

# Vote: 014 Ministry of Health

## 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:

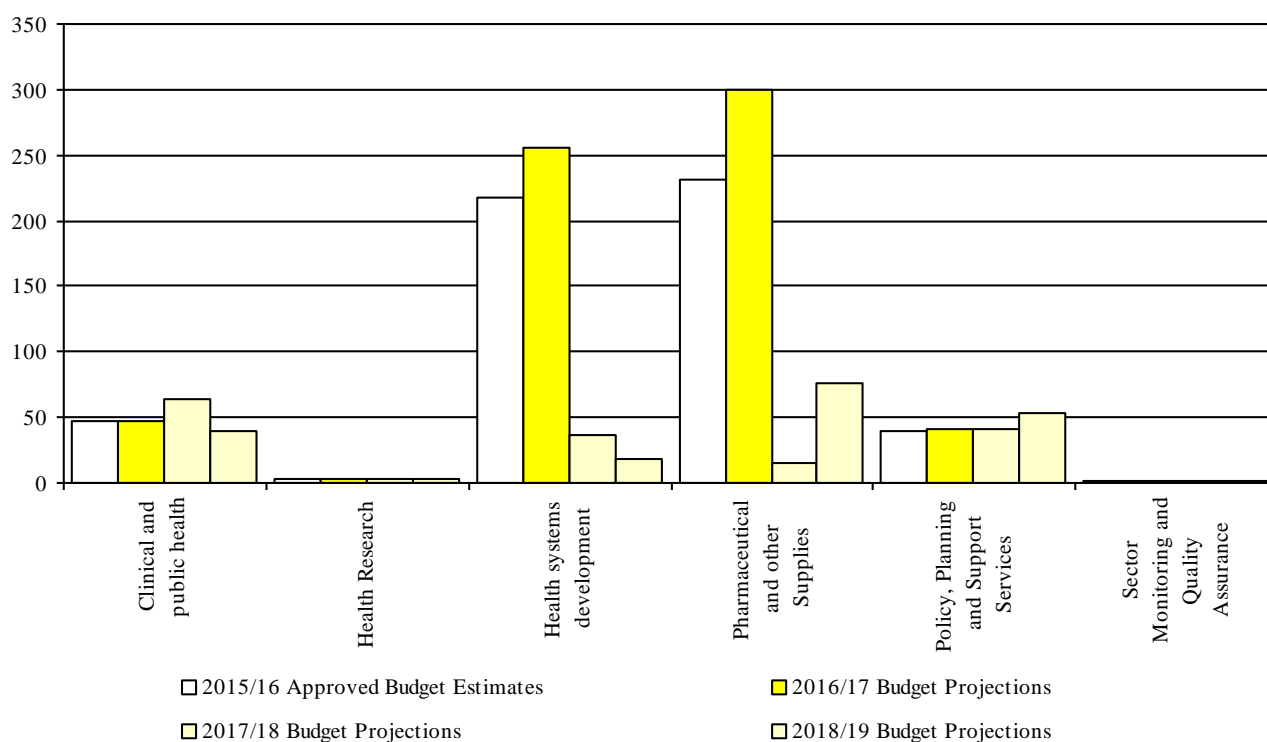
**Table V1.1: Overview of Vote Expenditures (US\$ Billion)**

(i) Excluding Arrears, Taxes	2014/15 Outturn	2015/16		MTEF Budget Projections		
		Approved Budget	Spent by End Sept	2016/17	2017/18	2018/19
Recurrent						
Wage	5.091	6.994	1.579	6.994	7.344	7.711
Non Wage	25.842	64.371	10.171	62.775	74.702	88.148
Development						
GoU	8.658	24.175	4.779	24.675	29.610	34.052
Ext. Fin	52.589	444.022	144.833	552.828	49.361	60.728
<b>GoU Total</b>	<b>39.591</b>	<b>95.541</b>	<b>16.529</b>	<b>94.444</b>	<b>111.656</b>	<b>129.911</b>
<b>total GoU + Ext Fin. (MTEF)</b>	<b>92.179</b>	<b>539.563</b>	<b>161.362</b>	<b>647.272</b>	<b>161.017</b>	<b>190.639</b>
(ii) Arrears and Taxes						
Arrears	0.000	1.772	0.063	0.000	N/A	N/A
Taxes	2.980	5.504	0.044	0.000	N/A	N/A
<b>Total Budget</b>	<b>95.159</b>	<b>546.839</b>	<b>161.469</b>	<b>647.272</b>	<b>N/A</b>	<b>N/A</b>

\*\* 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: 014 Ministry of Health

## Vote Summary

### (ii) Vote Mission Statement

The Vote's Mission Statement is:

*To facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life*

### (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>
<b>Vote Function: 08 01 Sector Monitoring and Quality Assurance</b>		
<b>Outputs Contributing to Outcome 1:</b>	<b>Outputs Contributing to Outcome 2:</b>	<b>Outputs Contributing to Outcome 3:</b>
<i>Outputs Provided</i>	<i>Outputs Provided</i>	None
080104 Standards and guidelines developed	080103 Support supervision provided to Local Governments and referral hospitals	
<b>Vote Function: 08 02 Health systems development</b>		
<b>Outputs Contributing to Outcome 1:</b>	<b>Outputs Contributing to Outcome 2:</b>	<b>Outputs Contributing to Outcome 3:</b>
<i>Capital Purchases</i>	None	None
080281 Health centre construction and rehabilitation		
080285 Theatre construction and rehabilitation		
<b>Vote Function: 08 03 Health Research</b>		
<b>Outputs Contributing to Outcome 1:</b>	<b>Outputs Contributing to Outcome 2:</b>	<b>Outputs Contributing to Outcome 3:</b>
None	<i>Outputs Provided</i>	None
	080303 Research coordination	
<b>Vote Function: 08 04 Clinical and public health</b>		
<b>Outputs Contributing to Outcome 1:</b>	<b>Outputs Contributing to Outcome 2:</b>	<b>Outputs Contributing to Outcome 3:</b>
<i>Outputs Provided</i>	<i>Outputs Provided</i>	None
080401 Community health services provided (control of communicable and non communicable diseases)	080405 Immunisation services provided	
080402 Clinical health services provided (infrastructure, pharmaceutical, integrated curative)		
080403 National endemic and epidemic disease control services provided		
080412 National Ambulance Services provided		
<b>Vote Function: 08 05 Pharmaceutical and other Supplies</b>		
<b>Outputs Contributing to Outcome 1:</b>	<b>Outputs Contributing to Outcome 2:</b>	<b>Outputs Contributing to Outcome 3:</b>
None	None	<i>Outputs Provided</i>

# Vote: 014 Ministry of Health

## Vote Summary

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>
		080501 Preventive and curative Medical Supplies (including immunisation)

## 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

KEY ACHIEVEMENTS FOR THE SECTOR DURING FY 2014/15 AND PLANNED OUTPUTS FOR FY 2015/16 ARE SUMMARIZED BELOW:-

1. During FY 2014/15 the Ministry continued with the ongoing construction program for the nine (9) hospitals under the World Bank support equivalent to US\$ 52 million. The construction is at different stages and the hospitals are: Moroto, Mityana, Nakaseke, Kiryandongo, Nebbi, Anaka, Moyo, Entebbe and Iganga. In addition, construction of Kawempe and Kiruddu hospitals at a cost of US\$ 29 million is progressing well and expected to be completed by mid-2016.
2. Construction, expansion, rehabilitation and equipping of Mulago Hospital estimated at US\$ 47 million is underway and will be completed by December 2016. The construction of specialized Maternal and Neonatal unit in Mulago hospital under Islamic Development Bank (IDB) is expected to commence in May, 2015 and will cost US\$ 24 million. The Ministry is also in advanced stages with the procurement of ten (10) ambulances for the planned Ambulance System for Kampala metropolitan area. The Ambulances are expected to be delivered by June, 2015.
3. Construction of Out Patient Department (OPD), theatre, accident and emergency departments in Hoima and Kabale hospitals by JICA is underway and shall be completed by 2016. Under the same program, medical equipment shall be supplied to Fort portal, Hoima and Kabale hospitals.
4. The Ministry will continue with the program for the rehabilitation of the following general hospitals:- Adjumani, Kitgum, Kabarole Kiboga. Kapchorwa, Kamwenge Pallisa, Itojo, Kitagata Bugiri, Atutur, Apac, Abim Bundibugyo Kaberamaido and Masindi. It will also procure assorted essential medical equipment and furniture for 10GHs, 10HCIVs, 30HCIII and 20HCII countrywide. Basic equipment will also be supplied to lower level facilities country wide under GoU.
5. Under the GoU & Italian Support, the Karamoja region will be provided with staff housing (69 units) at HC IIIs in districts of Kaabong, Abim, Kotido, Moroto, Amudat, Napak and Nakapiripirit. Under the GoU & Spanish Debt Swap Grant; Kawolo and Busolwe Hospitals will be reconstructed. These constructions will also address reproductive health issues. (i.e OPD extension/Casualty unit, Construction of an obstetric Theatre, Expansion of the delivery suites, improvement of Maternity ward and construction of a mortuary.) Under the GoU & Saudi Fund/OFID and BADEA, Yumbe and Kayunga Hospitals will be rehabilitated, expanded and equipped. Staff houses shall be constructed and provision of ambulance, medical furniture and equipment shall be made.
6. The Ministry plans to implement a sharpened plan "A promise renewed" to accelerate investments in maternal, newborn and child health. Key features of this plan include; improving antenatal care by providing comprehensive ANC services, improving malaria prevention and management with a focus on the needs of pregnant women, providing HIV voluntary counseling and testing services and nutritional supplements to pregnant women.

## Vote: 014 Ministry of Health

### Vote Summary

7. There shall be continuous efforts towards the reduction of Maternal Mortality Ratio through implementation and distribution of Emergency Obstetric Care (EmONC) lifesaving medicines, Family Planning equipment and commodities to health facilities and improving the referral and support supervision. The Ministry of Health will continue to conduct Maternal and perinatal death audits including scaling up community sensitization and mobilization.

8. Districts shall be supervised during the implementation of reproductive health activities and independent maternal health audits countrywide shall be conducted. Surgical camps will be held in all the 14 regional referral hospitals, 5 general hospitals and selected HC IVs. The camps will include mentoring on long term family planning methods and post abortion care. The safe motherhood day will also be held and the sharpened plan for reproductive health distributed.

9. Vaccination against Human Papilloma Virus (HPV) will be rolled out country wide and two other new vaccines will be introduced in the FY 2015/16 and these are: - inactivated polio vaccine for children under one year and Rota virus vaccine. The sector intends to conduct a country wide mass measles campaign for all children from 6 months to 5 years old. It will undertake support supervision of immunization services in poorly performing districts and integrate monthly support supervision in all districts. Administration of traditional vaccines including the Pentavalent and Pneumococcal conjugate vaccines shall also continue.

10. The Ministry plans to scale up the implementation of the existing four strategies for the control of malaria and these include: (i) Long Lasting Impregnated Nets (LLIN), (ii) Indoor Residual Spraying (IRS), (iii) Larviciding and (iv) Case Management. So far these strategies have been successful in controlling malaria.

