

Vote: 167 Jinja 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)

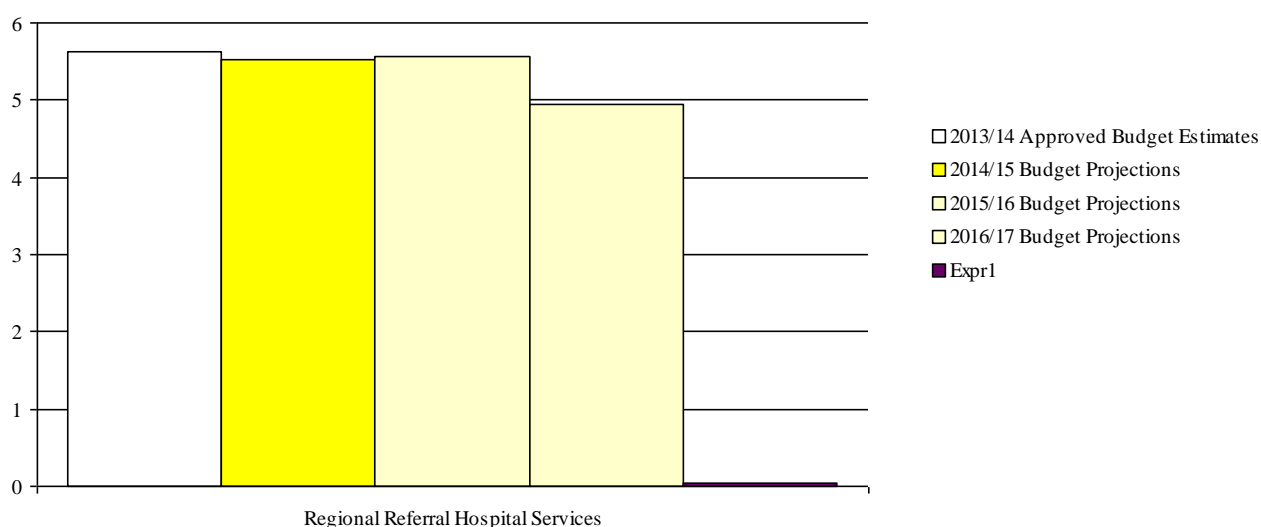
	2012/13 Outturn	2013/14		MTEF Budget Projections		
		Approved Budget	Spent by End Dec	2014/15	2015/16	2016/17
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent Wage	3.378	3.570	1.720	3.570	3.570	2.955
Recurrent Non Wage	0.847	0.906	0.453	0.957	0.847	0.847
Development GoU	0.627	1.200	0.345	1.000	1.150	1.150
Development Ext.Fin	0.048	0.000	0.000	0.000	0.000	0.000
GoU Total	4.852	5.676	2.518	5.527	5.567	4.952
Total GoU+Donor (MTEF)	4.900	5.676	2.518	5.527	5.567	4.952
<i>(ii) Arrears and Taxes</i>						
Arrears	0.350	0.000	0.000	0.000	N/A	N/A
Taxes**	0.000	0.051	0.000	0.000	N/A	N/A
Total Budget	5.250	5.727	2.518	5.527	N/A	N/A
<i>(iii) Non Tax Revenue</i>						
	0.000	0.170	0.094	0.291	0.291	0.291
Grand Total	5.250	5.897	2.612	5.818	N/A	N/A
Excluding Taxes, Arrears	4.900	5.846	2.612	5.818	5.857	5.243

* 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)



Vote: 167 Jinja Referral Hospital

Vote Summary

(ii) Vote Mission Statement

The Vote's Mission Statement is:

Hospital Mission: To increase access to all people in Busoga region to quality general and specialized health services.

(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>
Vote Function: 08 56 Regional Referral Hospital Services		
<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

25,747 admitted

88 % bed occupancy rate

4 days average length of stay

108,407 general out patients

2,460 casualty cases

77,922 special clinics outpatients

3,144 x-ray examinations

4,683 ultra sound examinations

140,789 laboratory & pathological examinations

4,715 blood transfusions Prevention and Rehabilitation

10,301 immunizations

4,042 family planning contacts

12,948 antenatal attendances

7,357 prevention of mother to child transmission of HIV

Preliminary 2013/14 Performance

Inpatient

Vote: 167 Jinja Referral Hospital

Vote Summary

5976 admitted
 76% bed occupancy rate
 5 days average length of stay
 1,640 deliveries made
 695 major surgeries

