of assorted medical equipment for Accident and emergency unit at Shs. 100 million.

Vote:176 Naguru Referral Hospital

V3: PROGRAMME OUTCOMES, OUTCOME INDICATORS AND PROPOSED BUDGET ALLOCATION

Table V3.1: Programme Outcome and Outcome Indicators

Vote Controller :							
Programme :	56 Regional Referral Hospital Services						
Programme Objective :	To provide comprehensive quality specialized curative, promotive, preventive and rehabilitative hospital services						
Responsible Officer:	Hospital Director						
Programme Outcome:	Quality and accessible Regional Referral Hospital Services						
<i>Sector Outcomes contributed to by the Programme Outcome</i>							
1. Improved quality of life at all levels							
Programme Performance Indicators (Output)	Performance Targets						
	2016/17 Actual	2017/18 Target	Base year	Baseline	2018/19 Target	2019/20 Target	2020/21 Target
• % increase in diagnostic investigations carried	0	5%			5%	5%	5%
• Bed occupancy	0	100%			100%	100%	100%
• % increase of specialised clinics outpatients attendances	0	10%			12%	18%	20%

Table V3.2: Past Expenditure Outturns and Medium Term Projections by Programme

Billion Uganda shillings	2016/17	2017/18		2018-19	MTEF Budget Projections			
	Outturn	Approved Budget	Spent By End Q1	Proposed Budget	2019-20	2020-21	2021-22	2022-23
Vote :176 Naguru Referral Hospital								
56 Regional Referral Hospital Services	5.044	6.301	0.853	6.141	6.301	6.301	6.301	6.301
Total for the Vote	5.044	6.301	0.853	6.141	6.301	6.301	6.301	6.301

V4: SUBPROGRAMME PAST EXPENDITURE OUTTURNS AND PROPOSED BUDGET ALLOCATIONS

Table V4.1: Past Expenditure Outturns and Medium Term Projections by SubProgramme

Billion Uganda shillings	2016/17	FY 2017/18		2018-19	Medium Term Projections			
	Outturn	Approved Budget	Spent By End Sep	Proposed Budget	2019-20	2020-21	2021-22	2022-23
<i>Programme: 56 Regional Referral Hospital Services</i>								
01 Naguru Referral Hospital Services	3.985	5.223	0.846	5.066	5.225	5.225	5.225	5.225
02 Naguru Referral Hospital Internal Audit	0.018	0.022	0.002	0.020	0.020	0.020	0.020	0.020
1004 Naguru Rehabilitation Referral Hospital	1.047	0.644	0.001	1.000	1.000	1.000	1.000	1.000
1475 Institutional Support to Uganda China Friendship Hospital Referral Hospital- Naguru	0.000	0.412	0.003	0.056	0.056	0.056	0.056	0.056
Total For the Programme : 56	5.050	6.301	0.853	6.141	6.301	6.301	6.301	6.301
Total for the Vote :176	5.050	6.301	0.853	6.141	6.301	6.301	6.301	6.301

Vote:176 Naguru Referral Hospital

N / A

Table V4.3: Major Capital Investment (Capital Purchases outputs over 0.5Billion)

FY 2017/18		FY 2018/19
Appr. Budget and Planned Outputs	Expenditures and Achievements by end Sep	Proposed Budget and Planned Outputs
Vote 176 Naguru Referral Hospital		
Programme : 56 Regional Referral Hospital Services		
Project : 1004 Naguru Rehabilitation Referral Hospital		
Output: 72 Government Buildings and Administrative Infrastructure		
retention fees for drug store paid, generator shelter constructed	Payment of retention fees for drug store effected	8 Block staff hostel civil works continued, supervision done, site meetings done, Retention done payments done
Total Output Cost(Ushs Thousand):	0.035	0.000
Gou Dev't:	0.035	0.000
Ext Fin:	0.000	0.000
A.I.A:	0.000	0.000

V5: VOTE CHALLENGES FOR 2018/19 AND ADDITIONAL FUNDING REQUESTS

Vote Challenges for FY 2018/19

1. Poor staff remuneration which affects service delivery and leading to bad works habits such as undercover extortion of money from patients.
2. Lack of ambulance services to handle emergency cases, the existing ambulance is old and grounded
3. Limited space to accommodate the work demands
4. Lack of essential medicines and frequent stock outs
5. Increased patient attendance to hospital services which is more than estimated
6. Lack of essential medicines and frequent stock outs

Table V5.1: Additional Funding Requests

Additional requirements for funding and outputs in 2018/19	Justification of requirement for additional outputs and funding
Vote : 176 Naguru Referral Hospital	
Programme : 56 Regional Referral Hospital Services	
OutPut : 04 Diagnostic services	
Funding requirement US\$ Bn : 0.200	More investment in diagnostics would help to improve safe, equitable and sustainable health services. It would ensure more accurate and timely diagnosis

Vote:176 Naguru Referral Hospital

<i>OutPut : 72 Government Buildings and Administrative Infrastructure</i>	
Funding requirement UShs Bn : 5.000	It would provide equitable, safe and sustainable health services as the health workers would be more motivated to serve.