11. The Tuberculosis (TB) case detection, management and infection control shall be enhanced by increasing the MDR TB treatment centers and equipping more health facilities with Gene Xpert machines. The ministry will also orient health workers in new TB/HIV mode of management (1one stop center).

12. NMS will continue to emboss medicines and medical supplies delivered to Government health facilities in order to avert pilferage. Focus shall also be put on procurement and distribute essential medicines and health supplies in accordance with procurement plans for general hospitals, regional referral hospitals and national referral hospitals. Specialized items will be procured and distributed to UHI, UCI and UBTS in accordance with the availed procurement plans and budgets and in adherence to the published schedule. Further improvements in the supply chain and management for vaccines will be realized through logistic supplies procured under the GAVI project.

13. In the FY 2014/15, the Cancer Institute completed a new building for the research centre with initial phase of equipment on the ward (i.e ICT clinical management system, a chemistry analyzer and diagnostic equipment) and successfully performed two surgical camps in the new theatre. In the FY 2015/16, the cancer institute plans to complete a radiotherapy bunker and nuclear medicine department. In addition, the institute will undertake procurement for the physical plans and designs for strengthening of Mbarara cancer center. Uganda Cancer Institute has been chosen to be a centre of excellence for Cancer treatment in East Africa and a loan request to operationalize this has been tabled before Parliament. The Cancer Institute Bill has also been approved by Cabinet.

14. The Uganda Heart Institute (UHI) has newly installed cardiac catheterization facility and a theatre that can handle at least 1000 operations/ procedures per year when fully operational. The UHI shall continue to

## Vote: 014 Ministry of Health

### Vote Summary

scale up cardiac operations, and offering fellowship training programmes for super specialised procedures.

15. During the FY 2014/15, Uganda Virus Research Institute (UVRI) conducted surveillance for measles and AFP cases in eastern Uganda (Jinja, Bugiri, Iganga, Kamuli, Kaliro, Mbale and Soroti). The Dried Blood Spots (DST) proficiency testing panels were distributed to 250 testing sites and shall continue expanding the malaria research capacity. Phase two of the HIV rapid test will be evaluated. In FY 2015/16, Surveillance on common diseases such as, polio, measles, rubella, Hepatitis, Rota-virus and human papilloma virus will be carried out and documented. In addition, the Natural Chemotherapeutics Research Institute shall continue to undertake laboratory research work in reference to the WHO Regional strategy on traditional medicine (2014-2023).

16. The Uganda Blood Transfusion Services (UBTS) collected and distributed 163,750 units of safe blood by end March thereby achieving 68% of the target for FY 2014/15. UBTS plans to implement a blood donor recognition and acknowledgement program in order to motivate and retain more communities to donate blood on a regular basis. UGX 840 million has been allocated for this activity. Additional UGX 750 million will be spent to support the two newly created blood collection teams in Lira and Angal in Nebbi.

17. The partnerships with the private sector will continue to be improved for better service delivery. The arrangement for an affordable credit facility for health private sector will be finalized. Gender and human rights including the disabled and most vulnerable populations will be mainstreamed in all local government health work plans for equitable access to health services. The ministry plans also to sponsor training of post-basic and post-graduates.

18. The Health Service Commission has so far made 190 appointments and advertised 675 positions in FY 2014/15. The Commission plans to recruit 900 Health Workers of all categories for Ministry of Health Headquarters, National Referral Hospitals, CUFH-Naguru, RRHs, UBTS, Prisons Health Services and NCTL. 1200 HRH Cases of confirmation, corrigenda, re-designation, study leave, Interdictions, abscondments, retirement on medical grounds will be processed.

19. The Ministry prepared the following reports and documents:- Budget Framework Paper for FY 2014/15, Ministerial Policy Statement for FY 2014/15, three Quarterly performance progress reports, National e-health Information Policy, Strategy, Governance and Technologic Framework and Local Government grant guidelines and transfers. Quarterly monitoring visits and HMIS data validation exercises were conducted in regional referral hospitals, selected Local Governments and Private not for Profit (PNFP) Institutions. The national health accounts study for FY 2010/11 and 2011/12 was also conducted.

20. The Ministry is currently developing a new Sector Development Plan that will be aligned to the National Development Plan II. The National Health Insurance Bill will be presented to Cabinet and Parliament. The sector plans shall continue to focus on strengthening health systems such as improving human resource staffing, operationalizing the existing health infrastructure, making drugs and necessary equipment more available.

21. HIV/AIDS: > New infections declined from 147,000 in 2011 to 137,000 in 2013) and the HIV prevalence is estimated at 7.3% The PMTCT facility coverage has increased significantly over the past year; from 2,138 in the year 2013 to 3,248 facilities by 2014. The proportion of pregnant women tested for HIV increased from 30% in 2008 to 95% in 2014. The proportion of pregnant women living with HIV receiving ARVs increased from 33% in 2007 to 87% in 2014. The number of infections in new born children has also significantly declined- from 28,000 in the year 2009 to a projected 8,000 as at the end of 2014. The sector has been accelerating the accreditation of health facilities that provide ARVs and the number of sites increased from 475 in 2011 to 1,603 by December 2014- 100% public hospitals, 91%

# Vote: 014 Ministry of Health

## Vote Summary

HCIVs are providing ART and 87% of HCIVs are also providing pediatric ART. The Ministry of Health and Uganda Aids Commission are developing guidelines for the operationalization of the Uganda HIV/AIDS Fund with the aim of financing the various HIV/AIDS interventions.

In the FY 2015/16 the sector shall continue to focus on the priorities in the National Prevention Strategy including (i) rapid scale up of annual HCT coverage of 50% of 15-49 years population (with target of HCT of 90% by 2020), (ii) Behavior Change Communication programs coverage to achieve a reduction in multiple sexual partnerships by 25%, (iii) condoms program coverage to 80%, (iv) Safe Male Circumcision coverage to 80%, (v) expand ART coverage to 80%, with test and treat for most at risk populations and, (vi) elimination of Mother To Child Transmission coverage to 95%.

However, it is important to note that the sector is facing significant funding gaps for the HIV response particularly for antiretroviral drugs for those already on treatment, laboratory commodities and supplies previously procured by Centers for Disease Control, HIV Test Kits, and Circumcision Kits.

### Preliminary 2015/16 Performance

The Quarter 2 performance is detailed out in annex 2 of the BFP

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

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
<b>Vote: 014 Ministry of Health</b>			
<b>Vote Function: 0801 Sector Monitoring and Quality Assurance</b>			
<b>Output: 080103</b>	<b>Support supervision provided to Local Governments and referral hospitals</b>		
<i>Description of Outputs:</i>	2 Support supervision visits per district conducted	2 Support supervision visits per district conducted	2 Support supervision visits per district conducted
<i>Output Cost: US\$ Bn:</i>	0.392	0.157	0.465
<b>Output: 080104</b>	<b>Standards and guidelines developed</b>		
<i>Description of Outputs:</i>	Disseminate the new service delivery standards	Disseminated the Health Sector Quality Improvement Framework and Strategic plan to 45 districts in Eastern, Western, Northern and Central parts of Uganda	Disseminate Client and Patient Safety policy Guidelines
	Assess and rank health facilities on compliance to the standards in the national health facility quality of care programme	Disseminated Uganda Clinical Guidelines to 40 districts	Disseminate M&E Plan and Indicators for the Health Sector Development Plan to 50% of the districts (56 districts)
			Disseminate Support Supervision Guidelines
			Disseminate Ministry of Health Client Charter
<i>Output Cost: US\$ Bn:</i>	0.112	0.000	0.159
<b>Vote Function Cost</b>	<b>US\$ Bn:</b>	<b>0.810</b>	<b>US\$ Bn:</b> <b>0.199</b>
<b>US\$ Bn:</b>			<b>1.110</b>
<b>Vote Function: 0802 Health systems development</b>			
<b>Output: 080280</b>	<b>Hospital Construction/rehabilitation</b>		
<i>Description of Outputs:</i>	Construction works will continue to be undertaken in kawolo, kawempe, kiruddu, hoima, kabale and Moroto hospitals. Construction of a Paediatric Surgical Hospital by an NGO called EMERGENCY is also scheduled to begin. Nine (11) hospitals will be	Construction of the Kawempe and Kiruddu Hospital ongoing.	
		For Kawempe Hospital the overall progress of work is at 67%. Main block is 74% completed; Services block 63% complete; accommodation block 25% complete and the external	

# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
	rehabilitated	work is 55% complete.  For Kiruddu Hospital the overall progress of work is at 71.08%. The main block is 75.81% complete; Services block is 53.63% complete; Accommodation block is 82.81% complete and the external work is 47.5% complete.  Rehabilitation work for lower Mulago Hospital is ongoing and the current progress of work is at 36%.	
<i>Performance Indicators:</i>			
Number of hospitals renovated	9	9	15
Number of hospitals constructed	1	1	2
<i>Output Cost: UShs Bn:</i>	190.850	<i>UShs Bn:</i> 50.727	<i>UShs Bn:</i> 196.320
<i>Output Cost Excl. Ext Fin. UShs Bn:</i>	0.800	<i>UShs Bn:</i> 0.000	<i>UShs Bn:</i> 1.100
<b>Output:080282</b>	<b>Staff houses construction and rehabilitation</b>		
<i>Description of Outputs:</i>		NA	Twenty staff houses constructed in Karamoja and another 4 houses in Kapchorwa
<i>Output Cost: UShs Bn:</i>	5.100	<i>UShs Bn:</i> 0.000	<i>UShs Bn:</i> 5.000
<i>Output Cost Excl. Ext Fin. UShs Bn:</i>	0.100	<i>UShs Bn:</i> 0.000	<i>UShs Bn:</i> 0.000
<b>Vote Function Cost</b>	<b><i>UShs Bn:</i> 221.199</b>	<b><i>UShs Bn:</i> 73.246</b>	<b><i>UShs Bn:</i> 255.743</b>
<b>VF Cost Excl. Ext Fin.</b>	<b><i>UShs Bn:</i> 14.149</b>	<b><i>UShs Bn:</i> 1.130</b>	<b><i>UShs Bn:</i> 11.775</b>
<b>Vote Function: 0803 Health Research</b>			
<b>Output:080303</b>	<b>Research coordination</b>		
<i>Description of Outputs:</i>	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	implementation of the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research
<i>Output Cost: UShs Bn:</i>	0.926	<i>UShs Bn:</i> 0.187	<i>UShs Bn:</i> 0.926
<b>Vote Function Cost</b>	<b><i>UShs Bn:</i> 2.677</b>	<b><i>UShs Bn:</i> 0.649</b>	<b><i>UShs Bn:</i> 2.587</b>
<b>Vote Function: 0804 Clinical and public health</b>			
<b>Output:080401</b>	<b>Community health services provided (control of communicable and non communicable diseases)</b>		
<i>Description of Outputs:</i>	To address low functionality of VHTs, the sector will finalize the revised community health worker's strategy and seek approval and requisite funds for its implementation. Communities countrywide will continue to be empowered to take charge of their own health	Disseminated Health Promotion and Education IEC materials to communities on common health problems.	The communicable diseases of major public health importance include HIV/AIDs, malaria, meningitis, TB, neonatal sepsis, diarrheal, syphilis and measles. In FY 2016/17, the Ministry will scale up access to ART for all CD4 count 500 cell/ul and below, implement TB/HIV

# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
	through increased awareness on disease prevention and health promotion. This will be done by finalizing the health promotion & education policy, developing and piloting a concept on Village based Health Promotion Associations, reviewing and updating Health Promotion materials and messages and Social mobilisation using film vans and other media to control diseases.		interventions to decrease the burden of HIV among patients with presumptive and diagnosed TB, sustain universal access top LLINS, Scale up diagnosis and treatment of malaria cases at all levels of car, undertake active surveillance for eradication of polio and response to communicable conditions of epidemic importance including cholera, typhoid and other emerging viral diseases.. 1500 CHEWs will be trained and CHEW Implementation manual, guidelines and reference materials developed.
	<i>Output Cost: US\$ Bn:</i> 7.084	<i>US\$ Bn:</i> 2.008	<i>US\$ Bn:</i> 6.758
	<i>Output Cost Excl. Ext Fin. US\$ Bn:</i> 3.298	<i>US\$ Bn:</i> 0.656	<i>US\$ Bn:</i> 3.398
<b>Output: 080402</b>	<b>Clinical health services provided (infrastructure, pharmaceutical, integrated curative)</b>		
<i>Description of Outputs:</i>	A sharpened plan "A promise renewed" will be implemented to accelerate investments in maternal, newborn and child health. Key features of the plan include; improving antenatal care by providing comprehensive ANC services, improving malaria prevention and management with a focus on the needs of pregnant women, providing HIV voluntary counseling and testing services and nutritional supplements to pregnant women. The Ministry will supervise all districts for implementation of reproductive health activities and conduct independent maternal death audits countrywide. Surgical camps will be held in all the 14 regional referral and 5 general hospitals. The camps will include mentoring on long term family planning methods and post abortion care. The safe motherhood day will also be held and the sharpened plan for reproductive health distributed. The Ministry also plans to introduce new vaccines - the Rota virus, inactivated polio vaccine for children under one year into routine immunization,	Participated in integrated child health supervision and dissemination of RMNCH sharpened in newborn health focus districts.. A total of 56 Health services providers from 10 districts of Gulu, Kitgum, Lira, Amuru, Pader, Palisa, Kiryandongo, Masaka and Mbarara on Psychosocial counseling for survivors of SGBV at Gulu and Mukono respectively. Mentored and supervised health workers in humanitarian settings: Adjumani, Arua, Kiryandongo, Isingiro and Bundibugyo districts.	Provide comprehensive ANC services that include malaria prevention, HCT, Emtct, and nutrition supplementation, provide standardised quality comprehensive Obstetric and new born care, provide post-natal care for mothers and newborns and empower male partners with knowledge about reproductive, maternal and new born care services. Sustain universal coverage of available routine immunization services, with a focus on identifying high risk populations and hard to reach (exposed, or uncovered areas). Scale up and sustain effective coverage of a priority package of cost-effective preventive child survival interventions (breast feeding, cord care, Vitamin A supplementation, ORS-Zinc for diarrhoea, oral amoxicillin for pneumonia, deworming, LLINs, HBB Plus, etc.). Promote good nutrition, sexual and reproductive health education in schools and communities. Ensure universal access to all preventive, promotive, curative and rehabilitative services while



# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
	<p>conduct a country wide mass measles campaign in all children from 6 months to 5 years old, undertake Support Supervision of Immunization services in poorly performing districts and integrated monthly support supervision in all districts. Administration of traditional vaccines including the Pentavalent vaccines will continue.</p> <p>Quarterly reports on the status and performance of health infrastructure and quality of pharmaceutical and curative services in the country will be produced. Health workers will be trained in different health service delivery modalities countrywide. All Public health emergencies will be responded to.</p> <p>Further improvements in the supply chain management for essential medicines, vaccines and other health supplies will be realized through improved and innovative strategies in the supply system. Vaccine storage capacity will be enhanced at all levels. Supervision will be enhanced through collaboration with partners, local governments and other stake holders.</p>		ensuring quality. Social marketing to increase demand for life saving commodities especially in the private sector
<i>Performance Indicators:</i>			
No. of health workers receiving in-service training in the various programme areas (EPI, RH, CH, Nutrition, Comprehensive HIV/AIDS e.t.c)	3,000	200	2000
No. of health students accessing distance education courses	110	70	112
No. and proportion of health workers given scholarships/bursaries for further training**	250	100	250
No of support supervision visits to Regional Referral Hospitals conducted	14	7	14
Couple Years of Protection	4,000,000	1500000	4,400,000

# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
(Estimated number of couples protected against pregnancy during a one-year period)	<i>Output Cost: US\$ Bn:</i> 2.561	<i>US\$ Bn:</i> 0.539	<i>US\$ Bn:</i> 2.762
<b>Output: 080403</b>	<b>National endemic and epidemic disease control services provided</b>		
<i>Description of Outputs:</i>	Endemic and epidemic diseases prevented and controlled wherever they arise, Epidemic preparedness enhanced nationwide, compliance with International Health Regulations ensured, programs targeting diseases for eradication and elimination strengthened countrywide.	Technical support supervision and follow up on cholera control and prevention to Kasese and Arua districts. Held a stake holders meeting with the district leaders in malaria epidemic districts of northern Uganda including Agago, Amuru, Apac, Gulu, Kitgum, Kole, Lamwo, Nwoya, Oyam and Pader districts to forge a way forward for the epidemic	Surveillance and response to communicable conditions of epidemic importance including cholera, typhoid, Emerging Viral Diseases, etc. Build local capacity for managing emergencies and building resilience to major hazards. Ensure the attainment of the International Health Regulations 2005 core competencies. Cross border collaboration and community empowerment to emergency preparedness and response including refugees and other migrant and vulnerable population.
<i>Performance Indicators:</i>			
No. of weekly surveillance reports released	52	12	52
<i>Output Cost: US\$ Bn:</i>	3.546	<i>US\$ Bn:</i> 0.786	<i>US\$ Bn:</i> 2.973
<i>Output Cost Excl. Ext Fin. US\$ Bn:</i>	2.313	<i>US\$ Bn:</i> 0.533	<i>US\$ Bn:</i> 2.513
<b>Output: 080404</b>	<b>Technical support, monitoring and evaluation of service providers and facilities</b>		
<i>Description of Outputs:</i>	Integrated and technical support supervision conducted in all regional referral hospitals and districts	Conducted the technical support supervision in Arua, Maracha, Koboko, Nebbi, Zombo, Nwoya and Gulu districts on Onchocerciasis control activities.	Integrated and technical support supervision conducted in all regional referral hospitals and districts
<i>Performance Indicators:</i>			
No. of districts supervised quarterly on EPI, RH, CH, Nutrition, Comprehensive HIV/AIDS e.t.c)	111	20	111
<i>Output Cost: US\$ Bn:</i>	0.421	<i>US\$ Bn:</i> 0.172	<i>US\$ Bn:</i> 0.400
<b>Output: 080405</b>	<b>Immunisation services provided</b>		
<i>Description of Outputs:</i>	The population countrywide is protected against life threatening immunisable diseases. Storage capacity at districts will be enhanced. The sector will continue with provision of vaccines including IPV and rota –virus.	Conducted Cold chain training for cold chain technicians selected from all regions in Iganga on the new technology of the temperature monitoring devices (Fridge tag and Fridge tagR) and Solar direct drive systems. Installed cold chain equipment in 30 districts and a total of 68 Solar Direct drive	Active surveillance for eradication of polio. New vaccines introductions ; •Inactivated Polio Vaccine •Rota virus vaccine introduction with 2 oral doses •Human papillomavirus vaccine introduction Strengthen routine immunization services with

# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
		(SDD) refrigerators have been installed in readiness for the Human Papilloma Virus Vaccine roll out. Conducted the Integrated Measles campaign, Polio SIAs in 23 highly selected districts in October 2015	focus on low coverage districts, high dropout rates Supplementary immunization activities for routine vaccines. Immunization against Hepatitis B
<i>Performance Indicators:</i>			
No. of mass measles campaigns carried out**(rounds made)	1	1	1
<i>Output Cost: US\$ Bn:</i>	<i>0.865</i>	<i>US\$ Bn: 0.166</i>	<i>US\$ Bn: 0.860</i>
<b>Output: 080412</b>	<b>National Ambulance Services provided</b>		
<i>Description of Outputs:</i>		na	Create a national ambulance system
<i>Output Cost: US\$ Bn:</i>	<i>0.500</i>	<i>US\$ Bn: 0.036</i>	<i>US\$ Bn: 0.500</i>
<b>Vote Function Cost</b>	<b>US\$ Bn:</b>	<b>47.379 US\$ Bn:</b>	<b>9.937 US\$ Bn:</b>
<i>VF Cost Excl. Ext Fin.</i>	<i>US\$ Bn</i>	<i>39.139 US\$ Bn</i>	<i>8.039 US\$ Bn</i>
<b>Vote Function: 0805 Pharmaceutical and other Supplies</b>			
<b>Output: 080501</b>	<b>Preventive and curative Medical Supplies (including immunisation)</b>		
<i>Description of Outputs:</i>	Pentavalent vaccines (DONOR - GAVI Support), IPV, rota virus and traditional vaccines procured and distributed	The following doses of vaccines were procured, (BCG)1,000,000 ,(OPV)1,828,000,(PENTA)2,706,000, (PCV) 1,717,800,(MEASLES) 1,375,000. There were zero Rota and TT vaccines procured	New vaccines introductions ; •Inactivated Polio Vaccine •Rota virus vaccine introduction with 2 oral doses •Human papillomavirus vaccine introduction  Pentavalent vaccines (DONOR - GAVI Support), IPV, rota virus and traditional vaccines procured and distributed
<i>Performance Indicators:</i>			
No. and percentage of ART centres without stock outs of ARVs lasting more than 1 week during the reporting period	100	100	
Number of people tested and counseled for HIV and who received results	9,183,365	5000000	9,183,365
No. and percentage of ART centres without stock outs of ARVs lasting more than 1 week during the reporting period			100
No. and percentage of public health facilities with no reported stock-outs of ACTs any time during the reporting period.	100	50	100
No. and percentage of districts/reporting units	100	100	100