Outpatients

29,761 general out patients
 529 casualty cases
 14,149 special clinics outpatients

Diagnosis

504 x-ray examinations
 1,572 ultra sound examinations
 34,744 laboratory and pathological examinations
 2,929 blood transfusions

Prevention and rehabilitation services

2,278 Immunizations
 1,117 family planning contacts
 3,532 antenatal attendances
 1,648 Prevention of mother to child transmission of HIV
 1,268 physiotherapy cases handled

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

<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2013/14 Spending and Outputs Achieved by End Dec	2014/15 Proposed Budget and Planned Outputs
Vote: 167 Jinja Referral Hospital			
<i>Vote Function: 0856 Regional Referral Hospital Services</i>			
Output: 085601	Inpatient services		
<i>Description of Outputs:</i>	- 32,000 admitted - 90 % bed occupancy rate - 5 days average length of stay - 5000 Deliveries made, - 7,000 major Surgeries made	- 5976 admitted - 76 % bed occupancy rate - 5 days average length of stay - 1,640 deliveries made - 695 major surgeries	- 108,000 patients admitted - 100 % bed occupancy rate - 5 days average length of stay - 7200 Deliveries made, - 7,200 major surgeries
<i>Performance Indicators:</i>			
No. of in patients admitted	30000	7,616	108,000
Bed occupancy rate (inpatients)	90	76	100
Average rate of stay for inpatients (no. days)	5	5 days	5
<i>Output Cost: US\$ Bn:</i>	2.475	<i>US\$ Bn:</i> 0.564	<i>US\$ Bn:</i> 4.260
Output: 085602	Outpatient services		
<i>Description of Outputs:</i>	110,000 general out patients 3,000 casualty cases 60,000 special clinics outpatients	29,761 general out patients 529 casualty cases 14,149 special clinics outpatients	122,400 general out patients seen, 4,000 casualty cases attended to and 90,000 special clinics outpatients seen.
<i>Performance Indicators:</i>			
No. of specialised	60000	14,149	90,000

Vote: 167 Jinja Referral Hospital

Vote Summary

<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2013/14 Spending and Outputs Achieved by End Dec	2014/15 Proposed Budget and Planned Outputs
outpatients attended to			
No. of general outpatients attended to	110000	30,290	122,400
<i>Output Cost: US\$ Bn:</i>	<i>0.911</i>	<i>US\$ Bn: 0.204</i>	<i>US\$ Bn: 0.147</i>
Output: 085604	Diagnostic services		
<i>Description of Outputs:</i>	- 5,000 x-ray examinations - 5,000 ultra sound examinations - 70,000 laboratory and pathological examinations - 3,000 blood transfusions	504 x-ray examinations 1,572 ultra sound examinations 34,744 laboratory and pathological examinations 2,929 blood transfusions	5,400 x-ray examinations, 6,000 ultra sound examinations , 120,000 laboratory & pathological examinations and 8,000 blood transfusions done transfusions
<i>Performance Indicators:</i>			
Patient xrays (imaging)	3000	2076	5400
No. of labs/tests	60000	37673	120000
<i>Output Cost: US\$ Bn:</i>	<i>0.343</i>	<i>US\$ Bn: 0.076</i>	<i>US\$ Bn: 0.095</i>
Output: 085606	Prevention and rehabilitation services		
<i>Description of Outputs:</i>	- 11,000 immunizations - 5000 family planning contacts - 15,000 antenatal attendances - 4,000 prevention of mother to child transmission of HIV - 7,000 physiotherapy cases handled	2,278 Immunizations 1,117 family planning contacts 3,532 antenatal attendances 1,648 Prevention of mother to child transmission of HIV 1,268 physiotherapy cases handled	14,400 immunizations, 8,000 family planning contacts , 15,200 antenatal attendances 6,000 prevention of mother to child transmission of HIV 8,000 physiotherapy cases handled
<i>Performance Indicators:</i>			
No. of people receiving family planning services	3500	1,117	8,000
No. of people immunised	10000	2,278	14,400
No. of antenatal cases	13000	5,180	15,200
<i>Output Cost: US\$ Bn:</i>	<i>0.284</i>	<i>US\$ Bn: 0.064</i>	<i>US\$ Bn: 0.053</i>
Output: 085680	Hospital Construction/rehabilitation		
<i>Description of Outputs:</i>	- Water plumbing system in the hospital overhauled. - Consultancy Design for the services, supplies and planned hospital renovations	Work has not yet began on Water plumbing system in the hospital overhauled.	Renovation of a building to house hospital medical records undertaken (HMIS)
<i>Performance Indicators:</i>			
No. reconstructed/rehabilitated general wards		0	0
No. of hospitals benefiting from the rennovation of existing facilities.	1	1	1
<i>Output Cost: US\$ Bn:</i>	<i>0.250</i>	<i>US\$ Bn: 0.063</i>	<i>US\$ Bn: 0.070</i>
Output: 085681	Staff houses construction and rehabilitation		
<i>Description of Outputs:</i>	Interns Hostel repaired and face lifted	consultant service completed for the Interns residence repaired and face lifted	Consultancy services for construction of staff house procured, commencement of construction of staff house and renovation of Consultants and specialists residence for duty calls.

