

Vote: 014 Ministry of Health

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:

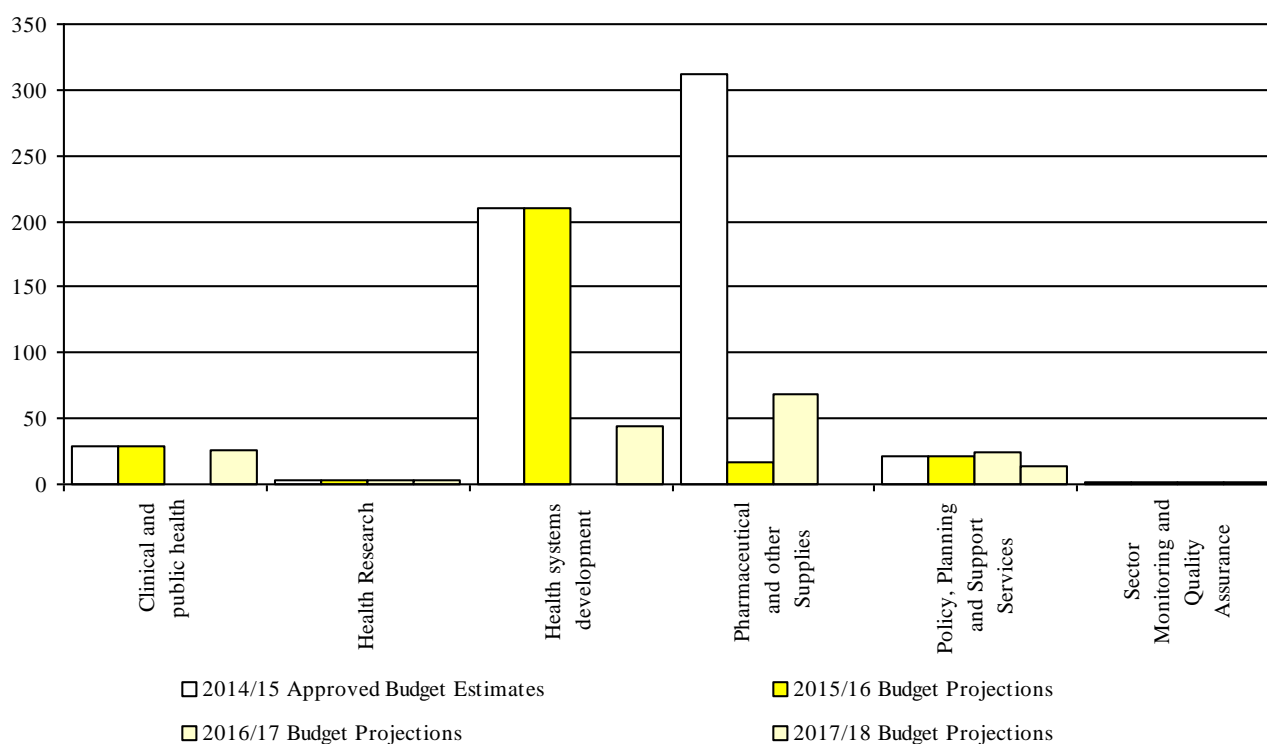
Table V1.1: Overview of Vote Expenditures (US\$ Billion)

		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	5.091	6.494	1.467	6.494	7.732	7.732
	Non Wage	25.842	29.665	5.538	29.665	35.598	35.602
Development	GoU	8.583	12.975	1.941	12.975	15.570	15.572
	Ext. Fin	52.589	527.996	90.013	232.884	74.611	29.452
GoU Total		39.516	49.135	8.947	49.135	58.900	58.906
total GoU + Ext Fin. (MTEF)		92.105	577.131	98.960	282.019	133.511	88.358
<i>(ii) Arrears and Taxes</i>							
	Arrears	0.000	0.372	0.000	0.000	N/A	N/A
	Taxes	2.980	4.238	0.000	0.000	N/A	N/A
Total Budget		95.085	581.741	98.960	282.019	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 (US\$ Bn, Excluding Taxes, Arrears)



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(ii) Vote Mission Statement

The Vote's Mission Statement is:

To facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life

(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 01 Sector Monitoring and Quality Assurance		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
<i>Outputs Provided</i>	<i>Outputs Provided</i>	None
080104 Standards and guidelines developed	080103 Support supervision provided to Local Governments and referral hospitals	
Vote Function: 08 02 Health systems development		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
<i>Capital Purchases</i>	None	None
080281 Health centre construction and rehabilitation		
080285 Theatre construction and rehabilitation		
Vote Function: 08 03 Health Research		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
None	<i>Outputs Provided</i>	None
	080303 Research coordination	
Vote Function: 08 04 Clinical and public health		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
<i>Outputs Provided</i>	<i>Outputs Provided</i>	None
080401 Community health services provided (control of communicable and non communicable diseases)	080405 Immunisation services provided	
080402 Clinical health services provided (infrastructure, pharmaceutical, integrated curative)		
080403 National endemic and epidemic disease control services provided		
Vote Function: 08 05 Pharmaceutical and other Supplies		
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
None	None	<i>Outputs Provided</i>
		080501 Preventive and curative Medical Supplies (including immunisation)

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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

1. Health Systems Development

Under the Vote Function rehabilitation works were started in Tororo, Bududa, Kambuga, Itojo, Nebbi, Apac, and Rushere. Solar energy installation or grid connection was completed in health facilities in Palisa, Budaka, Kumi, Bukedea as well as Kotido, Kaabong and Abim districts. Equipment worth Ushs 1.68bn arrived in the country and was distributed to 4 hospitals and 12 HCIVs.

2. Clinical and Public Health Vote Function

Under the Vote Function, Village Health Teams (VHTs) were established in 13 Districts. 42 disease outbreaks detected & responded to. 10 Districts were supported to manage epidemics/emergencies and emergency health supplies were procured and delivered. Surveillance system on guinea worms was sustained in 35 districts. Vaccines and vaccination logistics were supplied to all Local Governments. The tetanus vaccination campaign was carried out in 5 districts. 1 round of mass polio & measles immunization in children below 5 years was conducted countrywide and 3 rounds of mass polio immunisation conducted in 29 high risk districts (children below 5 years). The following coverage were attained;-HIV counseling 30%, HCT 50% and PMTCT 53%. The HIV/AIDs National Strategic Plan was disseminated

3. Sector Monitoring and Quality Assurance (Vote 014 –Ministry of health)

Out of the 4 quarterly reviews and 7 studies planned, 3 quarterly reviews and 7 studies were conducted. All districts were supervised at least thrice during the financial year. 19 of the 25 planned districts supported under the Yellow Star Programme.

4. Health Research

Research on; plague, resistance to anti-malaria, immune boosting, herbal medicines, HIV drug resistance and arbovirus was undertaken. The polio Laboratory was accredited. UVRI was able to detect the wild polio virus. Hepatitis E outbreaks were confirmed and 8 influenza surveillance sites established. UVRI participated in the screening for swine flu. Traditional health practitioners and conventional health practitioners were sensitized on the role of traditional health practitioners and traditional medicine in primary health care in four districts. The UNHRO bill was enacted.

5. Pharmaceuticals and other supplies

Medicines and health supplies worth 74.390bn were procured and distributed under programme 9, Logistical support was extended to all districts and NGO health providers. Medicines for TB worth shs 1.818bn and for HIV/AIDS worth shs 1.921bn were procured and distributed under the Global Fund for HIV/AIDS, TB and Malaria. Medicines worth 3.35bn and Medical equipment worth 1.05 bn were procured under Health Sector Programme Support Project. Vaccines worth 33.606bn shs were procured (7bn GoU 26.606bn under GAVI.) - an equivalent of 4.63 million doses of pentavalent vaccines. Reproductive health commodities worth 6bn procured and distributed under UNFPA. An additional shs 2.3bn worth of vaccines and vaccination logistics was provided to cater for the mass polio immunization campaigns.

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6. Policy, Planning and Support Services. (Vote 014 –Ministry of health)

The following services were provided under the vote function; Policy, consultation, planning , Ministry Support Services, Provision of guidelines, Ministerial and Top Management oversight functions. The relevant policy documents;-MPS, BFP and the health sector performance report were produced. The political leadership took stewardship and participated in the supervision of health services nationwide. The health segment of the NDP was finalized.

Preliminary 2014/15 Performance

Community Health Department

Under the NUTRITION DIVISION, 26 Biostatisticians and 18 logistics officers were trained in Nutrition and EPI data management in the regions of Masaka, Kabale and Mbarara.

The World Breastfeeding week was launched at Imperial Royale Hotel by Hon. Minister of Health . A national Nutrition Stake holders’ meeting was held with 100 participants from national, regional and district level , 25 Inspectors from UNBS, URA, NDA and Health Inspectors from MOH were on monitoring and evaluation of mandatory Food Fortification regulation

Regional trainings for the management of NCDs at facility level were held in Kabale, Mbarara, Lira, Jinja, Mbale and Soroti regional hospitals. School drama and sports competitions to create awareness on NCDs were held at Kazo Primary school in Wakiso and Mukono district. 20 Poorly performing districts in community health interventions were strengthened .

