

Vote: 134 Health Service Commission

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:

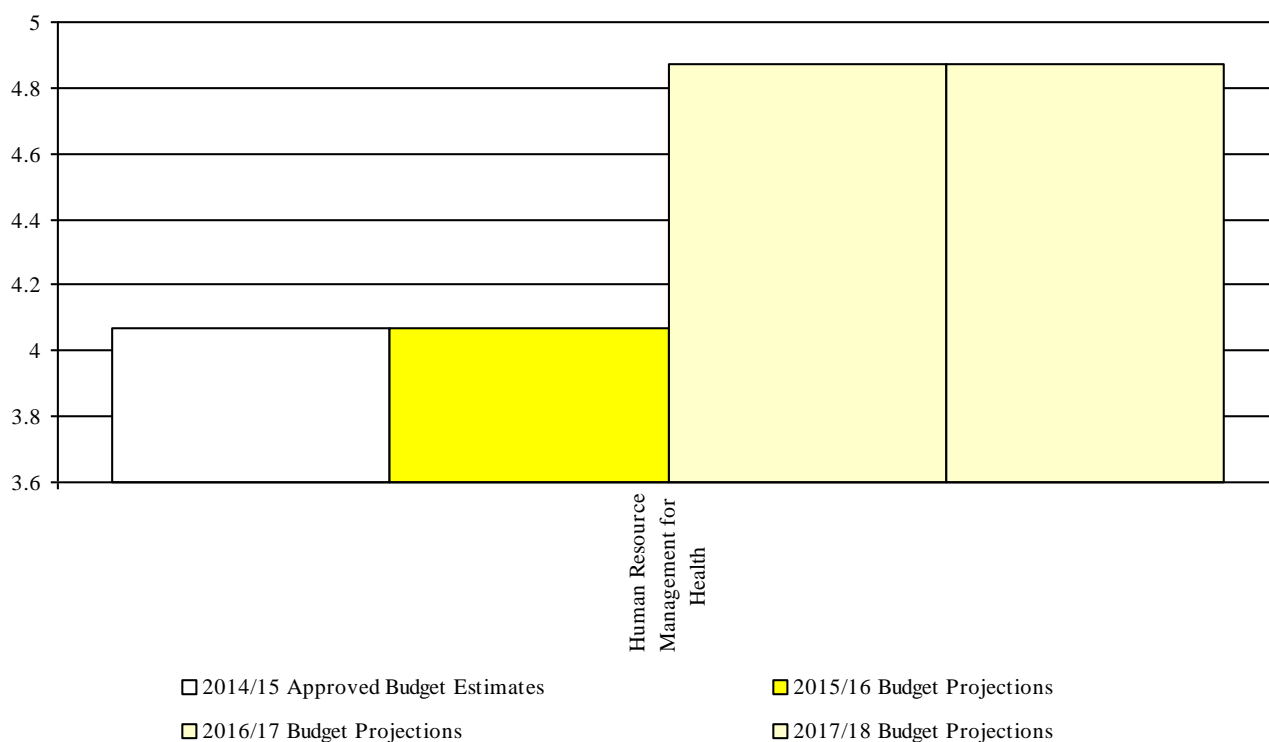
Table V1.1: Overview of Vote Expenditures (UShs Billion)

	2013/14 Outturn	2014/15		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2015/16	2016/17	2017/18
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent Wage	0.728	0.951	0.217	0.951	1.132	1.132
Recurrent Non Wage	2.365	2.772	0.652	2.772	3.327	3.327
Development GoU	0.347	0.347	0.003	0.347	0.416	0.416
Development Ext. Fin	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	3.440	4.070	0.873	4.070	4.874	4.875
total GoU + Ext Fin. (MTEF)	3.440	4.070	0.873	4.070	4.874	4.875
<i>(ii) Arrears and Taxes</i>						
Arrears	0.000	0.001	0.000	0.000	N/A	N/A
Taxes	0.100	0.100	0.000	0.000	N/A	N/A
Total Budget	3.540	4.170	0.873	4.070	N/A	N/A

** 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 build a fundamentally strong and competent human resource base for efficient and effective health services delivery.

(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 52 Human Resource Management for Health		
<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>	None	None
085201 Health Workers Recruitment services		
085206 Health Workers Recruitment and Human Resource for Health Management Services		

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

2013/14 Performance

During the financial year, the Commission achieved a number of key outputs using the appropriated resources. These were:

(i) Recommended six (6) Health Managers and thirty (30) Medical Specialists to H.E the President for appointment.

(ii) Appointed into Health Service: seven hundred and fifteen (715) Health Workers of various categories for the different Health Institutions under its jurisdiction. Arising out of important collaborations with other Health Institutions (i.e. outside HSC jurisdiction), the Health Service Commission appointed 67 Health Workers of various categories under the MoH-CDC Cooperative agreement; 31 Health Workers of various categories were appointed under MoH-TASO arrangement for RRHs of Arua, Fort Portal, Mbarara and Moroto.

(iii) Processed one thousand four hundred and sixty nine (1,469) Human Resource for Health Decisions, majority of which were on confirmation in appointments. This was done through regular submissions processed at the Commission and those processed at the RRHs during the hands-on support supervision visits.

(iv) Provided Technical Support to seven (7) District Service Commissions. It is through technical support that the HSC directly participates in recruitment of District Health Workers of salary scale U2 and above in fulfillment of one of the provisions of the HSC recruitment Guidelines to Local Government and Urban Authorities.

(v) Carried out support supervision in fifty two (52) Districts and thirteen (13) Regional Referral Hospitals.

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During these support supervisions, six (6) General Hospitals, thirty one (31) HC IVs, twelve (12) HC IIIs and two (2) HC IIs were also visited in company of the Officials in the Districts.

(vi) Carried out support supervision in five (5) Central Government Health Institutions of Vector Control Division, Uganda Medical and Dental Practitioners Council, Allied Health Professionals Council, Uganda Nurses and Midwives Council, Pharmacy Council, Murchison Bay Hospital (Uganda Prisons Health Service) and eight (8) Kampala Capital City Authority Health Units (Kitebi, Kawaala, Kawempe, Kisenyi, Kiruddu, Kiswa, Kisugu and KCC City Hall).

(vii) Hands-on Support Supervision visits to 13 Regional Referral Hospitals were carried out. During the visits Human Resource for Health cases such as confirmations in appointment were carried out

(viii) Sponsored six (6) Staff for different training programmes, seminars and workshops to enhance their capacity.

(ix) Achieved the following project related activities:

a) Human Resources Information System (HRIS) implemented and Staff trained.

b) The concept and project implementation documents prepared and financial assistance through the MoH (World Bank) and UCP Intra Health is highly anticipated. Commitments of E-Recruitment pretested by E-Shortlisting.

c) Produced draft report of revised HSC Recruitment Guidelines for Health Workers.

d) Produced a draft profile for the posts of the Director General for Health Services and other top jobs at the MoH Headquarters; identified jobs to be handled and preliminary profiling conducted.

(x) Procured two (2) station wagon vehicles for Members and one (1) saloon car for Secretariat Staff.

(xi) Offered support to the HIV/AIDS infected/affected staff.

(xii) Unplanned outputs achieved;

a) Held a one day's workshop with the Health Institutions to develop a recruitment plan for NRHs, RRHs and other Central Institutions for FY 2013/14 to 2015/2016.

b) Participated in the Review of the Health Professionals Authority Bill.

Preliminary 2014/15 Performance

With the allocated financial resources, the Commission achieved the following key outputs by end of Q1 FY 2014/15

Recommended to H.E the President six (6) Health Managers (5 Directors for Regional Referral Hospitals and 1 Director Public Health & Environment for KCCA) and two (2) Consultants for Mulago; for appointment

Appointed thirty five (35) Health Workers into the Health Service

Seventy (70) Human Resource for Health Decisions of confirmation in appointment, corrigenda, redesignation, study leave, interdictions, abscondments and retirement; processed.

Performance and Career enhancement training carried out for Staff of the Commission in accordance with the Training Plan.

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Taskforce for the development of the HSC third 5-Year Strategic Plan FY 2015/16 to FY 2019/20 established

Held a half day Human Resource for Health Planning workshop at Colline Hotel, Mukono and developed a recruitment plan for national referral hospitals, regional referral hospitals and other central health institutions for 2014/2015 -2015/2016

Held a consultative meeting with a delegation of Technical Staff from Swaziland Public Service Commission with a view of the Kingdom of Swaziland establishing a similar Health Service Commissio.

A three (3) day support supervision and hands-on support on Human Resource for Health issues to Mulago NRH carried out.

One (1) day working visit to NMS to interact and share emerging issues conducted

Taskforce for the review of Health Workers Terms and Conditions of Service established and work is in progress

Taskforce for the review of Health Workers Training and Qualifications established and work is in progress.

Review of Job Descriptions and Guidelines for the Recruitment of Health Workers continued.

Taskforce for the development of the Health Service Commission Standard Operating Procedures established and work is in progress

Paid for salaries, statutory allowances, utilities and other goods and services consumed by the Commission

Table V2.1: Past and 2015/16 Key Vote Outputs*

<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2014/15 Spending and Outputs Achieved by End Sept	2015/16 Proposed Budget and Planned Outputs
Vote: 134 Health Service Commission			
<i>Vote Function: 0852 Human Resource Management for Health</i>			
Output:085201	Health Workers Recruitment services		
<i>Description of Outputs:</i>	800 Health Workers of all categories recruited for MoH Hqrs, Mulago and Butabika NRHs, KCCA, CUFH- Naguru, RRHs, UBTS, Prisons Health Service, NCRL and RRHs.	Recommended to H.E the President six (6) Health Managers (5 Directors for Regional Referral Hospitals and 1 Director Public Health & Environment for KCCA) and two (2) Consultants for Mulago; for appointment	
	1,000 Human Resource for Health Decisions resulting from regular submissions for confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement etc processed	Appointed thirty five (35) Health Workers into the Health Service	
		Seventy (70) Human Resource for Health Decisions of confirmation in appointment, corrigenda, redesignation, study leave, interdictions, abscondments and retirement;	

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<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2014/15 Spending and Outputs Achieved by End Sept	2015/16 Proposed Budget and Planned Outputs
		processed.	
<i>Performance Indicators:</i>			
No. Of Human Resource for Health Decisions processed	1,000	70	
No. of Health Workers recruited in Central Government Health Institutions	800	43	
<i>Output Cost: US\$ Bn:</i>	<i>0.432</i>	<i>US\$ Bn: 0.000</i>	<i>US\$ Bn: 0.000</i>
Output: 085205	Technical Support and Support Supervision		
<i>Description of Outputs:</i>		None	56 Districts/Districts Service Commissions, 14 RRHs, 5 National Health Institutions and KCCA Health Units provided support supervision.
<i>Performance Indicators:</i>			
No. (Proportion) of District Service Commissions provided with support supervision	45	0	56
<i>Output Cost: US\$ Bn:</i>	<i>0.125</i>	<i>US\$ Bn: 0.026</i>	<i>US\$ Bn: 0.125</i>
Output: 085206	Health Workers Recruitment and Human Resource for Health Management Services		
<i>Description of Outputs:</i>			900 Health Workers of all categories for MoH Hqters, National Referral Hospitals, CUFH-Naguru, RRHs, UBTS, Prisons Health Services and NCTL recruited. 1200 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement on medical grounds processed.
<i>Performance Indicators:</i>			
No. Of Human Resource for Health Decisions processed			1,200
No. of Health Workers recruited in Central Government Health Institutions			900
<i>Output Cost: US\$ Bn:</i>	<i>0.380</i>	<i>US\$ Bn: 0.197</i>	<i>US\$ Bn: 0.432</i>
Vote Function Cost	US\$ Bn: 4.170	US\$ Bn: 0.873	US\$ Bn: 4.070
Cost of Vote Services:	US\$ Bn: 4.070	US\$ Bn: 0.873	US\$ Bn: 4.070

* Excluding Taxes and Arrears

2015/16 Planned Outputs

900 Health Workers of all categories for MoH Hqters, National Referral Hospitals, CUFH-Naguru, RRHs, UBTS, Prisons Health Services and NCTL recruited.

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1200 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement on medical grounds processed.

Support supervision to 56 Districts/Districts Service Commissions, 14 RRHs, 5 National Health Institutions and KCCA Health Units carried out.

Technical Support Supervision to DSCs, Central Government Health Institutions and Departments under the jurisdiction of HSC on HRH issues provided.

Performance and career enhancement training for Members and Staff of the Health Service Commission in accordance with the Training Plan carried out.

Monitoring and tracking implementation of the HSC decisions, deployment, reporting and retention of Health Workers; carried out.

Roll out the implementation of the HSC e-Recruitment Information System carried out.

Operationalization of the HSC Selections Examinations Division finalized.

Development of competency profiles for health workers' approved posts in MoH Hqters and Regional Referral Hospitals continued.

Review of the HSC Recruitment Guidelines for Health Workers in Districts and Urban Authorities finalized.

Review of the Terms and Conditions of Service of Health Workers including training and qualifications continued.

Finalize and Disseminate the HSC 5 Year Strategic Plan for FY 2015/16 to 2019/20.

Joint Recruitment Planning Workshop for the Recruitment of Health Workers under the jurisdiction of the Commission carried out

Technical meetings with two (2) PNFP Hospitals carried out.

Technical Meetings with three (3) Health Training Institutions carried out

Finalize the development and dissemination of the HSC Standard Operating Procedures carried out.

Monitoring and Evaluation on the implementation of HSC Strategic Plan, Annual Work-plan and activities conducted.

Finalize the production, printing and dissemination of:-

- Seven hundred (700) copies of the Recruitment Guidelines
- One hundred (100) copies of the Strategic Plan.
- Seven hundred (700) copies of Standard Operating Procedures.

Equip the Commission with critical tools and equipment to enhance its operations with; Two (2) double cabin Pickups, one (1) Staff Van amongst others.

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

Vote Function Key Output Indicators and Costs:	2013/14 Outturn	2014/15		MTEF Projections		
		Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
Vote: 134 Health Service Commission						
Vote Function:0852 Human Resource Management for Health						
No. of Health Workers recruited in Central Government Health Institutions		800	43			
No. Of Human Resource for Health Decisions processed		1,000	70			
No. (Proportion) of District Service Commissions provided with support supervision		45	0	56	56	60
No. of Health Workers recruited in Central Government Health Institutions				900	1000	950
No. Of Human Resource for Health Decisions processed				1,200	1,250	1,000
Vote Function Cost (US\$ bn)	3.540	4.070	0.873	4.070	4.874	4.875
Cost of Vote Services (US\$ Bn)	3.540	4.070	0.873	4.070	4.874	4.875

Medium Term Plans

In the medium term, the Commission will advocate for better Terms and Conditions of Service for Health Workers. The HSC will advocate training in rare disciplines such as ENT, Pathology, Dental and Laboratory Technologists etc, and other Super specialties, some of which training is not conducted in Uganda. In order to ensure and enforce Health Workers' adherence to the Code of Conduct and Ethics, the Health Service Commission will carry out hands-on support supervision in RRHs during which sensitization and dissemination of the Health Workers Code of Conduct and Ethics will be conducted.

(ii) Efficiency of Vote Budget Allocations

The Commission has allocated funds for the functionality of its Internal Audit Unit which will provide advice to management in ensuring efficiency and value for money. Funds have also been allocated to performance enhancement trainings for Members and staff to ensure increased performance efficiency.

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			
	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Key Sector	0.9	0.6	1.1	1.3	23.0%	13.7%	23.1%	25.8%
Service Delivery	0.8	0.4	0.8	1.0	20.0%	10.6%	17.0%	19.5%

The table below shows the per capita recruitment for FY 2015/16 projected at UGX. 480,000. This includes expenses on preparation of adverts, running the advert in the media, data entry, shortlisting, interviewing, confirmation of minutes and dissemination of results.

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

Unit Cost Description	Actual 2013/14	Planned 2014/15	Actual by Sept	Proposed 2015/16	Costing Assumptions and Reasons for any Changes and Variations from Plan
Vote Function:0852 Human Resource Management for Health					
Cost of recruiting one health worker	492	490	279	480	Being the total cost of recruiting one health worker

(iii) Vote Investment Plans

Over the last four financial years, the Commission's development budget has stagnated at Ushs. 0.347

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Billion. However, its expected to increase to Ushs. 0.416 Billion in FY 2016/17 and FY 2017/18.

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

Billion Uganda Shillings	(i) Allocation (Shs Bn)				(ii) % Vote Budget			
	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Consumption Expenditure(Outputs Provided)	3.7	3.7	4.3	4.3	91.5%	91.5%	88.7%	87.3%
Investment (Capital Purchases)	0.3	0.3	0.5	0.6	8.5%	8.5%	11.3%	12.7%
Grand Total	4.1	4.1	4.9	4.9	100.0%	100.0%	100.0%	100.0%

The major planned capital expenditure in FY 2015/16 is the procurement of two (2) Vehicles and one (1) staff van to facilitate Commission Support Supervision activities at a cost of UGX 308 Million. i.e 89% of capital budget

Table V2.6: Major Capital Investments

(iv) Vote Actions to improve Priority Sector Outcomes

The Commission plans to continue advocating for better Terms and Conditions of Service for Health Workers in addressing the high attrition rate of Health Workers in the Country. The Commission will also advocate training in rare disciplines such as ENT, Pathology, Dental and Laboratory Technologists and other Super specialties, some of which training is not conducted in Uganda to ensure that such highly needed Health Workers are available in the Country's Job Market.

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

2014/15 Planned Actions:	2014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
Sector Outcome 1: Increased deliveries in health facilities			
Vote Function: 08 52 Human Resource Management for Health			
<i>VF Performance Issue: - Inability to fill approved posts for Health Workers in National and Regional Referral Hospitals</i>			
Subject to availability of funds and clearance by Public Service, fill all vacant posts. Advocate for training in those affected professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.	The HSC recommended to H.E the President six (6) Health Managers and two (2) Consultants for appointment. The Commission also directly appointed thirty five (35) Health Workers into the Health Service. Through its Annual Report for FY2013/14, the Commission advocated for training in those affected professions/ disciplines that are short in supply in the country's labour market	Subject to availability of funds and clearance by Public Service, fill all vacant posts. Advocate for training in those affected professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.	Continue to fill and replace all vacant posts, advocate for better Terms and Conditions of Service for Health Workers. Advocate for training in those endangered professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.
<i>VF Performance Issue: Poor Working Terms and Conditions for Health Workers</i>			
At various stakeholder meetings the commission plans to advocate for better working conditions of service for health workers.	At various stakeholder meetings the commission advocated for better working conditions of service for health workers.	At various stakeholder meetings the commission plans to advocate for better working conditions of service for health workers.	Advocacy for better Terms and Conditions of Service for Health Workers.
Sector Outcome 2: Children under one year old protected against life threatening diseases			
Vote Function: 08 52 Human Resource Management for Health			
<i>VF Performance Issue: Rising rates of Health Worker absenteeism</i>			
The Commission plans to conduct Support Supervision visits that among others HRH issues will emphasise adherence to the Health	The Commission conducted a support supervision visit to Mulago NRH and handled HRH issues including emphasising adherence to the	The Commission plans to conduct Support Supervision visits that among others HRH issues will emphasise adherence to the Health	Ensure and enforce adherence of Health Workers to the Code of Conduct and Ethics through workshops and Support Supervision.

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2014/15 Planned Actions:	2014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
Workers' Code of Conduct and Ethics. Commission too plans to print copies of the H/Ws Code of conduct & Ethics for dissemination	Health Workers Code of Conduct and Ethics. Copies of Health Workers Code of conduct & Ethics were also dissemination	Workers Code of Conduct and Ethics. Commission too plans to disseminate copies of the H/Ws Code of conduct & Ethics.	

V3 Proposed Budget Allocations for 2015/16 and the Medium Term

This section sets out the proposed vote budget allocations for 2015/16 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*

	2013/14 Outturn	2014/15		MTEF Budget Projections		
		Appr. Budget	Spent by End Sept	2015/16	2016/17	2017/18
Vote: 134 Health Service Commission						
0852 Human Resource Management for Health	3.540	4.070	0.873	4.070	4.874	4.875
Total for Vote:	3.540	4.070	0.873	4.070	4.874	4.875

(i) The Total Budget over the Medium Term

The Health Service Commission budget allocation for FY 2015/16 is UGX 4.07 Billion of which UGX 0.951 Billion is Wage, UGX 2.772 Billion is Non Wage Recurrent and UGX 0.347 Billion is for Capital Development. However the Commission total budget is expected to increase to Ushs. 4.874 Billion and Ushs. 4.875 Billion in FY 2016/17 and FY 2017/18 respectively.

(ii) The major expenditure allocations in the Vote for 2015/16

The major expenditure allocation is to Secretariat Support Service for Human Resource for Health Management vote function

(iii) The major planned changes in resource allocations within the Vote for 2015/16

None

Table V3.2: Key Changes in Vote Resource Allocation

Changes in Budget Allocations and Outputs from 2014/15 Planned Levels:			Justification for proposed Changes in Expenditure and Outputs
2015/16	2016/17	2017/18	
<i>Vote Function: 0801 Human Resource Management for Health</i>			
Output: 0852 01 Health Workers Recruitment services			
US\$ Bn: -0.432	US\$ Bn: -0.432	US\$ Bn: -0.432	N/A
This is the Vote Function Output ie 085201 being replaced/phased out.			
Output: 0852 02 Secretariat Support Services			
US\$ Bn: 0.380	US\$ Bn: 0.412	US\$ Bn: 0.213	N/A
Realignment of activities that were formerly being carried out under Health Workers Recruitment Services			
Output: 0852 06 Health Workers Recruitment and Human Resource for Health Management Services			
US\$ Bn: 0.052	US\$ Bn: 0.450	US\$ Bn: 0.572	N/A
Realignment of activities that were formerly being carried out under Health Workers Recruitment			

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Changes in Budget Allocations and Outputs from 2014/15 Planned Levels:			Justification for proposed Expenditure and Outputs	Changes in
2015/16	2016/17	2017/18		
Services.				
Output:	0852 76	Purchase of Office and ICT Equipment, including Software		
<i>US\$ Bn:</i>	0.003	<i>US\$ Bn:</i>	0.065	<i>US\$ Bn:</i> 0.075 N/A
To cater for the Taxes				
Output:	0852 78	Purchase of Office and Residential Furniture and Fittings		
<i>US\$ Bn:</i>	-0.022	<i>US\$ Bn:</i>	0.008	<i>US\$ Bn:</i> 0.013 N/A
The Office furniture needs of the Commission reduced for for the FY 2015/16				

V4: Vote Challenges for 2015/16 and the Medium Term

This section sets out the major challenges the vote faces in 2015/16 and the medium term which the vote has been unable to address in its spending plans.

Administrative challenges.

- i. Inadequate office and parking space. This affects not only Staff of the Commission but Technical Representatives who assist the Commission in Shortlisting and Interviewing Exercises.
- ii. Inadequate transport for Members and Staff to carry out Commission activities.
- iii. Limited budget for wage, support supervision, capacity building and other activities.

Service Delivery Challenges.

i. Delayed submissions of vacant posts to the Ministry of Public Service by the user Institutions and delayed clearance by the Ministry of Public Service. This affected the Commission from delivering on the planned recruitment.

ii. The Commission faces a problem of attracting Health Workers of some specialties especially for Regional Referral Hospitals; e.g. Pathologists, ENT Surgeons; Orthopaedic Surgeons; Anaesthesiologists; Psychiatrists and Radiologists. Dental Technicians, Dental Technologists, Echo Cardiac Technicians, Dispensers, Anaesthetic Officers, Midwives and Public Health Nurses are some of the other cadres difficult to attract in the right numbers. This problem is attributed to a limited labour supply and in some cases to high demand from competing private and other health providers.

iii. Constricted Staff Structures: Across the Health Service, the staffing structures have remained constricted both in terms of numbers, career progression opportunities and skills mix.

Iv. Limited promotional avenues: Staff who have acquired high or relevant qualification have not been promoted and/or appointed on attainment of higher qualifications.

V. High turnover of Health Workers: This has kept depleting the National, Regional Referral Hospitals of Health Workers and other health Institutions under the jurisdiction of the Commission.

It also impacts on the Commission's effort to increase the numbers of Health Workers which ultimately leads to staff stress among other negative impact.

Vi. Poor remuneration: Non-competitive terms and conditions of service for Public Servants leading to poor motivation and high attrition of Health Workers.

Vii. Training Institutions have mash roomed over the years. A number of them lack the necessary minimum facilities especially for practicum training. Supervising these Institutions has also been a challenge as a result graduates from some of these schools present questionable professional knowledge and skills.

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Viii. There is often public outcry about poor behaviour and attitudes of Health Workers but the Commission cannot capture this in its HR data because of the different levels at which disciplinary issues are handled. The majority are disciplined at clinic, ward or facility management levels. Some cases are handled by the four Professional Councils or Courts of Law and all these are not reflected in the HSC data. Only cases of abscondments, interdictions, dismissals are reflected in the Commission's HRH data.

Table V4.1: Additional Output Funding Requests

Additional Requirements for Funding and Outputs in 2015/16:	Justification of Requirement for Additional Outputs and Funding
<i>Vote Function: 0806 Human Resource Management for Health</i>	
Output: 0852 06 Health Workers Recruitment and Human Resource for Health Management Services	
<i>US\$ Bn: 2.809</i> Wage shortfall for HSC Staff – UGX 121 Million	<i>The above priorities will ensure the Commission achieves the following objectives:</i>
Validation of Health Workers in Central Government – UGX 500 Million	<i>I. Qualitative and quantitative improvement of Human Resource for Health leading to better health service delivery</i>
Recurrent budget for HSC e-Recruitment and Selection Examinations – UGX 188 Million	<i>II. Improved capacity of the Health Service Commission in carrying out its mandate</i>
Purchase of a prime piece of land for the construction of office premises – UGX 2 Billion	

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

Objective: The Health Service Commission adheres to the Government Policy of Equal Employment Opportunities for all
<i>Issue of Concern :</i> Overcoming disadvantages of gender inequality and personal disabilities
<i>Proposed Interventions</i>
The Commission follows order of merit when recruiting and selecting candidates. It also gives cognizance of the various disabilities that may affect the skills and expertise of such challenged individuals eg stammering.
<i>Budget Allocations</i> UGX billion
<i>Performance Indicators</i> N/A

(ii) HIV/AIDS

Objective: Mitigating HIV/AIDS infections and ensuring safe living for the infected and affected
<i>Issue of Concern :</i>
<i>Proposed Interventions</i>
<i>Budget Allocations</i> UGX billion

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Performance Indicators

(iii) Environment

Objective: Efficient management of disposals and waste particularly paper and office equipment

Issue of Concern :

Proposed Interventions

Budget Allocations UGX billion

Performance Indicators

(ii) Payment Arrears

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

None

(ii) Non Tax Revenue Collections

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

N/A