Vote: 167 Jinja Referral Hospital

Vote Summary

<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2013/14 Spending and Outputs Achieved by End Dec	2014/15 Proposed Budget and Planned Outputs
No. of staff houses constructed/rehabilitated		1	1
<i>Output Cost: UShs Bn:</i>	<i>0.070</i>	<i>UShs Bn: 0.018</i>	<i>UShs Bn: 0.850</i>
Output: 085682	Maternity ward construction and rehabilitation		
<i>Description of Outputs:</i>	Maternity ward Renovated	consultancy for Maternity ward Renovation completed	N/A
<i>Performance Indicators:</i>			
No. of maternity wards rehabilitated		1	0
No. of maternity wards constructed		0	0
<i>Output Cost: UShs Bn:</i>	<i>0.100</i>	<i>UShs Bn: 0.030</i>	<i>UShs Bn: 0.000</i>
Output: 085683	OPD and other ward construction and rehabilitation		
<i>Description of Outputs:</i>	- The newly built 1st phase of the private patient's wing completed. - Children's ward Renovated	The newly built 1st phase of the private patient's wing completion is going on on outside paint, last court of paint inside, fixing the lights and taps Consultancy for the Children's ward Renovation is complete.	N/A
<i>Performance Indicators:</i>			
No. of other wards rehabilitated		0	0
No. of other wards constructed		1	0
No. of OPD wards rehabilitated	0	1	0
No. of OPD wards constructed	1	0	0
<i>Output Cost: UShs Bn:</i>	<i>0.630</i>	<i>UShs Bn: 0.174</i>	<i>UShs Bn: 0.000</i>
Vote Function Cost	UShs Bn: 5.897	UShs Bn: 2.518	UShs Bn: 5.818
Cost of Vote Services:	UShs Bn: 5.846	UShs Bn: 2.518	UShs Bn: 5.818

* Excluding Taxes and Arrears

2014/15 Planned Outputs

108,000 admitted
100 % bed occupancy rate
5 days average length of stay
7200 Deliveries made,
7,200 major surgeries

122,400 general out patients
4,000 casualty cases
90,000 special clinics outpatients

5,400 x-ray examinations
6,000 ultra sound examinations

Vote: 167 Jinja Referral Hospital

Vote Summary

120,000 laboratory & pathological examinations
8,000 blood transfusions Prevention and Rehabilitation

1214,400 immunizations
8000 family planning contacts
15,200 antenatal attendances
6,000 prevention of mother to child transmission of HIV
8,000 physiotherapy cases handled

Monthly salaries for all staff paid and HR reports done
Quarterly Hospital board meetings
Monthly Contract committee meetings
Monthly Departmental meetings held
Monthly Top management meetings held
Quarterly Hospital support supervision undertaken
Quarterly work plans prepared
Quarterly progressive reports submitted
Quarterly accounts and procurement and disposal reports prepared
Vehicles serviced and repaired
Patient referrals out effected assisted
Patients fed
Equipment maintained
Quarterly report on water consumed in cubic meters
Quarterly report on Electricity consumed in KWH
Daily linen cleaned
Daily compounds & buildings cleaned
Daily security services ensured

