Vote Summary

V1: Vote Overview

This section sets out the Vote Mission, Strategic Objectives, and provides a description of the vote's services (i) Snapshot of Medium Term Budget Allocations

Table V1 below summarises the Medium Term Budget allocations for the Vote:

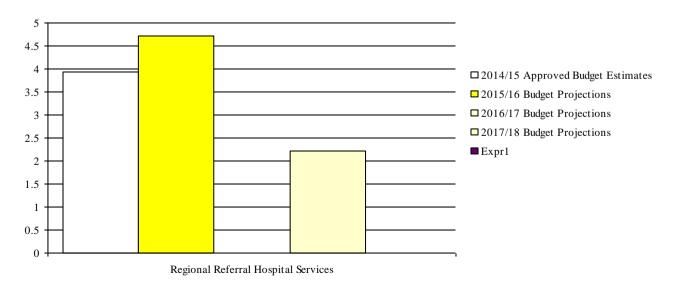
Table V1.1: Overview of Vote Expenditures (UShs Billion)

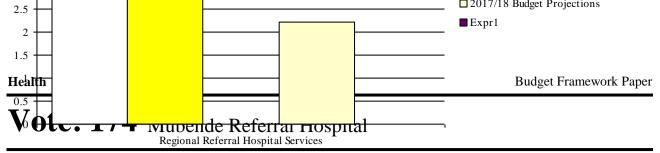
		2012/14	2014	/15 Spent by	MTEF B	Budget Proje	ctions
(i) Excluding	Arrears, Taxes	2013/14 Outturn	Approved " Budget	Spent by End Sept	2015/16	2016/17	2017/18
	Wage	1.703	2.138	0.449	2.138	1.807	1.173
Recurrent	Non Wage	0.718	0.788	0.111	0.788	0.543	0.543
Development	GoU	1.152	1.000	0.155	1.800	0.500	0.500
Developmer	Ext.Fin	0.000	0.000	0.000	0.000	0.000	0.000
	GoU Total	3.574	3.926	0.716	4.726	2.850	2.216
Total GoU+D	onor (MTEF)	3.574	3.926	0.716	4.726	2.850	2.216
(ii) Arrears	Arrears	0.000	0.000	0.000	0.000	N/A	N/A
and Taxes	Taxes**	0.000	0.000	0.000	0.000	N/A	N/A
	Total Budget	3.574	3.926	0.716	4.726	N/A	N/A
(iii) Non Tax	Revenue	0.000	0.010	0.000	0.030	0.030	0.000
	Grand Total	3.574	3.936	0.716	4.756	N/A	N/A
Excluding	Taxes, Arrears	3.574	3.936	0.716	4.756	2.880	2.216

* Donor expenditure data unavailable

** Non VAT taxes on capital expenditure

The chart below shows total funding allocations to the Vote by Vote Function over the medium term: Chart V1.1: Medium Term Budget Projections by Vote Function (UShs Bn, Excluding Taxes, Arrears





Vote Summary

(ii) Vote Mission Statement

The Vote's Mission Statement is:

To be a centre of excellence in providing both specialised and general curative, preventive and rehabilitative services to the community in our catchment area

(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.

Sector Outcome 1:	Sector Outcome 2:	Sector Outcome 3:
Increased deliveries in health facilities	Children under one year old protected against life threatening diseases	Health facilities receive adequate stocks of essential medicines and health supplies (EMHS)
Vote Function: 08 56 Regional Refer	ral Hospital Services	
Outputs Contributing to Outcome 1:	Outputs Contributing to Outcome 2:	Outputs Contributing to Outcome 3:
Outputs Provided	Outputs Provided	None
085601 Inpatient services	085606 Prevention and rehabilitation	
085602 Outpatient services	services	
085606 Prevention and rehabilitation services		
Capital Purchases		
085680 Hospital Construction/rehabilitation		
085681 Staff houses construction and rehabilitation		

V2: Past Vote Performance and Medium Term Plans

This section describes past and future vote performance, in terms of key vote outputs and plans to address sector policy implementation issues.

(i) Past and Future Planned Vote Outputs

2013/14 Performance

The Hospital space improved as a result of construction of parking yard. The staffing levels were also improved as a result of new deployments. Inpatient, outpatient, diagnostic services, hospital management and immunization services were offered up to expectation despite some targets not being met due to insufficient resources.

Preliminary 2014/15 Performance

Completion of hospital stores, walkway and renovation of one (1) old building.

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

Vote, Vote Function	2014 Approved Budget and	4/15 Spending and Outputs	2015/16 Proposed Budget and
Key Output	Planned outputs	Achieved by End Sept	Planned Outputs
Vote: 174 Mubende Refe	rral Hospital		
Vote Function: 0856 Regi	onal Referral Hospital Services		
Output:085601	Inpatient services		
Description of Outputs:	No. of patients admitted 15,000:, BOR 100%, ALOS 4.5 days, Deliveries 4,500 Caesareans sections 900.	No. of patients admitted 3386:, BOR 86%, ALOS 4 days, Deliveries 1053 Caesareans sections 218.	No. of patients admitted 16,000:, BOR 100%, ALOS 4 days, Deliveries 4,500 Caesareans sections 900.
Performance Indicators:			

Vote Summary

		2014	4/15		2015/16	
Vote, Vote Function Key Output	Approved Bud Planned outpu	lget and	Spending and Achieved by		Proposed Budget Planned Outputs	and
No. of in patients admitted	15,000		3,386		<mark>16,000</mark>	
Bed occupancy rate (inpatients)	100		86		100	
Average rate of stay for inpatients (no. days)	4.5		4		4.0	
	st: UShs Bn:	0.210	UShs Bn:	0.488	UShs Bn:	0.236
Output:085602	Outpatient servi	ces				
Description of Outputs:	120,000, No. C outpatients 30, No. of emerger	000 acies attended treaches carried ntenatal ,000, HIV+ves	19497, No. Or outpatients 40 No. of emerge 1800, no of ou out 13. no of	28 encies attended utreaches carried antenatal 673, HIV+ves	No. of General out 120,000, No. Of sp outpatients 30,000 No. of emergencie 7,200, no of outrea out 60. no of ante attendances 11,00 started on ART 80	s attended aches carried natal 0, HIV+ves
	dental extractio		dental extracti		dental extractions	
Performance Indicators:						
No. of specialised outpatien attended to	ts 30,000		4,028		30,000	
No. of general outpatients attended to	120,000		19,497		120,000	
Output Cos	st: UShs Bn:	0.037	UShs Bn:	0.005	UShs Bn:	0.037
Output:085604	Diagnostic servi	ces				
Description of Outputs:	No. of Lab test Xrays done 4,0 Ultrasounds do Mortems Perfo	s done 96,000 , 00; No of ne 5,000; Post	Xrays done 47	one 491; Post	No. of Lab tests do Xrays done 4,000; Ultrasounds done Mortems Perfomed	No of 5,000; Post
Performance Indicators:						
Patient xrays (imaging)	4,000		471		4,000	
No. of labs/tests	96,000		3,768		<mark>96,000</mark>	
Output Cos	st: UShs Bn:	0.026	UShs Bn:	0.001	UShs Bn:	0.026
Output:085606	Prevention and	rehabilitation se	rvices			
Description of Outputs:	planning 2400,	eceiving Family No. of HIV +ve ers put on option RCT 45,000, eptrin 1,200, a started on	of person rece planning 600, pregnant moth B+ 55, VCT/ +ves on septri	isations 5400, No. iving Family No. of HIV +ve hers put on option RCT 11511, HIV n 300, exposed on prophylaxis	No. of immunisati No. of person rece planning 2400, No pregnant mothers p B+ 220,	iving Family b. of HIV +ve
Performance Indicators:						
No. of people receiving family planning services	2,400		600		2,400	
No. of people immunised	22,000		5,400		22,000	
No. of antenatal cases	11,000		2,750		12,000	
Output Cos	st: UShs Bn:	0.144	UShs Bn:	0.018	UShs Bn:	0.144
Output:085680	Hospital Constr	uction/rehabilita	tion			
Description of Outputs:	Complete medi continue constr pediatric ward, connection of g	ruction of	Construction of	res still on going, of pediatric ward apleted connection	continue construc pediatric ward, con generator	

Vote Summary

Vote, Vote Function Key Output	Approved Budget a Planned outputs		4/15 Spending and Outp Achieved by End Se		2015/16 Proposed Budget and Planned Outputs	
No. reconstructed/rehabilitated general wards	1		0		1	
No. of hospitals benefiting from the rennovation of existing facilities.	1		0		1	
Output Cost.	: UShs Bn:	0.940	UShs Bn:	0.155	UShs Bn:	<u>1.670</u>
Vote Function Cost Cost of Vote Services:	UShs Bn: UShs Bn:		6 UShs Bn: 6 UShs Bn:		UShs Bn: UShs Bn:	4.756 4.756

* Excluding Taxes and Arrears

2015/16 Planned Outputs

Recruitment of additional staff is expected, continuation of construction of Peadiatric/Medical/Mortuary block, Fencing of hospital stores, Purchase of new equipment (Medical, orthopedic & dental), increase in outpatient and inpatient service utilization, increase in maternal and child health service utilization & improvement in diagnostic care

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

		2014/	15	MTEF F	Projections	
Vote Function Key Output Indicators and Costs:	2013/14 Outturn	Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
Vote: 174 Mubende Referral Hospita	1					
Vote Function:0856 Regional Referral	Hospital Serve	ices				
Average rate of stay for inpatients (no. days)		4.5	4	4.0	3	3
Bed occupancy rate (inpatients)		100	86	100	100	100
No. of in patients admitted		15,000	3,386	16,000	16,000	17,000
No. of general outpatients attended to		120,000	19,497	120,000	120,000	120,000
No. of specialised outpatients attended to		30,000	4,028	30,000	30,000	30,000
Value of medicines received/dispensed (Ush bn)		0.988029	186247335.19			
No. of labs/tests		96,000	3,768	96,000	96,000	96,000
Patient xrays (imaging)		4,000	471	4,000	4,000	4,000
No. of antenatal cases		11,000	2,750	12,000	12,000	12,000
No. of people immunised		22,000	5,400	22,000	22,000	22,000
No. of people receiving family planning services		2,400	600	2,400	2,400	2,400
No. of hospitals benefiting from the rennovation of existing facilities.		1	0	1	1	1
No. reconstructed/rehabilitated general wards		1	0	1	1	1
No. of staff houses constructed/rehabilitated		0	0			
No. of maternity wards constructed		0	0			
No. of maternity wards rehabilitated		0	0			
No. of OPD wards constructed		0	0			
No. of OPD wards rehabilitated		0	0			
No. of other wards constructed		0	0			

Vote Summary

Vote Eurotion Ken Output		2014		MTEF F	Projections	
Vote Function Key Output Indicators and Costs:	2013/14 Outturn	Approved Plan	Outturn by End Sept	2015/16	2016/17	2017/18
No. of other wards rehabilitated		0	0			
No. of theatres constructed		0	0			
No. of theatres rehabilitated		0	0			
Value of medical equipment procured (Ush Bn)			0			
Vote Function Cost (UShs bn)	3.574	3.936	0.716	4.756		2.216
Cost of Vote Services (UShs Bn)	3.574	3.936	0.716	4.756		2.216

Medium Term Plans

Competition of Peadiatric/Medical/Mortuary block, completion of fencing of hospital, construction of staff houses, construction of walk way to administration block & purchase of additional medical & office equipment

