



HUMAN CAPITAL DEVELOPMENT PROGRAMME

Annual Budget Monitoring Report

Financial Year 2022/23

October 2023

Budget Monitoring and Accountability Unit
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ACRONYMS AND ABBREVIATIONS

ART	Anti-Retroviral Therapy
BRMS	Basic Requirements and Minimum Standards
BTVET	Business and Technical Vocational Education Training
CAP	College of American Pathologists
CBOs	Community-Based Organisations
CBTC	Competency Based Training curricula
CDC	Centre for Disease Control
CDOs	Community Development Officers
CEMRS	Comprehensive Electronic Medical Records System
CERC	Contingency Emergency Response Component
CLTS	Community-Led Total Sanitation
COU	Church of Uganda
COVID-19	Coronavirus Disease 2019
CPHL	Central Public Health Lab
CSOs	Civil Society Organisations
CUUL	Consortium for Uganda University Libraries
DCDO	District Community Development Officer
DDEG	Discretionary Development Equalization Grants
DEO	District Education Officer
DES	Directorate of Education Standards
DHI	District Health Inspector
DINU	Development Initiative for Northern Uganda
DIS	District Inspectors of Schools
DLG	District Local Government
DPT3	Diphtheria –Pertussis –Tetanus Third Dose
DWO	District Water Office
E. Coli	Escherichia Coli
ECCE	Early Childhood Care Education
ECD	Early Childhood Development
EGM	Early Grade Math
EGP	Electronic Government Procurement
EGR	Early Grade Reading
EMIS	Education Management Information System
EMNC	Essential Maternal and New-born Care
EmONC	Emergency Obstetric Care
EMS	Emergency Medical Services
EPI	Expanded Programme for Immunization
ESA	Education Service Agency



ESD	Education for Sustainable Development
ESIA	Environmental and Social Impact Assessment
ESP	Expand Social Protection
FP	Family Planning
FSMF	Feacal Sludge Management Facility
FY	Financial Year
GAVI	Global Alliance for Vaccine Initiative
GBV	Gender-Based Violence
GFF	Global Financing Facility
GFS	Gravity Flow Scheme
GoU	Government of Uganda
HC	Health Centre
HCDP	Human Capital Development Project
HEIs	Higher Education Institutions
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HPMA	Hand Pump Mechanics Association
HPV	Human Papilloma-Virus
HSC	Health Service Commission
ICCM	Integrated Community Case Management
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
IFLA	International Federation of Library Associations and Institutions
IFMS	Integrated Financial Management System
IRS	Indoor Residue Spraying
IsDB	Islamic Development Bank
ISO	Internal Security Organization
KENAS	Kenya Accreditation Services
LEGS	Local Economic Growth Support
LGs	Local Governments
LLINs	Long-Lasting Insecticide Treated Nets
LSC	Lower Secondary Curriculum
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MAK RIF	Makerere Research and Innovation Fund
MCs	Municipal Councils
MDAs	Ministries, Departments and Agencies
MFPED	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MHM	Menstrual Health Management
MIS	Management Information System



MoDVA	Ministry of Defence and Veteran Affairs
MoES	Mistry of Education and Sports
MoH	Ministry of Health
MoPS	Ministry of Public Services
MoSTI	Ministry of Science, Technology and Innovations
MR-1	Measles-Rubella
MRC	Medical Research Council
MoSTI	Ministry of Science, Technology and Innovation
MWE	Ministry of Water and Environment
NACME	National Advisory Committee on Medical Equipment
NAPR	National Annual Performance Report
NCCN	National Comprehensive Cancer Network
NCDC	National Curriculum Development Center
NCDs	Non-Communicable Diseases
NCHE	National Council for Higher Education
NDPIII	Third National Development Plan
NEC	National Enterprise Corporation
NGBVD	National Gender-Based Violence Database
NICU	Neonatal Intensive Care Unit
NIRA	National Identification and Registration Authority
NMS	National Medical Stores
NSGPWDs	National Special Grant for Persons with Disabilities
NTLD	National Tuberculosis, Leprosy, and Lung Disease Program
NTRL	National TB and Reference Laboratory
NWSC	National Water and Sewerage Corporation
ODeL	Open Distance and e-Learning
ODF	Open Defecation Free
OFID	OPEC Fund for International Development
OPD	Out-Patients Department
OPEC	Organization of the Petroleum Exporting Countries
OPM	Office of the Prime Minister
OSH	Occupational Safety and Health
OVC	Orphans and Vulnerable Children
P/S	Primary School
PC&MU	Project Coordination and Management Unit
PDO	Project Development Objectives
PIAP	Programme Implementation Action Plan
PIP	Project Implementation Plan
PPA	Programme Planning Approach
PRESIDE	Presidential Initiative on Epidemics



PSPs	Public Stand Posts
PTCs	Primary Teachers' Colleges
PWD	Person with Disability
RAP	Resettlement Action Plan
RBB	Regional Blood Banks
RBF	Results-Based Financing
REA	Regulatory Impact Assessment
RGC	Rural Growth Center
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Health
RRH	Regional Referral Hospitals
RTRR	Reporting, Tracking Referral and Response
RUFORUM	Regional Universities Forum for Capacity Building in Agriculture
RWHT	Rain Water Harvesting Tank
S/C	Sub-county
SAGE	Social Assistance Grant for the Elderly
SANAS	South African National Accreditation System
SCDOs	Senior Community Development Officers
SCEs	Self Coordinating Entities
SEGOP	Senior Enterprise Grant for Older Persons
SFG	School Facilities Grant
SNE	Special Needs Education
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSP	Source Protection Plan
STEI	Science, Technology, Engineering and Innovation
STEM	Science, Technology, Engineering and Mathematics
T/C	Town Council
TB	Tuberculosis
TG	Transitional Grant.
TI	Technical Institute
TOTs	Training of Trainers
TTI	Transfusion Transmissible Infections
TVET	Technical Vocational and Educational Training Institutions
TVET O&M	Technical Vocational Education Training, Operations & Management
UAHEB	Uganda Allied Health Examinations Board
UBTEB	Uganda Business and Technical Examination Board
UBTS	Uganda Blood Transfusing Services
UCC	Uganda College of Commerce
UCF	Uganda Consolidated Fund
UCHL	Uganda Child Help Line



UCI	Uganda Cancer institute
Ug shs	Uganda Shillings
UgiFT	Uganda Intergovernmental Fiscal Transfer
UHI	Uganda Heart Institute
ULIA	Uganda Library & Information Association
UNATCOM	Uganda National Commission for UNESCO
UNBS	Uganda National Bureau of Standards
UNCST	Uganda National Council for Science and Technology
UNESCO	United Nations Educational, Scientific and Cultural Organization.
UNFPA	United Nations Population Fund
UNHRO	Uganda National Health Research Organization
UNICEF	United Nations International Children's Emergency Fund
UNMEB	Uganda Nurses and Midwives Examinations Board
UPDF	Uganda People's Defense Forces
UPE	Universal Primary Education
UPOLET	Universal Post-O Level Education and Training Program
UPPC	Uganda Printing and Publishing Corporation
URMCHIP	Uganda Reproductive Maternal and Child Health Project
USD	United States Dollars
USDP	Uganda Skills Development Project
USE	Universal Secondary Education
USEEP	Uganda Secondary Education Expansion Project
UVRI	Uganda Virus Research Institute
UWEP	Uganda Women Entrepreneurship Programme
UWS	Umbrella of Water and Sanitation
VACiS	Violence Against Children in Schools
VE	Vocational Education
VHTs	Village Health Teams
VIP	Ventilated Improved Pit
VPDs	Vaccine-Preventable Diseases
VTC	Vocational Training College
VTIs	Vocational Training Institutes
WASH	Water, Sanitation and Hygiene
WB-GPE	World Bank- Global Partners of Education
WFP	World Food Programme
WSS	Water Supply System
WUC	Water User Committee
YLP	Youth Livelihood Programme



FOREWORD

With a strategic focus on the theme for Financial Year 2022/23, “Full Monetization of the Ugandan Economy through Commercial Agriculture, Industrialization, Expanding and Broadening Services, Digital Transformation and Market Access,” the Government of Uganda has focused on the allocation of resources to strategic interventions which reflect a strong drive and dedication towards sustainable economic growth for the people of Uganda.

The findings from this year’s annual monitoring exercise reveal commendable strides in the programme operations, however, the challenges we face in the pursuit of economic transformation are evident. Limited resources demand service delivery efficiency, thus the urgent need for strategic reforms if we are to reap the development dividends of our investments.

A recent project review in some programmes revealed ineffective usage of loans and counterpart funding. This raises concerns about potential funding losses and increased costs. I urge all the implementing agencies to ensure that adjustments in planning, financial monitoring and analysis, coupled with prudent management are undertaken immediately. Let us seize this moment to build a more prosperous and sustainable Uganda for generations to come.

Ramathan Ggoobi

Permanent Secretary/Secretary to the Treasury



EXECUTIVE SUMMARY

This Human Capital Development (HCD) Programme report presents monitoring findings for the budget execution period from 1st July 2022 to 30th June 2023. The Human Capital Development Programme's goal is to improve the productivity of labour for increased competitiveness and better quality of life.

The report reviews selected interventions within the four sub-programmes of: i) Education, Sports and Skills Development, ii) Labour and Employment Services, iii) Gender and Social Protection, and iv) Population, Health, Safety and Management based on approved plans and significance of budget allocations. The interventions, sub-sub programmes and projects selected were based on regional representation, level of capital investment, planned annual outputs and value of releases by 30th June 2023.

The methodology adopted for monitoring included: a literature review of the quarterly progress and performance reports, interviews with the respective responsible officers or representatives, and observations or physical verification of reported outputs. Physical performance was rated using the achievement of the set output targets by 30th June 2023.

Programme Performance

Overall Financial Performance

The Programme budget for FY 2022/2023 including external financing was Ug shs 9,11bn which translated into 19% of the total National Budget. Overall the Population Health, Safety and Management sub-programme had the largest share of the total allocation while Gender and Social Protection had the least. At the sub-sub programme level, the largest allocations were shared as follows; Education and Sports (24%), Public Health Services (13%), Directorate of Water Development and Primary health care both at 11%, General Administration and Support Services and Pharmaceutical and Medical Supplies each at 6%, Regional Referral Hospital Services, Technical Vocational Education and Training, Strategy, Policy and Development all each 3%.

In respect to performance, of the Ug shs 9,11bn allocated to the programme, Ug shs 7,258bn (79.9%) was released and Ug shs 6,312bn (87%) was expended by 30th June 2023. The unsatisfactory expenditure performance especially under the externally funded interventions was attributed to a lack of readiness of the Votes to execute the planned works, poor planning and sequencing of activities, procurement delays, delays in the issuance of no objections from funders (development partners), administrative reviews leading to re-tendering of civil works and cash flow constraints by some contractors.

The programme did not utilize Ug shs 36.60bn allocated for wages due to delays in recruitment, posting and deployment which affected timely access to the human resources on the payroll.

Overall Physical Performance

Overall programme performance was fair at 62% attainment of set targets. The programme performed better at attaining outputs compared to outcomes. However, the sub-programmes of Education, Sports and Skills Development; and Population, Health, Safety and Management



recorded better attainment of outcomes compared to outputs on account of large contributions from other development partners, especially some of which was through off-budget support.

Some of the outcomes that contributed to the performance of the Education, Sports and Skills Development Sub-programme were as follows: the net enrollment ratio for pre-primary improved from 13.30% in 2017 to 26% in FY2022/23, while the proportion of pre-primary institutions registered, improved from 22% in 2020 to 35% in FY2022/23. In addition, the survival rate at the primary level was at 78%, and the proportion of schools/training institutions and programmes attaining the Basic Requirements and Minimum Standards (BRMS) primary was 76%. However, some of the missed outcome targets included: quality-adjusted years of schooling at 0% against 5.3 years and a primary to secondary school transition rate of 69% against the 71% target.

Under the Population, Health, Safety and Management Sub-programme, the maternal mortality ratio/100,000 was achieved at 189 per 100,000 deliveries compared to the target of 261 per 100,000 deliveries for FY2022/23. Similarly, the infant mortality rate/1,000 was 36 per 1,000 live births against the target of 37.6 per 1,000 live births. The contraceptive prevalence rate improved from 35% in 2016 to 37% in 2022 with the unmet need for family planning recording 22%.

Contraceptive use on the other hand was higher at 47% among sexually active unmarried women compared to the currently married women by four percentage points. In addition, access to rural water was at 70% against the targeted 80.3%, and urban water access was 73.4% against the targeted 89.4%, basic sanitation attained 20% against the targeted 32%. However, the Ministry of Water and Environment (MWE) did not provide values for hygiene/handwashing practices, thus this indicator was not assessed.

The Gender and Social Protection Sub-programme attained a fair overall performance at 64%. It's only indicator (GBV prevalence at 40%) was off target having attained 55%. The national GBV prevalence rate remained high with emotional abuse at 32%, physical assault at 24% and denial of resources at 24%. As at 30th June 2023, abortions due to GBV managed at the health facilities totaled 2,047, and victims treated for injuries due to GBV totaled 65,269.

In as much as health facilities offered services in a constrained setting, the reporting of GBV cases remained low, hence underestimating the GBV prevalence. The use of the National GBV database remains low as the majority (85%) of the Local Governments (LGs) had a backlog of files not uploaded on the system as it had been non-functional since FY2020/21.

All the shelters scaled down services and operated as reception centres due to inadequate resources, which limited access to necessities including food, and clothing among others. Radio talk shows and community sensitizations on positive social norms were also scaled down and only carried out in circumstances when a survivor was to be resettled. However, the sub-programme did not record a poor-performing intervention.

The Labour and Employment Sub-programme achieved one indicator of - approved Work-Based Learning Policy. Regarding the interventions, poor performance was recorded under the following: provide the required physical infrastructure, instruction materials and human resources for higher education institutions including special needs education.



The HCD Programme did not sufficiently prioritize implementation of interventions that support disease prevention and health promotion demonstrated by the poor performance of the interventions to increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices. Operationalization of the Community Extension Workers (CHEWs) Strategy was only done in the three pilot sites of Lira City, plus Mayuge and Lira districts. This could partly explain the persistence of preventable diseases such as diarrhea, and dysentery.

The Labour and Employment Service Sub-programme did not record any intervention with very good performance. Under the Population Health Safety and Management Sub-programme very good performance was noted under the following intervention - Increase access to immunization against childhood diseases at 95%; improve adolescent and youth health at 92% with support from development partners, and provide early exposure of Science, Technology, Engineering, Mathematics and Innovation (STEM/STEI) to children at 95% under the Education, Sports and Skills Development Sub-Programme. Gender and Social Protection Sub-programme equally recorded Commemoration of Gender Equality and Women's Empowerment (GEWE) Advocacy and Networking Days at 90%.

Under the Education, Sports and Skills Development Sub-programme, the following interventions recorded poor performance: improve nutrition and food safety with emphasis on children aged under five, school children, adolescents, pregnant and lactating women and vulnerable groups at 40%; implement an integrated information and communication technology (ICT) enabled teaching at 36%; and maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, LGs and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing) at 39%.

For the Population Health Safety and Management Sub-programme, poor performance was recorded under the following interventions: increase financial risk protection for health with emphasis on implementing the national health insurance scheme at 49% and increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices also poorly performed at 42%.

The national efforts to reduce the burden of out-of-pocket health expenditure from the current 38% remained unachieved leaving the poor excluded from access to health services, especially from a health care system punctuated by stockouts of medicines and health supplies that necessitates the patients to purchase from private pharmacies.

It was noted that some indicators in the Programme-Based System (PBS) were misaligned in relation to the mandate of the institutions leading to inaccurate reporting and or failure to appropriately report on the outputs and outcomes contributed by the HCD institutions with the respective mandates. For instance, mental health hospitals did not have any mental health-related indicators to report on, just like national referral hospitals barely had specialized services-related indicators to report on. This leads to a loss of focus and poor accountability of the office bearers.



Performance highlights

Recruitment and appointment of health and education personnel into service: A total of 4,882 education personnel were recruited for 131 district local governments (DLGs), municipalities and cities. Of these, 2,192 (44.8%) teachers were female, inclusive of 63 head teachers, 160 deputy head teachers, and 1,969 teachers. A total of 992 secondary school teachers (569 males and 423 females) were recruited on a replacement basis against an annual target of 3,000 personnel.

The Health Service Commission (HCS) achieved 66% of the set targets. The Commission recruited a total of 694 health workers from various cadres of which 624 were for institutions under the jurisdiction of the HSC, 53 health workers under the government-to-government programme and 23 were for Entebbe Children's Surgical Hospital. Of the total recruitments, 26% were allied health professionals, followed by nurses (22%), midwives, scientific and administrative cadres and specialists (11%). Notably fewer (2%) pharmacists and medical and dental surgeons (7%) were recruited.

The Commission recommended 27 health specialists and four administrative managers to be appointed by His Excellency the President. Some entities did not recruit due to a freeze on recruitment announced by the Ministry of Finance, Planning and Economic Development (MFPED) pending completion of the payroll audit by the Office of the Auditor General.

Distribution of essential medicines and health supplies; despite the excellent funds' absorption. The National Medical Stores (NMS) underperformed regarding the timely deliveries of essential medicines and health supplies. Overall availability of essential medicines and health supplies for the last three months of the FY (April to June) was dismal averaging at 28% for the 41 tracer medicines. Health Centre IIs and IIIs that were monitored received four out of six expected cycles of essential medicines and health supplies delivery. The rest of the other levels of health care received all cycles, although the deliveries were less than their allocation for FY2022/23.

Provision of instructional materials, equipment and installation: A total of 334 pieces of science kits were procured and delivered to 17 DLGs across the country to promote the practical teaching of science in primary schools. The Ministry of Education and Sports (MoES) cleared the outstanding balance for the lower secondary curriculum (LSC) materials for Senior One to Senior Two (S1-S2) distributed in the previous FY as planned. A total of 16,446,295 copies of S.3-S.4 LSC textbooks and Teacher's Guides (19 compulsory and non-core subjects) were distributed across the country to all public and private secondary schools.

Under Uganda Reproductive Maternal and Child Health Project (URMCHIP), equipment¹ for 205 maternity wards including the 81 laboratories, operating theatres and equipment for Uganda Intergovernmental Fiscal Transfers (UgIFT) facilities was procured and delivered to the various beneficiary health facilities. However, installation of most of the equipment had not yet started and most of this equipment was in stores pending completion of civil works. There was laxity among internal auditors and poor sharing of required specifications of equipment among beneficiaries. Consequently, some suppliers like M/S Rodrisa Investment delivered equipment not compliant with the specifications to the beneficiaries. Unfortunately, this equipment was accepted due to information asymmetry, especially under the UgIFT-equipped facilities.

¹ These included operating tables, patient trolleys, surgeon stools, universal anaesthesia machines, instrument sets-cesarian, suction apparatus, oxygen concentrators, patient screens, incubators for babies, infant radiant warmers, blood bank fridges, among others.



Installation of systems to support service delivery: The Education Management Information System (EMIS) was rolled out in November 2022. All schools started registering their pupils/learners' details on the system and over 11.5 million learners' information was uploaded. However, there was a lag among the private schools with only 25,911 (43%) of the expected 60,246 students' information uploaded on the system compared to 98% among the government-aided schools. Unfortunately, due to limited electricity and internet connectivity, many rural school head teachers used service providers to upload learners' details which made the exercise costly and also made mistakes in learners'/schools' details.

The Teacher Effectiveness and Learners Achievement (TELA) system was rolled out with a fully functional call centre at the Directorate of Education Standards (DES) headquarters in Kyambogo. A total of 12,006 smartphones and 800 tablets were procured and distributed to all public schools, district inspection officers (DISs), associate assessors and certificate-awarding institutions in all LGs. All schools sampled across districts confirmed receipt of these gadgets. Head teachers reported improved attendance ranging from 85% to 90%. However, improvement in time on task remains a key challenge across schools as lesson plans were not uploaded on the gadgets. In addition, many rural schools face poor internet and electricity connectivity, and some expressed challenges in buying data.

Tele radiology services established at Mulago National Referral Hospital: Operationalization of tele radiology at the national centre in Mulago National Referral Hospital was not achieved resulting in sub-optimal utilization of the equipment delivered to regional referral hospitals (RRHs) mainly due to a shortage of the specialists in RRHs.

Supporting skills and knowledge acquisition to support the transition to employment: The Higher Education Students Financing Board (HESFB) supported a total of 4,264 students (1,525 females and 2,739 males) during the period under review. A total of 137 beneficiaries were students with disabilities (PWDs) offering various degree courses, while 82 were offering diploma programs in humanities. The new cohort of students awarded loans in various institutions was 700, while 3,564 were continuing students in different science courses. The universities facilitated staff to supervise and assess 24,946 students on internship, industrial training, community-based health placements and school practice and experimental learning on agronomic practices for mainly students in the second and third years.

Social protection through the provision of grants: Special Grants for PWDs were provided to support their income-generating activities. A total of Ug shs 12,105,767,625 was disbursed to 2,492 PWD groups thus supporting 9,673 male and female PWDs in 178 LGs (132 districts, 10 cities, 5 divisions and 31 municipalities). However, this performance was below target which was mainly attributed to the late submission of group bank account details, and dormant group accounts, while other groups did not submit bank details, for instance in Kasese DLG.

Skilling juveniles in remand homes was done in areas of vegetable farming, compound designing, bread making, piggery, court attendance, indoor and outdoor games, social inquiries and basic education skills as measures of empowering them with sustainable employable skills. A total of 1,908 children in conflict with the law between the ages of 12-17 years, the majority of whom were males were handled at the centres. The offences registered were both capital and minor in nature. These included: murder, aggravated robbery, defilement, theft, domestic violence, and drug abuse among others. For example, Kabale Remand Home (RH) had 149 children, Mbale



RH 155, Masindi RH 142, Naguru RH 930, Gulu RH 409, and Arua RH 123. The skilling of the juveniles was affected by inadequate materials, instructors, food and lack of interest despite the rising numbers.

Livelihood, public works and labour market programs registered fair performance (65%) as youths were given funds, and women entrepreneurs trained and monitored in different enterprises. Through the Youth Livelihood Programme, 1,061 youth groups benefitted translating into 7,274 youth in all LGs except for Jinja, Kapchorwa, Butambala, Masaka, Kabale, Terego, Amuru and cities of Masaka, Arua and Hoima where late submission of beneficiary files and low recovery rates affected performance. Recovery rates at the LGs monitored on average were very low at 9% partly because of inadequate follow-up of beneficiaries.

Care, support and social protection services were provided to the most vulnerable groups and disaster-prone communities through grants and the provision of skills and food items in rehabilitation centres/social care homes. The grants included the Social Assistance Grant for Empowerment (SAGE) and the Special Grant for Persons with Disabilities. Concerning SAGE, all LGs had received grants for two quarters (1&2) while the funds for quarters 3 and 4 were credited to individual beneficiary accounts pending actual cash out (field payments). The delayed cash out was caused by beneficiary migration challenges from the old payment service provider (PSP) to the current PSP, restructuring and downsizing of staff at Expand Social Protection Programme Office, SAGE Management Information System (MIS) data cleaning activities which delayed, and internal long approval process for payments.

The programme disbursed funds to 327,373 older persons and cumulatively a total of 445,881 (266,681 females and 179,200 males - including dead and current beneficiaries) had benefitted since SAGE's inception. There was an increase in the number of beneficiaries from 172,111 in FY 2018/19 to 327,373 in FY 2022/23 due to improved disbursements, and attainment of national identification cards by older persons which enabled completion of the registration process.

Infrastructure development: Projects under the HCD Programme continued to experience time overruns mainly due to the implementation of unready projects, and intermittent disbursement of the development funds, coupled with procurement delays. Civil works under the Uganda Secondary Education Expansion Project (USEEP) were three years behind schedule. The operationalization of the National High-Altitude Training Centre-Phase 1 in Kapchorwa did not commence as planned because some of the activities were not completed owing to cash flow challenges by the contractor. Completion of the female students' dormitory and construction of the lecture and ICT block stalled at 80% due to intermittent cash flows.

However, some progress was noted at Makerere University, Mbarara, Kabale, Lira, Gulu and Soroti, and all the 115 seed school sites under UgIFT-II P were handed over to contractors and construction works had commenced in most and were at different levels of progress.

Health Center IIIs constructed in the 132 sub-counties without any health facility: Upgrade of the various facilities performed fairly achieving 58% of the set targets. Planned upgrades for the FY progressed much faster than those rolled over from the previous FY which did not resume until the funds were revoted at the end of the FY. There were variations in the progress of works across districts.



Under the Albertine Region Sustainable Development Project (ARSDP): Assorted workshop equipment and consumables were delivered and installed at UTC Kichwamba and Uganda Petroleum Institute-Kigumba (UPIK). These included: high-tech upstream oil and gas training equipment, downstream petroleum equipment, instrumentation, welding, forging and foundry equipment such as pumps, compressors, motors, turbines, transmitters, heating equipment, ventilation and air conditioning systems and pressure equipment.

The Uganda Skills Development (USD) Project supported the procurement and delivery of assorted workshop and laboratory equipment to beneficiary institutions to support training in manufacturing, agriculture and construction trades.

Supply and installation of electrical requirements including transformers and voltage stabilizers for the operationalization of oxygen plants in RRHs was not achieved by 30th June 2023 as planned due to delays in the procurement process and incomplete civil works at some sites. Kabale RRH for instance did not have a functioning oxygen plant by 10th August 2023 and as a result, was requesting oxygen supply from lower-level health facilities as they awaited installation of UNICEF equipment supplied to support the generation of oxygen at the hospital.

Increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices. In terms of rural water supply, works at 13 of the 254 systems were ongoing. Concerning urban water supply, six of the 125 systems were completed. These comprised of Kayunga-Busaana (Kayunga), Nakasongola (Nakasongola), Kyenjojo-Katooke (Kyenjojo), Odramachaku (Arua), Kagulu (Kamuli), and Binyinyi (Kween). For the faecal sludge facilities, Yumbe was 99% complete and under test running, and the quality of work was good. Others were at different levels of completion as follows: Rhino Camp in Madi-Okollo (60%), Kumi/Ngora (10%) and Busia (13%). The wastewater treatment plant for Kiruddu Hospital was completed, the system is functional, receiving and treating an average sewerage inflow of 120m³/day.

An analysis of the extent to which the Budget pronouncements were achieved for FY2022/23 revealed that none of the pronouncements made in June 2022 for the HCD Programme were fully achieved.

Under the Population Health Safety and Management Sub-programme, achievements were noted for mass vaccination of all, and community disease surveillance by strengthening village health teams (VHTs) with training and equipping each with a smartphone and bicycle.

Pronouncements such as rehabilitation and expansion of general hospitals of Itojo, Kaabong, Abim, Kambuga, Masindi, Kanungu, Kapchorwa, Bugiri and Amudat were not fully translated into the programme work plans, while some of those integrated into the Vote work plans received insufficient funding.

The rest of the pronouncements were not achieved mainly due to the delayed conclusion of the financing agreement for the establishment of a Modern Heart Facility located in Naguru, and the suspension of the procurement of a consultant for works for the construction of 75 staff houses in the Karamoja region following the directive to use the Uganda People's Defence Forces (UPDF) Engineering Brigade. In addition, performance was limited by the restructuring processes for



the Uganda COVID-19 Emergency Response and Preparedness Project, lack of adequate tools, medicines and health supplies coupled with inadequate staff to provide better quality services.

Under education, sports and skills, continuous assessment (CA) was fully rolled out after training 90 national facilitators, 1,600 master trainers and 20,000 S.1 teachers in 6,020 schools (both government and private). Registration of students to acquire National Identification Numbers (NINs) was in progress to enable transmission of their results to the Uganda National Examination Board (UNEB).

The rollout of the Lower Secondary Curriculum continued and the first cohort of learners is in S.3 this academic year. However, many complaints were raised regarding the retooling of teachers on the LSC pointing out that the Trainer of Trainers (ToTs) were few and some had not fully grasped the LSC concept. This was further complicated by the arts-science wage disparities with the majority of teachers, especially in rural schools having a poor attitude towards the new curriculum. Consequently, teachers struggle with how to approach the CA to produce reliable scores.

Operationalization of the Moroto Constituent College of Agriculture, Mountains of the Moon, and Busoga universities: The Mountains of the Moon University was operationalized with all institutional governing bodies fully constituted. A total of 269 personnel were recruited to fill critical positions in the university. Renovation of the multi-purpose lecture blocks A and B, construction of the police posts and procurement of assorted ICT, laboratory equipment and four motor vehicles was achieved. Moroto Constituent College and Busoga University were not operationalized but a task force for each was constituted and was undertaking all necessary preparatory activities. Compensation of Project Affected Persons (PAPs) on the acquired land for Moroto Constituent College was completed. A total of 1,109.94 acres was secured affecting 294 persons.

Construction and equipping of two-unit laboratories in 21 secondary schools: This was not done due to limited budget provisions under the Development of Secondary Education Project Phase II. However, the work plan was revised to include 36 schools from previous FYs earmarked for funding under the project. Of the 36 schools, 25 schools were handed over to the UPDF Engineering Brigade and construction had commenced by August 2023 with most of the structures at roofing level.

Construction, upgrading and equipping of Vocational Education Centres of Excellence (CoEs) in Bushenyi, Lira, and Elgon technical institutions. This activity was in its final stages of completion with over 97% of the targeted deliverables achieved 30th June 2023 in the institutions of Bushenyi, Lira, Elgon and Bukalasa. A total of 36 workshops and laboratories were constructed and renovated, 3 classroom blocks, four (4-storeyed) students' hostels, 2 ICT/library blocks, 2 administration blocks and a multi-purpose hall were constructed at different institutions. The facilities were tailored (designed) to the needs and speciality of the CoEs. Assortment of workshop, laboratory and ICT equipment was procured and delivered to beneficiary institutions.



Programme Challenges

1. Misalignment of the indicators in the PBS vis-a-vis the mandate of the health institutions leads to inaccurate reporting and or failure to appropriately report on the outputs and outcomes contributed by the HCD institutions consistent with their mandate. This was worsened by the inadequate outcome performance data underscored the performance of the interventions. It could not be established whether the achieved outputs indeed translated to the outcome expected.
2. Lack of a complete National Social Registry (database) that comprehensively integrates all information on individual and household level socio-economic situations. This limits proper planning, registration and determination of possible eligibility for social programs.
3. Continued implementation of interventions in silos limited the impact of the outputs. Planning and implementation of government programmes remain largely confined within sectors and ministries, departments and agencies (MDAs), along with sectoral/MDA mandates. As a result, the synergies and complementarities that could be derived from a more holistic approach are often forfeited.
4. Inadequate staffing continued to constrain service delivery, especially among the recently upgraded HC IIIs and HCIVs. Delayed recruitment was in part attributed to inadequate wage bill for fresh recruitment, while others awaited completion of the verification exercise by the Office of the Auditor General. No clear reasons were given to explain the failure to recruit on a replacement basis for the retired or those who died.
5. The continued use of the Integrated Pension and Payroll System (IPPS) in payroll management in some government institutions provides an avenue for abuse including ghost workers as it allows for dummy cost centres.
6. Persistent cost and time overruns across projects attributed to delayed procurements and timely completion of construction projects. Delayed procurements for service providers under UgIFT in FY 2022/23 coupled with delayed re-voting of the unspent funds slowed progress in upgrading HCIIIs to HCIIIs. The time and cost overruns were also experienced under the rural piped water systems.
7. Termination of procurements due to higher bid prices compared to the available budget for example the Mbarara water works were stopped at the evaluation stage.
8. Delayed issuance of no objection throughout the project cycle affects timely project implementation.
9. Externally funded projects are not being ready at project effectiveness resulting from poor planning and sequencing of activities, causing low absorption of loan funds due to failure to meet conditions in the financing agreements and posing a very high risk of running into cost overruns.
10. The limited capacity of some contractors attributed to cash flow constraints and technical capacity issues, coupled with limited knowledge of the use of the Electronic Government Procurement System (e-GP) to initiate invoices led to delayed payments thus affecting the progress of works.
11. Mischarges among some MDAs which were occasioned by poor planning and budgeting.