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

Vote Function Key Output Indicators and Costs:	2012/13 Outturn	2013/14 Approved Plan	2013/14 Outturn by End Dec	MTEF Projections		
				2014/15	2015/16	2016/17
Vote: 167 Jinja Referral Hospital						
Vote Function:0856 Regional Referral Hospital Services						
Average rate of stay for inpatients (no. days)		5	5 days	5	5	5
Bed occupancy rate (inpatients)		90	76	100	100	100
No. of in patients admitted		30000	7,616	108,000	108000	108000
No. of general outpatients attended to		110000	30,290	122,400	130000	155000
No. of specialised outpatients attended to		60000	14,149	90,000	100000	120000
Value of medicines received/dispensed (Ush bn)		1200000000	313293622	1.149560580	2.000000000	2.500000000
No. of labs/tests		60000	37673	120000	130000	120000
Patient xrays (imaging)		3000	2076	5400	15000	15000
No. of antenatal cases		13000	5,180	15,200	25000	25000
No. of people immunised		10000	2,278	14,400	17000	20000
No. of people receiving family planning services		3500	1,117	8,000	10000	10000
No. of hospitals benefiting from the rennovation of existing facilities.		1	1	1	0	0

Vote: 167 Jinja Referral Hospital

Vote Summary

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
No. reconstructed/rehabilitated general wards			0	0	0	0
No. of staff houses constructed/rehabilitated			1	1	1	1
No. of maternity wards constructed			0	0	0	0
No. of maternity wards rehabilitated			1	0	0	0
No. of OPD wards constructed		1	0	0	0	0
No. of OPD wards rehabilitated		0	1	0	1	1
No. of other wards constructed			1	0	0	0
No. of other wards rehabilitated			0	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)		228871824	0	0.080000000	0	0
Vote Function Cost (UShs bn)	5.202	5.846	2.518	5.818	5.857	5.243
Cost of Vote Services (UShs Bn)	5.202	5.846	2.518	5.818	5.857	5.243

Medium Term Plans

1. To improve efficiency in service delivery.
2. Fill existing gaps in human resources for health.
3. Improve working environment to boost morale of health workers.
4. Improve customer care & public relations.

(ii) Efficiency of Vote Budget Allocations

1. The hospital will ensure value for money through ensuring that right specifications are made by consulting with NACME.
2. Training users in proper diagnosis and using the tools. Will ensure proper procurement, strengthen the internal controls system.
3. Ensure staff in customer and a Fraud control strategy.
4. Allocations to the key outputs are inadequate to enable effective service delivery.

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	4.0	5.4	4.8	4.8	68.3%	92.5%	82.6%	82.6%
Service Delivery	5.1	5.5	5.1	5.1	86.6%	94.1%	88.1%	88.1%

1. The key unit costs and major inputs in achieving the outputs include: clinical staffing, building infrastructure, medical equipments, office furniture, transport equipment, medical supplies, and fuels.
2. There will be increased expenditure in fuel for incinerator which has been down for a whole last financial year.
3. These key inputs and unit costs involved will contribute to effective delivery of aforementioned key outputs. However, allocations to these key outputs are inadequate to enable effective service delivery.
4. Major services that will increase are the ICU & Special Care unit services will be functionalized, Infection control mechanisms in place, Implementation of 5s strategies, The institutional Research and Ethics functionalized, Improved Paediatric services

Vote: 167 Jinja Referral Hospital

Vote Summary

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>					
stationary supply to 7 major departments monthly	286	271	286	286	increased cost of supplies and therefore reduced the provision of needs to departments overtime. They therefor face inadequacies
fuel for 6 hospital vehicles, parafin for lanterns and gas for lab and interns resident quarterly	2,000	1,250	2,000	7,000	we assume that some activities that require vehilce will not be effected or reduce the number of travel and because of reduced funding yet increasing fuel costs
maintenance civil considers plumbing, electricals,carpentry and civil work monthly	1,250	700	1,250	1,500	increased costs of civil maintenance materials and depreciation of buildings
maintenance of 6 vehicles quarterly	833	417	1,000	1,083	increasing costs and depreciating vehicles. However the funding has reduced and assume there will be less usage of vehicles such as ambulance and staff van
maintenance of equipment and furniture quarterly in 5 key areas of the hospital	1,600	1,500	1,600	1,600	increased costs of maintenance services and spare parts. However the funding has reduced, the hospital repair a few it can.
monthyl consumption of water	50,000	45,000	50,000	18,000	Assume emphasis on proper usage and avoid spills. Rain water harvest plant will reduce the bills
photocopying and binding books and reports and monthly for 7 departments	71	43	71	93	increased cost of supplies and therefore reduced the provision of needs to departments overtime. They therefor face inadequacies
Electricity consumption monthly	15,000	12,000	15,000	15,000	The increasing costs for electricity bills. However we assume that we shall emphasise proper usage and not acquire heavy machinery
purchase of hospital linen for theatre, marternity, wards and special care units quaterly and protective wear	1,250	750	1,250	1,250	Increasing costs with reduced funding means less purchahse of linen there expected inadequacies in the special needs units
under welfare, announcements made to patient relatives for neglected patients quaterly	6	20	10	10	increase in cost of supplies ans services
under entertainment; Hospital Annual staff party	35	35	28	30	increased numer of staff, increased cost of goods and services therefore less items bought for the party
under property expense	1,000	800	1,000	10	increasing prices for supplies and reduced

