



Republic of Uganda

**MINISTRY OF HEALTH STRATEGIC PLAN
2020/21 - 2024/25**

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FOREWORD

In pursuit of Uganda Vision 2040, the health sector aims at ensuring Uganda has a productive population that effectively contributes to socio-economic growth which will be achieved by provision of accessible and quality health care to all people in Uganda.

The MoH Strategic Plan builds on the Human Capital Development Component of the National Development Plan III and lays a foundation for movement towards Universal Health Coverage. This plan provides strategic directions to the MoH Headquarters over the five-year period and is underpinned by a performance agreement that will enable the Ministry to assess and report on the results of the MoH in each specific strategic area of focus on regular basis.

The health of the Ugandan population is central to the socio-economic transformation of the country. The poor health status of our people will undermine the economic benefits of attaining Universal Health Coverage by 2030 and the National Vision 2040, if health service delivery is not improved.

The Strategic Plan will facilitate the MoH in coordinating and bringing all its stakeholders to effectively contribute to the delivery of its mandate of ensuring the delivery of accessible and quality health care to all people in Uganda. The plan will further help the MoH departments in improving their performance in respect to their roles to meet the objectives of the MoH.

Health for all Ugandans is an ambitious and inspiring vision. It is hoped that this document will provide inspiration, as well as support and practical guidance, to MoH management and staff and many others engaged in the health sector. Only by working collaboratively, can we address the complex issues facing Ugandans and improve the health and nutritional status of the Ugandan people. By focusing on promoting health, using evidence to design and implement health programs and services, and in the spirit of continuous quality improvement, TOGETHER we can make a difference.

This plan is designed to be practical, user-friendly and to be actively used by MoH management and staff and related stakeholders, to guide them in their operational/work planning processes over the next five years. I therefore, call upon all stakeholders at national and global level to support the implementation of this Strategic Plan.



Hon. Dr. Jane Aceng Ocero
MINISTER OF HEALTH

ACKNOWLEDGEMENT

The MoH greatly applauds the indispensable technical support from the National Planning Authority that made development of the Ministry of Health Strategic Plan 2020/21 – 2024/25 possible.

The process was spearheaded by a Core Team from the MoH Department of Planning, Financing and Policy Department and we highly appreciate their commitment and indispensable input.

The development process was participatory and therefore, we acknowledge other stakeholders who participated in the review and input into this plan specifically the Health Policy Advisory Committee members and Technical Working Groups with representation from the Development Partners, Medical Bureaus, Civil Society Organizations, Private Sector and other MDAs.

We hope that this Plan and its strategic directions will provide guidance to the MoH and our partners and also facilitate decision making toward strengthening the MoH Headquarters in carrying out its core functions. In particular, it should focus us towards achieving the National Development Plan III and Sustainable Development Goals for the sector.

We look forward to working collaboratively with all the Health Partners and other MDAs to improve the health status of the Ugandan Population.



Dr. Diana Atwine

PERMANENT SECRETARY

ACROYNMS AND ABBREVIATIONS

AHSPR	Annual Health Sector Performance Report
ANC	Antenatal Care
ARV	Anti-retroviral
BFP	Budget Framework Paper
CeMONC	Comprehensive Obstetric and New-born Care
CHEW	Community Health Extension Worker
COVID	Corona Virus Disease
CSO	Civil Society Organization
DGHS	Director General Health Services
DHIS2	District Health Information System – 2
DQR	Data Quality review
EMHS	Essential Medicines and Health Supplies
EmONC	Emergency Obstetric and New-born Care
EOC	Emergency Operations Centre
FY	Financial Year
GFTAM	Global Fund for TB, HIV/AIDs and Malaria
GAVI	Global Alliance for Vaccine and Immunization
GoU	Government of Uganda
HC	Health Center
HCDP	Human Capital Development Programme
HDP	Health Development Partner
HiAP	Health-in-All Policies
HIS	Health Information System
HMB	Hospital Management Board
HMIS	Health Management Information System
HPAC	Health Policy Advisory Committee
HRH	Human Resource for Health
HSDP	Health Sector Development Plan
HUMC	Health Unit Management Committee
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education Communication
IHR	International Health Regulations
IRS	Indoor Residual Spraying
JRM	Joint Review Mission
KCCA	Kampala City Council Authority
LG	Local Government
LLHF	Lower Level Health Facility
LLIN	Long Lasting Insecticide Net
MDA	Ministries, Departments, Agencies
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MoFPED	Ministry of Finance Planning and Economic Development
MoH	Ministry of Health
MPS	Ministerial Policy Statement
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Disease
NCRI	National Chemotherapeutic Research Institute
NDA	National Drug Authority
NDP	National Development Plan
NHA	National Health Accounts

NHIS	National Health Insurance Scheme
NHP	National Health Policy
NICU	Neonatal Intensive Care Units
NMS	National Medical Stores
NPA	National Planning Authority
NHLDS	National Health Laboratory & Diagnostic Services
NTD	Neglected Tropical Disease
OOP	Out of Pocket
OPM	Office of the Prime Minister
PBB	Programme Based Budgeting
PBS	Programme Budgeting System
PHC	Primary Health Care
PHFP	Public Health Fellowship Program
PHP	Private Health Provider
PHR	Public Health Research
PIAP	Programme Implementation Action Plan
PNFP	Private-Not-For Profit
PPPH	Public Private Partnership for Health
PS	Permanent Secretary
RBF	Results Based Financing
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RRH	Regional Referral Hospital
SARA	Service Availability and Readiness Assessment
SBCC	Social behavior Change Communication
SCAPP	Standards, Compliance, Accreditation and Patient Protection
SDG	Sustainable Development Goal
SMC	Senior Management Committee
SOP	Standard Operating Procedure
SP	Strategic Plan
SRHR	Sexual Reproductive Health and Rights
SWAp	Sector Wide Approach
TB	Tuberculosis
TCMP	Traditional and Complementary Medicine Practitioners
TMC	Top Management Committee
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UgIFT	Uganda Intergovernmental Fiscal Transfer
UHC	Universal Health Coverage
UNIPH	Uganda National Institute of Public Health
UNMHCP	Uganda National Minimum Health Care Package
URMCHIP	Uganda Reproductive Maternal Child Health Improvement Project
VHT	Village Health Team
WHO	World Health Organization

OPERATIONAL DEFINITIONS

- eHealth** - The cost-effective and secure use of information and communication technologies in support of the health and health-related fields including healthcare, health surveillance and health education, knowledge and research.
- Essential Healthcare Package** - A limited list of public health and clinical interventions which will be provided at primary and/or secondary level care. EHPs are intended to be a guaranteed minimum.
- Health** - A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- Health in All Policies** - A collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people.
- Health System** - All organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities.
- Primary Health Care** - Refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology. PHC initiatives allow for the full participation of community members in implementation and decision making. Services are provided at a cost that the community and the country can afford at every stage of their development in the spirit of self-reliance and self-determination. The goals of PHC are; "empowering people and communities; multisectoral policy and action; and primary care and essential public health functions as the core of integrated health services.
- Resilience** - Ability to withstand, to cope with or to recover from the effects of challenging circumstances, economic crisis, psychological stress, trauma, tragedy, threats and other significant sources of stress and the process of identifying assets and enabling factors.
- Universal Health Coverage** - All persons in Uganda have equitable access to comprehensive quality health and related services without financial constraints – all delivered through a multi-sectoral approach.

EXECUTIVE SUMMARY

The MoH Headquarters is located in Wandegaya, Kampala. The Constitution of the Republic of Uganda (1995 as amended) and the LG Act (1997) prescribe that central line ministries shall be responsible for policy formulation and dialogue, planning, setting of standards and guidelines, supervision and monitoring, technical support and resource mobilization.

The Vision of the MoH is *“A responsive, sustainable health system that is positioned to respond to current and future public health challenges, and protects and promotes the health and wellbeing of all the people in Uganda”*. Our mission is *“To promote and ensure universal access to quality and affordable preventive, promotive, curative and palliative health care to all people in Uganda through evidence-based and technically sound policies and strategies that are client centered”*.

The MoH Strategic Plan has been developed in line with the long-term national development goals and objectives as spelt out in the Vision 2040, the second National Health Policy, the third National Development Plan 2020/21 – 2024/25 whose goal is **“Improving productivity of labour for increased competitiveness and better quality of life for all”**. The SP provides a brief situation analysis of the MoH performance, SWOT analysis, the strategic direction, financing framework and strategy, implementation and M&E arrangements.

The development of this MoH SP was in fulfillment of government’s requirement to develop institutional development plans in line with the National Planning Framework. The process was participatory including the key stakeholders of the ministry and supported by the National Planning Authority. A review of existing national policies, plans and frameworks was done to inform the plan, and harmonize / align with the already existing planning framework. These included Vision 2040, the NDP III, NHP II, HSDP 2015/16 – 2019/20, MoH SP 2015/16 – 2019/20, sector performance reports, among others.

In spite of an overall improvement in the national health indicators over the last five years, they remain unsatisfactory and disparities continue to exist across the country. Seventy-five percent of the disease burden in Uganda however is still preventable through health promotion and disease prevention. The COVID-19 pandemic has strained health systems and disrupted essential health services globally and in Uganda leading to reversal of some of the health gains in the last 5 years. The MoH will work towards restoration and strengthening key services to better withstand shocks of emerging issues like pandemics and climate change and ensure quality care.

The MoH realized progress in implementation of a number of interventions in the MoH SP 2015/16 – 2019/20 across the seven objectives. These included strengthening the Emergency Operational Center which has been key in managing the epidemics and pandemics like COVID-19, infrastructure developments at all levels to improve access to quality health

services, awarding scholarships for training critical cadres, among others. The main constraints included absence of a clear process to coordinate inter-sectoral fora; underfunding, which leads to inadequate HRH, health infrastructure development and lack of medicines, vaccines & other health supplies; and emergence of epidemics and pandemics like COVID-19 and its interruption of service delivery.

The SP will facilitate the MoH in coordinating and bringing all its stakeholders to effectively contribute to the delivery of its mandate of ensuring the delivery of accessible and quality health care to all people in Uganda. The plan will further help the MoH departments in improving their performance in respect to their roles to meet the objectives of the MoH.

The Goal of the MoH SP is to “Strengthen the Health System and its support mechanisms with a focus on Primary Health Care to achieve Universal Health Coverage by 2030”. The objectives are;

1. To strengthen health sector governance, management and coordination for UHC.
2. Strengthen human resources for health management and development.
3. Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.
4. Strengthen disease surveillance, disaster response and epidemic control at national and sub-national levels.
5. To ensure availability of quality and safe medicines, vaccines and technologies.
6. To improve functionality and adequacy of health infrastructure and logistics.
7. Accelerate health research, innovation and technology development.

To effectively implement this plan, The MoH requires a total funding of Shs. 9.146 trillion. for the 5 years. The funding sources include Government of Uganda medium term expenditure framework and external financing. The financing cost was estimated based on the budgetary allocations in the Budget Framework Papers of the MoH for the past 3 years and annual projections of 15% annual increments in budgetary allocations in the medium term at an ideal scenario.

Implementation of the strategic plan will be coordinated through the HCDP Working Group under the NDP III program approach. The MoH will be represented and participate as per the defined Terms of Reference under the overall policy guidance by the Minister of Health and technical leadership of the Permanent Secretary. The individual departments will be responsible for implementation of interventions within their respective technical areas. This will be coordinated through the development of comprehensive annual and quarterly operational plans guided by the strategic plan.

Four interconnected strategic shifts will be made basing on the country context and needs to improve efficiencies, effectiveness and equitable impact. These include; shifting from a predominantly disease-oriented care system to a health promoting health system; from a siloed, segmented sector specific intervention to multisectoral collaboration with intersections and

synergies; from predominantly facility-based care to PHC and population management; and from fragmented and episodic health care to integrated model of health care that continues over time.

Expected outcomes are; strengthened health sector governance, management and coordination for UHC; strengthened human resources for health management and development; increased access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control; strengthened disease surveillance, disaster response and epidemic control at national and sub-national levels; increased availability of quality and safe medicines, vaccines and technologies; improved functionality and adequacy of health infrastructure and logistics; and increased health research, innovation and technology development.

1. INTRODUCTION

The Ministry of Health (MoH) Strategic Plan (SP) 2020/21 – 2024/25 is part of the overall national planning framework and is aligned to the long-term national development goals and objectives as spelt out in the Vision 2040, National Development Plan 2020/21 – 2024/25 (NDP III) and Human Capital Development Programme (HCDP) Programme Implementation Action Plan (PIAP) 2020/21 – 2024/25. It is also in line with international development frameworks, key of them being the Sustainable Development Goals (SDGs). The SP provides a detailed statement of performance, issues and opportunities, development objectives, priorities and strategies that will support the development and functioning of the MoH Headquarters for the next 5 years. The plan also provides a response mechanism for strengthening the health system amidst the COVID Pandemic.

It provides a framework for the identification of public policy initiatives and projects in the sector, including the role of other Ministries, Departments and Agencies (MDAs), Health Development Partners (HDPs), faith-based organizations and the private sector in the development of the MoH. It will also guide the participation of all stakeholders in strengthening the stewardship role of the MoH for attaining Universal Health Coverage (UHC) in Uganda.

In order to operationalize this plan, the various departments will develop annual operational plans with clear outputs and measurable targets. The MoH Planning, Financing & Policy Department shall ensure that all departments are capacitated adequately to prepare these annual operational plans and budgets in line with the NPA Planning cycle. The Department operational plans and budgets shall be aggregated into the annual MoH operational plans and budgets.

1.0 THE LEGAL FRAMEWORK

The 1995 Constitution of the Republic of Uganda provides for all people in Uganda to enjoy equal rights and opportunities, to have access to health services, clean and safe water and education, among many other things. The Public Health Act Cap 281 was enacted in 1935 with the main objective of ensuring protection of Public Health in Uganda. The Local Government Act 1997 (sec 97) provides for the role of line ministries as monitoring, supervision and coordination of Government initiatives, policies and projects as well as provision of technical assistance to Local Governments (LGs). The primary aim of the National Health Policy is to inform, clarify, strengthen and prioritize the role of Government in shaping the Ugandan Health system in all its dimensions including organization of Healthcare services, strengthening regulation and health assurance, prevention of diseases and promotion of good health through cross-sectoral actions, access to technologies, developing human resources for health, promoting medical diversity, building innovation and health research base, developing better financial protection strategies and investments in health. It mandates MoH to organize and

plan, manage the health system, monitor and evaluate provision of health services, carryout health research and initiate health legislation.

1.0.1 Mandate of MoH

The mandate of the MoH is to initiate policy formulation, coordinate overall health sector activities and bring together stakeholders at the national, sub-national and community level for delivery of quality health services. In terms of development and maintenance of the National Health System, the MoH is responsible for:

- a) Governance and Leadership
 - Policy formulation and dialogue
 - Collaboration with all stakeholders
 - Coordination of health programs
 - Ensuring transparency and accountability
- b) Strategic planning, resource mobilization and budgeting
- c) Setting regulations, standards and guidelines development and dissemination
- d) Supervision, Monitoring and evaluation of the overall sector performance
- e) Human resource capacity development and technical support
- f) Infrastructure development
- g) Provision of nationally coordinated services such as Disease Surveillance, disaster response and epidemic control and Information Education Communication (IEC) / Behaviour Change Communication services.
- h) Health systems research, innovation and development.

1.1 GOVERNANCE AND ORGANIZATIONAL STRUCTURE

1.1.1 Governance and Organizational Structure

The key oversight functions of the health sector will be managed through the Minister and the Ministers of State. Duties of these have been defined by Government.

The Permanent Secretary coordinates resources for effective management of Health Funds. The work of the Permanent Secretary will be supported through the following units: Administration, Internal Audit, Finance and Accounting, Procurement. The PS will work through the Office of the Director General Health Services (DGHS) for guiding technical direction.

The DGHS coordinates technical functions for delivery of Health. The work of the DGHS will be coordinated through the four directorates: Directorate for Strategy, Policy & Development and Directorate of Curative Services, Directorate of Public Health and Directorate of Health Governance and Regulation.

The MoH headquarters was restructured in June 2016 and now comprises 4 Directorates namely; Strategy, policy and development; Public Health; Curative Services; and Health Governance and Regulation and there are 20 departments headed by Commissioner under these directorates.

1.2 THE NATIONAL LEGAL AND POLICY CONTEXT

Investing in the promotion of people's health and nutrition ensures that they remain productive and contribute to national development. The Government of Uganda (GoU) recognizes this obligation to provide basic health services to its people and to promote proper nutrition and healthy lifestyles. Uganda Vision 2040 identifies human capital development as one of the fundamentals that need to be strengthened to accelerate the country's transformation and harnessing the demographic dividend.

The NDP III places emphasis on these fundamental human rights, and human capital development is one of the program areas with focus on increasing the stock of a skilled and healthy workforce towards the production of human capital to accelerate the realization of the demographic dividend. The ultimate aim is to ensure that Uganda achieves its Vision 2040 aspirations, the NDP III targets and the health-related SDG targets by 2030. The NDP III goal is to ***“Increase household income and improve quality of life through increasing productivity, inclusiveness and well-being of the population”***.

The MoH which is the Headquarters of the health sector falls under the Human Capital Development Programme (HCDP) of the NDP III. The goal of the HCDP is ***improving productivity of labour for increased competitiveness and better quality of life for all***.

1.2.1 Regional and International instruments, conventions, protocols and agreements

The MoH endeavors to comply with a number of regional and international instruments, conventions protocols and agreements. These include;

- The Sustainable Development Goal (SDG) agenda – a focus of global efforts in improving health impacts through implementing the UHC agenda in health. SDG 3: Ensure healthy lives and promote well-being for all at all ages is directly related to the health. Other SDGs which contribute to a healthy and productive population are; SDG1 calls for poverty reduction and enhancing resilience through social protection, and equitable access to basic services and resource. SDG2 calls for ending hunger, achieving food security and improved nutrition. SDG4 emphasizes equitable quality education, promotion of lifelong learning opportunities and skills revolution underpinned by science, technology and innovation.

SDG5 provides for gender equality and empowerment of all women and girls, while SDG6 and Africa Agenda 2063 (goal 1) call for provision of clean water and sanitation for all. Furthermore, SDG8 provides for full and productive employment and decent work for all, while SDG 10 calls for reduced inequalities.

- The Astana Declaration on PHC.
- Africa Health Agenda International Conference 2019 and “African Union Agenda 2063: The Africa we want” sets the commitment to achieve UHC by 2030.
- International Health Regulations (IHR) – guide the country on key actions needed to assure Global Health Security.
- Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems – a re-iteration of the principles of the PHC approach, within the context of an overall health system strengthening approach.
- International Health Partnerships on Aid Effectiveness
- The Common African Position of the African Union.
- United Nations Secretary General’s Global Strategy on Reproductive, Maternal, Newborn, Children’s and Adolescents’ Health (“Global Strategy”) provides a roadmap to advancing the health of women, children and adolescents.
- International Human Right agreements such as International Declaration for Human Rights, Convention on the Elimination of All Forms of Discrimination against Women, Child Rights Convention, the International Conference on Population and Development programme of action and the Beijing Declaration and Platform of Action. These highlight human rights and the need to use human rights-based approaches, including recognition of the right to health, as well as the target related to UHC to enhance equity, accountability and participation.
- United Nations Framework Convention on Climate Change urges countries to minimize the adverse effects on public health and put in place measures to mitigate or adapt to climate change.
- Treaty for the establishment of the EAC (Article 118) which seeks to promote joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics that might endanger the health and welfare of the residents of the Community and cooperating in facilitating mass immunization and other public health community campaigns.

Implementation of these international commitments is well integrated into the operational framework of the MoH. Using the multilateral, bilateral, South-South, South-North and Public-Private cooperation, the MoH working with and relevant MDAs, will develop a National Global Health Strategy towards policy coherence in relation to the collective action goals.

1.3 PURPOSE OF THE PLAN

The purpose of this plan is to provide strategic direction and goal of the MoH over the next Five-Year period 2020 /21 – 2024/25, as well as guide on the priority investment areas and

expected results.

1.4 PROCESS OF DEVELOPMENT OF THE SP

The development of this MoH SP was guided by the National Planning Authority (NPA) Sector Development Planning Guidelines in fulfillment of government's requirement to develop institutional development plans in line with the National Planning Framework. A core writing team was set up under the MoH Department of Planning, Financing and Policy chaired by the Commissioner Planning, Financing and Policy. A review of existing national policies, plans and frameworks was done to inform the plan, and harmonize / align with the already existing planning framework. These included Vision 2040, the NDP III, NHP II, HSDP, MoH SP 2015/16 – 2019/20, sector performance reports, among others.

The draft plan was reviewed by the Health Sector Budget Working Group and circulated to all Heads of Departments for review and input. A validation workshop was conducted with different stakeholders for input and consensus. The draft was also presented through the institutional review and approval structures i.e SMC, HPAC and Top Management.

1.5 STRUCTURE OF THE STRATEGIC PLAN

This document is designed to be practical, user-friendly and to be actively used by MoH management and staff and related stakeholders, to guide them in their operational/work planning processes over the next five years.

This SP has ten sections as outlined below;

Section 1: Introduction

Section 2: Situation analysis

Section 3: The strategic direction of the MoH

Section 4: Financing framework and strategy

Section 5: Implementation arrangements

Section 6: Communication and feedback mechanism

Section 7: Monitoring and Evaluation Framework

Section 8: Annex

Section 9: References

2 SITUATION ANALYSIS

This chapter elaborates on the implementation performance review of MoH SP 2015/16 – 2019/20. It provides an analysis of the performance by policy objectives and investment areas. The health sector undertook detailed and exhaustive performance reviews to assess progress and provide evidence which informs the direction and priorities for the present strategic plan.

The rapid population growth puts severe strains on the Ugandan health system. In spite of an overall improvement in the national health indicators over the last five years, they remain unsatisfactory and disparities continue to exist across the country. At impact level, Uganda has made good progress in reducing child mortality and increasing life expectancy. A child born in Uganda today can expect to live to the age of 63 years. The under-five mortality rate has gone down from 90 per 1,000 live births in 2011 to 64 per 1,000 live births in 2016 (UDHS, 2016). Neonatal mortality rate stagnated at 27 deaths per 1,000 live births and is responsible for 42% of all under-five deaths (UDHS, 2016). Maternal mortality ratio (MMR) has fallen by approximately 20% over the past 20 years (UDHS 2011; 438 and UDHS 2016; 336), but is still lower than the global reduction of 45% over the same period. The MMR has reduced at an average annual reduction rate (AARR) of 3.3%, but is also too slow.

Seventy-five percent of the disease burden in Uganda however is still preventable through health promotion and disease prevention. These problems call for intensive focused and well-coordinated collaboration between the health sector and other stakeholders. The major determinants of health in Uganda include levels of income and education housing conditions, access to sanitation and safe water, cultural beliefs, social behaviours and access to quality health services. In Uganda 56% of children suffer from multiple deprivations (GoU & UNICEF, 2019). These lack adequate basics including health care and education, a social and family life, clean and safe drinking water, proper housing, clothing, and regular meals with sufficient and nutritious food.

The COVID-19 pandemic has strained health systems and disrupted essential health services globally and in Uganda leading to reversal of some of the health gains in the last 5 years. Patients with HIV/AIDS, tuberculosis, malaria, cancer, hypertension, hepatitis B, epilepsy, sickle cell, as well as mental health, maternal or childhood conditions, faced an increased risk of complications and death due to inability to access healthcare because of transport restrictions, curfew, and fear of contracting the virus from healthcare settings. The situation was made worse by existing healthcare system challenges which include among others inadequate human resources, financial, infrastructural, supply chain and logistical challenges. The lessons learnt have shown that the lack of community engagement and patient involvement right from an early stage in the COVID-19 response was a big oversight. Community systems must be urgently strengthened.

The MoH will work towards restoration and strengthening key services to better withstand shocks of emerging issues like pandemics and climate change and ensure quality care by strengthening the community systems. Empowering patients to self-manage chronic conditions, especially during such unusual times where they cannot access medical centres as often as possible, is necessary while emphasizing health literacy and telemedicine. In addition, it is important to prioritize health care by increasing health sector budgets and reducing reliance on foreign funding. Government also needs to fast track UHC through a National Health Insurance Scheme (NHIS) to ensure that vulnerable people access safe and quality health care.

2.0 PERFORMANCE OF THE PREVIOUS PLAN

The MoH SP 2015/16 – 2019/20 aimed at achieving seven objectives which were; (i) To strengthen the stewardship and governance role of MoH in the health sector; (ii) To enhance evidence-based decision making by establishing a culture that uses “big data” for improvement; (iii) To increase equitable access to quality health services; (iv) To strengthen human resource management and development; (v) To support health promotion and community empowerment; (vi) To support regulation and standardization to provide quality health services; and (vii) To improve equity and efficiency in financial resource allocation and utilization. An analysis of the implementation of the plan is highlighted below;

2.0.1 To strengthen the stewardship and governance role of MoH in the health sector

The Government of Uganda (GoU), through the MoH, is tasked with the role and responsibility of developing policies, structures, and frameworks for delivering health services. To guide the implementation of health programs, the MoH develops health policies and for delivering health services mostly using evidence-based and or needs-based criteria to address issues of service delivery – many are developed through a participatory process.

The Ministry drafted a number of Bills and some were passed by Parliament for example; Uganda Cancer Institute Act, 2015, Uganda Heart Institute Act, 2015, Uganda Immunization Act, 2016, Aids Trust Fund, Immunization Fund. Other bills are pending submission to Cabinet or are under discussion and these include; Public Health Act Amendment, Mental Health Bill, Pharmacy Profession and Pharmacy Practice Bill, Uganda Human Organ Transplant and Tissue Bill, Uganda Health Service Management Institute Bill, Assisted Reproductive Health Technology, National Health Insurance Scheme, National Food and Drugs Authority Bill, Mulago National Specialized Hospital Amendment Bill, 2018, Traditional and Complementary Medicine Practitioners (TCMP) Bill, among others.

The Ministry developed the following policies over the last 4 years of implementation of the previous SP; Alcohol Control Policy, Palliative Care policy, Tobacco Control Policy and Alcohol Policy were passed by Parliament. The following policies were drafted and are yet to be presented to Cabinet, the Community Health Extension Workers (CHEWs) policy, eHealth Policy, National Internship Policy and Senior House Officers Policy. Policies, once developed,

are disseminated at national-level stakeholder fora and to the sub-national level through district fora. The key challenge, limited dissemination and implementation.

The Ministry developed and disseminated a number of strategic documents which include; HSDP 2015 – 20 and the M&E Plan for the HSDP, the Health Financing Strategy 2015/16 – 2024/25, the National Results Based Financing (RBF) Framework and Implementation Manual; program specific plans e.g. National Medicines Policy 2015 and National Pharmaceutical Sector Strategic Plan (NPSSP) 2015/16 - 2019/20, Reproductive Health Commodity Security Strategy 2016/17 - 2020/21, Environmental Health Strategy 2015/16 – 2019/20, Malaria communication strategy, Quality Improvement Framework and Strategic Plan 2015/16 – 2019/20, Public Private Partnership for Health Strategy (2017/18 - 2021/22), National Communication Strategy for Palliative care, Integrated Vector Management strategy and guidelines, reviewed the Family Planning communication strategy, One Health Strategic Plan 2018 – 22, Antimicrobial Resistance Strategy 2017, and National HIV/AIDS Strategic Plan 2018 – 2022 to ensure plans consistency with the HSDP, National Male Involvement Strategy, among others.

The Ministry scaled up the surveillance of diseases such as Ebola, Marburg fever and of recent COVID-19, to ensure early detection and control of the outbreaks. State of-the-art laboratory which is well equipped at the National Health Laboratory & Diagnostic Services - Butabika is able to investigate and confirm the nature of pathogens responsible for causing haemorrhagic diseases and other notifiable diseases within 48-72 hours. Construction of the Viral Haemorrhagic Fever isolation centre at Mulago and remodeling/rehabilitation of the isolation centre in Entebbe is ongoing. A mobile laboratory has been acquired under the East African Community arrangements and it is now stationed at Malaba Border Point of Entry for COVID-19 testing. Procured and installed 2 Thermo scanners at Entebbe Airport and one at Mpondwe border post for scanning of travelers.

Effective and sustainable partnerships are important for optimal health system functionality, to improve service coverage, access, quality, safety, and financial risk protection. The MoH established the Department of Multi-sectoral Coordination and Health Partners to strengthen the coordination function. The Ministry has undertaken mapping of the health sector partners and developed a comprehensive and inventory and mapping of health projects, HDPs, PNFPs and CSOs which used in resource tracking. The Country Compact for Implementation of the HSDP 2015 – 2020 was development and guides the partnerships arrangements in the health sector and performance is assessed annually. With regard to sector partnerships, most of the existing structures for partnership engagement are largely moribund, and not providing the needed forums for stakeholder engagement. Merit however needs to be given to the tenacity of the partnership and coordination structures, like HPAC and HDPs forum which have largely continued to exist in spite of this environment. HPAC meetings are held monthly and a monitoring tool was developed to assess it performance.

The main constraint identified for governance is the absence of a clear process to coordinate inter-sectoral fora to ensure that the prioritized strategies are implemented as scheduled. Inter-Sectoral Coordinating Committees are in place for example the Nutrition Committee, Sanitation Committee, Education Committee. As part of the efforts to address this gap, a draft multi sectoral coordination framework was finalized and disseminated in FY 2019/20. In addition, a multi-sectoral committee was established and participated in the development of the UHC Roadmap as follow up of an action point from the 2017 Joint Review Mission. Notably, one approach to integrating the multi-sectoral lens at policy level has been through the Health-in-All Policies (HiAP), which recognizes health as a responsibility of various sectors and actors in government, non-state actors and the community. It also calls for the deliberate mobilization and support for comprehensive coverage of key determinants of health. The government through the MoH and Office of the Prime Minister should holistically promote health by emphasizing intersectoral collaboration across the education, water and sanitation, road/works, agriculture and environment sectors using HiAP.

The effectiveness of governance in Uganda is markedly influenced by the power of the HDPs, largely due to the financial support they provide to the health sector. Evaluations from the perspectives of the IHP+ show that governance relationships between the HDPs and the Ugandan government have some gaps that need to be bridged. For example, the inability of some HDPs to communicate aid commitments in the government's Medium-Term Expenditure Framework (MTEF) causes uncertainty in the operational funds and disrupted implementation of programs. Some partners still have individual project funds, which are not integrated into consolidated programme plans. This arrangement is inefficient as it results in fragmented microprogramming. Also, in earlier years, non-disclosure of off-budget programs generated suspicion and poor collaboration between HDP agencies and government (de Renzio 2006; Oliveira and McPake 2010). More recently, HDPs have shared more information on off-budget funding. Effective governance will require ongoing negotiation between HDPs and government to ensure effective ownership, policy coherence, and sustainable programs.

A PPPH Node that acts as secretariat and the coordinating arm of all resolutions from the PPPH TWG and HPAC that concern the public-private collaboration in health was established in the MoH. To effectively partner and coordinate with the private sector in health service delivery, the GoU enacted a national policy on PPPH, developed a PPPH Strategy 2016 – 20 and PPPH Policy Implementation guidelines for the private sector. The Uganda Private Sector Assessment was conducted in 2016 with support from USAID, World Bank Group's Health in Africa Initiative and the Global Finance Facility. The study recommendations informed the development of the PPPH Strategy. A proposal for establishment of a Medical Credit Fund for the private sector was developed and submitted to MoFPED. The PPPH policy framework, and the accompanying implementation guidelines, outlines the strategies that public and private sector stakeholders embrace in to achieve the goals of the health system. The MoH desires to increase access to health services by exploiting private sector geographical reach, efficiency, work ethic, financial mobilization expertise, personnel and physical facilities.

2.0.2 To enhance evidence-based decision making by establishing a culture that uses “big data” for improvement

The assessment of the Health Information System (HIS) in Uganda indicates that there is a well-established and functional system for collection, processing, storage, retrieval and dissemination of health information for decision-making despite some challenges. The health management information system (HMIS), has harmonized and standardized data collection tools although availability of tools was 68% in 2018. The HIS is underpinned by the current M&E Plan for Implementation of the HSDP 2015/16–2019/20 and the 2015 MoH guidelines that require health-workers at lower health facility levels to summarize health facility level data and submit data to HSD for entry into HMIS database. Compliance with timeliness for reporting (HMIS 105) was 97% against the HSDP target of 95% (2019/2020). There has been generally an upward trend for monthly timely reporting by health facilities for the last 5 years. To ensure data quality and reporting, there have been continuous data validation and verification exercises. The Service Availability and Readiness Assessment (SARA) / Data Quality Review (DQR) conducted in 2018 showed that 18.6% of the facilities had matching monthly reporting figures, 52.5% of the facilities were over reporting while 28.8% were under reporting. In addition, a curriculum on HMIS has been developed to facilitate training the health workforce.

In order to promote access to and use of evidence, MoH established a Knowledge Management Portal that integrates health information for evidence-based decision making. In addition, different national health surveys and assessments have been conducted. These include the Uganda National NCDs prevalence survey, HC IV and Hospital Census (2015), Uganda Population-based HIV Impact Assessment (2016), Uganda TB Prevalence Survey, 2015, Uganda Malaria Indicator Survey, 2018, Service Availability and Readiness Assessment, 2018, National Client Satisfaction Survey, 2018, among others. The challenge is that population surveys are irregular and not conducted in time for impact evaluation.

In collaboration with UNICEF and WHO, the MoH rolled out the mTRAC which is a system for client feedback / redress under the anonymous hotline (Service delivery complaints toll-free number for people to call or SMS to express opinions about health service-related issues, e.g. good service, HCs closed during working hours, stock-outs of essential medicines in facilities) and U-Report (U-Reporters participate in weekly SMS dialogue on community issues, are informed about services in their areas, and provide regular feedback on developmental issues). This has improved on accountability in service delivery. In addition to this in 2017, the MoH revamped its Call Centre which is still functional.

Despite this progress, the Uganda’s HIS still has some internal gaps and limitations. The system is still faced with data in-put challenges including inaccurate and inadequate segregation of data at entry; reporting challenges such as limited access to real-time information and poor dissemination among the stakeholders. Data use for planning and management is at 58%. In particular, poor utilization of information is attributed to inadequate skills by decision makers

and health workers to analysis and use health information and lack of repositories or “one stop-shops” that facilitate timely access to well indexed evidence. Another challenge is that the system still does not, on a routine basis capture, adequately qualitative indicators on interventions that address structural and behavioral barriers. The indicators for measuring sector performance and productivity are also not yet well aligned with the UHC indicators. At a strategic level, the country lacks an updated HIS strategic plan.

2.0.3 To increase equitable access to quality health services

According to the Uganda National Household Survey 2017, there is improved accessibility by the population to health facilities, which is now at 86% within 5km of reach from 83% in 2014. The number of health facilities (both Government and private) increased as follows:

- 181 hospitals in 2019 from 156 in 2015
- 222 HC IVs in 2019 from 193 in 2015
- 1,510 HC IIIs in 2019 from 1,383 in 2015.
- 3,364 HC II in 2019 from 2,790.
- 1,578 private clinics

The MoH improved health infrastructure and technology for both diagnosis and treatment of TB. The National TB Reference Laboratory was accredited as a supranational laboratory in 2016 and currently supports more than 20 countries in the region in strengthening TB diagnostics. 224 Genexpert machines were procured and installed country wide to strengthen diagnosis and treatment of TB. MDR TB treatment sites increased from 15 to 17 with addition of Jinja and Moroto RRHs. The country also has built capacity for testing for extensively drug resistant TB using second line molecular tests like Line Probe Assay S-LPA).

A number of health infrastructure development activities were undertaken at national and LG level and these include; construction and equipment of 450 Bed Specialized Women & Neonatal hospital at Mulago was completed and launched by H.E. the President in October 2018; construction of the Kawempe and Kiruddu Hospital was completed in 2018 and have been designated as Referral Hospitals to decongest Mulago National Referral Hospital; rehabilitation and equipping of Lower Mulago Hospital is ongoing and the current progress of work is at 98% including additional works considered to enhance service delivery and upgrading to a Super-Specialized Hospital; rehabilitation and equipping of Kawolo Hospital under the Spanish debt swap started on 1st May 2017 at a contract sum of USD 10.8 million (Shs. 39 billion) and is at 100%. Rehabilitation of Busolwe Hospital will commence in FY 2020/21. Expansion of Kayunga and Yumbe General Hospital is ongoing as scheduled; With JICA support renovation and expansion of Lira, Arua and Gulu RRHs is ongoing; construction of the Regional Hospital for Paediatric Surgery was commissioned in February 2017 in Entebbe and was ready for commissioning in April 2020 and construction of the 240 bed International Specialized Hospital at Lubowa commenced in June 2019. Completed the rehabilitation and equipping of 9 hospitals under the Uganda Health Systems Strengthening Project (World Bank

Loan) was completed (Mityana, Nakaseke, Kiryandongo, Entebbe Grade B, Nebbi, Anaka, Iganga, Moyo and Moroto), and Construction of 10 Theatres/ 16 Maternity Wards and Water Supply including 40,000 Litre Reservoir for 26 HC IVs (Aboke, Aduku, Atiak, Budaka, Budondo, Bugono, Buvuma, Buyinja, Bwijanga, Kabuyanda, Kasanda, Kibuku, Kiganda, Kikamulo, Kitwe, Kiyunga, Kyantungo, Mwera, Mwizi, Nankoma, Ngoma, Ntenjeru-Kojja, Obongi, Padibe, Pakwach & Rubare) was completed by June, 2017 & in use.

