

# 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 (US\$ Billion)**

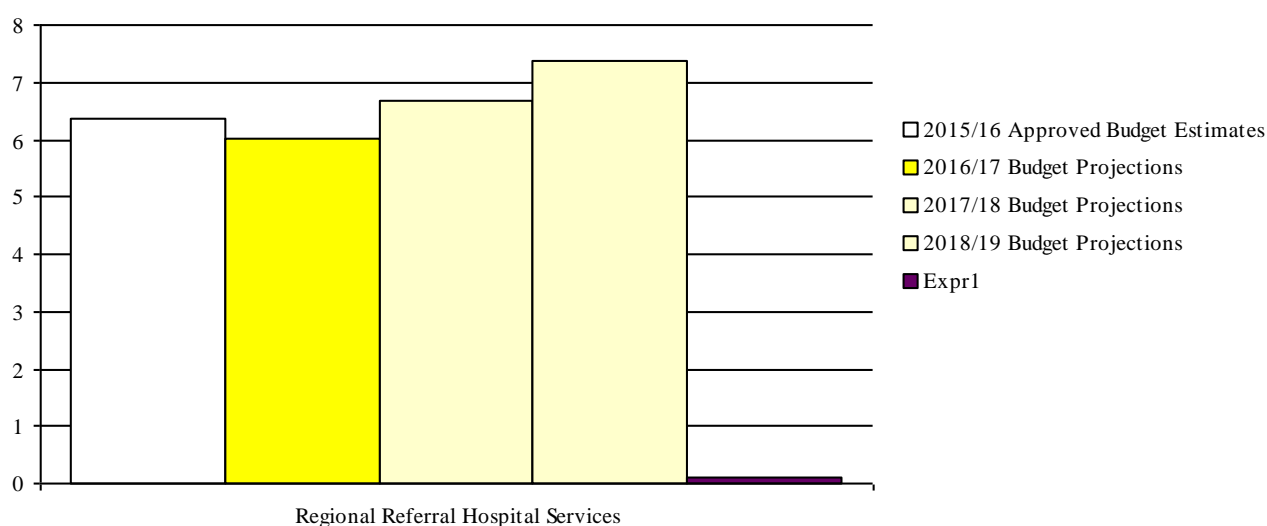
	2014/15 Outturn	2015/16		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2016/17	2017/18	2018/19
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent Wage	2.949	3.399	0.674	3.399	3.569	3.748
Recurrent Non Wage	1.078	1.878	0.226	1.626	1.934	2.283
Development GoU	0.750	1.210	0.156	0.980	1.176	1.352
Development Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
<b>GoU Total</b>	<b>4.777</b>	<b>6.487</b>	<b>1.056</b>	<b>6.005</b>	<b>6.680</b>	<b>7.383</b>
<b>Total GoU+Donor (MTEF)</b>	<b>4.777</b>	<b>6.487</b>	<b>1.056</b>	<b>6.005</b>	<b>6.680</b>	<b>7.383</b>
<i>(ii) Arrears and Taxes</i>						
Arrears	0.000	0.300	0.056	0.000	N/A	N/A
Taxes**	0.000	0.119	0.000	0.000	N/A	N/A
<b>Total Budget</b>	<b>4.777</b>	<b>6.906</b>	<b>1.112</b>	<b>6.005</b>	<b>N/A</b>	<b>N/A</b>
<i>(iii) Non Tax Revenue</i>						
	0.000	0.725	0.205	0.725	0.861	0.904
<b>Grand Total</b>	<b>4.777</b>	<b>7.630</b>	<b>1.317</b>	<b>6.729</b>	<b>N/A</b>	<b>N/A</b>
Excluding Taxes, Arrears	4.777	7.212	1.261	6.729	7.541	8.287

\* 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 (US\$ 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>		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
<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

#### 2014/15 Performance

26,146 admissions, 77% bed occupancy rate, 4 day ALOS, 36,652 general out patients, 114,206 special clinics attendances, 9,65 imaging examinations, 6,185 ultra sound examinations, 96,404 lab tests, 1,776 family planning contacts, 12,271 antenatal attendances, 30,118 immunizations, constructed offices and purchased furniture, the sub structure of the sixteen units flat staff quarters completed and the superstructure on second floor.