Programme Conclusion

The overall HCD Programme performance was fair at 62% attainment of set targets. Despite the good release performance at 79%, the programme did not satisfactorily utilise the annual disbursements to translate into better results. The programme performed better at the attainment of outputs compared to outcomes. The conversion of infrastructure development to service delivery remained below target. Completed infrastructure could not effectively be operationalized due to a lack of equipment. The completed seed secondary schools, equipped with ICT and science laboratories, and recently upgraded health centres lacked grid electricity connection. Poor planning and coordination between programmes and among HCD sub-programmes affected service delivery.

There were also cases of incomplete infrastructure receiving equipment which remained idle in district stores awaiting completion of the works. The infrastructure projects implemented by the Uganda People's Defense Forces (UPDF) were behind schedule as the work had not commenced by the end of the FY. In addition, investments to support access to medical services could not be realized due to delayed/low distribution of essential medicines and health supplies.

Recommendations

1. The MFPED, National Planning Authority (NPA), and Office of the Prime Minister (OPM) should review the output and outcome indicators in the Programme Budgeting System to ensure alignment with the various mandates of the MDAs for increased accountability.
2. The MFPED, Ministry of Public Service (MoPS), Ministry of Health (MoH), and LGs should ensure the timely recruitment of health workers to enable the operationalization of the upgraded facilities. A more comprehensive plan must be developed to ensure human resources for health are in tandem with the revised staffing structure that is consistent with the current workload at the different levels of care as outlined in the third National Development Plan (NDPIII) and approved by MoPS.
3. The MoPS should fast-track the rollout of the Human Capital Management System across all the MDAs and LGs.
4. Local governments and other sub-programme entities should prioritize the completion of ongoing projects before embarking on new projects to avoid cost overruns as a result of long implementation periods and inflation.
5. The MWE should re-scope or undertake works in a phased manner using the available resources.
6. The MWE and World Bank should devise strategies to promptly address no-objection requirements. Furthermore, the World Bank should engage at higher levels of decision-making other than micro-project management.
7. The MFPED Development Committee should ensure project readiness before approval and admission into the Project Implementation Plan (PIP).
8. The MFPED should closely follow up with the Project Implementing Agencies especially the MoES to ensure that all conditions for funds disbursement are fulfilled at the earliest.



9. The HCD Programme Working Group should prioritize and sequence interventions in a phased manner to ensure that they are fully funded to completion in the medium-term plan, and sequence all externally and GoU-funded projects to avoid time overruns.
10. The Ministry of Gender, Labour and Social Services (MGLSD) should fast-track the implementation of a comprehensive social registry that integrates all social care programs. In addition to monitoring for effective planning and actions in case of shocks, the registry will be useful for the potential participation of the targeted demographic in social programs.
11. The MGLSD should continuously engage sub-programmes on the need for social protection right from the planning stage. This will enhance inter-sub-programme linkages.



CHAPTER 1: INTRODUCTION

1.1 Background

The mission of the Ministry of Finance, Planning and Economic Development is, “*To formulate sound economic policies, maximize revenue mobilization, and ensure efficient allocation and accountability for public resources so as to achieve the most rapid and sustainable economic growth and development.*”

The MFPED through its Budget Monitoring and Accountability Unit (BMAU) tracks the implementation of programmes/projects by observing how values of different financial and physical indicators change over time against stated goals and indicators. The BMAU work is aligned with budget execution, accountability, and service delivery.

Commencing FY 2021/22, the BMAU began undertaking Programme-Based Monitoring to assess performance against targets and outcomes in the Programme Implementation Action Plans (PIAPs)/Ministerial Policy Statements. Semi-annual and annual field monitoring of Government programmes and projects was undertaken to verify receipt and expenditure of funds by the user entities and beneficiaries, the outputs and intermediate outcomes achieved, and the level of gender and equity compliance in the budget execution processes. The monitoring also reviewed the level of cohesion between sub-programmes and noted implementation challenges.

The monitoring covered the following Programmes: Agro-Industrialization; Community Mobilisation and Mindset Change; Digital Transformation; Human Capital Development; Innovation, Technology Development and Transfer; Integrated Transport Infrastructure and Services; Mineral Development; Natural Resources, Environment, Climate Change, Land and Water Management; Public Sector Transformation; Private Sector Development; Sustainable Development of Petroleum Resources; and Sustainable Energy Development.

This report, therefore, presents monitoring findings of the Human Capital Development Programme for the budget execution period from 1st July 2022 to 30th June 2023.

1.2 Human Capital Development Programme

The Programme primarily contributes to objective four of the NDPIII, i.e. *enhancing the productivity and social well-being of the population.*

The lead agencies for this programme are: Ministry of Education (MoES), Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Water and Environment (MWE), public universities and local governments (LGs). Other partner/complimentary Agencies are: Ministry of Finance, Planning and Economic Development (MFPED), Ministry of Public Service (MoPS), National Planning Authority (NPA), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Information, Communication Technology and National Guidance (MoICT&NG), Uganda Bureau of Statistics (UBOS), and the private sector among others.



1.3 Programme Goal and Objectives

The programme's goal is to improve the productivity of labour for increased competitiveness and better quality of life for all. The Programme objectives are to; (i) improve the foundations for human capital development; (ii) produce appropriate, knowledgeable, skilled, and ethical labour force (with strong emphasis on science and technology, Technical Vocational Education and Training (TVET), and Sports); (iii) streamline Science, Technology, Engineering and Innovation/ Science, Technology, Engineering and Mathematics (STEI/STEM) in the education system; iv) improve population health, safety and management; (v) reduce vulnerability and gender inequality along the lifecycle; and; (vii) promote sports, recreation, and physical education.

1.4 Sub-programmes

The programme interventions are delivered under four sub-programmes namely: i) Education, Sports and Skills Development; ii) Labour and Employment Services; iii) Gender and Social Protection; and iv) Population Health, Safety and Management.

1.5 Key Programme Outcomes

Key programme outcomes include: Improved learning outcomes; Child development in learning health and psychological well-being improved; Improved gains from culture and creative industries; Reduced morbidity and mortality of the population; Improvement in the social determinants of health and safety; Reduced fertility and dependence ratio; Occupational safety and health management improved, and all key forms of inequalities reduced.

1.6 Structure of the Report

The report in the subsequent chapters is structured as follows: (01) Introduction; (02) Methodology, (03) Overall Programme Performance; and (04) Education, Sports and Skills Development Sub-programme; (05) Labour and Employment Services Sub-programme; (06) Gender and Social Protection Sub-programme; (07) Population Health, Safety and Management Sub-programme; (08) Conclusions and Recommendations.



CHAPTER 2: METHODOLOGY

2.1 Scope

This monitoring report presents progress on the implementation of selected Human Capital Development Programme interventions under the four sub-programmes of: Education, Sports and Skills Development; Labour and Employment Services; Gender and Social Protection; Population Health, Safety and Management for the FY 2022/23. The interventions and respective outputs were reviewed under each sub-programme.

A total of 38 (70%) of the 54 interventions were monitored. The selection of interventions monitored was based on the following criteria:

- Interventions prioritized by the programme after the NDPIII midterm review.
- Interventions with significant contribution to the programme objectives and National priorities.
- Level of investment, interventions that had large volumes of funds allocated were prioritized.
- Interventions that had clearly articulated gender and equity commitments in the policy documents.
- Interventions with completed projects to assess beneficiary satisfaction, value for money and intermediate outcomes.

2.2 Approach and Sampling Methods

Qualitative and quantitative methods were used in the monitoring exercise. The physical performance of interventions, planned outputs and intermediate outcomes were assessed by monitoring a range of indicators. The progress reported was linked to the reported expenditure and level of achievement of the intervention.

A combination of random and purposive sampling was used in selecting sub-interventions and outputs from the Programme Implementation Action Plans (PIAPs), Ministerial Policy Statements (MPS) and progress reports of the respective ministries, departments, agencies and local governments (MDALGs) for monitoring.

2.3 Data Collection

The monitoring team employed both primary and secondary data collection methods. Secondary data collection methods included:

- a) Literature review from key policy documents including, MPSs FY 2022/23; National and Programme Budget Framework Papers; PIAPs, NDP III, quarterly progress reports and work plans for the respective implementing agencies, project reports for the different projects, Budget Speech, Public Investment Plans, Approved Estimates of Revenue and Expenditure, and the Uganda Demographic and Health Survey Report 2022.
- b) Review and analysis of data from the Integrated Financial Management System (IFMS), Programme Budgeting System (PBS), Health Management Information System, and the Budget Portal.



Primary data collection methods on the other hand included:

- a) Consultations and key informant interviews with Institutional heads, project/intervention managers, household heads, and service beneficiaries at various implementation levels. Focused group discussions (FGDs) were also held in instances of group beneficiaries.
- b) Field visits to various districts, f observation and photography.

2.4 Data Analysis

The data was analyzed using both qualitative and quantitative approaches. Qualitative data was examined and classified in terms of constructs, themes or patterns to explain events among the beneficiaries (interpretation analysis) and reflective analysis where the monitoring teams provided an objective interpretation of the field events. Quantitative data on the other hand was analyzed using advanced Excel tools that aided interpretation.

Comparative analyses were done using percentages and averages of the outputs/interventions; intermediate outcome indicators and the overall scores. Performance of outputs/interventions and intermediate outcome indicators was rated in percentages according to the level of achievement against the annual targets. The sub-programme score was determined as the weighted aggregate of the average percentage ratings for the output/intermediate outcomes in the ratio of 65%:35% respectively. The overall programme performance is an average of individual sub-programme scores assessed. Financial performance was assessed based on both release performance and overall utilization of funds (expenditure) against release. The performance of the programme and sub-programme was rated based on the criterion in Table 2.1.

Based on the rating assigned, a colour-coded system was used to alert the policymakers and implementers on whether the interventions were achieved or not. The coded system was defined as very good performance (green), good (yellow), fair (light gold) and poor (red).

Table 2.1: Assessment guide to measure the performance of projects monitored in FY 2022/23

Score	Performance Rating	Comment
90% and above	Green	Very Good (Achieved at least 90% of outputs and outcomes)
70%-89%	Yellow	Good (Achieved at least 70% of outputs and outcomes)
50%- 69%	Light Gold	Fair (Achieved at least 50% of outputs and outcomes)
49% and below	Red	Poor (Achieved below 50% of outputs and outcomes)

Source: Author's Compilation

Ethical Considerations

Entry meetings were undertaken with the Accounting Officers or delegated officers upon commencement of the monitoring exercises. Consent was sought from all respondents including programme or project beneficiaries. All information obtained during the budget monitoring exercise was treated with a high degree of confidentiality and only used in the analysis of the findings for purposes of policy-making and improving service delivery.



2.5 Limitations

The preparation of this report was constrained by some factors:

1. Misalignment of performance indicators in relation to the mandates of the implementing agencies.
2. Limited credible outcome performance data in the programme institutions; in some cases, the analysis was done at the output level.
3. Lack of and/or limited reliable and real-time financial data on donor financing as this aspect is not accessible on the IFMS especially where funders made direct payments to the service providers, and; where the intervention outputs were wholly or partially funded by the donor through the off-budget implementation mechanisms.
4. Some implementers under the Gender and Social Protection Sub-programme did not share information with the monitoring team, which greatly limited the number of interventions covered under the sub-programme.



CHAPTER 3: PROGRAMME PERFORMANCE

3.1. Financial Performance

The Human Capital Development (HCD) Programme budget for FY 2022/23 including external financing was Ug shs 9,11 billion (bn)which translated into 19% of the total National Budget. Overall the Population Health, Safety and Management Sub-programme had the largest share of the total allocation, while Gender and Social Protection had the least. This was on account of higher investments from external funders into the Population Health, Safety and Management Sub-programme. The GoU financing, mainly funded the Education, Sports and Skills Development Sub-programme Table 3.1.

Table 3.1: Allocation distribution among the Human Capital Development Sub-programmes

Sub-programme	Total allocation	% share of allocation	Total contribution from External Financing	Gou Financing	% share of GoU Financing
Education, Sports and Skills Development	3,935,468,992,765	43	143,819,552,806	3,791,649,439,959	55
Gender and Social Protection	198,684,251,961	2	-	198,684,251,961	3
Labour and Employment Services	238,485,423,937	3	46,101,983,000	192,383,440,937	3
Population Health, Safety and Management	4,742,596,809,839	52	2,032,571,506,896	2,710,025,302,943	39
Grand Total	9,115,235,478,502	100	2,222,493,042,702	6,892,742,435,800	100

Source: Field Findings, Approved Estimates of Revenue and Expenditure, IFMS

Within the sub-sub programmes, Education and Sports had the highest share (24%), followed by Public Health Services (13%), Directorate of Water Development and Primary Health Care both at 11%, General Administration and Support Services and Pharmaceutical and Medical Supplies each at 6%; Regional Referral Hospital Services, Technical Vocational Education and Training, Strategy, Policy and Development each 3%; Policy, Planning and Support Services; and Gender and social protection each at 2%, Delivery of Tertiary Education, Basic and Secondary Education, Curative Services, National Referral Hospital Services, Higher Education, Cancer Services, National Examinations Assessment and Certification, Delivery of Tertiary Education Programme, Education and Social Services each at 1% (Annex 2).

In respect to performance, Ug shs 7,258bn (79.9%) was released and Ug shs 6,312bn (87%) expended by 30th June 2023 (Table 3.2). The performance was attributed to poor planning and sequencing of activities illustrated by a lack of readiness of some Votes to execute the planned works, procurement delays, and delays in the issuance of “no objections” from funders, administrative reviews leading to re-tendering of civil works and cash flow constraints by some contractors.

The programme did not utilize Ug shs 36.60bn allocated for wage due to delays in recruitment, posting and deployment which affected timely access to the human resources payroll. In addition, Votes under the Population Health, Safety and Management Sub-programme received supplementary funding at the end of the FY with little time to recruit and absorb it.



The Education, Sports and Skills Development Sub-programme had an unspent wage of Ug shs 16.3bn excluding LGs. The affected Votes were: MoES, Education Service Commission, National Council of Higher Education, Uganda Business and Technical Examinations Board, National Council of Sports, National Curriculum and Development Centre, and 12 universities (Makerere University (MUK), Makerere University Business School (MUBS), Kyambogo, Busitema, Kabale, Soroti, Lira, Mountains of the Moon -MOM).

The Population Health, Safety and Management Sub-programme had an unspent wage of Ug shs 16.71bn excluding LGs. The affected Votes included MoH, Uganda Cancer Institute, Uganda Virus Research Institute, Uganda Blood Transfusion Services, and 16 hospitals². The Gender and Social Protection Sub-programme had an unspent wage of Ug shs 0.811bn attributed to the MGLSD.

Table 3.2: Financial Performance of the Human Capital Development Programme as at 30th June 2023 (Ug shs Billion)

		Approved Budget	Revised Budget	Released by End Jun	Spent by End Jun	% Budget Released	% Budget Spent	% Releases Spent
Recurrent	Wage	3,385.865	3,455.699	2,836.552	2,799.949	83.8	82.7	98.7
	Non-Wage	2,354.079	2,408.837	2,209.824	2,228.380	93.9	94.7	100.8
Dev't.	GoU	1,127.102	1,144.625	469.609	456.601	41.7	40.5	97.2
	Ext Fin.	2,222.493	2,421.036	1,742.774	827.292	78.4	37.2	47.5
GoU Total		6,867.046	7,009.161	5,515.985	5,484.930	80.3	79.9	99.4
Total GoU+Ext Fin (MTEF)		9,089.539	9,430.197	7,258.759	6,312.222	79.9	69.4	87.0
Arrears		38.497	38.497	38.465	35.94	149.7	139.9	93.4
Total Budget		9,115.235	9,468.694	7,297.224	6,348.162	80.1	69.6	87.0
Grand Total		9,115.235	9,468.694	7,297.224	6,348.162	80.1	69.6	87.0
Total Vote Budget Excluding Arrears		9,089.539	9,430.197	7,258.759	6,312.222	79.9	69.4	87.0

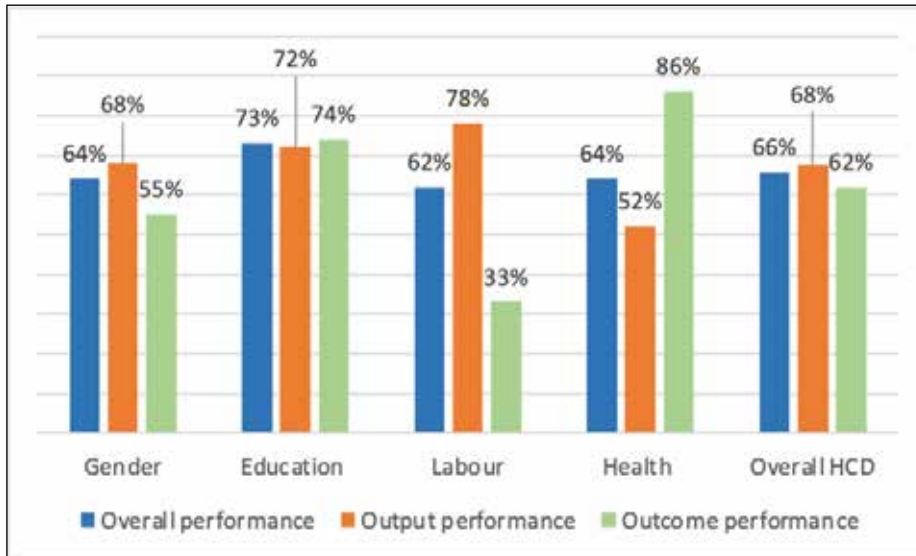
Source: Programme Based Budgeting System, IFMS

² Kayunga, Mulago, Kiruddu, Mubende, Moroto, Naguru, Mbarara, Kabale, Masaka, Mbale, Fort Portal, Yumbe, Soroti, Jinja, Hoima, and Gulu

3.2 Physical Performance

The overall programme performance was fair at 62% attainment of set targets. The programme performed better at attaining outputs compared to outcomes (figure 3.1). However, two sub-programmes recorded better attainment of outcomes compared to outputs on account of large contributions from development partners, especially some of which was off-budget support for health and education.

Figure 3.1: Overall performance of Human Capital Development Programme FY2022-23



Source: Field Findings, Authors' Compilation

Some of the outcomes that contributed to the performance of the Education, Sports and Skills Development Sub-programme were as follows: the net enrollment ratio for pre-primary improved from 13.30% in 2017 to 26% in FY2022/23, while the proportion of pre-primary institutions registered improved from 22% in 2020 to 35% in FY2022/23. In addition, the survival rate at the primary level was 78%, and the proportion of schools/training institutions and programmes attaining the Basic Requirements and Minimum Standards (BRMS) Primary was 76%. Some of the missed outcome targets included - the quality-adjusted years of schooling at 0% against 5.3 years and the primary to secondary school transition rate stagnated at 69% against the 71% target.

While for the Population Health Safety and Management Sub-programme, the maternal mortality ratio/100,000 was achieved at 189 per 100,000 deliveries compared to the target of 261 per 100,000 deliveries for FY2022/23. Similarly, the infant mortality rate/1,000 was 36 per 1,000 live births against the target of 37.6 per 1,000 live births. The neonatal mortality rate was at 22 per 1,000 live births improving from 27 per 1,000 live births, an indicator that had hitherto stagnated at 27 since 2011. The total fertility rate was at 5.2 which was overall higher than the urban which 4.3 was but lower than the rural which was 5.6. Regional analysis of fertility trends indicates that it was highest in Karamoja at 6.7 and lowest in Kampala at 3.7. Also, 11% of women between 15-49 years had experienced sexual violence in the last 12 months.

The contraceptive prevalence rate improved from 35% in 2016 to 37% in 2022 with the unmet need for family planning recording 22% down from 32% and 28% in 2016 for the sexually active unmarried women and active married women respectively. Contraceptive use on the other hand was higher at 47% among sexually active unmarried women compared to the currently married women by four percentage points.

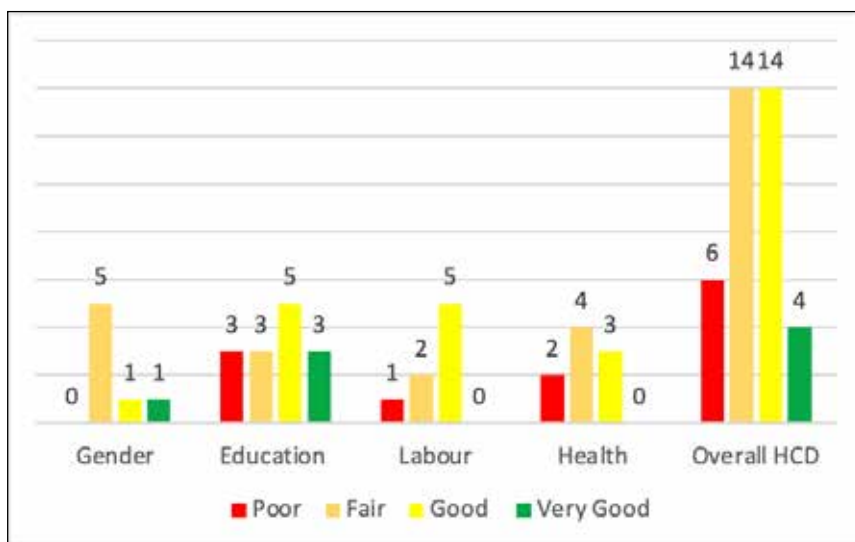


In addition, access to rural water was 70% of the targeted 80.3%, and urban water access was 73.4% out of the 89.4% target, while basic sanitation attained 20% of the 32% target. The MWE did not provide values for hygiene/handwashing practices thus it was not assessed.

The Gender and Social Protection Sub-programme had one indicator (GBV prevalence at 40%) that it missed having attained 55%.

For the intervention performance, there was parity among the fair and good performance categories. These two categories accounted for 28 out of the 30 interventions reviewed (Figure 3.2).

Figure 3.2: Summary performance of intervention against total interventions reviewed (Number)



Source: Field Findings, Authors’ Compilation

The very **good performing interventions** were as follows:

Increase access to immunization against childhood diseases at 95%; Improve adolescent and youth health at 92% with support from development partners such as UNICEF; and Provide early exposure of STEM/STEI to children at 9 under the Education, Sports and Skills Development Sub-Programme. The Gender and Social Protection Sub-programme recorded the commemoration of GEWE Advocacy and Networking Days at 90%.

The Gender and Social Protection Sub-programme did not record **any poor-performing intervention**. For the Education, Sports and Skills Development Sub-programme, the poorly performing interventions included: improve nutrition and food safety with emphasis on children aged under five, school children, adolescents, pregnant and lactating women and vulnerable groups at 40%; implement an integrated ICT enabled teaching at 36%; and maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, local government and schools in line with the country’s niche sports (i.e. football, netball, athletics, and boxing) at 39%.

The poorly performing interventions under the Labour and Employment Services Sub-programme were: provide the required physical infrastructure, instruction materials and human resources for higher education institutions including special needs education. Under the Population Health, Safety and Management Sub-programme there was: increase financial risk protection for health



with emphasis on implementing the national health insurance scheme at 49%, and increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices at 42%.

Some key outputs are presented hereafter:

- **Distribution of instructional materials:** A total of 334 pieces of science kits were procured and delivered to 17 DLGs across the country to promote practical teaching of science in primary schools. The MoES cleared the outstanding balance for the lower secondary curriculum (LSC) materials for S1-S2 distributed in the previous FY as planned. A total of 16,446,295 copies of S.3 -S.4 LSC textbooks and teacher's guides (19 Compulsory and non-core subjects) were distributed across the country to all public and private secondary schools.
- **Assessment of candidates:** The Uganda Business Technical Examinations Board (UBTEB) assessed a total of 166,218 candidates (60,978 females and 105,240 males), the Directorate of Industrial Training (DIT) assessed a total of 103,528 (49,761 males and 53,767 females), while the Uganda National Examination Board (UNEB) released results for 832,654 primary leaving examination (PLE) candidates, 345,695 Uganda Certificate of Education (UCE) results of which 721 special need candidates (389 males, 332 females), and 96,557 Uganda Advanced Certificate of Education (UACE) candidates. More candidates sat for PLE than planned, consequently, more professionals were hired to manage the examination process due to increased candidature.
- **Recruitment of teachers in primary and secondary schools:** A total of 4,882 education personnel were recruited for 131 DLGs, municipalities and cities. These were categorized as follows: 2,192 (44.8%) females, of which 63 were head teachers; 160 deputy head teachers, and 1,969 teachers. In addition, a total of 992 personnel (569 males and 423 females) were recruited on a replacement basis against an annual target of 3,000 personnel.
- **The Higher Education Students' Financing Board (HESFB):** The HESFB supported a total of 4,264 students (1,525 females and 2,739 males) during the period under review. A total of 137 beneficiaries were students with disabilities offering various degree courses, while 82 undertook diploma programs in humanities. The new cohort of students awarded loans in various institutions was 700, while 3,564 were continuing students in different science courses.
- **The Education Management Information System (EMIS):** The system was rolled out in November 2022. All schools started registering their pupils/learners' details on the system and over 11.5 million learners' information was uploaded. However, private schools lagged with only 25,911 (43%) of the expected 60,246 students' information uploaded on the system compared to 98% in government-aided schools. Unfortunately, due to limited electricity and internet connectivity, many rural school head teachers used service providers to upload learners' details which made the exercise costly, and increased incidents of mistakes in learners'/schools' details.
- **The Teacher Effectiveness and Learners Achievement (TELA) system** was rolled out with a fully functional call Centre at the Directorate of Education Standards (DES) headquarters in Kyambogo. A total of 12,006 smartphones and 800 tablets were procured and distributed to all public schools, DISs, associate assessors and certificate-awarding institutions in all LGs. All schools sampled across districts confirmed receipt of these gadgets. Head teachers reported improved attendance ranging from 85% to 90%. However, improvement of time on task



remains a key challenge across schools as lesson plans had not been uploaded on the gadgets. In addition, many rural schools face poor internet and electricity connectivity, and some expressed challenges in buying data.

- **The performance of infrastructure projects varied between poor and good:** The poor performance was occasioned by low absorption of funds for externally financed projects, implementation of unready projects, intermittent disbursement of the development funds, coupled with procurement delays.

A detailed discussion of the performance of sub-programmes within the Human Capital Development Programme is presented in subsequent chapters.



CHAPTER 4: EDUCATION, SPORTS AND SKILLS DEVELOPMENT SUB-PROGRAMME

4.1 Introduction

The sub-programme contributes to four out of six HCD programme objectives of the third National Development Plan (NDP III) which are to: i) improve the foundations for Human Capital Development; ii) streamline Science, Technology, Engineering and Innovation (STEI) and Science, Technology, Engineering and Mathematics (STEM) in Education, iii) promote sports, recreation, and physical education; and iv) produce appropriate knowledgeable, skilled and ethical labour force (with strong emphasis on science and technology, Technical Vocational Education and Training (TVET) and Sports).

The expected outcomes are; i) increased proportion of the labour force transitioning into decent employment from 34.5% to 55%; ii) improvement in the world sports ranking in niche sports: football (77th to 70th); netball (6th to 4th); athletics (9th to 4th); iii) increased average years of schooling from 6.1 to 11 years; iv) increased learning adjusted years of schooling from 4.5 to 7 years; v) increased percentage of employers satisfied with the training provided by the TVET institutions from 40% to 65% and; vi) increased ratio of Science and Technology graduates to Arts graduates from 2:5 to 3:5.

The sub-programme is premised on 23 interventions (Annex 1) implemented under 18 central government Votes³, local governments (LGs) and other partner implementing agencies that include: Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), Ministry of ICT and National Guidance (MoICT&NG), Ministry of Water and Environment (MWE) among others.

4.2 Sub-programme Financial Performance

The approved budget FY 2022/23 was Ug shs 3,935billion (bn), of which Ug shs 2,551bn (65%) was released and Ug shs 2,477bn (97%) was expended by 30th June 2023. Overall the GoU development budget registered the lowest release performance at only (30.9%) by the end of the FY. Low absorption was also registered on externally financed projects with only 40.8% of the released funds absorbed. This was due to the failure to meet disbursement conditions agreed to in the project documents with the development partners (Table 4.1).

Table 4.1: Education Sports and Skills Sub-programme Financial Performance by 30th June 2023

Budget Category	Approved Budget (Ug shs)	Released (Ug shs)	Spent (Ug shs)
Wage Recurrent	2,227,728,014,362	1,408,694,530,593	1,392,016,308,704
Non-Wage	1,077,166,427,519	833,331,088,565	869,047,446,342
GoU Devt	464,594,230,967	143,543,568,577	136,065,083,284
Ext Fin.	143,819,552,806	142,135,429,475	57,980,309,259
GoU Total	3,769,488,672,848	2,385,569,187,736	2,397,128,838,330

³ Ministry of Education and Sports (MoES), Uganda National Examinations Board (UNEBC), National Council for Higher Education (NCHE), Uganda Business and Technical Examinations Board (UBTEB), Education Service Commission (ESC), 12 public universities, and National Curriculum Development Center (NCDC).