The following hospitals and HC IVs were rehabilitated under GoU funding; Apac, Atatur, Bududa, Bundibugyo, Entebbe Grade A, Gombe, Kabarole, Kagadi, Kalisizo, Kambuga, Katakwi, Kiboga, Kyenjojo, Lyantonde, Masindi, Pallisa, Tororo, Anyeke HC IV, Ishongorero HC IV, Kakomo HC IV, Kasana HC IV, Kibale HC IV, Maracha HC IV, Mpigi HC IV, Mukono HC IV, Rukunyu HC IV and Zombo HC IV. Construction of a Medicines Store in Kibuku district was undertaken under the same funding.

Over 7,000 beds and mattresses were received as a donation from the Government of China and distributed to hospitals and health centres nationwide in FY 2016/17. An additional 1,027 patient beds & mattresses were procured and distributed under the URMCHIP in FY 2018/19. 71 operating tables and 232 delivery beds were procured and distributed to Hospitals and HC IVs of which 167 were normal delivery beds and 167 delivery beds adjustable for the disabled.

With Support from GAVI, constructed 19 medicine stores in 19 districts of Agago, Aleptong, Napak, Ntoroko, Rubirizi, Sheema, Isingiro, Lyantonde, Lwengo, Buwheju, Nakapiripirit, Buikwe, Paliisa, Serere, Luuka, Bukwo, Zombo, Buliisa & Nakaseke and 26 twin staff houses in 15 districts of Kalangala, Namayingo, Bugiri, Bulambuli, Kakumiro, Kagadi, Mayuge, Namutumba, Wakiso, Buvuma, Bundibugyo, Kanungu, Kasese, Kisoro & Mukono. 68 staff housing units still under construction under the Karamoja Health Infrastructure Development Project Phase 1.

The following 10 HC IIIs were upgraded to HC IVs beginning FY 2019/20; Karita in Amudat, Nabiganda in Butaleja, Nyamirami in Kasese, Toroma in Katakwi, Rwebisengo in Ntoroko, Rukungiri in Rukungiri, Kajjansi in Wakiso, Warr in Zombo and Kawaala in KCCA. Amuria, Kaberamaido, Koboko, Rukunyu, Kasana – Luwero and Mukono HC IVs were upgraded to hospitals beginning FY 2019/20 and funding provided for more infrastructure upgrade.

Under the UgIFT Program, 124 HC IIs and 62 HC IIs were upgraded in the FY 2018/19 and 2019/20 respectively. Another 64 HC IIs and 41 HC IIIs are being upgraded under UgIFT and URMCHIP in FY 2020/21 respectively. The last 35 HC IIs that were passed by Cabinet for upgrade will be upgraded in 2021/22. 138 Sub-counties across the country remains without any health facility at all and the MoH will continue mobilizing resources for establishment.

2.0.4 To strengthen human resource management and development;

Improved staffing level in the health sector to 76% in 2019 from 70% in 2015. There are still shortages in selected critical cadres such as Anaesthetic Officers at 30%, Dispensers 44%,

Pharmacy staff at 50%. Marked improvement in staffing levels was realized for the doctors from 57% (2017) to 63% (2018), midwives from 78% (2017) to 94% (2018). The increase has contributed to the improvement in equitable distribution of health workers in the country with many rural districts having better staffing levels than urban districts. This has been supported by the increased production of health professionals from both public and private institutions, which has been partly facilitated by availability of scholarships for medical specialists in the critical areas. As such, there is an overall increase in the stock of qualified health professions available for employment in the health sector has created an enabling environment.

Despite this progress, the sector still has some weaknesses. While there is a commendable increase staffing levels, this is not commensurate with the increasing population. At MoH Headquarters, a quarter of the approved positions (25%) are not substantively filled, which consequently affects the functions of MoH that include stewardship, policy initiation and supervision of health service delivery.

Scholarships totaling to 721 have been availed to health workers for training in the various fields including Anaesthetists and Biomedical Engineers who are in short supply.

2.0.5 To support health promotion, education, sanitation, hygiene and community empowerment

Despite the focus of NHP II on health promotion, disease prevention, early diagnosis and treatment of diseases, preventable ailments still account for 75% of disease burden in Uganda. The department of Community Health was established at the MoH. The CHEW Strategy and Policy were developed however, there is need for more evidence generation before approval. The Presidential Initiative on Healthy Eating and Healthy Lifestyle was developed and launched. The National Day of Physical Activity was officially launched by H.E the President on the 8th of June 2018 and will be held annually to promote physical activity as a measure to reduce NCDs.

The Uganda Sanitation Fund project was implemented in 35 districts in the country. The ISHFS and Roadmap for elimination of open defecation and accelerated basic sanitation in Uganda by 2025 was developed. Development of a Real time Sanitation Management Information System to support management of sanitation and hygiene data both at districts and national level ongoing with support from partners. By June 2019, a total of 623,016 people (52%) were living in Open Defecation Free environments out of the 1,207,053 people targeted during the FY.

2.0.6 To set standards, inspect and supervise service delivery to ensure provision of quality health services

The Department of Standards, Compliance, Accreditation and Patient Protection (SCAPP) is responsible for coordinating the development of healthcare standards and guidelines. The MoH develops standards and guidelines for various reasons, including: to bridge the gap between

evidence and practice; to minimize variations in practice; to improve health outcomes; to improve quality of care; to reduce costs; where the topic is complex; and in cases where valid guidelines are lacking.

During the last 4 years of the HSDP implementation the Ministry has reviewed or developed a number of standards and guidelines which include;

- Service Standards and Service Delivery Standards
- Health Sector Supplement of the Planning guidelines for LGs
- Bottle Neck Analysis Manual 2019,
- Annual Health Sector Budget and Grant Guidelines for LGs.
- ACP Community guidelines
- Social behavior Change Communication (SBCC) guidelines on Sexual and Reproductive and HIV/AIDS.
- Childhood TB guidelines and training manuals
- Uganda Clinical Guidelines
- Revised ART Guidelines
- Guidelines on management of donations
- Medical Internship Guidelines
- Annual PHC Grant Guidelines
- PPPH Implementation guidelines in the PNFP sector
- Eye Health Clinical Guidelines
- Rewards and Sanctions Guidelines for the Health sector.
- Parasite Based Diagnostic guidelines.
- Infertility Management Guidelines.
- National cholera guidelines updated and launched in June 2017
- Guidelines to implement the policy on Prevention and Response to Sexual Harassment
- Guidelines for training health workers on Gender and Human Rights
- Guidelines for training health workers on clinical management of Sexual and Gender Based Violence including Violence against children
- The Male Involvement Strategy
- Training guidelines for Male action groups
- Guidelines for prevention, testing care and treatment of Hepatitis B Virus Infection
- MPDR Guidelines reviewed
- National Referral Guidelines
- Revised 5S Guidelines
- Revised Health Unit Management Committee (HUMC) and Hospital Management Board (HMB) Guidelines

Standards and guidelines were disseminated at national level stakeholder fora and to the sub-national level through district fora. Factors at the operational level such as lack of clarity, lack of familiarity with the content, and poor dissemination to end users derail the effectiveness of

implementation of these standards and guidelines. QI structures established at all levels in line with the national QIF & SP.

Overall, the emergence of new districts has generated the necessity for a regional structure (which is akin to re-centralization at a regional level) to support the many districts by the central agencies such as MoH. The MoH Support Supervision Strategy 2019, was developed and the new strategy:

- 1) Places emphasis on technical support supervision of medical service anchored at the RRHs. Other kinds of supervision will continue to be conducted under the administrative structure of the MoH.
- 2) Proposes strengthening the capacity of the Community Health Services Department at the RRH to coordinate technical support supervision of the districts and the lower level health facilities.
- 3) For purposes of easing access, it will be necessary to create more “health regions” besides the traditional seventeen (17). The catchment for the Jinja, Mbale and Kampala regions is presently very wide; hence, should be split and reorganized;
- 4) The national level teams will continue providing support supervision to all RRHs. It should be reiterated that emphasis will be placed on technical support supervision based on demand to solve identified challenges/problems;
- 5) The State House Health Monitoring Unit, the Professional Councils, the Statutory Bodies and the Semi- autonomous Agencies will focus on monitoring and inspection following their own schedules and areas of competence.

2.0.7 To improve equity and efficiency in financial resource allocation and utilization

The Health Financing Strategy 2015/16 – 2024/25 was developed to provide a road map for health financing functions in the sector. Despite this, the health sector is underfinanced, which leads to inadequate HRH, health infrastructure development and lack of medicines, vaccines & other health supplies. Moreover, the sector is heavily dependent on external, development partner resources and Out of Pocket (OOP) payments from households to fund essential programs and is well below international targets for health sector financing. The external aid to sector is increasingly becoming unpredictable and is likely to significantly reduce in the coming years. Moreover, the in-country funding estimates indicate that a significant percentage of donor support to the health sector has been in form of off-budget, which affects the intended equity and efficiency of the fiscal transfer allocations and creates challenges with regard to the harmonization of the activities in the sector. For instance, in FY 2018/19, only 21% of donor contributions were reported on-budget (MoH, 2020).

Innovative health financing schemes exist to improve equity and access, including RBF initiatives. The MoH developed the National RBF Framework to enhance the utilization, efficiency and quality of health services delivered to the population of Uganda while improving equitable access to these services; and to increase the strategic purchasing of cost-effective services so as to contribute to significant reductions in morbidity and mortality.

The Government of Belgium supported implementation of RBF in Uganda in the West Nile and Rwenzori Regions from 2016 through the PNFP, Institutional Capacity Building (ICB) II and Strategic Purchasing for Health in Uganda (SPHU) projects. Other RBF initiatives were implemented in the private sector under the Uganda USAID Voucher Plus Activity. Demand-side RBF was also implemented by MoH with support from the World Bank and Sida through Marie Stopes Uganda. The experience from these RBF projects informed the national scale up of RBF in the public and PNFP health facilities. Currently, RBF has been scaled up nationally under the URMCHIP and the Enhancing Health in Acholi Sub-Region (EHA) Project. A National RBF Unit was established under the Department of Planning, Financing and Policy and has undertaken nation-wide capacity building activities for effective RBF implementation. It is envisaged that the RBF approach will be streamlined in the public funding mechanism under the Uganda Intergovernmental Fiscal Transfer (UgIFT) program as a reform by 2021/22 FY. The MoH is responsible for institutional capacity building of the LGs and health facilities in implementing this reform.

The MoH undertook extensive stakeholder consultations and finalized the Draft NHIS Bill, 2019 which was approved by Cabinet in June 2019 and is undergoing Parliamentary review and discussion. The Draft NHIS provides for mandatory enrolment of all above 18 years old with a source of income and subsidies for the indigents in a phased manner. The private commercial health insurance schemes to provide complementary and supplementary packages not covered under the NHIS benefits package. In addition, government is to continue funding services not covered under the benefits package.

The Ministry is implementing the Programme Based Budgeting (PBB) since FY 2017/18 and has also been working with the World Bank and other partners to institutionalize Results Based Financing schemes to improve performance at the health facility level. In practical terms, MoH has outlined its program structures, defined new outputs, outcomes and associated performance indicators, and aligned everything with strategic sectoral development goals. MoH and the other health sector votes prepare Budget Framework Papers (BFPs), work plans and estimates, and Ministerial Policy Statements (MPS) annually. Annual budget conferences are held to populate the BFPs and the MPS. Budget Focal Persons were nominated for each Department and Project and have been trained in the PBB and use of the Program Budgeting System (PBS). Procurement and disposal plans are developed annually as required, and the procurement process is improving with additional recruitment and capacity building in the Procurement Unit of MoH. Nevertheless, challenges remain:

- Procurement processes remain remains long and protracted thus causing undue delays and affecting the entire procurement and supply chain.
- Implementation of a sector-wide procurement plan has not been consistent resulting into periodic emergency procurements to address issues of stock outs of essential medicines and health supplies.

The Ministry participates in the Annual Regional Budget Conferences organized by the MoFPED where sector priorities agreed on in the Joint Review Missions are communicated to the LGs to guide planning. Over the last 3 years, regional planning meetings were held for the LGs with support from UNICEF. However, there is need for continued capacity building to ensure that LGs develop comprehensive annual workplans and strategic plans.

2.0.8 Cross cutting issues

These are issues that can contribute to accelerating or derailing the progress of development across many sectors. Issues relevant to the health sector are; gender and equity, HIV/AIDS, environment and climate and COVID-19.

i. Gender and Equity

Ministry of Health through its various departments and programmes ensures gender and equity sensitive strategies, guidelines programming for health service delivery. This includes gender and equity sensitive budgeting, gender and equity sensitive disaggregation of data, prioritization of the most affected and vulnerable population in planning.

The MoH has developed Guidelines for Mainstreaming Gender and Human Rights in the Health Sector, 2018; Policy Guidelines on Prevention and Response to Sexual Harassment, 2018; The Health Sector GBV/VAC Action Plan; The Training Manual for Health Workers on Clinical Management of Sexual Violence and Violence against Children and the Client Charter. The Male Involvement in SRHR/HIV/GBV Strategy and Training Manual have also been developed and launched to support male engagement in the health sector. These will be disseminated and monitored for implementation during this period.

The MoH is committed to achieving UHC coverage by promoting equitable service delivery through Gender and equity budgeting.

Table 1: Vote 14 Compliance with gender equity and budgeting

Financial year	2016/17	2017/18	2018/19
Compliance score	84%	75%	78.3%

- This strategic plan will in addition to addressing spatial distribution of health services use the resources allocation formulae, scale up targeted availability and access to health care by older persons, persons with disabilities, marginalized groups.
- Gender based violence significantly effects all determinants of health and overall health outcomes. The Ministry of health in collaboration with other stakeholders shall continue to lead in the prevention of all forms of GBV and respond to the health care needs of the GBV survivors. The Ministry will continue to develop or update policies, strategic documents and guidelines regarding prevention, emergency care, psycho social support, rehabilitation and integration of GBV services in other health care services including linkage of GBV survivors to other services based on new evidence as it arises.

The strategic plan aims to ensure that health services are available for the people of Uganda based on need. The plan will address the community needs and reduce the proportion of the population spending out of pocket due to limited access. Due to the growing population and living longer, people increasingly need more medicines including treatments for chronic non-communicable diseases.

The strategic plan aims to ensure that health services are available for the people of Uganda based on need. The plan should address the community needs and reduce the proportion of the population spending OOP due to limited access. Due to the growing population and living longer, people increasingly need more medicines including treatments for chronic non-communicable diseases.

ii. HIV/AIDS

Uganda is running the multi-sectoral response with up-to-date and evidence informed policies, guidelines, protocols and related standards for HIV services to guide the priority HIV interventions.

According to the Uganda population HIV Impact Assessment (UPHIA 2016-2017) HIV prevalence in Uganda is 6.2%. Findings from UPHIA showed an annual incidence of HIV among adults 15-64 to be 0.4% with women having higher incidence rates (0.46%) compared to men (0.36%). This incidence rate translated to approximately 73,000 new cases of HIV annually in 2016-2017 among adults in Uganda. The latest spectrum projections indicate that in 2021, 1.423 million Ugandans are living with HIV, majority of whom are women.

Although women have higher HIV prevalence and incidence compared to men, the proportion of women who are under care are much higher compared to men. The older population aged 50+ of both sexes continue to have a treatment gap and women showing treatment gaps in the younger age group 15-24, the male population have treatment gaps in all age groups but particularly in males aged 20 years and above. Key strategies have been put in place to address these gaps focusing on primary interventions to engage men in managing their own health: through developing and disseminating messages men can identify with; digitalized solutions for communicating messages, appointment reminders, and improving treatment literacy and establishing additional community based differentiated service delivery options, particularly for fishing communities.

ART coverage still remains low amongst the male PLHIVs with only 77.4% of the 562,790 estimated male PLHIVs on treatment, compared to 96.8% ART coverage amongst the female PLHIV and only 64.2% amongst the children compared to adults 90.9%. Whereas overall ART coverage amongst adults is good (90.1%), coverage amongst men above 15 years is still low (79.2%) compared to their female counterparts (98.6%). Viral Load (VL) monitoring for PLHIVs on ART has increased from a coverage of 36.8% at the inception of VL monitoring in FY15/16 to 95.5% by the end of 2019. However, only 71.7% of the children received at least one viral load test, compared to 96.8% of the adults. Viral suppression for PLHIV has steadily

increased to 89.9% by the end of 2019, but remains low especially amongst the children on treatment (54%).

Key strategies over the next 5 years to address the above issues include;

- **Prevention:** In line with Global HIV Prevention Coalition Roadmap, a package of combination HIV prevention interventions will be rolled out to achieve saturation levels. Age-specific interventions will be encouraged, recognizing that different prevention packages are needed for different age groups. The HIV/AIDS National Strategic Plan thus provides for differentiated models of HIV prevention services delivery in order to appropriately reach different social-demographic and geographically differentiated groups.
- **Care and Treatment:** The triple 95-95-95 will provide the cornerstone for further reduction of HIV infection and AIDS related deaths by 2025, with deliberate programmatic emphasis on achieving high (above 90%) coverage among sex workers and other key populations. There is need for Community empowerment to keep clients engaged in care and help them access treatment, adhere to their medications and prevent the transmission of HIV.
- **Social Support and Protection:** Psychosocial, economic, legal and protection services are recognized as “social enablers” for HIV prevention, and uptake of care and treatment services. Despite the acknowledged role of social support and protection, there remain significant gaps in realizing meaning support and protection for PLHIV, PWDs, OVC, Key and priority populations and other vulnerable groups. This is predicated upon rampant stigma and discrimination, gender-based discrimination and violence, and significant structural challenges related to equity and human rights. Overall, HIV discrimination continues to fuel stigma for PLHIV and key populations. These categories of the population are also subject to human rights violations including structural legal and institutional barriers that affect access and utilization of HIV-related services. There are still cases of lack of knowledge of the laws protecting the rights of PLHIV among more than 50% PLHIV. The “know your rights interventions” being implemented under the Global Fund through UGANET and HRAPF and other implementers like UWONET, Plan Uganda, Uganda Law Society, Justice Centres, has limited coverage. There is need to Scale up interventions aimed at eliminating stigma and discrimination; Expand socio-economic interventions aimed at reducing social and economic vulnerability for PLHIV and other vulnerable groups; and Scale up psychosocial support for PLHIV, PWDs, key and priority populations and other vulnerable people.
- **Systems Strengthening:** Although a lot of gains have been made in strengthening systems for policy, planning and delivery of HIV services during the past decade, challenges cut across human resources, infrastructure, financing, information systems and laboratory services. There are human resource gaps too, as exemplified by over a quarter of staff positions for health in public sector not filled, contracted workers not yet absorbed and HIV counsellors not yet included in the structure. While logistical and supply chain management system for HIV and AIDS goods and services has

improved, work is still required to fill stock out gaps for ART drugs, other essential drugs and supplies.

iii. Environment and Climate Change

The impacts of climate change on population health in Uganda are already being experienced and have been characterized by heavy rains, floods, landslides, population displacement associated with disease outbreaks, and destruction of health infrastructure. Beyond the already experienced health impacts, WHO (2016) reported that the risk of vector-borne diseases such as malaria and dengue fever are likely to increase towards 2070 in Uganda. Similarly, under the high emissions scenario, heat-related deaths in the elderly (65+ years) are projected to increase to about 81 deaths per 100,000 by 2080, compared to the estimated baseline of fewer than 2 per 100,000 annually between 1961 and 1990. It is also projected that by 2030, an additional 34,600 people in Uganda will be at risk of flooding annually as a result of climate change and 21,600 people due to socio-economic change above the estimated 15,500 annually affected population in 2010. In addition to drowning, floods cause extensive indirect effects, including impacts on food production, water provision, ecosystem disruption, infectious disease outbreak and vector distribution. Longer-term effects of flooding may also include post-traumatic stress and population displacement (Uganda Climate and health country profile 2015 WHO, 2016).

Mainstreaming climate change in district health plans

Climate change and human health, like other crosscutting concerns such as disability, human rights and gender are tackled by the sector policies and strategies. For instance, at the national level the following strategies were identified through the inter-sectoral National Climate Change Policy 2015:

- Conduct vulnerability assessments of health sector to climate change impacts.
- Put in place contingency plans to develop climate change–resilient health systems.
- Assess the impacts of climate change on human health and wellbeing.
- Improve the capture, management, storage and dissemination of health information.
- Heighten the surveillance of disease outbreaks and provide subsequent rapid responses to control epidemics.
- Strengthen public health systems by building hospitals and supplying them with medicine, equipment and well-trained personnel.
- Make provisions for a safe water chain and sanitation facilities to limit outbreaks of waterborne diseases and implement strong public awareness programmes to promote better hygiene.
- Increase the health workforce’s awareness of the relationship between climate change and human health.
- Develop further support action plans against HIV/AIDS to reduce climate-related effects to people living with HIV/AIDS.

At the LG level climate change health concerns are clearly articulated in the MoH Guidelines to the LG Planning Process 2016. The guidelines encourage districts to mainstream climate change activities in all health planning, budgeting, implementation, monitoring and evaluation with the main goal of reducing morbidity and mortality due to climate-related diseases and events.

More specifically, the guide aims to:

- 1) Ensure health plans are climate-proof (i.e. effectively prepared to respond to climate change impacts);
- 2) Conduct climate change vulnerability and impact assessment to inform decision-making;
- 3) Identify opportunities and entry points for integration of climate change mitigation and adaptation (CCMA) measures; and
- 4) Identify, analyze and integrate options of CCMA into health service delivery.

iv. Covid-19

The Coronavirus disease (COVID-19) outbreak was declared a Public Health Emergency of International Concern on 30th January 2020 and a pandemic on 11th March 2020. Originally identified in Wuhan, China, the outbreak continued to transmit globally Uganda confirmed the COVID-19 outbreak on 21st March 2020. Since March 2020, the GoU has implemented a series of vulnerability reduction and containment measures to curtail transmission of COVID-19. Some of the measures have included: closure of international airport starting on the 16th March 2020; closing ground crossing points for passengers with the exception of cargo drivers; closure of schools and other high congregation points; freeze of public and private transport; outlawing all mass gathering events, including for worship; overnight curfew; and a nationwide lockdown declared on 24th March 2020.

The government of Uganda, under the leadership of the president took on early and proactive measures to contain the pandemic and flatten the curve. Flattening the curve reduces the pressure on health systems during the wait for effective treatments for COVID-19 to become available. Yet flattening the curve comes at a cost; it also flattens the economy. Public health experts agree that premature abandonment of these severe lockdown measures will likely both increase the loss of life and the economic damage linked to COVID-19. Policymakers in Uganda face the incredibly difficult problem of balancing the positive health impacts of flattening the COVID-19 epidemic curve with the negative health impacts linked to flatlined economic activity. There are two keyways in which the negative economic impacts of COVID-19 will have knock-on effects on health, these are:

- The impact of the economic crisis on health outcomes, and,
- The longer-term availability of resources for health.

The impact of the economic crisis on health outcomes

The economic crisis resulting from Covid-19 can substantially increase negative health outcomes in Uganda. Although drastic preventive measures can help buy time for the health sector to deal with the COVID-19, these measures come at a high price that can only be offset

by economic backing that is much less readily available in Uganda. Several Ugandans are at risk of impoverishment due to the COVID-19 crisis, and this crisis has the potential to increase negative pressures on the health and welfare of Ugandans. The picture of a declined health trajectory is already being depicted by a recent assessment of the impact of Covid-19 containment measures on RMNCAH, Nutrition and HIV service delivery and utilization, as presented in the table below:

Table 2: Impact of Covid-19 on selected health indicators

Health Service Variable / Indicator	Status
Antenatal Care visits attendance	Decreased by 7%
HIV positive pregnant women receiving ARVs	12% decline
HIV Exposed Infants (HEI) who received ARVs at birth	18% decline
Health facilities deliveries	10% decline
Immunization services	20% drop in children receiving DPT-3
Severe Acute Malnutrition (SAM)	Cases of SAM have increased by 8%
Number of children born with low birth weight	Increased by 0.8%
HIV services	Number of HIV+ individuals declined by 36%

Source: MoH Uganda, 2020: Monitoring the Impact of Covid-19 containment measures on RMNCAH, Nutrition and HIV service delivery and Utilization

The longer-term availability of resources for health.

Covid-19 could severely constrain health resources in the long term. Policymakers dealing with COVID-19 in Uganda face immediate and longer-term spending challenges that will have a substantial impact on people's health and wellbeing. In particular, the crisis presents substantial opportunities and challenges as Uganda aims to move towards universal health coverage. In the immediate term, Uganda can employ a variety of health financing measures to maximize the health system capacities for COVID-19 response. While these measures are being implemented, the Uganda government has to also ensure that public funds are tracked, and reach frontline healthcare providers around the country quickly. In the longer term, as Uganda grapples with the wake of sharp economic downturns, and the strain that COVID-19 has placed on health workers, policymakers will be tasked to decide what the health system can reasonably provide to the population in light of the aspirations to achieve universal health coverage (UHC). As such, immediate financial pressures and domestic fragility may severely impact the scope for mobilizing domestic resources to deliver UHC. The pathways for Uganda to transition away from international aid may become longer as a result of this strain caused by Covid-19.

2.1 INSTITUTIONAL CAPACITY

2.1.1 Health Financing

During the 5 years of the MoH SP, Uganda will be implementing the NDP III which provides the national Medium-Term Planning and Expenditure Framework. A three-year rolling

framework, the MTEF is used to streamline and guide the budget process and set out planned outputs and associated expenditures in the medium term.

In the past five years, health service delivery was financed by the government, private sources and development assistance under the SWAps. Development assistance continues to play a major role in financing health services but a bigger proportion of this is off-budget. The MoH has information on general budget support and project support to the health sector but not sufficient information on off-budget support. Most of the funds from partners are directed towards the three disease areas; HIV/AIDS, TB, and Malaria. There still exist many donor ‘projects’ – bilateral, multilateral and global health initiatives – which need to be integrated fully into strategic and operational planning and budgeting, even if the finances do not flow through the MoFPED.

Table 3: Trends in allocation to the MoH Headquarters – Vote 14 2015/16 to 2019/20

Year	GoU Funding (Ushs bns)	Donor Projects and Global Health Initiatives (Ushs bns)	Total (Ushs bns)	Expenditure (Ushs bns)	Comments
2015/16	49.13	528	577.13	503.31	1. Pension funds not utilized due to delays in the verification processes. 2. PPDA halted the entire procurement process under the ministry as a result of misallocation of development funds for equipment etc. on another budget line.
2016/17	95.54	444.02	539.56	626.48	Budget was revised/adjusted. E.g., Ext. Financing alone was 531.99 Bn
2017/18	93.33	878.42	971.74	298.61	Low expenditure figures explained in the report due to; <ul style="list-style-type: none"> • Exiting projects like Kiruddu and Kawempe which were under defects liability. • 1st tranche of External financing received in Q2 not being part of the cash limit for that quarter and not being captured because it wasn't on the IFMS yet.

Year	GoU Funding (Ushs bns)	Donor Projects and Global Health Initiatives (Ushs bns)	Total (Ushs bns)	Expenditure (Ushs bns)	Comments
					<ul style="list-style-type: none"> Mismatch in funding cycles of GOU (FY) and GAVI (Calendar year) and some figures not being captured.
2018/19	127.84	1,003.06	1,130.90	582.91	Wage unspent due to vacancies not filled. (86%)
2019/20	150.09	1,059.37	1,209.46	929.56	<ul style="list-style-type: none"> Low disbursements for external financing (77% of estimates and only 65% spent) e.g., Italian support didn't disburse any funds. Spent is more that released due to covid-19 supplementary budget from GOU (119Bn) and contributions from development partners (GFTAM, WB, GAVI, Islamic Bank etc.) to a tune of 145Bn

Source: MTEF

The MoH implemented ten major projects during the last 5 years and the majority are still ongoing.

Table 4: MoH Project Inventory and performance 2015/16 – 2019/20

Funding Agency	Project Title	Date of Effectiveness*	Initial closure date	Amount Committed	Remarks
AfDB	Improvement of health Services at Mulago and KCC	02-Jul-12	02-Jul-12	Donor USD ----- M GoU	Completed
AfDB	Support to Mulago Hospital Rehabilitation	1-July-15	30-Jun-20	Donor USD 255 M GoU 21.2	Ongoing

Funding Agency	Project Title	Date of Effectiveness*	Initial closure date	Amount Committed	Remarks
IDA	Health Systems Strengthening Project	10-Feb-11	30-Jun-17	Donor USD 110 M GoU 52.6	Completed
IDB, ISFD	Construction of Specialized Neonatal and Maternal Unit in Mulago Hospital	04/02/2013	30-Jun-19	Donor USD 52.69 M	Completed
WSSCC	Uganda Sanitation Fund Project	18-Aug-11	30-Jun-20	Donor: USD 12.8 M GoU Counterpart: Ushs 7.6 Bn	Ongoing - 30-Jun-20
IDA	East African Public Health Laboratories Network Project	30-Mar-16	30-Mar-20	USD 15.00 M	Ongoing – Project closure on March 30 th , 2020
IDA / GFF / SIDA	Reproductive Maternal and Child Health Services Improvement Project	26-May-17	30-Jun-21	USD 140.00 M	Ongoing – June 2021
Uganda-Spain Debt Swap Project for Health sector	Rehabilitation and Construction of General Hospitals-Kawolo and Busolwe General Hospital	Jan 17	Dec 19	USD 17.8 M	Kawolo hospital completed Busolwe to commence in 2020
IDB, BADEA, OFID/OPEC FUND, Saudi Fund	Rehabilitation & Expansion of Yumbe and Kayunga General Hospitals	16-Apr-15	31-Dec-18	USD 67.72	
Italy	Italian Support to HSSP and PRDP (Karamoja Region Staff Housing Project)	16-Jun-16	30-Jun-19	UShs 5.62 bn	Ongoing New Closure Date: 20-Jun-20
Italy	Italian Support to the Health Sector Development Plan (Karamoja Infrastructure Development Project-Phase II)	1-Jul-20	30-Jun-24	Ush 16.3 Bn GOU Counterpart: Ushs 700 m	Ongoing – 20-Jun - 24
GAVI	Gavi vaccines and health sector development plan	1-Jan-17	31-Dec-21	USD 2.6 M	Ongoing - New Closure Date: 30-Jun-23 GAVI (Grant): USD 38.9
Global Fund	Global Fund for AIDS, TB and Malaria	1-Jan-18	31-Dec-20	USD 478 M	Ongoing - 31-Dec-20
Emergency	Regional Hospital for Paediatric Surgery	June 2017	April 2020	UShs 117 bn	Ongoing – April 2020
SPR-FINASI	Construction and Equipping of the International Specialized Hospital of Uganda		June 2020	249.9m USD	Ongoing at 22% physical progress, revised completion date is Sept 2022

The MoH held meetings with the different HDPs to discuss the different funding streams, proposals, projects and plans for example GAVI, GFTAM, COAG, PEPFAR, JICA, UNFPA, World Bank, Enabel, Sida, WHO Country Operational Plan and UNICEF, among others. Uganda also participates in the IHP+ monitoring assessments of the 8 Effective Development Cooperation practices in health.

The monthly Financial Committee meetings have been revitalized to monitor financial performance and ensure appropriate budget allocation. The Ministry is strengthening its

internal measures to ensure timely submission of its operational plans and budgets to MoFPED as part of the overall strategy to get timely and adequate releases of Government Funds.

In the face of low funding, Uganda is also under considerable pressure to increase spending for health. This is driven primarily by the rapidly growing population and the need to adopt for more effective—and expensive—health technologies and service standards to combat the high disease burden. Besides, continuing resource mobilization and reducing waste, Uganda needs to take proactive steps to mitigate growing pressure to increase health spending.

There are two levels of resource allocation: inter-sectoral allocation across the ministries (which is done by MoFPED), and intra-sectoral allocation, which is performed by the MoH for the health sector, based on resource allocation formulas. Capital investment needs are assessed and paid on the basis of special technical appraisals. The MoH is responsible for reviewing the health resource allocation formula for the LGs and their health facilities and this was undertaken in FY 2019/20.

2.1.2 Human Resources Management (HRM)

The most critical role in HRH is managing the health workforce to assure continued responsive distribution, high motivation and retention, and maximum productivity of the workforce that is in place. Given the relatively intractable problems of funding to recruit more workers, the question of how the existing workers spend their time becomes paramount. The question of productivity is two-layered: how much time do the staff spend on the job, and what portion of that time is spent in productive work.

As part of managing performance of health workers at the Headquarters, MoH introduced the Automated Attendance Machine in 2016. With effect from FY 2017/18 all Departmental Heads, Project Managers and Officers from Principal Level fill and sign performance agreements with the Permanent Secretary against which they will be assessed.

The HRH Working Group at the MoH is relatively active and oversees the development of HRH policies, strategies and guidelines. Major challenges discussed in the HRH strategy and policy include unattractive wages, inadequate availability of pre-service health training, and poor training capacity and quality among health training institutions. Overall, implementation of the HRH strategy and policy has been slower than planned.

Human resource for health is a complex adaptive system in which changes happen as a result of a combination of actions of many interconnected stakeholders like the Health Service Commission, MoPS, MoES, HPCs and MoH. The MoH or any one stakeholder is not in full control. Efficient communication is critical to keep the stakeholders engaged to enhance adaptability and resilience of the HRH system.

In light of the weaknesses in performance and productivity, and the need for sustainable improvements in health services, the health workforce needs to be transformed to enhance professionalism, accountability, mindset-change, and client-centeredness. In addition, the community potential to contribute to UHC need to be sustainably harnessed. These are complex

issues and the GoU, and the MoH in particular, cannot adequately tackle on their own. Mandates for HRH lie in various sectors like MoES, MoH, district local governments, HPCs and the private sector. The NGO experience in working with communities and CHW development is invaluable in harnessing community potential for UHC. Stakeholder involvement and participatory decision making is critical through multi-stakeholder partnerships.

However, coordination of stakeholders is weak and contributes to the poor quality of the health workforce. The number of health workers in the private sector is not known. Multi-stakeholder engagement is not effective and not sustained. The Standing Inter-ministerial committee set up by MOH and MOES to coordinate and guide health training failed to meet regularly. The partnerships are weak and potentially available resources for the health workforce not fully harnessed. There are missed opportunities for leveraging resources and synergies in health workforce training and development. There is inadequate harmonization, coordination, and institutionalization of initiatives to harness community potential for improved service coverage. Functional community health system with effective community health workforce coverage is critical for health promotion and disease prevention

2.1.3 Monitoring and Evaluation

To ensure effective monitoring of the national health strategy, the MoH developed the M&E plan for the HSDP with clear indicators and targets for assessing performance and ensure availability of accurate and timely information on health sector performance. This facilitates implementation of a country-led M&E Platform especially in the use of harmonized data collection tools and reporting system. All programs and projects are also expected to develop specific program / project M&E Plans which should include programme indicators to measure process, outputs and immediate outcomes. These should however, be aligned with the goal, objectives and strategic interventions of the HSDP to demonstrate the effects of health system strengthening to health outcomes. The new structure of the Ministry has provision for an M&E Unit under the Planning Department however, staff have not been recruited to functionalize it. The existing M&E Specialists are attached to specific programs or projects.

Quarterly performance review meetings are held, and annually, the Ministry compiles and disseminates Annual Health Sector Performance Reports (AHSPR). Annual joint health sector reviews are held. The central level in collaboration with partners also supports and participates in regional and district performance reviews. To the general public, the MoH provides space for the participation of all districts and local authorities in the Annual JRM and Bi-annual Health Assemblies. At these fora, national and district level political leaders, national level CSOs working in the health sector, the media, and development partners receive performance feedback about sector performance, and generate priorities for the MoH in the subsequent fiscal year. In addition to this, specific programme reviews and evaluations are conducted.

Among the many innovations for feedback, the MoH uses the district league table to rank the performance of the districts using health-related indicators such as service coverage, staffing

level, timeliness and completeness of reporting. Assessment of hospitals and HC IVs is also done using the Standard Unit of Output.

The sector has registered improvements in most of the M&E system components however, there are still a number of gaps. Weak linkages between MoH and UBOS leading to poor timing in provision of results for guiding sector planning. There is also lack of annual vital statistics on births and deaths.

With health information, research and evidence generation, the country utilizes the to the District Health Information System (DHIS)-2 software for routine data reporting. This was upgraded to DHIS2.3 version. The Ministry revised the HMIS tools to capture the data needs for all stakeholders. Capacity building in use of the new tools was undertaken in all districts with support from Partners. Quantification, procurement and distribution of the revised HMIS tools is ongoing with support from partners. The sector has made progress towards aligning the previously fragmented information systems within the health sector to ensure contribution to the one M&E system. The inadequate supply of the revised HMIS tools in all facilities is still hampering data collection and reporting which compromises the data quality. There is still a challenge in the generation, compilation and submission of programmatic and departmental reports that are expected to feed into the overall sector performance reports. There are still irregular program and sub-national performance reviews due to inadequate funds. Evaluations for most programs not conducted due to inadequate funding and as a result impact of interventions is not well documented. The low reporting rates from the private sector limits the ability to appropriately monitor overall sector outcome performance. Finally, the utilization of data for decision-making is still minimal and technical guidance and coordination needs to be given and enforced from the MoH to the lower levels and Partners.