# Vote: 014 Ministry of Health

## Vote Summary

<i>Vote, Vote Function Key Output</i>	<b>Approved Budget and Planned outputs</b>	<b>2015/16 Spending and Outputs Achieved by End Sept</b>	<b>2016/17 Proposed Budget and Planned Outputs</b>
reporting no stock-out of first-line anti-TB drugs during the reporting period.			
<i>Output Cost: UShs Bn:</i>	176.216	<i>UShs Bn:</i> 63.153	<i>UShs Bn:</i> 180.336
<i>Output Cost Excl. Ext Fin. UShs Bn:</i>	7.400	<i>UShs Bn:</i> 2.285	<i>UShs Bn:</i> 7.400
<b>Vote Function Cost</b>	<b>UShs Bn: 234.146</b>	<b>UShs Bn: 72.614</b>	<b>UShs Bn: 299.540</b>
<i>VF Cost Excl. Ext Fin. UShs Bn</i>	15.030	<i>UShs Bn</i> 3.606	<i>UShs Bn</i> 12.400
<b>Vote Function: 0849 Policy, Planning and Support Services</b>			
<b>Vote Function Cost</b>	<b>UShs Bn: 40.628</b>	<b>UShs Bn: 4.717</b>	<b>UShs Bn: 40.813</b>
<i>VF Cost Excl. Ext Fin. UShs Bn</i>	31.012	<i>UShs Bn</i> 2.905	<i>UShs Bn</i> 27.333
<b>Cost of Vote Services:</b>	<b>UShs Bn: 539.563</b>	<b>UShs Bn: 161.362</b>	<b>UShs Bn: 647.272</b>
<i>Vote Cost Excl. Ext Fin. UShs Bn</i>	102.817	<i>UShs Bn</i> 16.529	<i>UShs Bn</i> 94.444

\* Excluding Taxes and Arrears

### 2016/17 Planned Outputs

The key areas of focus for FY 2016/17 are;

1. Human resource (attraction, motivation, retention, training and development).
2. Improvement of maternal and child health services including reproductive health.
3. Control of HIV/AIDS, Malaria, TB & Hepatitis .
4. Improving Primary Health Care (disease prevention and health promotion, nutrition , environmental sanitation , hygiene, functionalizing lower level health facilities).
5. Reduction of referrals abroad (equipping, training, recruitment of specialists, staff motivation and acquisition of specialized medicines).
6. Enhancing blood collection under the Uganda Blood Transfusion Services.
7. Control/preparedness for disease outbreaks including surveillance.
8. Infrastructural rehabilitation and remodeling as well as constructing new facilities.
9. Strengthening the community health extension system

The Ministry will scale up access to ART for all CD4 count 500 cell/ul and below, implement TB/HIV interventions to decrease the burden of HIV among patients with presumptive and diagnosed TB, sustain universal access top LLINS, Scale up diagnosis and treatment of malaria cases at all levels of car, undertake active surveillance for eradication of polio and response to communicable conditions of epidemic importance including cholera, typhoid and other emerging viral diseases.. 1500 CHEWs will be trained and CHEW Implementation manual, guidelines and reference materials developed.

Provide comprehensive ANC services that include malaria prevention, HCT, Emtct, and nutrition supplementation, provide standardised quality comprehensive Obstetric and new born care, provide post-

# Vote: 014 Ministry of Health

## Vote Summary

natal care for mothers and new-borns and empower male partners with knowledge about reproductive, maternal and new born care services.

Sustain universal coverage of available routine immunization services, with a focus on identifying high risk populations and hard to reach (exposed, or uncovered areas). Scale up and sustain effective coverage of a priority package of cost-effective preventive child survival interventions (breast feeding, cord care, Vitamin A supplementation, ORS-Zinc for diarrhoea, oral amoxicillin for pneumonia, de-worming, LLINs, HBB Plus, etc.).

Promote good nutrition, sexual and reproductive health education in schools and communities. Ensure universal access to all preventive, promotive, curative and rehabilitative services while ensuring quality. Social marketing to increase demand for life saving commodities especially in the private sector.

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

Vote Function Key Output Indicators and Costs:	2014/15 Outturn	2015/16		MTEF Projections		
		Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
<b>Vote: 014 Ministry of Health</b>						
<b>Vote Function:0801 Sector Monitoring and Quality Assurance</b>						
<b>Vote Function Cost (US\$ bn)</b>	<b>0.614</b>	<b>0.810</b>	<b>0.199</b>	<b>1.110</b>	<b>1.004</b>	<b>0.904</b>
<b>Vote Function:0802 Health systems development</b>						
Number of hospitals constructed		1	1	2	2	
Number of hospitals renovated		9	9	15	14	
Number of health centre Ivs renovated		26	26	26		
<b>Vote Function Cost (US\$ bn)</b>	<b>N/A</b>	<b>218.325</b>	<b>73.246</b>	<b>255.743</b>	<b>37.166</b>	<b>18.755</b>
<b>VF Cost Excl. Ext Fin.</b>	<b>4.660</b>	<b>11.275</b>	<b>1.130</b>	<b>11.775</b>	<b>N/A</b>	<b>N/A</b>
<b>Vote Function:0803 Health Research</b>						
<b>Vote Function Cost (US\$ bn)</b>	<b>1.743</b>	<b>2.677</b>	<b>0.649</b>	<b>2.587</b>	<b>2.919</b>	<b>2.661</b>
<b>Vote Function:0804 Clinical and public health</b>						
Couple Years of Protection (Estimated number of couples protected against pregnancy during a one-year period)		4,000,000	1500000	4,400,000	4700000	
No of support supervision visits to Regional Referral Hospitals conducted		14	7	14	14	
No. and proportion of health workers given scholarships/bursaries for further training**		250	100	250		
No. of health students accessing distance education courses		110	70	112		
No. of health workers receiving in-service training in the various programme areas (EPI, RH, CH, Nutrition, Comprehensive HIV/AIDS e.t.c)		3,000	200	2000		
No. of weekly surveillance reports released		52	12	52	52	52
No. of districts supervised quarterly on EPI, RH, CH, Nutrition, Comprehensive HIV/AIDS e.t.c)		111	20	111		
No. of mass measles campaigns carried out**(rounds made)		1	1	1	1	
<b>Vote Function Cost (US\$ bn)</b>	<b>N/A</b>	<b>47.379</b>	<b>9.937</b>	<b>47.479</b>	<b>63.626</b>	<b>39.047</b>

# Vote: 014 Ministry of Health

## Vote Summary

Vote Function Key Output Indicators and Costs:	2014/15 Outturn	2015/16		MTEF Projections		
		Approved Plan	Outturn by End Sept	2016/17	2017/18	2018/19
<i>VF Cost Excl. Ext Fin.</i>	19.290	39.139	8.039	39.239	N/A	N/A
<b>Vote Function:0805 Pharmaceutical and other Supplies</b>						
No. and percentage of districts/reporting units reporting no stock-out of first-line anti-TB drugs during the reporting period.		100	100	100	100	
No. and percentage of public health facilities with no reported stock-outs of ACTs any time during the reporting period.		100	50	100	100	
No. and percentage of ART centres without stock outs of ARVs lasting more than 1 week during the reporting period				100	100	
No. and percentage of ART centres without stock outs of ARVs lasting more than 1 week during the reporting period		100	100			
Number of people tested and counseled for HIV and who received results		9,183,365	5000000	9,183,365	9,183,365	
<b>Vote Function Cost (US\$ bn)</b>	<i>N/A</i>	<b>231.516</b>	<b>72.614</b>	<b>299.540</b>	<b>15.100</b>	<b>75.524</b>
<i>VF Cost Excl. Ext Fin.</i>	6.653	12.4	3.606	12.400	N/A	N/A
<b>Vote Function:0849 Policy, Planning and Support Services</b>						
<b>Vote Function Cost (US\$ bn)</b>	<i>N/A</i>	<b>38.855</b>	<b>4.717</b>	<b>40.813</b>	<b>41.202</b>	<b>53.747</b>
<i>VF Cost Excl. Ext Fin.</i>	9.610	29.24	2.905	27.333	N/A	N/A
<b>Cost of Vote Services (US\$ Bn)</b>	<b>N/A</b>	<b>539.563</b>	<b>161.362</b>	<b>647.272</b>	<b>161.017</b>	<b>190.639</b>
<i>Vote Cost Excl. Ext Fin</i>	42.571	95.541	16.529	94.444	N/A	N/A

### Medium Term Plans

1.Improving the management of human resources by rolling out the Human Resource for Health (HRH) Management Information System to provide information on levels and distribution of health workers. With the guidance of the Ministry of Public Service, the Hard to Reach Area Incentive Framework (HRIF) will continue to be implemented.

2.Further improvements in the supply chain management for essential medicines, vaccines and other health supplies will be realized through improved and innovative strategies in the supply system. Supervision will be enhanced through collaboration with partners, local governments and other stake holders. By expediting procurement, improving the collaboration with NMS and reducing leakages, the availability of medicines and vaccines will be improved. Procurement plans from health facilities shall serve as the basis for improving resource allocation for medicines at the various levels.

3.Development plans for Regional Referral Hospitals will be implemented and will form the basis for allocating Development funds more efficiently.

4.Emphasis will continue to be placed on consolidating the existing health infrastructure through equipping and renovation, rather than the construction of new facilities.

5.Further improve the functionality and coverage of village health teams

# Vote: 014 Ministry of Health

## Vote Summary

6. Scale up the road map for Reproductive and Maternal health and the Child Survival Strategy countrywide

7. Enhance budget monitoring in the sector and improve the overall resource allocation criteria

8. Implement the new resource allocation formula for PHC grants.

9. Training in Leadership and Management will be carried out country wide

10. Enhancing public –private partnership

### (ii) Efficiency of Vote Budget Allocations

To ensure efficiency and value for money over the medium term, the sector will implement the following strategies;

1. Undertake efficiency studies in health facilities to investigate factors that affect efficiency and how efficiency can be improved.

2. Implement the health financing strategy.

3. Enhance partnership with the private sector in areas of comparative advantage.

4. Strengthen future analysis and value for money audit.

5. Implement a transparent and technically sound process to allocate resources to distribute to districts, Hospitals and other spending institutions including formulation and or review of resource allocation formulas. In addition, decision of new programs will give special preference to districts with highest poverty incidence, poorest mortality indicators, hard to reach and hard to stay areas in allocation of resources.

6. Reduce waste in health sector through minimizing inputs for any given output by; improving management and performance of health workers by paying them reasonably well, providing of their welfare through incentives, and improving logistics and procurement management systems. Given the high value of third party commodities, the sector will explore ways of improving efficiency in health spending through; management of donations of medicines, reduce waste in pharmaceuticals, reduce the costs of clearing and handling charges of medicines and vaccines and drugs procurement and deliveries. Other initiatives include the financial and commodities trucking system (FACTS).

