

Vote: 134 Health Service Commission

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:

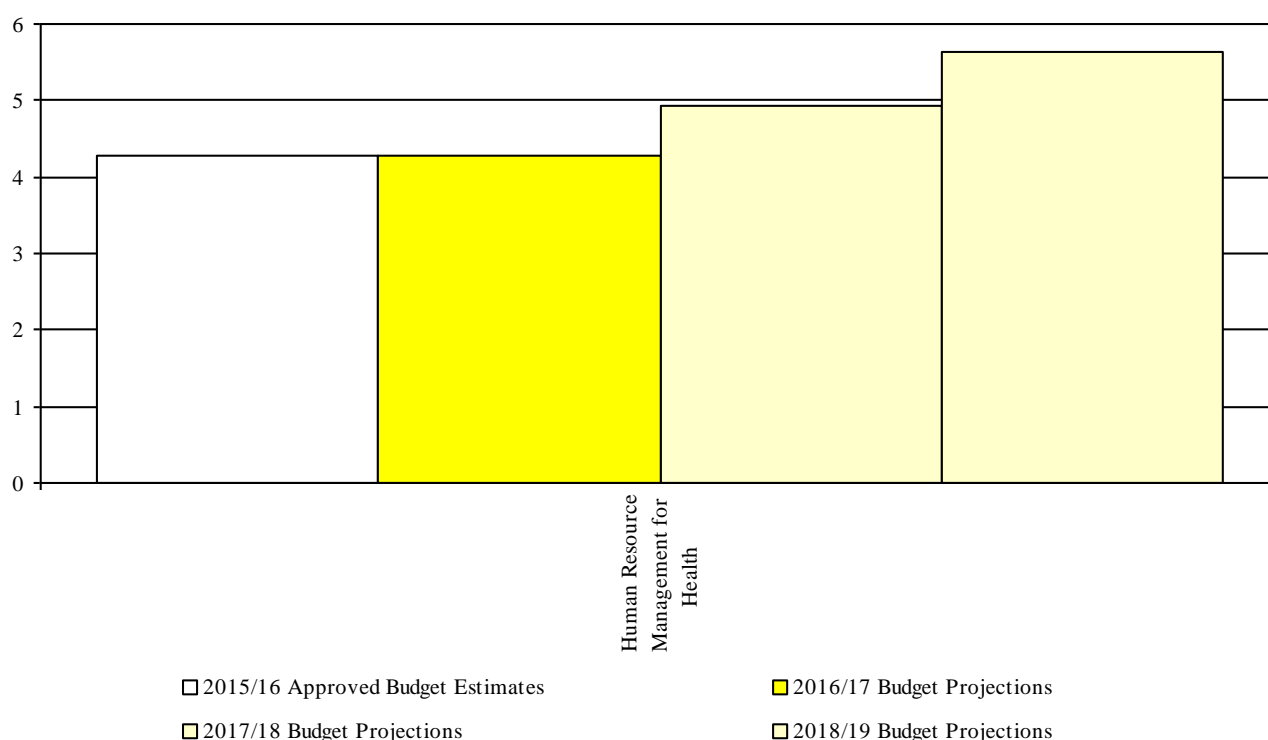
Table V1.1: Overview of Vote Expenditures (UShs Billion)

	2014/15 Outturn	2015/16		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2016/17	2017/18	2018/19
<i>(i) Excluding Arrears, Taxes</i>						
Recurrent Wage	0.728	1.152	0.248	1.152	1.210	1.271
Recurrent Non Wage	2.365	2.772	0.663	2.772	3.299	3.893
Development GoU	0.347	0.347	0.000	0.347	0.416	0.479
Development Ext. Fin	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	3.440	4.271	0.912	4.271	4.925	5.642
total GoU + Ext Fin. (MTEF)	3.440	4.271	0.912	4.271	4.925	5.642
<i>(ii) Arrears and Taxes</i>						
Arrears	0.000	0.000	0.000	0.000	N/A	N/A
Taxes	0.100	0.100	0.000	0.000	N/A	N/A
Total Budget	3.540	4.371	0.912	4.271	N/A	N/A

** Non VAT taxes on capital expenditure

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

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



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(ii) Vote Mission Statement

The Vote's Mission Statement is:

To build a fundamentally strong and competent human resource base for efficient and effective health services delivery.

