

# Vote: 114 Uganda Cancer Institute

## 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)**

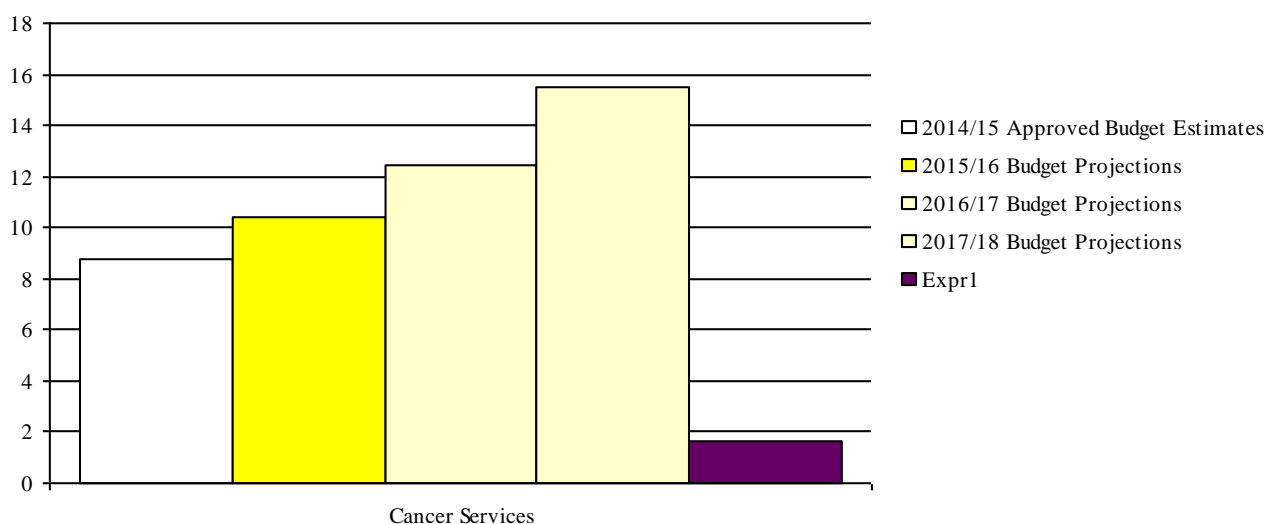
	2013/14 Outturn	2014/15		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2015/16	2016/17	2017/18
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent						
Wage	1.299	2.199	0.346	2.199	2.618	2.619
Non Wage	1.082	1.098	0.190	1.098	1.318	4.322
Development						
GoU	4.100	7.100	0.403	7.100	8.520	8.521
Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
<b>GoU Total</b>	<b>6.481</b>	<b>10.397</b>	<b>0.939</b>	<b>10.397</b>	<b>12.456</b>	<b>15.461</b>
<b>Total GoU+Donor (MTEF)</b>	<b>6.481</b>	<b>10.397</b>	<b>0.939</b>	<b>10.397</b>	<b>12.456</b>	<b>15.461</b>
<i>(ii) Arrears and Taxes</i>						
Arrears	0.000	0.000	0.000	0.000	N/A	N/A
Taxes**	0.000	1.608	0.000	0.000	N/A	N/A
<b>Total Budget</b>	<b>6.481</b>	<b>12.005</b>	<b>0.939</b>	<b>10.397</b>	<b>N/A</b>	<b>N/A</b>
<i>(iii) Non Tax Revenue</i>						
Grand Total	0.000	0.900	0.147	1.089	1.143	1.201
Excluding Taxes, Arrears	6.481	11.297	1.086	11.486	13.599	16.662