**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	192.2	195.7	51.4	117.2	35.6%	30.2%	32.1%	61.7%
Service Delivery	387.5	396.4	107.1	132.6	71.8%	61.2%	66.8%	69.8%

The table below illustrates selected direct costs underlying the key service delivery outputs, for selected categories of health infrastructure (both central and local government level), medical and pharmaceutical supplies, and services. Given the wide range of outputs, additional cost information is available in the Guidelines on Standard Equipment & Instruments for Health Centres II-IV, District and Regional Hospitals issued by the National Advisory Committee on Medical Equipment (NACME), and Health Infrastructure Standards issued by Ministry of Health. It is key to note that indirect transactory expenses incurred in the attainment of these outputs, such as administrative expenses, are not included



# Vote: 014 Ministry of Health

## Vote Summary

**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:0802 Health systems development</i>					
Staff house 2 BED RM	99,792	99,792	90,720	99,792	1 UNIT X 81 sq M x 1.232mil per sq mtr
Staff house 1 BED RM.	60,500	60,500	55,000	60,500	1 UNIT X 44 sq M x 1.375mil per sq mtr
PLACENTA PIT	3,300	3,630	3,300	3,630	
MEDICAL WASTE PIT	3,300	3,630	3,300	3,630	
HC IV OPERATING THEATRE	218,240	218,240	198,400	218,240	155 sq M x 1.408 mil per sq meter
HC IV OPD	620,928	620,928	564,480	620,928	441 sq M x 1.408 mil per sq meter
HC IV MORTUARY	33,495	33,495	30,450	33,495	29 sq M x 1.155 mil per sq meter
HC IV MATERNITY WARD	243,320	243,320	221,200	243,320	177 sq M x 1.374 mil per sq meter
HC IV GENERAL WARD	214,696	214,694	195,176	214,694	157.4 sq M x 1.363 mil per sq meter
HC III Out Patients Department	214,148	214,148	194,680	214,148	157 sq M x 1.364 mil per sq meter
HC III GENERAL/MATERNITY WARD	346,368	346,368	314,880	346,368	246 sq M x 1.408 mil per sq meter
214	195,250	195,250	177,500	195,250	142 Sq M x 1.375 mil per sq meter

### (iii) Vote Investment Plans

Allocations over the medium term are geared towards health systems development. The funds are allocated with the aim of functionalizing existing facilities, enhancing maternal and reproductive health and provision of requisite medical equipment.

**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)	280.3	303.0	115.6	171.9	52.0%	46.8%	72.1%	90.5%
Grants and Subsidies (Outputs Funded)	13.7	13.0			2.5%	2.0%		
Investment (Capital Purchases)	245.5	331.2	44.8	18.1	45.5%	51.2%	27.9%	9.5%
<b>Grand Total</b>	<b>539.6</b>	<b>647.3</b>	<b>160.4</b>	<b>189.9</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

The major capital purchases for FY 2016/17 constitute rehabilitation and equipping of 9 general hospitals, construction of Kawempe , Kiruddu , Kawolo , Busolwe, Kayunga, Yumbe and the modern women's (Maternal and Neonatal) hospitals and rehabilitation of Mulago National Referral Hospital.

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

Project, Programme Vote Function Output <i>UShs Thousand</i>	2015/16		2016/17
	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 0220 Global Fund for AIDS, TB and Malaria</b>			
<b>080572 Government Buildings and Administrative</b>			Medicines Warehouse at Kajansi Constructed



# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousands</i>	2015/16		2016/17
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
<b>Infrastructure</b>			
<b>Total</b>	<b>0</b>	<b>0</b>	<b>3,000,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>3,000,000</i>
<b>080575 Purchase of Motor Vehicles and Other Transport Equipment</b>	One Field Vehicle procured	The procurement of a vehicle of vehicle is awaiting release of funds.	2 M/Veh. (One Station Wagon & One field Motor Vehicle Procured
<b>Total</b>	<b>130,000</b>	<b>0</b>	<b>799,708</b>
<i>GoU Development</i>	<i>130,000</i>	<i>0</i>	<i>550,000</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>249,708</i>
<b>080577 Purchase of Specialised Machinery &amp; Equipment</b>			Assorted Medical, Dental & Surgical Equipment for TB, HIV, Malaria and HSS
<b>Total</b>	<b>0</b>	<b>0</b>	<b>60,653,836</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>60,653,836</i>
<b>Project 1141 Gavi Vaccines and HSSP</b>			
<b>080572 Government Buildings and Administrative Infrastructure</b>	Consultancy services for civil works procured	Two cold chain staff continue to support immunization service delivery	Consultancy services for civil works procured
	20 district medicines stores constructed	M&E Specialist fully operational and received salary.	20 district medicines stores constructed
	13 districts in hard to reach areas, each has 2 staff houses constructed	External Audit firm procured to audit GAVI funds	13 districts in hard to reach areas, each has 2 staff houses constructed
	Solar systems functional for the 26 houses		Solar systems functional for the 26 houses
	12 cold chain equipment procured and installed.		12 cold chain equipment procured and installed.
	2 generators for National Vaccine Store procured		2 generators for National Vaccine Store procured
	1 freezer room installed at National Vaccine Store		1 freezer room installed at National Vaccine Store
<b>Total</b>	<b>22,000,000</b>	<b>1,029,319</b>	<b>28,900,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>22,000,000</i>	<i>1,029,319</i>	<i>28,900,000</i>
<b>Project 1148 Public Health Laboratory strengthening project</b>			
<b>080472 Government Buildings and Administrative Infrastructure</b>	1. Construction of Mbale laboratory and remodelling of Lacor laboratory.	Final architectural drawings submitted by consultant	1. Continuation of construction of Mbale and Lacor labs
	2. Supervision of civil works at Mbale and Lacor laboratories	75 % of the NTRL construction at Butabika completed	2. VHF Isolation unit and staff accommodation facility in place at Mulago Hospital
		Installation of HVAC equipment at NTRL Butabika is pending	3. MDR treatment centers at Mbale and Moroto remodelled and equipped

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17	
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)	
				4. Entebbe isolation centre remodelled and equipped 5. Laboratories at Arua, Moroto, Fort Portal and Mbarara refurbished and equipped
<b>Total</b>	<b>2,376,000</b>	<b>0</b>	<b>2,220,000</b>	
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>External Financing</i>	<i>2,376,000</i>	<i>0</i>	<i>2,220,000</i>	
<b>080476 Purchase of Office and ICT Equipment, including Software</b>				1. ICT equipment ; computers, VC equipment, internet available at Moroto and Fort Portal Hospitals
<b>Total</b>	<b>0</b>	<b>0</b>	<b>540,000</b>	
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>540,000</i>	
<b>Project 0216 District Infrastructure Support Programme</b>				
<b>080277 Purchase of Specialised Machinery &amp; Equipment</b>	Procurement of assorted essential medical equipment and furniture for general hospitals and lower level health facilities undertaken.  Payment for shipping and clearing costs for donated items made.	•Evaluation of bids carried out and report prepared •Submitted samples were tested by UNBS and analysis reports prepared.		Procurement of selected specialised medical equipment for general hospitals and lower level health facilities undertaken.  Payment for shipping and clearing costs for donated items made.
<b>Total</b>	<b>7,900,436</b>	<b>705,920</b>	<b>6,999,564</b>	
<i>GoU Development</i>	<i>7,900,436</i>	<i>705,920</i>	<i>6,999,564</i>	
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<b>080280 Hospital Construction/rehabilitation</b>	1. Partial rehabilitation of Kapchorwa Hospital by construction of 4. two bedroom staff housing units  2.2. Payment of retention monies for the construction and equipping of Buyiga HC III – Mpigi District (50million)	Bid opening for the construction of staff houses in Kapchorwa undertaken and the best bid will be communicated on the procurement notice board.		Rehabilitation of Kapchorwa Hospital by completion of construction of 4. two bedroom staff housing units
<b>Total</b>	<b>699,564</b>	<b>0</b>	<b>700,000</b>	
<i>GoU Development</i>	<i>699,564</i>	<i>0</i>	<i>700,000</i>	
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<b>Project 1123 Health Systems Strengthening</b>				
<b>080275 Purchase of Motor Vehicles and Other Transport Equipment</b>				Procurement of mobile workshop vehicles for Masaka and Jinja RRHs
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,500,000</b>	
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>	
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>1,500,000</i>	

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
<b>080276 Purchase of Office and ICT Equipment, including Software</b>			Roll out of the Human Resource Management Informaton System,  Finalise and roll out the Electronic Job Bureau for the Health Service Commission
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2,500,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>2,500,000</i>
<b>080277 Purchase of Specialised Machinery &amp; Equipment</b>			Procurement of medical equipment requiring pre-installation works for the health facilities supported by UHSSP;  Procurement of medical instruments for Emergency Obsetric and Neonatal Care  Procurement of safe delivery kits and implants
<b>Total</b>	<b>0</b>	<b>0</b>	<b>11,830,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>11,830,000</i>
<b>080278 Purchase of Office and Residential Furniture and Fittings</b>			Procurement of office furniture for health facilities renovated by UHSSP
<b>Total</b>	<b>0</b>	<b>0</b>	<b>5,780,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>5,780,000</i>
<b>080280 Hospital Construction/rehabilitation</b>	Completion of renovation of 9 Hospitals (Mityana, Nakaseke, Anaka, Moyo, Entebbe, Nebbi, Moroto RRH, Iganga & Kiryandongo) by February 2016.  Embark on renovation of 26 HCIVs ( Kasanda, Kiganda, Ngoma, Mwera, Kyantungo, Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru-Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka.)	Construction of 9 Hospitals is in final stages with varying levels of completion: Nakaseke (100%), Mityana (90%), Kiryandongo (90%), Nebbi (60%), Anaka (100%), Moyo (65%), Moroto (100%), Entebbe (90%), and Iganga (90%). Most of the completed structures have been handed over at the different hospitals. Plans are also underway to handover the completed hospitals (Nakaseke, Moroto and Anaka) to the community beneficiaries and the local leaders during the month of November 2015.  In May 2015, the Ministry embarked on the renovation of 26 HCIVs and these include:	Finallise renovation of the 9 Hospitals under Phase II.  Continue with renovation of 26 HCIVs including maternity and operating theatres  Procurement of office furniture for the renovated health facilities

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
		<p>Kasanda, Kiganda, Ngoma, Mwera, Kyantungo, Kikamulo, Kabuyanda, Mwizi, Kitwe, Rubare, Aboke, Aduku, Bwijanga, Bullisa, Padibe, Atyak, Obongi, Pakwach, Buvuma, Budondo, Ntenjeru-Kojja, Buyinja, Nankoma, Bugono, Kiyunga, Kibuku and Budaka. Each of these HCIVs, either a maternity block or operating theatre is being constructed; and in addition, 40,000 litre water storage tank, a solar borehole, and walkways linking the new building to existing ones. These renovations are now ongoing.</p> <p>19 ambulances were distributed to 19 health facilities supported by UHSSP in May 2015. The Ministry withdrew older ambulances from the hospitals that received new ambulances and these were repaired and distributed to the following health facilities: Mitooma HCIV, Rugaaga HCIV, Kabwohe HCIV, Bwizibwera HCIV, Nsiika HCIV, Ruhoka HCIV, Holy Innocent Children's Hospital in Mbarara and Katakwi Hospital.</p>	
<b>Total</b>	<b>61,110,000</b>	<i>24,815,651</i>	<b>40,000,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>61,110,000</i>	<i>24,815,651</i>	<i>40,000,000</i>
<b>Project 1185 Italian Support to HSSP and PRDP</b>			
<b>080282 Staff houses construction and rehabilitation</b>	69 Staff housing units constructed in the Karamoja region	Advertisements for the engineering consultants and contractors done ,evaluations are ongoing,signed contracts by december 30th 2015,construction works to commence in january 2016.	Twenty staff houses in Karamoja Region
<b>Total</b>	<b>5,100,000</b>	<i>0</i>	<b>5,000,000</b>
<i>GoU Development</i>	<i>100,000</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>5,000,000</i>	<i>0</i>	<i>5,000,000</i>
<b>Project 1187 Support to Mulago Hospital Rehabilitation</b>			
<b>080280 Hospital Construction/rehabilitation</b>	Construction works for Kawempe and Kiruddu hospitals completed. Rehabilitation of Lower Mulago Hospital continued.	Construction of the Kawempe and Kiruddu Hospital ongoing. For Kawempe Hospital the overall progress of work is at	Rehabilitation of Lower Mulago Hospital completed

