# **Vote Summary**

## V1: 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:

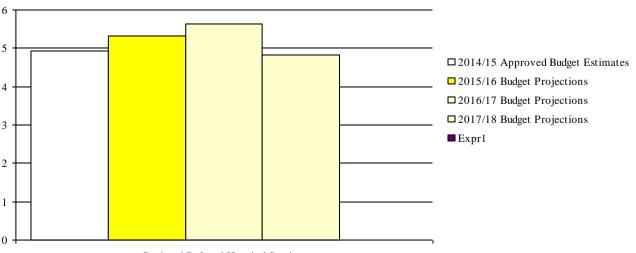
Table V1.1: Overview of Vote Expenditures (UShs Billion)

		2012/14	2014	/15	MTEF I	Budget Proje	ctions
(i) Excluding	Arrears, Taxes	2013/14 Outturn	Approved Budget	Spent by End Sept	2015/16	2016/17	2017/18
	Wage	2.546	2.844	0.503	2.844	2.844	2.047
Recurrent	Non Wage	0.931	1.082	0.271	1.082	0.783	0.783
D 1	GoU	1.151	1.000	0.041	1.400	2.000	2.000
Developmer	Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
	GoU Total	4.628	4.926	0.815	5.327	5.627	4.830
Fotal GoU+D	onor (MTEF)	4.628	4.926	0.815	5.327	5.627	4.830
(ii) Arrears	Arrears	0.000	0.073	0.018	0.000	N/A	N/A
and Taxes	Taxes**	0.000	0.000	0.000	0.000	N/A	N/A
	<b>Total Budget</b>	4.628	4.999	0.833	5.327	N/A	N/A
(iii) Non Tax	Revenue	0.000	0.203	0.031	0.150	0.150	0.150
	<b>Grand Total</b>	4.628	5.202	0.864	5.477	N/A	N/A
Excluding	Taxes, Arrears	4.628	5.129	0.846	5.477	5.777	4.980

<sup>\*</sup> Donor expenditure data unavailable

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



<sup>\*\*</sup> Non VAT taxes on capital expenditure



## **Vote Summary**

#### (ii) Vote Mission Statement

The Vote's Mission Statement is:

To provide specialist, curative, preventive and promotive services to the Acholi Sub-Region, perform operational research and provide conducive environment for medical training.

## (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:
Increased deliveries in health facilities	Children under one year old protected against life threatening diseases	Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)
Vote Function: 08 56 Regional Referr	al Hospital Services	
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
Outputs Provided	Outputs Provided	None
085601 Inpatient services	085606 Prevention and rehabilitation	
085602 Outpatient services	services	
085606 Prevention and rehabilitation services		
Capital Purchases		
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

The hospital constructed a theater to boost on major operations; Medical Equipment was purchased improving conduction of tests and diagnosis services in the hospital. Private wing was constructed which will generate NTR in the future

Preliminary 2014/15 Performance

The hospital admitted 8,585 patients, conducted 544 major operations and 5800 Minor operation. The number of outpatients was 40165 while that of the specialized clinic were 14,810 specialized

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

Vote, Vote Function Key Output	Approved Budget and Planned outputs	4/15 Spending and Outputs Achieved by End Sept	2015/16 Proposed Budget and Planned Outputs
Vote: 165 Gulu Referral l	Hospital		
Vote Function: 0856 Region	onal Referral Hospital Services		
Output: 085601	Inpatient services		
Description of Outputs:	18,000 inpatients admissions;70% bed occupancy rate and 4 day average stay for inpatients.	5067 inpatients admissions;74% bed occupancy rate and 5 day average stay for inpatients.	18,000 inpatients admissions;70% bed occupancy rate and 4 day average stay for inpatients.
Performance Indicators:			

