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:

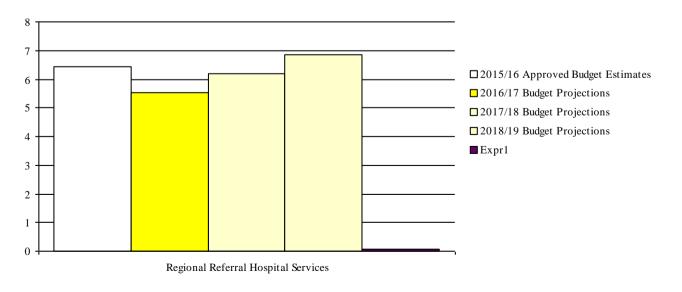
Table V1.1: Overview of Vote Expenditures (UShs Billion)

		2014/15	2015	/16	MTEF F	Budget Proje	ctions
(i) Excluding	Arrears, Taxes	2014/15 Outturn	Approved Budget	Spent by End Sept	2016/17	2017/18	2018/19
	Wage	2.546	2.964	0.626	2.964	3.112	3.268
Recurrent	Non Wage	0.931	2.151	0.175	1.588	1.890	2.230
Development	GoU	1.151	1.400	0.230	0.980	1.176	1.352
Developmen	Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
	GoU Total	4.628	6.515	1.056	5.532	6.178	6.850
Fotal GoU+Do	onor (MTEF)	4.628	6.515	1.031	5.532	6.178	6.850
(ii) Arrears	Arrears	0.000	0.549	0.549	0.000	N/A	N/A
and Taxes	Taxes**	0.000	0.070	0.013	0.000	N/A	N/A
	Total Budget	4.628	7.135	1.593	5.532	N/A	N/A
(iii) Non Tax I	Revenue	0.000	0.150	0.054	0.150	0.150	0.000
	Grand Total	4.628	7.285	1.646	5.682	N/A	N/A
Excluding 1	Taxes, Arrears	4.628	6.665	1.085	5.682	6.328	6.850

* 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



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 Referra	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

2014/15 Performance 8 unit staff houses completed ,administration block retention paid

Preliminary 2015/16 Performance

staff house construction 30 percent completed.Renovation of stores 40 percent executed

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

Vote, Vote Function Key Output	2015 Approved Budget and Planned outputs	5/16 Spending and Outputs Achieved by End Sept	2016/17 Proposed Budget and Planned Outputs
Vote: 165 Gulu Referral	Hospital		
Vote Function: 0856 Regi	ional 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.	The admission for Q1 stood at 8749, BOR as per Q1 was 79%. The ALOS has reduced to 3days against the plan of 5days. There was over performance in major operations of 592 against the plan of 500. The same trend was observed in the area of minor operation which stood at 3045	

Vote Summary

Vote, Vote Function Key Output	Approved Bud Planned outpu		5/16 Spending and (Achieved by Er		2016/17 Proposed Budget and Planned Outputs	
			against 2500.	*	-	
Performance Indicators:						
No. of in-patients (Admissions)	18,000		8749		18,000	
Output Cost	: UShs Bn:	4.451	UShs Bn:	0.723	UShs Bn:	3.887
Output:085602	Outpatient servi	ces				
Description of Outputs:	170,000 Outpat Attendance, Ge Outpatients-90, Clinic Attendan	neral 000 Specialized	Total OPD was 45203 against th 425000. agreate area of new atten stood at 27810 c attendance of 17 Physiotherapy w 1103 and Occup at 203	he plan of er % was is the indances which compared to re- 7393. vas achieved at	175,000 outpatients atter new cases 95,000 Re-attendance 80000 Physiotherapy 2000 Occupational therapy 15	
Performance Indicators:						
No. of specialised outpatients attended to	80,000		1306		80,000	
No. of general outpatients attended to	90,000		45203		95000	
Output Cost	: UShs Bn:	0.263	UShs Bn:	0.030	UShs Bn:	0.263
Output:085603	Medicines and h	ealth supplies pi	ocured and disp	ensed		
Description of Outputs:	Medicines delive prescribed and of		Drugs worth 298 delivered and ut the order of 363 adifference of 69	ilised against ,870,612 giving	Medicines delivered by I prescribed and dispensed	
Performance Indicators:						
Value of medicines received/dispensed (Ush bn)	1.5		0.298407325		1.5	
Output Cost	: UShs Bn:	0.008	UShs Bn:	0.000	UShs Bn:	0.008
Output:085604	Diagnostic servic	ces				
Description of Outputs:	40,000 lab tests ultra sound ima		There has been a lab. Tests of 440 the plan of 9000 was 1577 and Xrays was out of)14 compared to). Ultra sound	Target lab. Tests 40,000 Xrays4500 Utrasound scans 3900	
Performance Indicators:						
No. of patient xrays (imaging) taken	3,900		0		4500	
No. of laboratory tests carried out	40,000		44014		40,000	
Output Cost	: UShs Bn:	0.042	UShs Bn:	0.000	UShs Bn:	0.042
- · · · · · · · · · · · · · · · · · · ·	Prevention and r	ehabilitation se				
Description of Outputs:	16,000 antenata immunised, 3,8 receiving family services	76 people	No. of ANC was compared to the No. of persons F Family Planning increased to 676 600 planned No. of PMTCT those who attend	plan of 4000, receiving g siltly 6 compared to was 40	######################################	
			Voto Ovornio			

Vote Summary

Vote, Vote Function Key Output	Approved Budget Planned outputs	2015 and	/16 Spending and Achieved by		2016/17 Proposed Budge Planned Outputs	t and
				BV stood at 150	-	
Performance Indicators:						
No. of childred immunised (All immunizations)	40,000		7446			
No. of family planning users attended to (New and Old)	3,876		676		4000	
No. of children immunised (All immunizations)					40,000	
No. of antenatal cases (All attendances)	16,000		2321		16000	
Output Cost.	· UShs Bn:	0.035	UShs Bn:	0.000	UShs Bn:	0.035
Output:085680 H	Iospital Construction	on/rehabilitat	ion			
Description of Outputs:	n/a		N/A		Completion of the on the rehabilitation store	
Performance Indicators:						
No. reconstructed/rehabilitated general wards	0		0			
No. of hospitals benefiting from the rennovation of existing facilities.	0		0			
No. of reconstructed/rehabilitated general wards					0	
No. of hospitals benefiting from the renovation of existing facilities					1	
Output Cost.	· UShs Bn:	0.100	UShs Bn:	0.000	UShs Bn:	0.250
Output:085681 S	Staff houses constru	ction and reh	abilitation			
Description of Outputs:	Completion of pha construction of 54 the houses to accommon the hospital	units of staff		e second slab of	Completion of pl 18units out of 54 houses to accomm the hospital	units of staff
Performance Indicators:						
No. of staff houses constructed/rehabilitated	1		1		1	
Output Cost.	UShs Bn:	1.200	UShs Bn:	0.230	UShs Bn:	0.730
Vote Function Cost	UShs Bn:	7.285	UShs Bn:		UShs Bn:	5.682
Cost of Vote Services:	UShs Bn:	6.665	UShs Bn:	1.031	UShs Bn:	5.682

* Excluding Taxes and Arrears

2016/17 Planned Outputs

continued construction of 54 unit staff houses.Renovation of stores,tocontinue,delivery of drugs

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

Voto Function Von Output		2015		MTEF Pro	ojections	
Vote Function Key Output Indicators and Costs:	2014/15 Outturn	Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
Vote: 165 Gulu Referral Hospital			•			
Vote Function:0856 Regional Referral Hospital Services						

Vote Summary

)14/15 utturn	90,000 80,000	Outturn by End Sept 45203 1306	2016/17 95000	2017/18 95000	2018/19
utturn	90,000 80,000	45203		95000	
	80,000			95000	
	,	1306		20000	95000
			80,000	80,000	
	1.5	0.298407325	1.5	1.5	
	40,000	44014	40,000	40,000	40000
	3,900	0	4500	4500	4500
	16,000	2321	16000	16,000	16000
	10,000				
	40,000	7446			
			40,000	40,000	40000
			40,000	40,000	40000
	3,876	676	4000	4000	4000
	2,070	0,0		1000	1000
	0	0			
			1	0	
			0	0	
	0	0			
	1	1	1	1	
	0	0	0	0	
	00	0	00	00	
4.628	6.665	1.031	5.682	6.328	6.850
		0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

Medium Term Plans

1. Acquire the police land for the construction of OPD and cancer institute

2. Purchase land for expansion of the hospital.

3. Compound design and levelling and walkways, construction of entrace road =450m.

4. process land title for the available hospital land=45m.

5. Purchase of laundry equipment

=140M.

Purchase of ENT

equipment

7.Construction of more water tanks to increase water storage and installation of a second submersive water pump

6.

Vote Summary

(ii) Efficiency of Vote Budget Allocations

Establish committees such as and tice therapeutic committee to reduce wastage, have weekly heads of departmental meetings to review performance.engage all stake holders ,go to community barazas for feed back of service delivery.carry out service satisfaction surveys at exit points

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

	(i) Allocation (Shs Bn)			(ii) % Vote Budget				
Billion Uganda Shillings	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Key Sector	6.0	5.2	3.9	<u>3.9</u>	90.7%	90.9%	60.9%	<u>56.2</u> %
Service Delivery	6.1	5.2	4.0	4.5	91.5%	<mark>91.8%</mark>	63.0%	65.8%

staff house 6.3 billion staff accomodation is te priority number one.only 10 percent of the stf are accomodated.there is no designed place to store drugs whatever is available is improvised therefore a justification for for the renovation

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

Unit Cost Description	Actual 2014/15	Planned 2015/16	Actual by Sept	Proposed 2016/17	Costing Assumptions and Reasons for any Changes and Variations from Plan
<i>Vote Function:0856 Regiona</i> Staff houses	al Referral Hos	pital Services 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

construction of staff house 20 percent funded but inovation of drugt is rolled for three years.renovation of drugstores 60 percent funded and procurement of office furniture fully funded

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

	(i) Allocation (Shs Bn)			(ii) % Vot				
Billion Uganda Shillings	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Consumption Expendture(Outputs Provided)	5.3	4.7	3.0	3.0	79.0%	<u>82.8%</u>	47.4%	<u>43.7%</u>
Investment (Capital Purchases)	1.4	1.0	3.3	<u>3.9</u>	21.0%	17.2%	52.6%	<u>56.3%</u>
Grand Total	6.7	5.7	6.3	<mark>6.8</mark>	100.0%	100.0%	100.0%	100.0%

N/A

Table V2.6: Major Capital Investments

Project, Programme	2015/16	2015/16			
Vote Function Output UShs Thousand			Proposed Budget, Planned Outputs (Quantity and Location)		
Project 1004 Gulu Rehabilita	tion Referral Hospital				
085681 Staff houses construction and rehabilitation	Continued construction of 54unit 3 storey staff housing complex	Casting of the second slab of phase one.	Completion of the First phase of 18 units on the staff house construction		
Tota	1,200,000	230,000	729,857		
GoU Development	1,200,000	230,000	729,857		
External Financing	0	0	0		

(iv) Vote Actions to improve Priority Sector Outomes

the focus for the financial year is geared towrds maternl health and staff accomodation

Vote Summary						
Table V2.7: Priority Vote Actions to Improve Sector Performance						
2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:			
Sector Outcome 1: Increased	deliveries in health facilities					
Vote Function: 08 56 Regional	Referral Hospital Services					
VF Performance Issue: Attra	act and retain staff					
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	Staff house construction is on course,and staff moral is improving ,as they the second slub is being casted	engage the supervising consultant to make sure construction is on course.so that staff moral and hopes are raised.	To purchase land and build more houses for staff			
hospital	ilities receive adequate stocks of	accontial medicines and health a	upplies (FMUS)			
	-	essential medicines and nearth s	supplies (EMHS)			
Vote Function: 08 56 Regional	•					
VF Performance Issue: Prov	vide adequate medicines and medi	cal supplies				
Ensure rational use of available medicines by having proper prescriptions, avoiding wastage and expiries. Make medicines and therapeutic committee more active. Ensure correct and	Rational use of medicines,timely ordering of drugs.establishment of awindow for inpatient and outpatient,to avoid wastage.all these are supervised by the active drug committee,	print and pin all available medicines tocliniciansto avoid over prescription.convene weekly drug committee meetings to review weekly performance	Review the medicines list of the hospital to reduce unnecessary orders and to avoid multiple medicines performing similar functions			
timely orders for medicines						
VF Performance Issue: Repa	iir and service medical equipment					
Equipment inventory to be completed by the help of the biomedical engineer.	Equipment inventory started on across acholi subregion by the biomedical techinician	a roaster for the enginneer is made and ,start on the inventory of equipment to have stock of what is repairable and sort what is due for board off	Shift to purchase of more up to date equipment			

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

This section sets out the proposed vote budget allocations for 2016/17 and the medium term, including major areas of expenditures and any notable changes in allocations.

Table V3.1: Past Outturns and Medium Term Projections by Vote Function*

	<i>•</i>	2015/16		MTEF Budget Projections		
	2014/15 Outturn	Appr. Budget	Spent by End Sept	2016/17	2017/18	2018/19
Vote: 165 Gulu Referral Hospital						
0856 Regional Referral Hospital Services	4.628	6.665	1.031	5.682	6.328	6.850
Total for Vote:	4.628	6.665	1.031	5.682	6.328	6.850

(i) The Total Budget over the Medium Term

capital development .9billion 1,588,003,007 the capitali s stagnant ,the biggest portion goes goes to staff house.Recurrent there are utility arrerears that makes the recurrewellnt budget s

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

The items with major allocations are staff house -Ushs 730 million and wages Ushs -2.96 billion

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

changing diseas patterns and deparment needs

Vote Summary

Table V3	.2: Key Changes in Vote	Resource Allocation		
Changes in	Budget Allocations and Outpu 2016/17	nts from 2015/16 Planned Le 2017/18	evels: 2018/19	Justification for proposed Changes in Expenditure and Outputs
Vote Functi	on:0801 Regional Referral Hosp	vital Services		
Output:	0856 01 Inpatient services			
UShs Bn:	-0.564 UShs Bn:	-3.117 UShs Bn:	-3.117	The reduction is on account of the removal of the gratuity funds from the vote ceiling
Output:	0856 77 Purchase of Specialise	d Machinery & Equipment		0
UShs Bn:	-0.050 UShs Bn:	0.650 UShs Bn:	0.650	The procurement of an ultra-sound was a one off and is not being carried over into FY 2016/17
Output:	0856 78 Purchase of Office and	l Residential Furniture and Fit	tings	11101112010/17
UShs Bn:	-0.050 UShs Bn:	0.010 UShs Bn:	0	The procurement of furniture was a one off and is not being carried over into FY
				2016/17
Output:	0856 80 Hospital Construction	/rehabilitation		
UShs Bn:	0.150 UShs Bn:	0.535 UShs Bn:	0.535	The funds are for construction of the hospital store
Output:	0856 81 Staff houses construct	ion and rehabilitation		
UShs Bn:	-0.470 UShs Bn:	-0.170 UShs Bn:	-0.170	The vote development budget for FY 2016/17 was reduced hence the
				reduction in alloction to this output

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

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

limited funding is highest challenge, changing disease patterns

Table V4.1: Additional Output Funding Requests

Additional Requirements for Funding and Outputs in 2016/17:	Justification of Requirement for Additional Outputs and Funding		
Vote Function:0871 Regional Referral Hospital ServicesOutput:0856 71 Acquisition of Land by Government			
<i>UShs Bn:</i> community health fundingrequired to increase the numbers immunised to 40,000.	Staff retention and productivity shall be improved to to improved infrastructure, which leads to efficient delivery of health services to the population and hence create a more productive population		
Output: 0856 72 Government Buildings and Administrativ	e Infrastructure		
UShs Bn:	New buldings create a good working enviroment for both the staff and the hospital clients. This in turn promotes delivery of health services.		
Output: 0856 81 Staff houses construction and rehabilitation	on		
UShs Bn:	When more staff are provided with accomodation their performance will improve as they get motrivated . This will lead to 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: involve the line ministries to provide trainings and information in terms of manuals to guide implementation.avail more funding for take off

Vote Summary

vote Summary
Issue of Concern : lack of budget, and awaresness concerning gender issues
Proposed Intervensions
provide abudget line.carry out continumedical education seminars
Budget Allocations UGX billion 0.002
<i>Performance Indicators</i> every department being sensitive on gender issues while attending to patients
Objective: community health massively trains staff on waste disposal mainly medical waste, to protect the environment and cross infection.encourage voluntary hiv hct
Issue of Concern : Increased clients for sex gender violance.avail funds for staff motivation.role and use of data must be emphasized for planning
Proposed Intervensions
increase awarenes, support community department for prevention measures training
Budget Allocations UGX billion 0.003
<i>Performance Indicators</i> increased numbers ,introduction of full fledged sgbv department to address concerns
Objective: increased new hiv attendances, construction of the maternty washing bay to have the mothers confortable in sluicing blood
<i>Issue of Concern :</i> gender based victim treatment and care, sensitising and preparing clients for voluntary counsellingand testing in all service centres
Proposed Intervensions
provision of testing kits in all enres of care, collaboration with plolice and community linkage cordinators, allocated a portion of recurrent vote to facilitate the activities
Budget Allocations UGX billion 0.005
<i>Performance Indicators</i> increased attandence ,increased numbers and enrolment to care.improved vigirance of the community department to avert crime
(ii) HIV/AIDS
Objective: community linkage cordinators introduce home visits and follow ups to trace lost out patients.
Issue of Concern : non availability of budget lines to cater for for the service
Proposed Intervensions
prepared staff to lobby for more funds from donors and agencies
Budget Allocations UGX billion 0.001
Performance Indicators funds allocated
Objective: reduce on walking distances by providing out reaches to those that come from very

far.Introduce appointments

Health

Vote Summary

Issue of Concern : loss of patiolled to care to other n	r non clinical service providers
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Proposed Intervensions

vigirance and humanresurce allocation reduce on waitig time for patients in care

Budget Allocations UGX billion 0.003

Performance Indicators Recovered lost out patients on care ,flocking back to care

Objective: increase hiv aware ness continue with train staff in the hiv collaboration to be supported by home visits

Issue of Concern : intreventions that are not related to clinical care

Proposed Intervensions

allocated budget line for community health to sensitise and clear the air abuot the myth of non clinical interventions

Budget Allocations UGX billion 0.002

Performance Indicators community change of behaviour

(iii) Environment

Objective: Protect and encourage the community to disinfect the mosquito breeding grounds while preserving the environment

Issue of Concern : no proper medica l waste disposal

Proposed Intervensions

installed enviroment friendly inceneration equipment

Budget Allocations UGX billion

Performance Indicators staff usage and sort medical and domestic waste before inceneration

Objective: prepare and implement surpervision regional wor.kplans,for immunisable diseases,involve both male and female staff

Issue of Concern : use of poor waste disposal methods

Proposed Intervensions

train and user train for the available facility

Budget Allocations UGX billion 0.004

Performance Indicators staff and available human reaource becoming responsive

Objective: train staff on infection control train staff on medical waste disposal especially not to pollute the environment .Assess the impact on disposing and incenerating drugs,

Issue of Concern : use of accient methods of waste disposal

Proposed Intervensions

Health

Vote: 165 Gulu Referral Hospital

Vote Summary

repaired the british donated incenarator to incerate drugs which is environment friendly

Budget Allocations UGX billion

Performance Indicators reduction of use of acient ways of medical waste disposal

(ii) Payment Arrears

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

Payee	Payment Due Date	Amount (UShs Bn)
nwsc	6/30/2015	0.05
matrix		0.03
lubra constractors	9/1/2008	0.15
katharina hotel		0.02
joint medical stores		0.03
gotino		0.01
	Total:	0.296

These were incurred due to wastage,old pipe water line, increased patients load without increasing the budget.we have installed self stoping taps.laid new lines, improved the utility budget.accumulated hotel biils, non payment to capital development contractors for staff house and administration block

(ii) Non Tax Revenue Collections

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

Source of NTR	UShs Bn	2014/15 Actual	2015/16 Budget	2015/16 Actual by Sept	2016/17 Projected
Miscellaneous receipts/income			0.120		0.120
Sale of drugs			0.030		0.030
	Total:		0.150		0.150

staff allowance enhancement, sugar, soap statinery and tea