

Vote: 175 Moroto Referral Hospital

Vote Summary

VI: Vote Overview

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

(i) Snapshot of Medium Term Budget Allocations

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

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

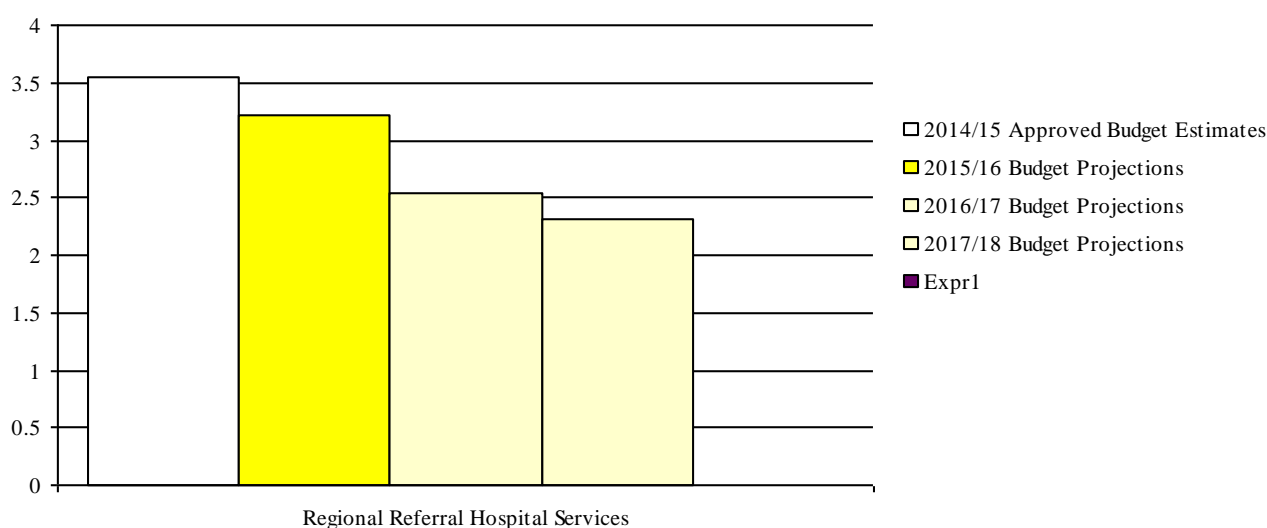
	2013/14 Outturn	2014/15		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2015/16	2016/17	2017/18
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent						
Wage	1.389	1.734	0.433	1.734	1.403	1.173
Non Wage	0.629	0.817	0.204	0.817	0.640	0.640
Development						
GoU	1.351	1.000	0.250	0.664	0.500	0.500
Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	3.369	3.550	0.887	3.214	2.543	2.313
Total GoU+Donor (MTEF)	3.369	3.550	0.887	3.214	2.543	2.313
<i>(ii) Arrears and Taxes</i>						
Arrears	0.000	0.000	0.000	0.000	N/A	N/A
Taxes**	0.000	0.000	0.000	0.000	N/A	N/A
Total Budget	3.369	3.550	0.887	3.214	N/A	N/A
<i>(iii) Non Tax Revenue</i>	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	3.369	3.550	0.887	3.214	N/A	N/A
Excluding Taxes, Arrears	3.369	3.550	0.887	3.214	2.543	2.313

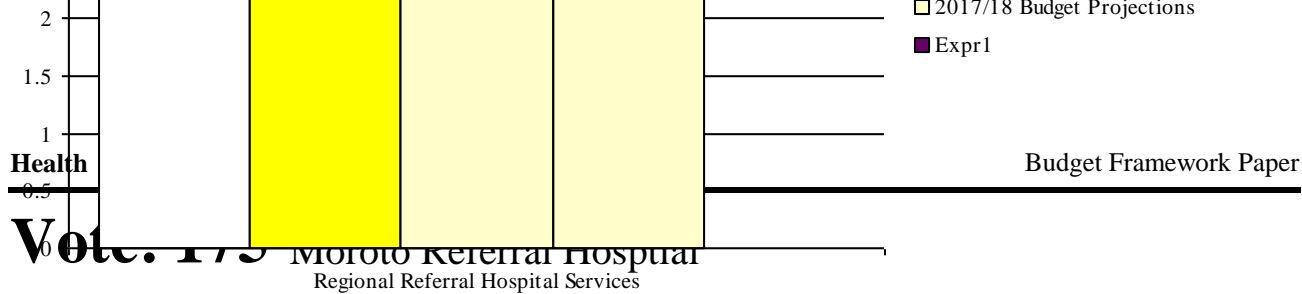
* Donor expenditure data unavailable

** Non VAT taxes on capital expenditure

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

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





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(ii) Vote Mission Statement

The Vote's Mission Statement is:

To increase access of all people in Karamoja Region and beyond to quality general and specialized health services.

(iii) Vote Outputs which Contribute to Priority Sector Outcomes

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

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

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

V2: Past Vote Performance and Medium Term Plans

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

(i) Past and Future Planned Vote Outputs

2013/14 Performance

Construction of 6 units of staff houses done to the level of internal fittings/ finishing.
Construction of first phase of 30 units staff house (10 units) to the level of walling.
Consultancy for supervision of first phase 30 units staff house.
Procurement of Medical Equipment, ICT equipment and office furniture.

Preliminary 2014/15 Performance

Termination of contract for the construction of 6 units staff houses after contractor abandoned the site and subsequent award of contract for the completion to another contractor.
Internal fittings and finishing being done for construction of first phase (10 units) of 30 units of storied staff houses.

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: 175 Moroto Referral Hospital			
Vote Function: 0856 Regional Referral Hospital Services			
Output: 085601	Inpatient services		
<i>Description of Outputs:</i>	15,000 general admissions 5 days average length of stay	3,825 general admissions 6 days average length of stay	15,000 general admissions 5 days average length of stay

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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
<i>Performance Indicators:</i>	95% bed occupancy rate	92% bed occupancy rate	95% bed occupancy rate
No. of in patients admitted	15,000	3,825	15,000
Bed occupancy rate (inpatients)	95	92	95
Average rate of stay for inpatients (no. days)	5	6	5
<i>Output Cost: US\$ Bn:</i>	0.225	<i>US\$ Bn:</i> 0.056	<i>US\$ Bn:</i> 0.272
Output: 085602	Outpatient services		
<i>Description of Outputs:</i>	52,500 patients attended to in general out-patient clinic 5,000 patients attended to in specialized outpatient clinic	13,397 patients attended to in general out-patient clinic 2,300 patients attended to in specialized outpatient clinic	52,500 patients attended to in general out-patient clinic 7,500 patients attended to in specialized outpatient clinic
<i>Performance Indicators:</i>			
No. of specialised outpatients attended to	5,000	2,300	7,500
No. of general outpatients attended to	52,500	13,397	52,500
<i>Output Cost: US\$ Bn:</i>	0.105	<i>US\$ Bn:</i> 0.026	<i>US\$ Bn:</i> 0.100
Output: 085604	Diagnostic services		
<i>Description of Outputs:</i>	11,500 lab tests done 1200 X-rays (imaging) done	12,803 lab tests 703 X-rays (imaging) done 405 Ultrasound scans	13,500 lab tests 1,200 X-rays (imaging) done 1,000 Ultrasound scans done
<i>Performance Indicators:</i>			
Patient xrays (imaging)	1,200	703	1,200
No. of labs/tests	11,500	12,803	13,500
<i>Output Cost: US\$ Bn:</i>	0.051	<i>US\$ Bn:</i> 0.013	<i>US\$ Bn:</i> 0.040
Output: 085605	Hospital Management and support services		
<i>Description of Outputs:</i>	4 Specialists outreaches to general and PNFP Hospitals and HC IV. 5 Doctors facilitated to do their duties Night allowances paid to staff for 432 nights. Disturbance/settlement allowance paid to 40 staff posted. Safari day allowance paid to 120 staff. Special duty allowance (evening, night and weekend calls) paid on daily basis to senior staff. Medical expenses paid to staff who require services not available in the hospital. Funeral and burrial expenses made for staff and their immediate family members. Adverts for procurement of goods and services made in the	general and PNFP Hospitals and HC IV. 2 Doctors facilitated to do their duties Night allowances paid to staff for 432 nights. Disturbance/settlement allowance paid to 40 staff posted. Safari day allowance paid to (...) 120 staff. Special duty allowance (evening, night and weekend calls) paid on daily basis to senior staff. Medical expenses paid to staff who require services not available in the hospital. Funeral and burrial expenses made for staff and their immediate family members. Adverts for procurement of goods and services made in the gazzetes.	4 Specialists outreaches to general and PNFP Hospitals and HC IV. 5 Doctors facilitated to do their duties Night allowances paid to staff for 432 nights. Disturbance/settlement allowance paid to 40 staff posted. Safari day allowance paid to (...) 120 staff. Special duty allowance (evening, night and weekend calls) paid on daily basis to senior staff. Medical expenses paid to staff who require services not available in the hospital. Funeral and burrial expenses made for staff and their immediate family members. Adverts for procurement of goods and services made in the

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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
	gazzetes. Four workshops conducted for staff. Staff facilitated for short and long term training. Facilities for workshops hired. Five board meetings held . Magazines and relevant books for management functions and service delivery procured. Computers serviced, accessories and parts procured . Medical and administrative forms printed, stationery procured and photocopying and binding services procured. Small office equipment procured Bad debts paid. Bank charges and bank related costs met. Subscriptions made to some proffessional bodies to which staff belong. Telecommunication services procured. Expenses on hospital property made. Rental services for staff (doctors) accomodation procured from private entities. Services of armed security guards procured. Long and Short-term consultancy services procured. Radio messages for community sensitization made	Four workshops conducted for staff. Staff facilitated for short and long term training. Facilities for workshops hired. Five board meetings held . Magazines and relevant books for management functions and service delivery procured. Computers serviced, accessories and parts procured . Medical and administrative forms printed, stationery procured and photocopying and binding services procured. Small office equipment procured Bad debts paid. Bank charges and bank related costs met. Subscriptions made to some proffessional bodies to which staff belong. Telecommunication services procured. Expenses on hospital property made. Rental services for staff (doctors) accomodation procured from private entities. Services of armed security guards procured. Long and Short-term consultancy services procured.	gazzetes. Four workshops conducted for staff. Staff facilitated for short and long term training. Facilities for workshops hired. Five board meetings held . Magazines and relevant books for management functions and service delivery procured. Computers serviced, accessories and parts procured . Medical and administrative forms printed, stationery procured and photocopying and binding services procured. Small office equipment procured Bad debts paid. Bank charges and bank related costs met. Subscriptions made to some proffessional bodies to which staff belong. Telecommunication services procured. Expenses on hospital property made. Rental services for staff (doctors) accomodation procured from private entities. Services of armed security guards procured. Long and Short-term consultancy services procured.
	<i>Output Cost: US\$ Bn:</i> 2.135	<i>US\$ Bn:</i> 0.534	<i>US\$ Bn:</i> 2.087
Output: 085606	Prevention and rehabilitation services		
<i>Description of Outputs:</i>	452 people attended antenatal clinic 1,752 mothers and children immunized 164 family planning contacts	765 people attended antenatal clinic 237 familiy planning contacts	2,500 people attended antenatal clinic 1,000 family planning contacts 3,500 mothers and 6,500 children immunized
<i>Performance Indicators:</i>			
No. of people receiving family planning services	164	237	1,000
No. of people immunised	1,752	3348	10,000
No. of antenatal cases	452	765	2,500
<i>Output Cost: US\$ Bn:</i>	<i>0.017</i>	<i>US\$ Bn:</i> <i>0.004</i>	<i>US\$ Bn:</i> <i>0.031</i>
Output: 085681	Staff houses construction and rehabilitation		
<i>Description of Outputs:</i>	completion of construction of first phase of 30 units	Construction of first phase of 30 units at roofing level	Completion of construction of first phase (10 units) of 30 units of staff houses
<i>Performance Indicators:</i>			

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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
No. of staff houses constructed/rehabilitated	30	10	10
<i>Output Cost: UShs Bn:</i>	<i>1.000</i>	<i>UShs Bn: 0.250</i>	<i>UShs Bn: 0.514</i>
Vote Function Cost	UShs Bn:	3.550 UShs Bn:	0.887 UShs Bn: 3.214
Cost of Vote Services:	UShs Bn:	3.550 UShs Bn:	0.887 UShs Bn: 3.214

* Excluding Taxes and Arrears

2015/16 Planned Outputs

15,000 general admissions; 5 days average length of stay; 95% bed occupancy rate; 52,500 patients; attended to in general out-patient clinic; 7,500 patients attended to in specialized outpatient clinic; 13,500 lab tests; 1,200 X-rays (imaging) done; 1,000 Ultra Sound Scans done; 2,500 people attended antenatal clinic; 10,000 mothers and children immunized; 1000 Family planning contacts; Complete construction of first phase (10 units) of 30 units of staff houses and start construction of second and third phase of (20 units) of the 30 units.

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

<i>Vote Function Key Output Indicators and Costs:</i>	2013/14 Outturn	2014/15 Approved Plan	Outturn by End Sept	MTEF Projections		
				2015/16	2016/17	2017/18
Vote: 175 Moroto Referral Hospital						
Vote Function:0856 Regional Referral Hospital Services						
Average rate of stay for inpatients (no. days)		5	6	5	6	5
Bed occupancy rate (inpatients)		95	92	95	95	95
No. of in patients admitted		15,000	3,825	15,000	16,000	17,000
No. of general outpatients attended to		52,500	13,397	52,500	56,000	60,000
No. of specialised outpatients attended to		5,000	2,300	7,500	8,500	10,000
Value of medicines received/dispensed (Ush bn)		0.600	0.600	0.500	0.800	1.000
No. of labs/tests		11,500	12,803	13,500	14,000	1,600
Patient xrays (imaging)		1,200	703	1,200	1,500	1,500
No. of antenatal cases		452	765	2,500	2,550	2,600
No. of people immunised		1,752	3348	10,000	10,000	10,000
No. of people receiving family planning services		164	237	1,000	1,100	1,150
No. of hospitals benefiting from the rennovation of existing facilities.			0	0	0	0
No. reconstructed/rehabilitated general wards		0	0	0	0	0
No. of staff houses constructed/rehabilitated		30	10	10	20	20
No. of maternity wards constructed			0.0	0	0	0
No. of maternity wards rehabilitated			0.0	0	0	0
No. of OPD wards constructed			0.0	0	0	0
No. of OPD wards rehabilitated			0.0	0	0	0
No. of other wards constructed			0.0	0	0	0
No. of other wards rehabilitated			0.0	0	0	0
No. of theatres constructed			0.0	0	0	0

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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
No. of theatres rehabilitated			0.0	0	0	0
Value of medical equipment procured (Ush Bn)		0.0	0.0	0	0	0
Vote Function Cost (UShs bn)	3.369	3.550	0.887	3.214	2.543	2.313
Cost of Vote Services (UShs Bn)	3.369	3.550	0.887	3.214	2.543	2.313

Medium Term Plans

Construction of Staff houses, OPD, theater-maternity ward – Paediatric ward - Private ward complex and Medical ward-surgical ward complex, administrative block, EYE/ENT wards, procurement of ICT equipment and Furniture. Procure official transport for the Hospital Director.

(ii) Efficiency of Vote Budget Allocations

Plans to improve on efficiency and value for money include: Capacity building for the service providers; Involvement of all stake holders; Strengthening of management structures and committees, Strengthening of support and technical supervision; staff motivation; enforcing sanctions and rewards for staff; improving the work environment.

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	1.3	0.9	1.8	1.1	37.9%	28.5%	72.5%	48.0%
Service Delivery	3.5	3.0	2.5	2.3	99.5%	94.7%	100.0%	99.3%

More resource allocation is needed in the wage allocation to recruit more staff and improve on the staffing situation from 44% to 54%. More resources are required for construction of structures not covered under the World Bank like Administration Block, Diagnostics, specialized clinics (Eye, ENT, Dental, Occupational Therapy, and service areas for storage).

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
<i>Vote Function:0856 Regional Referral Hospital Services</i>					
Immunization services				2,091	
Cost of preventive and Rehabilitative services	11,835	10		8,787	The Unit Cost planned for 2014/15 is lower because of expedted increase of output against stagnant MTEF
Cost of Outpatient services	2,588	1,955		1,658	The Unit Cost planned for 2014/15 is lower because of expedted increase of output against stagnant MTEF
Cost of Inpatient services	22,744	18,349		18,113	The Unit Cost planned for 2014/15 is lower because of expedted increase of output against stagnant MTEF
Cost of fuel		4,000		4,000	-
Cost of Diagnostic Services	5,092	2,436		2,535	This is the initial costing for diagnostic services based on allocations and outputs
Cost of cleaning services		6,275,000		6,608,333	-

(iii) Vote Investment Plans

- The level of funding has been increasing over the medium term because the hospital needs to be

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rehabilitated and expanded following its upgrading from General to Regional Hospital.

- In the F/Y 2011/12 the hospital received Ugx 0.150 Billion which was used for construction of the hospital fence to safe guard the already secured hospital land.

- In F/Y 2012/13 funding increased to Ugx 0.500 billion which was spent on the construction of 6 units of staff houses. Staff house construction is the first priority of the hospital in order to attract, retain and motivate staff.

- In F/Y 2013/14 funding was increased to Ugx 1.388 billion which is being used for the completion of 6 units of staff houses (0.3 billion) and construction of the first phase of additional 30 units of staff houses (1.038 billion), in line with the priorities of the hospital to address the serious accommodation challenges. Ugx 0.050 billion has been used to procure assorted medical equipment (Ugx 0.03 bn), procurement of hospital furniture (Ugx 0.010 bn) and procurement of ICT Equipment (Ugx 0.010 bn).

In F/Y 2014/15 funding was decreased to Ugx 1 billion which is being used for the completion of construction of 6 units of staff houses (0.119 billion) and construction of the first phase (10 units) of 30 units of staff houses (0.881 billion), in line with the priorities of the hospital to address the serious accommodation challenges.

- In F/Y 2015/16 Ugx 1 Billion (the whole Capital Development allocation) will be used for the completion of payment for 1st phase (10units) and construction of 2nd and 3rd phase (20units) of the 30 units of staff houses (which costs UGX. 5.252 Billion), procurement of official transport for Hospital Director (UGX. 0.251 Billion) and procurement of ICT equipment and Furniture (UGX. 0.1Billion)

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)	2.6	2.6	1.4	1.5	71.8%	79.3%	55.1%	66.8%
Investment (Capital Purchases)	1.0	0.7	1.1	0.8	28.2%	20.7%	44.9%	33.2%
Grand Total	3.5	3.2	2.5	2.3	100.0%	100.0%	100.0%	100.0%

The capital investment for the F/Y 2015/16 will be for completion of payment for the construction of the 10 units (first phase) and commencement of the construction of 2nd and 3rd phase (20 units) of 30 units of storied staff houses worth UGX 5.256 Billion. Procurement of official vehicle for the Hospital Director.

Table V2.6: Major Capital Investments

Project, Programme Vote Function Output <i>UShs 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 1004 Moroto Rehabilitation Referral Hospital			
085681 Staff houses construction and rehabilitation	completion of the construction of the first phase(10) of30 units staff houses started in FY 2013/14. supervision of construction of staff houses	Work on going on the first phase of the construction of one block of ten units out of the 30 units staff houses. Reached roofing level. Supervision of construction of construction works on going.	Complete works and payments for the first phase (10 units) of the 30 units of staff houses.
Total	999,850	249,963	514,000
<i>GoU Development</i>	<i>999,850</i>	<i>249,963</i>	<i>514,000</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>

(iv) Vote Actions to improve Priority Sector Outomes

The strategy is to provide Quality general and Specialized Health Services in line with the hospital Vision, Mission and strategic objectives. This involves strengthening systems, structures and processes to improve performance. This includes implementation of the Clients Charter, Clinical reviews, Quality improvement

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basing on 5S, infrastructural development, staff recruitment, attraction, retention and motivation to fill the vacant posts with available resources.

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 56 Regional Referral Hospital Services			
VF Performance Issue: <i>Under staffed structures</i>			
Prepare and submit Recruitment plans to MOH, MOPS and HSC	Plan already submitted to Ministry of health	Recruitment of new staff. Recruitment Plan prepared and submitted to MOH, HSC, MOPS Advertisement for recruitment done	Raise staffing level from 42% to 55%

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: 175 Moroto Referral Hospital						
0856 Regional Referral Hospital Services	3.369	3.550	0.887	3.214	2.543	2.313
Total for Vote:	3.369	3.550	0.887	3.214	2.543	2.313

(i) The Total Budget over the Medium Term

- The level of funding has been increasing over the medium term because the hospital needs to be rehabilitated and expanded following its upgrading from General to Regional Hospital.
- In the F/Y 2011/12 the hospital received Ugx 0.150 Billion which was used for construction of the hospital fence to safe guard the already secured hospital land.
- In F/Y 2012/13 funding increased to Ugx 0.500 billion which was spent on the construction of 6 units of staff houses. Staff house construction is the first priority of the hospital in order to attract, retain and motivate staff.
- In F/Y 2013/14 funding was increased to Ugx 1.388 billion which is being used for the completion of 6 units of staff houses (0.3 billion) and construction of the first phase of additional 30 units of staff houses (1.038 billion), in line with the priorities of the hospital to address the serious accommodation challenges. Ugx 0.050 billion has been used to procure assorted medical equipment (Ugx 0.03 bn), procurement of hospital furniture (Ugx 0.010 bn) and procurement of ICT Equipment (Ugx 0.010 bn).
- In F/Y 2014/15 funding was decreased to Ugx 1 billion which is being used for the completion of 6 units of staff houses (0.119 billion) and completion of construction of the first phase (10 units) of 30 units of staff houses (0.881 billion), in line with the priorities of the hospital to address the serious accommodation challenges.

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

Major expenditure allocations include, cleaning hospital wards and units, cleaning hospital compound, emptying V.I.P latrines, unblocking sewage lines, tyres for motor vehicles, fuel for generator, printing and stationery, training, maintenance of infrastructure, property expenses, allowances, travel, construction of 30 unit staff house, procurement of assorted medical equipment, hospital furniture and ICT equipment. Consultancy for supervision of construction

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

The main planned changes in resource allocation involve allocation of funds for construction of staff houses as the first priority to address the accommodation problem. Increase in Major expenditure allocations include, cleaning hospital wards and units, cleaning hospital compound, emptying V.I.P latrines, unblocking sewage lines, tyres for motor vehicles, fuel for generator, printing and stationery, training, maintenance of infrastructure and vehicles, property expenses, allowances, travel, construction of 1st Phase (10 units) of 30 unit staff houses, procurement of assorted medical equipment, hospital furniture and ICT equipment. Consultancy for supervision of construction, recruitment of staff to address the staffing problem.

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: 0802 Regional Referral Hospital Services</i>				
Output: 0856 02 Outpatient services				
<i>US\$ Bn:</i> -0.105	<i>US\$ Bn:</i> 0.095	<i>US\$ Bn:</i> -0.005	N/A	
Actually the change is negligible i.e from 0.105 to 0.1000. (Allocation for OPD is 0.100, not 0.000).	N/A	N/A		
Output: 0856 04 Diagnostic services				
<i>US\$ Bn:</i> -0.051	<i>US\$ Bn:</i> 0.149	<i>US\$ Bn:</i> 0.000	the hospital gets support from Partners such as SUSTAIN and Baylor for laboratory services. This support caters for the reduction in allocation to the diagnostic services.	
There is reduction in allocation from 0.051 down to 0.040 by 0.011.	N/A	N/A		
Output: 0856 05 Hospital Management and support services				
<i>US\$ Bn:</i> -0.277	<i>US\$ Bn:</i> -1.635	<i>US\$ Bn:</i> -1.000	The reduction in allocation to Management services is to cater for increased demand for inpatient serves in terms of cleaning services, fuel for referrals and maintenance of ambulance which has depreciated considerably.	
The change is a reduction from 2.135 to 2.080 by 0.055				
Output: 0856 75 Purchase of Motor Vehicles and Other Transport Equipment				
<i>US\$ Bn:</i> 0.150	<i>US\$ Bn:</i> 0.000	<i>US\$ Bn:</i> 0.000	This allocation is to procure a vehicle to replace the old one which is now depreciated to a poor mechanical condition with high maintenance cost. The vehicle has lasted for 5 years and its mileage is above 200,000 KM.	
There is an allocation of 0.150 to purchase a vehicle for transportation for the Director				
Output: 0856 81 Staff houses construction and rehabilitation				
<i>US\$ Bn:</i> -0.486	<i>US\$ Bn:</i> 0.143	<i>US\$ Bn:</i> -0.232	The reduction from Ugx. 1.0 Billion to Ugx 0.486 Billion is due to reduction in budget provision from Ugx 1.0 Billion in 2014/15 down to Ugx 0.664 Billion in 2015/16. Part of the Capital Development budget is allocated for procurement of a vehicle, further reducing the allocation for staff house construction.	
There is a reduction in allocation to 30 units of staff house construction	N/A	N/A		

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 resource allocation to the sector is inadequate due to the small resource envelope. Staff recruitment, attraction and retention for quality service delivery is a challenge. Insufficient and dilapidated

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infrastructures in terms of staff accommodation, wards and work space require additional resource allocation. The main unfunded areas include; Construction of administration block, diagnostics, intern mess and Regional blood bank for Karamoja. There is need an Ambulance and a vehicle for the Hospital Director for improved management, referrals and Health Care service delivery.

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: 0880 Regional Referral Hospital Services</i>	
Output: 0856 80 Hospital Construction/rehabilitation	
<i>US\$ Bn: 1.000</i>	
Construction/rehabilitation of Administration block Construction of Medical Equipment Workshop Construction of a Regional Blood Bank	<i>The administration block constructed in 1940s is inadequate for office space for administrative staff and requires rehabilitation and extension to cater for all administrative staff. The Medical equipment workshop operates in a vehicle and needs have a static site in the hospital. There is no Blood Bank/collection center for Karamoja region and yet access to blood outside the region is difficult due to the poor road conditions and terrain.</i>
Output: 0856 81 Staff houses construction and rehabilitation	
<i>US\$ Bn: 2.500</i>	
Construction of Staff houses (underfunded)	<i>Provision of staff accommodation will contribute to attraction, motivation and retention of staff for improved service delivery. This will lead to improved quality of life especially of children and women and subsequently increased productivity for their improved livelihoods. A project of 30 a unit storied staff house construction is ongoing and requires additional funding.</i>
Output: 0856 83 OPD and other ward construction and rehabilitation	
<i>US\$ Bn: 1.000</i>	
ENT, EYE and Dental wards and Theater	<i>To provide Ophthalmic, ENT and Dental inpatient services which are specialized services are provided in Regional Referral Hospitals.</i>
Output: 0856 85 Purchase of Medical Equipment	
<i>US\$ Bn: 0.000</i>	
Equipment for ENT, EYE, Theater other surgical equipment	<i>These inputs (equipment) will enhance the hospitals' capacity to provide Specialized Regional Referral Hospital services for improved health of the people in Karamoja. They have not been catered for in the UHSSP Project.</i>

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

(i) Cross-cutting Policy Issues

(i) Gender and Equity

Objective: To promote the Gender Based Violence center in Moroto Regional Referral Hospital
<i>Issue of Concern :</i>
<i>Proposed Interventions</i>
<i>Budget Allocations UGX billion</i>
<i>Performance Indicators</i>

(ii) HIV/AIDS

Objective: To provide quality HIV/AIDS services in Moroto Regional Referral Hospital
<i>Issue of Concern :</i> Provision of a holistic HIV/AIDS services in Moroto Regional Referral Hospital

Vote: 175 Moroto Referral Hospital

Vote Summary

Proposed Interventions

1. Comprehensive HIV/AIDS care
2. Provision of Option B Plus services
3. Provision of integrated HIV/AIDS outreaches
4. Building partnerships in order to strengthen the ART Clinic
5. Strengthen HIV/AIDS prevention strategies (SMC, Condom distribution, Health Education)

Budget Allocations UGX billion 0

Performance Indicators

- Number of people tested for HIV.
- Number of Clients enrolled into care.
- Number of children enrolled into Early Infant Diagnosis.
- Number of HIV/AIDS integrated outreaches.
- The value of support to the ART Clinic by partners

(iii) Environment

Objective: To create a conducive working environment and avoid pollution of the hospital environment

Issue of Concern :

Proposed Interventions

Budget Allocations UGX billion

Performance Indicators

(ii) Payment Arrears

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

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(ii) Non Tax Revenue Collections

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

No NTR Base for Vote 175 at the moment