(iii) Vote Outputs which Contribute to Priority Sector Outcomes

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

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

Sector Outcome 1:	Sector Outcome 2:	Sector Outcome 3:
<i>Increased deliveries in health facilities</i>	<i>Children under one year old protected against life threatening diseases</i>	<i>Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)</i>
Vote Function: 08 52 Human Resource Management for Health		
<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>	None	None
085201 Health Workers Recruitment services		
085206 Health Workers Recruitment and Human Resource for Health Management Services		

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

During the financial year, the Commission achieved a number of key outputs using the appropriated resources. These were:

(i) Recommended six (6) Health Managers and thirty (20) Medical Specialists to H.E the President for appointment.

(ii) Appointed into Health Service: seven hundred and fifteen (801) Health Workers of various categories for the different Health Institutions under its jurisdiction.

(iii) Processed one thousand one hundred twenty two (1,122) Human Resource for Health Decisions, majority of which were on confirmation in appointments. This was done through regular submissions processed at the Commission and those processed at the RRHs during the hands-on support supervision visits.

(iv) Procured Three (3) Desk computers, Four (4) printers and Four (4) Ups

(v) Hands-on Support Supervision visits to 13 Regional Referral Hospitals were carried out. During the visits Human Resource for Health cases such as confirmations in appointment were carried out

(vi) Carried out support supervision in Fourty nine (49) Districts and thirteen (13) Regional Referral Hospitals.

(vii) Procured two (2) station wagon vehicles for Members

(viii) Offered support to the HIV/AIDS infected/affected staff.

Preliminary 2015/16 Performance

With the allocated financial resources, the Commission achieved the following key outputs during the

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quarter;

Appointed Fifty Five (55) Health Workers into the Health Service

Ninty Five (95) Human Resource for Health Decisions of confirmation in appointment, corrigenda, redesignation, study leave, interdictions, abscondments and retirement; processed.

Performance and Career enhancement training carried out for Staff of the Commission in accordance with the Training Plan.

Held a consultative meeting with a delegation of Technical Staff and Members from Sierraleon Health Service

Commission and other stake holders like Ministry of Public Service, Monistry of Health, Ministry of Education,

Sports and Skills Development.

Support supervision and hands-on support on Human Resource for Health issues to 14 District Service Commissions/Districts and Four (4) RRH carried out.

Paid for salaries, statutory allowances, utilities and other goods and services consumed by the Commission

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

<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2015/16 Spending and Outputs Achieved by End Sept	2016/17 Proposed Budget and Planned Outputs
Vote: 134 Health Service Commission			
<i>Vote Function: 0852 Human Resource Management for Health</i>			
Output: 085205	Technical Support and Support Supervision		
<i>Description of Outputs:</i>	56 Districts/Districts Service Commissions, 14 RRHs, 5 National Health Institutions and KCCA Health Units provided support supervision.	Support supervision to 14 Districts/Districts Service Commissions, 4 RRHs carried out.	56 Districts/Districts Service Commissions, 14 RRHs, 5 National Health Institutions and KCCA Health Units provided support supervision.
<i>Performance Indicators:</i>			
No. of District Service Commissions provided with support supervision	56	14	56
<i>Output Cost: US\$ Bn:</i>	0.125	<i>US\$ Bn:</i> 0.030	<i>US\$ Bn:</i> 0.125
Output: 085206	Health Workers Recruitment and Human Resource for Health Management Services		
<i>Description of Outputs:</i>	800 Health Workers of all categories for MoH Hqters, National Referral Hospitals, CUFH-Naguru, RRHs, UBTS, Prisons Health Services and NCTL recruited. 1200 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement on medical grounds processed.	55 Health Workers Recruited 95 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement on medical grounds processed.	850 Health Workers of all categories for MoH Hqters, National Referral Hospitals, UCI, UHI, CUFH-Naguru, RRHs, UBTS, Prisons Health Services and NCTL recruited. 1200 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, retirement on medical grounds processed.
<i>Performance Indicators:</i>			
No. of Health Workers recruited in Central Government Health Institutions	800	55	850
<i>Output Cost: US\$ Bn:</i>	0.432	<i>US\$ Bn:</i> 0.104	<i>US\$ Bn:</i> 0.432
Vote Function Cost	<i>US\$ Bn:</i> 4.371	<i>US\$ Bn:</i> 0.912	<i>US\$ Bn:</i> 4.271

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<i>Vote, Vote Function Key Output</i>	Approved Budget and Planned outputs	2015/16 Spending and Outputs Achieved by End Sept	2016/17 Proposed Budget and Planned Outputs
Cost of Vote Services:	<i>UShs Bn:</i>	4.271 <i>UShs Bn:</i>	0.912 <i>UShs Bn:</i> 4.271

* Excluding Taxes and Arrears

2016/17 Planned Outputs

850 Health Workers of all categories for MoH Hqters, National Referral Hospitals, CUFH-Naguru, RRHs,UBTS, Prisons Health Services and NCTL recruited.