(ii) Efficiency of Vote Budget Allocations

Reallocation from management & support services to other program outputs e.g. inpatient, diagnostic & outpatient services is internded to enhance the quality & quantity of services offered to the partients. This will ultimately lead to overall improved program output performance

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

	(i) Allocat	ion (Shs B	n)		(ii) % Vote	e Budget		
Billion Uganda Shillings	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Key Sector	1.3	2.1	0.6	<mark>0.6</mark>	33.8%	<u>43.2%</u>	21.2%	27.6%
Service Delivery	1.4	2.1	0.6	0.6	34.5%	<u>44.4%</u>	22.1%	28.7%

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

Unit Cost Description	Actual 2013/14	Planned 2014/15	Actual by Sept	Proposed 2015/16	Costing Assumptions and Reasons for any Changes and Variations from Plan
Vote Function:0856 Regio	nal Referral Hos	pital Services			
Water	5,166,667	5,166,667			Payment for water bill (5m) for 12 months
Providing meals to TB,Mental and very poor patients	75,833	75,833			Providing meals to patients(50patients per day)cost 75833 per month this means the no. of patients will remain costant at 50, which may not be the case due to the large catchment area.
Cleaning services	8,000,000	8,000,000			C leaning services interior (5m), compund (3m) for 12 months.

(iii) Vote Investment Plans

Funds allocation has increased to cater for expansion of workspace in terms of construction of wards, medicines stores, mortuary, renovation of some old building & purchase of equipment

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

	(i) Allocat	ion (Shs B	n)		(ii) % Vote	e Budget		
Billion Uganda Shillings	2014/15	2015/16	2016/17	2017/18	2014/15	2015/16	2016/17	2017/18
Consumption Expendture(Outputs Provided)	2.9	3.0	2.5	1.8	74.6%	<u>62.2%</u>	87.2%	<u>83.3%</u>
Investment (Capital Purchases)	1.0	1.8	0.4	0.4	25.4%	37.8%	12.8%	<u>16.7%</u>
Grand Total	3.9	4.8	2.9	2.2	100.0%	100.0%	100.0%	100.0%

Construction of paediatric/medical/mortuary block, Fencing off the Hospital stores, selected renovation of old buildings & purchase of selected equipment.

Vote Summary

Project, Programme	2014/15	tal Investments 2014/15				
Vote Function Output UShs Thousand			Proposed Budget, Planned Outputs (Quantity and Location			
Project 1004 Mubende Rehat	ilitation Referal Hospital					
085680 Hospital Construction/rehabili tation	complete medicines stores.(482m), supervision of works (40m), continue construction of paed ward(360m), supervision of works (40m), complete connection of generator (18m)	construction of the medicines stores is about to get complete, paediatric ward and supervision of works still on going,Complete connection of generator.	Completion of pediatric/mortuary building 1040.989m Surpervision of works (150m) Fenced (stores area) 300m Renovation of selected old buildings 100m Power connected to Incinerator 70m			
Tota	939,850	155,114	1,670,000			
GoU Development	939,850	155,114	1,670,000			
External Financing	0	0	0			

(iv) Vote Actions to improve Priority Sector Outomes

Plan underway to recruit additional staff in order to contribute to overall vote function. This is to be done in consonance with continued improvement in space availability as well as rehabilitation of of infrustructure

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

2014/15 Planned Actions:	2014/15 Actions by Sept:	2015/16 Planned Actions:	MT Strategy:
Sector Outcome 2: Children u	nder one year old protected agai	inst life threatening diseases	
Vote Function: 08 56 Regional	Referral Hospital Services		
VF Performance Issue: Insuf	ficient Quality & Quantity of serv	ices offered	
		Operationalize quality improvement initiatives, Strengthening community health interventions	
Sector Outcome 3: Health faci	lities receive adequate stocks of	essential medicines and health s	supplies (EMHS)
Vote Function: 08 56 Regional	Referral Hospital Services		
VF Performance Issue: Inade	equate Human Resources for Hea	lth	
		Establish staff motivation & retention strategies, Improve staff performance monitoring	
VF Performance Issue: Shor	tage of space and dilapidated buil	dings.	
Completion of Paed ward, medicine store and a mortury.	Paed ward construction still on going , medicine store and a mortury yet to be completed.	Continuation of Paediatric/medical/mortuary block, construction and fencing off medicine store.	construction of more wards.