Vote: 167 Jinja Referral Hospital

Vote Summary

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
laundry soap and fumigation services needed quaterly					funding.
under property expense, for inside and outside cleaning of hospital monthly	5,000	4,000	5,000	6,000	The costs for cleaning services has risen overtime. There is possibility of substandard work because of reduced funding for property costs
under telecommunications, provision of airtime to hospital landlines, fax, internet per month	280	268	300	400	Assumed that less calls will be made and use of internet
under Telecommunications, provision of aitime to emergency mobile phones quarterly	333	250	333	417	reduced the amount allocated to each emergency mobile phones and therefore expect to to make less calls and assume that some emergencies will not necessarily need calling to be attended to
under Telecommunications, provision of DSTV to interns as motivation and welfare	220	250	200	125	increase in cost of services over time
under welfare, needy patients and malnourished fed monthly	6	6	8	10	increase in cost of supplies ans services
printed materilas supplied to 7 major departments monthly	1,429	1,000	1,429	1,714	increased cost of supplies and therefore reduced the provision of needs to departments overtime. They therefor face inadequacies

(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 however funding have been reduced too far below the amount received previous year. Allocations to the key outputs are inadequate to enable effective service delivery. The construction of staff house will be done over 3years.

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)	4.6	4.8	4.8	4.8	79.5%	82.8%	82.8%	82.8%
Investment (Capital Purchases)	1.2	1.0	1.0	1.0	20.5%	17.2%	17.2%	17.2%
Grand Total	5.8	5.8	5.8	5.8	100.0%	100.0%	100.0%	100.0%

The hospital will comemnce construction of a 50 unit staff house and will also renovate the house for senior consultants/specialist guest house that has 5 rooms, and renovate the building to house medical records(HMIS)

Table V2.6: Major Capital Investments

Project, Programme Vote Function Output	2013/14		2014/15	
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September	Proposed Budget, Planned Outputs (Quantity and Location)	

Vote: 167 Jinja Referral Hospital

Vote Summary

<i>US\$ Thousands</i>		(Quantity and Location)	
Project 1004 Jinja Rehabilitation Referral Hospital			
085681 Staff houses construction and rehabilitation	Interns residence repaired and face lifted	consultant service completed for the Interns residence repaired and face lifted	- consultancy services for construction of staff house - commencement of construction of staff house - Renovation of Consultants and specialists residence for duty calls
Total	70,000	18,000	849,850
<i>GoU Development</i>	<i>70,000</i>	<i>18,000</i>	<i>849,850</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>

(iv) Vote Actions to improve Priority Sector Outcomes

- 1.The Hospital will continue to provide services that address the MOH key priority therefore contributing to the NDP.
- 2.Human resources in hospital health care such as recruitment plans, provide avenue for staff to generate funds that can motivate them, performance management monitoring system and retention strategies.
- 3.Immunization activities Routine static and outreaches:, Pneumococcal & HPV and for the 5 killer diseases including HEP B
- 4.Epidemic preparedness and response: Set up an emergency team at hospital & liaise with surrounding districts. Begin the EPI & IDSR activities; infection control strategies.
- 5.Contribute to Reproductive health services by supporting the Blood transfusions unit and implement the maternal and peri-natal mortality review audits reports.
- 6.Domestic arrears reduction by Water harvesting and overhauling the plumbing system.

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:
Sector Outcome 1: Increased deliveries in health facilities			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: Inadequate accomodation for health workers</i>			
This is unfunded priority at the moment.	Inadequate accomodation for health workers	Construct staf house. Secondly renovate the senior consultants on call residence.	it will be planned for in medium term to renovate existing and repairable staff quarters
Sector Outcome 2: Children under one year old protected against life threatening diseases			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: Under staffed structures</i>			
Reports on staffing and recruitment requests submitted to MoH/HSC	Reports on staffing and recruitment requests submitted to MoH/HSC	Continue to declare vacant positions to MOH and MOPS for filling	Improve staff accomodation to attract and retain staff
Sector Outcome 3: Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: Large inventories of undermaintained equipment</i>			
supervision and inventory assessment by Maintenance workshops at centre in wabigalo	supervision and inventory assessment by Maintenance workshops at centre in wabigalo not yet done	Request central workshop to come to Jinja Hospital to maintain equipment.	Establish and implement inventory management plans and construction of a mantainance workshop

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.

Vote: 167 Jinja Referral Hospital

Vote Summary

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
Vote: 167 Jinja Referral Hospital						
0856 Regional Referral Hospital Services	5.250	5.846	1.339	5.818	5.857	5.243
Total for Vote:	5.250	5.846	1.339	5.818	5.857	5.243

(i) The Total Budget over the Medium Term

The major expenditure allocation are in Utilities and inpatient management. Major services that will increase and create increase in expenditure are the ICU & Special Care unit services will be functionalized, Infection control mechanisms in place, Implementation of 5s strategies, The institutional Research and Ethics functionalized, Improved Paediatric services, incinerator for medical waste functional.

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

Expenditure allocations by vote function gives priority to the patients since they are the hospital major outputs. In this aspect the major expenditure allocation is in Utilities due to increased patient number and machinery, a corresponding expenditure for goods and services such as linen and cleaning services and expenditure on printed stationery and related materials. Fuel will increase because of functionalising the incinerator.

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

The major planned changes include emphasis on staff motivation. Therefore the hospital plans to construct staff house and renovate the Senior consultants duty call residence. For better HMIS reporting, a building has been allocated for renovation so as to house medical records. We expect -Major reduction in utility bills due to 2013/2014 repairs & have alternative utility supply. -Increased maintenance of medical equipment, plants & machinery e.g incinerator & generators because the hospital does not have a medical maintenance workshop.

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>				
Output: 0856 01 Inpatient services				
<i>US\$ Bn:</i> 1.784	<i>US\$ Bn:</i> 0.436	<i>US\$ Bn:</i> 0.436		<i>The quality and safety of hospital care will be improved. 2. Contribute to critical HSSIP interventions. 3. Previously the component of wages was allocated in other vote outputs but now all staff wages are grouped together in the output inpatients</i>
-The ICU & Special Care unit services will be functionalized -Functionalize Incinerator for medical waste -Infection control mechanisms in place -Implementation of 5s strategies -The institutional Research & Ethics functionalized				
Output: 0856 02 Outpatient services				
<i>US\$ Bn:</i> -0.763	<i>US\$ Bn:</i> -0.014	<i>US\$ Bn:</i> -0.014		<i>quality improvement of health services</i>
-The reduction is brought about the wage component allocated in output under inpatients -Expect quality				

Vote: 167 Jinja Referral Hospital

Vote Summary

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		
improvement in OPD emergency and casualty services -Mechanisms to improve HIV/AIDS services -Safe male circumcision services				
Output: 0856 05 Hospital Management and support services				
US\$ Bn: -0.370	US\$ Bn: -0.020	US\$ Bn: -0.020		-The reduction is caused by the wage component allocated in output under inpatients. -The quality and safety of hospital care will be improved.
-Major reduction in utility bills due to 2013/2014 repairs & alternative utility supply. -Increased maintenance of medical equipment, plants & machinery e.g incinerator & generators				
Output: 0856 81 Staff houses construction and rehabilitation				
US\$ Bn: 0.780	US\$ Bn: 0.780	US\$ Bn: 0.780		- Staff will be motivated resulting to better performance in hospital services, as a result the outputs will contribute to achieving the sector goals
more staff will be accommodated in the hospital				
Output: 0856 83 OPD and other ward construction and rehabilitation				
US\$ Bn: -0.630	US\$ Bn: -0.630	US\$ Bn: -0.630		ward or OPD rehabilitation will be considered in 2015/2016. Only civil maintenance repairs will be done to the buildings
funds have not been allocated for ward or OPD rehabilitation because the emphasis is on staff housing. Some of the buildings are being renovated in 2013/2014.				

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.

More funding for the hospital is needed due to the following reasons:

1. Most important to note is the hospitals' unique physical location in two different places increasing expenditure for operational activities.
 - More especially cost of fuel to transport sick children and staff from the children's hospital to the main hospital and back for some procedures.
 - Running support and clinical services in 2 separate places is very costly.
 - Due to power load shedding the generators are run in the two hospital campuses throughout day and night.
2. The hospital is facing a lot of land disputes and will require funds for acquiring land titles for its 4 big chunks of land and property.
3. The hospital plans for quality improvement in OPD emergency and casualty services, have mechanisms to improve HIV/AIDS services such as Safe male circumcision services. The ICU & Special Care unit services will be functionalized; the Incinerator for medical waste will be functionalized. Infection control mechanisms in place, Implementation of 5s strategies, The institutional Research and Ethics functionalized and improve Paediatric services.

Vote: 167 Jinja Referral Hospital

Vote Summary

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: 0803 Regional Referral Hospital Services</i>	
Output: 0856 03 Medicines and health supplies procured and dispensed	
<i>US\$ Bn: 0.800</i>	
additional funding in provision of medicines would enable better quality of services and increase access to health services	<i>It is necessary to increase funding for medicines because of the increased patients number and introduction of new services including new supplies that NMS have to deliver such as linen, stationary, small equipments, uniforms, . Therefore contributing to better service delivery, the reduction of mortality rates and a healthier population</i>
Output: 0856 06 Prevention and rehabilitation services	
<i>US\$ Bn: 16.500</i>	
Improve access to health care services	<i>The hospital enhancing the community Health and Primary Health Care services will enable wider access to healthcare and strengthening collaboration with other hospitals and offer a supporting role to health facilities in the catchment area.</i>
Output: 0856 77 Purchase of Specialised Machinery & Equipment	
<i>US\$ Bn: 1.000</i>	
Increase in specialised medical equipment	<i>The hospital acquiring more specialized equipment will enable effective delivery of specialized services and quality improvement especially on infection control.</i>
Output: 0856 81 Staff houses construction and rehabilitation	
<i>US\$ Bn: 1.000</i>	
Motivated staff and better quality of health care	<i>Renovating the current staff houses and constructing new ones will enable critical staff to be available whenever they are needed or on call.</i>
Output: 0856 83 OPD and other ward construction and rehabilitation	
<i>US\$ Bn: 0.800</i>	
working space for health care services improved for better services	<i>Additional funding will enable rehabilitation of existing structures and building new as per the master plan and enable provision of better health services</i>

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

(i) Gender and Equity

1. Health care service at Jinja Hospital is for all sections of the population. Patients and clients are treated equally irrespective of gender.
2. The hospital offer services to gender based violence cases as an emergency. Some of the staff are trained to manage GBV cases.
3. Male circumcision, safe mother initiative to ensure that mothers are attended to within 30 minutes.
4. The Hospital is implementing a breast feeding policy to improve breast feeding environment at the work place to address gender issues and is carrying out maternal mortality audits.

(ii) HIV/AIDS

1. The services offered in all sections of health care in the hospital are offered to HIV/AIDS patients where necessary
2. An HIV/AIDS clinic has been constructed with support from SUSTAIN and enrolling of more patients on ART treatment is to be implemented with support from the Ministry of Health and Partners.

(iii) Environment

1. Environmental issues are a major concern in ensuring infection control in health care delivery.
2. The Hospital installed an incinerator to address waste management and the issues that affect the environment.
3. It is strengthening activities of infection control team to ensure waste segregation and proper disposal

Vote: 167 Jinja Referral Hospital

Vote Summary

management is adhered to.

(ii) Payment Arrears

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

Payee	Payment Due Date	Amount (UShs Bn)
National water & sewerage corporation	6/30/2013	0.44
	Total:	0.443

1. Increase in service delivery caused corresponding increasing in consumption of utilities.
2. Management is overhauling the plumbing and electricity system and address any leakages on time.
3. 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	UShs Bn	2012/13 Actual	2013/14 Budget	2013/14 Actual by Sept	2014/15 Projected
Other Fees and Charges				0.000	0.291
	Total:			0.000	0.291

1. NTR collections are expected to increase in the financial year because of the newly built private wing in the hospital.
2. The funds are used to purchase emergency supplies, motivation to staff, emergency maintenances and infection control needs.