A Data Quality Assessment (DQA) manual and harmonized DQA tools were developed and DQAs were conducted by the SCAPP department in a number of districts with support from GFTAM. A national DQA was undertaken during the SARA 2018 and the findings showed that 40.2% of the facilities had matching reporting figures; 23.1% of the facilities were over reporting while 36.7% were under reporting; and 16.2% of the facilities were over reporting by over 10% and 9.4% under reporting by over 10% (MoH SARA, 2018).

Surveys and facility assessments specific for some high burden conditions (HIV, TB prevalence, malaria, NCDs, etc) were successfully initiated / conducted.

According to the SARA 2018, the general service readiness index (readiness or capacity of facilities to provide general services in Uganda was only 52%. Items of standard precautions for infection prevention and control were generally available (mean availability: 82%) and therefore contributed the most to the general service readiness index. This was followed by items of basic amenities (mean availability: 56%) and items of diagnostic capacity (mean availability: 55%). Items of essential medicines (mean availability: 32%) and basic equipment (mean availability: 37%) were less available and therefore responsible for substantially pulling the general service readiness index down.

E-health has become a stronger area of focus, with the national e-health technology framework completed and draft e-Health policy and strategy developed. Several local innovation programs

exist and can be leveraged to build country ownership and reduce the total cost of ownership. The Government has maintained strong stewardship over this developing area, to ensure the emerging e-health architecture is aligned to the pillars of e-health house of value and are contributing to the National Health Record Program.

2.2 KEY ACHIEVEMENTS AND CHALLENGES

2.2.1 Key Achievements

- The Emergency Operational Centre is functional and number of epidemics including the COVID-19 pandemic responded to timely.
- A number of health infrastructure developments were undertaken to improve access to quality health services.
- Scholarships totaling to 721 have been availed to health workers for training in the various fields including Anaesthetists and Biomedical Engineers who are in short supply.
- The MoH undertook extensive stakeholder consultations and finalized the Draft NHIS Bill, 2019 which was approved by Cabinet in June 2019 and is undergoing Parliamentary review and discussion.

2.2.2 Key Challenges

- The emergence of epidemics and pandemics like COVID-19, Ebola and its interruption of service delivery coupled with inadequate funding for response.
- The health sector is underfinanced, which leads to inadequate health workforce, health infrastructure development and lack of medicines, vaccines & other health supplies.
- The sector is heavily dependent on external, development partner resources and out-of-pocket (OOP) payments from households to fund essential programs. The funding level is well below international targets for health sector financing.
- Furthermore, poor quality of services especially at lower health units; staffing levels and poor maintenance of physical infrastructure for health facilities including medical equipment.
- Delayed recruitment and filling of vacant posts at MoH.
- In the area of community health promotion and disease prevention, some of the districts experienced high slippage rates largely due to the prolonged rainy seasons coupled with high water tables leading to reversal of achievements.
- The HMIS is faced with data quality challenges; inadequate HMIS tools, limited access to real-time information and poor dissemination among the stakeholders.

2.3 SWOT ANALYSIS

2.3.1 SWOT Analysis for Leadership and Governance

<p>Strengths</p> <ul style="list-style-type: none"> - Existence of Guidelines for Governance and Management Structures - Institutionalized planning and policy framework, monitoring and reporting system - Uganda has relevant health policies and regulations in place, developed through a participatory multi-stakeholder process. - Decentralized service delivery allows decision-making to be close to the communities, - Strong functional MoH structure and senior-level leadership on health sector issues. 	<p>Weakness</p> <ul style="list-style-type: none"> - Weak legislative function: Many proposed bills have not been enacted - The sector has not yet operationalized and implemented some strategies and guidelines including: The EMS Strategy; Referral Guidelines; CHEW strategy and Community engagement strategy. - Some of the newly created districts do not have the human, financial, and infrastructural capacity to operate effectively.
<p>Opportunities</p> <ul style="list-style-type: none"> - High level political good-will for the health sector - Global interest in the Health Sector - Bilateral and Unilateral support - The program-based approach to planning and resource allocation under the NDP III can enhance multi-sectoral collaboration 	<p>Threats</p> <ul style="list-style-type: none"> - Continuous creation of new districts and cities with no wage provision for recruitment of the DHTs, which affects leadership and governance at district level. - Inadequate funding and new LGs and Cities - Uganda's health governance issues are deeply entrenched in its colonial past with a health care system based primarily on the medical model, which threatens the achievement of UHC.

2.3.2 SWOT Analysis for Health Sector Service Delivery

<p>Strengths</p> <ul style="list-style-type: none"> - Positive trends in coverage indicators (such as: immunization coverage rate for 3 doses of DTP3 vaccine; ART coverage; and health facility deliveries). - Service delivery at all levels of the health system is based on the UNMHCP. - The decentralized health system and incorporation of both the public and private sectors increases access to health services. - HIV response is now mainstreamed at national and sub-national levels and HIV service provision is available at community level. - A high percentage (86%) of the population is within a 5 km radius of a health facility. 	<p>Weakness</p> <ul style="list-style-type: none"> - Predominantly disease-oriented care system than health promotion and disease prevention. - Siloed, segmented sector specific interventions. - Inadequate access and poor quality of PHC services at lower level leading to influx of patients at the referral facilities. - Stocks outs of key medicines, sundries and other consumables at facility level. - Poor or inadequate infrastructure including staff accommodation. - Inadequate funding for public health emergencies
<p>Opportunities</p> <ul style="list-style-type: none"> - There are a number of active HDPs that support service provision. - Enhanced collaboration with WHO and other agencies helps in epidemic control and harmonized implementation. - Improved legal and policy environment for PPP supported by the PPP framework - The literacy rate has increased, which positively affects the population's health seeking behavior. 	<p>Threats</p> <ul style="list-style-type: none"> - The emergency of COVID-19, Ebola virus disease and other diseases of epidemic potential

2.3.3 SWOT Analysis for Health Workforce

Strengths	Weakness
<ul style="list-style-type: none"> - The strengthened regulatory capacity for HPCs to monitor registration and licensure of health workers - Existence of approved national guidelines for conducting training needs assessment and in-service training/CPD curriculum - MoH has established the iHRIS and Automated Attendance Analysis. 	<ul style="list-style-type: none"> - Staffing gaps exist in the public sector across all health cadres, and vacancy rates are highest in districts, lower level health units, and hard-to-reach areas. - Mismatch between the old staffing norms and the existing workload due population growth, changes in disease burden and demand in health services. - Lack of career progression for some specialties. - Inadequate PPE for all health workers - Inadequate wage for recruitment
Opportunities	Threats
<ul style="list-style-type: none"> - Increase in stock of qualified health profession available for employment in the health sector. - Availability of bonded scholarships for medical specialists in the critical areas. - Development partners support in-service training and temporary contracting of critical health workers. 	<ul style="list-style-type: none"> - “Brain drain” i.e. Specialists leaving the country for better opportunities is a big threat. - Emergency of new epidemics such as COVID 19 that has lead closing of training institutions, which affected the production of health professionals and re-assignment of health workers for COVID-19 response.

2.3.4 SWOT Analysis for Medicines, vaccines & other health supplies

Strengths	Weakness
<ul style="list-style-type: none"> - National Medicines Policy is in place since 2015 and the National Pharmaceutical Sector Strategic Plan 2015-2020 - Active TWG for Medicines Procurement and Management. - A Medicines and Essential health supplies management system including financial and commodity tracking system (FACTS) designed and implemented at NMS and central ministerial levels has been put in place. - The supply chain system is harmonized, standardized and optimized to more accurately quantify needs, and in place order and delivery schedules, and a national quantification and procurement planning unit. - Clinical Guidelines and EMHS list in place to guide rational use of medicines 	<ul style="list-style-type: none"> - Inadequate funding for EMHS Low at \$6 per capita. - Limited supervision and distribution of pharmacies in the rural communities with an over concentration in urban centers. - Lack of price regulatory mechanisms - Antibiotics are widely available without prescription and there are currently no systems in place to control the use of antibiotics. - Indigenous and complementary medicines, though widely used in Uganda, are insufficiently regulated. - Un-harmonized current pharmaceutical sub-sector Acts of Parliament that provide conflicting roles by key actors. - Expiry of medicines with lack of pharmaceutical waste management facilities.
Opportunities	Threats
<ul style="list-style-type: none"> - Partnerships between the MoH and HDPs are contributing to improvements within the sector - Existence of incentives that include a 15% preferential rate in public procurement - Growing population estimated at 41.6 million in 2020 which is a big market. - Increased pool of pharmaceutical professionals provides an opportunity for recruitment of the workforce. 	<ul style="list-style-type: none"> - Over 80% of EMHS are imported - The domestic manufacturing industry is still low - Growing antimicrobial resistance

2.3.5 SWOT Analysis for Health Financing

<p>Strengths</p> <ul style="list-style-type: none"> - There is an existing Health Financing Strategy which provides a road map for health financing functions in the sector - The sector has a National RBF framework to promote more efficient use of resources and promote the strategic purchasing of cost-effective services 	<p>Weakness</p> <ul style="list-style-type: none"> - The health sector is underfinanced, which leads to inadequate HRH, inadequate health infrastructure development and lack of medicines, vaccines & other health supplies. - The health sector is heavily dependent on external, development partner resources and OOP payments from households to fund essential programs and is well below international targets for health sector financing. - Slow progress of the NHIS bill, which would provide an opportunity to reduce high OOP payments and increase equity
<p>Opportunities</p> <ul style="list-style-type: none"> - The Ugandan government consistently reports financial performance and effectively disburses and executes allocated domestic funding to the health sector - There is high-level political commitment to increasing domestic funding for health. - The Uganda Partnership Policy (2013) helps to align donor funding with government priorities. - Availability of local and global evidence on national health insurance schemes that can be used to inform the Uganda NHIS 	<p>Threats</p> <ul style="list-style-type: none"> - Limited fiscal space and significant donor funding provides little incentive for domestic contributions to health. - External funding remains difficult for the government to predict, plan for, and disburse. - High population growth rates combined with growing disease burden and declining tax revenues make this a challenge. - Medical Inflation: More expensive equipment and technology is coming on the market which increases the costs of treatment.

2.3.6 SWOT Analysis for Health Information System

<p>Strengths</p> <ul style="list-style-type: none"> - Availability of regular national health surveys - HMIS has progressively developed from completely paper-based system to electronic or computer-based system. - The MoH routinely monitors the disease burden in the country using the HMIS which captures data from both public and private health facilities - 100% of Districts reporting monthly through the DHIS2. - Compliance with Timeliness for reporting (HMIS105) is 98% - The National eHealth Policy and Strategy in place 	<p>Weakness</p> <ul style="list-style-type: none"> - Lack of data collection tools - Data quality gaps - Non-standardized coding of diseases - Low data use at all levels of the health system - Indicators for measuring sector performance and productivity not yet well aligned with the UHC goal. - Limited qualitative indicators to measure interventions that address structural barriers - Low reporting rate from the PHP facilities - There is still duplication and fragmentation of data across reporting systems that have been developed by different users, especially for HIV related data. - Irregular / delayed community surveys for impact evaluation
<p>Opportunities</p>	<p>Threats</p>

Strengths	Weakness
<ul style="list-style-type: none"> - There is opportunity to scale up the eHMIS to all the private sector - Window for multi-sectoral collaboration with Ministry of ICT, UCC, and National IT for data security and IT infrastructure maintenance - There are a number of active HDPs that support of HIS. - New global ICT developments and innovations including mobile applications for contact tracing and early case detection for epidemics such as COVID-19. - Increase in local and global Knowledge Translation (KT) initiatives 	<ul style="list-style-type: none"> - Inadequate information and communication technology facilities including limited and irregular electrical power supply and internet access - Rapid ICT advancement - Cyber threats of security breaches and hacking of health data -

2.3.7 Issues from SWOT Analysis

Despite the notable progress in health system strengthening, there are still a number of gaps and challenges which may continue to slow down the country's progress towards the attainment of UHC. This is against the backdrop of rapid population growth, rising burden of preventable diseases amidst the increasing unpredictability of the external aid that has for long supported the health sector. In light of this, the current health system needs to be re-organized to address the growing challenges.

Leadership and Governance: There are relevant health policies and regulations in place, which have been developed through a participatory process. Although the structures for accountability are well-established at the national level, there are weak or non-existent performance management systems at sub-national levels. Further, the disease burden in Uganda is largely due to the social determinants of health requiring a multi-sectoral approach yet the current response is mainly focused on the health sector. The drivers of the high disease burden extend beyond the health sector service delivery system; they include access to safe water, sanitation and hygiene, air pollution, poor housing, occupational health, nutrition, lack of physical activity, alcohol intake, trauma and age and hereditary factors. Thus, this calls for a strong multi-sectoral collaboration as a pillar for health promotion and primary prevention to accelerate the attainment of UHC as well as, Vision 2040.

There are also significant gaps in the District Health Office staffing levels. Currently, 69% (2019/2020) of approved positions are filled, which affects supervision of district health services and most of the newly created Local Governments, Cities and Municipalities do not have the human, financial, and infrastructural capacity to operate effectively.

Service delivery: Uganda has significantly improved access to health services over the past 10 years. For example, most Ugandans (86%) now live within 5 Km of a health facility, ART coverage for both adults and children has significantly improved by 23 percentage points between 2010 and 2020 and health facility deliveries have also significantly improved by 20% over the same period. Despite this progress in service availability, significant challenges remain to improve the quality-of-service delivery and address continuing health status issues such as high infant and maternal mortality. The challenges include inadequacy of medicines, sundries

and other consumables due to limited funding. Others include inadequate primary care services at lower levels; low staffing levels and poor maintenance of physical infrastructure for public health facilities including medical equipment. There are pertinent challenges to health infrastructure that include spatial inequality in health facility population coverage, distance to health facilities, which poses a barrier to healthcare access to some segments of the population, and limited functionality and availability of necessary infrastructure at the health facility level. There is poor maintenance of the existing physical infrastructure for public health facilities including medical equipment. The situation has been complicated by the emergency of the Corona Virus Diseases-19 (COVID-19) and its interruption on health service delivery as well as socio-economic development, inadequate funding and creation of new districts and cities coupled with shrinking external funding.

Health promotion: Despite the focus of NHP II on health promotion, disease prevention, early diagnosis and treatment of diseases, preventable ailments still account for 75% of disease burden in Uganda. The drivers of the disease burden are multisectoral in nature; they extend beyond the health sector service delivery system. Such factors include limited access to safe water, sanitation and hygiene, air pollution, poor housing, occupational health, nutrition, lack of physical activity, alcohol intake, trauma and age and hereditary factors. Yet the current response is mainly limited to the health sector. More so, the existing healthcare system is less responsive to the broader community and household determinants of health and not well oriented towards health promotion and primary prevention – it is more curative and hospital-centered.

Health workforce: In the last 10 years, there has been a positive trend in staffing levels of health workers. The increase has partly contributed to the improvement in equitable distribution of health workers in the country with many rural districts having better staffing levels than urban districts. This trend is attributed to the increase in the production of health workers, strengthened regulatory capacity for Health Professional Councils to monitor registration and licensure of health workers. Also, there has been improvement in availability of data on the public sector health workforce. Opportunities for growth included the availability of bonded scholarships to support training of medical specialists in the critical areas and continued contracting of critical health workers on temporary basis by HDPs. However, the HRH shortage and distribution of health workers (doctors, pharmacists, and other cadres) continue to remain major obstacles to access to quality health care in remote and hard-to-reach areas. The wage bill limits the ability of the public sector to fill its vacant positions and to absorb the increasing numbers of health workers produced; it is thus a major bottleneck to the performance of the entire health system. Attracting and retaining health workers in the public sector continues to be a key challenge. Staffing levels in the private sector are not known and this is a gap to be addressed as the private sector contributes significantly to health care delivery. Further, the PNFP health facilities lack standard staffing norms.

There is increased stock of qualified health professionals available for employment in the health sector contributed by both public and private institutions and partly facilitated by availability of scholarships for medical specialists in the critical areas. The HDPs support in-

service training thus temporary contracting of critical health workers. Despite this, HRH shortage and poor distribution remain major obstacles to quality healthcare access. The wage bill continues to limit attraction and retention of health workers in the public sector. Staff absenteeism remains a challenge to health services delivery despite efforts, such as the establishment of the Integrated Human Resource Information System.

Medicines, vaccines & other health supplies: Management of medicines and medical products has improved significantly in recent years due to strong leadership and regulation within MoH, and NDA, as well as strengthened supply chain management system by the NMS and JMS. However, the sector is still faced with challenges that include limited supervision and distribution of pharmacies in the rural communities with an over concentration in urban centres. The country still lacks price regulatory mechanisms. In addition, antibiotics are widely available without a prescription and there are currently no systems in place to control the use of antibiotics or for routine surveillance of antimicrobial drug resistance in either the public or private sector. Indigenous and complementary medicines, though widely used in Uganda, are insufficiently regulated. On a positive note, the long awaited Indigenous and Complementary Medicines Act was enacted in 2020 to provide a regulatory framework for traditional herbalists and integrate indigenous and complimentary medicines in the healthcare system. Other challenges include the persistent stock-outs of medicines and other essential health supplies. The percentage of health facilities having over 95% availability of a basket of commodities is still low at to 46% (2019/20). More so, the pharmaceutical space is facing a significant human resources challenge and the domestic manufacturing industry is still low despite incentives in place including preferential rate in public procurement.

However, there is a growing population that guarantees market for the pharmaceutical products, the GoU put in place incentives that include a 15% preferential rate in public procurement over foreign pharmaceutical companies. However, the health sector is still faced with challenges that include limited supervision and distribution of pharmacies in the rural communities with an over concentration in urban centres.

Health information system: There is a well-established and functional system for collection, processing, storage, retrieval and dissemination of health information for decision-making despite some challenges. The system has progressively developed in Uganda from completely paper-based system to electronic or computer-based system, which is used to routinely to monitor the disease burden. A significant number of public health facilities (98%) use the system to make timely reports on monthly basis. Comparatively, reporting in the private sector is less than 25% despite the fact that all public and private health facilities are mandated to report health data through the national HMIS. This is attributed to fewer trained staff and lack of regular supervision to the private health facilities. The country has had regular national health surveys to inform policy and decision making. Despite this progress, the Uganda's HIS still has some internal gaps and limitations. The system is still faced with data in-put challenges including inaccurate and inadequate segregation of data at entry; reporting challenges such as limited access to real-time information and poor dissemination among the stakeholders. In

addition, there is still poor utilization of information attributed to inadequate skills by decision makers and health workers to analyze and use health information. Another challenge is that the system does not capture adequately qualitative indicators on interventions that address structural and behavioral barriers on routine basis. The indicators for measuring sector performance and productivity are also not comprehensive to track progress with the Universal Health Coverage (UHC) goal.

Health financing: There is high-level political good-will and commitment to increase funding for health. A Health Financing Strategy 2015–2025 was developed to provide a road map for health financing functions in the sector. The sector also has introduced the RBF as a purchasing method that can promote more efficient use of resources and promote the strategic purchasing of cost-effective services. Despite this, the health sector is under-financed, which leads to inadequate HRH, inadequate health infrastructure development and lack of medicines, vaccines & other health supplies. The sector is heavily dependent on external, development partner resources and OOP payments from households to fund essential programs and is well below international targets for health sector financing. The external aid to the sector is increasingly becoming unpredictable and is likely to significantly reduce in the coming years. Moreover, the in-country funding estimates indicate that a significant percent of donor support to the health sector has been in a form of off-budget, which affects the intended equity and efficiency of the fiscal transfer allocations. The off-budget support to the health sector was estimated at 54% between 2008/09 and 2017/18 of the donor assistance. Thus, Uganda needs to take bold steps that will gradually transition MoH away from reliance on donor funding. Further, the progress in establishing a legal framework for health insurance through a NHIS is still slow; this would help to reduce high OOP payments and increase equity. Also, while the UNMHCP has been useful in prioritizing the available resource envelope. However, it has not been able to influence significantly an increase in overall financial resource allocation to the health sector. On the contrary, there is often re-prioritization with an explicit and implicit rationing process within the package of services and across population coverage due to the inadequacy of the resources to support the UNMHCP. Such re-prioritization affects quality, equity and utility of benefits to the users.

2.4 MOH STAKEHOLDERS

The MoH has multiple stakeholders to support the achievement of the Strategic plan objectives. These are:

- a) Parliament of Uganda
- b) The Health Service Commission
- c) Health Facilities: National and Regional Referral Hospitals, General Hospitals and LLHFs (Public and Private)
- d) Autonomous Institutions - National Medical Stores (NMS), National Drug Authority (NDA), Uganda Cancer Institute (UCI) and Uganda Heart Institute (UHI), Health Professional Councils and Associations.
- e) Semi-autonomous institutions - Uganda Blood Transfusion Services (UBTS), Joint Clinical Research Center (JCRC), Uganda National Health Research Organization (UNHRO), Uganda Virus Research Institute (UVRI) and Natural Chemotherapeutic Research Institute (NCRI).
- f) Local Governments (Kampala City Council Authority (KCCA), Districts and Municipalities)
- g) Ministries, Departments and Agencies (e.g. OPM, Ministry of Public Service, Ministry of Local Government, Ministry of Education and Sports, Ministry of Gender, Labour and Social Development, Ministry of Water and Environment, Ministry of Works, Uganda Bureau of Statistics, Population Secretariat, Uganda Aids Commission, etc).
- h) Medical Bureaus (Catholic, Protestant, Moslem, Pentecostal)
- i) Health Development Partners (Bilateral, multinational or international NGOs)
- j) CSOs involved in health
- k) The Private Health Practitioners including Traditional Complementary Health Practitioners
- l) Health Training Institutions
- m) Researchers
- n) Cultural Institutions affiliated to Health
- o) Service Providers (suppliers, Consultants, Contractors) to the MoH
- p) The Public Media
- q) Community, Households and individuals

The respective roles and responsibilities are highlighted in Table 5.

Table 5: Roles and responsibilities of key stakeholders for the MoH

Constituency	Stakeholders	Roles and responsibilities
State actors	Parliament of Uganda (Health Committee)	<ul style="list-style-type: none"> • Passing policies and laws • Resource allocation • Advocacy for health • Performance monitoring
	Health Service Commission	<ul style="list-style-type: none"> • Recruitment of staff
	Uganda AIDS Commission	<ul style="list-style-type: none"> • Stewardship of the HIV/AIDS prevention and Control agenda • Participation in HIV/AIDS response policy and strategy formulation and review • Participation in health sector planning, monitoring and review
	National Drug Authority	<ul style="list-style-type: none"> • Oversight, regulation and management of health products • Participation in MoH planning, monitoring and review
	National Medical Stores	<ul style="list-style-type: none"> • Management of procurement, warehousing and distribution of all health products • Participation in MoH planning, monitoring and review
	Uganda Blood Transfusion Services	<ul style="list-style-type: none"> • Coordination of provision of blood and blood products • Participation in MoH planning, monitoring and review
	Uganda National Health Research Organization	<ul style="list-style-type: none"> • Development of a health research agenda • Participation in MoH planning, monitoring and review
	Natural Chemotherapeutics Research Institute	<ul style="list-style-type: none"> • Conduct research in natural products and traditional medicine in management and treatment of Human diseases • Participation in MoH planning, monitoring and review
	Uganda Virus Research Institute	<ul style="list-style-type: none"> • Coordination of evidence generation and knowledge management relating to viral conditions • Participation in MoH planning, monitoring and review
	National and RRHs hospitals	<ul style="list-style-type: none"> • Implementation of the MoH policies and guidelines • Participation in policy and strategy formulation and review • Participation in support supervision to LGs • Participation in performance reviews
	District Health Offices	<ul style="list-style-type: none"> • Participation in policy and strategy formulation and review • Participation in support supervision to LGs • Participation in performance reviews • Implementation of the MoH policies and guidelines

Constituency	Stakeholders	Roles and responsibilities
	Health facilities	<ul style="list-style-type: none"> • Implementation of the MoH policies and guidelines • Provision of feedback
	Ministry of Finance, Planning and Economic Development	<ul style="list-style-type: none"> • Provision of adequate financial resources for implementation of the Strategic Plan • Provide data that is required to inform health planning (e.g. UDHS, Household surveys, vital statistics) • Participation in development policies and strategies • Project appraisals • Joint planning, monitoring and review of sector performance
	Ministry of Public Service	<ul style="list-style-type: none"> • Maintenance of payroll • Restructure the HRH in line with changing tasks and new technologies • Performance based contracting of HRH • Inspection of health service delivery • Joint planning and review of sector performance
	Local Governments	<ul style="list-style-type: none"> • Participation in MoH policy development and review • Enforcement of the Public Health Act • Submission of reports • Supervision and monitoring of health service delivery • Support health infrastructure development • Passing of by-laws
	Ministry of Education and Sports	<ul style="list-style-type: none"> • Participation in MoH policy development and review • Promote sport and physical exercise • Implementation of the School Health Program • Ensure quality training of health workers.
	Ministry of Water and Environment	<ul style="list-style-type: none"> • Development of safe water sources (drilling bore holes, provision of piped water, protection of springs, rain water harvesting) • Provision of sanitation services in rural growth centres & urban areas and communal toilets. • Control and enforce sustainable use of the environment (EIA, avoid pollution, ensure sustainability use of wetlands)
	Ministry of Agriculture, Animal Industries and Fisheries	<ul style="list-style-type: none"> • Ensure food (both plant and animal sources of food) security for the whole population • Control of zoonotic diseases • Participation in development policies and strategies • Joint planning and review of sector performance
	Ministry of Internal Affairs (Directorate of Health Services)	<ul style="list-style-type: none"> • Participation in development policies and strategies • Joint planning and review of sector performance • Ensure wellbeing of refugee populations

Constituency	Stakeholders	Roles and responsibilities
Non state actors		<ul style="list-style-type: none"> Ensure all visitors comply with regulation with respect to required vaccinations and sharing of critical information concerning their health status under special circumstances e.g bird flu
	Ministry of Defense (Directorate of Health Services)	<ul style="list-style-type: none"> Participation in development policies and strategies Joint planning and review of sector performance
	Ministry of Gender, Labour and Social Development	<ul style="list-style-type: none"> Ensure youth and gender is mainstreamed in all sector policies Advocacy and prevention of gender-based violence Develop social policies for protection of vulnerable groups Promote progressive workplace and safety policies that safeguard the workers
	Ministry of Works and Transport	<ul style="list-style-type: none"> Construction and maintenance of roads for accessing health facilities and referral of patients e.g. express lanes for ambulances. Enforcing standards for all buildings
	Ministry of Lands, Housing and Urban Development	<ul style="list-style-type: none"> Promote urban and housing designs and infrastructure planning that take into account health and wellbeing of the population Strengthen access to land, and other culturally important resources, in particular for women
	Ministry of Information Communication and Technology	<ul style="list-style-type: none"> Facilitate data and voice communication
	Ministry of Energy	<ul style="list-style-type: none"> Ensure access to affordable energy
	Ministry of Trade and Industry	<ul style="list-style-type: none"> Ensure work and stable employment and entrepreneur opportunities for all people across different socio-economic groups Ensure importation of goods that meet the quality standards
	Development Partners	<ul style="list-style-type: none"> Provision of demand driven technical assistance and inputs into implementation of the MoH priorities Complement financing of the MoH priorities with earmarked or un earmarked funds Actively participate in joint sector planning, monitoring and review

Constituency	Stakeholders	Roles and responsibilities
Clients	Private Sector (PHPs, PNFPs, CSOs)	<ul style="list-style-type: none"> Contributing towards policies development, planning, monitoring and evaluation. Resource mobilization for health care from households, organizations both local and international. Providing or participating in research, community and social mobilization, advocacy, capacity building including human resources development, logistical support, technical assistance and other services at all levels. Ensuring proper utilization of resources and accountability.
	Community Health Workers	<ul style="list-style-type: none"> Mobilize and link community with the formal health service Provide community-based services approved by MoH Reporting on community health data
	Households / Individuals	<ul style="list-style-type: none"> Take care of their health, and practice appropriate health seeking behaviours

2.5 SUMMARY OF EMERGING ISSUES AND IMPLICATIONS

Several undertakings as highlighted below were started but not completed and will need to be brought forward into the Strategic Plan 2020/21 - 2024/25.

Unfinished Strategic Actions from MoH SP 2015/16 - 2019/20

Health Leadership	Health Workforce
<ul style="list-style-type: none"> Establishment of the National Institute of Public Health Development of the institutional accreditation system Legislation and approval of the Bill for establishment of the National Food and Drug Authority, Pharmacy Bill, Organ and Tissue Transplant Bill and TCMP Bill Approval of EMS, CHEW, E-Health policies Institutionalization of a Regional Supervisory Structure 	<ul style="list-style-type: none"> Restructuring of the health workforce to conform to the revised expected standard of practice. Production of super specialized cadres Scaling up of strategies for monitoring and reducing absenteeism Performance management training, coaching and mentorship Recentralizing of DHOs and ADHOs Provision of Personal Protective Equipment (PPE) for all health workers

Health Financing

- Enactment of the NHIS Bill and operationalization of the NHIS
- Operationalization of the Aids Trust Fund
- Establishment of a Joint Action Fund (Basket Fund)

Health Products

- Harmonization of the various eLMIS (WAOS, RX Solution, RAS, IICS) and scale up to HC III level and linkage with the Enterprise Resource Planning (ERP) Platform.
- Establishment of the Track and trace system of pharmaceutical products by NDA.
- Completion and equipping of the NDA Quality Laboratory

Health Information

- Improving operational capacity for birth and death notification and reporting
- Implementation of the e-Health Strategy

Community Engagement and feedback

- Dissemination of the revised HUMC / Hospital Management Board guidelines
- Finalization of the Communication Strategy

Service Delivery Organization

- Operationalization of the EMS Strategy
- Operationalization of the referral framework / guidelines
- Implementation of the CHEW strategy
- Implementation of a revised supervision strategy

Health infrastructure and equipment

- Functionalization of Neonatal Intensive Care Units (NICUs) Intensive Care Units (ICUs) and High Dependency Units (HDUs) in all RRHs
- Completion of renovation and equipping of selected general hospitals
- Upgrading of HC IIs to HC IIIs (remaining 170) and HC IIIs to IVs (69 constituencies without)
- Construction of 3 Regional Blood Banks (Arua, Moroto and Masaka)
- Construction of 5,000 staff houses
- Construction of National and 5 Regional Equipment Maintenance Workshops
- Establishment of Regional Health Care Waste Management Centres (Incinerators)
- Creation of high-volume, specialized cancer and trauma centres

3 THE STRATEGIC DIRECTION

The health of the Ugandan population is central to the socio-economic transformation of the country. The poor health status of our people will undermine the economic benefits of attaining middle income status by 2020, if health service delivery is not improved. We know that preventable diseases and health conditions are the major causes of poor health in Uganda. Despite this knowledge and the steady progress made in the last two decades, the high levels of maternal mortality, infant mortality, malnutrition, poor sanitation and hygiene are at unacceptable levels.

3.0 VISION

A responsive, resilient and people centered health system that protects and promotes the health and wellbeing of all the people in Uganda.

3.1 MISSION

To promote and ensure Universal Health Coverage in Uganda through evidence-based and technically sound policies, standards and strategies that are client centered.

3.2 CORE VALUES AND PRINCIPLES

The Ministry of Health strives to coordinate the provision of user-friendly services by promoting the notion of putting all clients in the sector at the forefront with openness to dialogue and feedback for purposes of progressive improvement.

Our core values include;

i. Client Focus and Responsiveness

The Ministry of Health endeavors to ensure that the Country's health services meet the client needs and expectations, and their interests will be the first priority of the health service. The health system shall attend to all its clients' needs, ideas, and feedback in a timely and professional manner.

iii. Equity

The country's health services ensure equal access to the same health services for individuals with the same or similar health needs.

iv. Respect

The country's health system respects promotive health aspects of cultures and traditions of the people of Uganda. The health system respects individual identity and autonomy of our partners in line with the professional code of conduct and national policies.

v. Professionalism, integrity and ethics

Work in the country's health system is to be performed with the highest level of professionalism, integrity, honesty, openness and trust as detailed in the ethics guidelines enforced by professional bodies to which the various actors are affiliated.

vii. Professional Development

We value learning, feedback, coaching and mentoring by taking responsibility to gain the required skills development to meet our clients' needs.

viii. Transparency and Accountability

We ensure a high level of efficiency and effectiveness in the development and management of the national health system. We believe in accountability for our performance, not only to the political and administrative system, but, above all, to the community.

3.2.1 Principles

The Ministry of Health guiding principles aim at providing the highest affordable quality services and these include:

i. Effective Leadership

We believe that effective leadership should be structured, present and accessible. Our leadership strategy is based on a practice and overall management level support network which provides both personal and team motivation, direction and accountability.

ii. Teamwork

The health sector is composed of a team from different professions. Therefore, we believe in teamwork to reinforce the services from different disciplines all aiming at improving the overall care-giving experience.

iv. Partnerships

Building more strategic and effective partnership, exploring the interests and priorities of each party and identifying shared strategic approaches and shared risks, as well as ensuring transparency, mutual accountability and value money.

vi. Gender-sensitive and Responsive Health Care

A gender-sensitive and responsive national health delivery system shall be achieved and strengthened through mainstreaming gender in planning and implementation of all health programs.

vii. Human rights approach

The Ministry of Health will ascertain that the rights to access quality health care and health information are respected by all categories of individuals of the society both within the public and private sector.

3.3 MOH ALIGNMENT TO THE NDP III PROGRAMMES

The Ministry of Health falls under the Human Capital Development Programme of the NDP III and also contributes to significantly to three other programmes namely; Digital Transformation; Innovation, Technology Development and Transfer; and Community Mobilization and Mindset Change as outlined in Table 5.

Table 6: Mapping of the NDP III programmes, objectives, outcomes and Interventions that MoH contributes to.