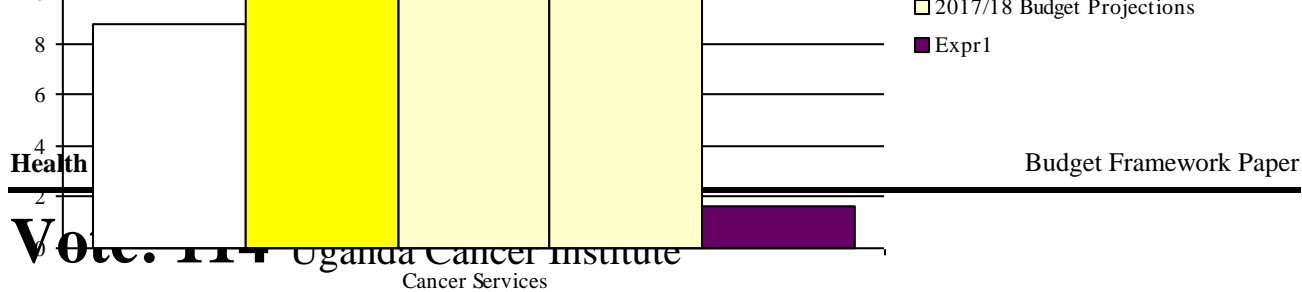
\* Donor expenditure data unavailable

\*\* Non VAT taxes on capital expenditure

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

**Chart V1.1: Medium Term Budget Projections by Vote Function (US\$ Bn, Excluding Taxes, Arrears)**





## Vote Summary

### (ii) Vote Mission Statement

The Vote's Mission Statement is:

*The Uganda Cancer Institute exists to provide state of the art cancer care services while advancing knowledge through research and training of healthcare professionals in cancer care*

### (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**

## 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

Establishment of the new Uganda Cancer Institute Vote - 114; Human Resource Structure; Functional Support System' providing services independent of Mulago Hospital. Consultancy services for the new Cancer Building was finalized. Acquisition of specialised equipment and furniture, remodelling of out patient clinic and storage facility, appointment of Interim Board.

#### Preliminary 2014/15 Performance

Establishment of Satellite Centres of Mayuge and Ishaka. Establishment of Cancer Registries at the UCI. Ground breaking and commencement of construction of Cancer Building. Procurement of one Motor Vehicle and the process of other procuring the other three is in advanced stages. Procurement of Furniture and specialized equipment and Remodeling of x-ray and Pharmacy.

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

Vote, Vote Function Key Output	Approved Budget and Planned outputs	2014/15 Spending and Outputs Achieved by End Sept	2015/16 Proposed Budget and Planned Outputs
<b>Vote: 114 Uganda Cancer Institute</b>			
<i>Vote Function: 0857 Cancer Services</i>			
<b>Output:085701</b>	<b>Cancer Research</b>		
<i>Description of Outputs:</i>	Operationalization and Support of the Established Institutional Research Committees (IRB,SRB,CAB and CBF Alignment and Defining the Directorates mandate.	Conducted a workshop for IRB members (IRB operations), completed the IRB standard operating procedure (SOP) manual and furnished the IRB office pending submission of application to the UNCST for site visit and accreditation	New cancer research projects established Publications and reports on cancer developed Presentations and conferences (abstracts) on cancer conducted New innovations (ideas) developed
	Development of Institutional training/Capacity building and Research agenda	3 staff qualified for sponsorship for the 2nd academic year Call for applications for sponsorship of staff for UCI	Training for staff (staff development) conducted Faculty development and education conducted
	International and Regional trainings and orientations Coordinated.	scholarships sent out, selection process pending Already subscribed to journals	Standard Operating Procedures (SoPs) and guidelines developed
	Establishment of Cancer data and surveillance centers.	Introduction into Mayuge community already accomplished. Work plan and budget developed	
	Establishment of community based Cancer registries	Introduction to community	

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<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2014/15 Spending and Outputs Achieved by End Sept</b>	<b>2015/16 Proposed Budget and Planned Outputs</b>
	In house - cancer research capacity is built and Studies conducted	where the registry will be placed has been done. Successfully completed weeding of files in the records unit	
	<i>Output Cost: UShs Bn:</i> 0.483	<i>UShs Bn:</i> 0.080	<i>UShs Bn:</i> 0.483
<b>Output:085702</b>	<b>Cancer Care Services</b>		
<i>Description of Outputs:</i>	<p>Patient Registration, diagnosis and treatment</p> <p>Patient Counseling and reviews</p> <p>Provision of Social Support and physiotherapy</p> <p>Provision of palliative care</p> <p>Patients fed</p> <p>Support drugs and oral chemotherapy dispensed to all patients</p>	<p>9,558 Chemotherapy reconstitutions were provided</p> <p>360 routine ward rounds undertaken</p> <p>Conducted 200 Lumber punctures and bone marrow aspirations</p> <p>6130 meals were served to the patients</p> <p>Offered 35,000 patient days of quality oncology nursing services.</p> <p>5394 person days of outpatient care provided</p> <p>946 Ultra sound scans were performed</p> <p>1342 x-ray examinations were performed</p> <p>Offered Psychosocial Support to 50 patients</p> <p>567 patient days of Physiotherapy sessions conducted</p> <p>14524 Laboratory investigations were performed</p> <p>5 Pathology reviews conducted</p> <p>786 new patient admissions</p>	<p>48000 Chemotherapy reconstitutions provided</p> <p>528 major ward rounds conducted</p> <p>1440 routine ward rounds undertaken</p> <p>1200 Lumber punctures and intrathecal chemotherapy performed</p> <p>2000 bone marrow aspirates and biopsies safely performed.</p> <p>36000 meals prepared and served to patients</p> <p>35,000 person days of clinical, palliative and nursing care provided to inpatients</p> <p>30,000 person days of outpatient care provided</p> <p>35,000 Counseling sessions provided to patients</p> <p>7500 Ultra sound scans performed</p> <p>600 x-rays performed</p> <p>600 Social support needs assessment sessions conducted</p> <p>800 Physiotherapy sessions conducted</p> <p>12,000 Laboratory investigations (CBCs, Renal function tests, Liver function tests, Urinalysis, Stool analysis, CSF analysis, Blood grouping, Cross matching, Specialized Tumour marker tests, SPEP) provided</p> <p>200 Pathology reviews conducted</p> <p>200 Oncology surgical operations performed</p> <p>8 In-service continuing professional training provided to clinical team to ensure high quality care provision</p> <p>18000 patient medical records retrieved</p>
<i>Performance Indicators:</i>			
No.of out-patients	32,000	5,394	34,000
No.of investigations undertaken	42,000	14,524	44,000

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<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2014/15 Spending and Outputs Achieved by End Sept</b>	<b>2015/16 Proposed Budget and Planned Outputs</b>
No. of in-patients treated	35,000	35,000	38,000
<i>Output Cost: UShs Bn:</i>	<i>2.005</i>	<i>UShs Bn: 0.236</i>	<i>UShs Bn: 2.195</i>
<b>Output:085703</b>	<b>Cancer Outreach Service</b>		
<i>Description of Outputs:</i>	Static Cancer screening clinics Patient follow ups Survivors' programs established Cancer awareness campaigns established Information Education and Communication Materials produced TV and Radio Talk shows conducted Community programs conducted Conduct Mobile cancer care and continuity clinics	Carried out 45,000 Education programs and awareness campaigns which included radio and TV programs Screened 4000 clients for cancers and conducted 134 biopsy, FNAC and papsmears 23 clients were diagnosed of cancers and 19 cancer patients from CCCP begun treatment 22000 people educated and sensitized during the Friday Static cancer clinics, outreaches and referrals of whom 2598 were screened for cancer; with 2379 screened for breast cancer, 1512 for cervical cancer,, 401 prostate cancer, 217 for other cancers including hepatitis B and other chronic illnesses while 300 were referred for further care 16 Visiting Nursing officers, 35 Students involved in screening were enrolled for training in cancer screening 11 static weekly-Friday cancer screening clinics conducted at UCI, 13 outreaches conducted during which 5 schools were reached 250 cancer magazines were	Static Cancer screening clinics Patient follows up Survivors' programs established Cancer awareness campaigns established. Information Education and Communication Materials produced. TV and Radio Talk shows conducted. Community programs conducted Conduct Mobile cancer care and continuity clinics
<i>Performance Indicators:</i>			
No. of outreach visits	22	12	25
<i>Output Cost: UShs Bn:</i>	<i>0.516</i>	<i>UShs Bn: 0.032</i>	<i>UShs Bn: 0.516</i>
<b>Vote Function Cost</b>	<b>UShs Bn: 12.905</b>	<b>UShs Bn: 0.939</b>	<b>UShs Bn: 11.486</b>
<b>Cost of Vote Services:</b>	<b>UShs Bn: 11.297</b>	<b>UShs Bn: 0.939</b>	<b>UShs Bn: 11.486</b>

\* Excluding Taxes and Arrears

### 2015/16 Planned Outputs

During the financial year the Institute will complete the integration of the Radiotherapy services into the Main stream UCI services.

The institute will embark on the process of operationalizing the new ward building by minimally equipping the new cancer ward to enable patient admission into the new ward building.

The Institute will design and construct a Radiotherapy Bunker to enable the installation of the already procured radiotherapy equipment.

The Institute shall procure physical plans and designs for the Mbarara Cancer Centre.

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

	2014/15	MTEF Projections
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<i>Vote Function Key Output Indicators and Costs:</i>	<b>2013/14 Outturn</b>	<b>Approved Plan</b>	<b>Outturn by End Sept</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
<b>Vote: 114 Uganda Cancer Institute</b>						
<b>Vote Function:0857 Cancer Services</b>						
No. of in-patients treated		35,000	35,000	38,000	41,000	44,000
No. of investigations undertaken		42,000	14,524	44,000	46,000	48,000
No. of out-patients		32,000	5,394	34,000	36,000	38,000
No. of outreach visits		22	12	25		
No. of buildings constructed			0			
No. of Wards constructed			0			
<b>Vote Function Cost (US\$ bn)</b>	<b>6.481</b>	<b>11.297</b>	<b>0.939</b>	<b>11.486</b>	<b>13.599</b>	<b>16.662</b>
<b>Cost of Vote Services (US\$ Bn)</b>	<b>6.481</b>	<b>11.297</b>	<b>0.939</b>	<b>11.486</b>	<b>13.599</b>	<b>16.662</b>

### Medium Term Plans

- Streamline the Institute's legal status and finalize a strategic and master plan.
- Increasing the Institute's capacity of managing the increasing numbers of Cancer cases through remodeling the existing facilities, finalization of the construction of the Cancer ward and operationalisation of Mayuge satellite center.
- Facilitate better service delivery by providing more tools and equipments.
- Broaden the range of services provided at the institute.
- Expansion of LAN, ICT and Communication Services in the UCI
- Comprehensive Cancer Outreach programs countrywide
- Cancer Research and operation of a multi-disciplinary Cancer management team.

### (ii) Efficiency of Vote Budget Allocations

Expenditure according to workplans and procurement plans

#### Table V2.3: Allocations to Key Sector and Service Delivery Outputs over the Medium Term

Finalization with equipping the new six level cancer ward, construct, complete and equip the Radiotherapy bunker

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

<b>Unit Cost Description</b>	<b>Actual 2013/14</b>	<b>Planned 2014/15</b>	<b>Actual by Sept</b>	<b>Proposed 2015/16</b>	<b>Costing Assumptions and Reasons for any Changes and Variations from Plan</b>
<i>Vote Function:0857 Cancer Services</i>					
na					
Feeding of Patients	3	3	10	3	Average unit cost estimated at 3000 per patient day in admission
chemotherapy for patients	567	650	181	135	On average each patient gets six cycles each cycle is on average made up of three different drugs amounting on average 650,000UGX, we are still underfunded , as a result can not meet all chemotherapy requirements of all patients

### (iii) Vote Investment Plans

Due to the anticipated phased manner in which funds for the capital development are to be released we expect that from our budgeted 25bn for equipping the new cancer ward will be attained if released on an incremental level annually for next three years

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

<i>(i) Allocation (Shs Bn)</i>	<i>(ii) % Vote Budget</i>

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Billion Uganda Shillings	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Consumption Expenditure(Outputs Provided)	4.2	4.4	4.7	5.0	37.2%	38.2%	34.5%	30.1%
Investment (Capital Purchases)	7.1	7.1	8.9	11.6	62.8%	61.8%	65.5%	69.9%
<b>Grand Total</b>	<b>11.3</b>	<b>11.5</b>	<b>13.6</b>	<b>16.7</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

i. During the financial year the Institute will purchase medical and non-medical equipment for the new cancer ward.

ii. The Institute will design and construct the radiotherapy bunker following the transfer of radiotherapy services to UCI

**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)
<b>Project 1120 Uganda Cancer Institute Project</b>			
<b>085772 Government Buildings and Administrative Infrastructure</b>	Construction of Radio Therapy Bunker.  Completion of payment of Retention, interest on extra works and Idle Charges relating to the cancer ward.	Initiated the process for Radiotherapy Bunker. Contractor for the 6-level ward was paid part of the amount remaining	Construction of Radio Therapy Bunker.
<b>Total</b>	<b>5,300,000</b>	<b>400,712</b>	<b>4,700,000</b>
<i>GoU Development</i>	<i>5,300,000</i>	<i>400,712</i>	<i>4,700,000</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>
<b>085777 Purchase of Specialised Machinery &amp; Equipment</b>	Assortment of medical equipment for the new cancer ward procured.	Assortment of ICT tools was procured	Assortment of medical equipment for the new cancer ward procured.
<b>Total</b>	<b>3,407,942</b>	<b>1,991</b>	<b>2,400,000</b>
<i>GoU Development</i>	<i>3,407,942</i>	<i>1,991</i>	<i>2,400,000</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>

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

Move to Public Private Partnership for critical areas like procurement, Outsourcing diagnostic services in the short run, obtaining funding for research, proper planning for drugs and sundries to incorporate radiotherapy, replication of record systems for UCI into the peripheral centers, development of guidelines for standard oncology practise. We plan to replicate histology in peripheral centers

**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:
<b>Sector Outcome 3: Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)</b>			
Vote Function: 08 57 Cancer Services			
<i>VF Performance Issue: Establishment of a multisectoral frame work for cancer control</i>			
Continued dialogue with the development of the National Cancer policy. Development of a Strategic Investment plan.	The Strategic plan was finalized and currently pending presentation to the stakeholders	Enhance Public Private Partnerships by engaging development partners like ADB, Mbarara Hospital, Fred Hutchnson centre of cancer control and other agencies interested in cancer control	Multisectoral dialogue, include cancer in the development agenda eg MDGs

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

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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
<b>Vote: 114 Uganda Cancer Institute</b>						
0857 Cancer Services	6.481	11.297	0.939	11.486	13.599	16.662
<b>Total for Vote:</b>	<b>6.481</b>	<b>11.297</b>	<b>0.939</b>	<b>11.486</b>	<b>13.599</b>	<b>16.662</b>

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

UCI is a growing Institution and thus over the medium term will require more human resources more infrastructure and also number of patients is increasing overtime due to awareness campaigns by CCCP team

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

The biggest expenditure is on capital development which amount is aimed at attainment of full equipment and functionalization of the cancer ward. The next expenditure is mainly staff remuneration in form of staff salaries as it is expected that staff numbers will increase in abid to fully functionalize the cancer ward and implementation of the strategic plan.

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

More capital allocations due to infrastructural development activities

**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:0872 Cancer Services</i>			
<b>Output: 0857 72 Government Buildings and Administrative Infrastructure</b>			
<i>UShs Bn:</i> -0.600	<i>UShs Bn:</i> -0.271	<i>UShs Bn:</i> 0.081	<i>We shall continue awareness and sensitization of the Public and enhance care services</i>
Emphasis is mainly on equipping the new cancer ward to help fully functionalize it	Continued purchase of medical and non-medical equipment for the new cancer ward and the satellite center at Mayuge	Construction of infrastructure for satellite centers in Arua and Mbarara	
<b>Output: 0857 77 Purchase of Specialised Machinery &amp; Equipment</b>			
<i>UShs Bn:</i> 0.600	<i>UShs Bn:</i> 2.077	<i>UShs Bn:</i> 4.459	<i>To help enhance cancer care services by reducing on the congestion that is currently being experienced</i>
Continued equipping since it is expected that funds will be released in a phased maner	Continued equipping since it is expected that funds will be released in a phased maner	Continued equipping since it is expected that funds will be released in a phased maner	

## 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.

Under funding especially after the integration of radiotherapy service into UCI, failure to fully functionalize the new cancer ward due to limited resources

**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:0804 Cancer Services</i>	
<b>Output: 0857 04 Cancer Institute Support Services</b>	

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Additional Requirements for Funding and Outputs in 2015/16:	Justification of Requirement for Additional Outputs and Funding
<p><i>UShs Bn:</i> 20.900</p> <p>Staff salary and nonwage on additional staff for operationalization of the cancer ward. Maintenance costs for the erquipment.</p>	<p>10% cofunding for ADB project (1,800,000,000), additional wage requirement - new cancer ward (1,000,000,000), patient's food (400,000,000), specialized medical equipment for the new cancer ward (16,000,000,000), maintnance and servicing of machinery and equipment (700,000,000), utilities and telecommunications (150,000,000), waste management and cleaning (chemo and gneral waste) (450,000,000), comprehnsive cancer community program (400,000,000). Cancer contributes to objective 4 of the NDP and thus all these costs are geared towards control of the most buddingen non-communicable disease (cancer)</p>
<p><b>Output:</b> 0857 77 Purchase of Specialised Machinery &amp; Equipment</p> <p><i>UShs Bn:</i></p> <p>Improved in volume and quality of cancer services</p>	<p>Operationalisation of the newly completed cancer ward (one off ) Ushs 23bn. This is part of Governments actions to reduce the referrals abroad by creating centres of excellence in the country. Construction of the cancer ward was completed in FY 2013/14. The funds are therefore for equipping it to make it functional. This will result in the improvement of both the quality and quantity of cancer services. Another Ushs 4bn is required for construction of the cancer banker.</p>

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

### (i) Cross-cutting Policy Issues

#### (i) Gender and Equity

<p><b>Objective:</b> To address gender issues that affect cancer care services provision in the country</p>
<p><i>Issue of Concern :</i> Differences in sex affects access to cancer services</p>
<p><i>Proposed Intervensions</i></p>
<p>Promote gender awareness amongst the health care providers . Sensitize the men and women about their roles and responsibilities in cancer care provision. Facilitate gender planning and budgeting generating gender disaggregated data</p>
<p><i>Budget Allocations</i> UGX billion</p>
<p><i>Performance Indicators</i> Gender disaggregated data between sex, age among others. Increased appreciation of gender issues by health workers</p>

#### (ii) HIV/AIDS

<p><b>Objective:</b> Increased awareness of the existance of HIV/AIDS amongst staff</p>
<p><i>Issue of Concern :</i> HIV/AIDS affects everybody, helath workers inclusive</p>
<p><i>Proposed Intervensions</i></p>
<p>increased sensitization on importance of knowing your HIV status</p>
<p><i>Budget Allocations</i> UGX billion</p>
<p><i>Performance Indicators</i> Number of staff freely disclosing their HIV status</p>

#### (iii) Environment



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**Objective:** To maintain an environmentally friendly work place

*Issue of Concern :* Medical waste is hazardous to both Institute and community

*Proposed Interventions*

Safe collection and disposal of medical and non-medical waste by certified providers. Use of protective gears by health workers and bio-waste collectors to minimize risks. Provide first aid mechanisms to address accidents in the use of chemotherapy

*Budget Allocations* UGX billion      0.04

*Performance Indicators*    Clean working environment. Existence of protective and safe guard mechanisms

#### (ii) Payment Arrears

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

None

#### (ii) Non Tax Revenue Collections

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

Source of NTR	UShs Bn	2013/15 Actual	2014/15 Budget	2014/15 Actual by Sept	2015/16 Projected
Other Fees and Charges		0.000	0.900		1.089
	<b>Total:</b>	<b>0.000</b>	<b>0.900</b>		<b>1.089</b>

Due to limitations in staffing levels, Much of the funds will be used to pay allowances for the contract (relief) staff, consultants on the private wing, and medicines and sundries for private patients