1200 HRH Cases of confirmation, corrigenda, redesignation, study leave, interdictions, abscondments, Retirement on medical grounds processed.

Support supervision to 56 Districts/Districts Service Commissions, 14 RRHs, 5 National Health Institutions and KCCA Health Units carried out.

Technical Support Supervision to DSCs, Central Government Health Institutions and Departments under the jurisdiction of HSC on HRH issues provided.

Performance and career enhancement training for Members and Staff of the Health Service Commission in accordance with the Training Plan carried out.

Monitoring and tracking implementation of the HSC decisions, deployment, reporting and retention of Health Workers; carried out.

Roll out the implementation of the HSC e-Recruitment Information System carried out.

Operationalization of the HSC Selections Examinations Division finalized.

Development of competency profiles for health workers' approved posts in MoH Hqters and Regional Referral Hospitals continued.

Review of the HSC Recruitment Guidelines for Health Workers in Districts and Urban Authorities finalized.

Review of the Terms and Conditions of Service of Health Workers including training and qualifications Continued.

Workshop for;
Recruitment of Health Workers under the jurisdiction of the Commission carried out.

Technical meetings;

Monitoring and Evaluation on the implementation of HSC Strategic Plan, Annual Work-plan and activities conducted.

Finalize the development and dissemination of the HSC Standard Operating Procedures carried out.

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

<i>Vote Function Key Output</i>	2015/16	MTEF Projections
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<i>Vote Function Key Output Indicators and Costs:</i>	2014/15 Outturn	Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
Vote: 134 Health Service Commission						
Vote Function:0852 Human Resource Management for Health						
No. of Health Workers recruited in Central Government Health Institutions			0			
No. Of Human Resource for Health Decisions processed			0			
No. of District Service Commissions provided with support supervision		56	14	56	60	60
No. of Health Workers recruited in Central Government Health Institutions		800	55	850	900	950
Vote Function Cost (UShs bn)	3.540	4.271	0.912	4.271	4.925	5.642
Cost of Vote Services (UShs Bn)	3.540	4.271	0.912	4.271	4.925	5.642

Medium Term Plans

In the medium term, the Commission will advocate for better Terms and Conditions of Service for Health Workers. The HSC will advocate training in rare disciplines such as ENT, Pathology, Dental and Laboratory Technologists etc, and other Super specialties, some of which training is not conducted in Uganda. In order to ensure and enforce Health Workers' adherence to the Code of Conduct and Ethics, the Health Service Commission will carry out hands-on support supervision in RRHs during which sensitization and dissemination of the Health Workers Code of Conduct and Ethics will be conducted.

(ii) Efficiency of Vote Budget Allocations

The Commission has allocated funds for the functionality of its Internal Audit Unit which will provide advice to management in ensuring efficiency and value for money. Funds have also been allocated to performance enhancement trainings for Members and staff to ensure increased performance efficiency.

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			
	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Key Sector	0.6	0.6	0.7	1.0	13.0%	13.0%	14.4%	17.9%
Service Delivery	0.4	0.4	0.6	0.8	10.1%	10.1%	11.2%	13.3%

The table below shows the per capita recruitment for FY 2016/17 projected at UGX. 480,000. This includes expenses on preparation of adverts, running the advert in the media, data entry, shortlisting, interviewing, confirmation of minutes and dissemination of results.

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
Vote Function:0852 Human Resource Management for Health					
Cost of recruiting one health worker	454	540	545	480	Being the total cost of recruiting one health worker

(iii) Vote Investment Plans

Over the last four financial years, the Commission's development budget has stagnated at Ushs. 0.347 Billion. However, its expected to increase to Ushs. 0.416 Billion in FY 2016/17 and FY 2017/18.

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

Billion Uganda Shillings	(i) Allocation (Shs Bn)				(ii) % Vote Budget			
	2015/16	2016/17	2017/18	2018/19	2015/16	2016/17	2017/18	2018/19
Consumption Expenditure(Outputs Provided)	3.9	3.9	4.1	4.8	91.9%	91.9%	83.6%	85.7%

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Investment (Capital Purchases)	0.3	0.3	0.8	0.8	8.1%	8.1%	16.4%	14.3%
Grand Total	4.3	4.3	4.9	5.6	100.0%	100.0%	100.0%	100.0%

The major planned capital expenditure in FY 2016/17 is the procurement of two (2) Vehicles to facilitate Commission Support Supervision activities at a cost of UGX 308 Million. i.e 89% of capital budget

Table V2.6: Major Capital Investments

(iv) Vote Actions to improve Priority Sector Outcomes

The Commission plans to continue advocating for better Terms and Conditions of Service for Health Workers in addressing the high attrition rate of Health Workers in the Country. The Commission will also advocate training in rare disciplines such as ENT, Pathology, Dental and Laboratory Technologists and other Super specialties, some of which training is not conducted in Uganda to ensure that such highly needed Health Workers are available in the Country's Job Market.