NDP Programme	III Goal	Objective(s)	Outcome Results aligned to Health	Intervention(s) aligned to Health
Human Capital Development	Improving productivity of labour for increased competitiveness and better quality of life for all.	<ol style="list-style-type: none"> To improve the foundations for human capital development; To produce appropriate knowledgeable, skilled, and ethical labour force (with strong emphasis on science and technology, TVET and Sports); To streamline STEI/STEM in the education system; To improve population health, safety and management; To reduce vulnerability and gender inequality along the lifecycle; and To promote sports, recreation, and physical education. 	<ol style="list-style-type: none"> Increased percent of employers satisfied with the training provided by the TVET institutions from 40 to 65%; Reduce teenage pregnancy rate from 25% in 2016 to 15%; Reduce gender gap index from 0.523 in 2017 to 0.8; Increased access to safe water supply from 70 to 85% (rural) and from 74% to 100% (urban); Increased access to basic sanitation from (improved toilet) 19 	<ol style="list-style-type: none"> Equip and support all lagging primary, secondary schools and higher education institutions to meet Basic Requirements and Minimum Standards (BRMS) Implement a National Strategy against Child Marriage and Teenage Pregnancy Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices Establish and operationalize mechanisms for effective collaboration and partnership for health at all levels Improve nutrition and food safety with emphasis on children aged

NDP Programme	Goal	Objective(s)	Outcome Results aligned to Health	Intervention(s) aligned to Health
Digital Transformation	To increase ICT penetration and use of ICT services for social and economic development.	1. Increase the national ICT infrastructure coverage;	1. Increased ICT penetration (Internet penetration from 25% to 50 %, Digital Terrestrial Television signal coverage from 56% to 95%, 70%	<p>under5, school children, adolescents, pregnant and lactating women and vulnerable groups.</p> <ol style="list-style-type: none"> 6. Improving Occupational Safety and Health management. 7. Reduce the burden of HIV epidemic and its impact on the socio-development of communities, using the multisectoral approach 8. Establish early warning systems for disaster preparedness including risk reduction and management of national and global health risks. 9. Scale up Gender Based Violence (GBV) prevention and response interventions at all levels 10. Support Gender equality and Equity Responsive Budgeting in all Sectors and Local Governments 11. Implement a National Male Involvement Strategies in promotion of gender equality 12. Implement the Uganda Gender Policy Action Plan
			1. Increased ICT penetration (Internet penetration from 25% to 50 %, Digital Terrestrial Television signal coverage from 56% to 95%, 70%	1. Mainstream ICT in all sectors of the economy and digitize service delivery

NDP Programme	III	Goal	Objective(s)	Outcome Results aligned to Health	Intervention(s) aligned to Health
			<p>2. Enhance usage of ICT in national development and service delivery;</p>	<p>NBI connectivity in Government MDAs/DHq; 90% national broadband coverage with minimum speed of 8 Mbps</p> <p>2. Reduced cost of ICT devices and services (unit cost of 1Mbps /month of internet on the retail market from USD 237 to USD 70, unit cost of low entry smart phones from UGX 100,000 to UGX 60,000 and cost of a computer from UGX 1,600,000 to UGX 800,000);</p>	<p>2. Digitize, archive and commercialize Local Contents and data</p>
<p>Innovation, Technology Development and Transfer</p>		<p>To increase the application of appropriate technology in the production and service delivery processes through the development of a well-coordinated STI eco-system.</p>	<p>1. To develop requisite STI infrastructure;</p> <p>2. To build human resource capacity in STI;</p> <p>3. To strengthen R&D capacities and applications;</p> <p>4. To increase development, transfer and adoption of appropriate technologies and innovations;</p>	<p>1. Increased the Global Innovation Index from 25.3 to 35.0;</p> <p>2. Increased Gross Expenditure on R&D as a % of GDP (GERD) from 0.4 to 1%;</p>	<p>1. Initiate and establish funding linkages for STI with multi-national and development partners;</p> <p>2. Create a favourable policy environment to attract private sector funding for STI;</p> <p>3. Design and implement special programmes for Nano technology, space exploration, nuclear technology, bio sciences, ICT and engineering;</p>

NDP III Programme	Goal	Objective(s)	Outcome Results aligned to Health	Intervention(s) aligned to Health
		<p>5. To improve the legal and regulatory framework.</p>	<p>3. Increased business enterprise sector spending on R&D (% of GDP) from 0.01 to 0.21%;</p> <p>4. Increased number of Intellectual Property Rights registered per year from 2 to 50.</p>	<p>4. Strengthen the Intellectual Property (IP) value chain management;</p> <p>5. Develop and maintain a national STI Information Management System (including a database of new and on-going Scientific Research, technologies innovations and indigenous knowledge from public and private sectors);</p> <p>6. Increase investment in R & D in key priority sectors like; agriculture, Oil & Gas, Minerals, Energy, Health, Transport;</p> <p>7. Establish research collaborations at local, regional and international level;</p> <p>8. Develop, oversee and implement programmes in new and emerging areas of space science, marine, nuclear, data and climate science, nanotechnology, bio-technology, among others;</p> <p>9. Conduct ST&I surveys and studies for use in evidence-based planning and policy formulation</p> <p>10. Develop strategic local and international partnerships and cooperation on technology transfer and adoption;</p>

NDP Programme	Goal	Objective(s)	Outcome Results aligned to Health	Intervention(s) aligned to Health
Community Mobilization and Mindset Change	To empower families, communities and citizens to embrace national values and actively participate in sustainable development.	<ol style="list-style-type: none"> 1. Enhance effective mobilization of families, communities and citizens for national development. 2. Strengthen institutional capacity of central and local governments and non-state actors for effective mobilization of communities 3. Promote and inculcate the national Vision and value system 4. Reduce negative cultural practices and attitudes 	<ol style="list-style-type: none"> 1. Increased spirit of accountability and transparency; 2. Increased uptake and/or utilisation of public services (education, health, child protection, population services, water and sanitation, livelihood programmes etc.) at the community and district levels; 3. Reduced prevalence of negative social norms and cultural practices that perpetuate gender inequality. 	<ol style="list-style-type: none"> 1. Review and implement a comprehensive community mobilization (CMM) strategy 2. Establish and operationalize Community Development Management Information System (CDMIS) at parish and sub-county level. 3. Institutionalize cultural, religious and other non-state actors in community development initiatives 4. Develop and enforce ordinances and by-laws to ensure the national vision and value system is adhered to 5. Promote advocacy, social mobilisation and behavioural change communication for community development.

3.4 GOAL

The Goal of the MoH SP is to “Strengthen the Health System and its support mechanisms with a focus on Primary Health Care to achieve Universal Health Coverage by 2030”.

3.5 OBJECTIVES AND INTERMEDIATE OUTCOMES

3.5.1 Objectives

The objectives are;

1. To strengthen health sector governance, management and coordination for UHC.
2. To strengthen human resources for health management and development.
3. To increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.
4. To strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.
5. To ensure availability of quality and safe medicines, vaccines and technologies.
6. To improve functionality and adequacy of health infrastructure and logistics.
7. Accelerate health research, innovation and technology development.

3.5.2 Intermediate Outcomes

Table 6 shows the intermediate outcome indicators and targets for the 5 year period. Outcome measures reflect the impact of the health care service or intervention on the health status of population.

Table 7: Intermediate Outcome Indicators

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
Objective 1: To strengthen health sector governance, management and coordination for UHC								
1. Strengthened health sector governance, management and coordination for UHC	Functionality of governance structures	20	50	75	100	100	100	Minutes
	Health facilities with an error-to-data ratio of above and less than 5% (%)	36	40	44	49	54	60	DQR Reports
	General Government allocation for health as % of total government budget (%)	7	8	9	11	13	15	MTEF
	Out of pocket health expenditure as a % of Total Health Expenditure (%)	42	38	34	30	26	20	NHA
	Government Per capita expenditure on health in USD	17	20.4	23.8	27.2	30.6	34	NHA
Population accessing health insurance (%)	2	7	12	17	22	25	Reports	

Objective 2: Strengthen human resources for health management and development.

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
2. Strengthened human resources for health management and development.	MoH approved posts filled (%)	52 (427/821)	80	82	84	85	86	Pay roll
	Level of absenteeism of MoH staff without reason (%)	20	10	5	5	5	5	AAA reports

Objective 3: Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.

3. Increased access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.	Population with access to basic sanitation (Improved toilet not shared with other households) (%)	19	22	26	30	34	40	HHS
	Population with hand washing facilities with soap and water at home (%)	34	37	40	43	46	50	HHS
	Completeness of VHT quarterly reports through the HMIS (%)	Na	48	53	58	64	70	DHIS-2
	Children Under One Year Fully Immunized (%)	86	96	97	97	98	98	DHIS-2
	DPT3HibHeb3 coverage (%)	96	96	97	97	98	98	DHIS-2
	Measles immunization coverage under 1 year (%)	88	89	91	92	94	95	DHIS-2

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
	Malaria cases per 1,000 persons per year	293	263	230	200	170	147	DHIS-2
	Use of insecticide-treated bed nets for malaria prevention (%)	69	72	75	78	81	85	UDHS / MIS
	HIV positive pregnant women initiated on ARVs for EMTCT (%)	92	93	93	94	94	95	DHIS-2
	HIV-exposed infants with PCR test (%)	Na	95	95	95	95	95	Reports
	Availability of ARVs (%)	84	100	100	100	100	100	Reports
	ART Coverage (%)	86	95	95	95	95	95	DHIS-2
	ART Viral Suppression Rate (%)	89	90	91	93	94	95	DHIS-2
	TB incidence per 100,000 population	234	192	184	176	168	160	Reports
	TB Case Notification Rate per 100,000	152	172	172	173	173	179	Reports
	Leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis (%)	Na	13.8	11	8	6	5	Reports
	Target population fully vaccinated	Na	90	90	90	90	90	Reports

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
	against COVID-19 (%)							
	Zoonotic disease detected and managed timely (%)	100	100	100	100	100	100	Reports
	Target districts (51) that achieved elimination of blinding trachoma (passed surveillance surveys) (%)	0	88	88	88	88	100	Reports
	Hepatitis B incidence per 100,000 population	60	50	45	40	35	30	UPHIA
	Alcohol abuse Rate (%)	5.8	5.6	5.4	5.2	5.0	4.8	STEPS
	High blood pressure rate (%)	3.2	3	2.8	2.6	2.4	2.5	STEPS
	Diabetic Rate (%)	2.5	2.4	2.3	2.2	2.1	2	STEPS
	Tobacco non-smoking rate (%)	90	91	92	93	94	95	STEPS
	Annual cancer incidence rate (Number)	80,000	70,000	60,000	50,000	40,000	30,000	Cancer Registry
	Incidence of Road accidents per 100,000	2,348	2,000	1,700	1,500	1,400	1,200	DHIS 2
	Cervical cancer screening in women aged 30-49 years (%)	7	16	24	33	41	50	Reports

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
	Breast cancer screening in women aged 30-49 years (%)	7	16	24	33	41	50	Reports
	Prostate cancer screening in men above 40 years (%)	2	12	21	31	40	50	Reports
	IPT3 or more doses coverage for pregnant women (%)	30	49	57	66	77	90	DHIS-2
	Anaemia screening at first prenatal visit. (%)	49	50	55	58	60	65	DHIS-2
	ANC 4 coverage (%)	42	46	50	52	54	56	DHIS-2
	Annual Health Facility deliveries (%)	62	65	68	70	72	74	DHIS-2
	HC IV's providing CeMNOc (%)	48 (87/186)	56	64	70	72	75	DHIS-2
	Maternal deaths among 100,000 health facility deliveries	92	77.6	63.2	48.8	34.4	20	DHIS-2
	Facility based fresh still births (per 1,000 deliveries)	9	8	7	6	5	4	DHIS-2
	Maternal deaths reviewed (%)	72	76	80	85	90	95	MPDSR Reports
	Neonatal deaths reviewed (%)	9.7	14	20	29	42	14	MPDSR Reports

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
	Under-five Vitamin A second dose coverage	30	35	38	42	46	50	Reports
	Under 5 illnesses attributed to Diarrheal diseases	6.9	6.0	5.0	4.0	3.5	3.0	Reports
	Young people in school accessing age-appropriate information (%)	Na	75	85	90	95	98	Reports
	New acceptors of all user to modern contraception (%)	Na	5	10	12	14	15	Reports
	Couple years of protection	3,521,120	3,781,475	4,061,081	4,361,361	4,683,844	5,030,171	AHSPR
Objective 4: Strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.								
4. Strengthened disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.	Disease outbreaks reported on time (%)	0	100	100	100	100	100	Reports
	International Health Regulations (IHR) capacity and health emergency preparedness (%)	73	76	80	83	87	90	Reports
Objective 5: Improve functionality and adequacy of health infrastructure and logistics.								
5. Improved functionality and adequacy of health	Hospitals and High-Volume HC IVs with functional NICUs (%)	20	45	50	55	65	75	Reports

Objectives / Outcomes	Intermediate Outcome Indicators	Baseline Year 2017/18	Targets					Means of Verification
			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
infrastructure and logistics.	Referral hospitals with CT Scan (%)	14	14	50	100	100	100	Reports
	Hospitals with functional x-rays (%)	53	55	60	62	65	70	Reports
	HC IVs with functional Ultra-Sound machines (%)	49	50	55	60	65	70	Reports
Objective 6: Ensure availability of quality and safe medicines, vaccines and technologies.								
6. Increased availability of quality and safe medicines, vaccines and technologies.	Availability of 41 basket of EMHS at health facilities (%)	85	90	90	90	90	90	LMIS Reports
	Availability of essential medicines for management of NCDs (Diabetes, CVDs, Chronic Obstructive Diseases and SCD) by level of care (%)	28	31	35	40	45	50	LMIS Reports
	Health facilities reporting and managing ADR (%)	Na		10	15	20	25	Reports
Objective 7: Accelerate health research, innovation and technology development								
7. Improved health research, innovation and technology development	Public hospitals, HC IVs with operational EMRS (%)	0	10	20	20	40	50	Reports

3.6 MOH SP INTERVENTIONS AND ACTIONS

Four interconnected strategic shifts will be made basing on the country context and needs to improve efficiencies, effectiveness and equitable impact. These shifts also provide the opportunity for the MoH to reshape the health system along the global and regional agendas and targets. The four strategic shifts are; from a predominantly disease-oriented programming to a health promoting health system; from a siloed, segmented sector specific interventions to multisectoral collaboration with intersections and synergies; from predominant facility based care to PHC and population management; and from fragmented and episodic planning and supervision to joint planning, supervision, monitoring and evaluation.

This section will provide a brief description of strategic interventions, outputs and actions under the MoH for the next five years.

The table below outlines the Objectives, Interventions and Actions over the 5 years.

Table 8: Summary of Objectives, Interventions and Actions

No.	Interventions	Actions	Lead Department
1.	Objective 1: To strengthen health sector governance, management and coordination for UHC		
1.1	Strengthen governance, management and effectiveness of the health sector at all levels	Hold Top Management meetings	F&A
		Hold HPAC meetings	PFP
		Hold SMC meetings	SCAPP
		Hold TWG meetings	TWG Chairs
		Hold Departmental meetings	
1.2	1.2 Development of MoH Strategic Plan and annual operational plans	Stakeholder consultation, meetings, development, printing and dissemination	PFP
		Support departments in preparation of workplan, meetings, printing and dissemination	PFP
		Capacity building and support to LGs in District Health management, evidence-based planning and budgeting for population health, Hold Regional planning meetings	PFP
1.3	Strengthen formulation and policy and regulation	Stakeholder consultations, Regulatory Impact Assessment, development, printing, dissemination and monitoring implementation	PFP
1.4	Establishment of an Integrated Health Professionals Authority established to improve quality assurance and regulatory control systems and accreditation across public and private providers	Submission of the Draft Bill for the Uganda Health Professionals Authority bill to Cabinet for legislation, development of regulations, establishment	DG&R

No.	Interventions	Actions	Lead Department
1.5	Development and dissemination of Standards, guidelines and SOP	Stakeholder consultation, procure consultants, development, printing and dissemination	SCAPP, other Departments
1.6	Strengthen Supervision and mentorship	Develop TOR, establishment and capacity building of the Regional Technical Supervisory Structure	SCAPP
		Senior Top and Top Management supervision and monitoring of health programs	F&A
		Quarterly Integrated Support supervision to RRHs, GHs, DHTs	SCAPP
		Conduct monthly technical supervision and mentorship visits by all Departments	All Departments
1.7	Strengthen the National Quality Improvement system	Establish a national accreditation mechanism for public and private health providers	SCAPP
		Conduct Service Availability and Readiness Assessment – training, data collection, analysis, report writing and dissemination	SCAPP
		Annual health facility quality of care assessments, data analysis, report writing and dissemination	SCAPP
		Undertake clinical audits	CS
1.8	Enhance sector monitoring and evaluation	Develop M&E plans and performance indicators and dashboards for MoH and LGs	PFP / PM/PC
		Compile and disseminate quarterly MoH performance reports	SCAPP
		Conduct quarterly progress review meetings focusing on achievements, challenges, lessons learnt and actions for improvement.	SCAPP / Program & Project meetings
		Compile and submit quarterly MoH budget performance reports	PFP
		Compile annual health sector performance reports	PFP
		Conduct annual joint sector review meetings	PFP
		Conduct MTR and ETE of strategic plans and projects and disseminate findings	PFP / PM/PC
1.9	Strengthen Data collection, quality and use	Develop & disseminate the Health Information Strategic Plan 2020 – 2025	PFP
		Mentorship and training of health workers in data analysis, interpretation and dissemination to ensure collected data is well utilized	PFP
		Printing and distribution of HMIS tools to all health facilities	PFP
		Operation and maintenance of the DHIS-2	PFP
		Data analysis, synthesis and sharing of health information products including dashboards, bulletins / newsletters	PFP
		Conduct regular Data Quality assurance on the DHIS-2 database and feedback to LGs	PFP
		Develop/update Health Facility Atlas	PFP
		Update and maintain the National Health Data Repository	PFP
1.10	Resource mobilization, equitable allocation and efficient utilization	Develop Grant and project proposals for resource mobilization	PFP
		Prepare and submit annual MPS, BFP to MoFPED	PFP

No.	Interventions	Actions	Lead Department
		Development of RBF mainstreaming strategy, implementation manual and tools, capacity building and implementation	PFP
		Institutionalize budget tracking mechanisms to enhance monitoring of the utilization, efficiency and effectiveness of resources for health	F&A
		Carry out Financial Audits	F&A
1.11	Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme	Develop NHIS Regulations	PFP / NHIS
		Establishment of the NHIS – development of benefits package, capacity building, establishment of management structure, office space, logistics, development of strategic plan, actuarial studies, awareness creation, enrolment	PFP / NHIS
1.12	Establish and operationalize mechanisms for effective multi-sectoral collaboration and partnerships	Stakeholder consultations, engage consultant, development, printing and dissemination of the PPPH Strategic Plan 2020 – 2025	MSC&HP
		Stakeholder consultations, engage consultant, development, printing and dissemination of the Health Sector Integrated Refugee Response Plan	MSC&HP
		Integration of refugee response activities into the government health systems while preserving the historical gains of peaceful co-existence of refugees and host communities	MSC&HP
		Monitoring implementation of the Health Sector Integrated Refugee Response Plan	MSC&HP
		Develop a multi-sectoral framework, compact and accountability framework for joint planning, coordination, common deliverables and performance indicators.	MSC&HP
		Update of stakeholder analysis and mapping to identify the roles and influence of stakeholders in health	MSC&HP
		Hold quarterly health partners engagement meetings / workshops	MSC&HP
		Attend Regional and International health partnership meetings	MSC&HP
		Annual documentation of non-state actor contribution to health system investments	MSC&HP
2.	Objective 2: Strengthen human resources for health management and development.		
2.1	Ensure adequate human resources for health at all levels, with special focus on specialized and super specialized human resources	Stakeholder consultation, procurement of consultant, development and dissemination of the HRH Policy and Strategic Plan	HRM
		Identification of staffing gaps, submission to HSC for recruitment and deployment	HRM
		Deployment of medical interns	CS
		Pay roll processing and payment	HRM
		Pension & gratuity Processing and payment	HRM
		Maintain the full functionality of the human resource information system (HRIS), including hardware maintenance and staff training	HRM
		Annual HRH analysis and share information with key stakeholders to inform decision-making.	HRM

No.	Interventions	Actions	Lead Department
		Procure consultant, undertake National Health Workforce Accounts.	HRM
		Review / develop schemes of service, standards of practice and job descriptions for all cadres.	HRM
		Stakeholder consultation, meetings for development of a Multi-sectoral plan for training of health workforce.	HRM
2.2	Improve performance management, monitoring and reporting	Develop concept note, procurement of consultant, stakeholder consultations, procurement of logistics, capacity building for e-performance management system.	HRM
		Attendance analysis, reporting, feedback and action (reward/sanctions)	HRM
2.3	Undertake continuous training and capacity building for health workers	Conduct training needs assessment and develop annual training plan for MoH	HRM
		Review and update the in-service training curriculum and materials	HRD
		Carry out In-service training for MoH staff	HRD
		Advertise and award scholarships	HRD
		Strengthen and support the functionality of the Health Manpower Development Centre to position it as a centre of excellence for IST and CPD for the health workforce and establish regional hubs for operational and mid-level health managers' training	HRD
		Maintain a Training Data base for health workers at all levels	HRD
3.	Objective 3: Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.		
3.1	Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.	Stakeholder consultation, procurement of consultant, development, printing and dissemination of the Environmental Health Sanitation & Hygiene Strategic Plan	EH
		Hold quarterly Sanitation and Hygiene Working Group meetings	EH
3.2	Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices	Advocacy and awareness building for new LG leaders to instigate prioritization and funding for ISH; support for formulating and enforcing by-laws for ISH at household and institutional levels.	EH
		Social behavior change communication for construction and use of improved sanitation facilities	EH
		Social behavior change communication for use of hand washing with water, investment in public hand washing facilities in rural and urban areas	EH
		Commemoration of the Sanitation Week	EH
		Hold monthly sanitation days	EH
3.3	3.3 Improved monitoring of hygiene and sanitation	Concept note development, procure consultant, consultative meetings, development, capacity building and roll out of the MIS for hygiene and sanitation	EH
3.4		Stakeholder consultation, procurement of consultant, development, printing and	CH

No.	Interventions	Actions	Lead Department
	Strengthen the Community Health program	dissemination of the Intersectoral Community Health Program	
		Dissemination of CHEW policy and strategic plan, capacity building and tooling of the CHEWs	CH
		Review and disseminate the VHT guidelines	CH
		Training VHTs in Community Health Program; supplying VHTs with required medicines, supplies and tools.	CH
		Provision of VHT registers, reporting forms	CH
3.5	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	Stakeholder consultation, development and dissemination of the Standards & guidelines for child care facilities	CH
		Promote Breast Feeding/ baby care corners in health institutions	CH
		Commemoration of the Breast-feeding week	CH
		Promote and Monitor implementation of the code of Marketing of Breast milk substitutes in Health Facilities and Commercial outlets	CH
		School visits and sensitization on provision of nutritious meals	CH
		Stakeholder consultation, development and dissemination of the National food fortification policy and law	CH
		Develop legislature and regulation to regulate production & consumption of sweetened beverages	CH
3.6	Increase access to immunization against childhood diseases	Mobilize resources for Immunization services, forecast and procure vaccines, training and supervision in EPI management	CDC
		New vaccines (Yellow fever, Td booster doses and 2nd dose MR) introduced	CDC
		Supplemental Immunization Activities conducted for measles, Polio, Yellow Fever, etc	CDC
3.7	Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, NTDs, Hepatitis b), epidemic prone diseases and malnutrition across all age groups emphasizing PHC Approach	Stakeholder consultation, procure consultant, development, printing and dissemination of the Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25	CDC
		Carry out mass LLIN campaign and distribution	CDC
		Carry out Mass Intermittent Preventive Treatment for malaria countrywide during the National Malaria Days twice a year	CDC
		Comprehensive trainings and mentorships through clinical audits in the public and private sector in integrated malaria management	CDC
		Design and implement/scale up innovative HIV prevention programs to improve comprehensive HIV knowledge, impart life skills, reduce risky sexual behaviours, address gender-based violence and improve sexual and reproductive health status among in and out-of-school children and youth.	CDC
		Increase availability of and access to quality condoms through targeted distribution of free condoms, improved social marketing approaches, and adoption of the total market approach.	CDC

No.	Interventions	Actions	Lead Department
		Forecast, and facilitate procure HIV testing kits	CDC
		Revitalize the four-pronged EMTCT approach and optimize EMTCT services by addressing EMTCT program coverage and quality of services, retention of Mother-Baby pairs, access of HIV-exposed infants to PCR and final diagnosis at 18 months.	CDC CDC
		Expand coverage and eliminate all barriers to accessing PrEP and PEP for those at high risk of exposure to HIV infection.	CDC
		Forecast, procure and distribute HIV Testing kits and ARVs	CDC
		Initiate all those who test positive on treatment	CDC
		Integration of HIV care and treatment across programs	CDC
		Strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort	CDC
		Build capacity of service providers to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services that include prevention of GBV and address health worker-stigma	CDC
		Stakeholder consultation, development and dissemination of TB/L Strategic Plan	CDC
		Intensified advocacy, communication and social mobilization for increased funding and responsive awareness for TB	CDC
		Improve detection, management of drug-susceptible TB cases to ensure 90% treatment success. (Procurement of Laboratory TB diagnostic services (Xpert, TB-LAMP, TB LAM, DST)	CDC
		Build capacity of HWs in TB screening and diagnosis, TPT	CDC
		Increase the number of MDR-TB initiating hospitals to 20 and build capacity of HCWs, Improve MDR support systems e.g. enablers for both DS TB and MDR TB	CDC
		Intensified advocacy, communication and social mobilization for increased funding and responsive awareness for TB	CDC
		Community sensitization of services, build capacity among health workers to diagnose Leprosy cases	CDC
		Hepatitis B vaccination, surveillance and community sensitization	CS
		Community sensitization, resource mobilization for vaccines, capacity building, monitoring of Covid-19 pandemic	CDC
		Covid-19 Community sensitization and involvement in preventive activities	CDC
		Strengthen surveillance and diagnostic capacity for Zoonotic diseases for early detection and management.	CDC
		Mapping / assessment to determine endemicity of NTDs	EH

No.	Interventions	Actions	Lead Department
		Social behaviour change communication, Mass Drug Administration, impact assessment and surveillance	EH
		Carry out IRS in high transmission districts in West Nile, Acholi, Lango, Teso, Bukedi, and Busoga regions	EH
		Carry out LSM (larviciding habitat modification, habitat manipulation and biological control) for urban cities and the cattle corridor	EH
		Training, supervision, surveillance	EH
		Social behaviour change communication, Mass Drug Administration in Moroto, Buliisa & Nebbi, impact assessment and surveillance	EH
3.8	Prevent and control NCDs	Develop Multi-sectoral NCD Strategic plan	NCD
		Commemoration of NCD days e.g. Mental Health Day, World Tobacco Day, World Cancer Day	NCD
		Conduct integrated education and community sensitization on healthy eating and lifestyle	NCD
		Conduct National and Regional TOTs in cervical cancer screening using HPV DNA testing and Pap smears	NCD/NHLS
		Train health workers to risk screen for major NCDs like other cancers, CVDs, DM	NHLS
		Development of legislation to ban use of trans fats in the food-chain	NCD
		Monitor population salt and sodium consumption	NCD
		Hold national physical exercise day	NCD
		Conduct sensitization of employers and workers on workplace physical activities for staff	NCD
3.9	Strengthen an emergency medical service and referral system	Dissemination of the EMS Policy and Strategic Plan 2020/21 - 24/25	EMS
		Establish and functionalize the EMS Call Centre and Regional Ambulance Hubs	EMS
		Procurement and distribution of ambulances	EMS
		Training of EMS cadres	EMS
		Approval, printing and dissemination of referral guidelines	CS
		Establish and functionalize ICUs and High Dependency Units in all the RRHs	HID
3.10	Improve maternal, neonatal and child health services at all levels of care	Develop and disseminate the Costed RMNCAH Sharpened Plan 2020 – 25	R&CH
		Hold quarterly RMNCAH Parliamentary Forum Advocacy meetings for increased funding to child and maternal health services	R&CH
		Scale up implementation of the Maternal and Newborn Health package of evidence based high impact interventions at HC IVs	R&CH
		Build capacity of health care workers at all levels to provide quality ANC and PNC services including respectful maternity care	R&CH
		Strengthen capacity of health workers/facilities to provide quality basic and comprehensive	R&CH

No.	Interventions	Actions	Lead Department
		emergency obstetric and newborn care services based on level of care	
		Strengthen Maternal and Perinatal Deaths, Surveillance and Response system.	R&CH
		Build capacity of health workers to manage neonates in the health care facilities,	R&CH
		Develop/Review and disseminate neonatology guidelines and SoPs	R&CH
		Train Health workers Integrated Management of Childhood Illnesses (IMCI)	R&CH
		Training and tooling of the VHTs for Expansion of iCCM	R&CH
3.11	Improve adolescent health services	Re-Orient Health Workers to provide Adolescent and youth friendly services	R&CH
		Finalize and disseminate the Adolescent Health policy	R&CH
		Scale up provision of adolescent friendly ANC and child birth services for pregnant adolescents	R&CH
		Develop and disseminate information packages for Adolescent health	R&CH
3.12	Increase access to Sexual and Reproductive health Services with special focus on Family Planning and age appropriate information	Develop and disseminate the Family Planning Implementation Plan	R&CH
		Finalization and dissemination of the SRH&R Strategic Plan. Implementation monitoring	R&CH
		Train health workers in provision of counselling for family planning	R&CH
		Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies.	R&CH
		Strengthen the capacity of health workers to provide quality family planning services including change packages for Postpartum and Post abortion family planning services	R&CH
		Build capacity of health workers to provide clinical services for survivors of SGBV and violence against children within an integrated SRHR/HIV package	R&CH
		Organize fistula camps	R&CH
		Roll out the National Male Engagement strategy in health in all LGs	R&CH
3.13	Improve the National Health Laboratory and Diagnostic Services	Develop and disseminate the NHLDS SP	NHLS
		Consultative meetings, procure consultants, development, printing and dissemination of Laboratory standards, guidelines, manuals and SOPs	NHLS
		Hold consultative meetings and review the national test menu to guide in the implementation of testing services at each laboratory tier	NHLS
		Review and update laboratory supply list, specifications and catalogues every 3 years	NHLS

No.	Interventions	Actions	Lead Department
		Conduct annual national laboratory quantification with quarterly reviews to assess and address the ongoing needs	NHLS
		Conduct Laboratory mapping of all laboratories in the country showing capacities, location and affiliation.	NHLS
		Strengthen PPP and strategic purchasing mechanisms	NHLS
		Assessment, Laboratory infrastructure improvement as per infrastructure assessment report	NHLS
		Procurement and maintenance of equipment for all Hubs and select high volume facilities	NHLS
		Conduct ToT for laboratory SPARS to allow knowledge transfer to lower-level facilities	NHLS
		Conduct annual refresher training on use of Laboratory Web based ordering system from Regional to HC IIIs across the warehouses	NHLS
		Conduct onsite mentorship on implementation of ISO 35001:2019 and ISO 15190:2020	NHLS
		Conduct mentorship to facilities implementing for laboratory SPARS	NHLS
		Conduct targeted DQA for national and sub national databases and information systems, notably HMIS / dhis2, A-LIS, VL, EID, SCD, etc	NHLS
4.	Objective 4: Strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.		
4.1	Develop national capacity for integrated disease surveillance and management of national and global health risks.	Consultative meetings, procure consultant, develop, print and dissemination of the IES&PHE Strategic Plan	IES&PHE
		Consultative meetings, develop and dissemination of the National Action Plan for Health Security 2020 - 2025	IES&PHE
		Consultative meetings, procure consultant, development, printing and dissemination of the One Health Strategic Plan	IES&PHE
		Consultative meetings, procure consultant, development, printing and dissemination of the National multi-hazard emergency preparedness and response plan	IES&PHE
		Epidemics detected and controlled timely	IES&PHE
		Capacity building, equipping, staffing of the EOC to ensure linkage and use of information generated from other sectors	IES&PHE
		Establish Port Health Facilities for enhanced surveillance	IES&PHE
		Establish an emergency fund readily accessible to support all relevant sectors to carry out immediate investigation of outbreaks	IES&PHE
4.2	Strengthen the disaster and Public Health Emergency coordination	Consultative meetings held and protocols developed and signed	IES&PHE
		Attend regional and cross border meetings held	IES&PHE

No.	Interventions	Actions	Lead Department
	mechanisms at regional to inform disaster response		
5.	Objective 5: Improve functionality and adequacy of health infrastructure and logistics.		
5.1	Develop and upgrade health infrastructure	Develop a National Master Plan for establishment, expansion and maintenance of public health infrastructure	HI
		Establish and functionalize a center of excellence for trauma at national level (Paediatric Surgical Hospital, CUFH Naguru)	HI
		Upgrading of General hospitals to RRHs	HI / CS
		Construction of general hospitals / upgrading of HC IVs to hospitals	HI
		Rehabilitation of general hospitals	HI
		Construct /rehabilitate HC IIIs	HI
		Construct/rehabilitate HC IVs	HI
		Upgrade HC IIs to IIIs	HI
		Rehabilitation and retooling of MoH Headquarters	F&A
		Construction, equipping and operationalization of Regional Incinerators	HI
		Construction and equipping of Blood Banks	HI
		Procurement of blood storage facilities for HC IVs	HI
		Construction of public health sector staff houses	HI
		5.2	5.2 Improved capacity for operation and maintenance of medical equipment.
Review of the Medical Equipment list and specifications	HI		
Maintain and update the National equipment inventory	HI		
Operationalize the Regional Equipment Maintenance Workshops to ensure equipment maintenance	HI		
Conduct ME User training	HI		
5.3	Procure, distribute and maintain appropriate medical equipment at all levels of health service delivery.	Equipping HC IIIs & IVs	
		Equip and functionalize neonatology units in the hospitals & High-volume HC IVs	HI
		Procurement and installation of CT scans	HI
		Procurement, installation and maintenance of X-rays	HI
		Procurement, installation and maintenance of Ultrasound machines	HI
		Vehicle maintenance and repair	F&A
		Procurement and distribution of motor vehicles	HI
		Procurement and distribution of motorcycles	HI
6.	Objective 6: Ensure availability of quality and safe medicines, vaccines and technologies.		
6.1	Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements	Forecast and quantify the national essential medicines and health supplies requirements	PNM
		Train health workers on quantification, procurement, storage and distribution of health commodities, cold chain infrastructures and waste management	PNM
		Capacity building of MTCs in hospitals and HC IVs	PNM

No.	Interventions	Actions	Lead Department
		Integrated procedures and tools for selection, quantification, procurement planning, supply planning and distribution for ALL health commodities developed and in use	PNM
		Develop and disseminate the National Medical Counter Measures Supply Chain Plan	PNM
6.2	6.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.	Expand the roll out of e-LIMIS (LICS) from RRHs to lower-level health facilities	PNM
6.3	Slow down and control the spread of resistant organisms	Develop and disseminated the Antimicrobial Consumption and Use surveillance plan	PNM
		Compile annual antimicrobial consumption and use surveillance reports	PNM
6.4	Develop a reporting platform for monitoring implementation of ADR reporting and management at health facilities.	Community sensitization (radio talk shows) on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected adverse drug reactions.	PNM
		Development and operationalization of a reporting platform for monitoring implementation of ADR reporting and management at health facilities	PNM
6.5	Promote local pharmaceutical manufacturing in Uganda.	Development of the PPP investment plan for production of medicines and health supplies	PNM
6.6	Strengthen pricing mechanism for health commodities	Stakeholder engagement, development and dissemination of the National Medicines Formulary including indicative prices	PNM
6.7	Integration of Traditional and Complementary Medicines in medical practice in Uganda.	Situational analysis of the Traditional and Complementary Medicines	PNM
		Stakeholder engagement, development and dissemination of the National Formulary for Traditional and Complementary Medicinal products	PNM
6.8	Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.	Stakeholder engagement, development and dissemination of the Policy and guidelines on health care waste management	PNM
7.	Objective 7: Accelerate health research, innovation and technology development		
7.1	Develop and disseminate the National Health, Research and Innovation Strategy	Development and dissemination of the National Health, Research and Innovation strategy	UNHRO
7.2	Develop a MoH research agenda	Stakeholder engagements for development of the MoH Research agenda	UNHRO
7.3	Evidence generation	Conduct health surveys	All Departments
7.4	Conduct basic epidemiological, applied, interventional and operational research.	Carry out research / studies	UNHRO / All Departments

No.	Interventions	Actions	Lead Department
7.5	7.5 Establish a national health research knowledge translation platform and data base.	Establishment and updating of the National Health Research Knowledge Translation Platform and data base developed	UNHRO
7.6	7.6 Digitalization of the HIS	Establishment of the EMRS	PFP
		Scale up of the CHIS	PFP
		Stakeholder engagement, development and operationalization of the National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product)	PFP
7.7	Establish the national health innovation cluster	Adaptation, scaling up, appropriate deployment and diffusion of health innovations and technology transfer for fundamental core technologies and emerging technologies	PFP

3.7 KEY PRIORITY PROJECTS

The MoH SP identifies investment projects at two stages, core flagship or transformative investment Projects (Table 8) and other programme projects for the next 5 years. Core project are the priority high multiplier investment projects with significant impact to realization of the Plan results. Other programme projects are also considered as critical to the MoH and will be delivered in the routine Government processes.

Table 9: MoH Projects for 2020 – 2025

No	Project Title	Start Date	End Date	Status
Ongoing and New Projects				
1.	Renovation and equipping of Kayunga and Yumbe General Hospital	2016/17	2020/21	Ongoing
2.	Rehabilitation of Busolwe Hospital	1/07/2017	30/06/2023	Ongoing
3.	Construction and equipping of the International Specialized Hospital in Uganda	2019/20	30/06/2020	Ongoing
4.	Uganda Reproductive Maternal and Child Health Services Improvement Project	01/07/2017	30/06/2022	Ongoing
5.	East Africa Public Health Laboratory Network Project Fund Phase II	2016/17	2020/21	Ongoing
6.	Uganda Sanitation Fund Project II	2017/18	2020/21	Ongoing
7.	Global Fund for AIDS, TB and Malaria (NFM 2, NF3, NFM 4)	01/07/2010	30/06/2025	Ongoing
8.	GAVI Vaccines and Health Systems Strengthening Support	01/07/2017	30/06/2023	Ongoing
9.	Completion of Bukwo and Buwenge General Hospitals.	2020/21	2024/25	Ongoing
10.	Improvement of RRHs in northern Uganda (Arua, Gulu and Lira)	2018/19	2020/21	Ongoing
11.	Construction of 138 Health Centre IIIs in subcounties without any health facility	2020/21	2024/25	Funding request submitted to MoFPED
12.	Italian Support to the Health Sector Development Plan Karamoja Infrastructure Development Project- Phase II	2020/21	2022/23	Profile
13.	Upgrade of ICUs in all RRHs, HDUs in all RRHs and GHs and Radiology Services in selected Hospitals	2020/21	2024/25	Concept
14.	Establishment of Electronic integrated hospital and patient management record system	2020/21	2024/25	Profile
15.	Equipping of 6 RRHs (Gulu, Mbale, Hoima, Bombo, Kawolo and Moroto) with CT scans and equipping 3 RRHs (Mbale, Gulu and Mbarara) with MRIs.	2020/21	2024/25	Profile
16.	Functionalizing neonatal intensive care units (NICUs) in all RRHs and General Hospitals	2020/21	2024/25	Project Idea
NDP III PROJECT IDEAS				
1.	Renovation and equipping of 15 General Hospitals (Abim, Apac, Atatur, Bugiri, Bundibugyo, Iganga, Gombe, Kagadi,	2020/21	2024/25	Profile

No	Project Title	Start Date	End Date	Status
	Kambuga, Kitagata, Kitgum, Kyenjojo, Lyantonde, Pallisa and Masindi).			
2.	Improving functionality of Health Centre IVs including an efficient referral system	2020/21	2024/25	Project Idea
3.	Establishing 12 regional Ambulance hubs	2020/21	2024/25	Project Idea
4.	Expansion and rehabilitation of Soroti RRH	2020/21	2024/25	Project Idea
5.	Construction of General Hospitals in Rubaga Division and Wakiso District	2020/21	2024/25	Project Idea
6.	Upgrading of 3 General Hospitals to RRHs	2022/23	2024/25	Project Idea
7.	Housing for health staff	2020/21	2024/25	Project Idea
8.	Establishment of a National Medical Equipment Maintenance Service / System	2020/21	2024/25	Project Idea
9.	Multi-sectoral community Health Promotion & Prevention Project	2020/21	2024/25	Project Idea
10.	Establish permanent Port Health Services at 24 Points of Entry (2 high volume, 11 medium and 11 low volume).	2020/21	2024/25	Project Idea

4 FINANCING FRAMEWORK AND STRATEGY

This section presents the financing framework of the plan. It provides the overall and disaggregated costs of the plan and the strategies for mobilizing the required financing.