Budget Category	Approved Budget (Ug shs)	Released (Ug shs)	Spent (Ug shs)
Total GoU+Ext Fin (MTEF)	3,913,308,225,654	2,527,704,617,210	2,455,109,147,589
Arrears	22,160,767,111	23,460,767,111	21,733,930,137
Total Budget	3,935,468,992,765	2,551,165,384,321	2,476,843,077,726

Source: Programme Based Budgeting System, IFMS

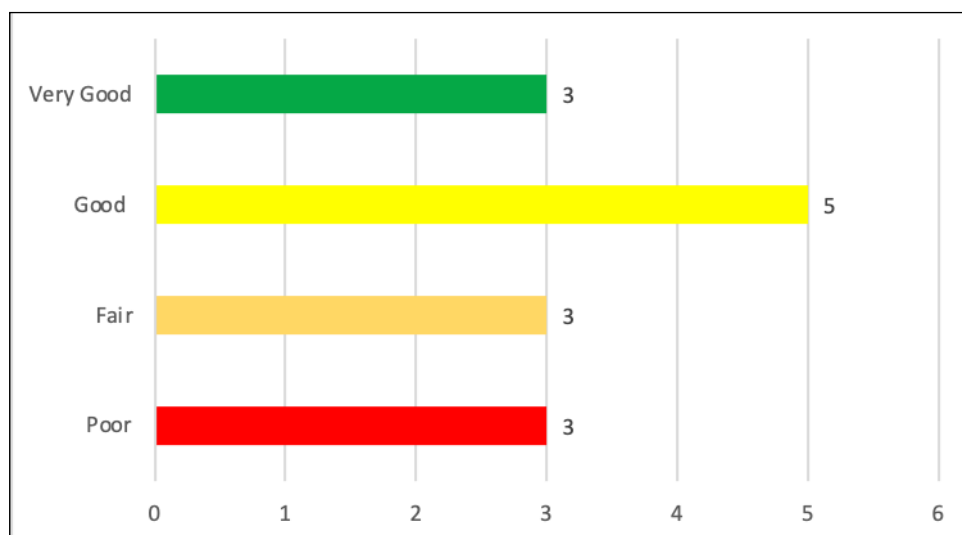
In addition, the sub-programme had an unspent wage of Ug shs 16.678bn with Mountains of the Moon University (MOM) having the lowest wage absorption at 77.6% of the released wage. This was partly due to a ban on recruitment and a phased recruitment process that resulted in late access to the payroll by some staff.

The Education, Sports and Skills Development Sub-programme budget was highly decentralized as Ug shs 2,147.493 (52%) of the funds was channeled to district local governments (DLGs). At LGs' level, the release of funds was very good at 127% and 88% of the budget was classified as wage-recurrent and non-wage recurrent and only 12% for the development component.

4.3 Sub-programme Physical Performance

The annual monitoring focused on 14 (61%) out of the 23 interventions and overall performance was good at 73%. Output performance was good, with 72% of output targets achieved compared to performance at the outcome level at 74%. At the intervention level, three (21%) and five (35%) interventions exhibited very good and good physical performance respectively, while the rest had fair (21%) and poor (21%) performance as indicated in figure 4.1 and table 4.2.

Figure 4.1: Summary performance of intervention against total interventions reviewed (number)



Source: Field Findings

**Table 4.2: Overview of the Interventions Performance by 30th June 2023**

S/N	Intervention	Performance Rating	Remarks
1	Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards.		Fair performance with an average of 51% of the planned activities implemented despite 99.5% of the funds released and 100% expended. The funds were mainly spent on monitoring ECD activities and orienting Centre Management Committees to hold dialogues across local governments.
2	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups		Achieved only 40% of the targets. This was attributed to delays in the finalization of the National School Feeding Policy.
3	Increase access to immunization against childhood diseases.		Very good performance with over 95% targeted population immunized
4	Improve adolescent and youth health		Very good at 92.1% attributed to development/ implementing partner support from the United Nations Children's Fund (UNICEF), and Plan International among others
5	Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards.		Achieved 73% of the targets.
6	Roll out Early Grade Reading (EGR) and Early Grade Math (EGM) in all primary schools to enhance proficiency in literacy and numeracy.		Fair performance at 64.1% of planned activities achieved. Better performance was registered under the MoES compared to the NCDC, despite the NCDC having 61.5% of the planned activities under the Intervention.
7	Implement an integrated ICT-enabled teaching		Achieved only 36.6% of the planned activities under the MoES implemented despite 100% budget released and expended.
8	Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions.		Achieved 86% of the planned activities.
9	Integrate Education for Sustainable Development (ESD) into the school curriculum		Good performance with 75% of the planned activities achieved.
10	Provide early exposure to STEM/ STEI to children (e.g. introduction of innovative science projects to primary schools).		Very good performance with 95% of targets achieved, procurement and distribution of science kits to beneficiary schools was completed.
11	Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions		Achieved 56.1% of the targets. Poor absorption performance was registered on the externally financed projects with Uganda Secondary Education Expansion Project (USEEP) OPEC Fund for International Development (OFID) -funded Vocational Project Phase II critically behind schedule.



S/N	Intervention	Performance Rating	Remarks
12	Promote STEM/STEL-focused strategic alliances between schools, training institutions, high-calibre scientists and industry	Good	Good performance with 82% of the planned activities were achieved. Better performance was registered under the African Centers of Excellence-Phase II (ACE II) with 84.7% of its key deliverables achieved and community outreach activities.
13	Develop and implement a framework for institutionalizing talent identification, development, and professionalization.	Good	Performance was good with 70.7% of the planned output targets achieved.
14	Maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, and local government and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing).	Off Track	Off track with only 39.3% of targets achieved. Slow implementation was mainly registered under the MoES (National High-Altitude Training Centre -NHATC), while the renovation of the Namboole National Stadium by the Uganda People's Defence Forces (UPDF) fairly progressed.

Source: Author's Compilation

Detailed performance by intervention and outputs is presented hereafter:

4.3.1 Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards

Early Childhood Development (ECD) is part of the transformative agendas of NDP III, the key to developing human capital and a critical strategic step towards achieving Vision 2040. The lead implementing agencies are - MGLSD, MoES, NCDC, LGs, and private school proprietors. Over 25⁴ development partners supported the implementation of ECD activities.

The MoES planned outputs were; i) ECDs monitored ii) ECD centres registered and licensed iii) Centre Management Committees (CMCs) trained on their roles and responsibilities in the delivery of Early Childhood Care and Education (ECCE) services, iv) inspection reports printed and distributed. The NCDC planned to: i) develop Implementation Guidelines and Assessment Guidelines for the revised (3-6) Learning Framework, ii) print and distribute implementation and assessment Learning Framework Guidelines and, iii) translate the revised Learning Framework (3-6) into four local languages and Kiswahili, while the MGLSD planned to monitor Integrated ECD compliance in the implementation of legal and regulatory frameworks.

Performance

Overall intervention performance was fair with an average of 51% of the planned outputs implemented despite 99.5% of the funds released and 100% expended. The funds were mainly spent on monitoring ECD activities and orienting Centre Management Committees to hold dialogues across local governments. Better performance was registered under MoES with 70%

⁴ Partners implementing ECD include; UNICEF, World Bank, Plan International, Fin-Church Aid, UNESCO, Save the Children, World Vision, Institute for Rural Education and Development, Aghakhan Foundation, LABC, ZOWA, BRAC, Play Matters Arias Foundation, Food for the Hungry, Peace Corps-Uganda, Cheshire Services, Uganda, ELMA, AVIS foundation, Uganda Society for the Disabled, Lurtherland, Cotton all Foundation, Strommey Foundation, Lively Minds, East African Play Ground, Red Earth, Child Foundation International, Raising Voices etc.



of the planned activities achieved. The ECCE Department of NCDC performed poorly at 33% as two out of the three planned outputs were not achieved.⁵ This was attributed to the long approval processes taken to get the final approved draft implementation/assessment guidelines and the revised learning framework.

Performance at the outcome level improved although not significantly. For instance, the net enrollment ratio for pre-primary improved from 13.30% in 2017 to 26% in FY2022/23, while the proportion of pre-primary institutions registered improved from 22% in 2020 to 35% in the financial year under review. No progress was registered on the number of ECD caregivers on state sponsorship in public Primary Teachers' Colleges. However, Kyambogo University with support from the World Bank trained pre-primary teachers at the diploma level.

There was very minimal evidence of inter-sectoral coordination between MoES, MoH and MGLSD on the implementation of integrated ECD activities despite legal framework provisions that create adequate support for the coordination of Integrated ECD services within sectors and across institutions to deliver ECD services effectively. Details of physical performance are presented in table 4.3.

Table 4.3: Performance of planned outputs under the Intervention by 30th June 2023

Implementing Agency	Department	Output	Planned activity	Achieved
MoES	Pre-Primary and Primary Education	ECDs monitored on delivery of ECCE services	Monitoring of 40 Local Governments in Lango, Acholi, Bukedi, Bunyoro, Busoga and Ankole sub-regions	Ten LGs i.e. Butaleja, Kibuku, Budaka Pallisa, Kakumiro, Kibaale, Kikuube, Hoima, Kyegegwa and Fort-Portal were monitored to improve access and delivery of ECD services.
		ECD Centres registered and Licensed	Register 500 ECD Centres and license 500 ECD Centres through training proprietors on the importance of having registered centres.	The output was implemented and guidance was offered on policy direction on licensing and registering of ECD centres in Iganga, Manafwa, Buikwe and Kumi districts.
		Centre Management Committees (CMCs) trained on their roles and responsibilities	Train CMCs on their roles and responsibilities in 8 Local Governments of Iganga, Kitgum, Buikwe, Manafwa, Kumi, Kazo, Kakumiro and Nebbi	The output was not implemented however, with support from UNICEF, the MoES printed and distributed ECD CMC guidelines across the country.
	Directorate of Education Standards	Inspection reports printed and distributed	250 copies of inspection reports printed and distributed	Printed and distributed 250 copies of ECD Teacher Training institutions across the country.

⁵ The draft implementation and assessment guidelines were not printed because they were not completed. Also, translation of the revised learning framework was not completed.



Implementing Agency	Department	Output	Planned activity	Achieved
National curriculum Development Center	Early Childhood Care and Education	Implementation and Assessment Guidelines for the Revised 3-6 Learning Framework developed	Print and distribute 3,000 copies of Implementation and Assessment Guidelines for 3-6 Learning Framework	The output was not achieved however, drafts were developed and submitted for quality assurance.
		Implementation and Assessment Guidelines printed and distributed	printing and distribution of the Implementation and Assessment Guidelines for the Revised 3-6 Learning Framework	The output was not implemented as it awaits the completion of the framework, implementation and assessment guidelines.
		The revised learning framework translated.	Translation of the revised learning framework into local languages and Kiswahili	Not achieved because the process of developing the framework was not completed
Ministry of Gender, Labour and Social Development	Youth and Children	Integrated ECD compliance in the implementation of legal and regulatory frameworks Monitored	Independent monitoring of compliance in the implementation of legal and regulatory frameworks on child protection conducted	Technical support supervision of community-based ECD centres were conducted in eight districts of Soroti, Jinja, Mbale Masaka, Lyantonde, Mbarara, Ntungamo, and Kabale.

Source: Field Findings

With support from UNICEF and Child Fund, the NCDC also implemented some interventions outside the workplan and these were: i) developed educative short stories, puzzles, riddles, and action songs for parents to support 0-8 years children and translating the parent-child book; ii) reviewed the Learning Framework and developed the ECCE Curriculum Framework for Uganda.

Implementation of ECD/ECCE in Local Governments

Despite the government's current strategy of maintaining the provision of ECCE (Early Childhood Care and Education) services wholly in the hands of the private sector, 60% of public primary schools monitored already annexed pre-school/ECD sections to the existing primary schools and the following were observed:

- Mainstreaming ECDs into primary schools encroached on the already inadequate classroom space as most of the schools converted one of the existing classrooms into ECD classrooms, consequently, some primary schools operated ECDs in multi-age classrooms or mixed-grade classrooms.
- Poor or inadequate sanitation facilities. The Water, Sanitation and Hygiene (WASH) facilities in all the districts monitored were not age-appropriate for the ECD learners. They were in most instances shared by both male and female pupils and caregivers/teachers.
- Regional disparities in the coverage of ECDs annexed to public primary schools as the Western region had more ECD centres attached to public primary schools compared to the rest of the regions.



- d) ECD education national coverage levels are generally low, particularly for children from rural areas, disadvantaged families and those living in marginalized areas. Pre-primary gross enrolment averages 15%, a level that implies a lot of children remain out of pre-school, a stage that is critical for child development.
- e) Many ECCEs lacked adequate teaching and learning resources and facilities suitable for Early Childhood Education in their learning environment. This included furniture suitable for children, playground and play material. The ECD caregivers used improvised instructional materials.
- f) There was no evidence of standardized ECCE teaching-learning materials such as teachers' guides, and pupils' books among others.

Challenges

1. Limited budget provisions for the implementation of ECD activities both at the central government level and LGs. Whereas the responsibility of implementing ECD services falls to the LGs, a meagre budget accompanied the implementation of ECD activities. Consequently, there were weak enforcement mechanisms as many ECDs operate without licenses and registration certificates, and inadequate inspection and support supervision of ECD centres by the district education officers among others.
2. No standard salary for ECD caregivers, many of whom have a very low pay which instigates a very high attrition of qualified caregivers.
3. Lack of proper qualifications by many of the ECD caregivers hence compromising the quality of ECCE.

Recommendations

1. The MoES should regularize and regulate the ECCEs established within the public primary schools to provide quality holistic ECCE services.
2. The MoES should scale up the training of caregivers in public core PTCs to ensure that caregivers are well-equipped with the required skills to deliver ECCE.
3. The GoU and the implementing agencies should strengthen the implementation and enforcement of inter-sectoral policies on ECD interventions in health, nutrition, education, social and child protection.

4.3.2 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women, and vulnerable groups

The government's commitment to improve nutrition and food safety for all school children is demonstrated through the NDPIII, which emphasizes the school feeding programmes to improve the performance of learners, promote higher school attendance, ensure retention at school and better health through a multi-sectoral response between MoES, MoH and MAAIF.

The planned targets were the National School Feeding Policy finalized by MoH, while the MoES, planned to monitor and support supervise 313 schools in the nine districts and two municipal councils (MCs) under the Karamoja School Feeding Programme supplied with inputs.



Performance

Poor performance was registered under the intervention at an average of 40% owing to the failure of the MoH to finalize the National School Feeding Policy, which was still in draft form and awaited national consultations.

Better performance was registered under the MoES with 80% of their planned activities under the Karamoja School Feeding Programme implemented. The MoES procured and supplied agricultural inputs (i.e. seeds of cowpeas, sukumawiki and eggplants) to 313 schools from 11 LGs (nine districts and two MCs) as well as monitored and support supervised the distribution of food offered by the World Food Programme (WFP) in Karamoja Sub-region. The WFP provides food to all primary and secondary schools in Karamoja reaching more than 100,000 learners each year with at least one meal a day which encourages children to enroll in school, attend class regularly and finish their studies.

Implementation of school feeding programmes in LGs varied:

- i) Parent/Guardian Led School Feeding Program:* The Uganda Education Act (2008) mandates parents and guardians to feed their children while at school. The majority of LGs gave parents the option to pay money to the school administration to buy food, pack food for their children, or directly provide food items such as maize and beans to the school administration. Despite these options, most parents were not fulfilling their obligations due to negative attitudes and socio-economic factors such as poverty, and drought among others. Karamoja, Busoga and Bukedi lagged behind other sub-regions with very low school feeding initiatives.
- ii) School gardens:* A total of 34% of the schools monitored had functional school gardens for school feeding and were growing vegetables and fruit trees. Many confirmed they had received support from a District Agricultural Extension Officer. In addition, the Development Initiative for Northern Uganda (DINU), a European Union-funded programme has been supporting schools in Northern Uganda and West Nile since 2016 to establish school gardens for the production and consumption of a diversity of nutrient-rich foods by providing inputs. The school gardens were also utilized for practical agricultural lessons. These initiatives improved enrollment, retention and performance.
- iii) Enacted By-laws:* Some districts such as Koboko, Gulu, and Luuka enacted ordinances (by-laws) to enforce the school feeding programme although enforcement was still a challenge. Sensitization meetings, workshops, and radio talk shows were held to scale up the programme.

Key implementation challenges

1. Delayed finalization of the National School Feeding Policy.
2. Inadequate multi-sectoral coordination to translate government commitment into effective, impactful and sustainable policies and strategies.
3. Limited funding to adequately implement and monitor the implementation of school feeding programmes.

Recommendation

The MoH, MoES and MGLSD should fast-track the legal and policy reforms required for effective implementation of nutrition-related initiatives.

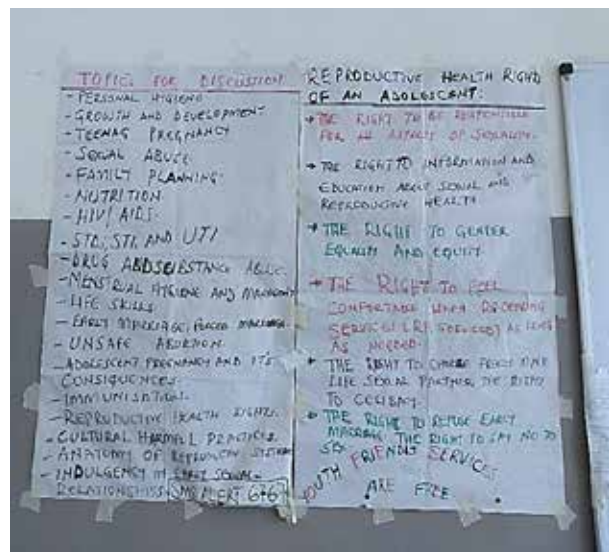
4.3.3 Improve adolescent and youth health

Adolescent and youth health initiatives in Uganda aim at improving access to adolescent health and youth-friendly services such as Menstrual Health Management (MHM) in schools, training teachers on the implementation of School Health Policy, and safe environmental management practices in schools among others. The intervention is implemented through a multi-sectoral approach where partners such as the MoES, public universities, MoH, MGLSD, regional referral hospitals (RRHs), LGs and civil society organizations (CSOs) work together to improve adolescent and youth health.

Performance

Overall intervention performance was very good at 92.1%. Good performance was on the indicators of teachers and learners trained on menstrual health management, and senior women and senior men teachers trained to support adolescents in schools, and the Menstrual Health Management Strategic Plan finalized.

Key to note was the dissemination of the Reporting Tracking Referral and Response (RTRR) alongside Prevention and Management of Teenage Pregnancy Guidelines in the districts of Lyantonde, Rakai, Soroti, Moyo, Obongi and Lwengo. All these initiatives improved retention and completion of school among adolescent girls with survival rates at primary improving from 34.20% in 2016 to 37.5% in FY 2022/23.



Youth and adolescent healthcare programmes displayed at Lasanga HCIII in Koboko Municipality, Koboko District

The MoH through health facilities across the country continued with the provision of free adolescent and youth-friendly services that are tailored to their needs. In addition, Makerere University in collaboration with the Infectious Diseases Institute (IDI), continued to provide youths with testing and care through counselling and treatment support to persons living with HIV/AIDS.

Poor performance was noted on an indicator of the National School Health Policy finalized as it awaits Cabinet approval. Child marriage, teenage pregnancy, and abuse at schools still keep many teenagers, especially girls, out of school. Details of key planned activities and the status of implementation are presented in Table 4.4.


Table 4.4: Performance of planned outputs under the intervention by 30th June 2023

Implementing Agency	Planned Output	Planned Activity/ Target	Achieved
MoES-Gender Unit	Menstrual health management in schools improved	Finalize, disseminate and support the implementation of the menstrual health management strategic plan. Disseminate menstrual hygiene guidelines to school stakeholders.	Finalized the Menstrual Hygiene Management (MHM) Strategic Plan. Standards for Menstrual Health Products were developed in partnership with the Uganda National Bureau of Standards (UNBS).
	Social dialogue on all aspects related to the National School Health Policy promoted	Conduct regional dialogue meetings on aspects of schools' health and dissemination of the National School Health Policy among the district stakeholders	Social dialogue implementation awaits Cabinet approval of the School Health Policy.
	Stakeholders engaged on the importance of safe learning environments.	Implement a campaign to end teenage pregnancy defilement, and promote positive parenting. Build capacity of district officials, teachers on psychosocial support and formation of school clubs	Followed up cases of Violence Against Children (VAC) in Lyantonde, Lwengo, Mityana, Gomba, Kabale and Namayingo districts.
	Capacity of the education sector staff and teachers on school health improved	Train teachers and the Education Sector Staff on the implementation of School Health Policy.	Not implemented as training of teachers awaits approval of the policy by Cabinet.
	Schools/institutions monitored and support supervised on proper environmental management practices	Sensitize School Management Committees, head teachers, and teachers on proper environment management practices	The Out-of-School Reader and Menstrual Hygiene training manual was developed for girls in rural communities, parent-teacher associations (PTAs) and schools' Boards of Governors.
	Reporting Tracking Referral and Response guidelines disseminated	Disseminate Reporting Tracking Referral and Response guidelines; for VAC at the Local Government and school level.	Dissemination of Reporting Tracking Referral and Response alongside Prevention and Management of teenage pregnancies guidelines was done in the districts of Lyantonde, Rakai, Soroti, Moyo, Obongi and Lwengo.



Implementing Agency	Planned Output	Planned Activity/ Target	Achieved
	Follow-up cases of Violence Against Children in Schools (VACiS) monitored and support supervised.	Monitor and support supervise follow-up cases of VACiS.	<p>VAC cases were followed up in the districts of Lyantonde, Lwengo, Mityana, Gomba and Namayingo.</p> <p>In Kagadi the VACiS case was followed up to court in which a judge was dismissed from the bench for conniving to protect an errant teacher.</p> <p>Teachers in Mityana, Gomba and Mukono districts were engaged in using positive discipline instead of corporal punishment.</p> <p>Irresponsible parents in Moyo and Obongi districts were identified and sensitized about their roles.</p> <p>Capacity through mentoring of learners to report cases of violence was conducted.</p>
MoH	Continuous medical education conducted.	Continue to strengthen adolescent health service provision, by making it accessible and tailored to their needs.	The MoH through Continuous Medical Education (CME) programmes continued to build the capacity of healthcare providers and re-oriented the health system at all levels to better focus on and meet the special needs of adolescents.
	Access to age-appropriate health services increased.	Promote responsible health-positive seeking behaviour among adolescents.	Specific interventions were implemented among them included; -setting aside special days on which adolescents seek health services, for instance. In Bukakata HCIII in Masaka District, the last Thursday of the month is set aside for ART Clinic for adolescents. -creating adolescent and youth corners in health facilities.
Soroti University	Essential medicines and supplies procured.	A total of 170 students examined and 600 students/ staff treated and treatment bills paid.	All essential medicines and supplies were procured. A total of 2,137 (1,135 females and 1,002 males). Students and staff were diagnosed and treated, and bills were paid at designated health facilities.

Source: Field Findings

Despite the above performance, some barriers continue to undermine the effective provision of key adolescent and youth health services both in schools/institutions and in the health care systems. These include:



- i. Lack of a framework to streamline the different school health interventions in a coherent and clear framework to maximize synergies of the several stakeholders.
- ii. Limited sanitation facilities such as girls ‘changing rooms, while some schools did not have separate toilet facilities for boys, girls and teachers.
- iii. Limited access to safe and affordable sanitary materials while the low quality and standard of MHM products persist with very many fake products on the market.
- iv. Poor disposal of sanitary pads, the most commonly used material among school girls continues to be a challenge as 80% of public schools do not have incinerators.
- v. A non-responsive adolescent infrastructure that often leaves them a forgotten target group in health programs. The majority of health facilities including RRHs, did not provide sufficient space for adolescent and youth-friendly services while some are condemned to dilapidated and abandoned adolescent buildings.
- vi. Low access to adolescent health-friendly services results in high teenage pregnancies at 25% nationally.
- vii. Hostile and judgmental reception from teachers and health workers, limited privacy and confidentiality of services attributed to inadequate specific training of health workers and teachers on how to relate appropriately with adolescents.

Recommendation

The MoES and MoH should fast-track the development and dissemination of the National School Health and Adolescent Health policies to improve health service delivery and a safe school environment for adolescents, scale up the peer approach, by having specially trained young health workers to attend to adolescents and youth to help win their trust to seek health care services.

4.3.4 Increase access to immunization against childhood diseases

The intervention aims at immunizing children in formal education against Vaccine Preventable Diseases (VPDs). Schools are key partners that offer an effective platform for reaching children and adolescents with vaccination services, as well as an opportunity to catch up with children who may not have received all age-appropriate vaccines.

The key implementing agencies are MoH, National Medical Stores (NMS) and LGs in collaboration with MoES, World Health Organization (WHO), Global Alliance for Vaccines and Immunization (GAVI), UNICEF, Centre for Diseases Control (CDC), and Bill and Melinda Gates Foundation.

The planned outputs were to fully immunize the target population through school vaccination programmes and a special immunization campaign, the MoH planned to immunize children below the age of 5 years against Polio with the new oral polio vaccine (NOPV2), continue with the immunization of 10-year-old girls against Human Papilloma-Virus (HPV), while the 15-year-olds and above adolescent girls were to be immunized against Tetanus.

Performance

The overall intervention performance was very good. Over 8 million children were immunized during the nationwide door-to-door Polio supplementary immunization campaign that took place between 4th and 10th November 2022. Detailed performance of the intervention is presented hereafter:



Target population fully immunized: A total of 1,063,090 girls (over 154% of the target) were immunized for the first dose of the HPV vaccine (HPV-1) and 505,828 girls (73% of the targeted) were immunized for the second dose (HPV-II). Additionally, 8.7 million children under the age of five years were immunized in the nationwide house-to-house polio immunization campaign that targeted especially the pre-primary school section. The MoH in partnership with the MoES and the LGs also continued with other supplemental and routine immunization campaigns in schools (*Details on the immunization, are discussed in section: 7.3.4 of this report*).

The good performance was attributed to effective collaboration between the MoH, LGs and MoES in partnership with the school head teachers, administrators, management committees and teachers who played a critical role in promoting and supporting immunization activities. Such roles included:

- i) Ensuring that all pupils produced a fully completed immunization card upon enrolment in school for the first time.
- ii) Linked up with health facilities to ensure their schools were mapped for immunization services.
- iii) Supported school-based immunization activities, for example, vaccination against cancer of the cervix for primary four girls, de-worming, and vitamin A supplementation etc.
- iv) Educated the pupils and parents about the benefits of immunization, through Information Education and Communication (IEC) materials provided by the district health officers.
- v) Incorporated health-related information, especially on immunization into school activities e.g. school assemblies and health talks.

In addition, Soroti University also vaccinated a total of 300 students and staff against Hepatitis B (1st, 2nd and 3rd doses).

Challenge

Low overall vaccination completion rate for HPV-II vaccines. Although the uptake of the HPV vaccination has improved over the years since 2014, the dropout rate for HPV-II follow-up dose alone was 53%.

Recommendations

1. The MoH, MoES, and LGs should continue with routine immunization strategies emphasizing the benefits of completing immunization doses and this should be strengthened especially at the school level to fully incorporate the target groups.
2. The MoH and MoES should issue learners immunization cards upon completion of immunization, especially HPV.

4.3.5 Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standard

Basic requirements are minimum requirements for the provision of quality education and training in education institutions such as classrooms, instructional/reading materials and staff organization and development, while minimum standards are basic set measures or benchmarks of expected performance and achievement for effective teaching, learning and institutional management.



The standards include: the national minimum standard for pupil: classroom ratio (53:1 at primary level and 60:1 at secondary); pupil: latrine stance ratio (40: 1; pupil: book ratio 1:1), and pupil: teacher ratio (53:1 at primary and 40:1 at secondary level). The MoES, LGs, Uganda National Examinations Board (UNEB), National Council for Higher Education (NCHE), Education Service Commission (ESC) and the NCDC contribute to the intervention.

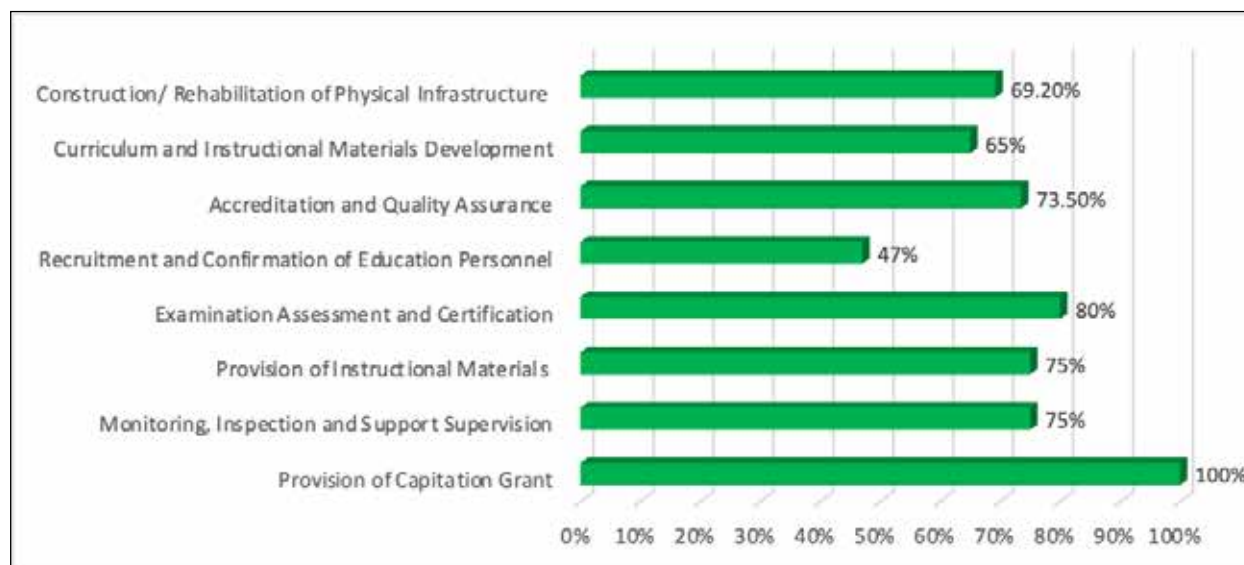
The planned outputs FY 2022/23 included: the provision of capitation grants to over 14,000 education institutions, monitoring and supervision of all education institutions; payment of outstanding contractual obligations for supply of instructional materials; recruitment of education personnel; conducting of examinations; curriculum adaptation through retooling of secondary teachers on the Lower Secondary Curriculum, and accreditation and quality assurance.

Construction and rehabilitation of infrastructure planned activities included; i) phased construction of the Uganda Nurses and Midwives Examinations Board (UNMEB) office block; ii) replacement of asbestos for 10 PTCs completed) payments made rolled over works; iii) completion of the construction of a female students dormitory and continued construction of the lecture block at Uganda Petroleum Institute Kigumba; iv) construction of classroom and administration block at Wapakhabulo School of Nursing and Midwifery (SNM); hostels at Kaabong SNM; staff houses at public health; skills laboratory and library at Soroti SNM; and v) transformation of Rwentanga Farm Institute into College status started. Construction projects in LGs were to include classrooms, VIP-lined pit latrine stances, rehabilitations and renovations.

Performance

Overall intervention performance was good at 73% and implementation of most planned outputs was on track, except for some construction projects under the MoES. Very good performance was registered on capitation disbursements under the MoES. Examinations Assessment and Certification output implemented under the UNEB performance was good. The poor performance registered on recruitment and confirmation of education personnel output was attributed to low submissions for recruitment from MoES and the recruitment ban (figure 4.2).

Figure 4.2: Percentage score on the performance of outputs under the intervention as at 30th June 2023



Source: Field Findings



Despite the above performance, the majority of public and private primary schools were lagging in strict implementation of stipulated minimum standards for basic education, due to inadequate resources (both qualified manpower and facilities/equipment). This contributed to poor learning outcomes as evidenced by poor school performance at the national level especially for the rural schools.