#### Preliminary 2015/16 Performance

6,966 admissions, 78% Occupancy rate, 4 days ALOS, 16,824 general out patients, 31,267 special clinics attendances, 7,832 immunizations, 579 family planning contacts, 7,620 antenatal attendances 29,077 laboratory examinations, 2,082 imaging examinations.

**Table V2.1: Past and 2016/17 Key Vote Outputs\***

Vote, Vote Function Key Output	Approved Budget and Planned outputs	2015/16 Spending and Outputs Achieved by End Sept	2016/17 Proposed Budget and Planned Outputs
<b>Vote: 173 Mbarara Referral Hospital</b>			
<b>Vote Function: 0856 Regional Referral Hospital Services</b>			
<b>Output: 085601</b>	<b>Inpatient services</b>		
<i>Description of Outputs:</i>	30,000 admissions, 75 % Occupancy rate, 5 Days average	6,966 admissions, 78% occupancy rate, 4 days ALOS	28,000 admissions 75% occupancy rate, 4 days ALOS

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<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
	length of stay		
<i>Performance Indicators:</i>			
No. of in-patients (Admissions)	30,000	6966	28000
<i>Output Cost: US\$ Bn:</i>	1.599	<i>US\$ Bn:</i> 0.103	<i>US\$ Bn:</i> 1.266
<b>Output: 085602</b>	<b>Outpatient services</b>		
<i>Description of Outputs:</i>	40,000 Outpatients, 133,000 special clinics attendance	16,824 general outpatients, 48,091 special clinics attendances Inclusive of; 2,237 major operations, 1,523 normal deliveries, 1,062 caesarean section deliveries	38,000 General out patients 120,000 special clinics attendance
<i>Performance Indicators:</i>			
No. of specialised outpatients attended to	133,000	48091	120000
No. of general outpatients attended to	40,000	16824	38000
<i>Output Cost: US\$ Bn:</i>	0.181	<i>US\$ Bn:</i> 0.037	<i>US\$ Bn:</i> 0.261
<b>Output: 085604</b>	<b>Diagnostic services</b>		
<i>Description of Outputs:</i>	6,000 X-rays examinations, 6,000 Ultra sound examinations, 600 CT Scans, 130,000 lab examinations, 1,000 ECGs', 800 ECHOs'	0 x-ray examinations, 1,719 ultra sound examinations, 0 CT scan examinations, 29,077 lab examinations 200 ECG Examinations, 163 ECHO Examinations	6,000 X-rays examinations, 7,000 Ultra sound examinations, 600 CT Scans, 130,000 lab examinations, 600 ECGs', 300 ECHOs'
<i>Performance Indicators:</i>			
No. of patient xrays (imaging) taken	14,400	2082	14500
No. of laboratory tests carried out	130,000	29077	130,000
<i>Output Cost: US\$ Bn:</i>	0.102	<i>US\$ Bn:</i> 0.019	<i>US\$ Bn:</i> 0.142
<b>Output: 085606</b>	<b>Prevention and rehabilitation services</b>		
<i>Description of Outputs:</i>	11,000 antenatal attendances, 23,689 EMTCT/HCT Contacts, 3,000 family planning contacts	7,620 antenatal/EMTCT/HCT attendances, 579 family planning contacts, 7,832 immunizations	11,000 antenatal attendances, 25,000 EMTCT/HCT Contacts, 3,000 family planning contacts
<i>Performance Indicators:</i>			
No. of childred immunised (All immunizations)	30000	7832	
No. of family planning users attended to (New and Old)	3000	579	3000
No. of children immunised (All immunizations)			30000
No. of antenatal cases (All attendances)	11000	7620	39000
<i>Output Cost: US\$ Bn:</i>	0.061	<i>US\$ Bn:</i> 0.010	<i>US\$ Bn:</i> 0.081
<b>Output: 085680</b>	<b>Hospital Construction/rehabilitation</b>		
<i>Description of Outputs:</i>	-Purchase of medical equipment for the emergency unit including mobile x-ray,	Procurement requisitions raised	Purchase of a one SUV car and refurbishment of stores to put metallic racks