The financing cost was estimated based on the budgetary allocations in the budget framework papers of the MoH for the past 3 years and annual projections of 15% annual increments in budgetary allocations in the medium term at an ideal scenario. The external financing to support the strategic plan was based on the national health accounts estimates of FY 2015/16 and the donor numbers from MoFPED. The cost estimates assume risks of external shocks and government budgetary allocations, and these shall be mitigated by prudent macroeconomic policies and heavy institutional investment in good governance and compliancy to financing agreements.

4.1 SUMMARY OF THE STRATEGIC PLAN BUDGET

The total funding requirements for the 5 years is Ugx 9.416 trillion. The funding sources include GoU medium term expenditure framework and external financing. The summary of the SP Budget is provided Table 9.

Table 10: Summary of the Strategic Plan Budget

Classification	2020/21 Ugx Billions	2021/22 Ugx Billions	2022/23 Ugx Billions	2023/24 Ugx Billions	2024/25 Ugx Billions	Total Ugx Billions
Wage	19.45	20.82	22.27	23.83	25.50	111.87
Non-Wage Recurrent	371.54	645.06	359.96	431.70	421.56	2,229.82
<i>Total Recurrent</i>	<i>390.99</i>	<i>665.87</i>	<i>382.23</i>	<i>455.54</i>	<i>447.06</i>	<i>2,341.69</i>
Total Development	1,204.10	1,314.78	1,498.35	1,492.37	1,564.47	7,074.07
Total Budget	1,595.09	1,980.66	1,880.59	1,947.90	2,011.53	9,415.76

The following interventions constituted the major cost drivers over the planning period:

- Reducing the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, NTDs, Hepatitis B), epidemic prone diseases and malnutrition across all age groups emphasizing PHC Approach.
- Developing and upgrading health infrastructure.
- Procuring, distributing, and maintaining appropriate medical equipment at all levels of health service delivery.
- Increasing access to immunization against childhood diseases; and
- Ensuring adequate HRH at all levels, with special focus on specialized and super specialized human resources.

4.2 LONG-TERM EXPENDITURE FRAMEWORK (LTEF) PROJECTIONS AND IMPLICATIONS FOR SP FINANCING

Table 10 shows the available resource envelope based on the Medium-term expenditure framework projections from MoFPED and an annual growth factor of 6%.

Table 11: LTEF Projections for the MoH

Budget item	2020/21 Ugx Billions	2021/22 Ugx Billions	2022/23 Ugx Billions	2023/24 Ugx Billions	2024/25 Ugx Billions	Total Ugx Billions
Wage	14.62	14.75	15.63	16.57	17.57	79.14
Non-Wage	78.56	188.31	199.61	211.59	224.28	902.34
Total Recurrent	93.17	203.06	215.24	228.16	241.85	981.48
Development	1,175.30	1,309.19	1,387.74	1,471.01	1,559.27	6,902.51
Total	1,268.48	1,512.25	1,602.99	1,699.17	1,801.12	7,884.00

Source: MoFPED

Funding Gap

Table 11 and reveals a financing gap of Ugx 1.5 trillion and ranges between 12% to 31% annually over the five years' period. During the implementation of this plan, this financing gap can be financed from additional finances from GoU, External development partners or off budget donors.

Table 12: Funding gap for the MoH over the next 5 years

Classification	2020/21 Ugx Billions	2021/22 Ugx Billions	2022/23 Ugx Billions	2023/24 Ugx Billions	2024/25 Ugx Billions	Total Ugx Billions
Wage Gap	4.84	6.07	6.64	7.26	7.93	32.73
Non-Wage Recurrent Gap	292.98	456.75	160.35	220.12	197.28	1,327.48
Total Recurrent Gap	297.82	462.81	166.99	227.38	205.21	1,360.21
Total Development Gap	28.80	5.59	110.61	21.36	5.20	171.56
Total Budget Gap	326.61	468.41	277.60	248.74	210.41	1,531.76
Financing Gap as a % of Available Resource	26%	31%	17%	15%	12%	19%

4.2.1 Source of Funding

Financing of this strategic plan will be largely dependent on external funding compared to the contributions from the GoU. The available resources show that 87% of the contributions is coming from Development Partners while only 13% is contributed by the GoU. This raises issues of sustainability of the interventions given that donors have signaled intention to reduce funding in the medium and long term. To ensure sustainability of funding, GoU is developing

a Health Financing Transition and Harmonization Plan to ensure organized transition away from dependence on external financing for the health sector.

Table 13: Strategic Plan Budget by Source of Funding

Classification	2020/21		2021/22		2022/23		2023/24		2024/25		Total	
	Ugx Billions		Ugx Billions		Ugx Billions		Ugx Billions		Ugx Billions		Ugx Billions	
Source	GoU	External	GoU	External	GoU	External	GoU	External	GoU	External	GoU	External
Wage	14.62	-	14.75	-	15.63	-	16.57	-	17.57	-	79.14	0.00
Non-Wage Recurrent	78.56	-	99.18	-	105.13	-	111.44	-	118.13	-	512.44	0.00
Total Recurrent	93.17	-	113.93	-	120.77	-	128.01	-	135.7	-	591.58	0.00
Development	50.71	1,124.59	89.13	1,309.19	94.48	1,387.74	100.14	1,471.01	106.15	1,559.27	440.61	6,851.80
Total Budget	143.88	1,124.59	203.06	1,309.19	215.24	1,387.74	228.16	1,471.01	241.85	1,559.27	1,032.19	6,851.80
Percentage of Source	11%	89%	13%	87%	13%	87%	13%	87%	13%	87%	13%	87%

4.3 RESOURCE MOBILIZATION STRATEGY

This section gives the appropriate strategies to mobilize additional resources to fill the financial gaps. Government budgetary allocation to the health sector has been on average about 7% of the national budget, over the last few years. While the donor community contributes significantly to the health sector, the overall resource envelope for the health sector is inadequate. During the implementation of this plan, GoU with support from HDPs shall mobilize additional resources for implementation of this Plan. Priority will also be given to the broadening of the resource base for funding the health sector including implementation of the NHIS which shall be universally accessible to all people in Uganda in the long term. The MoH shall also focus on building the capacity of both finance and non-finance managers to ensure efficiency and transparency in the management of finances.

The following strategies shall be applied to reduce the funding gap in the Medium Term:

- 1) Enhancing efficiency measures to reduce wastage and a deploying resource to achieve more outputs and better outcomes. These include focusing more on integrated approach to programming, improving of Public Financial Management, management of HRH, and use of information systems.
- 2) Advocacy for increased Public Financing from Government and HDPs.
- 3) Implementation of Pre-payment Mechanisms such as National Health Insurance, Community Health Insurance and Private Health Insurance to reduce funding pressures.
- 4) Improving public planning and procurement processes especially for infrastructure projects to ensure there is Value for Money. There is an increased demand for Strengthening mechanisms of governance and accountability.

- 5) Resource tracking of off budget financing for MoH to ensure there are no duplications and wastages.

4.4 DETAILED COST IMPLEMENTATION MATRIX

This section provides the detailed cost implantation matrix with planned objectives, interventions, outputs and actions with estimated costs and also specifies the responsibility center for each of the planned actions (see Annex 9).

5 INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTING THE PLAN

The MoH will work to enhance the productivity and social wellbeing of the population by directly contributing mainly to the HCDP of the NDP III but also has a role play under the following programs;

- a) Digital Transformation
- b) Innovation, Technology Development and Transfer
- c) Community mobilization and mindset change

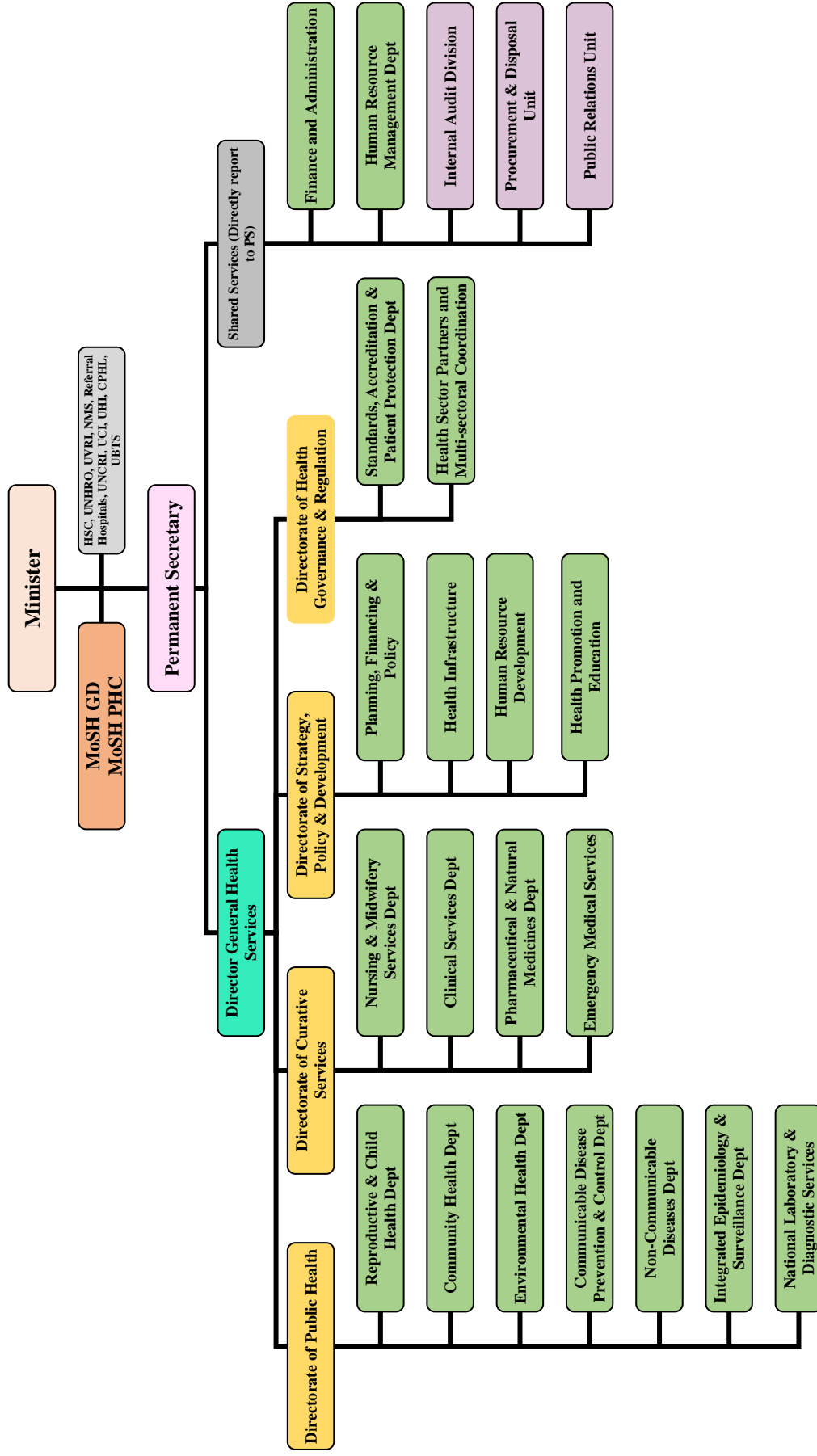
Implementation of the strategic plan will be coordinated through the HCDP Working Group under the NDP III program approach. The MoH will be represented and participate as per the defined Terms of Reference under the overall policy guidance by the Minister of Health and technical leadership of the Permanent Secretary. The successful implementation of the plan will require having a well-functioning MoH structure (Figure 1), having rules that are enforced, joint planning and budgeting, regular performance reviews and commitment to achieving the MoH goal and objectives.

The individual departments will be responsible for implementation of interventions within their respective technical areas. This will be coordinated through the development of comprehensive annual and quarterly operational plans guided by the strategic plan. The departments will compile and submit quarterly and annual financial and technical performance reports that will be reviewed during the quarterly performance review meetings.

The governance, and partnership structures for the MoH intend to establish a substantive sector-wide governance mechanism, to foster agreement on other common procedures for consultation and decision-making. Among the measures are annual planning, procurement and disbursement mechanisms, M&E. Others are audits, financial management and the exchange of information (communication) in this collaboration.

The key governance structures at MoH include the Top Management Committee (TMC), the Health Policy Advisory Committee (HPAC), the Senior Management Committee (SMC), Technical Working Groups (TWGs) and Heads of Departments as illustrated in figure 2. These structures have multi-stakeholder participatory processes, some including LG representatives, CSOs, and health service agencies. Inter-agency coordinating committees were also absorbed into the respective TWGs.

Figure 1: Ministry of Health Macro Structure March 2018



1) Top Management Committee

Chaired by the Minister, is responsible for providing overall policy direction, making higher level policy decisions, approving policy proposals and giving general oversight to the health sector as a whole.

2) Health Policy Advisory Committee

The HPAC is a forum for the Government, HDPs, CSOs and other stakeholders to discuss health policy and to advise on the implementation of the national strategic plan and policies. It is chaired by the Permanent Secretary (PS) and co-chair is the Head of the HDPs. The HPAC meets monthly to discuss issues submitted by the Senior Management Committee and guides the MoH.

3) Senior Management Committee

The SMC Chaired by the DGHS provides strategic leadership in overseeing policy development and planning, as well as oversight of technical programs and assuring coordination of the activities and overall functioning of the Ministry. Intermediate management decisions are made at this level. SMC also examines and prepares the necessary position papers on matters to be referred to HPAC and TMC.

4) Technical Working Groups and (sub)committees

Actual technical coordination is through the TWGs, each focused on specific technical areas. These are the fora through which technical issues are debated and agreed and specific recommendations and actions are implemented. The committees are either both standing or ad hoc. Standing committees exist all the time, while the ad hoc ones are formed to address a particular task, then disbanded when the task is completed. Standing committees primarily relate to health services, while the ad hoc ones focus on different health system challenges.

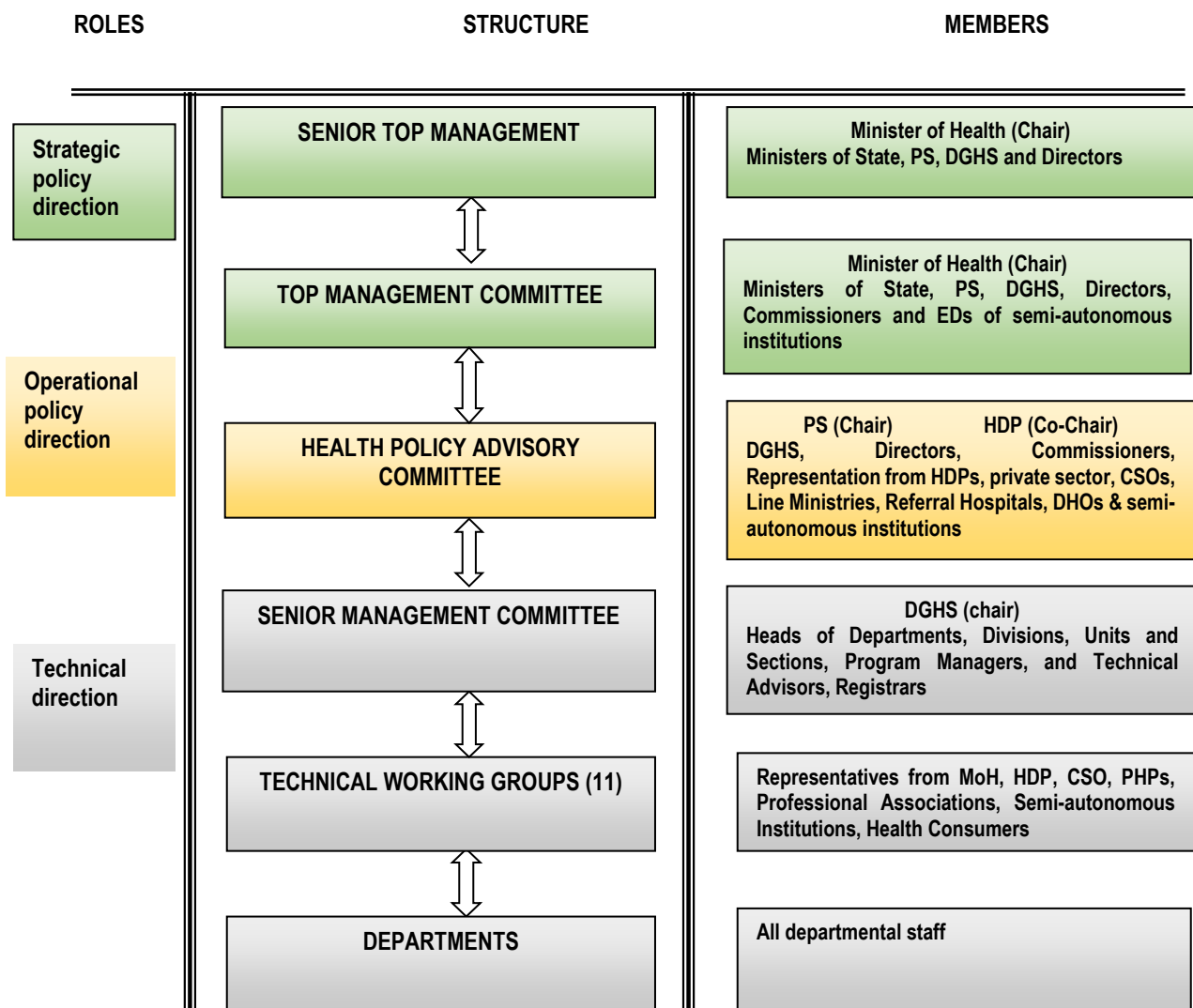
All the TWGs and committees report through the SMC and reports from these are a standing HPAC agenda. Furthermore, HPAC and MoH Senior Management may task TWGs with specific issues to resolve. Two or more technical stakeholder committee can cooperate to address particular issues that cut across them. In such instances, they define the modalities of cooperation. One functioning example is the Global Fund Country Coordinating Mechanism, which brings together Global Fund related issues from the malaria, TB and HIV technical stakeholders' committees.

The TWGs were reconstituted and reduced from 14 to 11 as below;

- 1) Health Sector Budget Working Group
- 2) Governance, Policy and Regulation
- 3) Human Resources for Health
- 4) Public-Private Partnerships in Health
- 5) Medicines Management and Procurement
- 6) Health Information, Innovation and Research

- 7) Clinical Care and Health Infrastructure
- 8) Nutrition
- 9) Communicable Diseases and Non-Communicable Diseases
- 10) Health Education, Promotion and Environmental Health
- 11) Reproductive, Maternal Neonatal, Child and Adolescent Health

Figure 2: Governance and Management Structure Coordination and Linkages



5.0.1 Health Development Partner Coordination

1) HDP Group

The HDP Group meets monthly, with the overall purpose of coordinating development partners in Uganda. The group’s aim is to strengthen the partnership between GoU and the HDPs to ensure more effective implementation of the national strategic plan and to reduce transaction

costs for both agencies and Government. The HDP Group chooses one agency to be their coordinator for each GoU Financial Year (FY). The coordinator chairs the monthly meetings and acts as a contact point between group members and MoH.

2) Inter-Agency Coordination Committees

Inter-Agency Coordinating Committees are fora for those working in particular disease or program areas to coordinate their activities.

At MoH headquarters, the Public Private Partnership for Health (PPPH) Coordination Unit and acts as secretariat and the coordinating arm of all resolutions from the PPPH TWG and HPAC that concern the public-private collaboration in health.

5.1 INSTITUTIONAL AND FINANCIAL SUSTAINABILITY

The MoH will advocate for introduction of the following reforms for enhanced institutional and financial sustainability arrangements.

- 1) Reorientation of health services more towards disease prevention and health promotion since 75% of the disease burden is preventable.
- 2) Institutionalization of measurement and accountability by all stakeholders to strengthen health leadership and governance for multisectoral action on addressing the determinants of health.
- 3) Integrated programming and budgeting for effective delivery from fragmented policies, vertical programmes, budgets and services.
- 4) Establishment of a Regional Technical Supervisory and Mentorship Structure.
- 5) Establishment of a disaster / Public Health Emergency Response mechanism for the health sector.
- 6) Mainstreaming off-budget financing into national budgets.
- 7) Mainstreaming of RBF into the health sector financing.
- 8) Implementation of pre-payment mechanisms like health insurance.
- 9) Introduction of performance contracts for health workers.
- 10) Scholarships and training programs should be targeted to addressing training needs for the critical cadres in short supply and specialists.
- 11) Recentralize some of the critical cadres in the health sector such as specialists, anaesthetists, hospital managers, DHOs.

Table 14: Schedule of Key Planned Activities for Implementation Coordination

No	Activity and Purpose	Output	Responsible Person	Other Agencies	Date of the Planned activity
1	Planning: All Departments meet annually to set priorities for the next FY	Planned priorities for the next FY	PS	Development Partners	Sept – October of the running FY
2	Approval of Priorities: The Heads of Departments will submit their action plans for approval to the Minister of Health as the overseer of implementation of government programs	Approved priorities	PS	Development Partners	Sept – October of running FY
3	Budgeting: Harmonizing the sub-subprogram priorities and the indicative planning figures (IPFs). All Departments prepare annual work plans with costed activities. The Final budget will entail the actions for that particular year	BFPs MPS	CHS PFP	MoFPED, MoES, Development Partners	Nov of the running FY Feb-April
4	Implementation: Each Department sets out to implement the actions detailed in this action plan.	Progress reports on the implemented actions	HODs	HDPs	Quarterly
5	Monitoring and Evaluation: Performance monitoring and reporting will be supervised by OPM (program coordinator at OPM) reporting. NPA will also be involved at this stage.	Program Performance Reports	PS	OPM, MoES, NPA, HDPs	Annually

5.2 HUMAN RESOURCE PLAN

The MoH headquarters currently has a total of 645 approved posts for permanent staff, of which 492 are currently filled giving a staffing level of 76.3%. It requires UGX 12.77 billion to pay the staff in post and UGX 19 billion to finance the full establishment. Staffing levels are lowest for the Directorate of Governance and Regulation (49%) and the Directorate of Strategy, Policy and Development (50%).

In addition, the Ministry has contract staff paid under Uganda government with a wage bill of UGX 0.580. It also has project staff who are paid under their respective projects.

Over the strategic plan period the MoH has been allocated UGX 14.15 billion, therefore a total of UGX 1.38 is available for recruitment. During the strategic plan period priority for recruitment will be given to filling vacant Top and Senior Management positions including absorbing the contract staff under GoU into the permanent establishment. The Ministry will

continue to lobby for additional wage budget to enable it fill all the vacancies in the full establishment.

Table 15: Summary of Staffing Level by Department at MoH Headquarters 2020

Post	Appr No.	No. Filled	No. Vacant	% Filled
Ministers' Office	16	3	11	19%
Office of the Permanent Secretary	12	8	4	67%
Office of Director General of Health Services	4	4	0	100%
Finance and Administration Department	68	41	27	60%
Human Resource Department	18	17	1	94%
Procurement Division	12	8	4	67%
Internal Audit Division	9	8	1	89%
Directorate of Strategy, Policy and Devt				
Office of the Director of Strategy, Policy and Devt	4	0	4	0%
Department of Planning, Financing and Policy	39	23	16	59%
Department of Health Infrastructure	30	15	13	50%
Department of Institution and Human Resource Development	47	18	29	38%
Department of Health Promotion, Education & Communication	16	8	6	50%
Directorate Sub-Total	135	68	64	50%
Directorate of Public Health				
Office of the Director of Public Health	4	0	4	0%
Department of Reproductive and Child Health	17	11	6	65%
Department of Community Health	18	11	7	61%
Department of Environmental Health	36	17	19	47%
Department of Communicable Diseases Prevention and Control	61	45	16	74%
Department of Non Communicable Diseases	15	9	6	60%
Department of National Health Laboratory and Diagnostic Services	20	7	13	35%
Department of Integrated Epidemiology, Surveillance and Public Health Emergencies	31	19	12	61%
Directorate Sub-Total	202	119	83	59%
Directorate of Curative Services				
Office of the Director of Curative Services	4	4	0	100%
Department of Nursing and Midwifery Services	20	9	11	45%
Department of Clinical Services	102	68	35	67%
Department of Pharmaceuticals and Natural Medicines	12	8	4	67%
Department of Emergency Medical Services	8	5	3	63%
Directorate Total	146	94	53	64%
Directorate of Health Governance and Regulation				
Director of Health Governance and Regulation	4	3	1	75%
Department of Standards, Accreditation and Patient Protection	25	9	16	36%
Department of Health Sector Partners and Multi-Sectoral Coordination	14	9	5	64%
Directorate Total	43	21	22	49%
Grand Total	639	477	162	75%

Ministry of Health, therefore, intends to address the challenge of lack of specialists by developing mechanism for producing locally adequate numbers of medical super specialists, specialists and specialised support health cadres to manage health facilities throughout the country. This will involve attracting / recruiting super specialists for five years at USD 3.9 m (UG Sh14.77 b/=), training super specialists at USD 72.2 (UG Sh 267.2 b/=), training of 219 medical specialists to include coverage of RRHs at UG Shillings 7.53b/= (USD 2.0m), 650 specialized support critical cadre at a cost of UG Sh 6.84 (USD 1.8 m) as support cadres and development of new programmes estimated at USD 0.3 M. The overall investment is estimated at USD 80.2 million (UGX 284.7 b/=). The initial expenditure is planned through five years as indicated in table below.

Table 16: Summary of the Five-Year Training and Investment Plan

No.	Activity	Annualized cost USD						Total Cost UGX
		Year 1	Year 2	Year 3	Year 4	Year5	Total USD	
1.	Attraction of Super Specialists	798,600	798,600	798,600	798,600	798,600	3,993,000	14,774,100,000
2.	Training of Specialists to Super Specialists	8,980,00	17,560,000	23,000,000	14,810,000	7,320,000	72,210,006	267,177,022,200
3.	Developing Local Training Programmes	100,000	150,000	50,000	0	0	300,000	1,110,000,000
	Total	9,978,600	18,658,600	23,898,600	15,608,600	8,118,600	76,803,006	283,061,122,200

The cost of training a super specialist abroad is at approximately USD 220.000.0. The average cost of a single foreign referral of patient is at USD 20.000. The cost of only 10 referrals is adequate to train a supper specialist from abroad.

The local training plan needs as a matter of urgency have to be integrated in the national budget as a special project. The table below gives the numbers and deserving areas that require urgent support.

Table 17: Summary of Plan for Local Training

No.	Medical Super Specialty	No.	Duration of Training (Yrs)	2021 Enrolment	2022 Enrolment	2023 Enrolment	2024 Completion	2025 Completion
1	Cardiology	7	3	3	5	7	4	2
2	Oncology	8	3	2	5	8	6	3
3	Neurology	10	3	5	8	10	5	2
4	Urology	4	3	2	1	1	2	1
5	Orthopaedics	6	3	2	4	6	4	2
6	Ophthalmology	4	3	0	2	4	4	2
7	Gastro-intestinalogy	3	3	1	2	0	2	0

8	Dermatology	4	3	2	4	4	2	0
9	Haematology	5	3	2	4	5	3	2
10	Ear, Nose & Throat	6	3	2	4	6	4	2
11	Dentistry	6	3	2	4	6	4	2
12	Respiratory Diseases and conditions	5	3	1	4	4	2	2
13	Newborn and Children specialists	10	3	4	8	10	4	2
	Total	160		62	51	47	46	22

6 COMMUNICATION AND FEEDBACK STRATEGY / ARRANGEMENTS

This Communication and feedback Strategy presents the roadmap that MoH shall take to communicate with and engage the different stakeholders in order to increase awareness of the Ministries' mandate amongst the population. The communication and engagement approach shall reflect the core values of MoH. This strategy seeks to ensure that communication gaps don't occur and the organization remains aligned to driving the strategy agenda in an effective and professional manner.

To move towards a streamlined and well-coordinated delivery of integrated health communication services and to achieve the desired health outcomes, the Communication Strategy for the MoH shall address the following areas;

6.1 OBJECTIVES OF THE COMMUNICATION AND STAKEHOLDER STRATEGY

1. To create an enabling environment for coordination among multi-sectoral stakeholders involved in health communication service delivery.
2. To improve the flow of information and collaboration among the key sectors and actors involved in the delivery of the MoH SP.
3. To provide supporting standard operating procedures and guidelines to streamline the coordination of planning and implementation of the MoH communication activities.

6.2 STRATEGIES

1. Strengthening the coordination and implementation of communication and feedback mechanisms in the MoH programs and across the health sector.
2. Strengthening stakeholder dialogue, engagement and multi-sectoral collaboration fora for effective delivery of integrated health communication services.
3. Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the MoH activities and health related issues.
4. Establishing a comprehensive Health Communication Knowledge Management System to facilitate standardized reporting, information sharing, and access to learning and vital resources.

6.3 EXPECTED OUTCOMES

1. Improved flow of information and coordination of health communication in the sector.
2. Improved collaboration in planning and implementation of health communication programs.

3. Improved media relations and coverage of health issues.
4. A functional knowledge management system for health communication established and maintained.

6.4 DISSEMINATION METHODS

To ensure effective execution, it's critical that the Strategic Plan is widely disseminated and shared with key stakeholders. The dissemination methods will include:

- i) Use of the official MoH website: <https://www.health.go.ug>
- ii) Use of MoH Knowledge Management Portal: ***<https://library.health.go.ug>***
- iii) Use of social media i.e., Facebook, WhatsApp's, Twitter among others.
- iv) Publishing program or policy briefs, education and awareness programs, newsletters.
- v) Distribution of hard copies (main report/abridged version) to key stakeholders.
- vi) Presenting at national conferences and meetings.
- vii) Working with interest groups, peak bodies and citizen panels
- viii) Using the media- distribution of brochures and advertising events or issues

7 STRATEGIC RISKS

Risk analysis involved identifying where the Ministry might be vulnerable to internal or external factors which the sector may not be able to overcome. The potential risks contributing factors and mitigation measures for the risks are analyzed.

The key risk is sustainability of funding to the sector in view of the increasing population and increasing cost of health care services. Other risks include political decisions that impact cost escalation, regulatory risks, number of adverse reports from the auditor general, climate change challenges which affect health care, social determinants of health provision which impacts on health outcomes, health security risks and outbreaks and unrealistic expectations from clients and the stakeholders.

The mitigation measures include: prudent macroeconomic policies, compliance with financing acts, continuous engagement with stakeholders, enforcement of accountability, implementation of green growth policies, embracing of one health framework, improvement in surveillance and IT monitoring and massive education and stakeholder involvement using a multi-sectoral approach.

Table 18: Risks and mitigation strategy

S/N	Risk category	Risk	Risk factor	Risk level	Mitigation strategy
1	Operational	Institutional and financial constraints	Inadequately staffed organizational structure which affects MoH's ability to perform as expected	Medium	Continuous engagement with the Service Commissions to expedite recruitment of staffs to fill the vacant positions.
			Inadequate budgetary allocations to fund the Ministry's programs	High	Continuous engagement with MoFPED and Development Partners to provide the required financial and technical resources
			Outbreak of emergencies	High	Strengthen the Ministry's capacity to detect and manage Health emergencies.
2	External risks	Pandemics	Globalization where it is easy for pathogens to spread across the globe rapidly.	High	Strengthen the Ministry's capacity to detect and manage Health emergencies and pandemics. Global and regional protocols agreed and signed by the governments, to respond to global pandemic

S/N	Risk category	Risk	Risk factor	Risk level	Mitigation strategy
					Strengthen community level awareness, preparedness and response.
		Climate Change	NCDs and Communicable diseases increasing as a result of destroying the environment hence climate change	High	Advocacy for pro-climate change policies Intensify control of communicable and NCDs

8 MONITORING & EVALUATION FRAMEWORK

Monitoring and evaluation (M&E) processes are essential functions in ensuring that priority health actions outlined in the MoH SP as stated in the objectives and desired results are implemented as planned. An integrated and comprehensive approach to monitoring national health strategies will measure progress towards the health-related national, SDGs and UHC commitments. The M&E system will respond to the growing interest and demand for quality data for decision-making, measurement, learning, accountability and policy dialogue. For this plan, the M&E system will:

- 1) Inform formulation of sound policy, improved institutional environment, enhanced and multi-stakeholder coordination mechanisms.
- 2) Ensure well-functioning data sources (civil registration and vital statistics - CRVS) systems, population-based surveys, routine facility information systems, facility surveys, administrative data sources, disease and public health surveillance, research studies).
- 3) Ensure strong institutional capacity for data collection with unified data architecture, management, analysis, use and dissemination.
- 4) Effective multi sectoral mechanisms for data and performance review.

8.1 DATA COLLECTION

The different sources of the data are the routine HMIS, administrative data, civil registration and statistics, surveys, census and research. The main source of data for M&E of the MoH SP shall be the HMIS for the outcome indicators and administrative data for the output indicators.

8.2 M&E GOVERNANCE, STRUCTURES, FUNCTIONS AND CAPABILITIES

The Ministry has an M&E Unit that is responsible for managing all M&E tasks including data analysis, use and reporting. The unit supervised by the CHS Planning, Financing and Policy is responsible for the design and implementation of the M&E frameworks and provide oversight and direction for all M&E processes including having a robust and comprehensive Monitoring, Evaluation, Learning and Reporting system that emphasizes reliable, accurate and timely reporting against set targets and indicators.

8.3 DATA ANALYSIS, DISSEMINATION AND USE

The Division of Health Information will be responsible for production of quarterly and annual statistical reports using data from the DHIS2. There will be an Annual Performance Report every year which will be produced by the Department of Planning, Finance & Policy. This report will highlight progress and challenges in implementation of the MoH SP and elaborated in the operational plan for the year. In order to ensure that the MoH and submit these reports by August each year for compilation. The reports shall be incorporated in the Annual Performance Report which is presented at the JRM of each year.

The M&E Unit will develop a dissemination plan for sharing results. The plan will provide detailed information on how the results will be shared and discussed with key stakeholders and how progress results will be shared internally and externally. The dissemination frequency, dissemination avenues, and the person(s) responsible for dissemination will also be detailed in the plan. Prior to dissemination, data will be shared and discussed with the Planning department to ensure ownership. The M&E Unit will provide progress data for supporting evidence-based programmatic decision-making processes and improving the performance. Data collected will also be used to identify ongoing technical support needs.

8.4 REPORTING

The Department of Planning, Financing and Policy will take lead in implementing reporting systems. The Ministry will document achievements, successes, lessons learned, best practices and challenges to build and contribute to the body of knowledge on Health Services Delivery in the Country. Progress report findings will be reviewed and discussed internally by the Planning unit team prior to dissemination. Monthly, quarterly, bi-annual and annual reports on activities implemented, progress against agreed-on targets and indicators, and narrative descriptions of achievements, challenges, and support needs will be compiled and submitted to MoH Senior Management and stakeholders.

8.5 DATA QUALITY ASSURANCE

The Division of Health Information will develop a comprehensive data quality assurance plan detailing procedures and methods for managing and improving the quality of data collected most especially through the HMIS. Data verification will be based on a comprehensive system to review the collected data for completeness and accuracy. The actual method used will depend on the data source. Data Quality Audits and Data Quality Surveys will be regularly carried out to provide a picture of the level of accuracy of the data collected. Appropriate correction of the data will be applied, based on its expected accuracy to provide more realistic pictures of the state of the different indicators.

8.6 KNOWLEDGE MANAGEMENT

The MoH will ensure that all stakeholders are receiving guidance and evidence of the ministry actions in a manner that responds to their expectations. These stakeholders include the wider Government (OPM), Parliament, citizens, and all other consumers of health in line with the Access to Information Act. All M&E and research results users should be able to translate and use the data/information for decision making, policy dialogue, review and development.

8.7 PERFORMANCE REVIEWS AND EVALUATIONS

The Ministry will undertake joint quarterly and annual performance reviews, the output for which shall be the quarter and annual performance report. The quarterly reviews will take place every first month of a quarter, and the annual review will take place in August/ September of each year.

8.7.1 Mid-term Evaluation

A mid-term review of the MoH SP will be conducted two-and-a-half years into the Plan's implementation. This review will address performance against the intended objectives and key outputs. It will recommend any changes required to achieve the objectives and targets.

8.7.2 End of Term Evaluation

A final evaluation of MoH SP will be conducted in the final year of the Plan's implementation. The evaluation will assess the overall effectiveness of the MoH against its planned results, and where possible, it will look at impacts.

8.8 RESULTS FRAMEWORK

This section highlights the results framework at d Output level.