Attempts to address the challenges of teacher accommodation and provision of gender and disability inclusive emptyable VIP latrines and classrooms were limited. The percentage of the grant allocated to the Operation and Maintenance (O&M) of school infrastructure remains inadequate leading to the deterioration of many school structures across districts. Details of output performance are presented hereafter:

a) Provision of Capitation Grant: The purpose of the grant is to cater for operational costs, provision of scholastic materials, and facilitation of co-curricular activities and payment of salary to support staff.

A total of Ug shs 347.680bn (100% release of the approved budget) of capitation grant was disbursed for over 13,957 Universal Primary Education (UPE) pupils, Universal Secondary Education (USE)/Universal Post Ordinary Level Education and Training (UPOLET) students, learners with special needs (SNE) and tertiary students in all the 177 districts, municipalities and cities including Kampala City Council Authority (KCCA) (Table 4.5).

Table 4.5: Capitation Disbursement in the FY 2022/23

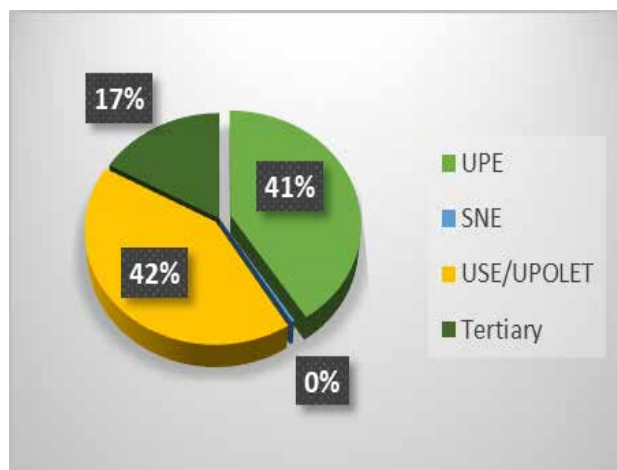
Level			Number of Institutions/Schools	Enrolment	Amount Disbursed (Ug shs)
UPE			12,433	8,628,264	141,894,378,000
	SNE	SNE		48,683	776,493,850
KCCA	UPE	UPE	79	69,950	681,628,417
	USE	USE	10		2,907,910,228
	Tertiary	Tertiary	2		594,262,502
USE			1,261	761,884	142,458,846,000
	SNE	SNE		891	
UPOLET				73,037	
Skills Development			No information	No information	29,183,248,951
Technical Institutes			76		11,481,295,330
Community Polytechnics			29		1,843,875,000
Primary Teacher's Colleges			44		13,063,253,857
Technical Farm Schools			23		2,795,124,764
Total			13,957	9,582,709	347,680,316,899

Source: MoES Capitation Schedule FY2022/23

Special Needs Education Grant had the lowest share of the capitation disbursements at 0.35% and this was attributed to the low numbers of learners that are enrolled on the SNE programmes (figure 4.3).



Figure 4.3: Percentage share of the Capitation Grant disbursements in FY 2022/23



Source: MoES Capitation Schedule FY2022/23

The annual capitation rates per learner declined at an average of 7.12% despite enrollment increasing by 12% and 15% for primary and secondary education respectively. The cut on the capitation grant affected the delivery of education services and adherence to Basic Requirements and Minimum Standards (BRMS) (Table 4.6).

On the other hand, contrary to LG accounting regulations majority of secondary schools and tertiary institutions in districts did not account for capitation through the accounting officers at LG levels.

Table 4.6: Comparison of capitation releases between FY 2021/22 and FY 2022/23

Level	FY 2021/22	FY 2022/23
Universal Primary Education	17,000	14,500
Universal Primary Education- Special Needs Education (SNE)	18,700	15,950
Universal Secondary Education (USE)	175,000	160,000
USE-(SNE)	192,500	176,000
UPOLET	270,000	260,000

Source: MoES

b) Monitoring, Inspection and Support Supervision: The MoES planned to rollout the Teacher Effectiveness and Learners Achievement (TELA) system and E-inspection, support 100 schools and tertiary institutions on the use of E-Inspection and TELA through training, inspect a total of 2,188 education institutions including tertiary institutions and secondary schools, monitor and support supervise 2,682 education institutions including primary, secondary, special and inclusive primary and secondary schools, tertiary institutions.

Good performance with 75% of the planned activities implemented. However, inadequate funding affected the effective inspection and monitoring of schools, especially under the Directorate of Education Standards (DES). For instance, the budget under DES reduced by 55% compared to the previous FY because of budget cuts on “consumptive items”. All monitoring activities under the Sports and Physical Education Department were not implemented due to inadequate funds. Highlights of performance are presented below:

- i). The TELA System and E-inspection* was rolled out with a fully functional call Centre at DES headquarters in Kyambogo to enhance school inspection through monitoring real-time teacher, learners and head teacher attendance and timetable implementation.

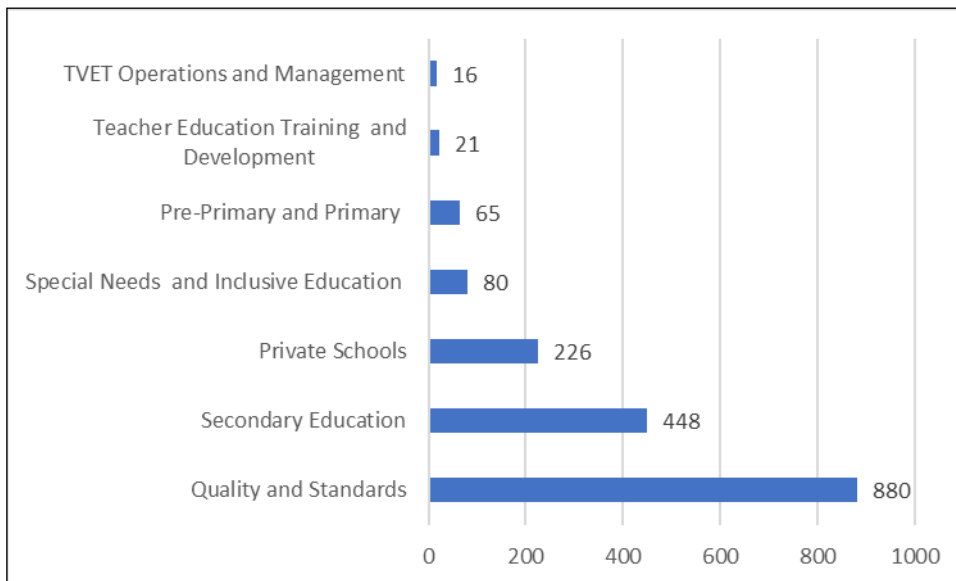
A total of 12,009 smartphones and 800 tablets loaded with the TELA application were procured and distributed to 14,459 public primary and secondary schools, and certificate awarding institutions. Inspection using E-Inspection already commenced and there was an improvement in attendance. Training on the usage and functionality of the TELA System was conducted for 28,023 (against 28,830 targeted) government-aided heads of schools and institutions, chief administrative officers (CAOs)/Town Clerks, district education officers

(DEOs), and District inspectors of schools (DISs) on how to access and use the system across the country.

Although head teachers, especially from primary schools, reported improved teacher attendance ranging from 85% to 90%, time on task for lessons remained a key challenge as lesson plans had not been uploaded on the gadgets. In addition, unreliable internet and power affected the use and appropriate reporting of the inspection exercise.

- i) **Inspection of education institutions:** A total of 3,046 education institutions were inspected physically against 2,188 planned, while 625 were inspected using Electronic Inspection. The inspection was to assess the implementation of the Lower Secondary Curriculum in selected schools across the country, follow up on the utilization of the integrated inspection system by schools and use of instructional materials, test the assessment tools and systems, and to recommend areas of performance.
- ii) **Monitoring and Support Supervision:** A total of 1,736 institutions (64.7%) were monitored and support-supervised by the seven departments sampled under MoES. This included 21 PTCs and 16 Technical Vocational Education Training Institutes, while the rest were schools (Figure 4.4) despite the activity's importance in tracking the performance of education indicators.

Figure 4.4: Number of education institutions (PTCs, TVETS and schools) monitored and supervised by 30th June 2023



Source: Field Findings

Support supervision and monitoring of private schools at all levels and the Early Childhood Care and Education services were generally weak because of limited budget provisions.

Schools and institutions were monitored for compliance with Standard Operating Procedures (SoPs), Basic Requirements and Minimum Standards (BRMS), and National Council for Higher Education (NCHE) standards to ensure quality assurance for tertiary institutions, improve functionality and management of schools, adherence to planning, inspection and accountability guidelines, and to ensure effectiveness and efficiency in the delivery of education services.



At the LG level, all schools were to be monitored and inspected at least once a term (terms I and II)⁶ for primary schools, and at least once a year for secondary and tertiary institutions. However, the MoES' Directorate of Education Standards (DES) statistics showed only 20% of schools across the country were inspected by 30th June 2023 with Eastern and North Eastern Uganda lagging behind other regions. This was attributed to limited funding as each LG received a fixed budget of Ug shs 4 million each FY, and lack of or/inadequate transport means for the inspectors. This coupled with inadequate inspection of human resources left many schools not inspected.

Challenges

1. Limited report writing skills and poor record keeping by DIS attributed to the low quality of inspectors recruited. The Ministry of Public Service (MoPS) guidelines do not require any experience for one to become an inspector of schools. Consequently, some districts recruited people fresh out of training institutions with no experience.
2. Lack of transport means to facilitate monitoring and inspection of schools, especially in LGs.
3. Blanket cuts on “consumptive items” especially on travel in-land affected the implementation of inspection and monitoring activities.
4. Conflict on the usage of monitoring and inspection funds between the DEOs and DISs in some districts.
5. High attrition rate of inspectors of schools due to low salaries.
6. Limited funding severely affected inspection in local governments as inspectors are only able to visit on average eleven schools, with each school being assessed once per term.

Recommendations

1. The MoES through the DES, should emphasize continuous hands-on training of the DISs.
2. The MoES and LGs should prioritize procurement and provision of means of transport for inspection such as vehicles and motorcycles within the available resource envelope.

c) Provision of Instructional Materials: The MoES through the Instructional Materials Unit (IMU) planned to monitor and verify the delivery of instructional materials to primary schools in Central, Northern and Western regions, and pay outstanding contractual obligations for the supply of P.5-P.7 instructional materials.

All planned outputs were successfully executed, reports made and a total of 50 districts were monitored across the country. However, the pupil: book ratio stagnated at an average of 5:1, which is still relatively high compared to the required standard of pupil: book ratio of 1:1. Many primary schools lacked bookstores/libraries and materials were kept in head teachers' offices and for some, in head teachers' homes. Outstanding contractual obligations for the supply of P.5-P.7 instructional materials, rolled over from FY 2021/2022 were cleared following a re-allocation from the supplementary release under Lower Secondary Curriculum (LSC) instructional materials. However, this affected payments for the LSC instructional materials.

d) Examination Assessment and Certification: This was implemented under the Uganda National Examinations Board (UNEB) whose mandate is to; “*streamline, regulate, coordinate and conduct credible national examinations and awards at basic levels of education.*”

⁶ Areas including school environment pedagogy (lesson preparations including teaching learning aids/visuals, lesson delivery, and assessments for learners) instructional materials etc.

Planned outputs included: the National Assessment of Progress in Education (NAPE) conducted; consultancy services for the construction of the digital centre procured; 260 containers modified; two motor vehicles procured, and facilitation of all examination and assessment processes including developing of exam papers, candidates registered, procurement and printing of result slips, printing of examination question papers, recruiting of examiners, training of contracted field professionals and development continuous assessment guidelines.

All examination processes were successfully facilitated as planned. The UNEB examined and released results for 1,274,906 candidates (51% female and 49% male) with 65% examined for the award of Primary Leaving Examination (PLE) certificate, of which 70% were from UPE schools, 27% for Uganda Certificate of Education (UCE), while 8% for the award of Uganda Advanced Certificate of Education (UACE) with 82.3% coming from non-UPOLET schools (*see table.4.7*).

Table 4.7: Number of Candidates Registered and Examined at Different Levels of Education in FY 2022/23

Level	UPE/USE/UPOLET	Non-UPE/USE/UPOLET	Male	Female	SNE	Absent
PLE	583,672	248,982	400,100	432,554	2,436	20,844
UCE	345,695		-	-	721	3,764
UACE	17,321	79,466	50,060	40,713	-	1,333

Source: UNEB

The SNE candidates represented 0.25% of the total number of candidates. There was a higher number of candidates who sat for PLE than the initial UNEB estimates. Consequently, more professionals were hired to manage the examination process due to increased candidature.

However, the wide gap of 60% between the number of candidates presented at PLE and UCE, and the 28% gap between the number of candidates presented for UCE and UACE indicates the persistent low transition rates from primary level to secondary and from Ordinary Level to Advanced level of education. The transition from P.7 to S.1 has stagnated at 64.8% since 2016.



The six-floor UNEB Storage Facility completed and commissioned and in use

Under the UNEB Infrastructure development project, the storage facility was completed, furnished, commissioned and in use. Consultancy services for the construction of the 10-floor Digital Centre were procured as planned. However, construction was differed to FY 2023/24 due to budget cuts as only 39% of the development budget was released. There was no GoU funding for NAPE activities, however, with support from UNICEF the Board developed the instruments for the P.3, P.6 and S.2 assessments and pre-tested them. Procurement of motor vehicles, a business continuity plan (BCP) system, assorted furniture and fittings, bags for examination packaging, and assorted ICT equipment were procured as planned, while 470 containers were fully modified and rebranded.



Challenges

1. Continued demand for increased pay by the examination professionals hired for UCE and UACE assessment constrained the UNEB budget. For instance, strikes over marking rates were experienced at three marking centres and many science examiners left the centres.
2. The high cost of administering examinations for SNE candidates remains a challenge. Despite their increase in numbers and the requirement of a ratio of 1:1 during examinations, the cost of administering the exams on SNEs is not included.
3. Lack of funding for continuous assessment activities despite their importance in the successful implementation of the LSC. In addition, there was very limited inter-sectoral collaboration between the UNEB and NCDC on continuous assessment activities.

e) Recruitment and Confirmation of Education Personnel: The Education Service Commission (ESC) is responsible for the recruitment, confirmation, promotion and discipline of personnel in the education sector. Therefore, in FY2022/23 ESC planned to recruit, appoint, confirm and validate personnel, regularize appointments pre-designated, grant study leave and discipline personnel, support 146 District Service Commissions (DSCs) and commence construction of the ESC offices.

By 30th June, the ESC performance was poor with only 47% of the planned outputs implemented. Poor performance on study leave, regularization and discipline largely depended on the submissions from the stakeholders such the MoES, while validation was not done due to budget shortfalls. Planned targets and the status of implementation in presented in Table 4.8.

Table 4.8: Status of implementation of Planned Outputs under the ESC by 30th June 2023

Activity	Target	Achieved	Male	Female
Recruitment	3,000	992	569	423
Confirmation	3,000	3,714	2,869	845
Study Leave	50	15	7	8
Validation	4,000	0	0	0
Regularization	50	21	12	9
Discipline	50	8	3	5
DSCs Supported	146	76		

Source: Education Service Commission

The poor performance on recruitment was attributed to the recruitment freeze pending completion of the payroll audit by the Auditor General. In addition, the MoES did not deploy the 4,805 teachers recruited in FY 2021/22, to the newly completed UgIFT seed schools due to wage shortfalls caused by wage increments for the science teachers. Currently, the secondary education staffing shortage across the country stands at 43% (ESC, 2023) and the current size of human resources cannot cope with the rapidly expanding demand for education services.

Support supervision for DSCs was implemented in the Teso, Lango and Acholi sub-regions. Guidelines on primary teacher recruitment and the Teachers' Code of Conduct were distributed.

Under the infrastructure project, consultancy services for the construction of ESC office space in Kyambogo was procured and the National Enterprise Corporation (NEC) executing the project was already on-site mobilizing materials to commence construction by 30th June 2023.



Challenges

1. High turnover of DSC members, consequently many DSCs are not fully constituted.
2. Rampant corruption within the DSCs during the recruitment processes which potentially denies uncooperative yet deserving candidates' opportunity to be appointed.
3. High teacher-student ratio: For secondary this ratio was at 1:74 following an increased enrollment of 15% in government secondary schools after the COVID-19 lockdown and the completion of several seed secondary schools.

f) Accreditation and Quality Assurance: The mandate of accreditation of Higher Education Institutions (HEIs) and the delivery of quality and relevant education is entrusted to the National Council of Higher Education (NCHE) through the provisions of the Universities and Other Tertiary Institutions Act, (2001).

For the FY under review, the NCHE planned to; i) monitor and inspect HEIs for compliance; ii) build capacity for management and owners of institutions; iii) train institutional and programme assessors; iv)accredit programmes and institutions; v) develop policies and standards; vii) disseminate tracer study reports; viii) continue mainstreaming Open, Distance and eLearning (ODEL) in HEIs; viii) establish a Gender and Equity Unit; recruit a Gender and Equity Officer and Sensitize HEIs on gender and equity issues; and procure consultancy services to undertake feasibility planning scheme designs and drawings, and commence construction and procure vehicles and assorted furniture.

By 30th June, 2023 the NCHE had achieved 70% of the planned targets. The Council was unable to absorb Ug shs 0.179bn wage funds due to the late recruitment of staff, and only 40% of the development budget was released. Key performance highlights are presented hereafter:

The Council monitored and inspected: A total of 255 HEIs to ensure compliance with the minimum set standards, built a capacity of 892 institutional and programme assessors, and institutional managers from HEIs, and undertook 50 administrative visits to HEIs with experts from the professional bodies.

Accreditation services: A total of 592 programmes were accredited, of which 225 were STEM/ STEI programmes, while 40 HEIs' facilities were accredited. The NCHE also equated 740 qualifications (600 foreign and 140 local), published and disseminated the Tracer Study Report, and developed eight policies including the review and operationalization of the ODEL guidelines for HEIs and the 32 Minimum Standards.

To mainstream gender and equity: The NHCE created a Gender and Equity Unit under the Directorate of Institutional Licensing and Accreditation to address the gender and equity issues in HEIs. To this end, a Gender and Equity Officer was recruited and four sensitization meetings on gender and equity were conducted in HEIs that included Uganda Christian University, Makerere University and Gulu University.



Part of the procured furniture in one of the offices at NCHE in Kyambogo



Retooling of the National Council of Higher Education: The contract for the design and construction supervision award awaited clearance of the Solicitor General, and assorted office furniture for two offices and ICT equipment were procured.

Challenges

- Understaffing with a capacity of only 44.8% of staff in place. Although this improved from 43.6% in FY2021/22, it was still below the recommended government minimum staffing level of 65%. The most understaffed was the Quality Assurance and Accreditation Department. This overstretched the available staff beyond their capacity and negatively affected the execution of the NCHE mandate.
- Inadequate transport/logistic facilities to support monitoring compliance and audit activities. This is responsible for the high rise of non-compliant institutions (especially private).
- Poor record keeping in HEIs (both public and private universities) and poor systems uptake, limited access to quality data and effective assessment.

g) Curriculum adaptation through retooling of secondary teachers on the Lower Secondary Curriculum

The National Curriculum Development Center (NCDC) is responsible for the development and review of curricula for Pre-primary, Primary, Secondary and Tertiary institutions in Uganda. Subsequently, the Lower Secondary Curriculum was reviewed and rolled out to all schools in February 2020. The NCDC and MoES developed a training strategy to retool the in-service teachers on the new curriculum. In FY 2022/23, the NCDC planned to orient 15,000 secondary school teachers on S.4 content and assessment, while the MoES under the Sports and Physical Education (PE) Department planned to retool PE teachers on the teaching of the subject.

Other key planned activities within the mandate of NCDC included: i) Curriculum Framework (CF) for A 'level and syllabus documents for A' level developed; ii) textbooks for French, Latin, and Germany developed; iii) Centre coordinating tutors (CCTs) oriented on the revised Kiswahili curriculum; iv) performance of primary curriculum evaluated; v) SNE Primary Four syllabus subjects printed and distributed; vi) Teacher's Resource Books and orientation manuals for teaching and supporting SNE learners finalized; and, viii) SNE Physical Education Learner's Book and Teacher's Guides adapted/translated.

By the end of FY 2022/23, the NCDC had trained 6,067 teachers from the Central region on assessment and S4 content against 15,000 planned, while the Sports and PE Department retooled 184 (102 at the national level and 82 at the regional level) PE teachers on the PE practical units of the LSC.

Cumulatively, a total of 63,649 teachers were retooled by the NCDC on the new curriculum using the cascade model, where a few representatives (Master Trainers) were trained. However, there were key issues observed in the implementation of the LSC:

- The outbreak of Covid-19 and the subsequent closure of schools delayed the progress of implementation especially on the first cohort of learners who are in S.3 this academic year.
- The cascade model was not effective because of its "trickle-down effect," as information was transferred from Master Trainers to trainees, it became "adulterated," through different layers of communication leading to its ineffectiveness.

- The master trainers were few and some had not fully grasped the LSC concepts. The arts-science wage disparities further complicated the rollout with the majority of teachers, especially in rural schools having very poor a attitude towards the new curriculum.
- Implementation of the new curriculum in non-USE schools was better compared to the USE schools because the school administrators facilitated more training of their staff.
- Limited inter-sectoral synergies between NCDC, UNEB, DES and Teacher Education and Training (TET) during the roll out of the LSC was evident especially on Continuous Assessment (CA) as UNEB came on-board late during the roll out. Consequently, teachers struggle to assess projects and how to approach the CA to produce reliable scores.
- Inadequate LSC instructional materials across public schools, in some cases teachers resorted to using the old curriculum books. This coupled with the late distribution of S.3-S4 instructional materials affected syllabus coverage, especially in rural schools.
- Challenges of the high number of students causing overcrowding due to inadequate classrooms hampered the effective learner-centered approach of the LSC.
- The new curriculum required students to undertake projects that are assessed by the Directorate of Industrial (DIT) at the end of S.3. However, some teachers lacked the required skills to teach/assess these projects and prepare students for DIT assessment.
- Assessment of the first cohort of LSC by the DIT was halted by the government which disrupted assessment timelines and caused questions of when the first cohort of students will be assessed.

The status of performance for the other key planned activities is presented in Table 4.9:



Left-Right: A crowded Senior One class of 113 students in Mbiriizi Seed Muslim Secondary School in Lwengo District and Senior Two class in Bamusuuta S.S in Kiboga District

**Table 4.9: Performance of other key Planned Outputs under the NCDC by 30th June 2023**

Department	Planned output	Status of Implementation
Primary	200 CCTs oriented on the revised Kiswahili curriculum.	Trained 314 CCTs (171 male, 143 female) from Eastern and Central Uganda on the P.4 Kiswahili curriculum implementation. The CCTs were equipped with pedagogical skills and methods.
	Evaluation of the performance of the Primary Curriculum.	This was not achieved due to budget shortfalls. However, a proposal for the evaluation of the primary school curriculum was developed and tools were pre-tested.
Secondary	Developing a Curriculum Framework (CF) for A 'level.	The framework was developed to guide the design, development and implementation of the A-Level curriculum to ensure consistency, coherence and quality in the delivery of the competency-based curriculum.
	Developing syllabus documents for A- Level.	The process was ongoing with 25 syllabus materials for A-Level developed and drafts submitted for quality assurance.
	Developing textbooks for French, Latin, and German as publisher of last resort.	The drafts were developed, edited, and submitted for quality assurance.
SNE	Brailleing 1,000 copies for each of the Primary Four syllabus subjects.	Only 80 copies for each of the Primary Four Syllabus subjects were brailled and distributed. This was attributed to budget shortfalls.
	Finalization of 5 Teacher's Resource Books and orientation manuals for teaching and supporting learners with autism spectrum disorders, gifted & talented, specific learning difficulties	These were finalized and were ready for printing.
	Adapting/translation of the Physical Education Learners' Book and Teachers' Guides in Braille	A total of three categories of materials were adapted/ translated to braille.

Source: Field Findings

Recommendations

- The NCDC should undertake Continuous Professional Development (CPDs) on the LSC for teachers to address the inadequacies, especially in vocational skills disciplines to deliver the new curriculum effectively.
- More coherent coordination across key agencies (UNEB, NCDC, TET, and DES) may leverage more effective implementation of the curriculum.

h) Construction/ Rehabilitation of Physical Infrastructure

Progress of construction and rehabilitation of infrastructure implemented under the Retooling of MoES Project was poor with only 40.5% of the planned activities implemented. Works for the female students' dormitory, the lecture and ICT block at UPIK stalled at 80% due to intermittent cash flows. Construction works at Wapakhabulo School of Nursing and midwifery (SNM) and Soroti School of Comprehensive Nursing (SCN) did not commence, and neither did works at Nwoya Technical Institute.



Left-Right: Stalled female hostel block, and the lecture block at Uganda Petroleum Institute Kigumba in Kiryandongo District at 80%



Ongoing construction of the multi-purpose hall at Kitagobwa UMEA Primary School in Butambala District

Construction of the office block at the UNMEB had fair physical progress at 65% against a time progress of 88% and 60% financial progress although behind schedule. The transformation of the Rwentanga Farm Institute into college status started with the procurement processes completed.

Works at Mushunga Primary School (P/S) in Mitooma District (construction of five classrooms), Nasejjobe UMEA in Mukono (construction of four classrooms) and, Aloet P/S in Soroti (rehabilitation of classrooms) primary schools were paid for.

However, the decision to include infrastructure funds under the retooling project contravenes the MFPED Development Committee Guidelines. Local Governments had very good progress with 98% of the civil works under School Facilities Grant (SFG) and Discretionary Development Equalization Grants (DDEG) completed in the 37 LGs monitored as at 30th June 2023. The majority of the works involved the construction of VIP pit latrines, renovation of classrooms and in a few cases new classroom construction. These increased both the stock of infrastructure and furniture in schools to facilitate quality learning. Timely completion of works was mainly attributed to the timely initiation of procurements and the low value of works which could be undertaken using the available local contractors. Over 90% of the facilities were constructed under the SFG and a few under the DDEG.

The above notwithstanding, the pupil: latrine stance ratio remained high at an average of 70:1, against the planned ratio of 65:1, while the pupil: classroom ratio averaged 66:1 against a planned target of 53:1 which significantly affected learning outcomes. Attempts to address the challenges of teacher accommodation were very limited due to inadequate financing. The grant allocated to the Operation and Maintenance (O&M) of school infrastructure remains inadequate leading to the deterioration of many structures.

4.3.6 Roll out Early Grade Reading and Early Grade Maths in all primary schools to enhance proficiency in literacy and numeracy

Early Grade Reading and Early Grade Math are methodologies designed to support the implementation of the thematic curriculum, by strengthening teachers' pedagogical skills. This contributes to exposing learners to the basic skills of reading and understanding Math and English at an early age, to build a firm foundation for the eventual literacy and numeracy comprehension.



Strategies to roll out and promote Early Grade Reading (EGR) and Early Grade Math (EGM) were implemented by MoES and NCDC. The NCDC, planned outputs were: i) the revised Early Grade Reading Materials printed, ii) the Evaluation Report of Primary Curriculum produced, iii) Approved implementation guidelines for the NCDC Digital Agenda in place, iv) the NCDC ICT framework for basic education developed, v) CCTs in charge of Kiswahili oriented on the revised Kiswahili curriculum, vi) approved standard guidelines on how to write different materials in the different languages in place, vii) teachers oriented on standard guidelines and guidelines for materials translation, viii) approved guidelines/standards on translation and scientific terminological development in local languages in place.

On the other hand, the MoES planned outputs were: Early Grade Reading Assessment (EGRA) methodologies rolled out, Trainers of Trainers (ToTs) trained, refresher training of P.3 teachers in EGRA methodologies conducted, and EGRA methodologies rolled out.

Performance

Overall intervention performance was fair at 64.1%. Performance at the outcome level improved although not significantly. For instance, proficiency in literacy at P.3 improved from 60.2% in 2016 to 70.6% in FY 2022/23, while proficiency in numeracy at P.3 improved from 71.7% in 2016 to 75.3% in FY 2022/23.

At the output level, EGRA and Early Grade Math Assessment (EGMA) was rolled out in all schools. However, procurement and distribution of EGRA and EGMA primers to improve accessibility to achieve a pupil-to-primer ratio not exceeding 3:1 was not achieved. Detailed performance presented hereafter:

The revised Early Grade Reading materials printed: The target was to print 10,000 copies of the revised EGR materials for each of the 11 local languages for P.1. This was not achieved as the materials were at the print-ready stage by 30th June 2023.

Evaluation Report of Primary Curriculum Produced: This was partially achieved as a proposal for the evaluation of the primary school curriculum was developed and tools were pre-tested. Data collection, analysis, report writing and the dissemination of findings was deferred to FY 2023/24.

Approved implementation guidelines for the NCDC Digital Agenda developed: This was not finalized by the end of the FY. The draft guidelines were subjected to quality assurance and comments received and input into the document. A revised draft is due for presentation to the Academic Steering Board.

NCDC ICT framework for basic education developed: This was not achieved, however, the zero-draft was developed and presented to the panel for scrutiny. Comments received from the panel were input and a fine-tuned draft was in place.

Centre coordinating tutors in charge of Kiswahili oriented on the revised Kiswahili curriculum: The target was to orient 200 CCTs, and 314 CCTs (171 male and 143 female) from Eastern and Central Uganda were trained on the implementation of the P.4 Kiswahili curriculum.

Approved standard guidelines on how to write different materials in the different languages in place: The target was to produce one copy of the approved standard guidelines on how to write different materials (readers, course books, non-textbook mats). However, this was not achieved but a draft was produced and not quality assured.



Teachers oriented on standard guidelines and guidelines for materials translation: A total of 200 teachers were targeted for the orientation, but this activity was not implemented because the standards were not ready.

Approved guidelines/standards on translation and scientific terminological development in local languages in place: The process commenced but was not completed. The guideline standards were to support the teaching of sciences and math at ECCD, primary and secondary levels.

The performance of planned outputs under MoES was as follows:

Refresher training of P.3 teachers in EGRA methodologies conducted: A total of 120 teachers from Kalaki and Kaberamaido districts were trained on general EGRA methodology and pedagogical leadership at Soroti Core PTC. However, the scope was changed to include head teachers because it was envisaged that the success of the program was premised on their support and supervision.

Trainer of Trainers trained: The target was to train 3 ToTs from each of the 172 LGs, and the training was conducted benefitting 102 trainers from 172 LGs of Bunyoro, Buganda, Busoga, Bukedi, Elgon, Sebei, Karamoja, Teso, Lango, Acholi, West Nile, Ankole, Kigezi and Rwenzori regions.

EGRA methodologies rolled out: The target was to roll out the methodologies in three LGs - Buliisa, Madi-Okollo and Nebbi, however, this was not done due to budget short falls.

Despite the gains attained over the years, slow implementation of the intervention was noted with only one year remaining to the end of NDP III. The continued wide disparities in both proficiencies of numeracy and reading between the urban and rural schools and the privately owned and public primary schools (NAPE reports) and inadequate reference materials, especially for the local languages were noted.

It is recommended that the MoES should procure and distribute adequate reference materials for both teachers and pupils to promote hands-on teaching.