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
		<p>67%. Main block is 74% completed; Services block 63% complete; accommodation block 25% complete and the external work is 55% complete.</p> <p>For Kiruddu Hospital the overall progress of work is at 71.08%. The main block is 75.81% complete; Services block is 53.63% complete; Accommodation block is 82.81% complete and the external work is 47.5% complete.</p> <p>Rehabilitation work for lower Mulago Hospital is ongoing and the current progress of work is at 36%.</p>	
<b>Total</b>	<b>55,430,000</b>	<i>10,523,380</i>	<b>51,850,000</b>
<i>GoU Development</i>	<i>100,000</i>	<i>0</i>	<i>100,000</i>
<i>External Financing</i>	<i>55,330,000</i>	<i>10,523,380</i>	<i>51,750,000</i>
<b>Project 1243 Rehabilitation and Construction of General Hospitals</b>			
<b>080280 Hospital Construction/rehabilitation</b>	Kawolo hospital;- Expanding and rehabilitation of the Outpatient department, expanding and renovating the theatre and maternity, constructing 4 units of staff houses and mortuary.	<p>The forth project progress meeting to review design drawings,preparation of tender documents and construction was held between 14th to 16th of September 2015 between,MOH and ISDEFE. Desig drawings and bills of quantities were approved.</p> <p>The standard bidding documents was approved with minor amendments to be made by the consultant (ISDEFE)</p> <p>Amendments to the MOH-ISDEFE Contract for consultancy services couldnot be made because the ammendments amounted to more than 25% of the original contract.</p> <p>It was agreed that in accordance with the procurement law that the a new contract be signed.</p> <p>The contracts committee of the Ministry of Health approved the new contract and a decision letter is awited before signing of the contract by 22nd october 2015.</p> <p>Signing of contract is expected</p>	Kawolo and Busolve General hospitals;- Expanding and rehabilitation of the Outpatient department, expanding and renovating the theatre and maternity, constructing 4 units of staff houses and mortuary.

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme	2015/16		2016/17
Vote Function Output <i>US\$ Thousand</i>	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
		by March 2016.	
<b>Total</b>	<b>12,590,000</b>	<i>0</i>	<b>12,590,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>12,590,000</i>	<i>0</i>	<i>12,590,000</i>
<b>Project 1315 Construction of Specialised Neonatal and Maternal Unit in Mulago Hospital</b>			
<b>080277 Purchase of Specialised Machinery &amp; Equipment</b>			Specialised Equipment and machinery procured
<b>Total</b>	<b>0</b>	<i>0</i>	<b>4,000,000</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>External Financing</i>	<i>0</i>	<i>0</i>	<i>4,000,000</i>
<b>080280 Hospital Construction/rehabilitation</b>	Maternal and neonatal hospital construction undertaken  Supervision of civil works undertaken	<ul style="list-style-type: none"> <li>•M/s Arab Contractors (Osman Ahmed Osman &amp; Co) signed the contract for the civil works on 19th May 2015, with Ministry of Health, upon winning the tender.</li> <li>•Advance payment of US \$ 4,145,763.56 released to the contractor</li> <li>•Works commenced on site on the 9th June 2015</li> <li>•Supervision consultancy</li> <li>•Procurement of supervision consultant is completed.</li> <li>•M/S Joadah Consult Ltd awarded the contract and signed it on 19th May 2015.</li> <li>•The 1st payment request of US \$ 44,035 was reviewed and approved for payment</li> <li>•Financial Auditor</li> <li>•Finalized evaluation of technical submissions of the RFP and submitted report to the Bank for NOL for hiring of Financial Auditor</li> <li>•Opened the Financial Proposals and evaluated</li> <li>•After the Bank had cleared all the required processes, a Consultancy contract was signed and the assignment commenced in the quarter</li> </ul>	Maternal and neonatal hospital construction undertaken  Supervision of civil works undertaken
<b>Total</b>	<b>13,640,436</b>	<i>15,416,785</i>	<b>6,382,100</b>
<i>GoU Development</i>	<i>200,436</i>	<i>29,121</i>	<i>0</i>
<i>External Financing</i>	<i>13,440,000</i>	<i>15,387,664</i>	<i>6,382,100</i>
<b>Project 1344 Renovation and Equipping of Kayunga and Yumbe General Hospitals</b>			
<b>080280 Hospital Construction/rehabilitation</b>	Kayunga and Yumbe hospitals constructed/rehabilitated and equipped	Procurement process for the consultant to undertake the designs for the hospitals is on going	Kayunga and Yumbe hospitals constructed/rehabilitated and equipped

# Vote: 014 Ministry of Health

## Vote Summary

Project, Programme Vote Function Output <i>US\$ Thousand</i>	2015/16		2016/17
	Approved Budget, Planned Outputs (Quantity and Location)	Actual Expenditure and Outputs by September (Quantity and Location)	Proposed Budget, Planned Outputs (Quantity and Location)
<b>Total</b>	<b>4,000,000</b>	<i>0</i>	<b>84,797,589</b>
<i>GoU Development</i>	<i>0</i>	<i>0</i>	<i>300,000</i>
<i>External Financing</i>	<i>4,000,000</i>	<i>0</i>	<i>84,497,589</i>

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

Increased infant immunisation is extensively described in the Child Survival Strategy. The critical inputs to improved performance are the availability of adequate quantities and a reliable supply and storage cold chain system for the vaccines and immunisation supplies. Equally important is the availability of a motivated health workers and community sensitization through village health teams (VHTs). Accordingly the Sector undertakes to fully implement the Child Survival Strategy.

To counter stock outages and supply side deficiencies, the Sector will continue to adopt a Last Mile delivery mechanism to be implemented by the National Medical Stores, to ensure that medicines are delivered by NMs to the final consumer, the health unit, rather than to the stores at the District Headquarters. In addition, the Sector will develop regional storage capacity for medicines to improve the availability of stock within the regions, and to reduce regional disparities.

To address insufficient availability of qualified health staff at task, the sector shall, continue Implementing the motivation and retention strategy for health workers and recruit additional staff within available resources.

In order to address inadequate health infrastructure and equipment, capital investment plans will continue to be geared towards consolidating existing infrastructure

**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:
<b>Sector Outcome 1: Increased deliveries in health facilities</b>			
Vote Function: 08 01 Sector Monitoring and Quality Assurance			
<i>VF Performance Issue: Uncoordinated development and poor operationalisation of standards at service delivery points</i>			
Disseminate the new service delivery standards	Disseminated the Health Sector Quality Improvement Framework and Strategic plan to 45 districts in Eastern, Western, Northern and Central parts of Uganda	Develop and implement a national health facility accreditation programme	implement a national health facility accreditation programme
Assess and rank health facilities on compliance to the standards in the national health facility quality of care programme	Disseminated Uganda Clinical Guidelines to 40 districts Orientated local governments on ASRH guidelines, standards, protocols and policies.		
Vote Function: 08 49 Policy, Planning and Support Services			
<i>VF Performance Issue: -Right staff numbers and skills</i>			
Further continue Implementing the motivation and retention strategy for	Further continue Implementing the motivation and retention strategy for	Construct staff houses in health facilities	• Strengthen Public Private Partnership in development and utilization of the health

# Vote: 014 Ministry of Health

## Vote Summary

2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:
health workers, the hard to reach incentive scheme to all districts involved and build capacity for management functions for health facilities	health workers, the hard to reach incentive scheme to all districts involved and build capacity for management functions for health facilities	Continue to pay allowances for staff in hard to reach places	workforce <ul style="list-style-type: none"> <li>• Establish supportive Human Resources for Health policy and work environment</li> <li>• Strengthen capacity for Human Resources for Health recruitment</li> </ul>
<b>Sector Outcome 2: Children under one year old protected against life threatening diseases</b>			
Vote Function: 08 03 Health Research			
<i>VF Performance Issue: Poor health research coordination</i>			
Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	implementation of the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	Implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research	Continue implementing the strategic Plan for research Institutions. This includes identification of research priorities, production of research policies and guidelines and carrying out health research
Vote Function: 08 04 Clinical and public health			
<i>VF Performance Issue: Inadequate coverage of Village Health Teams.</i>			
Implement the recommendations of the VHT assessment exercise	Conducted technical support supervision of VHT activities in West Nile and Acholi sub-regions – Adjumani, Moyo, Yumbe, Koboko, Maracha, Arua, Zombo and Nebbi. Carried out technical support supervision of VHT activities in central region.	Finalize and disseminate the Community Health Extension Workers' policy and strategy	Establishment of CHEW Program in 7,500 parishes in the Country
<i>VF Performance Issue: Irregular and ineffective support supervision</i>			
Roll out the supervision, monitoring and inspection strategic plan	Twenty five health workers from Kiryandongo, Katakwi, Moroto, Kaabong and Kotido were trained on clinical management and response to SGBV survivors at Mukono Resort Hotel. Mentored and distributed RH Resource Materials including GBV and EmONC in the 20 UNJPP Districts.	Implement the M&E plan for the sector	Institutionalize the regional structure for support supervision, monitoring, inspection and planning functions
Train district Health teams in support supervision			
Disseminate new supervision guidelines			
Vote Function: 08 49 Policy, Planning and Support Services			
<i>VF Performance Issue: Availability of information and compliance with the laws and regulations.</i>			
	HMIS DATA Base build to improve health sector data inflow	National Health Information Strategy (NHIS) implemented	National Health Information Strategy (NHIS) implemented
<b>Sector Outcome 3: Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)</b>			
Vote Function: 08 05 Pharmaceutical and other Supplies			
<i>VF Performance Issue: Uncoordinated and defficient supply chain management (procurement planning and distribution of medicines and health supplies)</i>			
Involve stake holders such as hospital and facility managers	Stakeholders involved in hospital and facility	The Government Policy on consolidation of medicines	Strengthen stakeholder management



# Vote: 014 Ministry of Health

## Vote Summary

2015/16 Planned Actions:	2015/16 Actions by Sept:	2016/17 Planned Actions:	MT Strategy:
in procurement planning and delivery scheduling of supplies.	management	resources and procurement under National Medical Stores will continue to be implemented.	