The key MoH output level indicators and targets for the 5 years are shown in Table 19.

Table 19: MoH Strategic Plan Output Level Indicators (2020/21 – 2024/2025)

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
Objective 1: To strengthen health sector governance, management and coordination for UHC									
1.1 Strengthen governance, management and effectiveness of the health sector at all levels	Governance and management structures reformed and functional	Top Management meetings held (%)	20	50	75	100	100	100	Minutes
		HPAC meetings held (%)	90	100	100	100	100	100	Minutes
		Senior Management meetings held (%)	80	100	100	100	100	100	Minutes
		Technical Working Group meetings held (%)	35	50	75	100	100	100	Minutes
		Departmental meetings held (%)	50	100	100	100	100	100	Minutes
1.2 Development of Strategic Plan and operational plans	Strategic plans developed	MoH 5-year strategic Plan developed	1	1	-	-	-	1	Strategic Plan
	Annual MoH Operational plans developed	MoH AWP compiled timely	1	1	1	1	1	1	AWP
	Comprehensive District Health Plans developed	Districts with evidence based annual health plans (%)	5	20	30	40	45	55	District plans
1.3 Develop / Review laws, regulations, policies, byelaws and ordinances	Laws, regulations, policies developed / reviewed	Laws, regulations and policies, reviewed / developed (Number)	2	4	5	5	5	5	AHSFR

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV	
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25		
relevant to health, enact new ones and monitor their implementation	Integrated Authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established	Joint Health Professionals Authority in place.	0	0	UHPA law enacted	0	0	0	0	Bill
1.4 Development of Standards, guidelines and SOP	Standards, Guidelines and SOPs reviewed / developed, disseminated	Standards, guidelines and SOPs reviewed / developed and disseminated (Number)	23	10	10	10	10	10	10	AHSPPR
1.5 Strengthen Supervision and mentorship	Regional Technical Supervisory Structures established to support District Health Service delivery.	Regional Supervisory Structures (Number)	0	4	6	8	14	14	14	Reports
	Effective supervision and mentorship undertaken	Health Sub-programs political Oversight visits undertaken (Number)	4	6	6	6	6	6	6	Reports
		Quarterly integrated supervision visits undertaken (Number)	3	4	4	4	4	4	4	Reports
		No. of technical supervision and mentorship visits undertaken	12	12	12	12	12	12	12	Reports
1.6 Strengthen the National Quality	Improved quality of care	Health providers accreditation mechanism developed	-	-	1	-	-	-	-	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
Improvement system		Laboratories accredited to ISO 15189 standards (Number)	24	29	34	39	44	50	Reports
		Districts undertaking HFQA (%)	11	50	75	100	100	100	Reports
		MoH, Programs & Projects with M&E Plans (%)	70	100	100	100	100	100	M&E plans
		Quarterly MoH performance reports compiled (Number)	3	4	4	4	4	4	Reports
		MoH quarterly review meetings held (Number)	3	4	4	4	4	4	Reports
		Quarterly budget performance reports submitted (Number)	4	4	4	4	4	4	PBS Reports
		Annual Health Sector Performance Report compiled and disseminated	1	1	1	1	1	1	AHSFR
		Annual Joint Performance Review held and aide memoire disseminated	1	1	1	1	1	1	Aide memoire
		Mid and end term evaluation of MoH and Strategic plan	HSDP MTR	-	-	Mid term evaluations	-	End term evaluations	Report
		Health Information Strategic Plan developed and disseminated	-	Draft	1	0	0	0	Plan
1.8 Strengthen Data collection, quality and use	Reliable and accurate HIS in place	Health workers trained in data analysis and use (Number)	45	50	150	150	150	150	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
		Availability of HMIS tools at all health facilities (%)	30	65	70	75	80	Reports	
		Monthly HMIS reports submitted on time (%)	95	100	100	100	100	AHSPR	
		Information products developed and shared quarterly	4	4	4	4	4	Reports	
		Health Facility Atlas developed	-	1	0	1	0	Atlas	
		Functionality of the National Health Data Repository (%)	100	100	100	100	100	Reports	
1.9 Resource mobilization and equitable allocation	Equitable resource allocation and efficient utilization	Annual MPS, BFP developed and submitted timely (%)	100	100	100	100	100	MPS, BFP	
		Annual budget tracking and efficiency report produced and disseminated	NA	1	1	1	1	Study report	
		Quarterly financial audits undertaken (Number)	4	4	4	4	4	Audit reports	
1.10 Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels	Functional multi-sectoral framework, compact and accountability framework developed Partnerships and multi-sectoral networks established and strengthened	Multi-sectoral framework, compact and accountability framework developed PPPH Strategic Plan 2020 – 2025 developed Health Sector Integrated Refugee	0	0	0	0	0	Framework Plan Plan	

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV	
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25		
		Response Plan developed								
		Refugee Health facilities integrated into the District Health System (%)	0	50	50	0	0	0	0	Reports
		Reports for monitoring implementation of the Health Sector Integrated Refugee Response plan (Number)	Na	4	4	4	4	4	4	Reports
		Annual stakeholder analysis and mapping undertaken	1	1	1	1	1	1	1	Reports
		Stakeholder engagement meetings / workshops held (Number)	4	4	4	4	4	4	4	Reports
		Regional and International health partnership meetings attended (Number)	4	4	4	4	4	4	4	Reports
		Reports on non-state actor contribution to health system investments (Number)	0	1	1	1	1	1	1	Reports
Objective 2: Strengthen human resources for health management and development.										
2.1 Ensure adequate human resources for health at all levels, with	HRH Policy and Strategic Plan Developed	HRH Policy and Strategic Plan in place	1	-	-	-	-	-	-	Policy and Strategic Plan
	Medical Interns deployed	Medical interns deployed (Number)	964	1,000	1,000	1,000	1,000	1,000	1,000	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
special focus on specialized and super specialized human resources	Salaries paid	Salaries paid on time (%)	100	100	100	100	100	100	Reports
	Pension & Gratuity paid	Pension and Gratuity paid (%)	100	100	100	100	100	100	Reports
	iHRIS functional	LGs with up to date iHRIS (%)	76	40	50	75	75	75	Reports
	National Health workforce inventory done	National Health Workforce Accounts undertaken	-	-	1	-	-	-	Report
	Schemes of service, standards of practice and job descriptions developed for all health cadres	Health cadres with Up-to-date schemes of service and standards of practice and job descriptions (%)	30	75	100	100	100	100	Reports
2.2 Improve performance management, monitoring and reporting	Multi-sectoral planning for training of health workforce in appropriate skills and numbers	MS Committee meetings attended (%)	0	100	100	100	100	100	Minutes
	Improved health worker performance and attendance to duty	E-personnel performance management, monitoring and reporting system developed	-	Development	Capacity building	Roll out	Implementation	Reports	
2.3 Undertake continuous training and capacity building for health workers	Continuous Professional Development and training undertaken	Annual Training plans based on the TNA	0	1	1	1	1	1	Training plan
		In-service training curriculum and materials in place	0	1	-	1	-	-	Training curriculum
		Staff on in-service training (Number)	Na	20	20	20	20	20	Training reports / database
	Scholarships awarded (Number)	Scholarships awarded (Number)	188	400	100	100	100	100	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets				MoV	
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24		FY 2024/25
		HMDC and Regional hubs Functional Training database updated	1 Na	1 1	3 1	4 1	5 1	6 1	Reports Database
Objective 3: Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.									
3.1 Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.	EHS&H Strategic Plan developed	EHS&H Strategic Plan disseminated and implemented	EH SP 2018/19 - 22/23	-	-	1	-	-	Plan
3.2 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices	Functional Sanitation and Hygiene Working Group	Sanitation and Hygiene Working Group meetings held (Number)	4	4	4	4	4	4	Minutes
3.3 Improved monitoring of hygiene and sanitation	Increased access to inclusive sanitation and hygiene services in rural areas	LGs engaged on the KDS (%) Sanitation week commemorated nationally SCs holding monthly sanitation days (%)	33 1 0	100 1 0	100 1 10	100 1 20	100 1 25	100 1 30	Reports Reports Reports
3.4 Strengthen the Community Health program	Functional Hygiene & Sanitation MIS	MIS for hygiene and sanitation established	0	-	MIS Development	MIS roll out	MIS operational	MIS operational	MIS
	Intersectoral Community Health Programs in place	Community Health Strategy developed and disseminated	NA	Strategy developed	Dissemination & roll out	-	-	-	Strategy
	% of CHEW's operational	CHEW policy and strategy approved and operationalized	Policy & Strategy developed	Proof of concept	Approval	Implementation	Implementation	Implementation	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
	Functional VHTs	Revised VHT guidelines provide for youth inclusion with emphasis on gender	awaiting approval NA	0	1	1	1	1	Revised guidelines
		Trained and tooled VHTs (Number)	6,500	10,000	10,000	10,000	10,000	10,000	Reports
3.5 Intensify advocacy, communication and social mobilization for increased awareness and positive behaviour change for all health interventions	Integrated Health Education and Promotion program in place	Integrated Health Communication Strategy developed and disseminated	Strategy for Health Promotion/SBCC strategy.	1	0	0	0	0	Strategy
	IEC materials developed and disseminated	IEC materials developed / revised (Number)	Na	10	10	10	10	10	Reports
	Increased health literacy and utilization of health services	Community engagement / mobilization activities through various means (mass media, campaigns, social media, etc) (Number)	Na	48	48	48	48	48	Reports
3.6 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women	Standards & guidelines for child care facilities in place	Standards & guidelines for child care facilities developed	Na	0	1	-	-	-	Standards & guidelines
	Breast Feeding/ baby care corners in health institutions established	Work places with breastfeeding corners (%)	Na	5	10	15	20	25	Reports
	Breast-feeding week commemorated	Annual BF week commemorated	1	1	1	1	1	1	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
and vulnerable groups	Code of marketing breast milk substitutes adhered to	Commercial outlets and health facilities monitored conforming to the code of marketing (%)	Na	40	40	40	40	40	Reports
	Nutritious meals provided at schools	Schools (primary and secondary) visited and sensitized to ensure provision of safe and fortified foods to children (Number)	Na	10	15	20	25	30	Reports
	National food fortification policy and law developed	National food fortification policy and law in place	0	0	1 (policy)	1(Law)	-	-	Policy & Law
3.7 Increase access to immunization against childhood diseases	Target population fully immunized	Hunger and malnutrition reduced	-	-	-	-	Regulations developed	-	-
		New vaccines introduced (Number)	1 (rotavirus)	-	-	-	2 nd dose MR	-	Reports
		Yellow Fever Vaccination Campaigns (Number)	-	1	1	1	1	1	Reports
3.8 Reduce the burden of communicable diseases with focus on high burden diseases	Reduced morbidity and mortality due to malaria	Measles campaigns and SIAs conducted (Number)	0	-	1	-	1	1	Reports
		Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 finalized and disseminated	Na	Plan finalized	Plan disseminated	-	-	-	Plan

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV		
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25			
		HPV Vaccination for girls, Sexual and Reproductive Health, SGBV) (%)									
		Service providers trained to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services (Number)	Na	250	250	250	250	250	250	250	Reports
	Reduced morbidity and mortality due to TB/Leptosy	TB/L National Strategic Plan in place	NA	1	-	-	-	-	-	-	Plan
		Advocacy and Community engagement activities on TB	6	12	12	12	12	12	12	12	Reports
		Facilities (Hospitals, HC IVs and IIIs) with diagnostics for TB (%)	50	75	78	82	86	90	90	90	Study reports
		Health workers trained in TB Preventive therapy for contacts (Number)	0	600	400	400	400	400	400	400	Reports
		MDR-TB initiating hospitals (Number)	14	14	15	17	18	20	20	20	Reports
	Reduced morbidity and mortality due to NTDs in all affected districts in Uganda to a level where they will no longer be of public health importance by 2025	NTDs mapped to determine endemicity (%)	10	20	20	20	20	20	20	20	Reports
		Endemic districts (90) achieving elimination of schistosomiasis (%)	0	0	16	16	16	16	16	16	Reports
		High transmission Districts	50 (15 districts in	70	75	100	100	100	100	100	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV		
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25			
		implementing Indoor Residual Spraying (IRS) (%)	eastern region & 11 in northern region								
		Local Governments undertaking Larval Source Management (Number)	0 (field evaluations of SAFE larvicides were conducted in Wakiso and Nakasongola	10	15	15	15	15	15	Reports	
		Case management centres active for HAT (sleeping sickness) diagnosis in endemic districts (Number)	43	43	43	43	43	43	43	Reports	
3.9 Prevent and control NCDs	Reduced NCDs	Multi-sectoral NCD Strategic plan developed	Draft plan	-	-	-	1	-	-	Plan	
		NCD days commemorated (Sickle cell, Mental health, diabetes) (Number)	3	3	3	3	3	3	3	Reports	
		Media campaigns (monthly) (Number)	4	12	12	12	12	12	12	12	Reports
		Trainers trained in cervical cancer screening using HPV DNA testing and Pap smears (Number)	Na	100	360	-	-	-	-	-	Reports
		Health workers trained to risk screen for major NCDs like other	Na	100	150	150	200	200	200	200	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV	
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25		
3.10 Strengthen an emergency medical service and referral system	Nationally coordinated ambulance service and referral system in place	cancers, CVDs, DM (Number)								
		Legislation developed to ban use of trans fats in the food-chain	Na	-	-	1	-	-	Reports	
		Salt consumption monitored through survey e.g. UDHS, STEPS	Na	-	-	-	-	1	Survey reports	
		National Physical exercise day in place	1	1	1	1	1	1	Reports	
		Public workplaces with physical exercise initiatives (Number)	Na	130	160	190	220	220	Reports	
		National ES Policy and Strategic Plan in place.	Draft	1	0	0	0	0	Policy & Plan	
		Regional Ambulance Hubs established (Number)	0	6	2	2	2	2	Reports	
		Ambulances procured (Number)	0	50	50	50	50	50	Reports	
		EMS cadre trained (in-service) (Number)	290	400	400	400	400	400	Reports	
		Referral guidelines disseminated	Draft	Guidelines finalized and printed	Dissemination	-	-	-	Guidelines	
3.11 Improve maternal, neonatal and	Reduced maternal, neonatal and child mortality	RRHs with functional ICUs & HDUs (Number)	3	16	16	18	18	18	Reports	
		Costed RMNCAH roadmap 2020 - 25 disseminated	RMNCAH Investment case	1	1	0	0	0	Roadmap	

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
child health services at all levels of care		RMNCAH Parliamentary Forum Advocacy meetings for increase financing for RMNCAH (Number)	2	4	4	4	4	4	Reports
		Primary Health workers trained in Newborn Care (Number)	Na	300	300	300	300	300	Reports
		MCH Guidelines, SOPs/manuals developed	2	2	2	2	2	2	Guidelines
3.12 Improve adolescent health services	Reduced teenage pregnancies	Districts implementing Integrated Community Case Management (iCCM) strategy (%)	79	82	85	88	90	90	Reports
		Health workers re-oriented in Adolescent and youth friendly Health services (Number)	663	400	400	400	400	400	Reports
		Adolescent Health Policy developed and disseminated	-	0	0	0	0	0	Policy
3.13 Increase access to Sexual and Reproductive health Services	Improved Sexual and Reproductive Health	FP Implementation Plan developed	FP Costed plan in place	1	-	-	-	-	Plan
		SRH&R Strategic Plan disseminated	0	Dissemination	-	-	-	-	Plan

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
with special focus on Family Planning and age appropriate information		Health workers trained in FP counselling and provision (Number)	Na	300	300	300	300	300	Reports
		Obstetric fistula camps organized (Number)	1	2	2	2	2	2	Reports
		Districts with District Male Engagement Plans (%)	Na	50	100	100	100	100	Reports
3.14 Improve the National Health Laboratory Services	Increased access to quality laboratory services	National Laboratory Services Strategic Plan developed	Na	1	-	-	-	-	Plan
		Standards, guidelines, manuals and SOPs developed and disseminated (Number)	Na	3	4	3	3	2	Standards, guidelines, manuals and SOPs
		Test Menu reviewed and disseminated	1	-	1	-	-	1	Test Menu
		Updated Lab supplies List	1	-	1	-	-	1	Lab supplies List
		Annual quantification done	1	1	1	1	1	1	Reports
		National database of all laboratories in the country showing capacities, location and affiliation.	0	-	1	1	1	1	Database
		Lab PPP strategies established (Number)	0	5	5	5	5	5	Reports
		Laboratory infrastructure improved (Number)	3 (Mbale, Mbarara, Moroto)	10	20	40	80	160	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
		Hubs equipped (Biosafety Cabinets, waste treatment autoclaves, cold storage facilities, etc) (Number)	0	20	25	30	35	40	Reports
		ToT for laboratory SPARS done	0	-	1	-	1	-	Reports
		Annual refresher training on use of Laboratory Web based ordering system (Number)	0	1	1	1	1	1	Reports
		Laboratories mentored on ISO implementation (Number)	2	10	20	25	30	35	Reports
		Mentorships visits to facilities implementing for laboratory SPARS (quarterly) (Number)	0	4	4	4	4	4	Reports
		Regional DQAs for national and sub national databases and information systems (Number)	0	4	4	4	4	4	Reports
Objective 4: Strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national levels.									
4.1 Develop national capacity for integrated disease surveillance and management of national and	Epidemic diseases timely detected and controlled	IES&PHE Strategic Plan developed	0	1	-	-	-	-	Plan
		Districts with IDSR rolled out (Number)	0	1	55	110	36	Consolidation and follow ups	Reports
		Districts using IDSR to detect early and report Public Health threats	0	1	55	110	36	146	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV	
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25		
global health risks.		within 24 Hours (Number)								
		PoEs designated (Number)	0	0	5	8	10	10	10	Reports
		Integrated sentinel surveillance sites the department programmes (Number)	0	0	17 (NRH & RRRHs)	10 GHs and 10 HC IVs	10 HC IIIs & border points	10	10	Reports
		Districts supported in early reporting of priority diseases (Number)	0	32	32	32	32	32	32	Weekly epidemiological bulletin
		LGs trained to prepare and respond to PHEs (Number)	0	30	30	30	30	30	30	Reports
		LGs affected by major PHEs supported (Number)	0	15	15	15	15	15	15	Reports
		DHT Trained (%)	0	25	50	75	30	40	40	Reports
		Ministries departments and agencies handling zoonotic diseases (%)	NA	75	75	80	80	90	90	Reports
		Functional National and District One Health teams in place.	50	65	75	80	90	98	98	Reports
		Sectors and disciplines participating in One health issues (%)	Na	20	25	45	50	60	60	Reports
	Planning meetings held (Number)	2	5	5	5	5	5	5	Reports	
	Strategies developed at the national and district level (Number)	2	5	5	5	5	5	5	Reports	
4.2 Strengthen the disaster and Public Health	Functional coordination mechanisms at	Global and regional protocols agreed and signed by the	2	2	2	2	2	2	2	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets				MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	
Emergency coordination mechanisms at regional to inform disaster response	regional level to inform pandemic /epidemic response	governments, to respond to global pandemics (Number).						
		Regional and cross border meetings held (Number)	4	4	4	4	4	Reports
	Community-level awareness, preparedness and response strengthened	ToT and refreshers for capacity building for community-level awareness, preparedness and response (Number)	0	146	146	146	146	Reports
Objective 5: Improve functionality and adequacy of health infrastructure and logistics.								
5.1 Develop and upgrade health infrastructure	Planned expansion of health infrastructure	National Master Plan for establishment, expansion and maintenance of public health infrastructure developed	0	1	0	0	0	Plan
		Centres of excellence established commissioned and functional (Number)	0	0	1	0	0	Reports
	Construction, rehabilitation / expansion and equipping of health facilities	New Regional Referral Hospitals established (Number)	0	-	2	-	-	Reports
		General hospitals constructed or upgraded (Number)	1 (Rukunyu)	4	4	4	4	Reports
		General hospitals rehabilitated (Number)	17	3	3	3	3	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
		HC IIIs constructed (Number)	0	0	12	56	30	44	Reports
		HC IVs constructed / renovated (Number)	9	4	5	5	10	10	Reports
		HC IIs upgraded to HC IIIs (Number)	0	105	54	0	0	0	Reports
		HC IIIs renovated (Number)	0	40	0	0	0	0	Reports
		MoH headquarters rehabilitated and retooled.	1	1	1	1	1	1	Reports
	Improved health care waste management	High-capacity regional incinerators constructed, equipped and operationalized (Number)	0	0	2	3	0	0	Reports
	Increased availability of safe blood	Blood banks constructed (Number)	0	0	2	2	0	0	Reports
		Blood storage facilities (fridges) procured (Number)	0	10	40	20	20	20	Reports
	Increased coverage of health workers accommodation	Public health sector staff houses constructed (Number)	28 twin staff houses under GAVI construction of 68 staff houses in Karamoja region	62	53	35	50	47	Reports
5.2 Improved capacity for operation and maintenance of medical equipment.	Functional medical equipment	Medical Equipment Policy developed	0	0	1	0	0	0	Policy
		Medical Equipment list and specifications reviewed	1	0	1	0	0	0	Revised Equipment Specifications

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets				MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	
		Medical equipment inventory maintained and updated	1	1	1	1	1	Reports
		Fully equipped and adequately funded equipment maintenance workshops (%)	0	30	50	55	60	Reports
		Health workers trained in ME Use (Number)	91	200	200	200	200	Reports
		Basic equipment available at lower level health facilities (%)	45	55	60	70	75	Reports
		HC III's equipped (Number)	0	110	12	56	30	Reports
		No. of HC IVs equipped	0	45	5	10	10	Reports
		MoH vehicles maintained and repaired (%)	60	100	100	100	100	Reports
		Vehicles procured (Number)	15 (URMCHIP)	272	25	10	10	Reports
		No. of motorcycles procured	4	-	100	-	-	Reports
Objective 6: Ensure availability of quality and safe medicines, vaccines and technologies.								
6.1 Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements	Medicines and health supplies availed	Health workers trained in Supply Chain Management (Number)	Na	150	200	200	200	Reports
		Hospitals and HC IVs with functional MTCs (%)	Na	55	60	65	70	Reports
	Integrated supply chain management system	Health commodities integrated in the national supply	80	90	100	100	100	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets				MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	
		chain management system (%)						
	Operational framework in response to public health emergency threats in place	National Medical Counter Measures Supply Chain Plan developed	0	1	0	0	0	Plan
6.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.	e-LMIS system scaled up to all health facilities	Health facilities utilizing the e-LMIS (LICS) (%)	10 (RX solution in hospitals only)	50	70	75	80	Reports
6.3 Slow down and control the spread of resistant organisms	National Antimicrobial Consumption and Use surveillance plan developed	Antimicrobial Consumption and Use surveillance plan developed	0	-	1	1	1	Reports
	Surveillance of antimicrobials use in human health done	Antimicrobial consumption and use surveillance reports (Number)	0	1	1	1	1	Reports
6.4 Develop a reporting platform for monitoring implementation of ADR reporting and management at health facilities.	Community and consumers sensitized on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected ADR.	Community sensitization activities (Number)	0	10	10	10	10	Reports
6.5 Promote local pharmaceutical	Pharmaceutical Industrial Park established	A PPP investment plan for production of medicines and	0	1	1	1	1	Plan

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
manufacturing in Uganda.		health supplies in place							
6.6 Strengthen pricing mechanism for health commodities	National Medicines Formulary including indicative prices disseminated	National Medicines Formulary including indicative prices finalized	0	1	1	1	1	1	NMF
6.7 Integration of Traditional and Complementary Medicines in medical practice in Uganda.	Situational analysis of the Traditional and Complementary Medicines conducted	TCMs situation analysis undertaken	0	-	1	-	-	-	Reports
6.8 Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.	Guidelines on HCWM revised and disseminated.	National Formulary for Traditional and Complementary Medicinal products in place Guidelines revised and disseminated.	0	-	-	-	1	1	NTCMF
Objective 7: Accelerate health research, innovation and technology development									
7.1 Develop and disseminate the National Health, Research and Innovation Strategy	National Health, Research and Innovation strategy developed and disseminated	National Health, Research and Innovation strategy developed and disseminated	1	-	-	-	-	-	Strategy
7.2 Develop a MoH research agenda	MoH research agenda	MoH research agenda developed annually	0	1	1	1	1	1	Agenda
7.3 Evidence generation	Health Surveys undertaken	Health Surveys conducted (Number)	3	3	3	3	3	3	Reports

Interventions	Outputs	Indicators	Baseline Year 2017/18	Targets					MoV
				FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	
7.4 Conduct basic epidemiological, applied, interventional and operational research.	Research conducted and published	Researches / studies conducted (Number)	8	10	10	10	10	10	
7.5 Establish a national health research knowledge translation platform and data base.	A National health research knowledge translation platform and data base developed	National health research knowledge translation platform and data base in place	0	1	1	1	1	1	Reports
7.6 Digitalization of the HIS	GIS coding of health facilities done National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product) developed	Health facilities coded (%) NHIER operational	0	100	100	100	100	100	Reports
7.7 Establish the national health innovation cluster	National health innovation cluster operationalized	Health innovations and technologies developed and supported (Number)	Na	5	5	5	5	5	Reports

9 ANNEX

9.0 ANNEX 1: DETAILING COSTING OF THE STRATEGIC INTERVENTIONS (UGX BILLIONS)

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department	
Objective 1: To strengthen health sector governance, management, and coordination for UHC	1.1 Strengthen governance, management, and effectiveness of the health sector at all levels	Hold Top Management meetings	0.04	0.06	0.08	0.08	0.08	0.34	Recurrent		
		Hold HPAC meetings	0.02	0.02	0.02	0.02	0.02	0.09	Recurrent	PFP	
		Hold SMC meetings	0.02	0.02	0.02	0.02	0.02	0.09	Recurrent	SCAPP	
		Hold TWG meetings	0.08	0.12	0.17	0.18	0.19	0.74	Recurrent	TWG Chairs	
		Hold Departmental meetings	0.14	0.14	0.15	0.17	0.18	0.78	Recurrent	F&A (All Departments)	
	1.2 Development of MoH Strategic Plan and annual operational plans	Support to Health Regulatory Councils	0.30	0.32	0.34	0.37	0.39	1.73	Recurrent	Recurrent	F&A
		Stakeholder consultation, meetings, development, printing, and dissemination	-	0.10	-	-	-	0.10	0.10	Recurrent	PFP
		Support departments in preparation of workplan, meetings, printing, and dissemination	0.00	0.00	0.00	0.00	0.00	0.00	0.02	Recurrent	PFP
		Capacity building and support to LGs in District Health management, evidence-based planning and budgeting for population health, Hold Regional planning meetings	0.26	0.28	0.30	0.32	0.34	1.51	1.51	Recurrent	PFP

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	1.3 Strengthen formulation and policy and regulation	Stakeholder consultations, Regulatory Impact Assessment, development, printing, dissemination, and monitoring implementation	-	0.14	0.06	0.07	0.07	0.34	Recurrent	PFP
	1.4 Establishment of an Integrated Health Professionals Authority established to improve quality assurance and regulatory control systems and accreditation across public and private providers	Submission of the Draft Bill for the Uganda Health Professionals Authority bill to Cabinet for legislation, development of regulations, establishment	-	0.08	0.01	-	-	0.09	Recurrent	DG&R
	1.5 Development and dissemination of Standards, guidelines, and SOP	Stakeholder consultation, procure consultants, development, printing, and dissemination	0.25	0.26	0.05	0.06	0.06	0.68	Recurrent	SCAPP, other Departments
	1.6 Strengthen Supervision and mentorship	Develop TOR, establishment, and capacity building of the Regional Technical Supervisory Structure Senior Top and Top Management supervision and monitoring of health programs Quarterly Integrated Support supervision to RRRHs, GHs, DHTs	0.10	0.15	0.19	0.34	0.34	1.11	Recurrent	SCAPP
			0.06	0.06	0.06	0.06	0.06	0.31	Recurrent	F&A
			0.17	0.17	0.17	0.17	0.17	0.87	Recurrent	SCAPP

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department	
	1.7 Strengthen the National Quality Improvement system	Conduct quarterly technical supervision and mentorship visits by all Departments	0.04	0.04	0.04	0.04	0.04	0.20	Recurrent	F&A (All Departments)	
		Establish a national accreditation mechanism for public and private health providers	-	0.05	-	-	-	0.05	Recurrent	SCAPP	
		Conduct Service Availability and Readiness Assessment – training, data collection, analysis, report writing and dissemination	-	0.03	-	-	-	-	0.03	Recurrent	SCAPP
		Annual health facility quality of care assessments, data analysis, report writing and dissemination	-	0.03	-	-	-	-	0.03	Recurrent	SCAPP
		Undertake clinical audits	0.14	0.14	0.14	0.14	0.14	0.14	0.68	Recurrent	CS
	1.8 Enhance sector monitoring and evaluation	Develop M&E plans and performance indicators and dashboards for MoH and LGs	0.01	-	-	0.01	-	-	0.03	Recurrent	PFP / PMs / PCs
		Compile and disseminate quarterly MoH performance reports	0.01	0.01	0.01	0.01	0.01	0.01	0.04	Recurrent	SCAPP
		Conduct quarterly progress review meetings focusing on achievements, challenges, lessons learnt and actions for improvement.	0.02	0.02	0.02	0.02	0.02	0.02	0.08	Recurrent	SCAPP / Program & Project meetings
		Compile annual health sector performance reports	0.02	0.02	0.02	0.02	0.02	0.02	0.10	Recurrent	PFP

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	1.9 Strengthen Data collection, quality and use	Conduct annual joint sector review meetings	0.05	0.05	0.05	0.05	0.05	0.26	Recurrent	PFP
		Conduct MTR and ETE of strategic plans and projects and disseminate findings	-	-	0.08	-	0.08	0.16	Recurrent	PFP / PMs / PCs
		Develop & disseminate the Health Information Strategic Plan 2020 – 2025	0.02	0.01	-	-	-	0.03	Recurrent	PFP
		Mentorship and training of health workers in data analysis, interpretation and dissemination to ensure collected data is well utilized	0.13	-	0.14	-	0.15	0.43	Recurrent	PFP
		Printing and distribution of HMIS tools to all health facilities	0.63	0.68	0.74	0.79	0.84	3.68	Recurrent	PFP
		Operation and maintenance of the DHIS-2	0.01	0.01	0.01	0.01	0.01	0.05	Recurrent	PFP
		Data analysis, synthesis and sharing of health information products including dashboards, bulletins / newsletters	0.01	0.01	0.01	0.01	0.01	0.05	Recurrent	PFP
		Conduct regular Data Quality assurance on the DHIS-2 database and feedback to LGs	0.01	0.01	0.01	0.01	0.01	0.05	Recurrent	PFP
		Develop/update Health Facility Atlas	-	0.03	-	0.03	-	0.06	Recurrent	PFP
		Update and maintain the National Health Data Repository	-	0.03	-	0.03	-	0.06	Recurrent	PFP

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
1.10 Resource mobilization, equitable allocation, and efficient utilization		Develop Grant and project proposals for resource mobilization	-	-	-	-	-	-	Recurrent	PPF
		Prepare and submit annual MPS, BFP to MoFPED	0.12	0.12	0.12	0.12	0.12	0.60	Recurrent	PPF
		Development of RBF mainstreaming strategy, implementation manual and tools, capacity building and implementation	110.00	117.70	125.94	134.75	144.19	632.58	Recurrent	PPF
		Ministry Support Services	4.50	4.82	5.15	5.51	5.90	25.88	Recurrent	F&A
		Contributions to International Health Organisations	1.96	2.10	2.24	2.40	2.57	11.27	Recurrent	F&A
		Support district hospitals/KAYUP	5.60	-	-	-	-	5.60	Capital	F&A
		Support Local Governments	24.07	25.76	27.56	29.49	31.55	138.43	Capital	F&A
		Institutionalize budget tracking mechanisms to enhance monitoring of the utilization, efficiency, and effectiveness of resources for health	0.03	0.03	0.03	0.04	0.04	0.17	Recurrent	F&A
		Carry out Internal Audits	0.40	0.43	0.46	0.49	0.52	2.30	Recurrent	IA
		Utilities	0.22	0.23	0.25	0.26	0.28	1.24	Recurrent	F&A (All Departments)
1.11 Increase financial risk protection for		Develop NHIS Regulations	-	0.05	-	-	-	0.05	Recurrent	PPF / NHIS

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	health with emphasis on implementing the National Health Insurance Scheme	Establishment of the NHIS – development of benefits package, capacity building, establishment of management structure, office space, logistics, development of strategic plan, actuarial studies, awareness creation, enrolment	0.33	0.35	0.35	0.38	0.41	1.83	Recurrent	PPF / NHIS
	1.12 Establish and operationalize mechanisms for effective multi-sectoral collaboration and partnerships	Stakeholder consultations, engage consultant, development, printing, and dissemination of the PPH Strategic Plan 2020 – 2025	0.03	0.08	-	-	-	0.11	Recurrent	MSC&HP
		Stakeholder consultations, engage consultant, development, printing, and dissemination of the Health Sector Integrated Refugee Response Plan	-	0.11	-	-	-	0.11	Recurrent	MSC&HP
		Monitoring implementation of the Health Sector Integrated Refugee Response Plan	-	0.08	0.09	0.09	0.10	0.36	Recurrent	MSC&HP
		Develop a multi-sectoral framework, compact and accountability framework for joint planning, coordination, common deliverables and performance indicators.	0.60	0.64	0.69	0.74	0.79	3.45	Recurrent	MSC&HP
		Update of stakeholder analysis and mapping to identify the roles and influence of stakeholders in health	0.02	0.02	0.02	0.02	0.03	0.12	Recurrent	MSC&HP

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
Objective 2: Strengthen human resources for health management and development.	2.1 Ensure adequate human resources for health at all levels, with special focus on specialized and super specialized human resources	Hold quarterly health partners engagement meetings / workshops	0.01	0.01	0.01	0.01	0.01	0.04	Recurrent	MSC&HP
		Attend Regional and International health partnership meetings	0.05	0.05	0.05	0.05	0.05	0.27	Recurrent	MSC&HP
		Annual documentation of non-state actor contribution to health system investments	0.02	0.02	0.02	0.02	0.02	0.10	Recurrent	MSC&HP
		Stakeholder consultation, procurement of consultant, development and dissemination of the HRH Policy and Strategic Plan	0.03	0.06	-	-	-	0.09	Recurrent	HRM
		Identification of staffing gaps, submission to HSC for recruitment and deployment	0.03	0.03	0.03	0.03	0.03	0.15	Recurrent	HRM
		Deployment of medical interns	11.43	11.86	12.69	13.57	14.53	64.07	Recurrent	CS
		Deployment of senior house officers	4.18	4.47	4.79	5.12	5.48	24.04	Recurrent	CS
		Staff Medical and Incapacity	0.04	0.04	0.04	0.04	0.05	0.21	Recurrent	SCAPP
		Payroll processing and payment	19.45	20.82	22.27	23.83	25.50	111.87	Recurrent/Wage	HRM
		Pension & gratuity Processing and payment	10.72	11.47	12.28	13.14	14.06	61.67	Recurrent	HRM
		Capacity building, supervision, and maintenance of the iHRIS	0.02	0.02	0.02	0.02	0.02	0.09	Recurrent	HRM
		Procure consultant, undertake National Health Workforce Accounts	-	0.03	-	-	-	0.03	Recurrent	HRM

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		Review / develop schemes of service, standards of practice and job descriptions for all cadres	0.01	0.01	0.01	0.01	0.01	0.06	Recurrent	HRM
		Stakeholder consultation, meetings for development of a multi-sectoral plan for training of health workforce	-	0.03	-	-	-	0.03	Recurrent	HRM
	2.2 Improve performance management, monitoring and reporting	Develop concept note, procurement of consultant, stakeholder consultations, procurement of logistics, capacity building for e-performance management system	-	0.06	-	-	-	0.06	Recurrent	HRM
		Attendance analysis, reporting, feedback, and action (reward/sanctions)	0.04	0.04	0.05	0.05	0.05	0.23	Recurrent	HRM
	2.3 Undertake continuous training and capacity building for health workers	Conduct training needs assessment and develop annual training plan for MoH	-	0.02	-	0.02	-	0.04	Recurrent	HRM
		Review and update the in-service training curriculum and materials	-	0.02	-	0.02	-	0.04	Recurrent	HRD
		Carry out In-service training for MoH staff	0.06	0.06	0.06	0.06	0.06	0.32	Recurrent	HRD
		Advertise and award scholarships	0.02	0.02	0.02	0.02	0.02	0.09	Recurrent	HRD

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		Strengthen and support the functionality of the Health Manpower Development Centre and establish regional hubs for operational and mid-level health managers' training	0.02	0.02	0.02	0.02	0.02	0.11	Recurrent	HRD
		Maintain a Training Data base for health workers at all levels	0.01	0.01	0.01	0.01	0.01	0.05	Recurrent	HRD
Objective 3: Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.	3.1 Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.	Stakeholder consultation, procurement of consultant, development, printing and dissemination of the Environmental Health Sanitation & Hygiene Strategic Plan	-	0.03	0.03	0.05	-	0.11	Recurrent	EH
	3.2 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices	Advocacy and awareness building for new LG leaders to instigate prioritization and funding for ISH; support for formulating and enforcing by-laws for ISH at household and institutional levels. Social behaviour change communication for construction and use of improved sanitation facilities. Social behaviour change communication for use of hand washing with water, investment in public hand	0.12	-	0.13	-	-	0.25	Recurrent	EH
		Social behaviour change communication for construction and use of improved sanitation facilities. Social behaviour change communication for use of hand washing with water, investment in public hand	-	0.12	0.13	0.14	0.15	0.53	Recurrent	EH

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		washing facilities in rural and urban areas								
		Commemoration of the Sanitation Week	0.05	0.05	0.05	0.06	0.06	0.26	Recurrent	EH
		Hold monthly sanitation days	0.12	0.13	0.14	0.15	0.16	0.69	Recurrent	EH
	3.3 Improved monitoring of hygiene and sanitation	Concept note development, procure consultant, consultative meetings, development, capacity building and roll out of the MIS for hygiene and sanitation	-	0.11	-	-	-	0.11	Recurrent	EH
	3.4 Strengthen the Community Health program	Stakeholder consultation, procurement of consultant, development, printing and dissemination of the Intersectoral Community Health Program	-	0.11	-	-	-	0.11	Recurrent	CH
		Dissemination of CHEW policy and strategic plan, capacity building and tooling of the CHEWs	-	0.30	-	-	-	0.30	Recurrent	CH
		Review and disseminate the VHT guidelines	-	0.05	-	0.05	-	0.10	Recurrent	CH
		Training VHTs in Community Health Program. Training and tooling of the VHTs for Expansion of iccm	-	0.09	0.09	0.09	0.09	0.36	Recurrent	CH/R&CH
		Health education, promotion, and communication	0.73	0.90	1.10	1.30	1.50	5.53	Recurrent	HP
		Provision of VHT registers, reporting forms	-	0.10	0.11	0.11	0.12	0.44	Recurrent	CH

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	3.5 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women, and vulnerable groups	Stakeholder consultation, development, and dissemination of the Standards & guidelines for childcare facilities	-	0.03	-	0.03	-	0.06	Recurrent	CH
		Promote Breast Feeding/ baby care corners in health institutions	0.04	0.04	0.05	0.05	0.05	0.23	Recurrent	CH
		Commemoration of the Breast-feeding week	0.02	0.02	0.02	0.02	0.03	0.12	Recurrent	CH
		Promote and Monitor implementation of the code of Marketing of Breast milk substitutes in Health Facilities and Commercial outlets	0.06	0.06	0.07	0.07	0.08	0.35	Recurrent	CH
		School visits and sensitization on provision of nutritious meals	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	CH
		Stakeholder consultation, development and dissemination of the National food fortification policy and law	-	0.11	-	-	-	0.11	Recurrent	CH
		Develop legislature and regulation to regulate production & consumption of sweetened beverages	-	0.02	-	-	-	0.02	Recurrent	CH
		Mobilize resources for Immunization services, forecast and training in EPI management	0.22	0.24	0.25	0.27	0.29	1.27	Recurrent	CDC
		Procure vaccines	11.00	11.77	12.59	13.48	14.42	63.26	Recurrent	CDC

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		New vaccines (Yellow fever, Td booster doses and 2nd dose MR) introduced	-	2.00	-	2.14	-	4.14	Recurrent	CDC
		Supplemental Immunization Activities conducted for measles, Polio, Yellow Fever, etc	36.83	88.78	95.00	101.65	108.76	431.02	Capital	CDC
	3.7 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, NTDs, Hepatitis b), epidemic prone diseases and malnutrition across all age groups emphasizing PHC Approach	Stakeholder consultation, procure consultant, development, printing and dissemination of the Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25	0.11	-	-	-	-	0.11	Recurrent	CDC
		Carry out mass LLIN campaign and distribution	0.08	0.09	0.09	0.10	0.10	0.46	Recurrent	CDC
		Carry out Mass Intermittent Preventive Treatment for malaria countrywide during the National Malaria Days twice a year	1.08	1.16	1.24	1.33	1.42	6.22	Recurrent	CDC
		Comprehensive trainings and mentorships through clinical audits in the public and private sector in integrated malaria management	0.07	0.14	0.14	0.14	0.14	0.62	Recurrent	CDC

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		Design and implement/scale up innovative HIV prevention programs to improve comprehensive HIV knowledge, impart life skills, reduce risky sexual behaviours, address gender-based violence and improve sexual and reproductive health status among in and out-of-school children and youth.	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	CDC
		Increase availability of and access to quality condoms through targeted distribution of free condoms, improved social marketing approaches, and adoption of the total market approach.	0.37	0.39	0.40	0.42	0.43	2.00	Recurrent	CDC
		Forecast, and facilitate procure HIV testing kits	-	58.50	58.50	49.50	58.50	225.00	Recurrent	CDC
		Revitalize the four-pronged EMTCT approach and optimize EMTCT services by addressing EMTCT program coverage and quality of services, retention of Mother-Baby pairs, access of HIV-exposed infants to PCR and final diagnosis at 18 months.	0.06	0.06	0.07	0.07	0.08	0.35	Recurrent	CDC
		Expand coverage and eliminate all barriers to accessing PrEP and PEP for	0.12	0.13	0.14	0.15	0.16	0.69	Recurrent	CDC

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		those at high risk of exposure to HIV infection.								
		Stakeholder consultation, development and dissemination of TB/L Strategic Plan	0.03	-	-	-	-	0.03	Recurrent	CDC
		Intensified advocacy, communication and social mobilization for increased funding and responsive awareness for TB	0.12	0.13	0.14	0.15	0.16	0.69	Recurrent	CDC
		Improve detection, management of drug-susceptible TB cases to ensure 90% treatment success. (Procurement of Laboratory TB diagnostic services (Xpert, TB-LAMP, TB LAM, DST)	0.00	0.00	0.00	0.00	0.00	0.00	Recurrent	CDC
		Build capacity of HWs in TB screening and diagnosis, TPT	0.20	0.21	0.23	0.25	0.26	1.15	Recurrent	CDC
		Increase the number of MDR-TB initiating hospitals to 20 and build capacity of HCWs, Improve MDR support systems e.g. enablers for both DS TB and MDR TB	-	-	-	-	-	-	Recurrent	CDC
		Intensified advocacy, communication and social mobilization for increased funding and responsive awareness for TB	0.12	0.13	0.14	0.15	0.16	0.69	Recurrent	CDC

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		Community sensitization of services, build capacity among health workers to diagnose Leprosy cases	-	-	-	-	-	-	Recurrent	CDC
		Hepatitis B vaccination, surveillance and community sensitization	2.00	-	2.14	-	2.29	6.43	Recurrent	CS
		Provision of Medical Supplies for HIV/AIDS, TB and Malaria	530.08	245.41	245.41	245.41	245.41	1,511.74	Recurrent	CDC
		Transport equipment to facilitate HIV/AIDS, TB and Malaria Interventions	1.10	2.81	2.81	2.81	2.81	12.33	Capital	CDC
		Facilitation of other interventions in HIV/AIDS, TB and Malaria	177.42	194.68	420.39	628.61	628.61	2,049.71	Capital	CDC
		Community sensitization, resource mobilization for vaccines, capacity building, monitoring of Covid-19 pandemic. Covid-19 Community sensitization and involvement in preventive activities	200.00	400.00	10.00	70.00	30.00	710.00	Recurrent	CDC
		Community sensitization, resource mobilization for vaccines, capacity building, monitoring of Covid-19 pandemic. Covid-19 Community sensitization and involvement in preventive activities	-	400.00	290.00	50.00	90.00	830.00	Capital	CDC

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		Strengthen surveillance and diagnostic capacity for Zoonotic diseases for early detection and management.	1.40	1.50	1.60	1.72	1.84	8.05		CDC
		Mapping/assessment to determine endemicity of NTDs	0.00	0.00	0.02	0.00	0.00	0.02	Recurrent	EH
		Social behaviour change communication, Mass Drug Administration, impact assessment and surveillance. Social behaviour change communication, Mass Drug Administration in Moroto, Buliisa & Nebbi, impact assessment and surveillance	-	0.12	-	0.13	-	0.25	Recurrent	EH
		Training and surveillance	0.10	0.11	0.11	0.12	0.10	0.54	Recurrent	EH
	3.8 Prevent and control NCDs	Develop Multi-sectoral NCD Strategic plan	-	-	-	0.02	-	0.02	Recurrent	NCD
		Commemoration of NCD days e.g. Mental Health Day, World Tobacco Day, World Cancer Day	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	NCD
		Conduct integrated education and community sensitization on healthy eating and lifestyle	0.12	0.13	0.14	0.15	0.16	0.69	Recurrent	NCD
		Conduct National and Regional TOTs in cervical cancer screening using HPV DNA testing and Pap smears	0.35	0.35	-	0.35	-	1.06	Recurrent	NCD/NHLS
		Train health workers to risk screen for major NCDs like	0.07	0.07	0.07	0.07	0.07	0.35	Recurrent	NHLS

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		other cancers, CVDs, DM, SCD.								
		Development of legislation to ban use of trans fats in the food-chain	-	0.06	0.06	-	-	0.12	Recurrent	NCD
		Monitor population salt and sodium consumption	0.03	-	-	-	0.03	0.05	Recurrent	NCD
		Hold national physical exercise day	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	NCD
		Conduct sensitization of employers and workers on workplace physical activities for staff	0.08	0.09	0.09	0.10	0.10	0.46	Recurrent	NCD
	3.9 Strengthen an emergency medical service and referral system	Dissemination of the EMS Policy and Strategic Plan 2020/21 - 24/25	0.02	0.01	-	-	-	0.03	Recurrent	EMS
		Establish and functionalize the EMS Call Centre and Regional Ambulance Hubs	0.24	0.72	0.24	0.24	0.24	1.68	Recurrent	EMS
		Procurement and distribution of ambulances	-	15.00	15.00	15.00	15.00	60.00	Capital	EMS
		Training of EMS cadres	0.28	0.28	-	0.28	-	0.83	Capital	EMS
		Approval, printing, and dissemination of referral guidelines	0.05	0.05				0.10	Recurrent	CS
		Establish and functionalize ICUs and High Dependency Units in all the RRHs	8.00	16.00	16.00	18.00	18.00	76.00	Recurrent	HI
	3.10 Improve maternal, neonatal and child health	Develop and disseminate the Costed RMNCAH Sharpened Plan 2020 – 25	0.01	0.00	-	-	-	0.02	Capital	R&CH

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	services at all levels of care	Hold quarterly RMNCAH Parliamentary Forum	-	0.12	0.12	0.12	0.12	0.48	Recurrent	R&CH	
		Advocacy meetings for increased funding to child and maternal health services									
		Scale up implementation of the Maternal and Newborn Health package of evidence based high impact interventions at HC IVs	-	0.10	0.11	0.11	0.11	0.12	0.44	Recurrent	R&CH
		Train Health workers	0.07	0.07	0.07	0.07	0.07	0.35	Recurrent	R&CH	
		Integrated Management of Childhood Illnesses (IMCI)									
		Strengthen Maternal and Perinatal Deaths, Surveillance and Response system.	0.06	0.07	0.07	0.08	0.08	0.37	Recurrent	R&CH	
		Build capacity of health workers to manage neonates in the health care facilities,	-	0.10	0.10	0.11	0.11	0.12	0.43	Recurrent	R&CH
		Develop/Review and disseminate neonatology guidelines and SoPs	-	0.03	0.03	-	-	-	0.06	Recurrent	R&CH
		Finalize and disseminate the Adolescent Health policy	-	0.05	-	-	-	-	0.05	Recurrent	R&CH
		Develop and disseminate information packages for Adolescent health	0.03	0.03	0.03	0.04	0.04	0.04	0.17	Recurrent	R&CH
		3.11 Increase access to Sexual and Reproductive health	-	0.02	-	-	-	-	0.02	Recurrent	R&CH
		Implement Family Planning Implementation Plan									

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	Services with special focus on Family Planning and age-appropriate information	Finalization and dissemination of the SRH&R Strategic Plan. Implementation monitoring	0.03	-	-	-	-	0.03	Recurrent	R&CH
		3.12 Improve adolescent health services	0.14	0.14	-	0.14	-	0.41	Recurrent	R&CH
		Re-Orient Health Workers to provide Adolescent and youth friendly services. Train health workers in provision and counselling for family planning	0.00	0.03	0.00	0.03	0.00	0.06	Recurrent	R&CH
		Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies.	0.12	-	0.13	-	0.14	-	0.39	Recurrent
		Organize fistula camps	0.29	0.31	0.33	0.36	0.38	1.67	Recurrent	Nursing
		Nursing and midwifery services	0.03	0.06	0.06	0.07	0.07	0.30	Recurrent	R&CH
	3.13 Improve the National Health Laboratory Services	Roll out the National Male Engagement strategy in health in all LGs	-	0.02	-	-	-	0.02	Recurrent	NHLS
		Develop and disseminate the NHLS SP	-	0.03	-	0.03	-	0.06	Recurrent	NHLS
		Consultative meetings, procure consultants, development, printing and dissemination of Laboratory standards, guidelines, manuals, and SOPs	-	-	-	-	-	-	-	-

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
		Hold consultative meetings and review the national test menu to guide in the implementation of testing services at each laboratory tier	-	0.03	-	-	0.03	0.06	Recurrent	NHLS
		Review and update laboratory supply list, specifications and catalogues every 3 years	-	0.02	-	-	0.02	0.04	Recurrent	NHLS
		Conduct annual national laboratory quantification with quarterly reviews to assess and address the ongoing needs	0.01	0.01	0.01	0.01	0.01	0.06	Recurrent	NHLS
		Conduct Laboratory mapping of all laboratories in the country showing capacities, location and affiliation.	-	0.01	0.01	0.01	0.01	0.04	Recurrent	NHLS
		Strengthen PPP and strategic purchasing mechanisms	-	0.02	-	0.02	-	0.03	Recurrent	NHLS
		Assessment, Laboratory infrastructure improvement as per infrastructure assessment report	0.02	0.04	0.08	0.16	0.32	0.62	Recurrent	NHLS
		Procurement and maintenance of equipment for all Hubs and select high volume facilities	2.00	2.50	3.00	3.50	4.00	15.00	Recurrent	NHLS
		Conduct ToT for laboratory SPARS to allow knowledge transfer to lower-level facilities	-	0.13	-	0.13	-	0.27	Recurrent	NHLS

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		Conduct annual refresher training on use of Laboratory Web based ordering system from Regional to HC IIIs across the warehouses	0.13	-	0.13	-	0.13	0.40	Recurrent	NHLS
		Conduct onsite mentorship on implementation of ISO 35001:2019 and ISO 15190:2020	0.01	0.02	0.03	0.03	0.04	0.12	Recurrent	NHLS
		Conduct mentorship to facilities implementing for laboratory SPARS	0.01	0.01	0.01	0.01	0.01	0.07	Recurrent	NHLS
		Conduct targeted DQA for national and sub national databases and information systems, notably HMIS / dhis2, A-LIS, VL, EID, SCD, etc	0.01	0.01	0.01	0.01	0.01	0.07	Recurrent	NHLS
Objective 4: Strengthen disease surveillance, epidemic control and disaster preparedness at national and sub-national levels.	4.1 Develop national capacity for integrated disease surveillance and and management of national and global health risks.	Consultative meetings, procure consultant, develop, print and dissemination of the IES&PHE Strategic Plan	-	0.08	-	-	-	0.08	Recurrent	IES&PHE
		Consultative meetings, develop and dissemination of the National Action Plan for Health Security 2020 - 2025	-	0.08	-	-	-	0.08	Recurrent	IES&PHE
		Consultative meetings, procure consultant, development, printing and dissemination of the One Health Strategic Plan	-	0.08	-	-	-	-	0.08	Recurrent

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		Consultative meetings, procure consultant, development, printing and dissemination of the National multi-hazard emergency preparedness and response plan	-	0.05	-	-	-	0.05	Recurrent	IES&PHE
		Epidemics detected and controlled timely	0.10	0.11	0.11	0.12	0.13	0.58	Recurrent	IES&PHE
		Capacity building, equipping, staffing of the EOC to ensure linkage and use of information generated from other sectors	0.32	0.34	0.37	0.39	0.42	1.84	Recurrent	IES&PHE
		Establish Port Health Facilities for enhanced surveillance	0.15	0.16	0.17	0.18	0.20	0.86	Capital	IES&PHE
		Establish an emergency fund readily accessible to support all relevant sectors to carry out immediate investigation of outbreaks	0.11	0.11	0.12	0.13	0.14	0.60	Recurrent	IES&PHE
		Consultative meetings held and protocols developed and signed							Recurrent	IES&PHE
	4.2 Strengthen the disaster and Public Health Emergency coordination mechanisms at regional to inform disaster response	Attend regional and cross border meetings held							Recurrent	IES&PHE

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
Objective 5: Improve functionality and adequacy of health infrastructure and logistics.	5.1 Develop and upgrade health infrastructure	Develop a National Master Plan for establishment, expansion and maintenance of public health infrastructure	-	0.05	-	-	-	0.05	Recurrent	HI
		Establish and functionalize a centre of excellence for trauma at national level (Paediatric Surgical Hospital, CUFH Naguru)	-	3.50	-	3.75	-	7.25	Recurrent	HI
		Upgrading of General hospitals to RRHs	34.67	-	52.80	52.80	70.40	210.67	Capital	HI / CS
		Construction of general hospitals/upgrading of HC IVs to hospitals	12.17	31.30	125.20	125.20	125.20	419.07	Capital	HI
		Construct /rehabilitate HC IIIs	191.29	24.00	112.00	60.00	88.00	475.29	Capital	HI
		Construct/rehabilitate HC IVs	16.00	20.00	20.00	40.00	40.00	136.00	Capital	HI
		Rehabilitation and retooling of MoH Headquarters	20.09	20.00	20.00	20.00	20.00	100.09	Capital	F&A
		Construction, equipping and operationalization of Regional Incinerators	1.00	2.00	3.00	-	-	6.00	Capital	HI
		Construction and equipping of Blood Banks	-	1.00	1.00	-	-	2.00	Capital	HI
		Procurement of blood storage facilities for HC IVs	0.25	0.99	0.49	0.49	0.49	2.72	Capital	HI
		Maintenance of medical and solar equipment	0.50	0.54	0.57	0.61	0.66	2.88	Capital	HI
		Construction of public health sector staff houses	24.80	21.20	14.00	20.00	18.80	98.80	Capital	HI

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	5.2 Improved capacity for operation and maintenance of medical equipment.	Develop the Medical Equipment Policy	-	0.03	-	-	-	0.03	Capital	HI
		Review of the Medical Equipment list and specifications	-	0.05	-	0.05	-	0.10	Recurrent	HI
		Maintain and update the National equipment inventory	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	HI
		Operationalize the Regional Equipment Maintenance Workshops to ensure equipment maintenance	0.00	0.50	0.50	0.54	0.57	2.11	Recurrent	HI
		Conduct ME User training	0.05	0.09	0.09	0.09	0.09	0.41	Recurrent	HI
		Equipping HC IIIs & IVs	75.00	121.00	94.20	124.60	123.00	537.80	Recurrent	HI
		Equip and functionalize neonatology units in the hospitals & High-volume HC IVs	20.25	22.50	24.75	29.25	33.75	130.50	Capital	HI
		Procurement and installation of CT scans	-	14.80	-	14.80	-	29.60	Capital	HI
		Procurement, installation, and maintenance of X-rays	-	0.52	0.52	0.52	0.52	2.07	Capital	HI
		Procurement, installation, and maintenance of Ultrasound machines	-	0.56	0.56	0.56	0.56	2.22	Capital	HI
	5.3 Procure, distribute, and maintain appropriate medical equipment at all levels of health service delivery.	Vehicle maintenance and repair	1.40	1.40	1.40	1.40	1.40	7.00	Capital	F&A
		Procurement and distribution of motor vehicles	19.43	35.22	3.24	1.30	1.30	60.48	Recurrent	HI
		Procurement and distribution of motorcycles	2.81	-	1.41	-	-	4.22	Capital	HI

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Objective 6: Ensure availability of quality and safe medicines, vaccines and technologies.	6.1 Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements	Forecast and quantify the national essential medicines and health supplies requirements	0.20	0.21	0.23	0.25	0.26	1.15	Capital	PNM
		Train health workers on quantification, procurement, storage and distribution of health commodities, cold chain infrastructures and waste management	0.05	0.05	0.05	0.05	0.05	0.23	Recurrent	PNM
		Capacity building of MTCs in hospitals and HC IVs	0.05	0.05	0.05	0.05	0.05	0.23	Recurrent	PNM
		Integrated procedures and tools for selection, quantification, procurement planning, supply planning and distribution for ALL health commodities developed and in use	0.05	0.05	0.06	0.06	0.07	0.29	Recurrent	PNM
		Develop and disseminate the National Medical Counter Measures Supply Chain Plan	-	0.03	-	-	-	0.03	Recurrent	PNM
	6.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.	Expand the roll out of e-LIMIS (LICS) from RRHs to lower-level health facilities	0.00	3.00	3.21	3.43	3.68	13.32	Recurrent	PNM
			-	0.03	-	-	-	0.03	Capital	PNM
	6.3 Slow down and control the spread	Develop and disseminated the Antimicrobial Consumption and Use surveillance plan	-	0.03	-	-	-	0.03	Capital	PNM

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	of resistant organisms	Compile annual antimicrobial consumption and use surveillance reports	-	0.03	0.03	0.03	0.04	0.13	Recurrent	PNM
	6.4 Develop a reporting platform for monitoring and implementation of ADR reporting and management at health facilities.	Community sensitization (radio talk shows) on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected adverse drug reactions. Development and operationalization of a reporting platform for monitoring implementation of ADR reporting and management at health facilities	0.03	-	0.03	-	0.03	0.08	Recurrent	PNM
	6.5 Promote local pharmaceutical manufacturing in Uganda.	Development of the PPP investment plan for production of medicines and health supplies	-	0.08	0.09	0.09	0.10	0.36	Recurrent	PNM
	6.6 Strengthen pricing mechanism for health commodities	Stakeholder engagement, development and dissemination of the National Medicines Formulary including indicative prices	-	0.02	-	-	-	0.02	Recurrent	PNM
	6.7 Integration of Traditional and Complementary Medicines in medical practice in Uganda.	Situational analysis of the Traditional and Complementary Medicines Stakeholder engagement, development and dissemination of the National Formulary for Traditional and	-	-	0.05	-	-	0.05	Recurrent	PNM
			0.12	-	0.13	-	-	0.25	Recurrent	PNM

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
Objective 7: Accelerate health research, innovation, and technology development		Complementary Medicinal products								
	6.8 Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.	Stakeholder engagement, development and dissemination of the Policy and guidelines on health care waste management	-	0.02	-	-	-	0.02	Recurrent	PNM
	7.1 Develop and disseminate the National Health, Research, and Innovation Strategy	Development and dissemination of the National Health, Research, and Innovation strategy	-	0.02	-	-	-	0.02	Recurrent	UNHRO
	7.2 Support to Specialized medical research on HIV/AIDS and JCRC	Support for salaries and wages	0.24	0.26	0.27	0.29	0.31	1.38	Recurrent	JCRC
	7.3 Support to UNHRO	Support for salaries and wages	0.55	0.55	0.55	0.55	0.55	2.74	Recurrent	UNHRO
	7.4 Develop a MoH research agenda	Stakeholder engagements for development of the MoH Research agenda	-	0.04	0.04	0.05	0.05	0.18	Recurrent	UNHRO
	7.5 Evidence generation	Conduct health surveys	0.05	0.05	0.05	0.06	0.06	0.26	Recurrent	F&A (All Departments)
	7.6 Conduct basic epidemiological, applied, interventional and operational research.	Carry out research / studies	-	0.20	0.21	0.23	0.25	0.89	Recurrent	UNHRO / All Departments

Objectives	Interventions	Actions	FY 2020/21 (Ugx Bns)	FY 2021/22 (Ugx Bns)	FY 2022/23 (Ugx Bns)	FY 2023/24 (Ugx Bns)	FY 2024/25 (Ugx Bns)	Total (Ugx Bns)	Budget Type	Lead Department
	7.7 Establish a national health research knowledge translation platform and data base.	Establishment and updating of the National Health Research Knowledge Translation Platform and data base developed	-	0.02	0.02	0.02	0.02	0.09	Recurrent	UNHRO
		Establishment of the EMRS	0.50	1.00	1.00	2.00	2.50	7.00	Recurrent	PFP
		Scale up of the CHIS	0.13	0.15	0.17	0.18	0.20	0.82	Capital	PFP
	7.8 Digitalization of the HIS	Stakeholder engagement, development, and operationalization of the National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product)	-	0.03	0.03	0.03	0.04	0.13	Recurrent	PFP
		Adaptation, scaling up, appropriate deployment and diffusion of health innovations and technology transfer for fundamental core technologies and emerging technologies	0.10	0.11	0.11	0.12	0.13	0.58	Recurrent	PFP
Grand Total (Ugx Billions)			1,595.09	1,980.65	1,880.59	1,947.90	2,011.53	9,415.76		

9.1 SUMMARY OF THE IDENTIFIED PROJECT PROFILES

1. Karamoja Infrastructure Development Project Phase II

Sector	Health
Vote	14
Program	Health Systems strengthening - Infrastructure and equipment
Program Code	1539
Project Name	Italian support to the HSDP Implementation: Karamoja Infrastructure Development Project Phase II
Project Code	
Project Duration	4 years (2020/21- 2023/24)
Estimated Cost (Bn)	Euros 10million (Soft Loan) and Shs 1.96 bn (GoU counterpart)
Project Location	The 9 Karamoja Region Districts of Karenga, Kaabong, Abim, Kotido, Moroto, Amudat, Napak, Nakapiripirit and Nabilatuk
Officer Responsible	PS
Date of Submission	21 st Jan, 2019
Project Background	
1.1 Situational Analysis	The recent Uganda National Household Survey estimates poverty levels in the Karamoja Region at 60.8%, the highest in Uganda. The Italian Government has supported investments in the Karamoja Region over the last 10 years, including infrastructure expansion of hospitals and health centres, equipping of health facilities, supporting human resources for health training, introduction of innovative mobile health services for migratory populations in the Karamoja Region, seconding of Italian health experts to support the Ministry of Health and frontline health facilities, and supporting the supply chain by investing in Joint Medical Stores. A project to construct 68 staff housing units at selected health centre IIIs in the Region is currently under implementation using a Euros 4,200,000 Grant from Italy to the GOU. However, sub-optimal health system functionality and service delivery is still observed in the eight districts of the Karamoja Region, despite these investments. Key causes continue to be lack of adequate staff accommodation (gap of 145 units), inadequate maternal and child health infrastructure, sub-optimal referral system, and inadequate human resource availability at facilities. All these contribute to reduced access, especially for mothers and children
1.2 Problem Statement	Despite significant support from the Government and several Implementing partners in the region, Karamoja is still lagging behind in terms of Health Services delivery as reported in the Annual Health Sector Performance Report FY 2017/18. Over the last 3 years, the region has had at least 3 Districts appearing in the last 10 districts in performance. Though Amudat District was ranked as the most improved district in the FY 2017/18, it was still ranked a dismal 121 st out of 122 districts in the Country. The biggest bottlenecks being the indicator for PCV3 and ANC4. Further reference can be made to reports from the Infrastructure Department which state that the health infrastructure in the region is dilapidated and needs replacement and refurbishment. 68 units of staff houses have been constructed under phase I of this project. Following consultation with the Key stakeholders in the region, Phase II of the project intends to further invest in; mobilization of the communities to create demand for services, construction of service delivery structures

	including maternity wards, operation theatres, OPDs and more staff houses which will help to address the gaps and improve Health Service Delivery outcomes in the region.				
1.3 Relevancy of Project Idea (linkage to NDP & HSSP)	Data collected during implementation of the current Karamoja Staff Housing Project (phase I) has revealed that the 68 staff houses at selected HC IIIs will not optimally close the wider staff housing gap unless more is invested at other facilities. The data in the DHIS2 from Karamoja still shows sub-optimal access, equity, and in maternal and child health morbidity and mortality indicators. Lack of staff housing has resulted in failure to attract and retain staff at HC IIIs. In addition, it was found that the maternity units at the HC IIIs and IVs are not adequate to handle the numbers of mothers that seek maternity care at the facilities, referral mechanisms are still very poor, and facilities are in need of repair and expansion to handle growing demand. The investments would enhance access, coverage and equity in one of the most underserved regions of the country with health services.				
Section 2 Project Framework					
2.1 Project Goal	To accelerate the progress towards Universal Health Coverage (UHC) through the delivery of essential health services in Uganda.				
2.2 Project Outcomes	<ol style="list-style-type: none"> 1. The broad objective of the Project is to improve health service coverage and access in the Karamoja region. 2. Improved public health awareness in the Karamoja region, creating demand for Health Services. 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Close infrastructure gaps in selected hospitals and health centres 2. Re-tooling for public health mobilization and promotion 				
2.4 Project Activities	<ol style="list-style-type: none"> 1. Construction of 6 new Health Centres IIIs 2. Construction of 31 general/maternity wards 3. Construction of 20 outpatient department wards 4. Construction of 5 operating theatres 5. Construction of 75 staff houses 6. Construction of 5 incinerators 7. Construction of 141 pit latrines 8. Construction of 10 placenta pits 9. Construction of 8 medical waste facilities 10. Construction of 16 medical stores 11. Procurement of 1 ambulance 12. Procurement of assorted medical equipment for 10 health centres 13. Procurement of re-tooling equipment for health promotion and education 				
2.5 Results Matrix					
Objectives	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal To accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life.	Number of sub-counties with functional HC IIIs	DHIS 2			
2. Outcomes To contribute to expanded economic		World Bank/UN/EPRC			

<p>growth, increased social inclusion and development, and poverty eradication in Karamoja Region.</p> <p>2. To Reduce morbidity and mortality from the major causes of ill health and premature deaths and reduce disparities therein, and thereby contribute to Universal Health Coverage.</p>	<p>Uganda Poverty Assessment Survey</p> <p>Maternal mortality ratio Infant Mortality Rate</p>					
<p>3. Outputs</p> <p>1. Designs and BOQs</p> <p>2. Hospitals and health centres constructed/rehabilitated</p> <p>3. Public health tools procured and distributed</p> <p>4. Monitoring and supervision</p>	<p>3.1 Design/BOQ documents</p> <p>3.2 Percentage completion of works by facility</p> <p>3.3 Number of outreach vehicles, motorcycles and public address systems procured and disbursed to LGs</p> <p>3.4 Number of monitoring and supervision reports</p>	<p>Reports</p>				
<p>4. Activities</p>	<p>REFER TO PROPOSAL</p>					
<p>Section 3: Estimated Project Cost (Bn) and Activity Plan</p>						
	<p>FY 20/21</p>	<p>FY 21/22</p>	<p>FY 22/23</p>	<p>FY 23/24</p>	<p>Total Cost (Bn)</p>	<p>Source</p>
<p>1.1 Preparation of designs and BOQs and customization to the karamoja Geology, Conduction of the Environmental</p>	<p>0.300</p>	<p>2.000</p>			<p>2.300</p>	<p>GoU Counterpart</p>

Impact Assessment & Full feasibility analysis. Construction supervision						
1.2 Procurement of Contractors		0.040			0.040	Italian Soft Loan
1.3 Construction of facility infrastructure at hospitals and health centres		20.000	20.281		40.281	Italian Soft Loan
1.5 Purchase of ambulance for Matany Hospital, 8 community mobilization and education vehicles and 16 motorcycles and 8 PA systems.		3.788			3.788	Italian Soft Loan
1.7 Management, monitoring and supervision of works by MOH and MOFPED		0.403 o/w GoU 300m Italian- 103m	0.403 o/w GoU 300m Italian- 103m	0.203 o/w GoU 100m Italian- 103m	1.009	Italian Soft Loan and GoU counterpart.
1.8 Procurement of 4 vehicles for clerks of works		1.000			1.000	GoU
Total Cost	0.300	27.231	20.684	0.203	48.418	

2. Improving Functionality of HC IVs and Referral System Project

Sector	Health				
Vote	014				
Program	02				
Sub Program					
Project Name	Improving Functionality of HC IVs and Referral System				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 129.6 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	<ul style="list-style-type: none"> i. Maternal, Child and perinatal Health less than optimal country unlikely to meet SDG targets ii. Functional HC IVs and referral System Critical for effective intervention by the sector. iii. Only 81% of HC IVs are Offering Caesarean Section and only 50% are offering Blood Transfusion. 				
1.2 Problem Statement	Maternal Mortality Ratio of 336/100,000 and perinatal Mortality Rate of 27/1000 are still very high and country unlikely to meet the SDG goal targets of less than 70/100,000 and 12/1000 respectively. Access to universal healthcare still only 65% compared to the SDG target of 100%. Low access is mainly due to sub optimally functioning HC IVs and absence of HC IVs in certain cases				
1.3 Relevance of the Project Idea	Improving functionality of HC IVs and the referral system will increase universal health coverage and consequently contribute to a reduction in Maternal and Perinatal Mortality.				
1.4 Stakeholders	<ul style="list-style-type: none"> i. Direct Beneficiaries <ul style="list-style-type: none"> • General Population especially women and new-borns • Local Governments ii. Indirect Beneficiary/Government <ul style="list-style-type: none"> • Community where HC IVs are located get employment opportunities iii. Project affected persons <ul style="list-style-type: none"> • Health Workers 				
Section 2: Project Framework					
2.1 Project Goal	To contribute to reduction in Maternal and Perinatal Mortality				
2.2 Project Outcomes	<ul style="list-style-type: none"> • Increase the % of fully functional HC IVs to 100% • Increase the %age of Counties with a HC IV or a Hospital to 80% 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Upgrade of selected HC IIs to HC IVs in counties without HC IVs 2. Procurement and installation of medical furniture and equipment 3. Capacity building for Health services management at HC IVs 4. Project management, monitoring and evaluation 				
2.4 Project Activities	<ol style="list-style-type: none"> 1. Construction works to upgrade selected Health centres 2. Procurement and Installation of medical equipment and furniture 3. Training in Health Facility management 4. Project supervision, monitoring and evaluation 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions

1. Goal To contribute to reduction in Maternal Mortality Ratio and Perinatal Death Rate.	MMR	UDHS	336/100,000	211/100,000		
	NMR	UDHS	27/1000	19/1,000		
2. Outcomes • HC IVs fully Functional • % of Counties with HC IV or Hospital	% of HC IVs that are fully Functional	AHSPR	50%	100%		
	% Counties with HC IV/Hospital	AHSPR	TBD	100%		
3. Project Interventions/Outputs						
Upgrade of 30 HC IIIs to HC IV	Percentage of planned civil works completed.	Certificates of completion of works	0	100%	Funds available for construction works.	
Procure, distribute and Install medical Equipment and Furniture	% of equipment/furniture installed	Certified Delivery Notes		100%		
Training in Health Services Management	Number of staff Trained	Training reports		200		
Project management, monitoring and evaluation	Number of field visits and field reports	Reports	0	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Upgrade of 30 HC IIIs to HC IV	30	30	30			90
Procure, distribute and Install medical Equipment and Furniture	10	10	10			30
Training in Health Services Management	1.2	1.2	1.2			3.6
Project management, supervision and monitoring	2	2	2			6
Sub – Total	43.2	43.2	43.2			129.6
VAT (increase by 18%)	7.8	7.8	7.8			23.4
TOTAL COST	51	51	51			153

3. Health Workers Housing Project

Sector	Health					
Vote	014					
Program	02					
Sub Program						
Project Name	Health Workers Housing Project					
Project Code						
Project Duration	5 years					
Estimated Cost (bn)	UGX 30 billion					
Officer Responsible	Permanent Secretary					
Date of Submission						
Section 1: Project Background						
1.1 Situational Analysis	i. Less than 5% of the health workforce is housed at the facility ii. Staff have to attend to emergencies at awkward hours and there is no reliable safe public transport system in most rural areas.					
1.2 Problem Statement	Staff time at the health facility significantly lost due to transportation from home to facility.					
1.3 Relevance of the Project Idea	Staff housed at the health facility are more effective especially					
1.4 Stakeholders	i. Direct Beneficiaries <ul style="list-style-type: none"> • General Population • Local Governments • Health workers ii. Indirect Beneficiary/Government <ul style="list-style-type: none"> • Community where health facilities are located get employment opportunities iii. Project affected persons <ul style="list-style-type: none"> • Landlords/Transporters 					
Section 2: Project Framework						
2.1 Project Goal	Reduce inpatient Case Facility Rate					
2.2 Project Outcomes	<ul style="list-style-type: none"> • Increase the % of staff housed 					
2.3 Proposed Project Interventions	<ul style="list-style-type: none"> • Construction of Staff Houses • Project management, monitoring and evaluation 					
2.5 Results Matrix						
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions	
1. Goal Reduce facility based inpatient cases fatality.	Inpatient case fatality rate	DHIS	TBD	50% reduction		
2. Outcomes • Staff housed at health facility	% of staff housed at health facility	AHSPR	5%	10%		
3. Project Interventions/Outputs						
Construct staff housing units	Percentage of planned civil works completed.	Certificate of completion of works	0	100%	Funds available for construction works.	
Project management, monitoring and evaluation	Number of field visits and field reports	Reports	0	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Construct staff housing units	15	15	15			45

Project management, monitoring and evaluation	1.5	1.5	1.5			4.5
Sub – Total	16.5	16.5	16.5			49.5
VAT (increase by 18%)	2.97	2.97	2.97			8.91
TOTAL COST	19.47	19.47	19.47			58.41

4. Functionalization of Neonatal Intensive Care Unit in Regional and General Hospitals

Sector	Health				
Vote	014				
Program	02				
Sub Program					
Project Name	Functionalization of Neonatal Intensive Care Units				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)					
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Neonatal mortality is still a major challenge in Uganda (27/1000)				
1.2 Problem Statement	Facility based Newborn deaths are still high in facilities across the country.				
1.3 Relevance of the Project Idea	Neonatal Intensive care Units will increase survival rate for new-borns at the health facilities.				
1.4 Stakeholders	<ul style="list-style-type: none"> i. Direct Beneficiaries <ul style="list-style-type: none"> • General Population especially women and new-borns ii. Indirect Beneficiary/Government <ul style="list-style-type: none"> • Government iii. Project affected persons <ul style="list-style-type: none"> • Health Workers 				
Section 2: Project Framework					
2.1 Project Goal	To reduce facility based Newborn deaths.				
2.2 Project Outcomes	<ul style="list-style-type: none"> • Increase the percentage of Hospitals with Neonatal Intensive care units. 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Construction of Neonatal Intensive Care Units 2. Procurement and installation NICU equipment 3. Project supervision, monitoring and evaluation 				
2.5 Results Matrix					
Objective	Indicator	Means Verification	of Baseline	Target	Assumptions
1. Goal Reduce facility-based new-born deaths	Facility Based Newborn death rate	DHIS	TBD	(50% reduction)	
2. Outcomes <ul style="list-style-type: none"> • Fully operational NICU at hospitals 	% of Hospitals with a fully functional NICU	AHSPR		100%	
3. Project Interventions/Outputs					
Construct NICU	Percentage of planned civil works completed.	Certificates of completion of works	0	100%	Funds available for construction works.
Procure, distribute and Install medical Equipment for NICU	% of equipment/furniture installed	Certified Delivery Notes		100%	
Project management, monitoring and evaluation	Number of field visits and field reports	Reports	0	100%	
Section 3: Estimated Project Cost (bn)					

Activity Plan	FY 22/23	FY 23/24	FY 24/25	Total cost
Construct NICUs in selected hospitals	9	9	9	27
Procure, distribute and Install medical Equipment for NICU	5	5	5	15
Project management, supervision and monitoring	1.4	1.4	1.4	4.2
Sub – Total	15.4	15.4	15.4	46.2
VAT (increase by 18%)	2.77	2.77	2.77	8.31
TOTAL COST	18.2	18.2	18.2	54.6

5. Expansion and Rehabilitation of Soroti Regional Hospital

Sector	Health				
Vote	014				
Program	02				
Sub Program					
Project Name	Expansion and Rehabilitation of Soroti Regional Referral Hospital				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 354 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Soroti Regional Referral Hospital serves as the referral hospital for Soroti Region and teaching hospital for Soroti University School of Health services.				
1.2 Problem Statement	Constructed in almost hundred years ago, the hospital is dilapidated and does not have the capacity to provide adequate training for medical undergraduates.				
1.3 Relevance of the Project Idea	Renovation and expansion of hospital will enable it to effectively play its role as a teaching hospital for Soroti University.				
1.4 Stakeholders	i. Direct Beneficiaries <ul style="list-style-type: none"> • General Population • Soroti University ii. Indirect Beneficiary/Government <ul style="list-style-type: none"> • Soroti City council iii. Project affected persons <ul style="list-style-type: none"> • Health Workers 				
Section 2: Project Framework					
2.1 Project Goal	Improve the quality of health services and training at the hospital				
2.2 Project Outcomes	<ul style="list-style-type: none"> • Hospital rehabilitated and expanded 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Preparatory works 2. Construction/renovation 3. Procurement and Installation of equipment 4. Project supervision, monitoring and evaluation 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal Improve quality of services and training at Soroti Regional Hospital	% Of cases managed in accordance with SOPs across care continuum	Clinical Audit		100%	
2. Outcomes Hospital rehabilitated and expanded	% of construction works completed	Construction report		100%	
3. Project Interventions/Outputs					
Construction works for rehabilitation and expansion	Percentage of planned civil works completed.	Certificates of completion of works	0	100%	Funds available for construction works.

Procure, and Install medical Equipment and Furniture	% of equipment/furniture installed	Certified Delivery Notes		100%		
Project management, monitoring and evaluation	Number of field visits and field reports	Reports	0	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Construction works for rehabilitation and expansion	60	60	60			180
Procure, distribute and Install medical Equipment and Furniture	30	30	30			120
Project management, supervision and monitoring	10	10	10			30
Sub – Total	100	100	100			300
VAT (increase by 18%)	18	18	18			54
TOTAL COST	118	118	118			354

6. Construction of General Hospitals in Rubaga Division and Wakiso District

Sector	Health				
Vote	014				
Program	02				
Sub Program					
Project Name	Construction of General Hospitals in Rubaga Division and Wakiso District				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 672.6 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Rapid urbanisation has led to overcrowding of Hospitals in Kampala metropolitan.				
1.2 Problem Statement	High mortality rates in Kampala metropolitan from accidents, maternal and childhood illnesses.				
1.3 Relevance of the Project Idea					
1.4 Stakeholders	<ul style="list-style-type: none"> i. Direct Beneficiaries <ul style="list-style-type: none"> • General Population ii. Indirect Beneficiary/Government <ul style="list-style-type: none"> • Kampala City council iii. Project affected persons <ul style="list-style-type: none"> • Health Workers 				
Section 2: Project Framework					
2.1 Project Goal	Improve the quality of health services and training at the hospital				
2.2 Project Outcomes	<ul style="list-style-type: none"> • Hospital rehabilitated and expanded 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Preparatory works 2. Construction of Hospitals 3. Procurement and Installation of equipment 4. Project supervision, monitoring and evaluation 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal Reduce premature deaths in Kampala metropolitan	Crude Death Rate	UDHS			
2. Outcomes Rubaga and Wakiso Hospital completed and operational	% of construction works completed	Construction report		100%	
3. Project Interventions/Outputs					
Construction works for Rubaga and Wakiso Hospitals	Percentage of planned civil works completed.	Certificates of completion of works	0	100%	Funds available for construction works.
Procure, and Install medical Equipment and Furniture	% of equipment/furniture installed	Certified Delivery Notes		100%	
Project management, monitoring and evaluation	Number of field visits and field reports	Reports	0	100%	

Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Construction works for Rubaga and Wakiso		120	120	120		360
Procure, distribute and Install medical Equipment and Furniture		60	60	60		240
Project management, supervision and monitoring		10	10	10		30
Sub – Total		190	190	190		600
VAT (increase by 18%)		34.2	34.2	34.2		102.6
TOTAL COST		224.2	224.2	224.2		672.6

7. Establishment of a National Medical Equipment Service Centre

Sector	Health				
Vote	(To be Established)				
Program					
Sub Program					
Project Name	Establishment of a National Medical Equipment Service Centre (NMESC)				
Project Code					
Project Duration	3 years				
Estimated Cost (bn)	UGX 366 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	The country imports virtually all its medical equipment through private contracting. This is delivered to the various hospitals. It is envisaged that maintenance workshops at regional referral hospitals will maintain the equipment but this has been ineffective.				
1.2 Problem Statement	Medical Equipment across the country is poorly managed lead to short life span, wastage, inefficiency and safety challenges for patients				
1.3 Relevance of the Project Idea	By establishing a NMESC the country will be able to collect information on medical equipment regularly and create an information Bank on medical equipment, control the quality of medical equipment, and continuously provide service, inspection and user education services thereby improving efficiency and patient safety.				
1.4 Stakeholders	<p>i. Direct Beneficiaries</p> <ul style="list-style-type: none"> • General Population – safety and efficiency of service delivery will improve. • Hospital <p>ii. Indirect Beneficiary/Government</p> <ul style="list-style-type: none"> • Employment opportunities for the public <p>iii. Project affected persons</p> <ul style="list-style-type: none"> • Health Workers 				
Section 2: Project Framework					
2.1 Project Goal	Improve efficiency, safety and quality of health services through improvement in Medical equipment utilisation.				
2.2 Project Outcomes	<ul style="list-style-type: none"> • NMESC fully operational 				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Capitalisation of NMESC 2. Medical Equipment information Bank created 3. Medical Equipment Education services provided to users 4. Regular inspection, servicing and preventive maintenance of medical equipment. 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal Improve efficiency, safety and quality of health services provided.	% of expected medical equipment that is available and functional	Reports	TBD	100%	

2. Outcomes NMESC fully operational	NMESC in place	Annual report		100%		
3. Project Interventions/Outputs						
NMESC Capitalised	% of capital funds provided	Annual report	0	100%		
Medical Equipment Information Bank created	Information Bank in place	Reports		100%		
Medical Equipment Education services to users provided	Number of users trained	Reports	0	100%		
Inspection, service and preventive maintained of medical equipment	% of facilities inspected/serviced			100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
NMESC Capitalised	100	100	100			300
Medical Equipment Information Bank created	5	5	5			15
Medical Equipment Education services to users provided	5	5	5			15
Inspection, service and preventive maintained of medical equipment	12	12	12			36
Sub – Total	122	22	22			166
VAT (increase by 18%)	N/A	N/A	N/A			N/A
TOTAL COST	122	122	122			366

8. Institutional Capacity Building for Health Systems Strengthening and Management Project

Sector	Health
Vote	014
Program	
Sub Program	
Project Name	Institutional Capacity Building for Health Systems Strengthening and Management Project
Project Code	
Project Duration	5 years
Estimated Cost (bn)	UGX 50
Officer Responsible	Permanent Secretary
Date of Submission	
Section 1: Project Background	
1.1 Situational Analysis	Uganda's health system operates under the decentralisation framework and uses the district and municipal councils as the focal point for service delivery. There are currently a total of 146 districts/cities as well as Municipal Councils. The staff of District Health Office are charged with the responsibility of planning organisation and management of health services within the district. These have been at the fore front of managing of the Covid 19 pandemic and a number have succumbed to the disease.
1.2 Problem Statement	The rapid increase in the number of Districts/Municipal Councils has led District/Municipal Council Health Offices with inadequate capacity to manage, supervise, monitors and evaluate health services within the district. Similarly, the Department of Planning Ministry of Health has had a high turnover of staff and a new section for M & E established. These lack adequate capacity in terms of logistics to effectively support sector planning as well as carry out sector M & E. This has translated into weaknesses within the Health systems which are hampering its performance.
1.3 Relevance of the Project Idea	Improving logistical and skills capacity at the District and Central level in planning, Monitoring and Evaluation of Health Services will translate into a stronger health system and improved performance.
1.4 Stakeholders	<p>i. Direct Beneficiaries</p> <ul style="list-style-type: none"> • General Population – safety and efficiency of service delivery will improve. • Hospital <p>ii. Indirect Beneficiary/Government</p> <ul style="list-style-type: none"> • Employment opportunities for the public <p>iii. Project affected persons</p> <ul style="list-style-type: none"> • Health Workers
Section 2: Project Framework	
2.1 Project Goal	Improve efficiency, safety and quality of health services through improvement in Medical equipment utilisation.
2.2 Project Outcomes	<ul style="list-style-type: none"> • NMESC fully operational

2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Capitalisation of NMESC 2. Medical Equipment information Bank created 3. Medical Equipment Education services provided to users 4. Regular inspection, servicing and preventive maintenance of medical equipment.
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2.5 Results Matrix

Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal Improve efficiency, safety and quality of health services provided.	% of expected medical equipment that is available and functional	Reports	TBD	100%	
2. Outcomes NMESC fully operational	NMESC in place	Annual report		100%	
3. Project Interventions/Outputs					
NMESC Capitalised	% of capital funds provided	Annual report	0	100%	
Medical Equipment Information Bank created	Information Bank in place	Reports		100%	
Medical Equipment Education services to users provided	Number of users trained	Reports	0	100%	
Inspection, service and preventive maintained of medical equipment	% of facilities inspected/serviced			100%	

Section 3: Estimated Project Cost (bn)

Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
NMESC Capitalised	100					100
Medical Equipment Information Bank created	5	5	5			15
Medical Equipment Education services to users provided	5	5	5			15
Inspection, service and preventive maintained of medical equipment	12	12	12			36
Sub – Total	122	22	22			166
VAT (increase by 18%)	N/A	N/A	N/A			N/A
TOTAL COST	122	22	22			166

9. EMERGENCY MEDICAL SERVICES CALL AND DISPATCH CENTRES PROJECT

Sector	Health
Vote	014
Program	Curative Services
Sub Program	Emergency medical services
Project Name	Emergency Medical Services Call and Dispatch Centres Project
Project Code	
Project Duration	5 years
Estimated Cost (USD)	42,427,741
Officer Responsible	Permanent Secretary
Date of Submission	15/07/2021
Section 1: Project Background	
1.1 Situational Analysis	<ul style="list-style-type: none"> i. Significant burden of death in Uganda is caused by time-sensitive illnesses and injuries which can be prevented through immediate or urgent medical interventions. ii. The department of ambulance services, renamed the department of emergency medical services, is dedicated to developing emergency care services within the national health system in the country. iii. The GOU had already embarked on improving the Emergency Medical systems as laid out in the National EMS Strategy and Policy. iv. Some EMS ambulance guidelines, protocols and standards have been developed and need to be operationalised through the regional and districts/urban authority EMS coordination structures that are yet to be established. v. Up to 84% of the population with access to a public or private health facility through community structures such as CHEWS, police NGOs that present opportunity for training and skills development in first aid. vi. No structured approach to increase community awareness about EMS care vii. Though protocols, guidelines and potential personnel are in place, emergency departments in hospitals and units in the HC IVs are yet to be made functional. viii. Country has some ambulance vehicles both in the public and private sector that are more concentrated in urban areas. The strategy is to have 1 ambulance per 100,000 distributed across the country. ix. Though unsafe, private, and commercial vehicles, including motorcycles, are used to transport emergency patients to points of care. x. Excellent coverage of mobile telecommunication network and an emergency number 911 is being set up as a medical emergency call number. xi. Professional EMS training has started in the country, presenting opportunity to standardise, optimise and scale up nationally. xii. Prior to advent of Covid-19 pandemic Uganda had 178 Type A ambulances that have been repaired and planned for upgrade to type B by equipping with necessary medical equipment and medicines. xiii. Financing opportunities exist through the Result Based Financing (RBF) approach, and government budget though additional

	<p>financing is required through global, bilateral and national partnerships</p> <p>xiv. In 2020/2021, the Government of Uganda working with Partners has secured some of the resources and also got commitment for the following: Establishing a call and dispatch centre at Naguru, procured 123 Ambulances (105 already in use, 12 in country and 6 under procurement); and 150 EMS staff (20 deployed, 130 under recruitment).</p>
<p>1.2 Problem Statement</p>	<p>The MOH Emergency Medical Services Department was set up to develop and oversee emergency health services across the country to avert mortality and morbidity arising out of preventable injuries and illnesses. Majority of these are time-sensitive, implying that a lot of lives could be saved if structures and resources are in place to respond in a timely manner. However, the EMS department is currently challenged with the non-existent at-scene emergency care system; ineffective emergency medical transportation systems; non-functioning emergency departments/units in receiving Hospitals and Health centre IVs; and low capacity for facility-based emergency care.</p> <ul style="list-style-type: none"> • Only 5% general hospitals and 25% HC IVs have standard capacity to offer emergency services. • Only 36% of all facilities in the country have a dedicated emergency area. • Maldistribution of ambulances with less than 25% population having effective ambulance coverage, and poor documentation. <p>The advent of the COVID-19 pandemic requiring a well-coordinated and timely emergency medical response for suspected and confirmed cases, has further underscored the urgent need for operationalizing a coordinated emergency medical system in Uganda.</p> <p>Covid-19 pandemic response requires a full package of EMS that includes a functional call & dispatch system, equipped ambulances, trained, skilled and responsive staff and functional emergency rooms at health facility level (including Covid-19 treatment units).</p> <p>The national need is</p> <ol style="list-style-type: none"> 1) one national and 13 regional (14) ambulance stations (regional call and dispatch centers) 2) 460 ambulances (440 type B & 20 type C) to be distributed across all the 14 health regions of Uganda 3) 1025 EMS staff that include call and dispatch staff, ambulance crews, emergency physicians and medical officers
<p>1.3 Relevance of the Project Idea</p>	<ul style="list-style-type: none"> • The project will contribute directly to the Uganda National EMS Policy, MOH Health strategic plan, the National Development plan III and associated Framework towards reducing morbidity and mortality and preventing disability through ensuring high quality, safe and patient centred pre-hospital and hospital emergency medical services that meet the needs of the population. • The project will specifically contribute to reduction of morbidity and mortality associated re-emerging and emerging epidemic diseases like COVID-19, Ebola and Cholera. • Optimal use of ambulances can be achieved through a coordinated call and dispatch system within the Ambulance stations
<p>1.4 Stakeholders</p>	<p>i. Direct Beneficiaries</p> <ul style="list-style-type: none"> • Patients presenting with routine emergency conditions

	<ul style="list-style-type: none"> Patients with highly infectious diseases like COVID-19 Patients requiring evacuation from homes and inter-facility transfers. Health facilities staff. <p>ii. Indirect Beneficiary/Government</p> <ul style="list-style-type: none"> Community actors Health care system at various levels (community, health facility, District Health Offices and National level) Political leaders Civil society organisations <p>iii. Project affected persons</p> <ul style="list-style-type: none"> Health workers Community leaders 				
Section 2: Project Framework					
2.1 Project Goal	To contribute to reduction of mortality and morbidity due to routine emergency conditions, COVID-19 and other related deaths through improved emergency medical services systems.				
2.2 Project Outcomes	<ul style="list-style-type: none"> National Ambulance Service Operational 				
2.3 Proposed Project Interventions	<ul style="list-style-type: none"> Procurement of 225 type B and 15 type C ambulances Establishment of National Call centre with 13 regional call hubs 				
2.4 Project Activities	<ol style="list-style-type: none"> Establish one National and 13 ambulance stations (Regional call and dispatch centers) to coordinate call and dispatch for Emergency conditions in the prehospital environment and inter-facility transfers Procurement of 225 type B ambulances and 15 type C ambulances for evacuation of severely ill patients from the community and from one level of care to another Training of EMS staff 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
1. Goal To contribute to reduction of deaths, morbidity and disability through providing accessible and affordable emergency medical services	Proportion of population accessing EMS	DHIS DHIS	TBD	(70% Increase)	Evaluation surveys
2. Outcomes <ul style="list-style-type: none"> Reduced case fatality (malaria, covid-19, TB) 	% reduction in case fatality rate for selected disease conditions	DHIS 2	TBD	(50% reduction)	Effective documentation and tracking of deaths and recoveries
<ul style="list-style-type: none"> Reduced mortality (U5MR, MMR, CMR) due to routine emergency conditions (injuries, maternal conditions, Malaria and TB) 	% reduction in mortality due to emergency conditions	DHIS 2	XX	XX	Effective documentation and tracking of deaths and recoveries
3. Project Interventions					

Coordinated ambulance response system by setting up Ambulance stations with call & dispatch centres, ambulances, communication system and	Number of Functional and regional Ambulance stations (Call & dispatch centres)	Clearances, certification and handover documents Reports	0	13	<ul style="list-style-type: none"> • Availability of equipment, finances and personnel • Availability and application of policies, guidelines
4. Activities					
1. Establish one National and 13 ambulance stations (Regional call and dispatch centers) to coordinate call and dispatch for Emergency conditions in the prehospital environment and inter-facility transfers	Functional national CAD centre	<ul style="list-style-type: none"> • Site visits • Reports 	0	14	Availability of equipment, finances and personnel
2. Procurement of 225 type B ambulances and 15 type C ambulances for evacuation of severely ill patients from the community and from one level of care to another	Number of type B and type C ambulance procured and operational	Procurement documents Operation reports	0	225 type B Ambulances 15 type C ambulances	Availability of funds Availability of trained staff to operate ambulances
3. Train 1250 EMS staff to support the Call and Dispatch centres.	<ul style="list-style-type: none"> • Number of staff recruited. • Number of staff trained in EMS 	Recruitment and training reports		100%	Funds available

Section 3: Estimated Project Cost (bn)

Cost Areas	FY 22/23	FY 23/24	FY 24/25	Total cost
One National and 13 Regional Ambulance stations	20			20
2. Procurement of 225 type B ambulances and 15 type C ambulances for evacuation of severely ill patients from the community and from one level of care to another	25	25	25	75
Recruit and quickly train 1250 EMS staff to support the Call and Dispatch centres, Ambulances at the National and Regional level and Emergency Units	6	6	6	6
Sub – Total	52	31	31	101
VAT (increase by 18%)	9.36	5.58	5.58	20.87
TOTAL COST	61.36	36.58	36.58	121.87

10. Establishment of Port Health Services at 24 Ports of Entry

Sector	Health				
Vote	014				
Program					
Sub Program					
Project Name	Establishment of Port Health Services at 24 Ports of Entry				
Project Code					
Project Duration	3 years				
Estimated Cost (bn)	UGX 354 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Uganda is located in the great lakes region which is susceptible to various pandemic outbreaks like Yellow Fever, Ebola, Murburg, SARS and Corona among others				
1.2 Problem Statement	Increased travel due to globalisation coupled with climate change is favouring new pathogens has translated into high health risks for the country. The country's Border Entry points don't have adequate health security safe guards.				
1.3 Relevance of the Project Idea	Port Health Services will reduce the Country's Health Security risks and enable early detection and management of pandemic outbreaks				
1.4 Stakeholders	<p>Direct Beneficiaries General Population – improved health security</p> <p>Indirect Beneficiary/Government Employment opportunities for the public</p> <p>Project affected persons Users of entry ports Immigration services</p>				
Section 2: Project Framework					
2.1 Project Goal	Reduce Mortality and Morbidity from Pandemics				
2.2 Project Outcomes	Early detection and Management of pandemic outbreaks.				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Construction and Equipping of Port Health Services 2. Capacity Building for Management of Port Health Services 3. Procurement of Transport Logistics for Port Health Services 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
Goal Reduce Morbidity and Mortality from Pandemic Outbreaks	Number of cases (Pandemic outbreaks) Number of Deaths (pandemic Outbreaks)	Reports	TBD	50% reduction	
Outcomes Port Health Services Operational	% of pandemic Outbreaks detected in time	Reports	TBD	100%	
Project Interventions/Outputs					
Construction of Port Health Facilities	Number of Port Health Facilities Completed	Annual report	0	24	

Equipping of Port Health Facilities	Number of Port Health Facilities Fully Equipped	Reports		24		
Capacity Building for Management of Port Health Services	Number of staff trained	Reports	0	240		
Procurement of Transport Logistics for Port Health services	% of Port Health Services Units with adequate Transport Logistics	report	0	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Construction of Port Health Facilities	36	36	36	36	36	180
Equipping of Port Health Facilities	12	12	12	12	12	60
Capacity Building for Management of Port Health Services	9	9	9	9	9	45
Project Management Monitoring and Supervision	3	3	3	3	3	15
Sub – Total	60	60	60	60	60	300
VAT (increase by 18%)	10.8	10.8	10.8	10.8	10.8	54
TOTAL COST	70.8	70.8	70.8	70.8	70.8	354

11. Community Health Promotion and Prevention Project

Sector	Health				
Vote	014				
Program					
Sub Program					
Project Name	Community Health Promotion and Prevention Project				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 185 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Uganda has a high burden of infectious diseases most of which are preventable through health promotion and disease prevention programs.				
1.2 Problem Statement	The country's Health Promotion and Disease Prevention staff have inadequate transport logistics as well operational kits for activities like water quality testing/monitoring				
1.3 Relevance of the Project Idea	Health Promotion staff once properly equipped will be more effective in delivering health education, disease prevention,				
1.4 Stakeholders	<p>Direct Beneficiaries General Population – Improved health promotion services Health Promotion staff</p> <p>Indirect Beneficiary/Government Employment opportunities for the public</p> <p>Project affected persons</p>				
Section 2: Project Framework					
2.1 Project Goal	Reduce Mortality and Morbidity from infectious diseases				
2.2 Project Outcomes	Environmental Health services including water quality testing at Sub County level				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Procure and Distribute water quality testing kits for all sub counties 2. Procure and Distribute Environmental Health Kits for all Parishes 3. Procurement of Transport Logistics for environmental Health Staff 4. Procure and Distribute Personal Protective Equipment and Uniforms for Health Promotion and Environmental Health staff 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
Goal Reduce Morbidity and Mortality from Infectious Diseases	Malaria cases per 100,000 population Number of confirmed outbreaks of fecal oral diseases	Reports	TBD	90/100,000 Nil	
Outcomes Health Promotion and disease prevention services operational countrywide	% of sub counties submitting chemical and bacteriological water quality testing reports	Reports	100%	100%	
Project Interventions/Outputs					

Procure and distribute Comprehensive (Chemical/Microbiological) water quality testing kits	% of Sub Counties with Comprehensive water quality testing kits	Annual report	0%	100%		
Procure and distribute environmental health kits	% of parishes with an environmental health kit	Reports	0%	100%		
Procurement of Transport Logistics for Environmental Health Staff	% of Sub Counties with Motorcycle for environmental health services	Reports	TBD	100%		
Procure and Distribute PPE and Uniforms for Environmental Staff.	% of staff with PPE/Uniform	Reports	0%	100%		
Procure and Distribute Refuse collection Trucks	% of Districts/Municipalities with Refuse collection Trucks	Reports	TBD	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
Procure and distribute Comprehensive (Chemical/Microbiological) water quality testing kits	6	6	6	6	6	180
Procure and distribute environmental health kits	9	9	9	9	9	60
Procurement of Transport Logistics for Environmental Health Staff	9	9	9	9	9	45
Procure and Distribute PPE and Uniforms for Environmental Staff.	2	2	2	2	2	10
Procure and Distribute Refuse collection Trucks	6	6	6	6	6	30
Project Management Monitoring and Supervision	1	1	1	1	1	5
Sub – Total	33	33	33	33	33	165
VAT (increase by 18%)	6	6	6	6	6	30
TOTAL COST	39	39	39	39	39	185

12. Renovation and equipping of 15 General Hospitals

Sector	Health				
Vote	014				
Program					
Sub Program					
Project Name	Renovation and equipping of 15 General Hospitals (Abim, Apac, Atatur, Bugiri, Bundibugyo, Iganga, Gombe, Kagadi, Kambuga, Kitagata, Kitgum, Kyenjojo, Lyantonde, Pallisa and Masindi)				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 2.39 trillion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	Majority of the Hospitals were constructed and equipped over 50 years. They have depreciated significantly and most of the equipment is now obsolete. The services being delivered are not meeting the minimum quality standards.				
1.2 Problem Statement	Hospitals are unable to meet minimum standards of care due to dilapidated state and obsolete equipment they have a high case fatality rate.				
1.3 Relevance of the Project Idea	Renovation and equipping will improve quality services and lead to a reduction in case fatality rate.				
1.4 Stakeholders	<p>Direct Beneficiaries General Population – Improved quality of services Health workers – Improved working conditions</p> <p>Indirect Beneficiary/Government Employment opportunities for the public</p> <p>Project affected persons Health workers</p>				
Section 2: Project Framework					
2.1 Project Goal	Improve Hospital Outcomes for the selected hospitals				
2.2 Project Outcomes	Selected Hospitals renovated and equipped				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Renovation of Hospitals 2. Procure, Distribute and install new Medical Equipment 4. User Training 5. Project management, Supervision and Monitoring 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
Goal Improve hospital outcomes for the selected hospital	Inpatient Case Fatality rate	DHIS	TBD	50% reduction	
Outcomes Selected hospitals renovated and equipped	% Equipping for the selected hospitals.	Reports	TBD	100%	
Project Interventions/Outputs					
1. Renovation of Hospitals	% of expected works completed	Annual report	0%	100%	
2. Procure, Distribute and install new Medical Equipment	% of expected equipment installed	Reports	0%	100%	
3. User Training	Number of Health workers trained	Reports	0%	100%	

4. Project management, Supervision and Monitoring	% of management reports submitted on time	Reports	N/A	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
1. Renovation of Hospitals	300	300	300	300	300	1500
2. Procure, Distribute and install new Medical Equipment	100	100	100	100	100	500
3. User Training	3	3	3	3	3	15
4. Project management, Supervision and Monitoring	2	2	2	2	2	10
Sub – Total	405	405	405	405	405	2020
VAT (increase by 18%)	73	73	73	73	73	365
TOTAL COST	478	478	478	478	478	2390

13. Equipping of Newly Upgraded General Hospitals

Sector	Health				
Vote	014				
Program					
Sub Program					
Project Name	Equipping of Newly Upgraded Hospitals (Amuria, Kaberamaido, Koboko, Kotido, Kyegegwa, Rukunyu, Luwero, Mukono, Buwenge and Bukwo)				
Project Code					
Project Duration	5 years				
Estimated Cost (bn)	UGX 620 billion				
Officer Responsible	Permanent Secretary				
Date of Submission					
Section 1: Project Background					
1.1 Situational Analysis	10 high volume Health Centre IVs were upgraded to Hospital to enable them effectively handle the high workload. Construction works nearing completion.				
1.2 Problem Statement	Investment to upgraded Health Centre IV don't have equipment to enable them fully function as hospitals leading to inefficiency.				
1.3 Relevance of the Project Idea	Equipping of Hospitals will enable them function properly as Hospitals improving both outcomes and efficiency.				
1.4 Stakeholders	<p>Direct Beneficiaries General Population – Improved quality of services Health workers – Improved working conditions</p> <p>Indirect Beneficiary/Government Employment opportunities for the public Improved efficiency of service delivery</p> <p>Project affected persons Health workers</p>				
Section 2: Project Framework					
2.1 Project Goal	Improve Hospital Outcomes for the Newly upgraded Hospitals				
2.2 Project Outcomes	Increased Service availability at newly upgraded Hospitals				
2.3 Proposed Project Interventions	<ol style="list-style-type: none"> 1. Procure, Distribute and install new Medical Equipment 2. User Training 3. Project management, Supervision and Monitoring 				
2.5 Results Matrix					
Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
Goal Improve hospital outcomes for the selected hospital	Inpatient Case Fatality rate	DHIS	TBD	50% reduction	
Outcomes Selected hospitals renovated and equipped	% Equipping for the selected hospitals.	Reports	TBD	100%	
Project Interventions/Outputs					
1. Procure, Distribute and install new Medical Equipment	% of expected equipment installed	Reports	0%	100%	
2. User Training	Number of Health workers trained	Reports	0%	100%	

3. Project management, Supervision and Monitoring	% of management reports submitted on time	Reports	N/A	100%		
Section 3: Estimated Project Cost (bn)						
Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
1. Procure, Distribute and install new Medical Equipment	100	100	100	100	100	500
2. User Training	3	3	3	3	3	15
3. Project management, Supervision and Monitoring	2	2	2	2	2	10
Sub – Total	105	105	105	105	105	525
VAT (increase by 18%)	19	19	19	19	19	95
TOTAL COST	124	124	124	124	124	620

14. Institutional Capacity Building for Health Systems Strengthening and Management Project

Sector	Health
Vote	014
Program	
Sub Program	
Project Name	Institutional Capacity Building for Health Systems Strengthening and Management Project
Project Code	
Project Duration	5 years
Estimated Cost (bn)	UGX 50
Officer Responsible	Permanent Secretary
Date of Submission	
Section 1: Project Background	
1.1 Situational Analysis	Uganda's health system operates under the decentralisation framework and uses the district and municipal councils as the focal point for service delivery. There are currently a total of 146 districts/cities as well as Municipal Councils. The staff of District Health Office are charged with the responsibility of planning organisation and management of health services within the district. These have been at the fore front of managing of the Covid 19 pandemic and a number have succumbed to the disease.
1.2 Problem Statement	The rapid increase in the number of Districts/Municipal Councils has led District/Municipal Council Health Offices with inadequate capacity to manage, supervise, monitors and evaluate health services within the district. Similarly, the Department of Planning Ministry of Health has had a high turnover of staff and a new section for M & E established. These lack adequate capacity in terms of logistics to effectively support sector planning as well as carry out sector M & E. This has translated into weaknesses within the Health systems which are hampering its performance.
1.3 Relevance of the Project Idea	Improving logistical and skills capacity at the District and Central level in planning, Monitoring and Evaluation of Health Services will translate into a stronger health system and improved performance.
1.4 Stakeholders	Direct Beneficiaries General Population – safety and efficiency of service delivery will improve. Hospital Indirect Beneficiary/Government Employment opportunities for the public Project affected persons Health Workers
Section 2: Project Framework	
2.1 Project Goal	Improved public health outcomes
2.2 Project Outcomes	Improved health systems management capacity at district and central government level

2.3 Proposed Project Interventions	1. Procurement of transport and other logistics for health systems monitoring and evaluation 2. Procurement and installation of Sector project coordination software 3. Capacity Building in Management including Planning, Budgeting, Monitoring and Evaluation. 4. Project Management, Monitoring and Evaluation
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2.5 Results Matrix

Objective	Indicator	Means of Verification	Baseline	Target	Assumptions
Goal Health System Capacity Strengthened	% of Units (Districts, Municipal Councils & Health Facilities) with evidence based annual workplans	Supervision reports	TBD	100%	
Outcomes Improved Health Systems Management Capacity at District and National Level	% of Health facility in charges with at least short term training in management	Training Reports		100%	
Project Interventions/Outputs					
1. Procurement of transport and other logistics for health systems monitoring and evaluation	% M & E section institutionalized and fully operational	Annual report	0	100%	
2. Procurement and installation of Sector project coordination software	% of project Concepts that advance to feasibility study stage	Reports	0	100%	
3. Capacity Building in Management including Planning, Budgeting, Monitoring and Evaluation.	% of Health managers trained in Management	Reports	0	100%	
4. Project Management, Monitoring and Evaluation	% of expected management reports submitted on time	reports	TBD	100%	

Section 3: Estimated Project Cost (bn)

Activity Plan	FY 22/23	FY 23/24	FY 24/25	FY 25/26	FY 26/27	Total cost
1. Procurement of transport and other logistics for health systems monitoring and evaluation	2	2	2	2	2	10
2. Procurement and installation of Sector project coordination software	1	1	1	1	1	5
3. Capacity Building in Management including Planning, Budgeting, Monitoring and Evaluation.	5	5	5	5	5	25
4. Project Management, Monitoring and Evaluation	1	1	1	1	1	5
Sub – Total	9	9	9	9	9	45
VAT (increase by 18%)	1.62	1.62	1.62	1.62	1.62	8.1
TOTAL COST	10.62	10.62	10.62	10.62	10.62	53.1

9.2 NDP III HEALTH SUB-PROGRAMME IMPACT INDICATORS

Goal/ Objective	Outcomes	Indicator	Baseline (‘19/20)	Target				
				‘20/21	‘21/22	‘22/23	‘23/24	‘24/25
GOAL: Strengthen the Health System and its support mechanisms with a focus on PHC to achieve UHC by 2030	Universal Health Coverage	UHC Health Coverage Index (%)	45	48	50	53	57	60
	Reduced prevalence of Malnutrition in the population	Prevalence of under 5 stunting (%)	29	24	23	22	20	19
		Prevalence of Malnutrition in the population (%)	40	36	32	28	24	20
	Reduce morbidity and mortality due to NCDs	Mortality attributed to NCDs (cardiovascular disease, cancer, diabetes or chronic respiratory disease) (Number)	7,000	6,500	6,000	5,500	5,000	4,500
		Mortality attributed to injuries (%)	13	12	11	10	9	8
		Cancer prevalence (%)	1.8	1.6	1.5	1.4	1.3	1.2
	Reduced Mortality due to high risk Communicable Diseases (Malaria, TB & HIV/AIDS)	Malaria Prevalence (%)	13	11	10	9	8	7
		HIV/AIDS Prevalence (%)	6.0	5.9	5.9	5.9	5.9	5.5
		TB Prevalence (%)	4.0	3.5	3.0	2.5	1.8	1.0
	Increased access to basic sanitation	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population)	54	53	50	48	45	43
	Reduced neonatal mortality	Neonatal Mortality Rate (per 1,000)	27	24	22	21	20	19
	Reduced under five mortality	Infant Mortality rate (per 1,000)	43	38.4	36.5	34.5	30.5	25
		Under five mortality rate (per 1,000)	64	42	39	35	33	30
	Reduced maternal mortality	Maternal Mortality Ratio (per 100,000 live births)	336	277	267	251	236	211
	Reduced unmet need for family planning	Unmet need for family planning (%)	28	26	22	18	14	10
	Increased modern contraceptive prevalence rate	Contraceptive Prevalence Rate (%)	35	40	43	45	48	50
Reduced teenage pregnancy rate	Adolescent Pregnancy Rate (%)	25	22	20	18	16	15	
Reduced total fertility rate	Total Fertility Rate	5.4	5.2	5	4.8	4.6	4.5	

10 REFERENCES

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- 10) National population and housing census, UBOS 2014
- 11) National Health Accounts report 2017/18 - 2018/19, MoH
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- 15) Service Availability and Readiness Assessment, MoH 2018