4.3.7 Implement an integrated ICT-enabled teaching

The importance of ICT-enabled teaching is elaborated in the NDP III, which identifies ICT as one of the key enablers of economic and social transformation. It is envisaged that the use of ICT in education would facilitate effective teaching and learning processes. To promote ICT-enabled teaching, planned outputs under MoES were:

- i) Data on implementation of ICT-enabled teaching and performance on key performance indicators collected.
- ii) Batteries and other defective solar system components in Post Primary Education Institutions replaced.
- iii) Solar systems maintained.
- iv) Installations for battery replacement contracts and maintenance services monitored and supervised.
- v) Digital repository of all education resource materials developed, implemented and maintained.

Kabale University planned to provide Wi-Fi to all of the campus learning environment, 95% of all lecturers trained in ICT skills, ICT Infrastructure improved, maintained and software installed, and equip secondary schools with ICT, library and record-keeping skills.



Soroti University planned to develop an ODeL strategic plan, deliver ICT hub equipment, train teaching staff to design blended online courses and develop introduction videos for each course, develop multimedia content for one pilot course, and develop student and lecturer multimedia help resources.

Performance

Intervention performance was poor with only 48.4% of the planned outputs achieved. Poor performance was registered under the MoES at 36.6%, while the universities achieved 60% of the planned outputs. The intervention also lagged on achieving NDP III priority indicators of training teachers, tutors and lecturers in ICT skills, recruitment of ICT teachers for secondary schools, and connecting rural-based primary and secondary schools to the national grid with very low power connectivity to electricity which mirrors the national rural-urban divide among others. Detailed intervention performance is presented hereafter:

- i) **Data on implementation of ICT-enabled teaching and performance on key performance indicators collected:** The target was to collect and analyze data from 10 public degree-awarding institutions and 24 private degree-awarding institutions. By the end of FY, data was collected from five public higher education institutions (Gulu, Lira, Muni, UPIK and Soroti) and 12 private higher education institutions (Kumi University, IUIU, Ibanda, Western Ankole, Valley University, Great Lakes, Nile, St. Joseph, Metropolitan International, Avance International, Finns Medical Universities on the operations of the Governing Councils.
- ii) **Batteries and other defective solar system components in Post Primary Education Institutions replaced:** The target was to replace batteries and other defective solar system components in 95 post-primary education institutions (PPEIs) in Eastern and Northern Uganda. However, this was not implemented due to budget shortfalls.
- iii) **Solar systems maintained:** The solar systems were to be maintained in 75 PPEIs in Eastern and Northern Uganda, however, this was not implemented.
- iv) **Installations for battery replacement contracts and maintenance services monitored and supervised:** A total of 19 post-primary institutions in the Eastern Region were planned for monitoring and supervision. All the institutions were monitored and supervised and these included - Katakwi (Magoro SS, Katakwi High, Ngariam Seed SS, Toroma SS), Moroto (St. Daniel Comboni SS, Kangole Girls SS, Moroto HS), Nakapiripirit (St. Kizito SS, Nakapiripirit SS), Sironko (Bulugunya SS, Bugabiro SS, Bugambi SS), Namutumba (Magada SS, Ivukula SS, Bugobi SS, Bukonte SS) Kaliro (Kaliro TI) and Busia (Nalwire TI).
- v) **Digital repository of all education resource materials developed, implemented and maintained:** The plan was to collect, validate and upload Learning Materials-Open Educational Resources (OER) on the MoES Server. With support from the Uganda National Commission for UNESCO (UNATCOM), an e-library was created and all policy documents were digitalized using the Koha Library Management Information System.

Integrated ICT-enabled teaching in public universities was implemented in universities with 60% of the planned activities implemented. Lira University had a fully functional ICT hub established, networked, and equipped with 30 computers⁷. and training was conducted for students.

⁷ Some computers were donated by the Uganda Communications Commission (UCC)



For Soroti University, the process of establishing an ICT hub was underway with 15 computers already delivered to facilitate ICT-enabled teaching, and the Open Distance and e-learning (ODEL) strategic plan was developed. A total of 14 academic staff were trained to use the Library Management System (LMS) for content creation. An operational multimedia studio was put in place and video conferencing equipment procured under the Regional Universities Forum for Capacity Building in Agriculture (RUFORUM) project.

At Muni University, the ICT hub was fully operational. The hub provides incubation and innovation trainings to other government entities such as Uganda Development Bank (UDB) and Uganda Investment Authority (UIA) etc. The ICT hub is moving into Phase II where innovations will be scaled up and innovators will apply for support for innovations in science. For sustainability, working with MoPS, the structure of the Directorate of Graduate Training and Research and Innovation was revised to house the hub. This was approved by the University Council.

In Kabale University, Wi-Fi was provided on all of the campus to improve the learning environment. Three secondary schools of Bubare SS, Kabale Brain Storm and Kamuganguzi Jonan Luwum were trained on ICT-related issues. The ICT hub at Kabale University was launched and in January 2023 the Regional ICT Innovation–Kabale University, together with the Faculty of Computing, Library and Information Science (FoCLIS) started operations by organizing a two-week boot camp for P.7, O-level and A-level leavers. This was to equip them with hands-on skills in fields of Microsoft, computer maintenance, records management, and internet usage and records management.

Makerere University planned to train 20 staff in ODeL Integrated programmes, which was achieved. Mountains of the Moon University also trained its staff on ODeL and the Learning Management Support System.

Despite efforts by government agencies such as UCC and the Ministry of Information and Communications Technology (MoICT), to donate computers to many schools, several factors constrained integrated ICT-enabled teaching. These included:

- i) Under-funding of the integrated ICT-enabled teaching activities.
- ii) The limited number of qualified teachers to teach ICT in schools despite the increased interest and demand for ICT learning. More students are willing to be taught computing skills than the teachers available.
- iii) Inadequate/poor ICT infrastructure and its enablers such as internet connectivity due to the high costs involved in the connectivity.
- iv) Low electricity coverage with many schools not connected to the national grid.

It is recommended that the MoES prioritize funding to integrated ICT-enabled teaching activities within the available resource envelope.

4.3.8 Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions

The Education Management Information System (EMIS) is an ICT management tool that provides timely statistics and information for policy development, planning, budgeting and evidence-based management practices in the Education and Sports sector of Uganda.

The intervention is exclusively implemented by the MoES and the planned outputs for FY 2022/23



were: i) the development of an EMIS Policy finalized and disseminated, ii) Data validation/verification exercises undertaken, iii) redeveloped EMIS deployed and managed, iii) newly recruited staff at headquarters inducted, iv) Staff deployments carried out, v) financial module in the revamped EMIS supported including income and expenditure description.

Performance

Overall intervention performance was good with 86% of the planned outputs achieved although all the budget was released and spent. The MoES commenced the national rollout of EMIS in November 2022. However, private schools lagged with only 25,911 (43%) of the expected 60,246 uploaded students' information on the system compared to 98% of government schools with over 11.5 million learners' information uploaded. The low enrollment of learners from the private schools on the EMIS was attributed to weak enforcement by MoES and DLGs. The key achievements under the intervention by the end of the financial year are highlighted hereafter:

- i) **Development of the EMIS Policy finalized and disseminated:** The target was to finalize the development of an EMIS Policy, however, this was not achieved because the policy was rejected as it was within the bounds of the existing National ICT Policy and the division was tasked to develop guidelines that align the EMIS Policy to the National ICT Policy.
- ii) **Data validation/verification exercises undertaken:** A total of 76 newly constructed schools were validated and verified together with 145 secondary schools that had submitted high enrolments. The lower primary schools master list on EMIS was also validated and reports were submitted to the MoES Top Management.
- iii) **Newly recruited staff at the Headquarters inducted:** A total of 120 newly recruited staff at Headquarters and field institutions were inducted to improve their leadership and management capacity.
- iv) **Science teachers in secondary schools enhanced to 80% of the established wage:** This was implemented and 1,055 secondary school teachers were deployed across the country. However, the Ministry currently has 4,805 staff recruited but cannot be deployed in the newly completed seed schools due to a lack of wage funds.

4.3.9 Integrate Education for Sustainable Development into the school curriculum

The Education for Sustainable Development (ESD) is one of the strategic interventions spearheaded by the Uganda National Commission for UNESCO (UNATCOM) and GoU through MoES to incorporate sustainable development⁸ issues in lessons to create the right mindset and enabling environment for the promotion of sustainable development in the society. The above efforts complement national policies in achieving sustainable developmental goals (SDGs). The objective is to develop training programmes that promote sustainable practices.

The planned outputs in FY 2022/23 were: i) the Uganda National Commission for UNESCO activities facilitated, ii) reports to inform capacity needs for standards and implementation of ESD and other SDG targets disseminated, iii) studies to inform capacity needs for standards and implementation of ESD and other SDG targets within the education system conducted.

⁸ Grounded on three pillars of sustainability namely: Society (social sustainability), Environment (environmental sustainability) and Economy (economic sustainability).



Performance

Performance was good with 75% of the planned outputs achieved, however, the intervention lags on the indicator of having an approved ESD Policy. Details of performance are presented hereafter:

- i) **The UNATCOM activities facilitated:** The UNATCOM 2018-2025 Strategic Plan was aligned to the UNESCO bilateral program and medium-term plan with support from both GoU and UNESCO. The commission also undertook key strategic engagements to fulfil the commission's mandate. For example, the Uganda Vision 2024, African Vision 2063, NDP III, East African Regional Strategic Plan, and African Union (AU) aspirations program were customized to that of the Commission.
- ii) **Reports to inform capacity needs for standards and implementation of ESD and other SDG targets disseminated:** A total of 250 copies of the ESD framework were printed and disseminated.
- iii) **Studies to inform capacity needs for standards and implementation of ESD and other SDG targets within the education system conducted:** This was achieved as studies were conducted, and a framework was developed and launched to inform capacity needs for the standards and implementation of the ESD.

Uganda has embraced the call to re-orient the education system towards sustainable development by establishing the necessary policy and legal frameworks to accommodate ESD within the education system and structures and participated in reforming the curricula at all levels to produce skills that are relevant to the job market. However, inherent systemic challenges such as a rapidly growing population, high unemployment and under-employment among the youth continue to limit the meaningful realization of the sustainable development objectives.

Tackling such challenges requires a paradigm shift such as building the capacity of teachers and critical stakeholders to appreciate the importance of integrating ESD to develop critical skills, knowledge and attitude to mainstream environment and sustainable development issues in both academic and non-academic institutional programmes.

4.3.10 Provide early exposure of STEM/STEI to children

Early exposure to STEM/STEI has positive impacts across the entire spectrum of learning. However, recent UNEB-NAPE reports underscored the need to strengthen the practical ways of teaching science that the intervention is addressing. The intervention is exclusively implemented under the MoES. The objective of the intervention is to create interest in science subjects right from the primary level, promote practical teaching and learning of science in primary schools, cultivate the learning of essential life skills, promote innovation and skills development, and promote girls' interest in science subjects.

The planned output was to procure and distribute 334 sets of mini-laboratories to 334 government grant-aided primary schools in 17 LGs across the country for practical science teaching and application.

Performance

The intervention performance was very good with 95% of the planned outputs achieved.

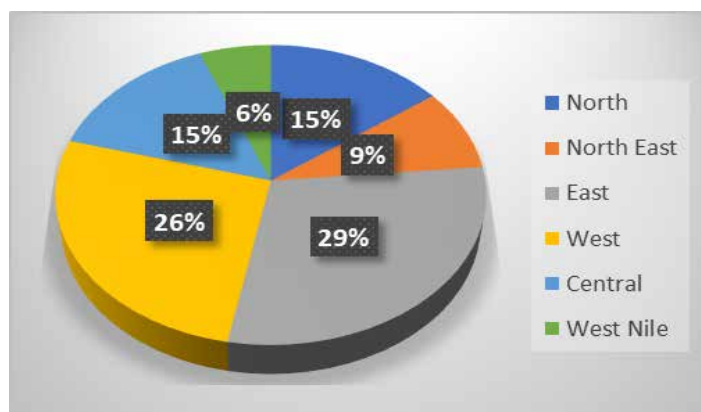
By 30th June 2023, all 334 sets of mini-laboratories (science kits) were procured and supplied. The science kits were distributed to 15 best-performing schools and five least-performing schools in



each of the 17 selected beneficiary LGs⁹. Each kit had components of first aid, human body models, basic electricity, machines, light energy, measurements, magnetism, machines and heat energy. However, utilization varied with some schools fully using them while others were under key and lock without sufficient evidence of their use. Those who used kits used them to enforce practical teaching and learning of science expressed that the lessons created enthusiasm for learners.

Cumulatively, 34 districts (680 schools) received the science kits since the programme commenced. However regional disparities were noted in the distribution with West Nile and North Eastern having the least number of beneficiary districts as illustrated in Figure 4.5.

Figure 4.5: Showing Regional Distribution of Science Kits



Despite the Government's efforts to adopt a learner-centered and new practical approach to teaching science, instructional/reading materials that promote the practical teaching and learning of science remain inadequate in primary schools.

The MoES should therefore, re-prioritize its resources to procure and distribute science instructional materials to enable learners to apply classroom knowledge and acquire skills that will help them in their daily life at home, school, and after they finish or leave school.

4.3.11 Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions

The Education Sector continued to lay strategies to provide critical physical and virtual infrastructure in secondary schools and Higher Education Institutions (HEIs). Under the MoES, implementation was through the Development of Secondary Education Project-Phase II, Development and Improvement of Special Needs Education (SNE), OFID Funded Vocational Project Phase II, Skills Development Project, UGIFT Programme, and the Uganda Secondary Education Expansion Project (USEEP).

While in eight public universities monitored, implementation was through Support to Universities' Infrastructural Development and retooling projects. Monitored universities included Makerere, MUST, Lira, Gulu, Muni, Mountains of the Moon, Kabale and Soroti universities.

Performance

The overall intervention performance was fair at 56.1%. Poor absorption performance under MoES was registered on the external financing component, with USEEP having an absorption rate

⁹ Beneficiary districts included Kole, Kaabong, Bukedea, Kitgum, Luuka, Kibaale, Rukungiri, Katakwi, Bukwo, Ntoroko, Kayunga, Sironko, Yumbe, Butambala, Buvuma, Mitooma, and Kalaki

of 5.2% against 78.6% funds released and OFID-Funded Vocational Project Phase II having only 17.9% against 106.5% funds released, posting an overall progress of 27.1% and critically behind schedule.

In addition, a total of six projects monitored continued to experience time overruns of an average of three years, due to implementation of unready projects, procurement delays and poor prioritization and sequencing of projects. These include the Development of MUST (two years), Development of Secondary Education Project-Phase II (three years), OPEC Fund for International Development (OFID)-Phase II- (Arab Funded Projects) (three years), Development and Improvement of Special Needs Education SNE (three years), support to Lira University Infrastructure Development (two years), and Support to Kabale University Infrastructure Development (two years).



L-R: Construction projects under OFID-Phase II - Multi-purpose hall at 56% progress sickbay at 89% progress and at Nawanyago TI in Nawanyago Town Council, Nawanyago Parish, Kamuli District

Performance of the Development of Secondary Education Project-Phase II was poor due to over commitments by taking on many projects compared to the available resource envelop, thus rolling over planned activities to the subsequent financial years (figure 4.6).



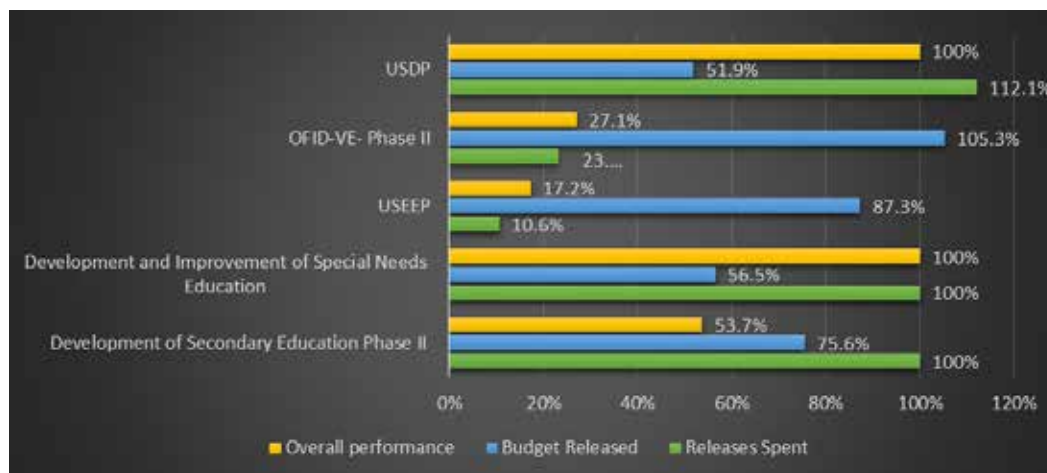
L-R: Failed floor hacked for rehabilitation at Priscilla Girls Comprehensive Secondary School in Katakwi District

The project also performed poorly on the indicator of the number of teachers' houses constructed and the number of traditional government secondary schools rehabilitated and made disability friendly.

Slow progress was registered on the indicator of the number of new secondary schools constructed in sub-counties because of the delayed commencement of works under the USEEP and the UgIFT Programme.



Figure 4.6: Performance of Projects under the MoES by 30th June 2023



Source: Authors’ Compilation

The USEEP Project: Targeted 96 districts (12 refugee hosting and 84 non-refugee hosting districts) with limited access to public lower secondary schools, in which 116 new secondary schools (24 in refugee host districts, and 84 non-refugee host districts) will be constructed, furnished and equipped in sub-counties without a government aided school. Civil works under USEEP had not started due to the failure of 100 out of the 116 beneficiary schools to get land titles. The project was behind schedule by three years as it was not ready for its effectiveness, which consequently led to poor absorption of the project funds.

Under UgIFT II Programme: Works contracted for FY2023/24 were at different levels of completion. Some contracts were still at the Solicitor General for approval, others at the mobilization stage, while others had commenced. There were notable delays in the issuance of no objection from MoES for projects where the best-evaluated bidder was above the available resource, which in turn affected the timely submission of the contracts to the Solicitor General for approval. This consequently resulted in unspent balances at the end of the FY (details in Annex 2). A few districts retained the unspent balances at the end of the FY through Letters of Credit or bank payment guarantees or through a tripartite agreement while others complied with the PFMA requirements and funds were returned to the Uganda Consolidated Fund.



Infrastructure development at Nyabihoko Seed Secondary School in Ntungamo District

Some schools without adequate space for sports fields were excluded as was the case with Kabushaho Seed School in Bushenyi DLG. However, the project scope did not provide for games for the girls such as netball. Some schools constructed under UgIFT-I such as Lodonga Seed Secondary School in Yumbe District and Mbirizi Seed Muslim Secondary School in Lwengo District had visible poor finishes and cracks on some of the infrastructure. In Lodonga, a classroom

block and an ICT/library block were converted into accommodation facilities for both boys and girls respectively, a sign of poor priority setting for the schools.



L-R: Lodonga Seed Secondary School in Yume District converted a classroom block into a boy's dormitory while the ICT/library was converted into a girls' dormitory

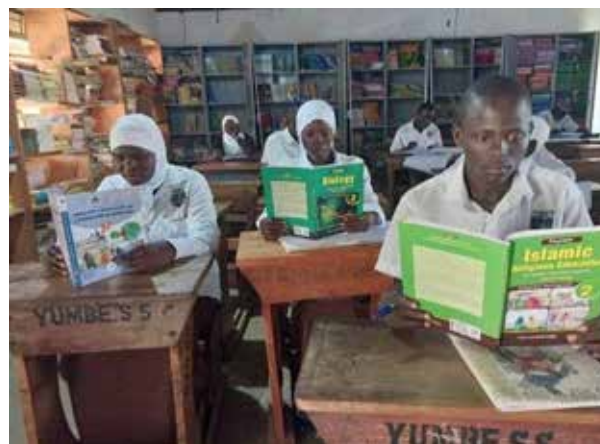


Clockwise: Current infrastructure at Kihanga Public School in Ntungamo District. Stored ICT and lab supplies and stalled civil works that started in FY2018/19

Skills Development Project had a very good performance at 95% with 112.4% of the budget spent. The World Bank had released more funds compared to the approved budget. On the indicator of the number of lecture theatres/ teaching facilities constructed in TVET institutions to conform to NCHE standards, good performance was registered. This was because of the completion of civil works under Uganda Technical Colleges of Bushenyi, Lira, Elgon and Bukalasa Agricultural College and the 12 networking technical institutes of Karera, Nyamitanga, Rwentanga Farm Institute (FI), Kaberamaido, Butaleja, Ssesse FI, Lake Katwe, Ora, Kitgum, Kasodo, Kalongo and Kaliro.

A total of 36 workshops and laboratories were constructed and renovated, 13 classroom blocks, four (4-storeyed) students' hostels, two ICT/library blocks, two administration blocks and a multi-purpose hall. In addition, an assortment of workshop, laboratory and ICT equipment were procured and delivered to beneficiary institutions to support training in manufacturing, agriculture and construction trades. However, in UTC Elgon, installation of equipment was ongoing.

Virtual laboratories and LSC instructional materials: Good performance was also registered in the installation of virtual laboratories, which was done on computers in all the planned 26 secondary schools. The MoES cleared the outstanding balance of Ug shs 8,995,276,755.48 for LSC materials for S1-S2 as planned. Distribution of instructional materials (textbooks) for the LSC for S.3-S4 was ongoing during the second term (July-August 2023).



Left: Students in the library using the LSC text books in Yumbe S.S in Yumbe District; Right: The CRE LSC texts books received at Kiziranfumbi S.S, Kikuube District

However, the following were noted:

- i). Poor coordination in the distribution of the materials between the MoES (IMU), LGs and the head teachers as there was no list of expected instructional materials from each publisher given to the head teachers or the DEOs' offices to follow up.
- ii). Breach of contracts as the majority of the contracted publishers did not honour their contractual obligation of delivering the textbooks to the schools. The publishers delivered to one location (school) and head teachers were called to pick the books, while others picked from neighboring districts. For instance, Kyankwanzi District picked their materials from St. Andrews Primary School in Kiboga District at their own cost. In addition, 27 copies of prototypes for Nakabale Secondary School have been kept at Nakabugu Secondary School in Luuka District since they were delivered in March 2022.
- iii). Outdated school data was used to map the beneficiary schools, consequently, books were delivered to schools that had long closed, while new schools were missed. For instance, in Kikuube and Kiboga districts, publishers delivered and returned books for five and two schools respectively that had long closed (i.e. Bijaliya Modern S.S, Michael Rukumba Memorial College, Cornerstone S.S., Rwenyawawe S.S, and Buhumuliro S.S, Rockbase S.S, and Devine S.S. in Kiboga District). The new schools on the other hand did not receive (Kyangwali Seed, Ruhunga Seed Secondary School in Kikuube District, and Lwamata Town Council S.S in Kiboga District). In Bushenyi District, the books were left at Kyeitembe SS where other schools were required to pick the instruction materials.



- iv). The majority of schools especially private schools received very few copies of the core subjects compared to their enrolment numbers. For instance, in Aringa S.S in Yumbe District, the student: book ratio was 10:1 even after receiving the textbooks.
- v). Late distribution of S.3 instructional materials as the materials were distributed in the second term of the academic year which affected syllabus coverage.
- vi). Some schools in the Karamoja region (e.g. Nabiratuk District) did not receive LSC instructional materials. Consequently, the student-to-LSC materials ratio of 3:1 for the compulsory subjects and 6:1 for the non-core subjects in all schools was not achieved.

Details of key planned activities and the status of implementation are presented in Table 4.10.

Table 4.10: Intervention Performance of Projects under the MoES by 30th June 2023

Project	Planned out-put	Status of implementation	Remarks
Development of Secondary Education Project-Phase II	Virtual laboratories established in 26 secondary schools.	They were installed on computers in all 26 secondary schools.	Achieved.
	Science laboratories constructed; construct and equip two-unit laboratories in 21 secondary schools without any.	Not done	Due to limited budget provisions and a change of work plan.
	Science-based instruction materials procured; targeted 53,000 Practical Science Students Manuals books and 4,000 Teacher Practical Manual Guides.	All were procured and distributed to 233 poor-performing schools in Northern Uganda to improve the teaching of practical sciences.	Achieved
	Facilities in secondary schools constructed and rehabilitated.	Not achieved	Owing to a revised work plan, 36 schools from previous FYs were earmarked for funding. A total of 25 schools were handed over to the UPDF and construction had commenced by August 2023 with most of the structures at the roofing level.
	LSC instructional materials procured; pay outstanding balances of 8,628,994 LSC S.1 & S.2 textbook copies that accrued from FY 2021/22, procure and distribute 7,817,301 LSC copies of S.3 and S.4 textbooks.	The outstanding balance for LSC materials for S.1 and S.2 was cleared; procured and distributed 7,817,301 copies (6,903,187 student books and 914,114 teachers' guides) of the S.3 & S.4 LSC instructional materials for 25 ¹⁰ subjects in 5,502 government and private secondary schools across the country.	Achieved.

¹⁰ Subjects included; Physics, Chemistry, Biology, Mathematics, English Language, Geography, History and Political Education, Agriculture, Nutrition and Food Technology, General Science, Performing Arts, Entrepreneurship, Kiswahili, ICT, Physical Education, Art and Design, Technology and Design, Islamic Religious Education, Christian Religious Education and accompanying teachers' guides.



Project	Planned out-put	Status of implementation	Remarks
Development and Improvement of Special Needs Education (SNE)	Construction works for 2 workshops (carpentry and Welding) at Nancy Comprehensive Secondary School to support skills training for learners with disabilities/special needs were not constructed.	This was not done; however, an MoU was signed and funds were transferred to the UPDF Engineering Brigade to commence construction.	Late release of funds affected the implementation of planned activities.
	60 teachers trained in functional assessment and specialized skills to support learners with special educational needs	Trained 70 teachers drawn from 22 districts ¹¹ in Functional Assessment and specialized skills for learners with special educational needs	Achieved.
The Uganda Intergovernmental Fiscal Transfers (UgIFT) Programme- Phase I and II	Functionalize all schools under Phase I and construct 115 Seed Secondary Schools under Phase II.	102 of 117 seed schools were fully completed, equipped, and commissioned under phase I. By 30 th , June all the 115 Seed Schools sites were handed over to contractors in districts monitored and works were at different levels of progress.	Phase II is behind schedule due to long procurement processes among others. The target was to commence in FY 2020/21, be completed in FY2021/22 and operationalized by January 2023
Uganda Secondary Education Expansion Project- (USEEP)	Complete procurement and award contracts for 60 secondary schools	Procurement for civil works had not started attributed to the delayed acquisition of land titles for beneficiary schools. This led to poor absorption of the project funds.	The project is behind schedule by 3 years as it was not ready at the effectiveness date.
OPEC Fund for International Development (OFID) (Arab Funded Projects)	<i>The Vocational Education (VE) Support Project- (OPEC Fund; Construction works at 8 technical institutes i.e. Lokopio Hills, Kilak Corner, Ogolai, Basoga Nsadhu, Nawanyago, Sasiira, Buhimba and Lwengo to an average of about 70%</i>	Works commenced in 5 out of 8 beneficiary Tis; Basoga Nsadhu Memorial, Nawanyago, Sasira, Buhimba and Lwengo Tis. Physical progress for civil works averaged 57% against average time progress of 73% by 31 st July 2023.	Performance was poor, averaging 34% against a loan disbursement rate of 28% and behind schedule. This was due to procurement delays and failure to meet conditions set in the financing agreement.
	<i>The Business, Technical and Vocational Education Support Project Islamic Development Bank (IsDB); i) Construction of the New Skills Development Headquarters (SD-HQ) Office Building in Kyambogo, to house key players in the BTVET Reform process.</i> ii)Expansion works at 9 existing technical institutes to support training for selected NDP priority areas progressed to 20%, i.e. Kabale, Birembo, St. Kizito-Kitovu, Lutunku, Nkoko, Nalwire, Moyo, Minakulu and Moroto	The draft contract for the construction of the proposed Skills Development Headquarters (SD HQs) was pending the Solicitor General's approval. Tenders for the construction of the 9 beneficiary Technical Institutes were launched on the 27 th of June, 2023. Bids were expected to be evaluated in August 2023.	Overall project performance averaged 23% against a loan disbursement rate of 4.2% and the project was behind schedule by 31 months (58.4%) of the 53-month project execution period. Poor performance was attributed to failure to meet conditions set in the financing agreement and procurement delays.

11 The teachers were drawn from the districts of Apac, Bugiri, Busia, Iganga, Kibaale, Luwero, Mukono, Nebbi, Ntungamo, Pader, Koboko, Masindi Municipal Council, Mbale, Masaka, Lira, Soroti, Hoima, Soroti, Kalaki and Mitooma.

Project	Planned out-put	Status of implementation	Remarks
Uganda Skills Development Project:1338 (USDP)	Project Coordination Unit activities facilitated	Adequate funds were provided for the facilitation of project coordination services. Construction, upgrading and equipping of the CoEs was in its' final stages of completion with over 97% of the targeted deliverables achieved in the institutions of Bushenyi, Lira, Elgon and Bukalasa.	The project achieved all its Development Objectives.

Source: Author's Compilation

Under public universities: Sluggish progress was registered on 40% of the infrastructure development projects in all the eight universities monitored due to budget shortfalls. Kabale University had the lowest budget released at 12% for infrastructure development leaving a budget deficit of Ug shs 8.495bn (figure 4.7.). While 35% of the projects monitored were completed, 15% were on schedule, 20% were behind schedule, 20% stalled, and 10% did not commence due to low releases (figure 4.8.).

Left - Figure 4.7: Percentage of budget released for the development component
Right - Figure 4.8: Implementation status frequency by 30th June 2023



Source: IFMSFY2022/23 and Field Findings

Stalled projects included the construction of the five-floor Business Development Centre/Central Teaching Facility at Gulu University which stalled at 20%; construction of the Anatomy Laboratory at Soroti University which stalled at 20% progress. Construction of the Health Science laboratory block at Muni University stalled at 47%. Despite the 100% release of the development budget under Lira University, the construction of the administration block stalled at 45% due to inadequate contractor¹² capacity. All projects were disability friendly apart from the three-stroyed Science Lecture Block at Kabale University. Makerere University projects were generally on track at an average of 73.5%,



The six-floor Business Development Centre/Centre Teaching Facility stalled at 20% progress at Gulu University 3

¹² The Contractor is M/s BMK (U) Ltd



with the perimeter wall nearing completion at 95%, construction at the School of Law progressed to 88%, while construction and restoration of the main administration building was behind schedule at 40% against time progress of 60% (Table 4.11).



Left-Right: Construction and restoration of the Main Administration Building at Makerere University at 40% progress

Table 4.11: Performance of Development Projects in Universities by 30th June 2023

University	Scope of work	Project cost (Ug shs) bn	Payments (Ug shs)	Contractor	Progress of works (%)	Remarks
Muni	Construction of the administration block	8bn		M/s Kalsa Development	42	The project is on schedule.
	Construction of the Health Science Laboratory Block	8.4bn		M/s Kisinga Construction Co. Ltd	47	The project is behind schedule and stalled due to non-release of funds.
	Partitioning of the Finance Office	14,800,000	14,800,000		100	The Finance office was not partitioned. However, funds were used to partition 3 big lecture rooms to create more teaching space.
Makerere	Construction and Restoration of the Main Administration Building.	20,525,730,274	6,856,267,798	M/s Excel Construction Limited	40	The project is behind schedule by 40% against time progress of 60%. Delays were due to: <ul style="list-style-type: none"> i. Time taken to carefully demolish the backside of the building. ii. Salvaging of key architectural fixtures of the building that will later be reused like stone molds iii. Processing key permits pertaining the construction from Kampala Capital City Authority (KCCA) v. Design reviews to ensure that all items are covered.



University	Scope of work	Project cost (Ug shs) bn	Payments (Ug shs)	Contractor	Progress of works (%)	Remarks
	Construction of the perimeter wall under Phase II	4,344,923,691	100% paid	M/s NEC Works Limited	95	Construction of the Northern side was pending the resolution of land issues with the Church of Uganda.
	Construction of the School of Law building	7,357,605,740	3,149,872,171	M/s CK Associates Limited	88	Slightly behind schedule at 88% against 90%-time progress. Delays were as a result of: i. Increased scope of works due to existing pit latrines. ii. Roof design changes.
	Plumbing and Toilet overhaul at Livingstone Students Hall of Residence	389,948,240	326,369,342	M/s Highbrow Engineering Company Limited	100	Completed
	Overhaul of the Roof at Mitchell Students Hall of Residence.	427,122,5500	363,543,600	M/s Highbrow Engineering Company Limited	100	Completed
	Construction of the School of Public Health Building at Makerere University Phase 2	5,593,465,531	N/A	M/s ROKO Construction Company Limited	0	Procurement concluded and contract signed. Works yet to commence.
	Renovation Works at the Physics Building at Makerere University	351,503,310	314,528,182	M/s Dasimu Investments Limited	100	Completed.
MUST	Construction of the Faculty of Computing and Informatics (FCI) Phase II.	8.3bn	2.3 bn	M/s NEC Works Limited	95%	Civil works are nearing completion pending furnishing and occupation of the structure.
	Feasibility Study for MUST Infrastructure Project and Facilities Renovation at Mbarara campus done				100	Completed.
	Facilities renovation of Pathology Block at Mbarara town campus				100	Facilities re-roofed replaced the ceiling repainted internal walls, plumbing repairs, and replaced the laboratory floor with a terrazzo finish.
Lira	Construction of the Administration block	16.9bn		M/s BMK	45	The project stalled due to limited contractor capacity.
	Retention for the Education block				100	The certificate of occupancy was received from the Lira City Council Authority and the building was fully furnished.



University	Scope of work	Project cost (Ug shs) bn	Payments (Ug shs)	Contractor	Progress of works (%)	Remarks
Kabale	Construction of the science lecture hall-phase IV				82	Partially achieved due to financing constraints.
	Construction and Equipping of the Tourism and Hotel Management Center completed	N/A	N/A	N/A	0	Not achieved because of low releases.
	Preparation of Architectural Drawings & Bills of Quantities for the University multipurpose teaching facility				100	Completed.
Gulu	Construction of the 5-floor Business Development Centre/Central Teaching Facility	30bn		M/s CICO	20	Stalled, the contractor demobilized from the site due to a non-payment.
	Construction of the Canteen and Mini Auditorium was at 80%				80	Pending fixtures and floor work.
Soroti	Construction of the Anatomy Laboratory	17bn				The project stalled due to funding challenges.
Mountains of the Moon	Appraisal and Feasibility Studies	249,080,000	249,080,000	M/s Dahmrock Uganda Consultants LTD	100	Completed.
	Construction of a Police post site	51,852,800	51,852,800	Ms LIT General Agencies LTD	95	Completed.
	Construction of the lecture complex at the Faculty of Agriculture	15,491,749,667	30% advance	MS/ Ambitious Construction Company Ltd	0	Still at the mobilization stage
	Construction of the Pre-Fabricated Block and other Associated works	1,260,205,486	30% advance	M/s Aswangah Construction Services Ltd	15	Still at substructure level and behind schedule due to the rocky condition of the site.
	School of Health Sciences Nursing and Midwifery Block; School of Agriculture and Environmental Sciences Block renovated	146,714,000	146,714,000	Ms LIT General Agencies LTD	100	Repainted and plastered wall surfaces, ceiling and floor works at the Faculty of Agriculture. Lecture rooms in Block A, B and C were painted.

Source: Author's Compilation



Left: The front side of the FCI block, Right: The back side of the FCI at Mbarara University of Science and Technology

Construction of the Faculty of Computing and Informatics (FCI) Phase II progressed to 95% pending furnishing and occupation of the structure, while construction of a 3-storeyed Science Lecture Block at Kabale University was behind schedule at 82% physical progress as at 10th August 2023. The infrastructure designs and implementation of the science lecture block, however, excluded amenities to support Persons with Disabilities (PWDs) partly because the project commenced before the Government takeover in 2018. Consequently, the university was set to include disability-friendly services in the new project design which was already approved.

Other works on the Faculty of Engineering, and Technology, Applied Design and Fine Art; construction and equipping the School Medicine and the Tourism and Hotel Management Centre did not sufficiently progress due to inadequate funding.



A front and rear view of the 3-storeyed Science Lecture Block under construction at Kabale University at 82% progress

Retooling projects except for Kabale University, registered very good performance at an average of 90.6%. Key achievements are highlighted hereafter:

- i) *Three universities procured motor vehicles:*** Mountains of the Moon procured two station wagons and installed seven carports, Mbarara procured one 67-seater bus, Muni procured 1 light vehicle (station wagon), while Kabale failed to procure two station wagon vehicles due to budget shortfalls.
- ii) *Procured assorted medical laboratory equipment and supplies:*** Soroti University procured and delivered assorted medical equipment for the medical centre, Lira procured equipment for the School of Health Sciences, faculties and the Teaching Hospital, Makerere University procured specialized machinery to widen the scope of surgeries, installation



of the Intensive Care Unit (ICU) was at 95% completion, while Mountains of the Moon procured laboratory equipment for the Faculty of Agriculture.

- iii) **Assorted ICT supplies were procured** - these included a heavy-duty printer, ultra-scan machine, ICT software, and Local Area Network (LAN) cabling. In Makerere University, ICT software was installed on the university servers at the Directorate of ICT Support (DICTs) additional wireless spots were installed, rewired the Senate Building and CTF1 LAN cabling and acquired five special needs designed computers together with Voice and Visual Impairment software to foster usability of Makerere University E-Learning Environment (MUELE) for learners with special needs. At Soroti University, the e-learning multimedia studio equipment phase two was supplied and installed. However, the procurement of 20 desktop computers and accessories in Kabale University was not achieved due to low releases.
- iv) **Procurement and payment of subscription fees for catalogues**, e-journals, online electronic databases, and e-resources. Mbarara procured 197 e-books, Journals, and magazines (against 180 planned). While Makerere University paid for the subscription to EBSCO International, Semper Tools, John Wiley and Sons, and Emerald Publishing Ltd, Gulu subscribed to RENU for Turnitin Anti-Plagiarism Software.
- v) All universities apart from Mbarara University paid subscriptions to the Consortium for Uganda University Libraries (CUUL).
- vi) The universities of Kabale, MUST, and Muni procured an assortment of textbooks as planned. Kabale University procured 68 book titles (254 copies), Soroti (8 copies of e-books from Wolters Kluwer and 31 titles, 112 copies of textbooks).

Challenges/Emerging issues

- i) Low absorption of funds on externally financed projects attributed to stringent conditions for funds disbursement by the creditors.
- ii) Delayed execution of externally financed projects poses a very high risk of running into cost overruns especially on project coordination costs if the projects exceed time estimates which may cause government financial loss.

Recommendations

1. The MFPED should closely follow up with the project implementing agencies especially the MoES to ensure that all conditions for funds disbursement are fulfilled at the earliest.
2. The sub-programme implementing agencies should adequately plan for both external and GoU-funded projects well in advance to avoid time overruns.
3. The sub-programme implementing agencies should prioritize funding of ongoing projects.

4.3.12 Promote STEM/STEI-focused strategic alliances between schools, training institutions, high-caliber scientists and industry

The promotion of STEM/STEI requires multiple pathways to support learners from schools and training institutions to transition from general formal education to becoming high-caliber scientists and industry players. Therefore, the MoES planned outputs were; i) scholarships and bursaries that target STEM/STEI provided, ii) Research and Innovation funded in public universities, iii) Practical science learning exhibitions at school, district and national level facilitated.



Planned outputs in the eight universities monitored included: i) Students taught and examined, ii) Postgraduate research supervision conducted, iii) Graduations held, iv) Publications in peer-reviewed journals or books done, v) Research projects funded, vi) Research seminars conducted, vii) Community outreach services supported, viii) Study/field trips facilitated, and ix) Exhibitions participated in.

Performance

Good performance was registered under the intervention with 82% of the planned activities achieved. Better performance was registered under the African Centers of Excellence-Phase II (ACE II) with 84.7% of its key deliverables achieved, the community outreach, and teaching and training activities.

Efforts to increase enrolment of students in STEM/STEI were seen through the Higher Education Student Financing Board (HESFEB) bursaries, the National Merit and District Quota, sponsorships to train in oil and gas, universities and TVET institutions' school tours to encourage students to apply to these institutions among others. However, the enrollment of females in STEM/STEI courses remained low due to the girls' attitudes towards science subjects and the entrenched socio-cultural gender norms, practices, and values. For instance, HESFEB female beneficiaries were only 35%. Low budget release (81.2% of the approved budget) under the HESFEB also affected fees/tuition payment for the entire second semester.

The STEI/STEM students to art students' ratio stagnated at 2:7 and the intervention lagged behind on the indicator of the number of public universities with the Research and Innovation Fund (RIF). Only Makerere University had the RIF however, the fund is open to other universities. Muni University won four research grants from the Makerere Research and Innovation Fund (MAK-RIF).

All universities experienced low student enrolment in the Academic Year 2022/23 due to a lack of fresh senior six leavers which affected their revenue performance. Despite improvements in research and innovation with findings published in peer-reviewed journals, there was generally low research uptake attributed to low funding to scale up the innovations and sustain the achievements made so far. There was significant progress made on Gender and Equity (G&E) Responsive Budgeting, although the G&E reporting was very weak, especially for Gulu, Lira, Soroti and Mountains of the Moon Universities.

Key performance highlights are presented hereafter:

1: Scholarships and bursaries that target STEM/STEI provided

The MoES under the Higher Education Department planned to sponsor learners training in oil and gas, support students with loans through HESFEB, facilitate Education Attaches in India and Algeria, pay stipend for students on scholarships, hold a symposium for scholarship beneficiaries, students sponsored in priority areas, and Government students sponsored on National Merit and District Quota.

- i) **Learners training in oil and gas sponsored:** The plan was to support 200 students, this was achieved and students are being trained to improve and increase the quality of skilled personnel in the oil and gas sector under the Albertine Region Sustainable Development Project (ARSDP).



- ii) Students supported with loans under the HESFEB:** The target was to support 1,481 new beneficiaries and 4,000 continuing students with loans. By the end of FY 2022/23, a total of 4,264 students (1,525 females and 2,739 males (137 students with disabilities) were supported to pursue undergraduate degree programs and diploma courses in 26 HEIs and tertiary institutions. Of these, 700 students were new cohort beneficiaries, and 3,564 were continuing students.

The Board was challenged by low budget releases as it received only 81.2% of the approved budget which caused a shortfall of Ug shs 5.84bn and added to arrears of Ug shs 14.5bn from previous financial years. Consequently, fees/tuition for the entire second semester of the Academic Year 2022/23 was not paid and this affected the timely implementation of planned activities. For instance, HESFB did not remit Ug shs 1,292,317,000 to Kabale University for students benefiting from the loan scholarship scheme.

Cumulatively, a total of 13,405 students have been supported in 22 chartered universities (10 public universities and 12 private universities) since inception in 2014, 84% of these pursued different STEM/STEI degree courses while 16% pursued diploma courses. The key implementation challenges included: Low levels of financing and late releases that affected the financing of loan beneficiaries; Lack of a single admissions Board with each university admitting on their own time, and loan beneficiaries applying for loans using admissions of more than one university; The proposed rationalization of government agencies continues to create uncertainties about the future of the Board and has heightened anxieties among employees and affected their performance; and low loan recovery rates.

- iii) Education attaches in India and Algeria facilitated:** Education Attaches in India were facilitated to manage 36 students and identify more scholarship opportunities. However, the attaché to Algeria has not been posted yet.
- iv) Stipend for students on scholarships paid:** A total of 300 students on scholarships were to be paid a top-up allowance and incidental expenses of USD 2,400. By the end of the FY, 239 students on scholarships were paid stipend as follows: China (15), India (36), Cuba (04), Algeria (134), Egypt (13) and Hungary (37). In addition, 28 students didn't access the IFMS (Hungary (19), India (19) and China (10) which affected their payments.
- v) Symposium for scholarship beneficiaries held:** The homecoming symposium is held for scholarship beneficiaries annually to share of experiences. It was held under the theme “engaging scholarship beneficiaries for connectedness and productivity.”
- vi) Students sponsored in priority areas:** The target was to sponsor five master's degree students and support three Muni University staff to complete PhD studies. Only four master's degree students were sponsored at the Aga Khan Institute of Education, and tuition for one PhD scholar at Muni University was supported.

Regarding the Uganda Skills Development Project (USDP), a total of 2,893 (of which 792 (27.4%) students were equipped with competencies to work in the agriculture sector, road construction, manufacturing and building construction sub-sectors. Bukalasa Agricultural College cluster had the highest number of new intakes at 1,358, UTC Lira Cluster at 647, UTC Elgon at 536 and UTC Bushenyi Cluster at 332.

2: Government-sponsored students on National Merit and District Quota: A total of 7,248 Government-sponsored students (both National Merit and District Quota), new and continuing were supported in the eight universities monitored with Makerere University having 80% of the beneficiaries. Details in Figure 4.9.

Figure 4.9: Distribution of the Number of Government Sponsored Students in the eight public Universities in FY 2022/23



Kabale University also supported 106 (54 males and 52 females) needy vulnerable science-qualified students from the districts of Kigezi sub-region to attain university education under the Rev. Canon Karibwije Work-study Programme and Sponsorship Scheme.

3: Practical science learning exhibitions at school, district and national levels facilitated.

The MoES facilitated practical science learning exhibitions in which 16 sub-regions participated. These regions included: Kigezi, Ankole, Rwenzori, Lango, Acholi, West Nile, Karamoja, Teso, Elgon, Bukedi, Busoga, Central 1 (Greater Masaka), Central 2 (Kampala & Wakiso), Central 3 (Greater Mubende, Luwero), and Bunyoro.

4: Research and innovation funded in public universities: The government channeled resources to public universities to demonstrate its commitment to this agenda. The African Centers of Excellence (ACE II) project and eight public universities were monitored to track the performance of interventions that support Research and Innovation. Key performance highlights are presented hereafter:

i) African Centres of Excellence (ACE II)

The African Centers of Excellence-Phase II (ACE II) is a World Bank-funded project aimed at improving Education, Training and Applied Research at the postgraduate level in key priority fields of Science, Technology, Engineering, Mathematics (STEM), Agriculture, Health, Water Resources, Industry and related fields.

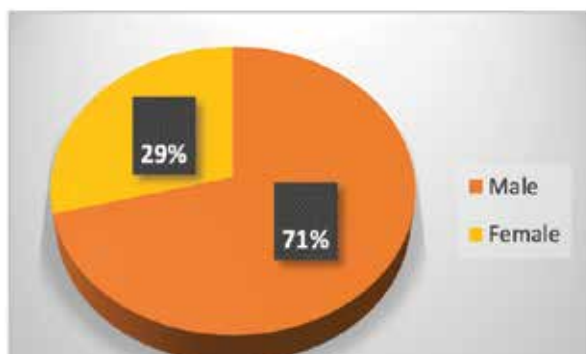
The project is implemented in the four Centres of Excellence in Uganda: The African Centre of Excellence in Agro-Ecology and Livelihood Systems (ACALISE) at Uganda Martyrs University-Nkozi, the Materials Product Development and Nanotechnology (MAPRONANO), and Makerere University Regional Center for Crop Improvement (MaRCCI) at Makerere University while Pharm-Bio Technology and Traditional Medicine Centre (PHARMBIO TRAC) is implemented at Mbarara University.

Key expected outputs over the project period include: a) students enrolled by the ACEs in Master's and PhD programs (both national and regional), b) memorandum of understandings (MoUs) on partnerships for collaboration in applied research and training entered into by the ACEs, c) Institutions participating in the Partnerships for Skills in Applied Sciences, Engineering and Technology (PASET); d) accredited education programs offered by the ACEs, d) PhD students' exchanges to promote research and teaching, e) internationally recognized research publications with regional co-authors.



Cumulatively, overall student enrollment was 3,424 which increased by 359% between 2017 and 2022, the PhD and Masters student enrollment increased by 788% and 327% respectively while female enrollment increased by 353% (Figure 4.10).

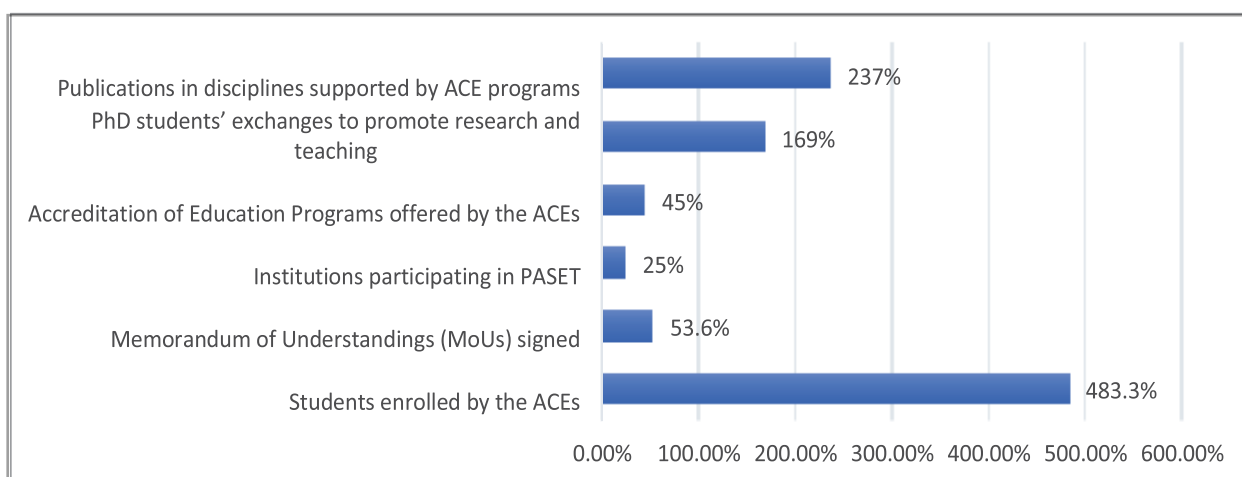
Figure 4.10: PhDs, Masters and Short Courses beneficiaries by sex



The ACE II project also achieved 84.7% of its key deliverables with most of the major outputs performing above their baselines and targets, and most ACEs already achieved the maximum Directly Linked Indicator/Results (DLI/DLR) disbursement levels (Figure 4. 11). In terms of disbursement performance, ACALISE and MAPRONANO achieved 87%, MaRCCI achieved 80% and PHARMBIO TRAC had 84.7%.

Source: Author’s Compilation

Figure 4.11: Performance (percentage) of key outputs over the project period



Source: MoES and ACE Centers

The ACEs developed many excellent innovations, some were mid-way, and others were completed. They included:

- a) The Diesel Engine Product in partnership with Kevton Motions Engineering Ltd and a walking tractor at MAPRONANO.
- b) Research/innovation on the substitution of mukene and soybeans with the black soldier fly larvae (BSFL) as an affordable alternative protein source in animal feed at ACALISE.
- c) Developed 17 new high-yielding crop varieties of cowpea that are resilient to pests and disease at MaRCCI.
- d) Development/standardization of traditional medicine, nutraceuticals, natural cosmetics and health beverages at PHARMBIOTRAC.

Research technology and facilities acquired included: Field Emission Scanning Electron Microscope (FE-SEM) procured through support from PRESIDE under MAPRONANO, Construction of the Graduate Students and Radio station for Community engagements. the radio has already gone on air at ACALISE, Biotechnology Laboratory, Seed Gene Bank and Seed Laboratory at MaRCCI, and construction of the administration/office block, Botanical Garden Laboratory and Incubation Laboratory at PHARMBIOTRAC among others.



Implementation Challenges

1. The slow verification process of students affected the performance of the centres over the medium term. The independent verifiers are not based in Uganda and rely mainly on telephone interviews and online questionnaires. Given the different time zones and the lack of student data, the verification process becomes lengthy.
2. The lack of a regional accreditation body made accreditation of programs at regional and international levels difficult to achieve yet these DLIs have a high disbursement amount.
3. Delays in the release of funds/disbursements by the Bank affected the recruitment of students especially the regional students and ongoing research projects.

Recommendations

1. The Bank should ensure regular verification (preferably, quarterly) to ensure a steady flow of resources to run the ACE II Project.
2. The universities in collaboration with the private sector should scale up the innovations, to sustain the achievements made so far.

ii) Public Universities: All eight universities successfully conducted lectures for a period ranging from 34 to 42 weeks; and practical teaching and four weeks of examinations. Soroti University had the lowest enrollment despite the availability of excellent facilities. Details of performance are in Table 4.11.

Table 4.12: Performance of selected outputs in the eight universities monitored by 30th June 2023

Planned Outputs	Universities								Mountains of the Moon
	Kabale	Makerere	Mbarara	Gulu	Lira	Muni	Soroti		
	Achievements								
Students taught and examined	4,541(1,680 female and 2,861 male) out of which 2,511(F,1,004, M,1,507,) were STEM/I while 2,030 (812F, 1218M) were humanities	22,710 Students taught and examined	4,080 (33.4%F) students lectured and examined.	4,683 students Lectured and examined students.	1,331 undergraduate students were taught and examined.	835 students (574 male and 261 female).	312 students were taught and examined.	2,152 (male 1,186, female 966) students.	
Postgraduate Research Supervision	159 Masters and PhD students supervised	1,404 dissertations supervised and viva Voces conducted	No information	67 Masters and 5 PhD Students were examined and supervised.	100 Graduate research supervised.	58 post graduate Research supervision being conducted-	No information	Research by PhD scholars was disseminated.	
Graduations held	1,271 students graduated-(570 STEM, 657 humanities) were awarded degree certificates and diplomas in various academic disciplines.	13,199 students graduated	1,327 (36.6% Female) students graduated	Not indicated	150 undergraduate students presented for graduation	110 students graduated	No Information	No graduations yet.	
Publications in peer-reviewed journals or books.	31- and the Kabale University Interdisciplinary Research Journal (KURJ) supported to produce FIRST Issue of Volume	143-reporting was not clear	11 Manuscripts published in Peer Reviewed Journals	12 publications in peer-reviewed journals	Publications in peer-reviewed journals led by Faculty of Public Health members	8 peer-reviewed publications produced	2 Research Publications prepared	One research meant to be published was not done	
Research projects Funded	9 research projects were funded involving (44 students)	118 Applied and Basic Research projects supported	15 research projects conducted	5 postdoctoral fellows, 14 PhD and 18 master study research projects supported	BSc student, and MPH student research projects supervised by Public Health Faculty members to completion	No Information	19 Research projects under implementation and Research Agenda awaited approval by the Council).	Two research proposals were developed for external funding	
Research Seminars conducted.	Four Research and innovation seminars for Postgraduate conducted and Two (2) Research and dissemination meetings held involving 730 students	Seminars conducted at the School level however, reporting was not clear	5 scientific research workshops were conducted. 1 PhD Symposium and 1 Annual dissemination conference held	20 graduate research seminars conducted	No information	No Information	No planned activities	Two research dissemination workshops were held. 24 Research Seminars were conducted.	



Universities		Kabale	Makerere	Mbarara	Gulu	Lira	Muni	Soroti	Mountains of the Moon	
Planned Outputs	Achievements									
Community Outreach services	8 Community outreach services involving 261 students and staff	Community clerkship for 80 4th-year Bachelor of Medicine and Bachelor of Surgery students.	Community twinning for 65 students	Community outreach activities facilitated	31 community outreach activities facilitated	17 study/field trips under the different colleges	One trip to Queen Elizabeth Park and Kayonza Grower's Tea Factory for 82 students in Kanungu District.	43 Community outreach activities conducted by the faculties, covering especially secondary schools	4 community outreach activities were conducted in which 1,000 people were treated	Community health placement by 117 students and 12 Faculty staff visited secondary schools and offered career guidance sessions to students.
Study /Field Trips		42 field trips to UMEME, Tochi Irrigation scheme etc.	5 study Trips facilitated	17 study/field trips under the different colleges	17 study/field trips under the different colleges	Two study tours were organized for Physics students to Karuma Hydro-power station among others	10 Industrial engagements were carried out in Tororo, Nalubaale & Kirira Power station in Jinja, Uganda Industrial Research Institute Namanve and Nakawa etc.	Four field study excursions were conducted for 204 Business students to the Hima Cement Factory in Kasese District and 20 students of banking taken to Centenary Bank- Head Offices.		
Exhibition participated in	Two exhibitions held i) showcase innovations in research activities ii) Fine Art exhibition conducted in 3 secondary schools of Kigezi College Butobere, Francis College-Kyanamira	Participated in the NCHE exhibition	No exhibitions were held despite planning for one.	10 exhibitions were held including 1 open day	No exhibitions were held despite planning for one.	No activity planned	No activity planned	No information	One day 7th annual records management forum and museum exhibition attended,	No information.

Source: Author's Compilation from Field Findings



Challenges

1. Poor record keeping in public universities as they were unable to disclose the dropout rate of students.
2. Inconsistency in the presentation of statistics provided by the Planning Units and other academic departments and poor uptake of systems.

4.3.13 Develop a framework for talent identification in Sports, Performing and Creative Arts

Effective identification and development of talent provides opportunities for talented young athletes in sports to perform optimally. The MoES was monitored and some outputs were planned to nurture talent and prepare learners for early career formation. These included: i) National Sports Championships organized; ii) balls procured and distributed; iii) talented learners identified and followed up; iv) Physical education teachers retooled, v) Schools sports days and participation in PE festivals and sports competitions followed up, vi) PE and games teachers oriented, and; vii) National sports calendar and implementation tool developed. **Public universities** also planned to i) facilitate students and staff to participate in different national, regional and international games and sports, and ii) procure assorted sports equipment.

Performance

Good performance of 77.7% was registered. The Sports Sub-sector received a Ug shs 29bn increase in its budget allocation in FY2022/23 compared to FY 2021/22. Over 65% of the funds were remitted to Sports Federations and Associations. Key achievements are highlighted as:

- i) **National Sports Championships organized:** The target was to organize 10 National Sports Championships in ball games and athletics for primary, secondary and vocational schools. By the end of the FY2022/23, a total of five games were held. These included:
 - a) The Primary School National Ball games and SNE championships between 15th-to-24th August 2022 in Masaka District.
 - b) Health Training Institutions games in Kabarole District from 20th August to 4th September 2022.
 - c) The National Championships for Vocational Schools between 2nd and 12th May 2023.
- ii) **Balls procured and distributed:** A total of 9,000 balls were to be procured and distributed to support Physical Education and Sports (PES) activities for practice teaching in schools and institutions. However, 7,900 (5,900 footballs, and 2,000 netballs) and 530 packing materials were procured and distributed to schools.
- iii) **Talented learners identified and followed up:** The planned activity was to follow up learners' participation at zonal, district, regional and national levels. However, this was not implemented.
- iv) **Physical Education teachers retooled:** By the end of the FY, 184 teachers (102 at the National level and 82 at the Regional level) against 50 planned were retooled to teach PE.
- v) **PE and Games teachers oriented:** The target was to orient 80 PE and Games teachers on the implementation of grass-root-based activities. These were all oriented at Mulago of School Nursing.

- vi) **National Sports Calendar and Implementation Tool developed:** The target was to develop and disseminate 100 copies of the National Sports Calendar and Implementation Tool. The tool was developed and 150 copies disseminated during the National Games held in Masaka (15th to 24th August 2022) and Kabarole (20th August to 4th September 2022).
- vii) **Public universities** to a larger extent achieved their planned targets. Details of key planned activities and the status of implementation are presented in table 4.13.



Students of Mbirizi Seed Muslim Second School in Lwengo District engaged in a practical Physical Education Games session

Table 4.13: Status of performance of sports activities in eight universities by 30th June 2023

University	Planned output	Planned activity/target	Achieved
Makerere (MUK)	Sports competitions participated in	100 students	A total of 723 students and staff were facilitated to participate in 14 different disciplines both within and outside the country.
Mbarara	Sports competitions participated in	No targets	Participated in 17 sports competitions including: Inter-faculty games, Western region netball championship, Rugby 7s and volleyball league men and women playoffs among others.
Soroti	Assorted sports equipment procured	No targets	Assorted sports equipment was procured.
Kabale	Sports competitions participated in	No targets	Held the 6 th Edition of the Kabale University Volleyball Open held with 56 participants (28 male and 28 female).
Lira	Assorted sports equipment procured and participated in sports activities	10balls and 20 dozen of sports equipment (sports uniforms, playing boots) procured	Assorted sports equipment was not procured but students participated in various tournaments of games and sports.
Gulu	i) Talented students awarded Sports Scholarship, ii) Swimming pool hired iii) Sports competitions participated in	i) Support 9 (4 male and 5 female) students under the Sports Scholarship ii) Swimming pool hired for Bachelor of Sports Science Students	A swimming pool was hired. One student under the Sports Scholarship was supported. Participated in the East Africa University Games. Conducted 2 Hostel Inspection. East African Games in Ndejje University
Muni	Games and sports held	No target	Games and sports held for students 172 male and 74 female students trained and participated in inter-year sports competitions in Football, Netball, Volleyball, Woodball and Badminton.

Source: Author's Compilation



Although Sports is increasingly emerging as an important enabler of economic development, the sporting system that identifies potential stars early is still weak due to; inadequate funding, and poor sports infrastructure facilities among others. Therefore, enhancing the fiscal space for sports in Uganda offers immense opportunities and a critical pathway for nurturing talent.

4.3.14 Maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, and local government and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing)

Sports infrastructure is the primary physical construction needed to facilitate sports participation. To this end, the MoES and public universities planned outputs to maintain existing facilities and construct appropriate and standardized sports infrastructure. These included:

- i) Mandela National Stadium renovated and upgraded.
- ii) Phase I construction of the National High-Altitude Training Center (NHATC) completed.
- iii) Ongoing construction works at the Mandela National Stadium Namboole, Buhinga, Aki Bua, National High-Altitude Training Center Teryet and Ndejje University monitored.
- iv) Semi-Olympic swimming pool at Mbale S.S constructed.
- v) Makerere University planned to complete the indoor stadium.
- vi) Mountains of the Moon planned to construct a multi-purpose sports court.

Performance

Average intervention performance was poor at 39.3% attributed to failure to implement about 60% of planned activities under MoES and Mountains of the Moon University. Construction of the multi-purpose sports court at Mountains of the Moon and the semi-olympic swimming pool at Mbale S.S did not commence due to changes in the work plans. In addition, the intervention lagged on the construction/rehabilitation of standard regional-based sports stadiums. This performance notwithstanding, the intervention was on track on the indicator of the *Number of schools with standard sports grounds* as all the 232 schools being constructed under UgIFT-I or II benefited or are set to benefit a sports playground/field. Key highlights on the performance of different projects are presented as:

Mandela National Stadium-Namboole renovated and upgraded: The MoES planned to renovate and upgrade the Stadium at a total cost of Ug shs 287,587,396,226 in three phases. Phase I commenced on 1st August 2022 with an expected completion date of 31st July 2023 however, this was revised to 30th November 2023 owing to delayed procurements for major equipment. The scope of work entails:

- i) Preliminaries – Site surveys and assessments, mobilization, bush clearing, construction of temporary structures for offices and stores, eviction of encroachers etc.
- ii) Civil works on Stadium – Demolitions and removal works, doors, windows, finishes, fittings, and fixtures all for the ground floor, first floor, second floor, third floor and arena including equipment, construction of underground tanks, construction of 2 garbage collection centres with two garbage skips, removal and provision of new athletes' warm-up area with world-class facilities.

- iii) Boundary wall construction and installation of six gates, renovation of existing prefab fence, four motorized gates and security structures.
- iv) Fixtures, fittings and equipment including; seats, goal posts, dressing room cabinets, training pitch, floodlight masts, maintenance equipment and office furniture
- v) Mechanical electrical and plumbing works and installations including the public address system, ICT, CCTV, air conditioning fire detection scoreboard pitch irrigation lift installation among others.

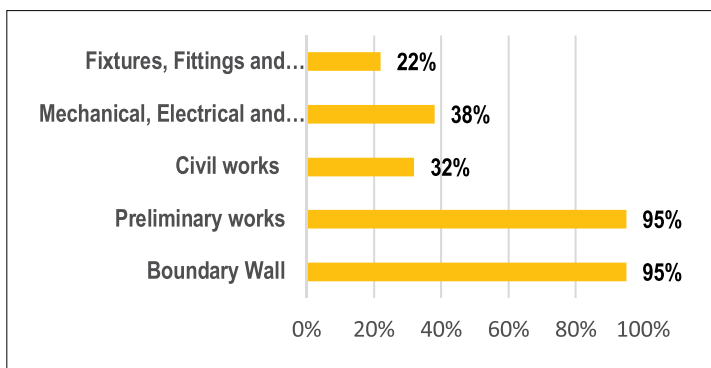
In terms of financing, the Stadium management received 82% of the required funding for Phase I, leaving a deficit of Ug Shs 17,763,739,670, while the Uganda People’s Defence Forces (UPDF) Engineering Brigade) was paid 38% of the total contract funds.

Overall physical progress was at 41%. However, civil works that constitute 40% of the whole project were at 32% against 38% of funds spent. Construction of the boundary wall was substantially completed except for the area occupied by Sports View Hotel pending court litigation. Performance status is presented in Figure 4.12.



Status of ongoing renovation of the pitch at Namboole Stadium

Figure 4.12: Progress of work for the different components by 30th June 2023



Source: Author’s Compilation from Field Findings

The project works are being executed in compliance with international sporting requirements and standards by Federation Internationale de Football Association (FIFA), Confederation Africaine de Football (CAF), World Athletics and World Rugby among others. The quality of work was good although delays were experienced due to the reproduction of drawings and the eviction of encroachers especially on the western side.

Challenges

1. Price escalation/variation as the project cost valuation was done in 2021.
2. Delayed eviction of encroachers i.e. Sports View Hotel and Uganda Police which affected completion of the boundary wall.

Phase I construction of the National High-Altitude Training Center (NHATC) completed and operationalized:

In FY 2022/23, the MoES planned to complete outstanding works for Phase 1 and conduct feasibility studies for the construction of Phase II.



Phase I started in January 2017 at a total cost of Ug shs. 25.72bn for 36 months (three years) however, completion deadlines were not met. Overall project execution was delayed due to inadequate funding/intermittent releases, delays by the Uganda National Roads Authority (UNRA) to complete the road to facilitate transportation of the project materials, interruptions caused by COVID-19 and bad weather.

By 30th June 2023, payment towards the completion of phase I was pending and feasibility studies for phase two were not conducted due to inadequate funds. However, cumulatively the completed tasks included the furnishing of the hostel block with beds, the installation of a 3.26km artificial jogging track, lights along the jogging track and the artificial turf field with soak pads and artificial grass material. Construction of the facility was to be implemented in three Phases.

The MoES should fast-track the operationalization of the NHATC by recruiting personnel to manage the facility so that it can start to host and train athletes. This will spur sports development in Uganda making the country a global powerhouse, especially in athletics.



Completed hostel block with external kitchen and one of the furnished rooms at the National High-Altitude Training Center in Teyret, Kapchorwa District

Construction of the MUK Indoor Stadium Phase II: The plan was to complete the Indoor Stadium to a usable state at a total cost of Ug Shs 846, 539,223. The progress of civil works was at 95% by 30th June 2023 and the quality of work was good.



Left-Right: Exterior and interior view of the Indoor Sports Stadium-Phase II at Makerere

Intervention Challenges

1. Inadequate and dilapidated sports facilities as evidenced by the state of all regional stadia in the cities and municipalities.



2. Inadequate funding of the Sports Sub-sector with the glaring mismatch between the country's ever-growing sports potential and the meagre financing of the sub-sector.
3. Rampant encroachment on sports land partly attributed to the lack of land titles on public sports grounds. Golf courses around the country are being targeted by encroachers, and some of the courses being contested include Soroti, Masindi, Tororo, and Kasese among others.

Recommendations

1. The MFPED, MoES and NCS should shift to a private sector-led growth model by offering incentives like extended tax holidays to corporate companies that support sports to attract more investors to address the challenges of dilapidated and inadequate infrastructure.
2. The Uganda Land Commission (ULC) in partnership with MoES should fast-track the process of securing land titles to guard against the prevalent land grabbing of sports grounds.

4.4 Sub-programme Challenges

1. Low absorption of funds on externally financed projects due to failure to meet conditions in the financing agreements. Disbursement of funds is based on a results-oriented model, therefore slow project implementation means slow disbursements and raising of fewer certificates than available disbursed funds. The payments made upon issuance of certificates means non-absorption of funds.
2. The limited capacity of some of the contractors attributed to cash flow constraints and technical capacity issues partly affected the effective implementation of some of the projects. This, coupled with the limited knowledge of the use of the Electronic Government Procurement System (e-GP) to initiate invoices led to delayed payments and affected the progress of works.
3. Staffing shortages across the entire education sector especially in science-related courses. Relatedly the high labour turnover as some lecturers have left some public universities due to a lack of promotions. In addition, 4,805 teachers recruited in the FY 2021/22, were not deployed in the newly completed UgIFT-I seed schools due to wage shortfalls caused by wage increments of Science teachers.
4. Persistent failure by Votes under the sub-programme to complete planned development targets due to inadequate planning characterized by taking on too many projects amid meagre resources across interventions, late commencement of procurement processes, poor prioritization and sequencing of programmes/projects/activities among others.
5. Lack of data/statistics on programme indicators to track annual performance.

4.5 Sub-programme Conclusion

Overall performance of the Education, Sports and Skills Development Sub-programme was fair. At the intervention level, physical performance varied largely on account of low/intermittent releases and delayed procurements. Interventions that registered very good performance included: Increased access to immunization against childhood diseases, and Improved adolescent and youth health. Good performance was on the interventions to- Provide early exposure of STEM/STEI



to children (e.g. introduction of innovative science projects to primary schools). Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions, develop and implement a framework for institutionalizing talent identification, development, and professionalization, promote STEM/STEI-focused strategic alliances between schools, training institutions, high caliber scientists and industry, equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards.

On the other hand, interventions that had poor performance included: the rollout of Early Grade Reading (EGR) and Early Grade Math (EGM) in all primary schools to enhance proficiency in literacy and numeracy, and implement an integrated ICT-enabled teaching, improve nutrition and food safety with emphasis on children aged under five, school children, adolescents, pregnant and lactating women and vulnerable groups, and maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, local government and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing).

The MoES should prioritize and sequence interventions to ensure that they are fully funded to completion in the medium term.

4.6 Sub-programme Recommendations

1. The MFPED and the MDAs should strengthen the entire Public Investment Management (PIM) system right from identification, preparation, appraisal, implementation and evaluation of projects. In particular, the focus should be on strengthening alignment between the planning, budgeting and budget implementation processes as well as coordination with development partners and civil society.
2. The MFPED Development Committee should enforce project readiness before approval and admission into the Project Implementation Plan (PIP).
3. The sub-programme should prioritize and invest in robust data collection systems and implement strategies to include clear protocols and standardized measures to help ensure comprehensive and accurate data collection.



CHAPTER 5: LABOUR AND EMPLOYMENT SERVICES SUB-PROGRAMME

5.1 Introduction

The Labour and Employment Services Sub-programme contributes to programme objective three of the third National Development Plan (NDP III) which is to - “*produce appropriate knowledgeable, skilled, and ethical labour force (with a strong emphasis on science and technology, TVET and Sports)*”.

The expected outcomes are: i) decent and productive employment promoted; (ii) promotion of labour standards and fundamental principles and rights at work; strengthened sector for human resources and capacity development and improved working conditions of sector institutions. Key result areas include: a) increased proportion of the labour force transitioning into decent employment from 34.5% to 55%, and (b) increased ratio of science and technology graduates to arts graduates from 2:5 to 3:5.

The sub-programme is anchored on 11 interventions (*list attached in annex 4*) undertaken under different implementing Votes and agencies including: Ministry of Gender, Labour and Social Development (MGLSD), Ministry of Education and Sports (MoES), Local Governments (LGs), public universities, State House, Uganda Manufacturers Association (UMA), Private Sector Foundation-Uganda (PSFU), Uganda Business and Technical Examinations Board (UBTEB), while complementary agencies are National Information Technology Authority-Uganda (NITA-U), National Planning Authority (NPA) and Ministry of Finance, Planning and Economic Development (MFPED).

5.2 Sub-programme Financial Performance

The Sub-programme budget was Ug shs 238.485bn, of which Ug shs 149.884bn (63%) was released and Ug shs 146.893bn (98%) expended by 30th June 2023. There were no funds released for the development budget under external financing. Despite the low release of funds, overall expenditure performance was good (Table 5.1).

Table 5.1: labour and Employment Services Sub-programme Financial Performance by 30th June 2023

Budget category	Approved Budget (Ug shs)	Released (Ug shs)	Spent (Ug shs)
Wage Recurrent	96,299,960,435	78,015,667,604	75,046,614,740
Non-Wage	93,411,667,499	69,410,471,494	69,387,163,603
GoU Devt	2,671,813,003	2,458,831,737	2,458,831,736
Ext Fin.	46,101,983,000	-	-
GoU Total	238,485,423,937	149,884,970,835	146,892,610,079

Source: Programme Based Budgeting System, IFMS

5.3 Sub-programme Physical Performance

Annual monitoring focused on seven (72.7%) out of 11 interventions and overall sub-programme performance was fair at 62%. Better performance was registered at the output level, with 78% of output targets achieved compared to 33% at the outcome level (Annex 6). In terms of interventions, the majority (five) recorded good performance, two interventions recorded fair performance, while one intervention poorly performed. A summary of the sampled interventions’ performance is presented in (Figure 5.1 and Table 5.2).

**Table 5.2: Overview of Sampled Interventions Performance by 30th June 2023**

S/No.	Intervention	Performance Rating	Remark
1	Develop and implement an apprenticeship and job placement policy and programme (work-based learning)	Good	Good performance with 87% of the planned activities implemented.
2	Roll out the modularized TVET curricula for all formal TVET programmes to attain a flexible demand-driven TVET system in Uganda.	Good	Good performance with 75.7% of the planned outputs achieved.
3	Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status	Fair	Fair performance with 65% of the targets achieved by the end of FY2022/23.
4	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle	Fair	Fair performance at 60.4% owing to the slow progress of the OPEC Fund for International Development (OFID) projects.
5	Implement an incentive structure for the recruitment, training, and retention of the best brains in the teaching profession across the entire education system	Good	Good performance with 84.3% of the planned activities achieved. Good performance was registered on the indicator of the National Institute of Teacher Education and Professional Development established with 90% against 50% planned.
6	Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education.	Off-track	Off-track due to the slow progress on construction projects in the private universities.
7	Accelerate the acquisition of urgently needed skills in key growth areas.	Good	Good performance as 71% was achieved.
8	Develop digital learning materials and operationalize Digital Repository	Good	Good performance with 87.4% of the planned targets were achieved.

Source: Author's Compilation

Physical performance of sampled interventions is detailed hereafter:

5.3.1 Develop and implement an apprenticeship and job placement policy and programme (work-based learning)

This intervention involves apprenticeship/work placement or work competence-based training that is critical in creating a smooth transition to employment. The intervention was largely implemented through Universities, MoES and UBTEB.

The eight universities monitored planned to facilitate their staff to supervise and assess 13,287 eligible students on internship, industrial training, community-based health placements, school practice for students offering education courses among others. The MoES on the other hand planned to develop, verify and submit the report for the assessment on policy/strategies to guide curriculum development and placement and monitor 500 students undergoing workplace learning and industrial training. The UBTEB planned to assess and certify 107,590 beneficiaries of apprenticeships, traineeships, and indenture training.



Performance

The overall intervention performance was good with 87% of the planned activities implemented. The intervention was also on track to achieving the outcome indicator of an “*approved work-based learning policy*” as a draft policy was in place.

In terms of output performance, the UBTEB assessed and certified 16,218 beneficiaries of apprenticeships, traineeships, and indenture training. However, monitoring of workplace learning and industrial training was not achieved due to the late disbursement of funds and the activity was deferred to FY2023/24. The universities facilitated staff to supervise and assess 24,946 students on internship, industrial training, community-based health placements and school practice and experimental learning on agronomic practices for mainly students in the second and third years (Table 5.3).

Table 5.3: Internship placements by public universities in FY2022/23

University	Planned	Achieved
Kabale	1,175	888
Makerere	6,002	17,166
Mbarara	1,795	2,174
Gulu	2681	2,681
Lira	680	680
Muni	173	222
Mountains of the Moon	781	1,135
Total	13,287	24,946

Source: Field Findings

Makerere University had several internship placements because of their high enrolment numbers. However, the development of the report for the assessment on policy/strategies to guide curriculum development and placement was not implemented as planned due to budget shortfalls.

Although internships are fundamental in providing students with hands-on experience in work, enabling students to experience and learn how to deal with the procedures and challenges in professional life many found it difficult to get internship placements with organizations or companies due to:

- i). Lack of an effective government internship/apprenticeship/on-job training management system.
- ii). Limited internship opportunities consequently creating strong competition. Employers are at liberty to reject or accept the students’ internship applications, thus denying many students the opportunity to have hands-on training in their various fields of study.

Recommendation

Training institutions should endeavor to sign memoranda of understanding (MoUs) with various organizations including foreign universities so that students have enough placement opportunities.



5.3.2 Roll out the modularised TVET curricula for all formal TVET programmes to attain a flexible demand-driven TVET system in Uganda

The intervention entails modularization and implementation of modular Technical Vocational Education and Training (TVET) programmes, and enforcement of the requirement of TVET institutions to roll out a modularized curriculum. The intervention was implemented by the MoES under the TVET Operations and Management Department (TVET O&M) and the UBTEB. Planned activities under the MoES were to:

- i. Inspect 44 private TVET providers for accreditation and registration.
- ii. Conduct decentralized admissions for 40,000 trainees on both govt and private sponsorship for diploma-awarding institutions and National Certificates.
- iii. Align technical vocational programmes for dual training with universities.
- iv. Conduct awareness campaigns for dual training.
- v. Facilitate staff to monitor and support supervise 193 TVET institutions.
- vi. Train 270 staff trained on the delivery of modularized curricula.
- vii. Print and distribute the modularized curriculum and conduct public awareness drives on modular programmes.
- viii. Hold a working group meeting including TVET staff, employers and enterprises to undertake modularization and implementation of modular TVET programmes.

The UBTEB on the other hand planned to modularize 30 TVET assessment programmes, retool 240 assessors (practitioners, instructors), verifiers and master trainers, modularize technical vocational assessment with improvement on environmental-related content in the modules, and real-life projects on environmental-related activities.

Performance

The overall intervention performance was good with 75.7% of the planned outputs achieved. Better performance was registered under the UBTEB with 82.7% of planned outputs achieved. The UBTEB was on track with the indicator of the percentage of TVET training programs modularized and used in training, with 75% of the training programmes modularized against 50% planned. However, the proportion of TVET institutions implementing the demand-driven modular curriculum was 20 against 193 planned.

In terms of output performance, MoES staff were facilitated to:

- a) Monitor and support supervise 193 TVET institutions and conduct training for 72 TVET trainers from 14 institutions on the delivery of modularized curricula.
- b) A total of 170 assessors were retooled on the modularized Competency-Based Assessment (CBA), while a validation workshop was held with 115 participants.
- c) The UBTEB successfully modularized 48 TVET programmes for assessment as indicated in Figure 5.1.

Figure 5.1: TVET Programmes Modularized for Assessment Frequency

Source: UBTEB

- d) Modular assessment meetings were held with facilitation from the Uganda Skills Development Project (USDP) in which 13 principals of vocational training institutions (VTIs) attached to the 4¹³ Centers of Excellence (COEs) were in attendance, while 39 practitioners and instructors participated in the modularized 10 assessment programs.
- e) A total of 43¹⁴ institutions were monitored and support supervised.

However, planned stakeholder engagements were not held, programs were not structured for dual training with universities, inspection of institutions for accreditation and registration, and the constitution of the working group was not implemented due to budget shortfalls. Contract signing to obtain a consultant for the review and development of the modular TVET curriculum was deferred to FY2023/24.

5.3.3 Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status

The intervention involves preparations for international accreditation and efforts to improve the quality of delivery of the new Competency-Based Education and Training (CBET).

During the FY2022/23 the MoES planned to train 100 TVET trainers from 4 TVET institutions for international accreditation, support 1,773 instructors in practical new CBET curriculum under the USDP and support accreditation of programmes under the African Centres of Excellence (ACE) II projects. The UBTEB, on the other hand, planned to acquire the International Standard for Quality Management System ISO 9001:2015.

13 The four Centers of Excellence are UTC Elgon, Lira, Bushenyi and Bukalasa Agricultural College

14 The 43 institutions monitored and support supervised: Eriya Kategaya SDC, Kitagagata FI, Sanje TI, Kamengo TI, Rwentanga FI, Kazo TI, Kisoro TI, Kyamuhunga TI, Rugando TI, Kabale TI, UCC Kabale, Kibatsi TI, Ihunga TI, Rukungiri TI, Nyamitanga TI, Kabasanda TI, Lugogo VTI and Ntinda VTI, Lwengo TI, Bukomero TI, Rubanda TI, Institute of Survey & Land Mgt, Nakawa VTC, Nsamizi, UTC Elgon, UCC Soroti, Kadogo CP, Rwampala FI, Uganda Martyrs Ntarushanje TI, Nawanyago TI, Lumino CP, Kumi Ts, Gombe CP, Uganda Coop College Kigumba, Northern Uganda Youth Development Centre, Royal VTI, Kanyinya VTI, Nyakibale Ladies VTI, Rukungiri Institute of Mgt, United College of Business, Victory International College, COWA, Soroti Garments

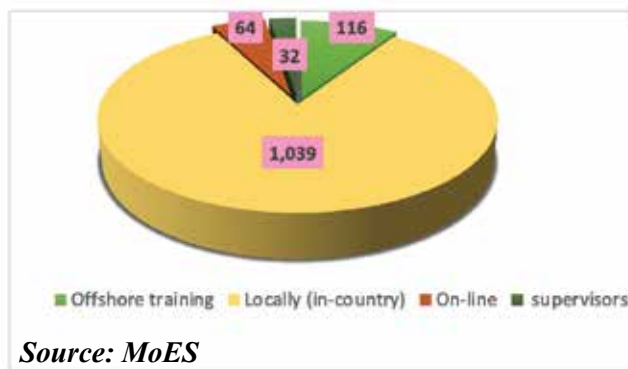


Performance

Fair performance was noted with 65% of the targets achieved by the end of FY2022/23. Whereas the implementation of planned outputs under the USDP was very good, poor performance was registered on the indicators for - “number of internationally accredited TVET programmes and number of internationally accredited TVET training providers” as the 60% and 70% targets respectively were not achieved. Key performance highlights are presented hereafter:

Instructors support in practical new CBET curriculum: A total of 1,251 instructors were trained through off-shore and locally (in-country) as indicated in figure 5.2. The twinning institutions provided professional guidance and support to beneficiary institutions and aided the development and adaptation of 25 occupational standards and 25 CBET curricula. For instance, UTC Bushenyi was twinned with Sferre-France, Bukalasa Agricultural College with Dalhousie University-Canada, while UTC Lira and UTC Elgon partnered with Northern Alberta Institute of Technology (NAIT).

Figure 5.2: Instructors trained to acquire internationally recognized skills under the USDP FY 2022/23



Participants were drawn from the four CoEs of Uganda Technical Colleges of Elgon, Lira, Bushenyi; Bukalasa Agricultural College; and the 12 networking vocational training institutions¹⁵. In addition, 32 supervisors benefitted from offshore and in-country trainings.

Accreditation of programs under the African Centres of Excellence (ACE) II Project: Underperformance was noted due to the lack of a regional accreditation body. Therefore, no academic programme was regionally accredited and only one programme was internationally accredited at ACALISE after scrapping the requirement for the regional accreditation.

Acquired International standard acquired: The process for acquisition of the international standard for quality management system ISO 9001:2015 by UBTEB commenced with a management review meeting on ISO and an application was submitted to Uganda National Bureau of Standards (UNBS) for Quality Management System (QMS).

Train TVET trainers for international accreditation: 50 TVET trainers (35 males and 15 female) from four TVET institutions in four regions were not trained.

Challenges

1. Poor and inadequate infrastructural facilities in almost all the TVET institutions in Uganda yet infrastructure is very critical for international accreditation.
2. The limited number of trainers/instructors with the required CBET competencies for international accreditation.

¹⁵ The VTIs included; Nyamitanga, Kalera, Lake Katwe, Rwentanga, Ssesse Farm Institute, Kaberamaido, Kasodo, Butaleja, Kaliro, Ora, Kalongo and Kitgum.



Recommendation

The MoES and UBTEB should improve the quantity and quality of training for BTVET instructors through continuous professional development trainings and exchanges programmes to internationally recognized institutions.

5.3.4 Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle

This intervention involves affirmative action to attract learners to the scarce TVET programmes. During the FY2022/23, the MoES planned to provide bursaries and scholarships to 10,000 informal and non-formal trainees in TVET institutions, give scholarships to 82 TVET students including 10 special needs education (SNE) students, conduct decentralized admissions at 5 regional centres for 40,000 students, pay scholarships for 4 TVET trainers and/or managers, rehabilitate, expand and equip TVET Institutions through the OPEC Fund for International Development (OFID) (Arab-funded) projects, USDP and ARSDP supported institutions remaining with equipping and training.

Performance

The intervention registered fair performance at 60.4% due to the slow progress of the OFID projects.

A total of 83 students (65 females and 18 male) including 18 SNE trainees (04 females and 14 male) were awarded scholarships. Regarding the USDP, a total of 2,893 (of which 792 (27.4%) students were equipped with competencies to work in the agriculture sector, road construction, manufacturing and building construction sub-sectors. Bukalasa Agricultural College cluster had the highest number of new intakes at 1,358, UTC Lira Cluster at 647, UTC Elgon at 536 and UTC Bushenyi Cluster at 332.

Conduct decentralized admissions were conducted and attracted 26,322 applicants admitted on both government and private sponsorship for diploma and national certificates in the five regional centres namely - UTC Bushenyi, UTC Lira, UTC Elgon and Nakawa VTC. Western and Eastern regions had the highest number of applicants compared to Central region and Northern Uganda.

Rehabilitation expansion and equipping of TVET Institutions through the OFID-funded projects and USDP.

- i) **Supply, delivery, and installation of assorted workshop equipment and consumables** under the ARSDP for Uganda Technical College (UTC)-Kicwamba and Uganda Petroleum Institute-Kigumba (UPIK) was at substantial completion and fully paid. These included high-tech upstream oil and gas training equipment, downstream petroleum equipment, instrumentation, welding, forging and foundry equipment such as pumps, compressors, motors, turbines, transmitters, heating equipment, ventilation and air conditioning systems and pressure equipment. Motor vehicles were procured - UTC Kichwamba was supplied with a Double Cabin Pickup Truck and a 67-seater bus.



L-R: Equipment in the Carpentry and Joinery Machine Workshop supplied under ARSDP to UTC Kichwamba

ii) Under the USDP project, assorted workshop and laboratory equipment was procured and delivered to beneficiary institutions to support training in manufacturing, agriculture and construction trades. Installation of equipment and user training varied across the institutions with some receiving incomplete equipment or inadequate user training. At UTC-Elgon installation of equipment was ongoing by August 2023. User training was inadequate across the institutions and the instructors were not confident enough to conduct lessons using the new equipment.

The two projects under the OFID-Arab funded projects - Vocational Education (VE) Support Project; and the Business, Technical and Vocational Education Support Project funded by the Islamic Development Bank (IsDB), averaged 28.3% and was behind schedule as indicated in table 5.4.

Table 5.4: Construction status of the OPEC Fund for International Development Funded Projects by 30th June 2023

Project Name	Scope of Works	Progress status	Remarks
The Vocational Education (VE) Support Project- (OPEC Fund)	Construction works at 8 technical institutes i.e. Lokopio Hills, Kilak Corner, Ogolai, Basoga Nsadhu, Nawanyago, Sasiira, Buhimba and Lwengo to an average of about 70%	Works commenced in five out of eight beneficiary TIs; Basoga Nsadhu Memorial, Nawanyago, Sasira, Buhimba and Lwengo TI. Physical progress for civil works averaged 57% against an average time progress of 73% by 31 st July 2023.	Performance was poor, averaging 34% against a loan disbursement rate of 28% and behind schedule. Completed bid evaluation reports for the 3 TIs whose works were retendered. No objection was obtained from the donor.
The Business, Technical and Vocational Education Support Project Islamic Development Bank (IsDB)	Construction of the New Skills Development Headquarters (SD-HQ) Office Building in Kyambogo, to house key players in the BTVET Reform process. ii) Expansion works at 9 existing technical institutes to support training i.e. Kabale, Birembo, St. Kizito-Kitovu, Lutunku, Nkoko, Nalwire, Moyo, Minakulu and Moroto	The draft contract for the construction of the proposed Skills Development Headquarters (SD HQs) was pending the Solicitor General's approval. Tenders for the construction of the 9 beneficiary Technical Institutes were launched on the 27 th of June, 2023. Bids were expected to be evaluated in August 2023.	Overall project performance averaged 23% against a loan disbursement rate of 4.2% and was behind schedule with 31 months (58.4%) of the 53-month project execution period already spent. Delays were attributed to procurement delays.

Source: MoES-OFID Project Coordination Unit and Field Findings



In addition, eight OFID buses were handed over to the eight Tis, the bid evaluation report for training equipment and supplies was completed and signed by the Ministry Contracts Committee pending supply by the contractors.

Implementation challenges

1. Low absorption of loan funds due to failure to meet conditions in the financing agreements. Therefore, slow project implementation means delays in raising certificates which lead to slow disbursements and non-absorption of funds.
2. The project was not ready for effectiveness as a result of poor planning and sequencing of activities. Consequently, implementation time was lost doing preparatory activities such as having the structural designs, and setting up the project coordination unit (PCU) precedent to civil works and services started after the project commenced. This led to late procurements of contractors for the construction of facilities and supply of equipment.
3. Limited capacity of some contractors attributed to cash flow constraints and technical capacity issues partly affected effective project implementation. This coupled with the limited knowledge of the use of the Electronic Government Procurement System (e-GP) to initiate invoices led to delayed payments and affected the progress of works.

Recommendation

The MFPED and MoES should ensure that all conditions for funds disbursement are fulfilled at the earliest.

5.3.5 Implement an incentive structure for the recruitment, training, and retention of the best brains in the teaching profession across the entire education system

The intervention is largely implemented under the MoES through the Teacher Education Training and Development (TTED) Department, Guidance and Counselling; Special Needs and Inclusive Education Department, and University Education and Training Department.

The planned outputs under the MoES were - Primary Seven and Senior Four leavers placed into the next level of education, tutors from teacher training colleges retooled, implementation of STEM activities monitored, teacher training public and private universities sensitized, inclusive schools monitored and support supervised in the identification of learners with special educational needs, secondary schools monitored and supported in the implementation of LSC, orient teacher educators on Higher Education practice, specialized courses developed, activities for operationalization of Uganda National Institute for Teacher Education (UNITE) facilitated, and existing Primary Teachers Colleges (PTCs) phased out.

Performance

The intervention performance was good with 84.3% of the planned activities achieved. Good performance was registered on the indicator of - National Institute of Teacher Education and Professional Development established with 90% progress against 50% planned. The key achievements under the intervention are highlighted hereafter:

Primary Seven and Senior Four leavers placed: The target was to place 543,000 and 180,000 P.7 and S.4 leavers respectively into the next level of education. By the end of the FY, a total of 741,200 P.7 and 221,900 S.4 leavers had been placed into the next levels of education. Overachievement of 136% of the P.7 leavers was attributed to a 12% enrollment increase.



Tutors from Teacher Training Colleges retooled: The target to retool 100 tutors in pedagogical skills was achieved. However, the retooling in the 21st century ICT skills was not implemented.

Teacher training public and private universities sensitized: A total of 1,593 lectures (against 1,000 planned) were sensitized on the development of competency-based teaching and UNITE collaboration initiatives.

Inclusive schools monitored and support supervised in the identification of learners with special educational needs: A total of 50 special needs schools¹⁶ were targeted and by the end of the FY2022/23, this was achieved as planned.

Advocacy and awareness on special needs/inclusive education: SNE staff participated in the commemoration of the International Day for Persons with Disability in Kole District on 2nd November 2022.

Secondary schools monitored and supported in the implementation of the Lower Secondary Curriculum: A total of 280 teachers (against 50 planned) were monitored and support supervised.

Orient teacher educators on higher education practice: A total of 1,343 teacher educators from 50 teacher training institutions (TTIs) (five National Teachers Colleges (NTCs) and 45 PTCs) were oriented on higher education practice. The orientation was in preparation for the transition of Grade 3 TTIs to diploma-awarding institutions in line with the National Teacher Policy in preparation for the delivery of education programs.

Specialized courses developed: The Department of TTED continued to develop graduate and post-graduate programs applicable to all levels of education as follows: (i) developed specialized courses for Post Graduate Diploma for Arts in Education; (ii) developed Post-graduate Programs for Arts Science in Education; (iii) developed Post-graduate Programs for Vocational Education; (iv) developed specialized programs in assessment, teacher education curriculum, supervision and measurement and inspection; (v) developed a program for Post-Graduate Diploma in Teacher Education (PGDTE – Secondary).