## 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
<b>Vote: 014 Ministry of Health</b>						
0801 Sector Monitoring and Quality Assurance	0.614	0.810	0.199	1.110	1.004	0.904
0802 Health systems development	5.671	218.325	73.246	255.743	37.166	18.755
0803 Health Research	1.743	2.677	0.649	2.587	2.919	2.661
0804 Clinical and public health	19.290	47.379	9.937	47.479	63.626	39.047
0805 Pharmaceutical and other Supplies	58.232	231.516	72.614	299.540	15.100	75.524
0849 Policy, Planning and Support Services	9.610	38.855	4.717	40.813	41.202	53.747
<b>Total for Vote:</b>	<b>95.159</b>	<b>539.563</b>	<b>161.362</b>	<b>647.272</b>	<b>161.017</b>	<b>190.639</b>

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

The budget projections for FY 2016/17 are Ushs 605.77 bn of which wage is Ushs 6.99bn, NWR is Ushs 63.27bn, GoU Development Ushs 24.18 and Donor project is Ushs 511.32. The projections for 2017/18 and 2018/19 are Ushs 152.8 bn and Ushs 143.5 bn respectively.

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

The major services provided by the vote which take up major shares of the vote expenditure are; procurement of vaccines, infrastructural development nationwide and epidemic control.

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

The major planned changes in resource allocation are described in the table below.

**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: 0801 Health systems development</i>				
<b>Output: 0802 01 Monitoring, Supervision and Evaluation of Health Systems</b>				
UShs Bn: 6.496	UShs Bn: -14.739	UShs Bn: -14.739		The funds are for supervision of construction by supervision consultants, clerks of works and Ministry staff, payment of fees and allowances to continuing students, payment of contract staff salaries, and payment of medical equipment maintenance costs.
<b>Output: 0802 75 Purchase of Motor Vehicles and Other Transport Equipment</b>				
UShs Bn: 1.528	UShs Bn: -0.300	UShs Bn: -0.300		The funds are for procurement of mobile workshop vehicles for Masaka and Jinja Regional referral hospitals and 4 vehicles for the Ministry Headquarters.
<b>Output: 0802 76 Purchase of Office and ICT Equipment, including Software</b>				

# Vote: 014 Ministry of Health

## Vote Summary

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		
US\$ Bn:	2.500	US\$ Bn: -0.050	US\$ Bn: -0.050	The funds are for rolling out of the Human Resource Management Information System, and Finalising and rolling out the Electronic Job Bureau for the Health Service Commission
<b>Output:</b>	<b>0802 77 Purchase of Specialised Machinery &amp; Equipment</b>			
US\$ Bn:	15.793	US\$ Bn: -7.036	US\$ Bn: -7.036	The funds are for procurement of specialised Equipment and machinery under the Maternal and Neonatal health care unit at mulago. Other funds are for medical equipment requiring pre-installation works for the health facilities supported by UHSSP.
<b>Output:</b>	<b>0802 78 Purchase of Office and Residential Furniture and Fittings</b>			
US\$ Bn:	5.780	US\$ Bn: -0.100	US\$ Bn: -0.100	the funds are for procurement of office furniture for health facilities renovated by UHSSP
<b>Output:</b>	<b>0802 80 Hospital Construction/rehabilitation</b>			
US\$ Bn:	5.470	US\$ Bn: -154.284	US\$ Bn: -172.784	Hospital construction is going to be undertaken in Kawolo, Busolwe, Kayunga and Yumbe general hospitals
<i>Vote Function:0809 Clinical and public health</i>				
<b>Output:</b>	<b>0804 09 Indoor Residual Spraying (IRS) services provided</b>			The funds for IRS that were previously housed under output 080411 –coordination of clinical and other public health emergencies were returned
US\$ Bn:	2.000	US\$ Bn: 0.000	US\$ Bn: 0.000	
<b>Output:</b>	<b>0804 11 Coordination of clinical and public health emergencies including the response to the nodding syndrome</b>			The funds for IRS were moved back to output 080409-Indoor Residue Spraying on the directive of the Sector Budget Working Group
US\$ Bn:	-1.597	US\$ Bn: -14.045	US\$ Bn: -14.045	
<i>Vote Function:0801 Pharmaceutical and other Supplies</i>				
<b>Output:</b>	<b>0805 01 Preventive and curative Medical Supplies (including immunisation)</b>			The allocation is in line with the work plan and budget for GAVI and Global Fund for AIDS, TB and Malaria for the period 2016/17.
US\$ Bn:	4.120	US\$ Bn: -169.326	US\$ Bn: -100.692	
<b>Output:</b>	<b>0805 02 Strengthening Capacity of Health Facility Managers</b>			The funds are for support supervision in all districts, training health sub-district health workers in cold chain management, maintenance of cold chain equipment and machinery, Auditing of GAVI funds and payment of cold chain support staff
US\$ Bn:	10.252	US\$ Bn: -11.000	US\$ Bn: -11.000	
<b>Output:</b>	<b>0805 72 Government Buildings and Administrative Infrastructure</b>			The funds are for construction of the Medicines Warehouse at Kajansi under the Global Fund for AIDS, TB and Malaria. Under GAVI, 20 district medicines stores, 26 staff houses, will be constructed
US\$ Bn:	9.900	US\$ Bn: -22.000	US\$ Bn: -22.000	
<b>Output:</b>	<b>0805 75 Purchase of Motor Vehicles and Other Transport Equipment</b>			

# Vote: 014 Ministry of Health

## Vote Summary

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		
US\$ Bn:	-8.430	US\$ Bn: -9.230	US\$ Bn: -9.230	The allocation is in line with the work plan and budget for GAVI and Global Fund for AIDS, TB and Malaria for the period 2016/17.
<b>Output:</b>	<b>0805 77 Purchase of Specialised Machinery &amp; Equipment</b>			
US\$ Bn:	52.554	US\$ Bn: 0.110	US\$ Bn: -8.100	The funds are for procurement of assorted Medical, Dental & Surgical Equipment for TB, HIV, Malaria and Health Systems Strengthening under project 0220-Global Fund for AIDS, TB and Malaria
<i>Vote Function: 0801 Policy, Planning and Support Services</i>				
<b>Output:</b>	<b>0849 01 Policy, consultation, planning and monitoring services</b>			The funds are for the second phase of project 1145 Institutional Capacity Building
US\$ Bn:	4.103	US\$ Bn: -0.935	US\$ Bn: 6.300	
<b>Output:</b>	<b>0849 02 Ministry Support Services</b>			The reduction is majorly on account of the removal of gratuity from the Vote MTEF for the BFP.
US\$ Bn:	-1.453	US\$ Bn: -20.501	US\$ Bn: -20.501	

## 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.

### HEALTH SECTOR BUDGET PRESSURES

1. Counterpart Funding Obligations for Government with inadequate Budget Provision for FY 2015/16 and 2016/17. These obligations arise out of the MoUs and agreements between Government and Development Partners. The running projects with counterpart funding obligations are in the attached table and total to Ushs 114.053bn.

2. Increment in the operational funds for Primary Health Care services; Only Ushs 43.67bn has been allocated as recurrent budget to run Health service delivery in 137 LGs with 56 General Hospitals, 61 PNFP Hospitals and 4,205 Lower Level Health Units. Analysis of the UBOS price indices shows that prices of goods and services in general have increased by 44% between 2008/09 and 2012/13 while those of utilities alone (rent, fuel, water and electricity) increased by 20.4%. This has not been matched by commensurate increases in the budgets of the health institutions. This is further compounded by the fact that a number of health facilities have a budget of less than Ushs 90,000 per month (excluding medicines) to deliver all the required services.

A short study undertaken by the Ministry indicates that to enhance health service delivery in the Local Governments. Ushs 39.5 bn is required to make the current facilities to operate at a reasonable level. We therefore suggest a phased increment in allocation over a 3 year period of Ushs 12bn annually to this area.

3. Emergencies and Epidemics: Over the last 3 years, the health sector has experienced outbreaks of epidemics annually consuming approximately Ushs 3 billion every financial year. The practice has been to reallocate the Ministry of Health Budget to mitigate emergencies in anticipation of a refund from MoFPED. However the refunds have periodically not been made available thereby adversely affecting the Ministry's work plans and ability to respond to other health matters. The budget provision for handling emergencies and epidemics is inadequate hence constraining the ability of the health sector to respond

## Vote: 014 Ministry of Health

### Vote Summary

promptly and adequately to emergencies. We request for an additional Ushs 5bn for training, social mobilization, surveillance, health education, studies, case management and response.

4.Control of Malaria- Implementation of the Malaria reduction strategy that was jointly developed between the Ministry of Health and Finance requires USD 153 Million. To scale up IRS to the rest of the country Ushs 275bn is needed on an annual basis. We request for Ushs 22.5bn to cater for the most affected districts.

5.Monitoring of various disease outbreaks by UVRI: The health research institutions are responsible for monitoring diseases and performance of their interventions, investigating outbreaks, researching on products for treatment and control of human diseases and carrying out research on diseases and their interventions. We request for additional funding of Ushs 2.403bn to boost the following critical areas;

6.
  - Surveillance and control of Marburg-Ushs 1.13 bn is required for ecological studies, surveillance, procurement of requisite equipment and diagnosis.
  - Development of a vaccine for Ebola-Ushs 254million
  - Research on HIV therapy resistance-Ushs 350 million
  - Capacity building and training-UVRI- Ushs 669 million
  - Utility bills arrears-Ushs 4bn
  - Laboratory equipment, chemicals and reagents-CHEMO-Ushs 500million
  - Capacity building and training-CHEMO-Ushs 250 million

7.Epidemiology (Burden) of the HIV/AIDS Epidemic in Uganda HIV AIDs

Uganda has been grappling with a generalized HIV/AIDS epidemic for over three decades. The 2011 AIDS Indicator Survey (AIS) revealed an increase in HIV prevalence among adults aged 15-49 years, from 6.4% in 2004/05 to 7.3% in 2011. This increase is attributed to incident HIV infections and improved survival due to increased access to HIV care and treatment services including antiretroviral therapy (ART). The increase in prevalence was noted in several regions with doubling of prevalence in some regions such as West Nile. The MoH estimates that by end of 2014, there were 1,631,828 people living with HIV (PLHIV), increasing to 1,969,778 by 2018 (MoH- Estimates and Projections, 2013).

The Ministry of Health and Partners have proposed a plan to scale up the HIV and AIDS response that aims at an AIDS free generation by 2030. To implement that plan, there are significant resource gaps. The Ministry of Health proposes to Cabinet that GOU increases funding for the implementation of primary prevention programs in the general population and for MARPS and for procurement of commodities including ARVs, Laboratory commodities, HIV Test Kits, Condoms and Circumcision kits to compliment current commitments from GoU and AIDS development partners. We suggest that Government provides the following;

- Ushs 600 million for the Population HIV impact assessment survey
- USD 43 million to cater for the funding gap for ARVs.

8.Clearing and handling charges for reproductive health commodities supplied under the UNFPA. Effective January 2013, UNFPA communicated that the Government should take over the payment of these charges.

## Vote: 014 Ministry of Health

### Vote Summary

For this purpose, the sector requires Ushs 2.5bn annually.