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

This section sets out the proposed vote budget allocations for 2015/16 and the medium term, including major areas of expenditures and any notable changes in allocations.

Table V3.1: Past Outturns and Medium Term Projections by Vote Function* 2013/14 MTEF Budget Projections 2013/14 Appr. Spent by 2015/16 2016/17 2017/18 Vote: 174 Mubende Referral Hospital

Vote Summary

		2014/15		MTEF Budget Projections		
	2013/14 Outturn	Appr. Budget	Spent by End Sept	2015/16	2016/17	2017/18
0856 Regional Referral Hospital Services	3.574	3.936	0.716	4.756	2.880	2.216
Total for Vote:	3.574	3.936	0.716	4.756	2.880	2.216

(i) The Total Budget over the Medium Term

Mubende RRH is still under growth since its' inception in 2010. The overall expenditure trends are incremental in view of the need to address the human resource, capital development & other resource requirements of a new Regional Refferal Hospital.

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

Major allocations are on construction of residential and non residential buildings.

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

Positive (incremental) resource allocations from last financial year were precipitated by existence of a multibillion shillings project (Peadiatric/Medical/Mortuary block) intended to address the shortage of a space in the Hospital. The medium term increment in resource allocation should address the residential space (staff housing) as well as human resource (recruitment & retention) needs of the hospital

Table V3.2: Key Changes in Vote Resource Allocation Changes in Budget Allocations and Outputs from 2014/15 Planned Levels: Justification for proposed Changes in 2015/16 2016/17 2017/18 **Expenditure and Outputs** Vote Function:0801 Regional Referral Hospital Services Output: 0856 01 Inpatient services 0.026 UShs Bn: 0.000 The reallocation would help to facilitate UShs Bn: 0.000 UShs Bn: Funds are needed to the new staff, facilitate operations of program area (private wing inclusive), facilitate new staff and purchase some requirements for Deployment to fill the gaps private wing using this NTR funds. 0856 76 Purchase of Office and ICT Equipment, including Software Output: UShs Bn: -0.010 UShs Bn: -0.010 UShs Bn: -0.010 Need to equip other units for proper Some of these ICT service delivery. equipments were bought last FY 14/15 and need to reallocate these monies to equip other units. Output: 0856 77 Purchase of Specialised Machinery & Equipment UShs Bn: 0.012 UShs Bn: 0.062 UShs Bn: 0.062 Availability of equipment & oxgyen cylinder will help equimp the oxyven in Oxygen cylinders (pediatric & medical ward). childrens ward combant the demard hence saving the childrens life. Othopedic Dental Equipment (Portable x-ray, Amalgamator, Apex locator, Instrument boxes) Output: 0856 78 Purchase of Office and Residential Furniture and Fittings 0.080 UShs Bn: UShs Bn: 0.050 UShs Bn: 0.050 Availability of equipment & furniture contributes to the quality of services Some selected equipment & furniture are required for provided thus reduce cost of providing appropriate functionality of care selected departments. Output: 0856 80 Hospital Construction/rehabilitation UShs Bn: 0.730 UShs Bn: -0.720 UShs Bn: -0.720 Early completion of capital projects will There is need to have *improve space availability & thus* contribute to the quality of services affirmative increment in

Vote Summary

Changes in Budget Allocations and Outputs from 2014/15 Planned Levels:2015/162016/172017/18			Justification for proposed Changes in Expenditure and Outputs			
capital allocation due to			provided while avoiding negative			
existence of an 8 billion			contractual implications due to lengthy			
project that may take too			periods of completion.			
long at previous allocation						
levels						

V4: Vote Challenges for 2015/16 and the Medium Term

This section sets out the major challenges the vote faces in 2015/16 and the medium term which the vote has been unable to address in its spending plans.