Under REPRODUCTIVE HEALTH RH) ;With support from development partners, a Family Planning National conference was held at Serena Hotel Kampala, Health workers were mentored on Emergency Obstetric and Newborn Care in districts of: Shema, Masindi, Palisa and Kabale. The division developed a package on re-integration of fistula repaired clients. Guidelines on teenage pregnancy management by MOH and MOES and Maternal death surveillance and response were finalized.

Health Workers were trained on Hepatitis E in Napak district and Fistula repair camps were carried out in 13 RRHs Mulago, Jinja, Mbale, Mbarara, Gulu. Moroto, Lira, Mubende, Hoima and Virika Hospital.

ENVIRONMENTAL HEALTH (EH); Technical support supervision in the seven districts of Serere, Ngora, Soroti, Katakwi, Amuria, Kaberamaido, Dokolo and Amolatar under Uganda Sanitation Fund was provided. The Uganda Sanitation Fund project mid-term review was carried out by the Water Supply and Sanitation Collaborative Council and a Draft report was presented to Senior Top Managers. All the new expansion fifteen districts under Uganda Sanitation Fund Signed MoU with MOH.

CHILD HEALTH (CH); The child health division; held a national newborn steering committee meetings, finalized and disseminated the national Protect Prevent Treat Implementation Framework, trained health workers in integrating use of Antenatal Corticosteroids (ACS) during preterm birth in 7 health facility in 5 districts (Mulago national Referral Hospital, Mubende and Hoima Regional Referral Hospitals, Kiboga and Kayunga District Hospitals.). Undertook Support supervision of the Village health workers implementing Iccm in 42 districts, piloted a system for including Iccm medicines and commodities in the national supply chain system. Undertook Participatory Village planning and VHT mappings in Kayunga and Sheema districts

Under school health, the national school health policy was reviewed.

PUBLIC HEALTH EMERGENCIES (PHE); Rapid / immediate response to PHE was undertaken in 5 districts with suspected Marburg outbreak- Kampala, Mpigi, Kasese, Kamwenge and Wakiso.

Weekly / monthly coordination / meetings on PHE were held at district and central levels. The epidemic task force was key in coordination of Marburg response. Only one case was confirmed. A total of 197 contact were followed up for 21 days and none of them developed the disease.

HEALTH PROMOTION AND EDUCATION (HP&E): To ensure better health education and promotion,

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the communication platform was finalised. Several Health Promotion and Environmental Health Working Group meeting were conducted and technical support supervision in central region (Wakiso, Mpigi, Lwengo, Masaka, Bukomansimbi, Rakai, Lyantonde) was provided. In addition the electronic and print messages on ITNs, Teenage pregnancy, Family planning were reviewed.

Film vans activities on SMC, EMTCT, Family planning, ANC services, Obstetric Fistula, breast feeding, ASRH, Adolescent health, HIV/AIDS, counseling were carried out in Kyegegwa, Kabale, Hoima, Buikwe, Arua, Gulu, Katakwi, Soroti, Serere, Bugiri, Iganda, Kamuli and Luwero.

The Ministry of Health distributed IEC materials to 20 districts of Oyam, Apac, Dokolo, Amuru, Kabarole, Kyenjojo, Mubende and Mityana. Supervised the VHT activities in West-Nile and Lango sub-regions.

VECTOR CONTROL (VC): A Mass treatment of Schistosomiasis in primary school children in Kamuli, Mubende, Dokolo, Nakasongola and Maracha districts was undertaken and a Parasitological Impact assessment of schistosomiasis control in Kaberamaido district was also made. Technical Support Supervision of Bilharzia control specific activities was undertaken in Nebbi, Arua and Koboko districts. Support supervision to sleeping sickness treatment centres was done and active screening for sleeping sickness was done in Dokolo district.

COMMUNITY ORAL HEALTH: Community oral health support supervision was undertaken in Mityana, Mubende, Wakiso, Masaka, Mbarara, Lyantonde, Rakai, Sembabule, Kalungu, Mpigi, Budaka, Palisa, Bududa, Manafa

VETERINARY PUBLIC HEALTH (VPH): Technical support supervision on zoonotic disease and strengthening of brucellosis surveillance and laboratory diagnosis was conducted in Nakaseke, Nakasongola, Masindi and Luwero districts.

DISABILITY AND REHABILITATION: Held Consultative meetings to discuss the draft Advocacy Strategy on refractive errors. Held National Prevention and Blindness (NPBC) Technical and General meetings. Sensitization of District local leaders on Wheel chair issues in Acholi Sub-region including identification, assessment, fitting and training the users and care takers of children with disabilities was assessed in Mubende and Kabarole districts. Radio programs on refractive errors evaluated in Arua, Yumbe, Kitgum and Mbale.

CONTROL OF DIARRHOEAL DISEASES (CDD): Cholera outbreaks in Arua, Namayingo and Moyo districts were followed up and controlled.

Planning department

Under the planning department; The HMIS Quarterly Report for QTR 1 generated from the DHIS2 for dissemination via email, MoH website and review workshops both at district, regional and national level held

Preparatory work for Unified Data Validation Exercise done in quarter 1 and the actual data validation will be done in second quarter together with partners

Health System Strengthening and mentorship (mTRAc and DHIS2) done for Karamonja Region and Arua Koboko, Kitgum Padel, Agago and kabongo; also did HMIS Technical Support Supervision in Rukungiri and Kanungu Districts

Draft Statistical abstract for MOH produced, Conducted a total of Five Regional workshops : three for Northern Region, one for Karamonja Region and one for South western region

Held three eHealth Technical Working meetings with stakeholders namely: Health Child Uganda Mbarara Science and Technology University project; UN Life Saving Commodities Initiatives; and UNICEF ICT4D Section, 3 Months Internet Provided to Ministry of Health HQ

Continuous update done of the Knowledge Management Portal that offers on line resources to supplement district libraries; in addition the Ministry of Health Website has been redesigned to be uploaded in the second quarter

Preparatory work for the national health information policy and strategic framework has been done, the final consultative workshops review will be held in the second quarter.

The National Health Insurance institutionalization plan was developed, the PHC Grant utilization guidelines

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for FY 2014/15 were prepared, one Health sector budget working group meeting was convened, quarter 4 performance progress Report was prepared and submitted, carried out project appraisal for projects under MOH, Held national negotiations with LGFC and ULGA, compiled health sector budget issues paper for FY 2015/16 for the MoFPED Local government regional budget consultative workshops. Undertook budget monitoring visits to Luuka LG, Iganga, Kamuli and Jinja LG.

The draft National Health Insurance Scheme bill was reviewed by the 1st Parliamentary council and sent back to Ministry of Health. It is now awaiting the certificate of financial implications from MoFPED.

The following MoUs were signed between the MoH and other organizations; MOU between Government of Uganda (MOH) and South African in the field of health. The MOU between GOU and Uganda Health Eye Care Association and an MOU between GOU and Tullow Uganda and Project CURE .

Under the Uganda Health Systems Strengthening Project (UHSSP); Construction is in progress at 9 Hospitals including: Iganga, Nakaseke, Kiryandongo, Anaka, Moyo, Nebbi, Entebbe and Moroto Regional Referral Hospitals. Some of the buildings have been roofed and finishing works are ongoing.

Medical equipment was delivered and installed and is now in use at selected health facilities (46 health facilities supported by UHSSP for general and specialized equipment and 230 health facilities for Emergency Obstetric and Neonatal care equipment). During FY 2014/15, 95 scholarships were awarded in addition to several ongoing scholarships awarded in previous Fys.

The Ministry paid the United Nations Office for Project Services for supply of 19 ambulances and they are expected before end of November 2014.

Using available funds, the Ministry is evaluating bids for renovation of 26 HCIVs. The HCIVs include: Kasanda, Kiganda, Ngoma, Mwera, Kyantungo, Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru-Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka.

The Ministry still awaits the decision of the World Bank on the approval of US\$ 90 million for UHSSP Phase II funding to renovate 13 Hospitals namely: Apac, Itojo, Buwenge, Kitgum, Masindi, Bukwo, Bugiri, Pallisa, Abim, Kitagata and Atatur General Hospitals and Moroto and Mubende RRH.

Under the Support to the rehabilitation of Mulago project; 60 Middle level managers from Mulago hospital are undergoing training in Governance, Leadership and management and 15 medical workers from Mulago hospital are undergoing 3 months renal transplant training in India .The supervision of civil works for Kawempe, Kiruddu and Lower Mulago are ongoing and the consultants submit monthly reports.

The Institutional Capacity Building project (BTC) achieved the following in Q1 of FY 2014/15; Provided funding for the National validation meeting on draft supervision monitoring and inspection (SMI) strategic plan for the MOH, the drafting of HMDC strategic investment plan (SIP) and the meeting to review the performance of Quarter 3 and 4 , 2013/2014 of the Ministry. In addition ,ICB Project conducted the following training ; patient centered care assessments and planning in Arua and Fort portal RRHs, training of hospital management boards in Arua & Fort portal hospital ,Carried out induction training of newly recruited public officers in Arua djumani districts,Trained district Ambulance team in Buhweju & Koboko districts,Supported the revision and updating of HUMC & HMB training modules in the two regions, the Governance Leadership management training in the two regions, the TNA trainings in the two regions, Conducted elearning mentorship and technical support in the two regions, Supported implementation of district activities through the execution agreements to the tune of UGX 516 Million. Supported members from Arua & Fort portal RRHs to participate in the Uganda Nurses & Midwives conference. Conducted Gender & Health Human Rights Workshops in the two regions. Supported Nebbi district to conduct a study on the population catchment area for health services.

Under the Global Fund for AIDS, TB and Malaria Project ;Medicines and Pharmaceutical products such as ARVs, Cotrimoxazole were procured and payment of PSM Costs were made , conducted a Study to monitor uptake of PMTCT services in communities.

The following procurements were made; 12 Micro-buses for the RPMTS ,300 PCs Office Furniture for RPMTs, Computers (96) , Printers (12), Projectors (12) for 12 RPMTs regions and Computers

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(150).Consultancy fees on Professional services to support linkages of the Armed Forces on HIV/AIDS , TB & Malaria Programs, Quarterly Performance reviews, Office rent for the RPMTs paid, Office running expenses were paid.

Paid courier services for routine surveillance of samples, procured Laboratory services for MDRTB patients, paid Salaries for 2 officers, and for MDRTB-Focal Person, ,procured Lofloxacin,2nd Line, Anti-Tb Drugs for MDR patients.

With the malaria grant, the global fund conducted RDT and Microscopy External Quality Assurance, Carried out mid term review of Malaria strategic plan , Developed Uganda malaria reduction strategy, supported implementation of Malaria Data base, Malaria Vector surveillance and insecticide resistance monitoring, as well as Strengthening Human& Material resource Capacity at the program , Procurement of Photocopying papers and Computer Toners .

In addition a mass campaign sensitization on the use of LLIN was conducted, Trained National supervisors, National level training of Master Trainers for Distribution of LLINs,Regional sensitization of Political, Civil religious and opinion leaders in different Regions on LLINs, Training of Data Entrants, Revision and Production of tools (Training , registration materials plus logistics), Conducted Regional stakeholders Meeting, Sub -County Level Supervision, LLINs Transportation, Distribution and storage Activities / Costs Loading and off loading, Storemanagement, security Cleaning Fumigation and locks.

The Nursing department conducted a Nurse leaders meeting ,conducted one support supervision visit to Kagame Bwera ibanda hospitals, undertook two Travel abroad by one officer to Harare and Check Republic done

The National Disease Control Department continued to carry out disease surveillance activities which led to the detection, investigation and confirmed a Marburg outbreak in Kampala district. Weekly bulletins on disease surveillance were also produced for the 13 weeks in the quarter. Two technical meeting for the Expanded Program on Immunization (EPI) were held and 28 districts were supervised for EPI activities. Effective Vaccine Management Assessment (EVMA) was done through training of field assessors and actual assessment through administration of a questionnaire in selected districts. In addition country wide Cold chain maintenance was carried out and regional EPI feedback meetings were held. To further strengthen the immunization services

Regarding Nodding disease control, 3 supervision visits were conducted in Pader-Atanga Treatment center, Kitgum general Hospital and Lamwo district. Six supervision visits were also conducted by the Gulu Regional Referral hospital . In addition the families taken to US for genetic study on Nodding disease were followed up. Furthermore, autopsy on 2 nodding disease associated deaths was conducted. To improve access to care for Nodding disease patients 106 outreaches were conducted; 5 in Gulu, 30 in Lamwo, 24 in Kitgum, 23 in Pader and 12 in Amuru. All health nodding disease treatment facilities received anti-convulsant medicines with no reports of stock out.

Support supervision visits for Malaria, TB, HIV and onchocerciasis were conducted in all districts. Under Clinical services department; Supported Surgical camps at Kasese RRH, Mubende Masaka RRH. Supported Fistula camps. Supported World Hepatitis day commemoration in Adjumani district.Routine medical equipment maintenance was carried out in 7 hospitals and 21HCIVs .Process of procuring assorted medical equipment spare parts started. A Laboratory medical equipment inventory carried out in all hospitals and HCIVs in central region

Held one Internship meeting for all Internship Training Centres (ITCs) however Induction was not conducted.

With the GAVI funds and GOU , the following doses of Vaccines were procured ;Penta: (574,000 doses) PCV: (1,355,600 doses) The following doses and syringes were procured using GoU funds BCG: (320,000 doses) Measles: (75,500) Topv:2,069,000, Syringes (0.05ml): 748,800 Syringes (0.5ml): 828,800, All regions received funds from UNICEF to support cold chain Maintenance. The District Cold Chain Technicians participated in the activity.

GAVI also implemented the RED strategy that aims at developing Health facility and Community Micro

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plans. The strategy will have a strong component on community sensitization and awareness. A training on microplanning has been integrated with Polio Campaigns that will be conducted next quarter. Social mobilization activities for polio campaigns will be implemented in Q2'

All administrative costs for implementation of GAVI supported activities during the quarter were received, Internal and external audit activities were not conducted. Visited 91 districts to review and map out outreaches and together with districts developed microplans for operationalization of 364 static health facilities. Supported HFs to link up with communities to identify children who need immunization services All private health facilities were mapped in Kampala to aid identification of health workers working in private health facilities to be trained. This is a pilot for mainstreaming immunization services in private health facilities

UNEPI has had preparatory meetings for polio campaign slated for Q2. UNEPI has also developed and HPV roll out strategy that will be implemented in 2014. The strategy has been developed collaboratively with MOES and development partners.

On community awareness and sensitization, GAVI has partnered with UNFPA using PATH to carry out an assessment of VHT system. The activity will run till Dec 2014.

Periodic Intensified Routine Immunization (PIRI) activities in 20 districts continued to be implemented during the quarter.

GAVI is still procuring firms to design and construct the Central Medical Stores, a Catholic Relief Service was identified by GAVI to manage construction District medical Stores in 20 new districts and 26 staff houses in 13 hard to reach areas. Procurement and installation of generators for CVS, regional hubs and solar energy in 26 new houses will be done as part of CVS and staff houses construction

Most of the planned procurements of motor vehicles, and Other Transport Equipment as well as specialized equipment have not been done due to the decision to use a third party (UNICEF) to manage procurement .This has delayed the implementation due to protracted discussions on cost estimates and signing of the tripartite agreement. The agreement will be signed and receipt of funds by UNICEF is anticipated in Q2.

PUBLIC HEALTH LABORATORIES PROJECT; Procurement of consultancies to conduct operational research is ongoing. Salaries paid to 5 project staff,1 site visit to the 5 project sites for data collection and harmonization done to the project sites. 1 support supervision visit to each of the 5 project satellite sites done to the 5 project sites,1 round of mentorship activities conducted by lab mentors to each of 5 sites.

Construction of the National TB Reference Lab at Butabika has reached at 2nd floor level. Procurement of consultancy services for the installation of ventilation system at NTRL is still in process. Procurement of Video Conferencing Equipment for the 5 satellite sites is still in progress.

Ebola response table top exercises done with Rwanda , TZ and Congo in Mbarara,20 HWS from Busia trained in IDSR. Procurement of consultancy to under research on Malaria, TB and Enterics still in process

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: 014 Ministry of Health			
<i>Vote Function: 0801 Sector Monitoring and Quality Assurance</i>			
Output:080103	Support supervision provided to Local Governments and referral hospitals		
<i>Description of Outputs:</i>	2 Support supervision visits per district conducted	Quality improvement support supervision visits were conducted for 30 districts.	2 Support supervision visits per district conducted
<i>Output Cost: UShs Bn:</i>	0.392	<i>UShs Bn:</i> 0.091	<i>UShs Bn:</i> 0.392
Output:080104	Standards and guidelines developed		
<i>Description of Outputs:</i>	Develop and Print 10,000 copies of the support supervision strategy.	Development of Client charters for the 8 regional referral hospitals; the key client charter messages and guiding notes for	Disseminate the new service delivery standards Assess and rank health facilities

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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
	Update and translate patient charter into local language	developing client charters was all finalised. Procurement process for printing has been initiated	on compliance to the standards in the national health facility quality of care programme
	<i>Output Cost: US\$ Bn:</i> 0.112	<i>US\$ Bn:</i> 0.014	<i>US\$ Bn:</i> 0.112
Vote Function Cost	US\$ Bn: 0.805	US\$ Bn: 0.151	US\$ Bn: 0.805
Vote Function: 0802 Health systems development			
Output: 080280	Hospital Construction/rehabilitation		
<i>Description of Outputs:</i>	Construction works will be undertaken in kawolo, kawempe and kiruddu and Moroto..22hospitals rehabilitated		Construction works will continue to be be undertaken in kawolo, kawempe, kiruddu, hoima, kabale and Moroto hospitals. Construction of a Paediatric Surgical Hospital by an NGO called EMERGENCY is also scheduled to begin. Nine (11) hospitals will be rehabilitated
	<i>Output Cost: US\$ Bn:</i> 192.550	<i>US\$ Bn:</i> 13.504	<i>US\$ Bn:</i> 195.550
	<i>Output Cost Excl. Ext Fin. US\$ Bn:</i> 1.000	<i>US\$ Bn:</i> 0.000	<i>US\$ Bn:</i> 1.500
Vote Function Cost	US\$ Bn: 211.349	US\$ Bn: 15.395	US\$ Bn: 210.325
<i>VF Cost Excl. Ext Fin.</i>	<i>US\$ Bn:</i> 5.299	<i>US\$ Bn:</i> 0.306	<i>US\$ Bn:</i> 4.275
Vote Function: 0803 Health Research			
Output: 080303	Research coordination		
<i>Description of Outputs:</i>	Implement the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	strategic Plan for research Institutions not yet implemented	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research
	<i>Output Cost: US\$ Bn:</i> 0.952	<i>US\$ Bn:</i> 0.183	<i>US\$ Bn:</i> 0.952
Vote Function Cost	US\$ Bn: 2.413	US\$ Bn: 0.542	US\$ Bn: 2.413
Vote Function: 0804 Clinical and public health			
Output: 080401	Community health services provided (control of communicable and non communicable diseases)		
<i>Description of Outputs:</i>	Empower the communities countrywide to take charge of their own health through strengthening VHTs and increased awareness on disease prevention and health promotion. This will be done by undertaking 5 community awareness campaigns, establishing VHTs in 10 additional districts and carrying out health awareness and sensitisation in 85 districts.	The Ministry of Health distributed IEC materials to 20 districts of Oyam, Apac, Dokolo, Amuru, Kabarole, Kyenjojo, Mubende and Mityana. Supervised the VHT activities in West-Nile and Lango sub-regions. Technical support supervision was undertaken in Wakiso, Mpigi, Lwengo, Masaka , Bukomansimbi, Rakai and Lyantonde districts	To address low functionality of VHTs, the sector will finalize the revised community health worker's strategy and seek approval and requisite funds for its implementation. Communities countrywide will continue to be empowered to take charge of their own health through increased awareness on disease prevention and health promotion. This will be done by finalizing the health promotion & education policy, developing and piloting a concept on Village based Health Promotion Associations, reviewing and

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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
			updating Health Promotion materials and messages and Social mobilisation using film vans and other media to control diseases.
	<i>Output Cost: US\$ Bn:</i> 6.702	<i>US\$ Bn:</i> 0.652	<i>US\$ Bn:</i> 7.148
	<i>Output Cost Excl. Ext Fin. US\$ Bn:</i> 3.162	<i>US\$ Bn:</i> 0.652	<i>US\$ Bn:</i> 3.362
Output: 080402	Clinical health services provided (infrastructure, pharmaceutical, integrated curative)		
<i>Description of Outputs:</i>	<p>Components of the roadmap for maternal health implemented countrywide. Policies, guidelines and standards for health infrastructure, pharmaceutical and curative services implemented and monitored countrywide. Quarterly reports on the status and performance of health infrastructure and quality of pharmaceutical and curative services in the country produced. Health workers trained in different health service modalities countrywide. Public health emergencies responded to. Pharmaceutical supply chain management and curative services implementation</p>	<p>As part of the implementation of the roadmap; There was capacity building in EMOc and new born care in the districts of Shema, Masindi, Palisa and Kabale. Health Workers were trained on Hepatitis E in Napak district.</p> <p>Advocacy and community mobilization to embrace anti-natal care and institutionalization of mandatory death notification and reviews were undertaken.</p> <p>A package on re-integration of fistula repaired clients was developed. Guidelines on teenage pregnancy management were developed by Ministry of Health and Ministry of Education and Sports. Fistula repair camps were undertaken in Mulago, Jinja, Mbale, Mbarara, Gulu, Moroto, Lira, Mubende, Hoima and Virika Hospitals.</p> <p>Supplies for Indoor Residue Spraying (IRS) procured, IRS implementation micro plans for districts developed, training of personnel involved in IRS carried out and IRS implemented in two districts Small scale and large scale field testing of mosquito larviciding completed in nakasongola district. Its only awaiting implementation. Support supervision visits for Malaria, TB, HIV and onchocerciasis were conducted in all districts.</p> <p>Baseline survey to determine the magnitude of Jigger cases in Busoga region conducted and Mass treatment of identified</p>	<p>A sharpened plan “A promise renewed” will be implemented to accelerate investments in maternal, newborn and child health. Key features of the plan include; improving antenatal care by providing comprehensive ANC services, improving malaria prevention and management with a focus on the needs of pregnant women, providing HIV voluntary counseling and testing services and nutritional supplements to pregnant women. The Ministry will supervise all districts for implementation of reproductive health activities and conduct independent maternal death audits countrywide. Surgical camps will be held in all the 14 regional referral and 5 general hospitals. The camps will include mentoring on long term family planning methods and post abortion care. The safe motherhood day will also be held and the sharpened plan for reproductive health distributed. The Ministry also plans to introduce new vaccines - the Rota virus, inactivated polio vaccine for children under one year into routine immunization, conduct a country wide mass measles campaign in all children from 6 months to 5 years old, undertake Support Supervision of Immunization services in poorly performing districts and integrated monthly support supervision in all districts. Administration of traditional vaccines including the Pentavalent vaccines will continue.</p>

Vote: 014 Ministry of Health

Vote Summary

<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
		cases carried out.	<p>Quarterly reports on the status and performance of health infrastructure and quality of pharmaceutical and curative services in the country will be produced. Health workers will be trained in different health service delivery modalities countrywide. All Public health emergencies will be responded to.</p> <p>Further improvements in the supply chain management for essential medicines, vaccines and other health supplies will be realized through improved and innovative strategies in the supply system. Vaccine storage capacity will be enhanced at all levels. Supervision will be enhanced through collaboration with partners, local governments and other stake holders.</p>
<i>Performance Indicators:</i>			
No. of health students accessing distance education courses	100	40	110
No. and proportion of health workers given scholarships/bursaries for further training**	200	0	250
No of support supervision visits to Regional Referral Hospitals conducted	14	0	14
Couple Years of Protection**	3,640,000	1,000	4,000,000
<i>Output Cost: US\$ Bn:</i>	<i>1.856</i>	<i>US\$ Bn: 0.381</i>	<i>US\$ Bn: 1.656</i>
Output:080403	National endemic and epidemic disease control services provided		
<i>Description of Outputs:</i>	Endemic and epidemic diseases prevented and controlled wherever they arise, Epidemic preparedness enhanced nationwide, compliance with International Health Regulations ensured, programs targeting diseases for eradication and elimination strengthened countrywide.	Rapid / immediate response to PHE was undertaken in 5 districts with suspected Marburg outbreak- Kampala, Mpigi, Kasese, Kamwenge and Wakiso The epidemic task force was key in coordination of Marburg response. Only one case was confirmed. A total of 197 contact were followed up for 21 days and none of them developed the disease.	Endemic and epidemic diseases prevented and controlled wherever they arise, Epidemic preparedness enhanced nationwide, compliance with International Health Regulations ensured, programs targeting diseases for eradication and elimination strengthened countrywide.
<i>Performance Indicators:</i>			
No. of weekly surveillance reports released	52	13	52

Vote: 014 Ministry of Health

Vote Summary

<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
<i>Output Cost: US\$ Bn:</i>	3.359	<i>US\$ Bn:</i> 0.574	<i>US\$ Bn:</i> 4.054
<i>Output Cost Excl. Ext Fin. US\$ Bn:</i>	2.839	<i>US\$ Bn:</i> 0.574	<i>US\$ Bn:</i> 2.821
Output: 080404	Technical support, monitoring and evaluation of service providers and facilities		
<i>Description of Outputs:</i>	Integrated and technical support supervision conducted in all regional referral hospitals and districts	Integrated and technical support supervision conducted in all regional referral hospitals and districts	Integrated and technical support supervision conducted in all regional referral hospitals and districts
<i>Output Cost: US\$ Bn:</i>	0.382	<i>US\$ Bn:</i> 0.084	<i>US\$ Bn:</i> 0.382
Output: 080405	Immunisation services provided		
<i>Description of Outputs:</i>	The population countrywide is protected against life threatening immunisable diseases as indicated below	Two technical meeting for the Expended Program on Immunization (EPI) were held and 28 districts were supervised for EPI activities. Effective Vaccine Management Assessment (EVMA) was done through training of field assessors and actual assessment through administration of a questionnaire in selected districts. In addition country wide Cold chain maintenance was carried out and regional EPI feedback meetings were held. To further strengthen the immunization services	The population countrywide is protected against life threatening immunisable diseases. Storage capacity at districts will be enhanced. The sector will continue with provision of vaccines including IPV and rota-virus.
<i>Performance Indicators:</i>			
No. of mass measles campaigns carried out**(rounds made)	1	0	1
<i>Output Cost: US\$ Bn:</i>	0.860	<i>US\$ Bn:</i> 0.133	<i>US\$ Bn:</i> 0.865
Vote Function Cost	US\$ Bn: 29.551	US\$ Bn: 4.287	US\$ Bn: 29.656
<i>VF Cost Excl. Ext Fin.</i>	<i>US\$ Bn 21.311</i>	<i>US\$ Bn 4.287</i>	<i>US\$ Bn 21.416</i>
Vote Function: 0805 Pharmaceutical and other Supplies			
Output: 080501	Preventive and curative Medical Supplies (including immunisation)		
<i>Description of Outputs:</i>	Pentavalent vaccines (DONOR - GAVI Support) and traditional vaccines procured and distributed	Penta: (574,000 doses) PCV: (1,355,600 doses) The following doses and syringes were procured using GoU funds BCG: (320,000 doses) Measles: (75,500) Topv:2,069,000,	Pentavalent vaccines (DONOR - GAVI Support), IPV, rota virus and traditional vaccines procured and distributed
<i>Performance Indicators:</i>			
No. of EPI technical quarterly support supervision visits conducted to districts	4	1	4
<i>Output Cost: US\$ Bn:</i>	275.658	<i>US\$ Bn:</i> 74.345	<i>US\$ Bn:</i> 12.178
<i>Output Cost Excl. Ext Fin. US\$ Bn:</i>	3.200	<i>US\$ Bn:</i> 0.855	<i>US\$ Bn:</i> 3.200
Vote Function Cost	US\$ Bn: 315.604	US\$ Bn: 75.175	US\$ Bn: 17.178
<i>VF Cost Excl. Ext Fin.</i>	<i>US\$ Bn 11.514</i>	<i>US\$ Bn 1.615</i>	<i>US\$ Bn 8.200</i>
Vote Function: 0849 Policy, Planning and Support Services			

Vote: 014 Ministry of Health

Vote Summary

<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 Function Cost	US\$ Bn:	22.019 US\$ Bn:	3.409 US\$ Bn: 21.641
<i>VF Cost Excl. Ext Fin.</i>	<i>US\$ Bn</i>	<i>12.403 US\$ Bn</i>	<i>2.046 US\$ Bn 12.025</i>
Cost of Vote Services:	US\$ Bn:	577.131 US\$ Bn:	98.960 US\$ Bn: 282.019
<i>Vote Cost Excl. Ext Fin.</i>	<i>US\$ Bn</i>	<i>53.745 US\$ Bn</i>	<i>8.947 US\$ Bn 49.135</i>

* Excluding Taxes and Arrears

2015/16 Planned Outputs

The key areas of focus for FY 2015/16 are;

- 1.Human resource (attraction, motivation, retention, training and development).
- 2.Improvement of maternal and child health services including reproductive health.
- 3.Control of HIV/AIDS, Malaria, TB & Hepatitis .
- 4.Improving Primary Health Care (disease prevention and health promotion, nutrition , environmental sanitation , hygiene, functionalizing lower level health facilities).
- 5.Reduction of referrals abroad (equipping, training, recruitment of specialists, staff motivation and acquisition of specialized medicines).
- 6.Enhancing blood collection under the Uganda Blood Transfusion Services.
- 7.Control/preparedness for disease outbreaks including surveillance.
8. Infrastructural rehabilitation and remodeling as well as constructing new facilities.

The detailed activities are in step 3 of this output budgeting pool

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

<i>Vote Function Key Output Indicators and Costs:</i>	2013/14 Outturn	2014/15		MTEF Projections		
		Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
Vote: 014 Ministry of Health						
Vote Function:0801 Sector Monitoring and Quality Assurance						
Vote Function Cost (US\$ bn)	0.614	0.805	0.151	0.805	1.053	1.800
Vote Function:0802 Health systems development						
Vote Function Cost (US\$ bn)	N/A	210.511	15.395	210.325		43.371
<i>VF Cost Excl. Ext Fin.</i>	<i>4.586</i>	<i>4.461</i>	<i>0.306</i>	<i>4.275</i>	<i>N/A</i>	<i>N/A</i>
Vote Function:0803 Health Research						
Vote Function Cost (US\$ bn)	1.743	2.413	0.542	2.413	3.000	3.650
Vote Function:0804 Clinical and public health						
Couple Years of Protection**		3,640,000	1,000	4,000,000	4,400,000	
No of support supervision visits to Regional Referral Hospitals conducted		14	0	14	14	
No. and proportion of health workers		200	0	250	250	

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Vote Summary

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
given scholarships/bursaries for further training**						
No. of health students accessing distance education courses		100	40	110	112	
No. of weekly surveillance reports released		52	13	52	52	
No. of mass measles campaigns carried out**(rounds made)		1	0	1	1	
Vote Function Cost (US\$ bn)	<i>N/A</i>	29.451	4.287	29.656		25.605
<i>VF Cost Excl. Ext Fin.</i>	<i>19.290</i>	<i>21.211</i>	<i>4.287</i>	<i>21.416</i>	<i>N/A</i>	<i>N/A</i>
Vote Function:0805 Pharmaceutical and other Supplies						
No. of EPI technical quarterly support supervision visits conducted to districts		4	1	4	4	4
Vote Function Cost (US\$ bn)	<i>N/A</i>	312.304	75.175	17.178	69.235	0.000
<i>VF Cost Excl. Ext Fin.</i>	<i>6.653</i>	<i>8.214</i>	<i>1.615</i>	<i>8.200</i>	<i>N/A</i>	<i>N/A</i>
Vote Function:0849 Policy, Planning and Support Services						
Vote Function Cost (US\$ bn)	<i>N/A</i>	21.646	3.409	21.641	23.815	13.932
<i>VF Cost Excl. Ext Fin.</i>	<i>9.610</i>	<i>12.03</i>	<i>2.046</i>	<i>12.025</i>	<i>N/A</i>	<i>N/A</i>
Cost of Vote Services (US\$ Bn)	N/A	577.131	98.960	282.019	97.104	88.358
<i>Vote Cost Excl. Ext Fin</i>	<i>42.496</i>	<i>49.135</i>	<i>8.947</i>	<i>49.135</i>	<i>N/A</i>	<i>N/A</i>

Medium Term Plans

1.Improving the management of human resources by rolling out the Human Resource for Health (HRH) Management Information System to provide information on levels and distribution of health workers. With the guidance of the Ministry of Public Service, the Hard to Reach Area Incentive Framework (HRIF) will continue to be implemented.

2.Further improvements in the supply chain management for essential medicines, vaccines and other health supplies will be realized through improved and innovative strategies in the supply system. Supervision will be enhanced through collaboration with partners, local governments and other stake holders. By expediting procurement, improving the collaboration with NMS and reducing leakages, the availability of medicines and vaccines will be improved. Procurement plans from health facilities shall serve as the basis for improving resource allocation for medicines at the various levels.

3.Development plans for Regional Referral Hospitals will be implemented and will form the basis for allocating Development funds more efficiently.

4.Emphasis will continue to be placed on consolidating the existing health infrastructure through equipping and renovation, rather than the construction of new facilities.

5.Further improve the functionality and coverage of village health teams

6.Scale up the road map for Reproductive and Maternal health and the Child Survival Strategy countrywide

7.Enhance budget monitoring in the sector and improve the overall resource allocation criteria

8.Implement the new resource allocation formula for PHC grants.

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Vote Summary

9. Training in Leadership and Management will be carried out country wide

10. Enhancing public –private partnership

(ii) Efficiency of Vote Budget Allocations

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

1. Implement a transparent and technically sound process to allocate resources to distribute to districts, Hospitals and other spending institutions including formulation and or review of resource allocation formulas. In addition, decision of new programs will give special preference to districts with highest poverty incidence, poorest mortality indicators, hard to reach and hard to stay areas in allocation of resources.

2. Reduce waste in health sector through minimizing inputs for any given output by; improving management and performance of health workers by paying them reasonably well, providing of their welfare through incentives, and improving logistics and procurement management systems. Given the high value of third party commodities, the sector will explore ways of improving efficiency in health spending through; management of donations of medicines, reduce waste in pharmaceuticals, reduce the costs of clearing and handling charges of medicines and vaccines and drugs procurement and deliveries. Other initiatives include the financial and commodities trucking system (FACTS).

3. Undertake efficiency studies in health facilities to investigate factors that affect efficiency and how efficiency can be improved.

4. Develop the health financing strategy.

5. Partnership with the private sector in areas of comparative advantage..

6. Establish a criteria to access financial implications of new projects and programmes.

7. Strengthen future analysis and value for money audit.

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	289.9	27.4	98.1	26.6	50.2%	9.7%	73.5%	30.1%
Service Delivery	481.8	222.2	105.6	69.0	83.5%	78.8%	79.1%	78.1%

The table below illustrates selected direct costs underlying the key service delivery outputs, for selected categories of health infrastructure (both central and local government level), medical and pharmaceutical supplies, and services. Given the wide range of outputs, additional cost information is available in the Guidelines on Standard Equipment & Instruments for Health Centres II-IV, District and Regional Hospitals issued by the National Advisory Committee on Medical Equipment (NACME), and Health Infrastructure Standards issued by Ministry of Health. It is key to note that indirect transactory expenses incurred in the attainment of these outputs, such as administrative expenses, are not included

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

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Vote Summary

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
<i>Vote Function: 0802 Health systems development</i>					
Staff house 2 BED RM	90,720	99,792	90,720	99,792	1 UNIT X 81 sq M x 1.232mil per sq mtr
Staff house 1 BED RM.	55,000	60,500	55,000	60,500	1 UNIT X 44 sq M x 1.375mil per sq mtr
PLACENTA PIT	3,000	3,300	3,300	3,630	
MEDICAL WASTE PIT	3,000	3,300	3,300	3,630	
HC IV OPERATING THEATRE	198,400	218,240	198,400	218,240	155 sq M x 1.408 mil per sq meter
HC IV OPD	564,480	620,928	564,480	620,928	441 sq M x 1.408 mil per sq meter
HC IV MORTUARY	30,450	33,495	30,450	33,495	29 sq M x 1.155 mil per sq meter
HC IV MATERNITY WARD	221,200	243,320	221,200	243,320	177 sq M x 1.374 mil per sq meter
HC IV GENERAL WARD	195,176	214,693	195,176	214,694	157.4 sq M x 1.363 mil per sq meter
HC III Out Patients Department	194,680	214,148	194,680	214,148	157 sq M x 1.364 mil per sq meter
HC III GENERAL/MATERNITY WARD	314,880	346,368	314,880	346,368	246 sq M x 1.408 mil per sq meter
HC II OPD/Emergency ward (142 sqm)	177,500	195,250	177,500	195,250	142 Sq M x 1.375 mil per sq meter

(iii) Vote Investment Plans

Allocations over the medium term are geared towards health systems development. The funds are allocated with the aim of functionalizing existing facilities, enhancing maternal and reproductive health and provision of requisite medical equipment.

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)	352.3	72.7	121.4	44.3	61.0%	25.8%	91.0%	50.2%
Grants and Subsidies (Outputs Funded)	10.3	10.3	0.0	0.7	1.8%	3.6%	0.0%	0.7%
Investment (Capital Purchases)	214.5	199.0	12.1	43.4	37.2%	70.6%	9.0%	49.1%
Grand Total	577.1	282.0	133.5	88.4	100.0%	100.0%	100.0%	100.0%

The major capital purchases for FY 2015/16 constitute rehabilitation and equipping of 9 general hospitals, construction of Kawempe , Kiruddu , Kawolo , and the modern women's (Maternal and Neonatal) hospitals and rehabilitation of Mulago National Referral Hospital.

Table V2.6: Major Capital Investments

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2014/15		2015/16
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
Project 1148 Public Health Laboratory strengthening project			
080472 Government Buildings and Administrative Infrastructure	1. construction of Mbale lab and remodelling of Lacor Lab . 2. NTRL construction at	Construction of the National TB Reference Lab at Butabika has reached at 2nd floor level.	1.Construction of Mbale laboratory and remodelling of Lacor laboratory.

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Vote Summary

Project, Programme	2014/15		2015/16
Vote Function Output <i>US\$ Thousand</i>	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
	Butabika continues and completed	Construction of Mbale lab and remodelling of Lacor Lab has commenced	2. Supervision of civil works at Mbale and Lacor laboratories
	3 Ventilation system installed in the new NTRL		
	4. supervision of civil works at satellite sites of Mbale and Lacor		
Total	2,047,000	0	2,376,000
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>2,047,000</i>	<i>0</i>	<i>2,376,000</i>
Project 0216 District Infrastructure Support Programme			
080280 Hospital Construction/rehabilitation	•Buyiga HCIII: Completion of Construction and equipping carried out. Initial allocations were not sufficient to complete the works.	Maternity / General Ward and staff houses completed OPD roofing completed	Kapchorwa Hospital partially rehabilitated by construction of 4 Units of 2-bedroom staff accommodation
Total	700,000	0	699,564
<i>GoU Development</i>	<i>700,000</i>	<i>0</i>	<i>699,564</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>
Project 1123 Health Systems Strengthening			
080280 Hospital Construction/rehabilitation	Construction works for 9 hospitals and 27 HC Ivs undertaken. Another 13 hospitals and 27 HC Ivs are scheduled for rehabilitation using the additional USD 90 Million from the World Bank. These are Pallisa, Kitgum, Apac, Bugiri, Abim, Atutur, Kitagata, Masindi, Buwenge, Bukwo, Itojo, Mubende and Moroto hospitals. The HC Ivs are Kasanda, Kiganda, Ngoma, Mwera, Kyantungo Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru-Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka.	Construction is in progress at 9 Hospitals including: Iganga, Nakaseke, Kiryandongo, Anaka, Moyo, Nebbi, Entebbe and Moroto Regional Referral Hospitals. Some of the buildings have been roofed and finishing works are ongoing. The Ministry still awaits the decision of the World Bank on the approval of US\$ 90 million for UHSSP Phase II funding to renovate 13 Hospitals namely: Apac, Itojo, Buwenge, Kitgum, Masindi, Bukwo, Bugiri, Pallisa, Abim, Kitagata and Atutur General Hospitals and Moroto and Mubende RRH. Using available funds, the Ministry is evaluating bids for renovation of 26 HCIVs. The HCIVs include: Kasanda, Kiganda, Ngoma, Mwera, Kyantungo, Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru-Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka.	•Completion of renovation of 9 Hospitals renovated under UHSSP (Mityana, Nakaseke, Anaka, Moyo, Entebbe, Nebbi, Moroto RRH, Iganga & Kiryandongo)

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Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousands</i>	2014/15		2015/16
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
Total	69,760,000	0	69,110,000
<i>GoU Development</i>	<i>150,000</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>69,610,000</i>	<i>0</i>	<i>69,110,000</i>
Project 1187 Support to Mulago Hospital Rehabilitation			
080280 Hospital Construction/rehabilitation	Construction of Kawempe ,Kiruddu and rehabilitation of Lower Mulago Hospital under taken	Construction of Kawempe ,Kiruddu and rehabilitation of Lower Mulago Hospital is on going	Construction works for Kawempe and Kiruddu hospitals completed. Rehabilitation of Lower Mulago Hospital will continue.
Total	52,330,000	12,624,438	55,330,000
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>52,330,000</i>	<i>12,624,438</i>	<i>55,330,000</i>
Project 1243 Rehabilitation and Construction of General Hospitals			
080280 Hospital Construction/rehabilitation	Kawolo hospital;- Expanding and rehabilitation of the Outpatient department, expanding and renovating the theatre and maternity, constructing 4 units of staff houses and mortuary.	- Design and supervision of consultancy services commenced	Kawolo hospital;- Expanding and rehabilitation of the Outpatient department, expanding and renovating the theatre and maternity, constructing 4 units of staff houses and mortuary.
Total	12,590,000	0	12,590,000
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>12,590,000</i>	<i>0</i>	<i>12,590,000</i>
Project 1314 Rehabilitation and Equipping of Health Facilities in Western Region			
080280 Hospital Construction/rehabilitation	Equipping Fort Portal regional referral hospital undertaken. Construction and equipping of OPD complex with causality unit and theaters in Hoima and Kabale hospitals also undertaken.	Contracts signed in August 2014 Kabale and Hoima hospital sites handed over to the contractor and Work commenced	New facilities (OPD, Theatres and Maternity wards) constructed and equipped at Hoima and Kabale hospital, and equipment supplied and installed at Fort Portal Hospital
Total	43,580,000	0	43,580,000
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>43,580,000</i>	<i>0</i>	<i>43,580,000</i>
Project 1315 Construction of Specialised Neonatal and Maternal Unit in Mulago Hospital			
080280 Hospital Construction/rehabilitation	Maternal and neonatal hospital construction undertaken Supervision of civil works undertaken	Acceptable ,updated design drawings,details and tender documents were submitted by the design consultant. An invitation for prequalification of contractors for civil works was advertised on 25th september 2014.	Maternal and neonatal hospital construction undertaken Supervision of civil works undertaken
Total	13,740,000	879,087	14,240,000
<i>GoU Development</i>	<i>300,000</i>	<i>0</i>	<i>800,000</i>
<i>External Financing</i>	<i>13,440,000</i>	<i>879,087</i>	<i>13,440,000</i>

(iv) Vote Actions to improve Priority Sector Outcomes

To address insufficient availability of qualified health staff at task, the sector shall, continue Implementing

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Vote Summary

the motivation and retention strategy for health workers, roll out Human Resources for Health Management Information System (HRHMIS) to additional all districts in the country and implementation of the hard to reach incentive scheme to all districts involved, Establish a Department of Human Resources for Health in the Ministry of Health to coordinate HRH development and management, fill and build capacity for management functions (positions and structures) for hospitals (regional and general and HC IV).

To address low functionality of VHTs, the sector will extend the establishment of VHTS to more additional districts; undertake Sensitization and capacity improvement of VHTs through seminars and training exercises.

In order to address inadequate health infrastructure and equipment, capital investment plans will continue to be geared towards consolidating existing infrastructure

Increased infant immunisation is extensively described in the Child Survival Strategy. The critical inputs to improved performance are the availability of adequate quantities and a reliable supply and storage cold chain system for the vaccines and immunisation supplies. Equally important is the availability of a motivated health workers and community sensitization through village health teams (VHTs). Accordingly the Sector undertakes to fully implement the Child Survival Strategy.

To counter stock outages and supply side deficiencies, the Sector will continue to adopt a Last Mile delivery mechanism to be implemented by the National Medical Stores, to ensure that medicines are delivered by NMs to the final consumer, the health unit, rather than to the stores at the District Headquarters. In addition, the Sector will develop regional storage capacity for medicines to improve the availability of stock within the regions, and to reduce regional disparities.

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 01 Sector Monitoring and Quality Assurance			
<i>VF Performance Issue: Uncoordinated development and poor operationalisation of standards at service delivery points</i>			
Client Charter disseminated to all districts. Client satisfaction survey disseminated	Development of Client charters for the 8 regional referral hospitals; the key client charter messages and guiding notes for developing client charters was all finalised. Procurement process for printing has been initiated	Disseminate the new service delivery standards Assess and rank health facilities on compliance to the standards in the national health facility quality of care programme	Develop and implement a national health facility accreditation programme
Vote Function: 08 49 Policy, Planning and Support Services			
<i>VF Performance Issue: -Right staff numbers and skills</i>			
The sector shall, continue Implementing the motivation and retention strategy for health workers, the hard to reach incentive scheme to all districts involved and build capacity for management functions for health facilities	The sector has implemented the motivation and retention strategy for health workers and hard to reach	Further continue Implementing the motivation and retention strategy for health workers, the hard to reach incentive scheme to all districts involved and build capacity for management functions for health facilities	Further continue Implementing the motivation and retention strategy for health workers, the hard to reach incentive scheme to all districts involved and build capacity for management functions for health facilities
Sector Outcome 2: Children under one year old protected against life threatening diseases			
Vote Function: 08 03 Health Research			
<i>VF Performance Issue: Poor health research coordination</i>			

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Vote Summary

2014/15 Planned Actions:	2014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
Implement research health policy and the strategic plan	The implementation of the health reserch policy is being undertaken by the research institutions including;UNHRO,UVRI and NCRI	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research
Vote Function: 08 04 Clinical and public health			
<i>VF Performance Issue: Inadequate coverage of Village Health Teams.</i>			
Operationalise the VHT strategy in 36 poorly performing districts	VHT strategy has been operationalised in the districts above	Implement the recommendations of the VHT assessment exercise	Establish national coverage of the revised VHT strategy
<i>VF Performance Issue: Irregular and ineffective support supervision</i>			
Implement the M&E strategy.	The ministry has solicited for funds from development partners to supplement the limited GOU allocated for the support supervision activities and improve their regularity	Roll out the supervision, monitoring and inspection strategic plan Train district Health teams in support supervision Disseminate new supervision guidelines	Institutionalize the regional structure for support supervision, monitoring, inspection and planning functions
Vote Function: 08 49 Policy, Planning and Support Services			
<i>VF Performance Issue: Availability of information and compliance with the laws and regulations.</i>			
National Health Information Strategy (NHIS) implemented	National Health information strategy is being implemented in all districts.		National Health Information Strategy (NHIS) implemented
Sector Outcome 3: Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)			
Vote Function: 08 05 Pharmaceutical and other Supplies			
<i>VF Performance Issue: Uncoordinated and defficient supply chain management (procurement planning and distribution of medicines and health supplies)</i>			
Further continue implementing the Government Policy on procurement of medicines and medical supplies	With support from GAVI, there is improved supply chain management. All regions received funds from UNICEF to support cold chain Maintenance. The District Cold Chain Technicians participated in the activity.	Involve stake holders such as hospital and facility managers in procurement planning and delivery scheduling of supplies.	Strengthen stakeholder management

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: 014 Ministry of Health						
0801 Sector Monitoring and Quality Assurance	0.614	0.805	0.151	0.805	1.053	1.800
0802 Health systems development	5.597	210.511	15.395	210.325	8.507	43.371
0803 Health Research	1.743	2.413	0.542	2.413	3.000	3.650

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Vote Summary

	2013/14 Outturn	2014/15		MTEF Budget Projections		
		Appr. Budget	Spent by End Sept	2015/16	2016/17	2017/18
0804 Clinical and public health	19.290	29.451	4.287	29.656	27.901	25.605
0805 Pharmaceutical and other Supplies	58.232	312.304	75.175	17.178	69.235	0.000
0849 Policy, Planning and Support Services	9.610	21.646	3.409	21.641	23.815	13.932
Total for Vote:	95.085	577.131	98.960	282.019	133.511	88.358

(i) The Total Budget over the Medium Term

The budget projections for FY 2015/15 are Ushs 282.018 bn of which wage is Ushs 6.494bn, NWR is Ushs 29.665bn, GoU Development Ushs 12.975 and Donor project is Ushs 232.018bn. The projections for 2016/17 and 2017/18 are Ushs 133.511bn and Ushs 88.358 bn respectively

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

The major services provided by the vote which take up major shares of the vote expenditure are; procurement of vaccines, infrastructural development nationwide and epidemic control.

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

The major planned changes in resource allocation are described in the table below.

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 Health systems development</i>				
Output: 0802 01 Monitoring, Supervision and Evaluation of Health Systems				
<i>UShs Bn:</i>	<i>-2.858</i>	<i>UShs Bn: -16.798</i>	<i>UShs Bn: -16.798</i>	<i>The reduction is in line with the work plan and projected disbursement under project 1187- Support to Mulago Hospital Rehabilitation for FY 2015/16. Some of the activities in the FY 2014/15 work plan will not be repeated in FY 2015/16 hence the reduction.</i>
Output: 0802 80 Hospital Construction/rehabilitation				
<i>UShs Bn:</i>	<i>3.000</i>	<i>UShs Bn: -184.043</i>	<i>UShs Bn: -149.179</i>	<i>The increment is in line with the projected disbursements under the projects for construction of Kawempe and Kiruddu hospitals and rehabilitation of Lower Mulago Hospital in FY 2015/16</i>
<i>Vote Function:0809 Clinical and public health</i>				
Output: 0804 09 Indoor Residual Spraying (IRS) services provided				
<i>UShs Bn:</i>	<i>-2.082</i>	<i>UShs Bn: -2.082</i>	<i>UShs Bn: -2.082</i>	<i>The funds were temporarily moved to mitigation of other public health emergencies until such a time when more funds are acquired to enable more meaningful IRS coverage (More than the routine 2 districts). Examples of the public Health Emergencies include Hepatitis B, jiggers, Ebola, Marburg etc.</i>
<i>Vote Function:0801 Pharmaceutical and other Supplies</i>				
Output: 0805 01 Preventive and curative Medical Supplies (including immunisation)				
<i>UShs Bn:</i>	<i>-263.480</i>	<i>UShs Bn: -206.423</i>	<i>UShs Bn: -275.658</i>	<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>

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Vote Summary

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		
Output:	0805 02 Strengthening Capacity of Health Facility Managers			<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>
<i>US\$ Bn:</i>	<i>-3.698</i>	<i>US\$ Bn: -3.698</i>	<i>US\$ Bn: -3.698</i>	
Output:	0805 03 Monitoring and Evaluation Capacity Improvement			<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>
<i>US\$ Bn:</i>	<i>-9.555</i>	<i>US\$ Bn: -14.274</i>	<i>US\$ Bn: -14.274</i>	
Output:	0805 72 Government Buildings and Administrative Infrastructure			<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>
<i>US\$ Bn:</i>	<i>-10.703</i>	<i>US\$ Bn: -10.703</i>	<i>US\$ Bn: -10.703</i>	
Output:	0805 75 Purchase of Motor Vehicles and Other Transport Equipment			<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>
<i>US\$ Bn:</i>	<i>-5.793</i>	<i>US\$ Bn: -5.793</i>	<i>US\$ Bn: -5.793</i>	
Output:	0805 77 Purchase of Specialised Machinery & Equipment			<i>Information on donor disbursements for GAVI and Global Fund projects for FY 2015/16 is yet to be finalized. Once the projections are confirmed, appropriate changes will be effected.</i>
<i>US\$ Bn:</i>	<i>-1.808</i>	<i>US\$ Bn: -1.808</i>	<i>US\$ Bn: -1.808</i>	

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.

The sector faces the following major challenges:

1. Human Resources for Health

Wage enhancement for health workers: The sector faces a challenge of attracting key human resources for health. This has caused a persistent service delivery gap in health facilities. No funds have been provided for wage enhancement for the other health workers except Medical officers at Health Centre IVS. Low salaries also lead to increased absenteeism and reduced productivity as workers are forced to consider supplementary sources of income. Ushs. 129bn is required for salary enhancement for all staff in the sector annually. However a phased extension of retention allowances for mid wives in HC III-general hospitals, doctors in general hospitals and DHO's offices requires 13.3 bn.

2. Rehabilitation of general hospitals. Many of the general hospitals some of which were constructed in the 1930s and 1960s are in dire shape. Pictures of these hospitals portraying their sorry state have frequently appeared in the press causing an embarrassment to Government. According to a recent report by the Ministry's infrastructure division, the total requirement for civil works, medical equipment, furniture and transport for 25 general hospitals excluding those being covered under the ongoing projects is Ushs 826.8 billion. We propose a phased intervention starting with Ushs 25bn in the first year.

3. Enhancement of Primary Health Care Non-wage recurrent. Only Ushs 41.185bn has been allocated as

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recurrent budget to run Health service delivery in 137 LGs with 56 General Hospitals, 61 PNFP Hospitals and 4,205 Lower Level Health Units for the last 5 years. Analysis of the UBOS price indices shows that prices of goods and services in general have increased by 44% between 2008/09 and 2012/13 while those of utilities alone (rent, fuel, water and electricity) increased by 20.4%. This has not been matched by commensurate increases in the budgets of the health institutions. This is further compounded by the fact that some health facilities have a budget of Ushs 120,000 per month (excluding medicines) to deliver all the required services.

The Non Wage recurrent budget therefore needs to be revised to enhance health service delivery in the Local Governments. Ushs 39.5 bn is required to make the current facilities (without the proposed recruitment) to operate at a reasonable level. The sector requests that the Ministry of Finance Planning and Economic development increases the PHC non-wage allocation. This could be partly covered under the budget support component of the Belgian support to Government in the medium term.

4. Vehicles for local Government Health departments: Many of the district health offices and health facilities have no transport for supervision, monitoring, movement of medical supplies, community outreaches and general administration. Many of the vehicles in place are poorly maintained mainly because of the low budget allocation under the recurrent budget of Local Governments. Government therefore needs to prioritise procurement of vehicles for the Local Governments. Ushs 10bn is required to procure about 60 vehicles for the district health offices. This will supplement the expected supply of 68 vehicles under the GAVI project for local governments.

5. Support to the introduction and implementation of the Uganda ambulance service. The ambulance service is meant to improve management of emergencies and referrals in the country. Under the Uganda ambulance service concept, Local Governments and regions shall be provided with information systems and ambulances to improve on referrals country wide. A total of Shs 40bn is required in the first year of operations.

6. The maintenance contract under the imaging equipment project phase 01 (X-ray machines and ultra sound scanners) for 18 General Hospitals and 30 HC Ivs expired in August 2011. These equipments are not being maintained and some of them have broken down. The implication is that much of this expensively acquired equipment is either not utilized or underutilized to offer services to the population. To renew the maintenance contracts, Shs.2.5 billion per year is required to ensure all the medical equipments in the earmarked facilities are maintained, serviced and kept functional. This involves monthly servicing and periodic repair of the equipments.

7. Huge disease burden owing mainly to HIV/AIDS, Malaria, Tuberculosis, pneumonia and diarrhea particularly in children. The challenge is that most of the support under these disease programmes is funded by external donors. This causes a challenge of sustainability incase the donors withdraw their support or phase out funding to these programmes. The health sector is under-resourced to adopt and implement interventions to scale up services under these disease programmes. The MOH needs significant funding to scale up considerable implementation of these programmes to achieve the health MDG targets.

8. Emergencies and Epidemics: Over the last 3 years, the health sector has experienced outbreaks of epidemics annually consuming approximately shs 3 billion every financial year. The budget provision for handling emergencies and epidemics is inadequate hence constraining the ability of the health sector to respond promptly and adequately to emergencies. An estimated Ushs 5bn is required annually for training, social mobilization, surveillance, health education, studies and case management and response.

There is an immediate need of Ushs 29.5bn for the emergency response towards mitigating the Hepatitis B outbreak in the country. This is to cover immunization for both children and adults. This shall cover procurement of vaccines and test kits and management costs to cover the whole country.

9. Operationalisation of the newly completed cancer ward requires a one off budget provision of Ushs 20bn. This is meant to be part of Governments actions to increase provision of cancer services at the cancer institute to reduce the referrals abroad.

10. Eminent stock out of essential lab reagents and HIV Test Kits: The available stock is projected to be

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depleted end of December 2014. A total of Ushs 33bn (Ushs 19bn for HIV Kits and Ushs 14bn for General Lab reagents) is required to stock up on the supplies.

11. Clearing and handling charges for reproductive health commodities supplied under the UNFPA. Effective January 2013, UNFPA communicated that the Government should take over the payment of these charges. For this purpose, the sector requests for an allocation of Ushs 2.5bn annually.

12. Counterpart funding obligations for Government with no budget provision include. These obligations arise out of the MoUs and agreements between Government and Development Partners. Some of these are; oGAVI- counterpart funding obligations for vaccines- The gap of shs 4.2 bn is not covered.

OProject 1314 Rehabilitation of hospitals and supply of medical equipment in the western region of Uganda Ushs 3bn

oShortfall on project 1187 for rehabilitation of Mulago National referral hospital. Ushs 14bn arising out of the change in VAT policy.

13. Following the presidential directive to reduce medical referrals abroad, there is need to equip selected referral hospitals (Mulago, Mbale, Gulu, Mbarara) as a way of implementing the presidential directive to reduce referrals abroad. These facilities will require investments in the area of cancer services, renal dialysis, imaging and radiology, surgery, lab equipment, ophthalmology and requisite staff training. The total amount required is Ushs 175bn.

14. Currently maintenance of medical equipments nationwide is carried out through the maintenance workshops at regional referral hospitals and the national workshop at wabigalo. However the available budget is Shs.2.5 bn which is inadequate to maintain all the equipments in health centres and hospitals excluding the imaging and radiology equipment. Nationwide maintenance of medical equipment requires Ushs 49bn to maintain the current stock of medical equipment countrywide annually.

15. Construction of oxygen plant for Mbarara and other hospitals-Ushs 14bn is needed for constructing oxygen plants for Mbarara and 13 Regional Referral Hospitals.

16. Health care waste management –Ushs 2.5bn. A waste management programme supported by USAID came to an abrupt stop with the withdrawal of the support. Shs 2.5 bn is required to restart the programme and roll it out to the rest of the country

17. Debt on designs that were developed in 2006 for central vaccine stores. Ushs 1.8bn remains unpaid to the firm that developed the designs for the Central Vaccine store.

18. Control of Malaria- Implementation of the Malaria reduction strategy USD 153 Million required for FY 2014/15. To scale up IRS to the rest of the country Ushs 275bn is needed on annual basis.

19. Construction of blood banks in Arua and Moroto-Ushs 11BN

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:0801 Sector Monitoring and Quality Assurance</i>	
Output: 0801 01 Sector performance monitored and evaluated	
UShs Bn: 1.000	<i>The funds are for enhancing supervision, monitoring and evaluation to enforce adherence to set standards and guidelines, curb absenteeism and enhance quantity and quality of care. Technical supervision will also be enhanced as part of capacity development for health workers.</i>
<i>Vote Function:0880 Health systems development</i>	
Output: 0802 80 Hospital Construction/rehabilitation	
UShs Bn: 17.000	<i>Counterpart funding obligations for Government with no budget provision. These obligations arise out of the MoUs and agreements between Government and Development Partners. Some of these are; Project 1314 Rehabilitation of hospitals and supply of medical equipment in the western region of Uganda Ushs 3bn for the FY</i>

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Additional Requirements for Funding and Outputs in 2015/16:	Justification of Requirement for Additional Outputs and Funding
<p><i>Vote Function:0852 Health Research</i></p> <p>Output: 0803 52 Support to Uganda National Health Research Organisation(UNHRO)</p> <p>UShs Bn: 0.000</p>	<p>2015/16</p> <p>Shortfall on project 1187 for rehabilitation of Mulago National referral hospital. Ushs. 14 bn arising out of the change in VAT policy and counter part funding obligations. This project is scheduled to end in December 2015.</p>
<p><i>Vote Function:0801 Clinical and public health</i></p> <p>Output: 0804 01 Community health services provided (control of communicable and non communicable diseases)</p> <p>UShs Bn: 7.000</p>	<p>There is an immediate need of Ushs 29.5bn for the emergency response towards mitigating the Hepatitis B outbreak in the country. This is to cover immunization for both children and adults. This shall cover procurement of vaccines and test kits and management costs to cover the whole country. We propose an allocation of Ushs.5bn to under take some of the key activities in the response plan.</p>
<p>Output: 0804 05 Immunisation services provided</p> <p>UShs Bn: 4.200</p>	<p>Contribution to the African Public Health Emergency fund (fund established by the regional committee of the World Health Organization. Ushs 2bn</p>
<p>Output: 0804 07 Provision of standards,Leadership, guidance and support to nursing services</p> <p>UShs Bn:</p>	<p>GAVI- counterpart funding obligations for Pentavalent, PCV and HPV vaccines-Government of Uganda contribution Shs 4.2 bn additional funds is required to co- finance the GAVI programme .</p>
<p><i>Vote Function:0801 Pharmaceutical and other Supplies</i></p> <p>Output: 0805 01 Preventive and curative Medical Supplies (including immunisation)</p> <p>UShs Bn: 4.200</p>	
<p><i>Vote Function:0801 Policy, Planning and Support Services</i></p> <p>Output: 0849 01 Policy, consultation, planning and monitoring services</p> <p>UShs Bn: 2.500</p>	<p>Clearing and handling charges for reproductive health commodities supplied under the UNFPA. Effective January 2013, UNFPA communicated that the Government should take over the payment of these charges. For this purpose, the sector requests for an allocation of Ushs 2.5bn annually.</p>
<p>Output: 0849 02 Ministry Support Services</p> <p>UShs Bn:</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

Objective: Improve sexual and reproductive health

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Issue of Concern : Reduction of maternal and neonatal mortality

Proposed Interventions

1. Procuring and distributing EMoC medicines, supplies, and equipment
2. Supporting the mobilization of blood for emergency obstetric and new born care
3. Conducting maternal and perinatal death audits to address gaps and improve quality of care.

Budget Allocations UGX billion 6

Performance Indicators

(ii) *HIV/AIDS*

Objective: Reduce HIV/AIDS prevalence

Issue of Concern : Rising HIV/AIDS prevalence

Proposed Interventions

1. Elimination of Mother to Child Transmission,
2. Safe male circumcision,
3. Behavior change promotion

Budget Allocations UGX billion 5

Performance Indicators

(iii) *Environment*

Objective: Infection control

Issue of Concern : Safe waste disposal

Proposed Interventions

1. Roll out Village Health Teams to educate people about safe waste disposal
2. Construct incinerators in health facilities

Budget Allocations UGX billion 2

Performance Indicators

(ii) **Payment Arrears**

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

(ii) **Non Tax Revenue Collections**

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