9.Rehabilitation of general hospitals. Many of the general hospitals some of which were constructed long time are in dire need of renovations since the infrastructure has broken down. According to a recent report by the Ministry's infrastructure division, the total requirement for civil works, medical equipment, furniture and transport for 25 general hospitals excluding those being covered under the ongoing projects is estimated at Ushs 820 billion. We request for Ushs 5bn to cater for the most critical hospitals. Key among the hospitals is Kasana General hospital that H.E the President has directed that it be rehabilitated

10.Functionalizing the Public Health Protocol-Ushs 2bn

11.Building a home for the health regulatory councils-Ushs5bn

12.Health Service Commission: The Commission requires an additional Ushs 2.57bn to cater for the following unfunded critical activities;

i.Technical support and guidance to the District Service Commissions - Ushs 793 Million to provide technical support and sensitization to DSCs and all Health Institutions under its jurisdiction.

ii.Additional office space to accommodate the new staff recruited by the Commission. Ushs 86 million.

iii.Secure land allocated to the Commission at Butabika by carrying out a survey, acquiring a land title and architectural designs to determine the cost of construction– Ushs 50 Million.

iv.Strengthen External Guidance, M&E. Ushs 587 Million.

v.Operationalise the Selection Examination Division Ushs 188 Million.

vi.Validation of all Health Workers in Central and Local Government Health Institutions - Ushs 502 Million.

12.Need to provide medical stationery to health facilities across the Country to enable reporting on the services offered by the Health Facilities-Ushs 3bn

13.AIDS Control Program –ARV Commodities USD 102,353,038.9

The situation on ARV stocks in the Public Sector remains grim and as a result NMS at the national level and a number of health facilities are stocked out for a number of commodities. The funding gap is threefold;

a)Depreciation of the Uganda Shilling against the dollar. Since 2009 GoU has been allocating and releasing 100 Billion equivalents to USD 40M hedged at 2600 then. Today the exchange rate is UGX 3700 to 1 US dollar.

b)USG withdrew their buffer support to the public sector and is now concentrating on the private sector

c)Uganda Adopted and rolled out the 2013 treatment guidelines that shifted treatment starting point from 350 to 500 CD4 cells. This has meant increased enrollment of clients into the treatment pool with the attendant costs.

# Vote: 014 Ministry of Health

## Vote Summary

USD 9,960,471 is required to bridge the afore-mentioned gap.

14.Funding for the East African Community activities in Health (Technical working group meetings, EAC Sectoral Committee on Health, EAC Sectoral Council of Ministers)-Ushs 532 million

**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:0801 Sector Monitoring and Quality Assurance</i>  <b>Output: 0801 01 Sector performance monitored and evaluated</b>  <b>UShs Bn: 1.645</b></p>	<p><i>Printing 25,790 copies of clinical guidelines for health facilities countrywide (HC IIs to National Referral Hospitals)-Ushs 645 million. These are necessary for the improvement of health worker's competencies and ensuring that patients are treated according to the current treatment guidelines</i></p> <p><i>Ushs 1bn is for enhancing supervision, monitoring and evaluation to enforce adherence to set standards and guidelines, curb absenteeism and enhance quantity and quality of care. Technical supervision will also be enhanced as part of capacity development for health workers.</i></p>
<p><i>Vote Function:0880 Health systems development</i>  <b>Output: 0802 80 Hospital Construction/rehabilitation</b>  <b>UShs Bn: 69.652</b></p>	<p><i>Counterpart funding and VAT obligations for Government with no budget provision. These obligations arise out of the MoUs and agreements between Government and Development Partners. Some of these are;</i></p> <p><i>Project 1314 Rehabilitation of hospitals and supply of medical equipment in the western region of Uganda Ushs 2.6 bn for VAT</i></p> <p><i>1187 Support to Mulago rehabilitation (kawempe, kirudu). Ushs. 15.9 bn arising out of the change in VAT policy and Ushs 4.8 bn counterpart funding obligations. This project is scheduled to end in December 2016.</i></p> <p><i>1315 Construction of Maternal and Neonatal health care unit at Mulago. Ushs 9.88bn is for Counterpart funding on civil works. Contract is already signed with Arab contractors. Construction commenced in June 2015 and is expected to be completed in June 2017. Ushs 2.1bn is for Counterpart funding on specialised training of medical staff expected to end before June 2017. VAT taxes arising out of the policy change on VAT are Ushs 13.31bn.</i></p> <p><i>Project 1141 Gavi Vaccines and HSSP- Counterpart funding obligations for New vaccines co-financing for Penta, HPV, PCV, Rota –Ushs 1.1bn. GAVI Supports construction &amp; consultancy for designs &amp; supervision. Taxes borne by GoU-Ushs 5.2bn</i></p> <p><i>Construction of the paediatric surgery hospital- Counterpart funding for the project according to the project agreement-Ushs 3.5bn</i></p> <p><i>Construction of regional cancer centres in Mbale and Gulu-Ushs 0.503bn VAT on construction.</i></p>

# Vote: 014 Ministry of Health

## Vote Summary

Additional Requirements for Funding and Outputs in 2016/17:	Justification of Requirement for Additional Outputs and Funding
<p><i>Vote Function:0852 Health Research</i></p>	<p><i>Construction of Laboratory at Masaka Hospital by LAHORE University-Pakistan-Ushs 4.5bn on VAT</i></p> <p><i>Construction and rehabilitation of Yumbe and Kayunga General Hospitals-Ushs 5.759 for VAT and Ushs 0.5bn counterpart funding</i></p>
<p><b>Output: 0803 52 Support to Uganda National Health Research Organisation(UNHRO)</b></p> <p><b>UShs Bn: 2.403</b></p>	<p><i>Monitoring of various disease outbreaks by UVRI: The health research institutions are responsible for monitoring diseases and performance of their interventions, investigating outbreaks, researching on products for treatment and control of human diseases and carrying out research on diseases and their interventions. We request for additional funding of Ushs 2.403bn to boost the following critical areas;</i></p> <p><i>Surveillance and control of Marburg-Ushs 1.13 bn is required for ecological studies, surveillance, procurement of requisite equipment and diagnosis.</i></p> <p><i>Development of a vaccine for Ebola-Ushs 254million</i></p> <p><i>Research on HIV therapy resistance-Ushs 350 million</i></p> <p><i>Capacity building and training- Ushs 669 million</i></p>
<p><i>Vote Function:0801 Clinical and public health</i></p> <p><b>Output: 0804 01 Community health services provided (control of communicable and non communicable diseases)</b></p> <p><b>UShs Bn: 186.100</b></p>	<ol style="list-style-type: none"> <li><i>1. Control of Malaria- Implementation of the Malaria reduction strategy that was jointly developed between the Ministry of Health and Finance requires USD 153 Million. To scale up IRS to the rest of the country Ushs 275bn is needed on an annual basis. We request for Ushs 22.5bn to cater for the most affected districts.</i></li> <li><i>2. Contribution to the African Public Health Emergency fund (fund established by the regional committee of the World Health Organization. Ushs 2bn</i></li> <li><i>3. Ushs 600 million for the Population HIV impact assessment survey</i></li> <li><i>4. Emergencies and Epidemics: Over the last 3 years, the health sector has experienced outbreaks of epidemics annually consuming approximately Ushs 3 billion every financial year. The practice has been to reallocate the Ministry of Health Budget to mitigate emergencies in anticipation of a refund from MoFPED. However the refunds have periodically not been made available thereby adversely affecting the Ministry's work plans and ability to respond to other health matters. The budget provision for handling emergencies and epidemics is inadequate hence constraining the ability of the health sector to respond promptly and adequately to emergencies. We request for an additional Ushs 5bn for training, social mobilization, surveillance, health education, studies, case management and</i></li> </ol>



# Vote: 014 Ministry of Health

## Vote Summary

Additional Requirements for Funding and Outputs in 2016/17:	Justification of Requirement for Additional Outputs and Funding
	<p>response.</p> <p>5. Ushs 3 bn for Uganda National Health Laboratory Services (UNHLS) for provision of Quality and accessibility of comprehensive laboratory services in Uganda. Already CDC has provided the infrastructure in Butabika for this purpose.</p> <p>6. Epidemiology (Burden) of the HIV/AIDS Epidemic in Uganda HIV AIDs. The country has a funding gap for ARVs of Ushs 151bn in order to adopt and roll out the 2013 treatment guidelines that shifted treatment starting point from 350 to 500 CD4 cells. This has meant increased enrolment of clients into the treatment pool with the attendant costs.</p> <p>7. Functionalizing the Public Health Protocols-Ushs 2bn. These were recently launched by H.E the President as part of Government shift from focussing on curative to putting emphasis on public health</p>
<b>Output: 0804 05 Immunisation services provided</b> UShs Bn:	
<b>Output: 0804 07 Provision of standards, Leadership, guidance and support to nursing services</b> UShs Bn:	
<i>Vote Function: 0801 Pharmaceutical and other Supplies</i>	
<b>Output: 0805 01 Preventive and curative Medical Supplies (including immunisation)</b> UShs Bn: 151.000	Funding gap for ARVs. Uganda Adopted and rolled out the 2013 treatment guidelines that shifted treatment starting point from 350 to 500 CD4 cells. This has meant increased enrolment of clients into the treatment pool with the attendant costs.
<i>Vote Function: 0801 Policy, Planning and Support Services</i>	
<b>Output: 0849 01 Policy, consultation, planning and monitoring services</b> UShs Bn: 3.000	Clearing and handling charges for reproductive health commodities supplied under the UNFPA. Effective January 2013, UNFPA communicated that the Government should take over the payment of these charges. For this purpose, the sector requests for an allocation of Ushs 2.5bn annually.
<b>Output: 0849 02 Ministry Support Services</b> UShs Bn:	Funding for the East African Community activities in Health-Ushs 0.5bn. The funds are for;- Technical working group meetings, EAC Sectoral Committee on Health, EAC Sectoral Council of Ministers.

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 sexual and reproductive health

*Issue of Concern* : Reduction of maternal and neonatal mortality



## Vote: 014 Ministry of Health

### Vote Summary

#### *Proposed Interventions*

1. Procuring and distributing EMoC medicines, supplies, and equipment
2. Supporting the mobilization of blood for emergency obstetric and new born care
3. Conducting maternal and perinatal death audits to address gaps and improve quality of care.

*Budget Allocations* UGX billion      6

- Performance Indicators*
1. EMoC medicines, supplies, and equipment available in all target facilities.
  2. Availability of safe blood for emergency obstetric and new born care

#### *(ii) HIV/AIDS*

**Objective:** Reduce HIV/AIDS prevalence

*Issue of Concern* : Rising HIV/AIDS prevalence

#### *Proposed Interventions*

1. Elimination of Mother to Child Transmission,
2. Safe male circumcision,
3. Behavior change promotion

*Budget Allocations* UGX billion      5

- Performance Indicators*
- % of children exposed to HIV from their mothers accessing HIV testing within 12 months
  - % ART coverage among those in need

#### *(iii) Environment*

**Objective:** Infection control

*Issue of Concern* : Safe waste disposal

#### *Proposed Interventions*

1. Roll out Village Health Teams to educate people about safe waste disposal
2. Construct incinerators in health facilities

*Budget Allocations* UGX billion      2

*Performance Indicators*

#### **(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: