

# Vote: 173 Mbarara Referral Hospital

## Vote Summary

### VI: Vote Overview

This section sets out the Vote Mission, Strategic Objectives, and provides a description of the vote's services

#### (i) Snapshot of Medium Term Budget Allocations

Table V1 below summarises the Medium Term Budget allocations for the Vote:

**Table V1.1: Overview of Vote Expenditures (UShs Billion)**

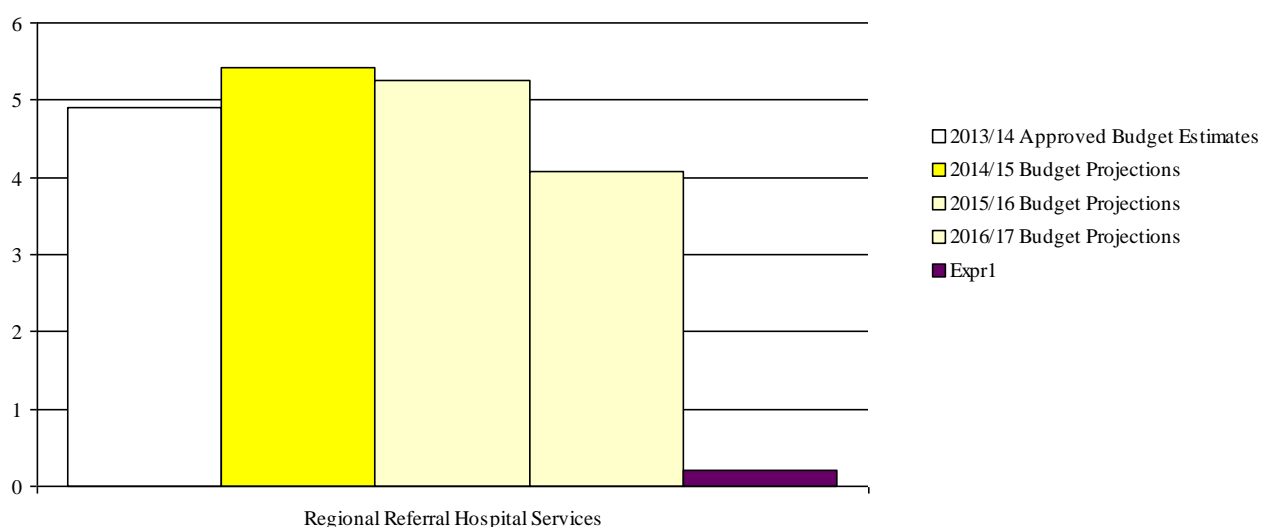
	2012/13 Outturn	2013/14		MTEF Budget Projections		
		Approved Budget	Spent by End Dec	2014/15	2015/16	2016/17
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent Wage	1.295	3.279	0.678	3.279	3.279	2.089
Recurrent Non Wage	0.981	1.078	0.554	1.147	0.981	0.981
Development GoU	0.698	0.750	0.522	1.000	1.000	1.000
Development Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
<b>GoU Total</b>	<b>2.969</b>	<b>5.107</b>	<b>1.754</b>	<b>5.426</b>	<b>5.260</b>	<b>4.070</b>
<b>Total GoU+Donor (MTEF)</b>	<b>2.969</b>	<b>5.107</b>	<b>1.754</b>	<b>5.426</b>	<b>5.260</b>	<b>4.070</b>
<i>(ii) Arrears and Taxes</i>						
Arrears	0.050	0.000	0.000	0.000	N/A	N/A
Taxes**	0.005	0.200	0.000	0.000	N/A	N/A
<b>Total Budget</b>	<b>3.024</b>	<b>5.307</b>	<b>1.754</b>	<b>5.426</b>	<b>N/A</b>	<b>N/A</b>
<i>(iii) Non Tax Revenue</i>						
	0.000	0.400	0.308	0.560	0.600	0.650
<b>Grand Total</b>	<b>3.024</b>	<b>5.707</b>	<b>2.062</b>	<b>5.986</b>	<b>N/A</b>	<b>N/A</b>
Excluding Taxes, Arrears	2.969	5.507	2.062	5.986	5.860	4.720

\* Donor expenditure data unavailable

\*\* Non VAT taxes on capital expenditure

The chart below shows total funding allocations to the Vote by Vote Function over the medium term:

**Chart V1.1: Medium Term Budget Projections by Vote Function (UShs Bn, Excluding Taxes, Arrears)**



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### (ii) Vote Mission Statement

The Vote's Mission Statement is:

*To provide comprehensive, super specialised health services, conduct tertiary health training, research and contributing to the health policy.*

### (iii) Vote Outputs which Contribute to Priority Sector Outcomes

The table below sets out the vote functions and outputs delivered by the vote which the sector considers as contributing most to priority sector outcomes.

**Table V1.2: Sector Outcomes, Vote Functions and Key Outputs**

Sector Outcome 1:	Sector Outcome 2:	Sector Outcome 3:
<i>Increased deliveries in health facilities</i>	<i>Children under one year old protected against life threatening diseases</i>	<i>Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)</i>
<b>Vote Function: 08 56 Regional Referral Hospital Services</b>		
<i>Outputs Contributing to Outcome 1:</i>	<i>Outputs Contributing to Outcome 2:</i>	<i>Outputs Contributing to Outcome 3:</i>
<i>Outputs Provided</i>	<i>Outputs Provided</i>	None
085601 Inpatient services	085606 Prevention and rehabilitation services	
085602 Outpatient services		
085606 Prevention and rehabilitation services		
<i>Capital Purchases</i>		
085680 Hospital Construction/rehabilitation		
085681 Staff houses construction and rehabilitation		

## V2: Past Vote Performance and Medium Term Plans

*This section describes past and future vote performance, in terms of key vote outputs and plans to address sector policy implementation issues.*

### (i) Past and Future Planned Vote Outputs

#### 2012/13 Performance

The new block put under utilization, an assortment of medical equipment purchased, information, communication equipment and soft ware purchased and a walk way linking the old hospital o the new block constructed.

#### Preliminary 2013/14 Performance

7,316 admissions

69 % Occupancy rate

5 days average length of stay

28,911 special clinics outpatients

1072 Ultra sound examinations

16,186 lab examinations

132 CT Scans

238 ECGs'

199 ECOs,

2,394 antenatal attendances handled

622 family planning contacts made

5,624 PMTCT & VCT Contacts made

procurement proces for the second one is ongoing. The contract for partial ovehaul of the sewerage system