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<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
	resuscitation table, defibrillator, patient monitors and instruments. Purchase of Neuro-surgery equipment, Purchase of transport equipment one double cabin pickup truck, Add a coat of paint on the old structures of the hospital		
<i>Performance Indicators:</i>			
No. reconstructed/rehabilitated general wards	8	0	
No. of hospitals benefiting from the renovation of existing facilities.	1	1	
No. of hospitals benefiting from the renovation of existing facilities			1
No. of reconstructed/rehabilitated general wards			0
<i>Output Cost: US\$ Bn:</i>	0.585	<i>US\$ Bn:</i> 0.000	<i>US\$ Bn:</i> 0.320
<b>Output: 085681</b>	<b>Staff houses construction and rehabilitation</b>		
<i>Description of Outputs:</i>	Continue construction of the 16 units staff quarters	Super structure at 60%, three site meetings held, continuous supervision, two interim certificates issued, one certificate partially paid	Continue construction of the 16 units staff quarters
<i>Performance Indicators:</i>			
No. of staff houses constructed/rehabilitated	16	60	16
<i>Output Cost: US\$ Bn:</i>	0.625	<i>US\$ Bn:</i> 0.156	<i>US\$ Bn:</i> 0.660
<b>Vote Function Cost</b>	<b><i>US\$ Bn:</i> 7.630</b>	<b><i>US\$ Bn:</i> 1.056</b>	<b><i>US\$ Bn:</i> 6.729</b>
<b>Cost of Vote Services:</b>	<b><i>US\$ Bn:</i> 7.212</b>	<b><i>US\$ Bn:</i> 1.056</b>	<b><i>US\$ Bn:</i> 6.729</b>

\* Excluding Taxes and Arrears

### 2016/17 Planned Outputs

28,000 admissions, 75% bed occupancy rate, 4 days ALOS, 38,000 general out patients, 120,000 special clinics attendances, 6,000 x-rays, 7,000 ultra sound examinations, 600 CT Scans, 130,000 lab examinations, 600 ECGs, 300 ECHO examinations, 39,000 antenatal attendances, 3,000 family planning contacts, 30,000 immunizations. Complete construction of the flat of 16 units flat staff quarters, purchase one vehicle and construct metallic racks in stores.

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

<i>Vote Function Key Output Indicators and Costs:</i>	2015/16			MTEF Projections		
	2014/15 Output	Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
<b>Vote: 173 Mbarara Referral Hospital</b>						
<b>Vote Function: 0856 Regional Referral Hospital Services</b>						
No. of in-patients (Admissions)		30,000	6966	28000	30,000	32000
No. of general outpatients attended to		40,000	16824	38000	40000	40000

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Vote Function Key Output Indicators and Costs:	2014/15 Outturn	2015/16		MTEF Projections		
		Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
No. of specialised outpatients attended to		133,000	48091	120000	125000	125000
Value of medicines received/dispensed (Ush bn)		1.8	367914136	1.74	2	2.5
No. of laboratory tests carried out		130,000	29077	130,000	140000	140000
No. of patient xrays (imaging) taken		14,400	2082	14500	16000	16000
No. of antenatal cases (All attendances)		11000	7620	39000	40000	40000
No. of childred immunised (All immunizations)		30000	7832			
No. of children immunised (All immunizations)				30000	32000	32000
No. of family planning users attended to (New and Old)		3000	579	3000	3000	
No. of reconstructed/rehabilitated general wards				0	0	0
No. of hospitals benefiting from the renovation of existing facilities.		1	1			
No. of hospitals benefiting from the renovation of existing facilities				1	1	1
No. reconstructed/rehabilitated general wards		8	0			
No. of staff houses constructed/rehabilitated		16	60	16	16	
No. of maternity wards constructed			0	0	0	0
No. of maternity wards rehabilitated			0	0	0	0
No. of OPD wards constructed			0	0	0	0
No. of OPD wards rehabilitated			0	0	0	0
No. of other wards constructed			0			
No. of other wards rehabilitated			0			
No. of theatres constructed			0	0	0	0
No. of theatres rehabilitated			0	0	0	0
Value of medical equipment procured (Ush Bn)		1	1	0	0	0
<b>Vote Function Cost (UShs bn)</b>	<b>4.777</b>	<b>7.212</b>	<b>1.056</b>	<b>6.729</b>	<b>7.541</b>	<b>8.287</b>
<b>Cost of Vote Services (UShs Bn)</b>	<b>4.777</b>	<b>7.212</b>	<b>1.056</b>	<b>6.729</b>	<b>7.541</b>	<b>8.287</b>

### Medium Term Plans

- Construct two blocks of flats comprising 16 units of staff houses
- Fencing the hospital
- Acquisition of more land for the hospital development and expansion
- Orthopedic workshop, Oxygen plant and mantainance workshop
- Alternative sources power supply and a dedicated power line from the sub station
- Specialist outreach services
- Conducting and Strengthening research
- Overhaul of water, sewerage and electric system to improve efficiency
- 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

Having put the entity on IFMS will improve efficiency and help in execution of the budget as per the work plans. Most of the resources are allocated to care of the inpatients, out patients and human resource function which are critical for service delivery. The entity will fill the human resource gaps within the available resources having declared the vacant posts for filling.

**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			
	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Key Sector	3.1	2.6	2.6	2.6	42.3%	38.5%	34.3%	31.2%
Service Delivery	3.2	2.7	2.7	2.7	43.7%	40.6%	36.2%	32.9%

The entity being a teaching regional referral hospital puts the bulk of its money in management of patients which includes investigations, operations and treatment. The bulk of the entity's budget goes to payment of utilities i.e water and electricity that are paid going by the existing rates and metre readings by the service providers while the rest of the costing is guided by the market trends.

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

Unit Cost Description	Actual 2014/15	Planned 2015/16	Actual by Sept	Proposed 2016/17	Costing Assumptions and Reasons for any Changes and Variations from Plan
<i>Vote Function: 0856 Regional Referral Hospital Services</i>					
Water - bills per month	7	7		66	Water consumption from NWSC will continue to decline as we utilise the water harvest
Travel Inland	120	120		120	On average pay 525 nights allowances.
Maintenance – Vehicles: maintenance of one vehicle per month	4,714	4,714		1,234	The seven vehicles take an average of 2,500,000 shs. every month on servicing & repairs
Fuel, Lubricants and Oils - purchased per month	0	0		4	Inflation led pricing and power blackouts that will lead to higher consumption of fuel
Electricity bills per month	1	1		2	Consumption expected to rise and reach 280,000 units of power per month

### (iii) Vote Investment Plans

The level of funding is determined by the cash limits in the MTEF. Due to limited and small cash limits some of the projects like staff house construction have been spread over three years.

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

Billion Uganda Shillings	(i) Allocation (Shs Bn)				(ii) % Vote Budget			
	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Consumption Expenditure (Outputs Provided)	6.0	5.7	5.7	5.7	83.2%	85.4%	76.0%	69.2%
Investment (Capital Purchases)	1.2	1.0	1.8	2.6	16.8%	14.6%	24.0%	30.8%
<b>Grand Total</b>	<b>7.2</b>	<b>6.7</b>	<b>7.5</b>	<b>8.3</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Capital development purchase will be for the continuation of the staff house project of a flat comprising 16 units/apartments that span over a three year period due to inadequate funding and resulting in small cash flows. The entity will also carry out installation of metallic racks in stores to improve on the storage space and purchase one vehicle to continue replacement of the old and grounded vehicles.

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

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17
	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>	Continuation of construction of sixteen units staff quarters	Super structure at 60% Three site meetings held Continuous supervision Two interim certificates issued One certificate partially paid	Continuation of construction of sixteen units staff quarters
<b>Total</b>	<b>625,356</b>	<b>156,339</b>	<b>659,986</b>
<i>GoU Development</i>	<i>625,356</i>	<i>156,339</i>	<i>659,986</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

The key policy action required is the filling of the existing human resource gaps within the establishment. The entity will continuously declare posts for filling within the available wage bill resources. Availability of medicines and sundries is critical to service delivery and the entity will continue to engage NMS to deliver as per the orders and timely. We shall also continue to pursue efficiency and effectiveness in delivery of services.

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

2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:
<b>Sector Outcome 0:</b>			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: Improvement of maternal child health care</i>			
Fill all the existing human resource gaps in delivery of maternal child health care services. Improve supply of medicines and consumables for service delivery. Minor renovation to improve the environment	Medicines and consumables supply has been improved to the department.	Improve support supervision of lower level health facilities to build capacity to manage emergency obstetrics, fill existing staff positions in gynaecology and obstetrics. Opened up emergency theatres for mothers in emergency labor for caesarian sections.	Submitted all the human resource gaps for midwives for filling and have engaged NMS to have improved supply of medicines and consumables. We have introduced neonatal and nutrition units.
<i>VF Performance Issue: Under staffed structures</i>			
Recruitment of all critical cadres and replacement of attrition cases in line with our submission of vacant positions for clearance	Submissions made to Health Service Commission and clearance sought from Ministry of Public Service to recruit critical cadres within the wage bill	All existing vacant posts to be filled on replacement basis declared to Health Service Commission for filling while the other critical cadres are declared to Ministry of Public Service to seek Authority to fill them using existing wage balance.	Submissions made and we are to try and trade off some of the critical cadres for non critical ones.
<b>Sector Outcome 1: Increased deliveries in health facilities</b>			
Vote Function: 08 56 Regional Referral Hospital Services			
<i>VF Performance Issue: General and patient information not well managed</i>			

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2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:
Procure computers, recruit and close data gaps	Mad an arrangement with Mbarara University to have the IT department and its students spear head this activity	To partner with Mbarara University of Science and Technology ICT department to deploy students in their final year in areas we have identified to have data capture gaps like accident and emergency and OPD as convert to electronic data system.	Close monitoring of the existing staff and mentoring and go electronic.

## V3 Proposed Budget Allocations for 2016/17 and the Medium Term

This section sets out the proposed vote budget allocations for 2016/17 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\***

	2014/15 Outturn	2015/16		MTEF Budget Projections		
		Appr. Budget	Spent by End Sept	2016/17	2017/18	2018/19
<b>Vote: 173 Mbarara Referral Hospital</b>						
0856 Regional Referral Hospital Services	4.777	7.212	1.056	6.729	7.541	8.287
<b>Total for Vote:</b>	<b>4.777</b>	<b>7.212</b>	<b>1.056</b>	<b>6.729</b>	<b>7.541</b>	<b>8.287</b>

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

Resource allocation over the medium term has not changed due to capped ceilings for the period except the proposed re-allocation of the money for the oxygen plant which has been installed and we have instead catered for equipment maintenance. Instead we are experiencing budget cuts for capital development which affects the pace of completion of projects being implemented.

### (ii) The major expenditure allocations in the Vote for 2016/17

The major expenditure allocation is on utilities due to increased patient number and machinery that are crucial for service delivery and putting an end to accumulation of domestic arrears, catering for feeding costs of interns who handle the bulk of work, cleaning services and infection control to create a safe working environment for both health workers and clients. To improve welfare and motivation of staff construction of staff accommodation is undergoing. We are also seeking to handle maintenance of equipment.

### (iii) The major planned changes in resource allocations within the Vote for 2016/17

Our priorities have remained the same in the medium term thus no major changes in resource allocation except for the minor adjustments to cater for maintenance of equipment. However the budget reduction for capital development greatly affects resource allocation.

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

Changes in Budget Allocations and Outputs from 2015/16 Planned Levels:				Justification for proposed Changes in Expenditure and Outputs
2016/17	2017/18	2018/19		
<i>Vote Function: 0801 Regional Referral Hospital Services</i>				
<b>Output: 0856 01 Inpatient services</b>				
<b>US\$ Bn:</b> -0.333	<b>US\$ Bn:</b> -0.333	<b>US\$ Bn:</b> -0.333		This will allow all round quality service provision through facilitation of health workers, maintenance of equipment and provision of alternative power during black outs.
This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen plant which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen plant which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen plant which was a one off procurement		



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Changes in Budget Allocations and Outputs from 2015/16 Planned Levels:			Justification for proposed Changes in Expenditure and Outputs
2016/17	2017/18	2018/19	
<b>Output: 0856 02 Outpatient services</b>			
<i>US\$ Bn:</i> 0.080	<i>US\$ Bn:</i> 0.080	<i>US\$ Bn:</i> 0.080	<i>This will allow all round quality service provision through facilitation of health workers, manatenance of equipment and provision of alternative power during black outs</i>
This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	
<b>Output: 0856 04 Diagnostic services</b>			
<i>US\$ Bn:</i> 0.040	<i>US\$ Bn:</i> 0.040	<i>US\$ Bn:</i> 0.040	<i>This will allow all round quality service provision through facilitation of health workers, manatenance of equipment and provision of alternative power during black outs</i>
This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	
<b>Output: 0856 07 Immunisation Services</b>			
<i>US\$ Bn:</i> 0.030	<i>US\$ Bn:</i> 0.030	<i>US\$ Bn:</i> 0.030	<i>This will allow all round quality service provision through facilitation of health workers, manatenance of equipment and provision of alternative power during black outs</i>
This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	This is as result of projected increment in AIA over the period and redistribution of the money for the Oxygen palnt which was a one off procurement	
<b>Output: 0856 80 Hospital Construction/rehabilitation</b>			
<i>US\$ Bn:</i> -0.265	<i>US\$ Bn:</i> -0.265	<i>US\$ Bn:</i> -0.265	<i>Improve storage of medicines to ensure quality and safety.</i>
To cater for transport equipment and improve on the storage of medicines			

## V4: Vote Challenges for 2016/17 and the Medium Term

*This section sets out the major challenges the vote faces in 2016/17 and the medium term which the vote has been unable to address in its spending plans.*

Major challenges faced by the entity include continous shortage of medicines and related supplies. A lot of resources have been injected in procurement of equipment but the entity lacks a mantainance workshop resulting into preventable mulfunction of equipment due to inadequate servicing and mantainance. Power cuts are often experienced making operations very difficult and expensive to sustain by running several generators that requires us to allocate more resources in fuel purchase. The entity also experineces a big challenge of regulating visitors and attendants due to the porlous nature of its boundary with the University. Its therefore imperative that resources be allocated to construct a mantainance work shop and fence off the hospital. A dedicated uninterrupted power line should also be connected to the hospital.

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

Additional Requirements for Funding and Outputs in 2016/17:	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:</i> Improved service delivery to the increased numbers of clients and specialized services	<i>The inpatients increase due to introduction of more new services and increase in number of specialist doctors that will require more funding and therefore contribute to the reduction of mortality rates and have a healthier population.</i>
	<i>New services such as Urology, Neurology and neurosurgery,</i>

# Vote: 173 Mbarara Referral Hospital

## Vote Summary

Additional Requirements for Funding and Outputs in 2016/17:	Justification of Requirement for Additional Outputs and Funding
<p><b>Output: 0856 06 Prevention and rehabilitation services</b>  <i>US\$ Bn:</i>            To improve on the community health services and reduce disease burden through prevention</p>	<p><i>Cardiology, Neonatology, Nephrology, Plastic &amp; constructive Surgery, Oncology, Renal Medicine, operational CT Scan, Intensive Care, brochocscopy, endoscopy and others.</i></p> <p><i>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. Sensitization of the public and engaging District Health Officers in the region will result in increased utilization of services</i></p>
<p><b>Output: 0856 71 Acquisition of Land by Government</b>  <i>US\$ Bn:</i>            The hospital expansion has no more space to cater for the increasing number of patients</p>	<p><i>The hospital is growing and the services are increasing. The need for more land will enable expansion for construction of more structures under phase two of reconstruction and services such as oncology, neurology,biomedical workshop,isolation unit and incenerator among others will be needed. Acquiring land will enable hospital expansion to accommodate increasing services for a healthier population.</i></p>
<p><b>Output: 0856 72 Government Buildings and Administrative Infrastructure</b>  <i>US\$ Bn: 4.000</i>            Expansion of the entity to cater for the increasing services and replace the dilapidated infrastructure. Need for fencing the hospital to manage the crowds, regulate visiting hours and improve on security.</p>	<p><i>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 in order to offer 24hr service to patients.</i></p>
<p><b>Output: 0856 77 Purchase of Specialised Machinery &amp; Equipment</b>  <i>US\$ Bn: 3.000</i>            To meet the new technological advancements and improve investigations and service delivery</p>	<p><i>The hospital acquiring more specialised equipment will enable effective delivery of the increasing specialised services promoting efficiency and effectiveness especially on ease of data sharing between and within the departments reducing on the cost of some of the consumables</i></p>
<p><b>Output: 0856 85 Purchase of Medical Equipment</b>  <i>US\$ Bn:</i>            To meet the new technological advancements and improve investigations and service delivery</p>	<p><i>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</i></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

#### (i) Gender and Equity

<p><b>Objective:</b> To educate the community about the dangers of late service seeking behavior</p>
<p><i>Issue of Concern :</i> Delayed health seeking behavior that results into complications</p>
<p><i>Proposed Interventions</i></p>
<p>Health education at hospital, outreach services to the catchment area</p>
<p><i>Budget Allocations</i> UGX billion      0.1</p>

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<i>Performance Indicators</i>	Reduced numbers of mothers in obstructed labor as a result of delaying, fewer mothers going to traditional birth attendants, a link between the hospital and the village health team members
<b>Objective:</b>	To offer ambulatory services to all critically ill patients referred out of the facility
<i>Issue of Concern :</i>	Innapropriate ambulatory services for critically ill patients
<i>Proposed Interventions</i>	Provision of free ambulatory services for critially ill poor patients and on cost sahring basis for those who can afford
<i>Budget Allocations</i>	UGX billion      0.002
<i>Performance Indicators</i>	Number of patients offered ambulatory services on referral out of the facility
<b>Objective:</b>	To have equal access to health services despite gender, age and social economic status
<i>Issue of Concern :</i>	Acess to maternal child health services
<i>Proposed Interventions</i>	Provision of free maternal child health services, automatic waiver for services under the paying wing for all mothers and children who cant afford paying.
<i>Budget Allocations</i>	UGX billion      0.008
<i>Performance Indicators</i>	

#### (ii) HIV/AIDS

<b>Objective:</b>	To eliminate mother to child transmission of HIV
<i>Issue of Concern :</i>	Babies born with HIV when mothers are not diagnosed during antenantals
<i>Proposed Interventions</i>	Test every mother and husband during antenantal, those who are found positive are put on treatment and followed up until delivery.
<i>Budget Allocations</i>	UGX billion      0.005
<i>Performance Indicators</i>	Number of mothers and farthers tested, number of mothers on treatment of full HAART and number of children tested negative born of positive mothers
<b>Objective:</b>	To give HAART TO all that are eligible
<i>Issue of Concern :</i>	To reach the tipping point and safeguard the population from new infections.
<i>Proposed Interventions</i>	Putting all positive people on full HAART, all other clients whose CD4 count requires initiation of HAART, counselling of positive clients to adhere and live positively
<i>Budget Allocations</i>	UGX billion      0.1
<i>Performance Indicators</i>	Number of clients on full HAART, number of clients counselled, compliance levels of those clients on treatment

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**Objective:** To reduce incidence of HIV infections

*Issue of Concern :* Increased incidence of HIV in the community and most at risk populations

*Proposed Interventions*

Safe male circumcision, provision of prophylaxis to all infected persons, provision of post exposure prophylaxis to the exposed, health education towards responsible behavior and personal protection, couple counselling and testing. Treatment of sexually transmitted infections

*Budget Allocations* UGX billion      0.04

*Performance Indicators*      Number of incidences, number of male circumcissions, number of condoms issued, number of vulnerable people issued post exposure prophylaxis and number of infected people on prophylaxis, number of discondant couples and number of people treated for STIs'.

(iii) *Environment*

**Objective:** Proper waste disposal and management

*Issue of Concern :* Environmental pollution and public safety

*Proposed Interventions*

Slushing of compound, disposal of expired drugs, inceneration of dangerous wastes, disposal of waste water into National Water and Sewarage Corporation waste line

*Budget Allocations* UGX billion      0.02

*Performance Indicators*      Clean compound, expired drugs disposed, dangerous wastes being disposed, bills for waste water disposal

**Objective:** To have a clean and safe working environment

*Issue of Concern :* Contamination resulting into cross infection

*Proposed Interventions*

Proper cleaning and decontamination, segregation of wastes and proper disposal, availabilty of running water, functional toilet facilities, full uniform for staff and linen for theatre

*Budget Allocations* UGX billion      0.06

*Performance Indicators*      Level of cleanliness, availability of running water, level of segregation of wastes, availability of color coded bins, staff in full uniform

**Objective:** To eliminate facility based infections

*Issue of Concern :* Facility based infections that result into sepsis

*Proposed Interventions*

Infection control and elimination of sepsis through provision of infection control materials, segregation of wastes and inceneration and isolation of septic cases, autoclaving, protective gear and proper cleaning.

*Budget Allocations* UGX billion      0.06

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*Performance Indicators* Number of septic cases registered, level of infections on wards, quantity of infection control materials procured.

### (ii) Payment Arrears

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

Payee	Payment Due Date	Amount (UShs Bn)
UMEME U	6/30/2015	0.23
Medicines and health supplies by private providers	6/30/2010	0.41
	<b>Total:</b>	<b>0.642</b>

The arrears for medicines and related supplies were incurred as a result of shift of policy to transfer money for medicines to NMS when the entity still had debts for NMS and other private suppliers while the power debt has been accumulated over time due to insufficient funding coupled with increased rates and more service delivery that demands for more utilities. Efforts are being made to install pre paid metres though the challenge may come with inadequate resources resulting in black out.

### (ii) Non Tax Revenue Collections

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

Source of NTR	UShs Bn	2014/15 Actual	2015/16 Budget	2015/16 Actual by Sept	2016/17 Projected
Other Fees and Charges			0.725		0.725
	<b>Total:</b>		<b>0.725</b>		<b>0.725</b>

The NTR forecast is based on previous collection trends and planned new services. The bulk of the money adding to about 70% is spent on health workers who deliver the service in form of allowances and wages while the rest is spent on cleaning materials, printed medical forms and stationery, maintenance and beddings.