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 52 Human Resource Management for Health			
<i>VF Performance Issue: - Inability to fill approved posts for Health Workers in National and Regional Referral Hospitals</i>			
Subject to availability of funds and clearance by Public Service, fill all vacant posts. Advocate for training in those affected professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.	55 Health Workers Recruited	Subject to availability of funds and clearance by Public Service, fill all vacant posts. Advocate for training in those affected professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.	Continue to fill and replace all vacant posts, advocate for better Terms and Conditions of Service for Health Workers. Advocate for training in those endangered professions/ disciplines such as ENT, Pathology, Dental and Laboratory Technologists.
<i>VF Performance Issue: Poor Working Terms and Conditions for Health Workers</i>			
At various stakeholder meetings the commission plans to advocate for better working conditions of service for health workers.	At various stakeholder meetings the commission advocated for better working conditions of service for health workers.	At various stakeholder meetings the commission plans to advocate for better working conditions of service for health workers.	Advocacy for better Terms and Conditions of Service for Health Workers.
Sector Outcome 2: Children under one year old protected against life threatening diseases			
Vote Function: 08 52 Human Resource Management for Health			
<i>VF Performance Issue: Rising rates of Health Worker absenteeism</i>			
The Commission plans to conduct Support Supervision visits that among others HRH issues will emphasise adherence to the Health Workers Code of Conduct and Ethics. Commission too plans to disseminate copies of the H/Ws Code of conduct & Ethics.	Support supervision to 14 Districts/Districts Service Commissions, 4 RRHs carried out. Technical Support Supervision to DSCs, Central Government Health Institutions and Departments under the jurisdiction of HSC on HRH issues provided. Technical Meetings with Members of Sierraleon HSC, PEPFAR, Task Force on Public Health Training and other stake holders like MoPS, MoH, MoES&SD, Mulago &	The Commission plans to conduct Support Supervision visits that among others HRH issues will emphasise adherence to the Health Workers Code of Conduct and Ethics. Commission too plans to disseminate copies of the H/Ws Code of conduct & Ethics.	Ensure and enforce adherence of Health Workers to the Code of Conduct and Ethics through workshops and Support Supervision.

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2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:
KCCA carried out			

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*

	2014/15 Outturn	2015/16		MTEF Budget Projections		
		Appr. Budget	Spent by End Sept	2016/17	2017/18	2018/19
Vote: 134 Health Service Commission						
0852 Human Resource Management for Health	3.540	4.271	0.912	4.271	4.925	5.642
Total for Vote:	3.540	4.271	0.912	4.271	4.925	5.642

(i) The Total Budget over the Medium Term

The Health Service Commission budget allocation for FY 2016/17 is UGX 4.27 Billion of which UGX 1.152 Billion is Wage, UGX 2.772 Billion is Non Wage Recurrent and UGX 0.347 Billion is for Capital Development. However the Commission total budget is expected to increase to Ushs. 4.874 Billion and Ushs. 4.875 Billion in FY 2017/18 and FY 2018/17 respectively.

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

The major expenditure allocation is to Secretariat Support Service for Human Resource for Health Management vote function

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

None

Table V3.2: Key Changes in Vote Resource Allocation

Changes in Budget Allocations and Outputs from 2015/16 Planned Levels:				Justification for proposed Changes in Expenditure and Outputs
2016/17	2017/18	2018/19		
<i>Vote Function: 0876 Human Resource Management for Health</i>				
Output: 0852 76 Purchase of Office and ICT Equipment, including Software				
US\$ Bn: -0.005	US\$ Bn: 0.056	US\$ Bn: 0.056		The Commission intends to buy less equipment since the Commission got some equipment from the donor (Intra Health)
	Replacement costs for the used ones are anticipated to go up	Replacement costs for the used ones are anticipated to go up		
Output: 0852 78 Purchase of Office and Residential Furniture and Fittings				
US\$ Bn: 0.005	US\$ Bn: 0.035	US\$ Bn: 0.035		The provision is on account of the planned procurement of office chairs and shelves
Anticipated increase in Market prices	Anticipated increase in Market prices	Anticipated increase in Market prices		

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.

Administrative challenges.

- i. Inadequate office and parking space. This affects not only Staff of the Commission but Technical Representatives who assist the Commission in Shortlisting and Interviewing Exercises.
- ii. Inadequate transport for Members and Staff to carry out Commission activities.
- iii. Limited budget for support supervision, capacity building and other activities.

Service Delivery Challenges.

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i. Delayed submissions of vacant posts to the Ministry of Public Service by the user Institutions and delayed clearance by the Ministry of Public Service. This affected the Commission from delivering on the planned recruitment.

ii. The Commission faces a problem of attracting Health Workers of some specialties especially for Regional Referral Hospitals; e.g. Pathologists, ENT Surgeons; Orthopaedic Surgeons; Anaesthesiologists; Psychiatrists and Radiologists. Dental Technicians, Dental Technologists, Echo Cardiac Technicians, Dispensers, Anaesthetic Officers, Midwives and Public Health Nurses are some of the other cadres difficult to attract in the right numbers. This problem is attributed to a limited labour supply and in some cases to high demand from competing private and other health providers.

iii. Constricted Staff Structures: Across the Health Service, the staffing structures have remained constricted both in terms of numbers, career progression opportunities and skills mix.

iv. Limited promotional avenues: Staff who have acquired high or relevant qualification have not been promoted and/or appointed on attainment of higher qualifications.

v. High turnover of Health Workers: This has kept depleting the National, Regional Referral Hospitals of Health Workers and other health Institutions under the jurisdiction of the Commission. It also impacts on the Commission's effort to increase the numbers of Health Workers which ultimately leads to staff stress among other negative impact.

vi. Poor remuneration: Non-competitive terms and conditions of service for Public Servants leading to poor motivation and high attrition of Health Workers.

vii. Training Institutions have mash roomed over the years. A number of them lack the necessary minimum facilities especially for practicum training. Supervising these Institutions has also been a challenge as a result graduates from some of these schools present questionable professional knowledge and skills.

viii. There is often public outcry about poor behaviour and attitudes of Health Workers but the Commission cannot capture this in its HR data because of the different levels at which disciplinary issues are handled. The majority are disciplined at clinic, ward or facility management levels. Some cases are handled by the four Professional Councils or Courts of Law and all these are not reflected in the HSC data. Only cases of abscondments, interdictions, dismissals are reflected in the Commission's HRH data.

Table V4.1: Additional Output Funding Requests

Additional Requirements for Funding and Outputs in 2016/17:	Justification of Requirement for Additional Outputs and Funding
<p><i>Vote Function: 0806 Human Resource Management for Health</i></p> <p>Output: 0852 06 Health Workers Recruitment and Human Resource for Health Management Services</p> <p><i>US\$ Bn: 7.160</i></p> <p>Recurrent budget for Monitoring and Tracking of the Implementation of the Commissions decision – UGX 500 Million</p> <p>Recurrent budget for HSC e-Recruitment and Selection Examinations – UGX 188 Million</p> <p>construction of office premises – UGX 2 Billion</p>	<p><i>The above priorities will ensure the Commission achieves the following objectives:</i></p> <p><i>I. Qualitative and quantitative improvement of Human Resource for Health leading to better health service delivery</i></p> <p><i>II. Improved capacity of the Health Service Commission in carrying out its mandate</i></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..

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(i) Cross-cutting Policy Issues

(i) Gender and Equity

Objective: The Health Service Commission adheres to the Government Policy of Equal Employment Opportunities for all

Issue of Concern : Overcoming disadvantages of gender inequality and personal disabilities

Proposed Interventions

The Commission follows order of merit when recruiting and selecting candidates. It also gives cognizance of the various disabilities that may affect the skills and expertise of such challenged individuals eg stammering.

Budget Allocations UGX billion

Performance Indicators NA

(ii) HIV/AIDS

Objective: Mitigating HIV/AIDS infections and ensuring safe living for the infected and affected

Issue of Concern : Mitigating HIV/AIDS infections and ensuring safe living for the infected and affected

Proposed Interventions

Provision of basic care to the infected and affected

Budget Allocations UGX billion

Performance Indicators NA

(iii) Environment

Objective: Efficient management of disposals and waste particularly paper and office equipment

Issue of Concern : Being an institution dealing in human resource for health there is a lot of paper use that needs to be properly disposed of.

Proposed Interventions

Disposal bins at strategic points

Budget Allocations UGX billion

Performance Indicators NA

(ii) Payment Arrears

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

(ii) Non Tax Revenue Collections

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

NA