9,572 general out patients

522 X-ray examinations

7,706 immunizations done

First Batch of Medical equipment procured,

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has been awarded

**Table V2.1: Past and 201/12 Key Vote Outputs\***

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2013/14 Spending and Outputs Achieved by End Dec</b>	<b>2014/15 Proposed Budget and Planned Outputs</b>
<b>Vote: 173 Mbarara Referral Hospital</b>			
<i>Vote Function: 0856 Regional Referral Hospital Services</i>			
<b>Output:085601</b>	<b>Inpatient services</b>		
<i>Description of Outputs:</i>	30,000 admissions 80 % Occupancy rate 5.5 days average length of stay	7,316 admissions 69 % Occupancy rate 5 days average length of stay	30,000 admissions, 70 % bed occupancy, 5 days average length of stay
<i>Performance Indicators:</i>			
No. of in patients admitted	30000	7,316	30,000
Bed occupancy rate (inpatients)	80	69	70
Average rate of stay for inpatients (no. days)	5.5	5	5
<i>Output Cost: US\$ Bn:</i>	<i>0.799</i>	<i>US\$ Bn: 0.098</i>	<i>US\$ Bn: 1.042</i>
<b>Output:085602</b>	<b>Outpatient services</b>		
<i>Description of Outputs:</i>	40,000 general outpatients attended 110,000 special clinics patients attended	9,572 general out patients 28,911 special clinics outpatients	40000 general outpatients, 120000 special clinics attendance
<i>Performance Indicators:</i>			
No. of specialised outpatients attended to	110000	28,911	120,000
No. of general outpatients attended to	40000	9,572	40,000
<i>Output Cost: US\$ Bn:</i>	<i>0.193</i>	<i>US\$ Bn: 0.048</i>	<i>US\$ Bn: 0.181</i>
<b>Output:085604</b>	<b>Diagnostic services</b>		
<i>Description of Outputs:</i>	6,000 X-ray examinations done 6,000 Ultra sound examinations performed 240 CT Scans' done 40,000 laboratory examinations done 6000 blood transfusions carried out 300 post mortems performed	522 X-ray examinations 1,072 Ultra sound examinations 16,186 lab examinations 238 ECGs' 199 ECOs' 132 CT Scans	6000 x-ray examinations, 6000 ultra sound scans, 1100 Scans, 67000 lab examinations, 7,000 blood transfusions, 1000 ECGs', 800 ECHOs,.
<i>Performance Indicators:</i>			
Patient xrays (imaging)	18540	2163	14900
No. of labs/tests	40000	16186	67000
<i>Output Cost: US\$ Bn:</i>	<i>0.109</i>	<i>US\$ Bn: 0.027</i>	<i>US\$ Bn: 0.102</i>
<b>Output:085606</b>	<b>Prevention and rehabilitation services</b>		
<i>Description of Outputs:</i>	30,000 immunizations 11,000 antenatal attendances 3,000 family planning contacts 4,000 PMTCT contacts	7,706 immunizations done 2,394 antenatal attendances handled 622 family planning contacts made 5,624 PMTCT & VCT Contacts made	3000 Family Planning Contacts, 11000 antenatal cases, 22000 PMTCT/VCT Contacts, 30000 immunizations
<i>Performance Indicators:</i>			
No. of people receiving	3000	622	3,000

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<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2013/14 Spending and Outputs Achieved by End Dec</b>	<b>2014/15 Proposed Budget and Planned Outputs</b>
family planning services			
No. of people immunised	30000	7,706	30,000
No. of antenatal cases	15000	8,018	33,000
<i>Output Cost: US\$ Bn:</i>	<i>0.081</i>	<i>US\$ Bn: 0.018</i>	<i>US\$ Bn: 0.061</i>
<b>Output: 085680</b>	<b>Hospital Construction/rehabilitation</b>		
<i>Description of Outputs:</i>		N/A	Hospital administration block refurbished
<i>Performance Indicators:</i>			
No. reconstructed/rehabilitated general wards		0	0
No. of hospitals benefiting from the renovation of existing facilities.		0	1
<i>Output Cost: US\$ Bn:</i>	<i>0.000</i>	<i>US\$ Bn: 0.000</i>	<i>US\$ Bn: 0.120</i>
<b>Output: 085681</b>	<b>Staff houses construction and rehabilitation</b>		
<i>Description of Outputs:</i>	Completion of the 4 level staff house	A block of flat of 8 units at 95% completion	Construction of an 8 unit and 16 unit staff quarters
<i>Performance Indicators:</i>			
No. of staff houses constructed/rehabilitated	1	1	24
<i>Output Cost: US\$ Bn:</i>	<i>0.100</i>	<i>US\$ Bn: 0.030</i>	<i>US\$ Bn: 0.830</i>
<b>Output: 085683</b>	<b>OPD and other ward construction and rehabilitation</b>		
<i>Description of Outputs:</i>		Partial overhaul of the sewerage system	0
<i>Performance Indicators:</i>			
No. of other wards rehabilitated		1	0
No. of other wards constructed		0	0
No. of OPD wards rehabilitated		0	0
No. of OPD wards constructed		0	0
<i>Output Cost: US\$ Bn:</i>	<i>0.100</i>	<i>US\$ Bn: 0.030</i>	<i>US\$ Bn: 0.000</i>
<b>Vote Function Cost</b>	<b>US\$ Bn:</b>	<b>5.707 US\$ Bn:</b>	<b>1.754 US\$ Bn: 5.986</b>
<b>Cost of Vote Services:</b>	<b>US\$ Bn:</b>	<b>5.507 US\$ Bn:</b>	<b>1.754 US\$ Bn: 5.986</b>

\* Excluding Taxes and Arrears

### 2014/15 Planned Outputs

The Hospital will continue to rehabilitate existing structures and put up new ones to improve working conditions for health workers and create a conducive environment for clients. This will improve the staff morale and improve on their performance. Particularly we are to embark on construction of a flat of sixteen units for staff quarters and refurbish existing structure to accommodate offices.

**Table V2.2: Past and Medium Term Key Vote Output Indicators\***

<i>Vote Function Key Output Indicators and Costs:</i>	<b>2012/13 Outturn</b>	<b>2013/14</b>		<b>MTEF Projections</b>		
		<b>Approved Plan</b>	<b>Outturn by End Dec</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>

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Vote Function Key Output Indicators and Costs:	2012/13 Outturn	2013/14 Approved Plan	Outturn by End Dec	MTEF Projections		
				2014/15	2015/16	2016/17
<b>Vote: 173 Mbarara Referral Hospital</b>						
<b>Vote Function:0856 Regional Referral Hospital Services</b>						
Average rate of stay for inpatients (no. days)		5.5	5	5	5	5
Bed occupancy rate (inpatients)		80	69	70	70	70
No. of in patients admitted		30000	7,316	30,000	30000	30000
No. of general outpatients attended to		40000	9,572	40,000	40000	40000
No. of specialised outpatients attended to		110000	28,911	120,000	120000	120000
Value of medicines received/dispensed (Ush bn)		1.380	339531102	1,420	1.420	1.420
No. of labs/tests		40000	16186	67000	67000	67000
Patient xrays (imaging)		18540	2163	14900	14900	14900
No. of antenatal cases		15000	8,018	33,000	33000	33000
No. of people immunised		30000	7,706	30,000	30000	30000
No. of people receiving family planning services		3000	622	3,000	3000	3000
No. of hospitals benefiting from the rennovation of existing facilities.			0	1	1	1
No. reconstructed/rehabilitated general wards			0	0	0	2
No. of staff houses constructed/rehabilitated		1	1	24	2	1
No. of maternity wards constructed			0	0	0	1
No. of maternity wards rehabilitated			0	0	0	1
No. of OPD wards constructed			0	0	0	0
No. of OPD wards rehabilitated			0	0	0	0
No. of other wards constructed			0	0	0	0
No. of other wards rehabilitated			1	0	0	0
No. of theatres constructed			0	0	0	0
No. of theatres rehabilitated			0	0	0	0
Value of medical equipment procured (Ush Bn)		0.400	1	0	0	0.300
<b>Vote Function Cost (UShs bn)</b>	<b>3.024</b>	<b>5.507</b>	<b>1.754</b>	<b>5.986</b>	<b>5.860</b>	<b>4.720</b>
<b>Cost of Vote Services (UShs Bn)</b>	<b>3.024</b>	<b>5.507</b>	<b>1.754</b>	<b>5.986</b>	<b>5.860</b>	<b>4.720</b>

### Medium Term Plans

- Construct 24 units flat
- Fencing the hospital
- Acquisition of more land for the hospital development and expansion
- Incinerator construction to improve waste management
- Orthopedic workshop
- Alternative sources power supply
- Specialist outreach services funded
- Conducting and Strengthening research
- Overhaul of water, sewerage and electric System
- Water harvesting project
- Attract, retain, motivate critical Staff
- Management of health and general information System

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- Training Staff in Customer care
- Isolation unit/disaster preparedness and T.B unit

### (ii) Efficiency of Vote Budget Allocations

The major challenge is retention of staff due to lack of accommodation and the medium term funding is directed towards construction of staff houses. This will also improve efficiency and make it easy to mobilise staff for emergency duty. Equipment is also being procured to improve efficiency and effectiveness of staff.

**Table V2.3: Allocations to Key Sector and Service Delivery Outputs over the Medium Term**

Billion Uganda Shillings	(i) Allocation (Shs Bn)				(ii) % Vote Budget			
	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17
Key Sector	1.2	2.2	2.1	2.0	21.3%	37.3%	36.5%	42.5%
Service Delivery	1.4	2.3	2.2	2.1	25.1%	39.0%	38.3%	44.7%

Costs have been arrived at using the reigning market prices to deliver planned outputs in the medium term. The detailed unit costs for inputs are included.

**Table V2.4: Key Unit Costs of Services Provided and Services Funded (Shs '000)**

Unit Cost Description	Actual 2012/13	Planned 2013/14	Actual by Sept	Proposed 2014/15	Costing Assumptions and Reasons for any Changes and Variations from Plan
<i>Vote Function: 0856 Regional Referral Hospital Services</i>					
Water - bills per month		1,438	7	7	Water consumption to be reduced by a water harvesting project that is under implementation.
Travel Inland		186,136	120	120	On average pay 525 nights allowances.
Maintenance Machinery, Equipment & Furniture per month		26	1,050	981	On average service and repair 80 big equipments during the year as period of warranty runs out and equipment become older
Maintenance – Vehicles: maintenance of one vehicle per month		476,191	1,071	4,714	The seven vehicles take an average of 2,500,000 shs. every month on servicing & repairs
Fuel, Lubricants and Oils - purchased per month		3,600	3	0	Inflation led pricing and power blackouts
Electricity bills per month		785	1	1	Assuming we consume 252,400 units of power per month

### (iii) Vote Investment Plans

The hospital is facing unfunded priorities and funds allocated can only cater for a few capital purchases. The hospital services have increased and the number of specialists and other cadres have increased, it is a teaching hospital. However funding has been reduced too far below the amount received previous years. Funding is directed mainly towards requirements that improve patient care and staff welfare like staff houses.

**Table V2.5: Allocations to Capital Investment over the Medium Term**

Billion Uganda Shillings	(i) Allocation (Shs Bn)				(ii) % Vote Budget			
	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17
Consumption Expenditure (Outputs Provided)	4.8	5.0	5.0	4.0	86.4%	83.3%	85.8%	84.1%
Investment (Capital Purchases)	0.8	1.0	0.8	0.8	13.6%	16.7%	14.2%	15.9%
<b>Grand Total</b>	<b>5.5</b>	<b>6.0</b>	<b>5.9</b>	<b>4.7</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Start on construction of a 16 units flat for staff quarters and refurbish office premises for administration

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**Table V2.6: Major Capital Investments**

Project, Programme Vote Function Output <i>US\$ Thousands</i>	2013/14		2014/15
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
<b>Project 1004 Mbarara Rehabilitation Referral Hospital</b>			
<b>085681 Staff houses construction and rehabilitation</b>	- 4 storey staff quarters completed.	A flat of 8 units nearing completion works at about 95% expected to be handed over in december	8 units flat for staff quarters Start construction of a 16 units flat for staff quarters
<b>Total</b>	<b>100,000</b>	<b>30,333</b>	<b>829,850</b>
<i>GoU Development</i>	<i>100,000</i>	<i>30,333</i>	<i>829,850</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>

### (iv) Vote Actions to improve Priority Sector Outcomes

Performance shall aimed at attaining National and International set targets like achieving the millenium development goals of reduction of marternal mortality rates and infant mortality rates.

**Table V2.7: Priority Vote Actions to Improve Sector Performance**

2013/14 Planned Actions:	2013/14 Actions by Sept:	2014/15 Planned Actions:	MT Strategy:
<b>Sector Outcome 3: Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)</b>			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: General and patient information not well managed</i>			
Continue capacity building, close support supervision and computerization	Training in HMIS carried out	Training of all staf at data generation points in HMIS	Centralise information database, train and monitor information management officers. Solicit for more funding
<i>VF Performance Issue: Under staffed structures</i>			
Continue to submit staffing gaps to M.O.H	Submissions of existing mapower gaps that need to be filed made to MOH	Recruitment Plans submitted to MOH	Submit staff gaps to MOH and MOPS

## V3 Proposed Budget Allocations for 2014/15 and the Medium Term

This section sets out the proposed vote budget allocations for 2014/15 and the medium term, including major areas of expenditures and any notable changes in allocations.

**Table V3.1: Past Outturns and Medium Term Projections by Vote Function\***

	2012/13 Outturn	2013/14		MTEF Budget Projections		
		Appr. Budget	Spent by End Sept	2014/15	2015/16	2016/17
<b>Vote: 173 Mbarara Referral Hospital</b>						
0856 Regional Referral Hospital Services	3.024	5.507	0.491	5.986	5.860	4.720
<b>Total for Vote:</b>	<b>3.024</b>	<b>5.507</b>	<b>0.491</b>	<b>5.986</b>	<b>5.860</b>	<b>4.720</b>

### (i) The Total Budget over the Medium Term

Resource allocation has been based on the priority areas of increasing maternal child health services, improved staff welfare through construction of staff houses and improved efficiency through provision of equipment

### (ii) The major expenditure allocations in the Vote for 2014/15

The major expenditure allocation is on allowances for staff that includes allowances to the interns and



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newly posted staff and other related allowances to staff. Expenditure on Utilities due to increased patient number and machinery, a corresponding expenditure for goods and services such as linen and cleaning materials and expenditure on medical printed stationery and and related materials.

### (iii) The major planned changes in resource allocations within the Vote for 2014/15

Resource allocation has been based on service delivery with the inpatients and outpatients outputs taking the bigger allocation of resources. The utilities however continue to take bigger percentage of the budget.

**Table V3.2: Key Changes in Vote Resource Allocation**

Changes in Budget Allocations and Outputs from 2013/14 Planned Levels:			Justification for proposed Changes in Expenditure and Outputs
2014/15	2015/16	2016/17	
<i>Vote Function: 0801 Regional Referral Hospital Services</i>			
<b>Output: 0856 01 Inpatient services</b>			
<i>US\$ Bn:</i> 0.243	<i>US\$ Bn:</i> 0.243	<i>US\$ Bn:</i> 0.190	<i>The allocations are to meet the costs for printed stationery for inpatients that had been grossly under cut by an increase in budget of utilities. There is need for more fuel due to power outages from Friday to Monday during the period under planning.</i>
There had been an under estimation of inputs like stationery & fuel for inpatients	There had been an under estimation of inputs like stationery & fuel for inpatients	There had been an under estimation of inputs like stationery & fuel for inpatients	
<b>Output: 0856 77 Purchase of Specialised Machinery &amp; Equipment</b>			
<i>US\$ Bn:</i> -0.550	<i>US\$ Bn:</i> -0.550	<i>US\$ Bn:</i> -0.550	<i>Equipment was procured in FY 2013/14. The funds have been moved to construction of staff house.</i>
More money had been allocated during the planning period on expectation of PPP Project. Priorities for subsequent years are on staff accommodation	More money had been allocated during the planning period on expectation of PPP Project. Priorities for subsequent years are on staff accommodation	More money had been allocated during the planning period on expectation of PPP Project. Priorities for subsequent years are on staff accommodation	
<b>Output: 0856 80 Hospital Construction/rehabilitation</b>			
<i>US\$ Bn:</i> 0.120	<i>US\$ Bn:</i> 0.000	<i>US\$ Bn:</i> 0.000	<i>Funds are for construction of office block. There is need for accommodation of office space because administration is currently accommodated in the University and has been asked to leave. Will lead to better working environment and better supervision by management.</i>
	The office accommodation is planned to be completed in one FY	The office accommodation is planned to be completed in one FY	
<b>Output: 0856 81 Staff houses construction and rehabilitation</b>			
<i>US\$ Bn:</i> 0.730	<i>US\$ Bn:</i> 0.730	<i>US\$ Bn:</i> 0.650	<i>Funds are for construction of staff house. This It will lead to improved performance by health workers</i>
	Priority has been set by the sector to construct staff houses for better working conditions	Priority has been set by the sector to construct staff houses for better working conditions	
<b>Output: 0856 83 OPD and other ward construction and rehabilitation</b>			
<i>US\$ Bn:</i> -0.100	<i>US\$ Bn:</i> -0.100	<i>US\$ Bn:</i> -0.100	<i>Phase two of the the hospital reconstruction will lead to improved efficiency and effectiveness by elimination of the congestion on wards</i>
The planned overhaul of the sewerage system will have been completed & the next phase of development is under phase two of the hospital reconstruction	The planned overhaul of the sewerage system will have been completed & the next phase of development is under phase two of the hospital reconstruction	The planned overhaul of the sewerage system will have been completed & the next phase of development is under phase two of the hospital reconstruction	

## V4: Vote Challenges for 2014/15 and the Medium Term

This section sets out the major challenges the vote faces in 2014/15 and the medium term which the vote has been unable to address in its spending plans.

Major challenges facing the entity are that the entity continues to spend more than 50% of the non-wage



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recurrent budget on utilities leaving the other items that directly impact on performance poorly funded. As a result specialists outreach programmes are not carried out while the department of community health that plays a pivotal role in preventive activities remains unfunded and idle. Maintenance of the infrastructure and equipment that are being put in place is inadequate due to lack of adequate resources and this infrastructure will crumble in a short time without proper maintenance.

**Table V4.1: Additional Output Funding Requests**

Additional Requirements for Funding and Outputs in 2014/15:	Justification of Requirement for Additional Outputs and Funding
<i>Vote Function: 0801 Regional Referral Hospital Services</i>	
<b>Output: 0856 01 Inpatient services</b>	
<i>US\$ Bn: 0.500</i>	
Improved service delivery to the increased numbers of clients and specialized services	<p>The inpatients increase due to introduction of more new services and increase in number of specialist doctors will require more funding and therefore contribute to the reduction of mortality rates and have a healthier population.</p> <p>New services such as Urology, Neurology and neurosurgery, Cardiology, Neonatology, Nephrology, Plastic &amp; reconstructive Surgery, Oncology, Renal Medicine, operational CT Scan, Intensive Care etc</p>
<b>Output: 0856 06 Prevention and rehabilitation services</b>	
<i>US\$ Bn: 0.315</i>	
To improve on the community health services and reduce disease burden through prevention	<p>increase in number of preventive and rehabilitative services offered will contribute to reducing disease prevalence and mortality. There is need for more funding of the activities. Prevention activities such as outreaches and counselling are expected to increase because some of the services are not offered in the region such as Physiotherapy activities.</p>
<b>Output: 0856 71 Acquisition of Land by Government</b>	
<i>US\$ Bn: 1.000</i>	
The hospital expansion has no more space to cater for the increasing number of patients	<p>The hospital is growing and the services are increasing. The need for more land will enable expansion for construction of more structures for the services e.g oncology, neurology, biomedical workshop, isolation unit and incinerator among others. Acquiring land will enable hospital expansion to accommodate increasing services for a healthier population.</p>
<b>Output: 0856 72 Government Buildings and Administrative Infrastructure</b>	
<i>US\$ Bn: 3.000</i>	
Expansion of the entity to cater for the increasing services and replace the dilapidated infrastructure	<p>The patients seen are increasing because of introduction of more new services and increase in number of specialist supervisors being a teaching hospital. Interns hostel will be able to accommodate the increase in number of interns. Interns need to be at the hospital setting in order to offer 24hr service to patients.</p>
<b>Output: 0856 77 Purchase of Specialised Machinery &amp; Equipment</b>	
<i>US\$ Bn: 1.000</i>	
To meet the new technological advancements and improve investigations and service delivery	<p>the hospital acquiring more specialised equipment will enable effective delivery of the increasing specialised services</p>
<b>Output: 0856 85 Purchase of Medical Equipment</b>	
<i>US\$ Bn: 20.000</i>	
To meet the new technological advancements and improve investigations and service delivery	<p>The patients seen are increasing because of introduction of more new services and increase in number of specialists this means that the hospital will correspondingly require more space for wards and OPD. Acquiring more ward space will enable effective delivery of specialised services</p>

This section discusses how the vote's plans will address and respond to the cross-cutting policy, issues of gender and equity; HIV/AIDS; and the Environment, and other budgetary issues such as Arrears and NTR..

### (i) Cross-cutting Policy Issues

## Vote: 173 Mbarara Referral Hospital

### Vote Summary

#### (i) Gender and Equity

Health care service at Mbarara Hospital is for all sections of the population. Patients and clients are treated equally irrespective of gender. The hospital offer services to gender based violence cases as an emergency. Some of the staff are trained to manage GBV cases. Male circumcision, safe mother initiative to ensure that mothers are attended to within 30minutes.

#### (ii) HIV/AIDS

The services offered in prevention and rehabilitation activities, inpatients activities, outpatient activities, Diagnostics are offered to HIV/AIDS patients inform of treatment, counseling, dispensing medicines among others. In addition drugs procured from NMS include HIV/AIDS drugs.

#### (iii) Environment

Environmental issues are a major concern in ensuring infection control in health service delivery. However waste disposal management is still a challenge because of lack of hospital incinerator. However there is enforcing of proper medical waste segregation and disposal.

#### (ii) Payment Arrears

The table below shows all the payment arrears outstanding for the Vote:

Payee	Payment Due Date	Amount (US\$ Bn)
Medicine & healthsupplies (prequalifiedpharmacies,JMS)	6/30/2010	0.41
	<b>Total:</b>	<b>0.411</b>

The over commitment in 2007/2008 was caused by failure of Ministry of Finance to release funds as per the approved budget.

There was also change in policy in 2009/2010 where all funds meant for drugs and sundries was transferred to NMS without proper communications to the concerned votes. Those two scenarios led to domestic arrears.

Efforts were made to the Accountant General to have the arrears paid. However the deputy secretary to Treasury referred us to our mother ministry.

However management is now committed to operate within the provisions of the approved budget.

#### (ii) Non Tax Revenue Collections

The table below shows Non-Tax Revenues that will be collected under the Vote:

Source of NTR	US\$ Bn	2012/13 Actual	2013/14 Budget	2013/14 Actual by Sept	2014/15 Projected
Other Fees and Charges				0.000	0.560
	<b>Total:</b>			<b>0.000</b>	<b>0.560</b>

The entity started a private patients scheme that will be making one year in March 2014. It has a private wing for admission of inpatients and all the services that go with, a private patients general OPD and special clinics. This has seen a tremendous increase in the NTR collections and is projected to continue growing. The proceeds are used to motivate health workers who deliver the service through payment of allowances amounting to over 60% while the balance is spent on supplies, maintenance civil and machinery.