Lack of staff houses contributing to poor staff performance, Inadequate funding to enable completion of construction projects on time, Understaffing due to insufficient wage allocation, Inadequate security to hospital property due to lack of hospital fencing

Table V4.1: Additional Output Funding Requests

Additional Requirements for Funding and Outputs in 2015/16:	Justification of Requirement for Additional Outputs and Funding				
Vote Function:08 Regional Referral Hospital ServicesOutput:0856					
UShs Bn: 0.000 Completion of peadiatric ward will reduce on the floor cases	Need to complete the construction of Paed ward which will improve on the space for admissions thus also improving on our bed capacity				
Output: 0856 76 Purchase of Office and ICT Equipment, including Software					
UShs Bn: 0.000	access to the net will improve the knowledge of clinicians, thus contributing to better quality of care.				
Output: 0856 80 Hospital Construction/rehabilitation					
UShs Bn: 0.000 There is need to have affirmative increment in capital allocation due to existence of an 8 billion project that may take too long at previous allocation levels. Completion of the projects on time will avail space for quality medical, pediatric & other health care services.	Availability of more space associated with improved service delivery will contribute to a reduction in communicable & non- communicable diseases while prolonging the lifespans of people in the region				
Output: 0856 81 Staff houses construction and rehabilita	tion				
UShs Bn: 0.000					

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 access for People With Disability (PWDs) to quality hospital services *Issue of Concern* : Poor access to sanitary facilities and wards

Proposed Intervensions

Maintainance of PWD toilets and ramps

Budget Allocations UGX billion 3500000

Performance Indicators Number of PWD facilities maintained

Health

Vote: 174 Mubende Referral Hospital

Vote Summary

Objective: Ensure equitable access to health services by all men, women & children

Issue of Concern : Poor health seeking behaviour by men

Proposed Intervensions

Promote male involvement in health through health education talks on radio, outreaches & in the hospital

Budget Allocations UGX billion 10000000

Performance Indicators Proportion of women accompanied by men to the hospital

(ii) HIV/AIDS

Objective: Contribute to elimination of mother to Child Transmission of HIV

Issue of Concern : High HIV burden among new born babies

Proposed Intervensions

Delivery of comprehensive EMTCT package

Budget Allocations UGX billion 7500000

Performance Indicators Proportion of HIV exposed babies testing positive

Objective: Control HIV/AIDS among the general population

Issue of Concern : High HIV/AIDS burden among the general population

Proposed Intervensions

increased sensitaisation among the population though radio talk shows and outreaches, offer facility based HIV/AIDS prevention, care & treatment services

Budget Allocations UGX billion 15000000

Performance Indicators HIV sero-positivity among general population

(iii) Environment

Objective: Contribute to a conducive environment for communities served

Issue of Concern : Unconducive hospital surroundings for patients

Proposed Intervensions

Plant & maintain trees in hospital compound

Budget Allocations UGX billion 1000000

Performance Indicators Number of trees planted & maintained

(ii) Payment Arrears

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

Hospital does not have arrears. The would-be arrears are major on-going construct projects

Vote Summary

(ii) Non Tax Revenue Collections

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

Source of NTR	UShs Bn	2013/15 Actual	2014/15 Budget	2014/15 Actual by Sept	2015/16 Projected
Miscellaneous receipts/income		0.000	0.010		0.030
	Total:	0.000	0.010		0.030

Hospital Private medical services shall be started and others fees will be collected from schools that contribute to student upkeep