# Vote Summary

		201	4/15		2015/16	
Vote, Vote Function Key Output	Approved Budge Planned outputs	et and	Spending and Achieved by E		Proposed Budget and Planned Outputs	l
No. of in patients admitted	18,000		5,067		18,000	
Bed occupancy rate (inpatients)	70		74		70	
Average rate of stay for inpatients (no. days)	4		5		4	
Output Cos	t: UShs Bn:	3.262	UShs Bn:	0.581	UShs Bn:	3.262
Output: 085602	Outpatient service	S				
Description of Outputs:	170,000 Outpatie Attendance, Gene Outpatients-90,00 Clinic Attendance	nt's eral 00 Specialized	170,000 Outpar Attendance, Ge Outpatients-45' Clinic Attendar	eneral 769 Specialized	170,000 Outpatient's Attendance, General Outpatients-90,000 Sp Clinic Attendance, 80,	
Performance Indicators:						
No. of specialised outpatient attended to	s 80,000		50,954		80,000	
No. of general outpatients attended to	90,000		45,769		90,000	
Output Cos	t: UShs Bn:	0.316	UShs Bn:	0.065	UShs Bn:	0.263
Output: 085603	Medicines and hea	lth supplies p	rocured and dis	pensed		
Description of Outputs:	Medicines deliver prescribed and di			nes delivered by ed and dispensed	Medicines delivered by prescribed and dispense	
Performance Indicators:						
Value of medicines received/dispensed (Ush bn)	1.5		0.3		1.5	
Output Cos	t: UShs Bn:	0.008	UShs Bn:	0.002	UShs Bn:	0.008
Output: 085604	Diagnostic services	S				
Description of Outputs:	40,000 lab tests, 3 ultra sound imagi		34946 lab tests sound imagings		40,000 lab tests, 3,000 ultra sound imagings 3	
Performance Indicators:						
Patient xrays (imaging)	3,900		0		3,900	
No. of labs/tests	40,000		34,946		40,000	
Output Cos	t: UShs Bn:	0.042	UShs Bn:	0.014	UShs Bn:	0.042
Output: 085606	Prevention and rel	nabilitation se	ervices			
Description of Outputs:	16,000 antenatal immunised, 3,876 receiving family partices	people	2894 antenatal immunised, 642 receiving family services	23 people	16,000 antenatal cases immunised, 3,876 peoreceiving family plann services	ple
Performance Indicators:						
No. of people receiving family planning services	3,876		6,423		3,876	
No. of people immunised	40,000		4,861		40,000	
No. of antenatal cases	16,000		2,894		16,000	
Output Cos	t: UShs Bn:	0.035	UShs Bn:	0.007	UShs Bn:	0.035
Output: 085680	Hospital Construc	tion/rehabilita	tion			
Description of Outputs:	n/a		Retention paid administration house		n/a	
Performance Indicators: No. reconstructed/rehabilitated	0		0		0	

# **Vote Summary**

Vote, Vote Function Key Output	Approved Budget a Planned outputs	2014 and	I/15 Spending and Outp Achieved by End Se		2015/16 Proposed Budget and Planned Outputs	
general wards						
No. of hospitals benefiting from the rennovation of existing facilities.	0		0		0	
Output Cost:	UShs Bn:	0.040	UShs Bn:	0.013	UShs Bn:	0.000
Output: 085681 S	taff houses construc	tion and rel	abilitation			
Description of Outputs:	Contribution to phase construction of 54 unhouses to accommode the hospital	nits of staff	Contract awarded and mobilisation done	d	Completion of phase 1 construction of 54 units houses to accommodate the hospital	
Performance Indicators:						
No. of staff houses constructed/rehabilitated	54		0		1	
Output Cost:	· UShs Bn:	0.960	UShs Bn:	0.028	UShs Bn:	1.200
Vote Function Cost	UShs Bn:	5.202	UShs Bn:	0.815	UShs Bn:	5.477
Cost of Vote Services:	UShs Bn:	5.129	UShs Bn:	0.815	UShs Bn:	5.477

<sup>\*</sup> Excluding Taxes and Arrears

## 2015/16 Planned Outputs

- 1.Recruit critical cadres currently in shortsupply, i.e gynaecologist, surgeon, 2 clinical officers, 4 nurses, 4 midwives
- 2.Start on construction of a 52 unit housing complex for medium level staff

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

W. F. C. W. O.		2014/	15	MTEF P	Projections	
Vote Function Key Output Indicators and Costs:	2013/14 Outturn	Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
Vote: 165 Gulu Referral Hospital						
Vote Function:0856 Regional Referral	Hospital Serv	ices				
Average rate of stay for inpatients (no. days)		4	5	4	5	
Bed occupancy rate (inpatients)		70	74	70	70	
No. of in patients admitted		18,000	5,067	18,000	18,000	
No. of general outpatients attended to		90,000	45,769	90,000	90,000	90,000
No. of specialised outpatients attended to		80,000	50,954	80,000	80,000	80,000
Value of medicines received/dispensed (Ush bn)		1.5	0.3	1.5	1.5	1.5
No. of labs/tests		40,000	34,946	40,000	40,000	40,000
Patient xrays (imaging)		3,900	0	3,900	3,900	3,900
No. of antenatal cases		16,000	2,894	16,000	16000	16,000
No. of people immunised		40,000	4,861	40,000	40,000	40,000
No. of people receiving family planning services		3,876	6,423	3,876	3,876	3,876
No. of hospitals benefiting from the rennovation of existing facilities.		0	0	0	0	
No. reconstructed/rehabilitated general wards		0	0	0	0	
No. of staff houses constructed/rehabilitated		54	0	1	1	1

## **Vote Summary**

Vete Francisco Ven Outrat		2014/	15	MTEF	Projections	
Vote Function Key Output Indicators and Costs:	2013/14 Outturn	Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
No. of maternity wards constructed		0	0	0	0	
No. of maternity wards rehabilitated		0	0	0	0	
No. of OPD wards constructed		0	0	0	0	
No. of OPD wards rehabilitated		0	0	0	0	
No. of other wards constructed		0	0	0		
No. of other wards rehabilitated		0	0	0		
No. of theatres constructed		0	0	0	0	0
No. of theatres rehabilitated		0	0	0	0	0
Value of medical equipment		0	0	00	00	
procured (Ush Bn)						
Vote Function Cost (UShs bn)	4.628	5.129	0.815	5.477	5.777	4.980
Cost of Vote Services (UShs Bn)	4.628	5.129	0.815	5.477	5.777	4.980

#### Medium Term Plans

- 1. Recruit more nurses and midwives, consider revising establishment to national referral status.
- 2. Overhaul the entire water system, change underground plumbing, increase rain water harvesting and increase water storage. Switch hospital to a single meter National water supply.
- 3. Purchase land for expansion of the hospital.
- 4. Compound design and levelling and walkways =450m.
- 5. process land title for the available hospital land=45m.
- 6. Purchase of laundury eqipment =140M.
- 7. Construction of staff houses 60 units=6bn

#### (ii) Efficiency of Vote Budget Allocations

Ensuring prompt accountability in physical terms, filling vacant posts and recognition of outstanding performers

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

	(i) Allocat	ion (Shs B	n)		(ii) % Vote	Budget		
Billion Uganda Shillings	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Key Sector	4.6	4.8	4.0	3.3	89.9%	86.9%	69.8%	65.9%
Service Delivery	4.7	4.8	4.4	3.4	90.9%	87.8%	75.4%	68.6%

The costing assuptions are based on the difficulties in attracting competent service providers

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

Unit Cost Description	Actual 2013/14	Planned 2014/15	Actual by Sept	Proposed 2015/16	Costing Assumptions and Reasons for any Changes and Variations from Plan
Vote Function:0856 Reg Staff houses	ional Referral Hosp	oital Services 90,720		109,090,909	The transportation costs for materials upcountry is high and also attracting competent contractors up country is hard
ADMINISTRATION BLOCK COMPLETION					need to create office space

#### (iii) Vote Investment Plans

This hospital, constructed in 1934 has been really delapidated. It suffered 20 years of neglect during insurgency, yet it is destined to become one of the 3 national referral hospitals. There is therefore a lot to be done in terms of infrastructure development. To attract and retain staff we need the incentive of

# **Vote Summary**

accommodation.

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

tuble 12.01 infocutions to Cupital Informent over the Meanth I cini								
	(i) Allocat	ion (Shs B	n)		(ii) % Vote	e Budget		
Billion Uganda Shillings	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Consumption Expendture(Outputs Provided)	4.1	4.1	3.0	3.0	80.5%	74.4%	52.3%	60.2%
Investment (Capital Purchases)	1.0	1.4	2.8	2.0	19.5%	25.6%	47.7%	39.8%
Grand Total	5.1	5.5	5.8	5.0	100.0%	100.0%	100.0%	100.0%

Onset of Construction of a 52 unit, 3 storey Staff House middle cadre staff. This is expected to cost 3.6 billion and will be rolled over 2 years.

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

Project, Programme	2014/15		2015/16		
Vote Function Output  UShs Thousand	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 Gulu Rehabilita	tion Referral Hospital				
085681 Staff houses construction and rehabilitation	Construction of foundation and ground floor of 54unit 3 storey staff housing complex and payment of retention on completed staff house	Contract awarded and mobilisation done	Completion of 54unit 3 storey staff housing complex		
Tota	959,850	28,333	1,200,000		
GoU Developmen	959,850	28,333	1,200,000		
External Financing	0	0	0		

# (iv) Vote Actions to improve Priority Sector Outomes

Ensuring prompt accountability in physical terms, filling vacant posts and recognition of outstanding performers

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

2014/15 Planned Actions: 2	014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
Sector Outcome 1: Increased deli	iveries in health facilities		
Vote Function: 08 56 Regional Re	ferral Hospital Services		
VF Performance Issue: Attract of	and retain staff		
· · · · · · · · · · · · · · · · · · ·	Contract awarded and staff nformed	We are completing the construction of an 54 unit flat, with each unit having 2 bedrooms. These are for attracting specialists who are very needed for a referral hospital	To purchase land and build more houses for staff
Sector Outcome 3: Health faciliti	es receive adequate stocks o	f essential medicines and health s	upplies (EMHS)
Vote Function: 08 56 Regional Re	ferral Hospital Services		
VF Performance Issue: Provide	adequate medicines and med	ical supplies	
	Carried out effective tilization of space in stores	Ensure rational use of available medicines by having proper prescriptions, avoiding wastage and expiries. Make medicines and therapeutic committee more active. Ensure correct and timely orders for medicines	Review the medicines list of the hospital to reduce unnecessary orders and to avoid multiple medicines performing similar functions

# **Vote Summary**

2014/15 Planned Actions:	2014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
To have regular servicing and repair of equipment to avoid beakdowns and to enhance user training. More funding is required to achieve this	Routine maintance of equipments done	Equipment inventory to be completed by the help of the biomedical engineer.	Shift to purchase of more up to date equipment

## 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\*

Tuble verification and medium remarkable by verification						
		2014/15		MTEF Budget Projections		
	2013/14 Outturn	Appr. Budget	Spent by End Sept	2015/16	2016/17	2017/18
Vote: 165 Gulu Referral Hospital						
0856 Regional Referral Hospital Services	4.628	5.129	0.815	5.477	5.777	4.980
Total for Vote:	4.628	5.129	0.815	5.477	5.777	4.980

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

Salaries and wages 2.844bn, development expenditure -1.4bn nonwage recurrent expenditure-1.009bn.

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

Salaries and wages 2.844bn, development expenditure -1.4bn nonwage recurrent expenditure-1.009bn.

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

There has been no major changes in resource allocation except that more funding has been put on staff house construction

Table V3.2: Key Changes in Vote Resource Allocation

Changes in	Budget Allocatio 2015/16	ons and Outputs from	n 2014/15 Planned Lev 2016/17	vels: 2017/18	Justification for proposed Changes in Expenditure and Outputs		
Vote Function:0802 Regional Referral Hospital Services							
Output:	0856 02 Outpati	ient services					
UShs Bn:	-0.053	UShs Bn:	0.370 UShs Bn:	0.370			
This is to c	ater for the						
increasing n							
	to provide						
- U	tisfaction for						
staff.							
Output:		se of Specialised Mach					
UShs Bn:	0.050	UShs Bn:	0.050 UShs Bn:	0.700			
Output:	0856 78 Purcha	se of Office and Reside	ential Furniture and Fitti	ngs			
UShs Bn:	0.050	UShs Bn:	0.090 UShs Bn:	0.060			
Output:	0856 79 Acquisi	tion of Other Capital	Assets				
UShs Bn:	0.100	UShs Bn:	0.000 UShs Bn:	0.000			
Output:	0856 81 Staff ho	ouses construction and	rehabilitation				
UShs Bn:	0.240	UShs Bn:	0.070 UShs Bn:	0.070			
More staff s	hall obtain						
residential a	ccommodation						
and shall ha							
productivity	1						

## Vote Summary

Changes in Budget Allocations and Outp 2015/16			s from 2014/15 Planned Le 2016/17	vels: 2017/18	Justification for proposed Changes in Expenditure and Outputs
Output:	)856 99 Arrear	·s			•
UShs Bn:	-0.073	UShs Bn:	-0.073 UShs Bn:	-0.073	
The plan is to a	avoid				
accumulation of	of arrears by				
having sufficie	nt in year				
funding and in	proving				
efficiency.					

## 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.

Staff accommodation, lack of storage space and dilapidated structure has been amajor challenge coupled by both utility and non utility arrears.

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

Additional Requirements for Funding and Outputs in 2015/16:	Justification of Requirement for Additional Outputs and Funding				
Vote Function:0871 Regional Referral Hospital Services					
Output: 0856 71 Acquisition of Land by Government					
UShs Bn: 9.545	Staff retention and productivity shall be improved to to improved				
1. Maternity complex,	infrastructure, which leads to efficient delivery of health services				
2.5bn	to the population and hence create a more productive population				
3.construction of cancer institute-					
4.5bn 4. specialists outreach					
programmes					
Output: 0856 72 Government Buildings and Administrative	e Infrastructure				
UShs Bn:	New buldings create a good working enviroment for both the staff				
Contruction and installation mordern toilets wth new	and the hospital clients. This in turn promotes delivery of health				
drainage lines throught the hosptal=2bn	services.				
Output: 0856 81 Staff houses construction and rehabilitation	n				
UShs Bn:	When more staff are provided with accomodation their				
Only 10% of the staff of 360 are accomadated the	performance will improve as they get motrivated . This will lead to				
quarters.we plan to inrease 60housing units each year.=1.5bn	effeciency in health delivery=1.5bn.				

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 maternal and neonatal health Issue of Concern: Proposed Intervensions Budget Allocations UGX billion Performance Indicators

(ii) HIV/AIDS

## **Vote Summary**

Objective: To reduce on new infections

Issue of Concern:

Proposed Intervensions

Budget Allocations UGX billion

Performance Indicators

#### (iii) Environment

**Objective:** To improve on the management of medical and non-medical wastes

Issue of Concern:

Proposed Intervensions

**Budget Allocations UGX billion** 

Performance Indicators

#### (ii) Payment Arrears

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

Payee	Payment Due Date	Amount (UShs Bn)
UMEME	30/06/2014	0.01
NWSC	30/06/2014	0.56
Matrix	30/06/2014	0.02
KATHARINA HOTEL	30/06/2014	0.04
JMS	30/06/2014	0.03
Gotino Construction Company	30/06/2014	0.01
	Total:	0.676

These arrears were incured as a result of under allocation of funds. funds are still required to be allocated to reduce accumulation of arrears especially water arrears. For hotel bills and supply of drugs they were accumulated during the period of insurgency were accommodation could not be got with less hardships.

#### (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
Miscellaneous receipts/income		0.000	0.096		0.120
Sale of drugs		0.000	0.024		0.030
	Total:	0.000	0.120		0.150

The Hospital has opened a private wing to operate both inpatients and outpatients which is going to generate NTR.Disposal proceeds of plants obsollete equipment and scrap. The funds will be used for drugs, motivation of staff, facilitate ambulancing services for referral