Operationalization of Uganda National Institute for Teacher Education (UNITE) facilitated:

The establishment of UNITE was anchored on the need to address the quality of the teachers in Uganda following a study conducted in 2012 which indicated that over 76% lacked professional requirements. Some activities were planned to continue the process of operationalization and the following were the key achievements:

Facilitated a teacher Education Working Group Meeting to discuss the Teacher Bill with the Education Service Commission (ESC), (ii) Meetings with KYU and Top Management to discuss the transition process, (iii) Purchase zoom equipment and set up video conferencing space at UNITE, (iv) Sitting allowances and expert fees for the writing of key documents such as academic programs, UNITE policies and the UNITE organogram, (v) Stakeholder sensitization targeting university managers and registrars as well Kira Local Government, (vi) Boardroom furniture, water and electricity, fuel, and vehicle maintenance, among others, (vii) Facilitated sensitization of stakeholders on the Teacher Bill at Mbarara for Western and Soroti for Eastern Regions respectively and facilitated 12 Task force meetings to discuss UNITE policies.

¹⁶ The schools included; Manjiya P.S, Bumbo P.S, Magale girls, Ngora SFD, Kavule Parents P.S, Lupade P.S, Iganga SS, Bishop Willis P.S, Bukhana P.S, Budhabangula P.S, Kitwekyambogo, Rugazi Central, Ishekye P.S, Bushenyi P.S, Hornby High, Hornby High Junior, St. Maria Theresa Rushoroza, Kitanga P.S, Rwera Mixed P.S, Kitgum Girls P.S, Atanga P.S, Paipir P.S, Alebtong P.S, Angwecibange P.S and Otuboi Township P.S.

Existing Primary Teachers' Colleges phased out: A total of 22 non-core PTCs were phased out. These include St. Augustine PTC, Butiti, Kisoro PTC, Canon Lawrence Boroboro, Jinja PTC, Kabukunge, Bukedea, Kabwangasi, Kapchorwa, Rakai, Busikho, Kaliro, and Bikungu, Christ the King, Buhingiro, Paidha, Rukungiri, Kotido, Bwera, Kiyooro, Kamurasi, Bundibugyo and Erepi PTCs.

5.3.6 Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education

The intervention was largely implemented under the Higher Education Department and the planned outputs were: guidelines and standards for the National Higher Education Policy developed, construction of a multi-purpose laboratory Block and Library at Bishop Stuart University in Mbarara supported, Nkumba University Library and the Science Block at Kumi University constructed, and Sciences at Ndejje University taught. However, Nkumba, Kumi and Ndejje universities were not visited.

Performance

Poor performance was registered with better performance under the recurrent outputs compared to the construction projects. This was due to the intermittent release of funds particularly under the development grant to beneficiary institutions especially at Bishop Stuart University.

By the end of the FY, seven higher education institutions (four private universities, two public universities, and one public tertiary institution) were consulted on the National Higher Education Policy, and policy costing meetings were held to finalize the financial implications of the policy.



Construction of the Science Laboratory Block at Bishop Stuart University-Mbarara

Construction of the Science Laboratory Block at Bishop Stuart University was to be done in three phases. During the year under review, the plan was to undertake works for phase II. At the time of monitoring in July 2023, civil works for phase II were at 95% progress while financial progress was at 67%. A total of Ug shs 685,164,115 for two certificates, out of the contract sum of Ug shs 1,040,727,668 was paid. However, overall progress for the entire block stood at 45%.¹⁷

5.3.7 Accelerate the acquisition of urgently needed skills in key growth areas.

The intervention was largely implemented by UBTEB which planned to examine and assess 107,590 candidates for end-of-program and continuing technical vocational programs, issue 38,500 candidates with full competency certificates, deploy 450 professionals to assess theory and practical examinations, deploy 300 contracted professionals to prepare, administer and manage

¹⁷ The science laboratory is a Presidential Pledge estimated to cost Ug shs 7,338bn at completion and construction started on 27th March 2017. The progress of works has been slow due to the intermittent and inadequate releases since 2017. All the civil works were contracted to M/s Ugawood Company Limited and supervised by M/s Southgate Consulting limited. The civil works for Phase II involved doing block work for the second and third floor. Last FY, a total of Ug shs 696,360,140 was released in two instalments (Ug shs 125,000,000 released in March 2023 and Ug shs 571,360,140 released in June 2023). The cumulative releases for this block stood at Ug shs 3,836,403,058 as of August 2023.



examinations and facilitate all examination processes, continue with the construction of the five-storey UBTEB Assessment Centre Project, and, procure and deployed security storage containers at 24 police stations.

The MoES on the other hand planned to facilitate operations expenses of the Uganda Nurses and Midwives Examinations Board (UNMEB) including assessment of 104,000 students in the national examinations and the Uganda Allied Health Examination Board (UAHEB) operations and assessment expenses.

Performance

Good performance of 71% was achieved. Very good performance was registered on examination and assessment outputs with an over achievement of 154%, while slow progress was registered on the construction of the five-storey UBTEB Assessment Centre Project in Kyambogo due to intermittent release of funds.

By the end of the FY 2022/23, the UBTEB had assessed a total of 166,218 candidates (60,978 females and 105,240 males) who sat for technical diploma, business diploma, business certificate and physical and biological sciences diploma programmes. Of these 215 were SNE candidates who were accorded specialized education arrangements.

A total of 16 support personnel/experts in sign language interpretation and transcribers were deployed and an extra 30 minutes were given to the SNEs during the examination. The UBTEB also developed SNE ISO standards and inspected 10 institutions with special needs students for centre re-accreditation. Information on the UBTEB website was designed in accessible formats for blind and deaf users.



L-R: Some of the 123 students doing UBTEB practical electrical installation exams: A student presenting his UBTEB electrical installation work to the Assessor at St. Joseph's Technical Institute-Kisubi

In addition, the Board enhanced the Examination Information Management System (EMIS) to automate most of the processes including the online registration of candidates, online payment of examination fees using the school pay platform and processing of academic documents among others. A total of 634 registrars were trained on new features of upgraded EIMS in 11 regional centres.¹⁸

¹⁸ Kampala-154, Masaka-46, Mbarara-102, Kabale-29, Fort Portal-29, Arua-38, Gulu-45, Lira-76, Soroti-38, Mbale-45 and Iganga-32.



Construction of the five-storeyed UBTEB Assessment Centre Project that started in 2022 but had progressed to 22% against 44%-time progress. The slow progress was attributed to inadequate funding.

The Board also procured one station wagon motor vehicle, one multipurpose heavy-duty printer, assorted office furniture, an executive swivel chair, 31 boardroom chairs, an intercom rack, 16 laptop computers, 2 scanners, computer accessories for 55 work stations and instructional materials for retooling 240 assessors were procured, delivered and were in use.



The UBTEB Assessment Centre at Kyambogo

To ease the storage and distribution of examination materials across the country, the Board procured and deployed security storage containers at 24 police stations: Lugazi, Jinja, Iganga, Tororo, Mbale, Mbarara, Nyamitanga, Entebbe, Lira, Soroti, Dokolo, Arua, Gulu, Kabale, Bushenyi, Masaka, Hoima, Fort-Portal, Rukungiri, Kawempe, Katwe, Old Kampala, Jinja Road and Mpigi.

The MoES on the other hand funded operations and Board expenses of UNMEB and assessed 107,233 candidates (77,485 females and 29,748 males) for diploma and certificate programs in nursing and midwifery. The UAHEB examined 8,107 candidates for allied health programmes.

Challenge

Inadequate funding for the practical examinations under the different courses.

5.3.8 Develop digital learning materials and operationalize Digital Repository

The intervention was largely implemented under MoES through the Directorate of Industrial Training (DIT) and the target was to assess and certify a total of 41,000 candidates for the Uganda Vocational Qualification Framework (UVQF) Levels 1,2,3,4. Modular assessment was to be done for 61 occupations i.e. Level I 4,000 candidates, Level II 4,000 and Level III 50, modular 32,000 and 950 workers Practically Acquired Skills (PAS). In addition, the MoES also planned to collect, validate and upload the Learning Materials-Open Educational Resources (OER) on the Ministry Server.

Performance

The intervention performance was good as 87.4% of the planned targets were achieved. The intervention was on track on the output indicator of “*established education resources repository*” as the MoES created an e-library and digitalized all policy documents using the Koha Library Management Information System. The digital repository was established with support from the Uganda Commission for United Nations Educational, Scientific and Cultural Organization (UNESCO).

The DIT also conducted trade/job-based assessments for 103,528 candidates (49,761 males and 53,767 females) in the world of work. The number of candidates assessed increased in the FY under review from 62,056 (26,503 males and 38,553 females) in FY 2020/21. This was attributed



to an increase in the number of private candidates, a flexible assessment system for institutions to join whenever they are ready, and the growing need for assessment in the world of work (Table 5.5).

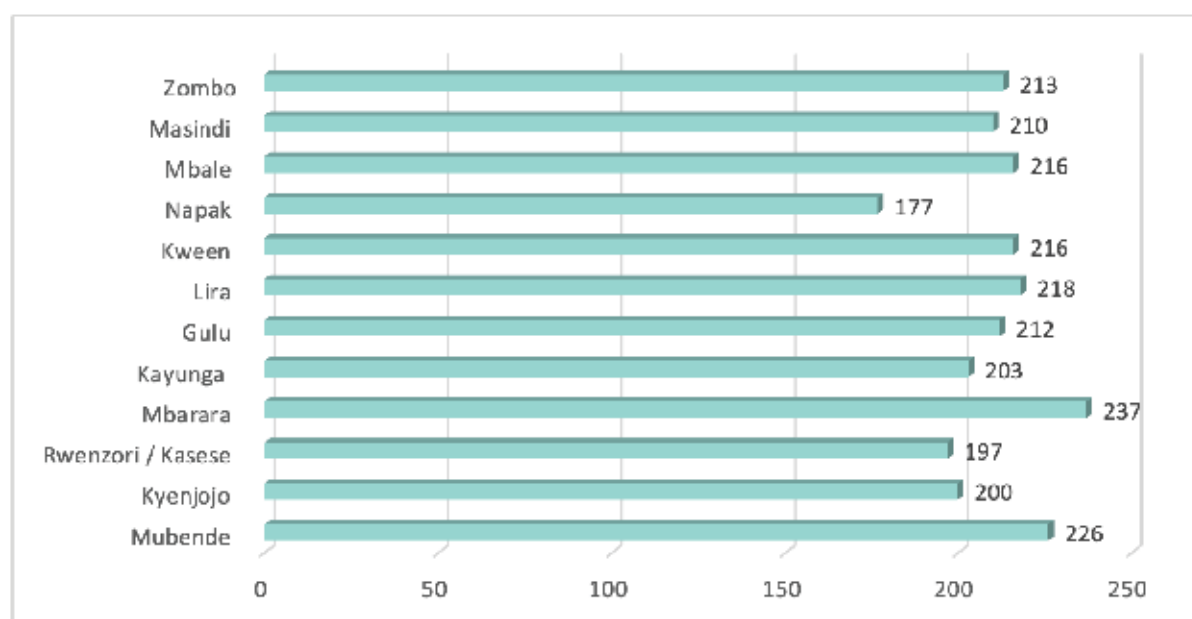
Table 5.5: Increase in numbers of assessment in World of Work by DIT

Assessment level	FY 2020/21		FY 2021/22		FY 2022/23	
	Male	Female	Male	Female	Male	Female
Modular	20,061	32,019	19,270	36,107	40,109	46,368
Level 1 (6,109)	1,841	3,573	3,019	2,751	4,371	3,679
Level 11 (5,343)	3,366	2,331	2,584	2,708	3,628	2,532
Level 3 (247)	31	42	170	120	170	77
Level 4	64	25	5	50	35	6
Workers PAS (2,141)	1,066	532	3,732	1,325	1,448	1,105
DITTE	74	31	40	61		
Sub Total	26,503	38,553	28,820	43,122	49,761	53,767
GRAND TOTAL FOR FY	62,056		71,942		103,528	

Source: MoES 2022/23

The DIT also assessed and certified 2,525 candidates in 12 Zonal Industrial Hubs with Mbarara Zonal Industrial Hub having the highest number of assessed and certified candidates as indicated in Figure 5.3.

Figure 5.3: Candidates assessed and certified under the Zonal Industrial Hubs



Source: DIT

In addition, 118 prototypes were developed in different occupations, a total of 1,754 (against a target of 200) were inspected and accredited 1,754 (against a target of 200) as DIT assessment centres for the new LSC, and trained 4,414 secondary teachers (against a target of 1,000) in the use of Assessment and Training Packages (ATP) in different occupations for the implementation the new LSC. The overperformance was due to the need to fast-track the implementation of the new LSC. However, the assessment of the first cohort of S.3 LSC that was due in November 2023 was halted till further notice.



5.4 Sub-programme Challenges

1. The low enrolment rate at the TVET level compared to universities mainly attributed to the negative attitude towards vocational education and weak alignment between secondary education and tertiary education sub-sectors. The investment in BTVET may be wasted if not properly re-strategized.
2. Mismatch between skills acquired and the requirement of employers and high growth rate in the labour force and the inability to absorb it in the growing sectors.

5.5 Sub-programme Conclusion

The overall sub-programme performance was fair with 62% of the planned targets achieved. Better performance was registered at the output level with 78% achievement than at the outcome level at 33.3%. Limited skills to effectively and efficiently deliver the Competence-Based Education and Training (CBET) curriculum to address the mismatch between skills acquired through training, and skills needed in employment, and limited infrastructure with some districts lacking any TVET institution partly affected the performance of the sub-programme and the overall attainment of NDPIII objective to produce an appropriate, knowledgeable, skilled, and ethical labour force.

5.6 Sub-programme Recommendations

1. The MoES should prioritise continuous retooling of instructors to acquire the much-needed CBET competencies.
2. The MoES should prioritise the establishment of new TVET centres in districts without to provide an avenue for skills acquisition, especially among the youth.



CHAPTER 6: GENDER AND SOCIAL PROTECTION SUB-PROGRAMME

6.1: Introduction

In line with the third National Development Plan (NDP) III objective iv “**Enhance the productivity and social wellbeing of the population**”, the sub-programme aims to: i) promote rights; gender equality; equity and women’s participation and empowerment in the development process; ii) enhance resilience and productive capacity of the vulnerable persons for inclusive growth; iii) redress imbalances and promote equal opportunities for all.

The expected outcomes are; i) gender and women economic empowerment in sectors policies, plans and programmes mainstreamed; Social protection of livelihoods enhanced; ii) gender-based violence prevention and response system strengthened; iii) strengthened capacity of stakeholders to redress imbalances and promote equal opportunities for all; iii) expansion of the provision of livelihood support and public works programmes to the poor and most vulnerable.

The sub-programme interventions are; i) Expand the scope and coverage of care, support and social protection services of the most vulnerable groups and disaster-prone communities; ii) establish early warning systems for disaster preparedness including risk reduction and management of national and global health risks; iii) Expand livelihood support, public works, and labour market programs to promote green and resilient growth; iv) Expand and reform contributory social security schemes to the informal sector to cover more risks and provide wider range of benefits.

Additionally; v) Promote women’s economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs and business centres; vi) scale up gender-based violence (GBV) interventions at all levels; vii) Support Gender Equality and Equity-Responsive Budgeting in all sectors and LGs; viii) Implement a National Male Involvement Strategy in promotion of gender equality; ix) Implement the Uganda Gender Policy Action Plan; and x) Reduce vulnerability and gender inequality along the lifecycle. Two of the ten interventions were not budgeted for in FY 2022/23. Seven interventions were monitored (Annex 7).

The sub-programme’s interventions are undertaken under different implementing votes and agencies including; Ministry of Gender, Labour and Social Development, Equal Opportunities Commission and Local Governments.

6.1.1 Sub-programme Financial Performance

The revised budget for FY 2022/23 for the Gender and Social Protection Sub-programme was Ug shs 198.462bn, of which Ug shs 196.008bn (98.7%) was released and Ug shs 195.873bn spent by 30th June 2023. The release and expenditure performance was very good with over 90% of the funds disbursed and absorbed by the end of the FY.

**Table 6.1: Financial Performance of the Gender and Social Protection Sub-programme by 30th June 2023**

MDA	Sub-sub programme	Approved Budget FY 2022/23	Release	% budget released	Expenditure	% of release spent
		in billion (Ug shs)				
MGLSD	Gender and Social Protection	197.692	195.238	98.7	195.103	99.9
Equal Opportunities Commission (EOC)	Gender and Equity	0.77	0.77	100	0.77	100
	Total	198.462	196.008	98.7	195.873	99.9

Source: IFMS

In respect to release performance, outputs for empowerment and protection had the highest release (Ug shs 142.89bn), followed by enhancement of women's participation in development (Ug shs 24.70bn), support to special interest groups (Ug shs 23.34bn), while the response to GBV had the least release (Ug shs 0.061bn). The variations in release notwithstanding, 90% of the budgeted funds across the expenditure areas were received and utilized.

Table 6.2: Release and Expenditure Performance by Sub-programme Output as at 30th June 2023

Sub-programme Outputs	Approved Budget FY 2022/23 (Ug shs)	Release (Ug bn)	% of budget released	Spent (Ug bn)	% of release spent
Policies, regulations and standards	1.113	1.078	96.8	0.957	88.7
Empowerment and protection	142.962	142.894	99.9	142.889	99.9
Enhance women's participation in development	25.514	24.701	96.8	24.701	100
Response to gender-based violence	0.100	0.100	100	0.061	61
Support to special interest groups	24.646	24.546	99.6	23.338	95
Transfer to Statutory Councils	3.454	3.157	91.4	3.157	100
Grand Total	197.789	196.476	99.3	195.103	99.3

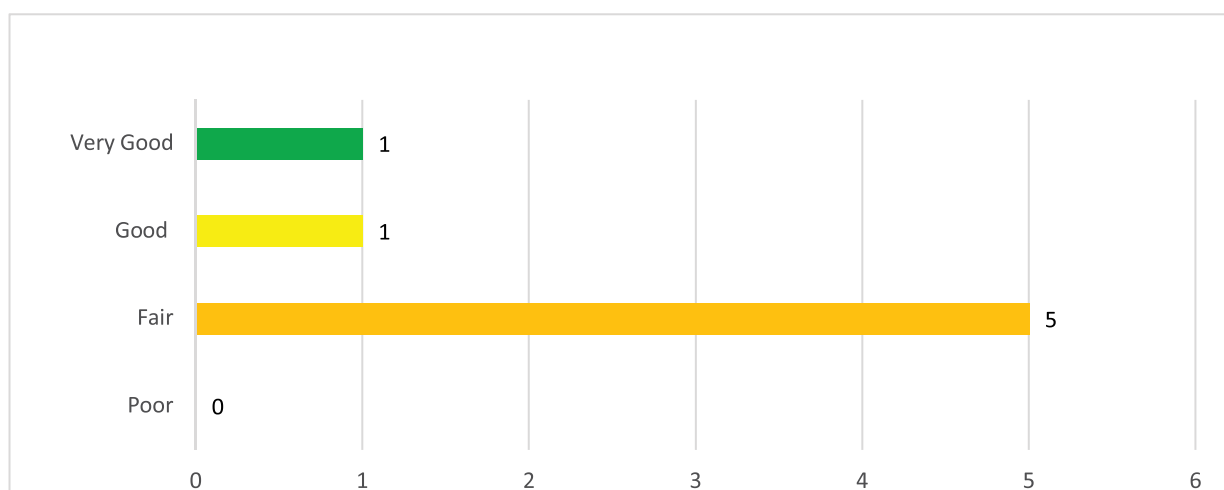
Source: MGLSD Performance Report Q4

6.2 Sub-programme Physical Performance

The sub-programme performance was fair (64.5%) with better performance registered at the output than outcome level. The sub-programme attained 68% and 55% for outputs and outcomes respectively. The majority of the interventions performed fairly, with one in the very good performance category (Figure 6.1). The detailed performance of the selected interventions and outputs are presented hereafter with other details annexed (Annex 6.1).



Figure 6.1: Summary performance of intervention against total interventions reviewed (Number)



Source: Field Findings

Table 6.3: Performance of selected Gender and Social Protection Sub-programme interventions by 30th June 2023

Intervention	Colour code	Remark
Expand the scope and coverage of care, support and social protection services for the most vulnerable groups and disaster-prone communities	Good	Good performance at 75%
Promote Women's economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs, business centres	Fair	Fair performance at 61% as the planned output targets were missed.
Scale up Gender Based Violence (GBV) interventions at all levels	Fair	Fair performance with 50% of the planned outputs achieved.
Implement the Uganda Gender Policy Action Plan	Fair	Fair performance with 67% of the set targets achieved.
Expand livelihood support, public works, and labour market programs to promote green and resilient growth	Fair	Fair performance with 65% of the set targets achieved due to low recovery rates of funds.
Implement a National Male Involvement Strategy in the promotion of gender equality	Fair	Fair performance with 67% of the set targets achieved.
Commemoration of GEWE advocacy and networking days	Very Good	Very good performance at 90%

Source: Author's Compilation

The sub-programme aimed at exploring innovative avenues to minimize social exclusion and discrimination while promoting empowerment and resilience of poor and vulnerable families. However, due to limited information available to the monitoring team, outcomes of the outputs implemented could not be tracked (only one of the stated outcomes indicated performance)¹⁹. The details of physical performance of sampled interventions is presented hereafter:

¹⁹ In addition, some of the programme implementers did not sufficiently show a willingness to share key performance information with the BMAU team.



6.2.1 Expand scope and coverage of care, support and social protection services of the most vulnerable groups and disaster-prone communities

The intervention focuses on empowering Orphans and Vulnerable Children (OVC), Persons with Disabilities (PWDs), older persons, the youth, GBV survivors and drug addicts through social care programmes.

The planned outputs for FY2022/23 were; i) Senior citizens grant expanded to all aged above 80 years; ii) Child disability benefits provided; iii) Adult disability benefits provided; iv) Special Grants for PWDs enhanced; v) Social care programs implemented; vi) Special grants for persons with disabilities enhanced; vii) Service providers trained in provision of economic empowerment programs for PWDs; viii) OPDs, CSOs, caregivers PWDs support groups trained; ix) Habitation and rehabilitation programs scaled up; x) PWDs rehabilitation centers renovated and equipped; xi) Assistive technologies and devices procured; and xii) MDAs trained.

Overall intervention performance was good at 75%. Eight of the 12 outputs planned were implemented. The exclusion of some outputs was attributed to inadequate funds to implement all the outputs. Detailed performance of the outputs is as follows:

i. Senior citizens grant expanded to all aged above 75 years

The Social Assistance Grant Empowerment (SAGE) covers older persons from the age of 80 years and above. The assistance is intended to reduce vulnerability by supplementing the natural coping strategies for older persons.

The MGLSD through the Expanded Social Protection (ESP) programme planned to increase the number of beneficiaries from 32,000 to 34,000 older persons in the FY2022/23 and the projected number was based on the potential beneficiaries who would acquire the targeted age (80 years) and those who would require to have their National Identification Cards (NICs) information updated. However, this was not achieved due to the high death rate of older persons (10%) and the exclusions due to the capturing of wrong information for potential projected beneficiaries by the National Identification and Registration Authority (NIRA).

The overall performance of SAGE was 75%. By 30th June 2023, all LGs had received grants for only two quarters (out of the expected four quarters). Funds for quarters 3 and 4 were supposedly credited to individual beneficiary accounts, however, the payment service provider (PSP) Centenary Bank was yet to issue the cash to the beneficiaries.

The delayed cash out was caused by several factors, including the restructuring and downsizing of staff at the Expanded Social Protection Programme Office, the delayed SAGE Management Information System (MIS) data cleaning activities, and the long internal approval process for payments.

To actualize protection and welfare, the programme disbursed funds to 327,373 older persons and cumulatively, a total of 445,881 (266,681 females and 179,200 males - including dead and current beneficiaries) had benefitted from the programme since its inception. There was an increase in the number of beneficiaries from 172,111 in FY 2018/19 to 327,373 in FY 2022/23 (Table 6.4). The increase in the number of beneficiaries was a result of improved disbursement of funds which ensured a wider coverage, and positive response by the older persons to the requirements of the services including attainment of NICs to complete the registration process.

**Table 6.4: Trend of disbursements for the last five financial years to older persons**

Financial Year	Female	Male	Total Number of Beneficiaries	Amount disbursed (Ug shs Bn)
2018-2019	101,684	70,427	172,111	50.798
2019-2020	176,533	124,827	301,360	72.987
2020-2021	141,274	102,818	244,092	57.385
2021-2022	191,770	128,855	320,625	103.140
2022-2023	200,290	127,083	327,373	102.120

Source: Field Findings

As indicated in Table 6.4, disbursements increased from Ug shs 50bn in FY2018/19 to over Ug shs 100bn in the past two FYs. Despite the increase, arrears worth Ug shs 5.2bn had accumulated from FY 2020/21 and this affected 270,203 beneficiaries.

Fluctuations in the number of active beneficiaries were noted over time with a slight increase in FY 2022/23 compared to FY 2021/22. This was attributed to the removal of beneficiaries from the system due to death and the addition of new ones.

A total of 194,880 new older persons (96%) were successfully on-boarded and 8,941 awaited completion of the transition process from Post Bank to the current PSP Centenary Bank. These primarily included the 5,556 infirm who required home-based enrolment as identified by the MGLSD, those who lost their identification cards (IDs), and those who did not register at all.

Regarding exclusion due to wrong information or lack of IDs, the MGLSD collaborated with NIRA to facilitate the registration of individuals who missed obtaining NIDs and collected data for those who had wrong information in the NIRA database. Of the estimated 46,000 cases (no NIDs, wrong information derived as the difference between eligible older persons in the NIRA database, and the projected number of eligible older persons based on UBOS projections), 4,000 (10%) were supported. Addressing cases where age particulars were understated was a complex matter with legal and financial implications. An optional paper was developed and internally discussed to formulate an alternative approach for assessing such cases.

In regards to regional distribution, the Western region had the highest number of beneficiaries at 93,461, with the Northern region coming in second. The Central region on the other hand had the lowest number of beneficiaries at 61,249. This was attributed to increased mobilization and high response to the social assistance grant for the Western region and the longer implementation period of the programme in Northern Uganda which was the pilot region. Regarding gender, there were 200,290 female and 127,083 male beneficiaries in total (Table 6.5). This was attributed to the high response to the social assistance grant by the females in all the beneficiary districts.

Table 6.5: Beneficiaries by Region and Gender

Region	Female	Male	Total
Central	35,554	25,695	61,249
Eastern	48,611	31,877	80,488
Northern	59,472	32,703	92,175
Western	56,653	36,808	93,461
Grand Total	200,290	127,083	327,373

Source: Field Findings

The beneficiaries were able to afford essential household items, access better food and medical care, purchase school supplies, pay for their grandchildren's education, rear livestock and poultry at home, and hire garden workers, among other benefits using the funds received.



L-R: Home-based beneficiaries Ms Norah Isingoma and Ms. Sarah Nseko (both 85 years); and Ms. Fransisca Kamayanja (97 years) in Masindi District

The benefits notwithstanding, the older persons faced the challenge of limited specialized doctors and funds being inadequate to access them where they were available. To resolve this, the sub-programme continued to work with the Makerere University Medical School on a curriculum to initiate a postgraduate course in geriatrics. This is aimed at improving treatment outcomes for older persons including a guided decentralization of drugs for older person's diseases to lower health facilities.

It must be noted, that while reviewing the NDP III, the Government set out to deliver cash support to 1,008,000 individuals above 75 years of age. But with the current trend of funding, it can support just a third of them. The continued low SAGE coverage means that many older persons remain deprived of their most basic needs. According to United Nations Children's Education Fund (UNICEF), close to 48% of older persons above the age of 65 years are living in poverty. At a time of increasing vulnerability and an enduring cost of living crisis, many will be left to fend for themselves.

Implementation challenges

1. Misappropriation of beneficiary grants as a result of fraudulent practices by some LGs and the PSP related to alternative recipients and death reporting. These illicit activities pose a significant risk of misappropriation of beneficiary grants.
2. Limited information on death occurrence which affects planning for older persons. As such fewer deaths are reported compared to the actual.
3. Inadequate capacity and transport for community development officers (CDOs) and parish chiefs to trace, mobilize and inform beneficiaries while delivering government projects. Some newly recruited parish chiefs were not conversant with the government programmes.
4. Downsizing of staff at the ESP and delayed approval processes by the internal audit of the MoGLSD affected timely payment of beneficiaries thus leading to arrears.

Recommendations

1. The MGLSD, NIRA, health centres and parish chiefs should enforce registration of deaths and alternative recipients for the infirm beneficiaries at the village level.
2. The MGLSD and ESP should expedite the process of paying all arrears to beneficiaries.



ii. Adult disability benefits provided and special grants for persons with disabilities enhanced

The grant aims to promote economic empowerment and improved livelihood for people with disabilities (PWDs) through livelihood support and income generation for inclusive national development. Specifically, it sought to build the capacity of PWDs to acquire entrepreneurship skills for improved livelihoods, provide start-up capital for PWDs to initiate income-generating activities, and increase the level of participation of PWDs in national wealth creation programmes. The target for FY 2022/23 was 2,656 PWD enterprises provided with special grants for income generation to reach out to 24,000 beneficiaries.

By 30th June 2023, funds were disbursed to 2,492 (93%) PWD groups thus supporting 9,673 males and female PWDs in 178 LGs (132 districts, 10 cities, 5 divisions and 31 municipalities). However, the performance was below the target and this was mainly attributed to the late submission of group bank account details, and dormant group accounts for some LGs; while other groups did not submit bank details like in the case of Kasese DLG. Over the medium term, there was an increase in the number of enterprises established and participation of male and female beneficiaries varied (Table 6.6).

Table 6.6: Cumulative disbursement of funds to PWDs since inception as at 30th June 2023

Financial Year	Budget (Bn)	Allocation of funds (Bn)	Number of males	Number of females	Established Enterprises
2019/20	2.5	0,832	722	723	168
2020/21	5.4	4,038	3,900	3,880	816
2021/22	9.6	7,604	6,237	6,078	1,534
2022/23	16.6	12,105	9,673	9,987	2,492
Total	34.1	24,579	20,532	20,668	5,010

Source: Field Findings

The Eastern region registered the highest number of beneficiaries, followed by Northern and Central regions whereas Karamoja had the least. The dominance of the programme in some regions was attributed to increased mobilization and high response of the PWDs. Categorization of disability varied as the highest number of beneficiaries had physical disabilities (13,628), mental impairment (1,798), and multiple disabilities (1,079); while the rest constituted hearing and speech impairments, spina bifida, albinism and blindness accounted for 3,146 (Table 6.7).

Table 6.7: Distribution of the NSGPWD in FY 2022/23 by region as of 30th June 2023

Region	No. of Enterprises	Male	Female	Disbursed Amount
Eastern	734	2,618	2,811	3,539,383,711
Northern	544	1,928	1,868	2,590,400,311
Western	327	1,760	1,864	1,634,467,346
Southern	243	883	879	1,167,839,855
Central	497	1,993	2,112	2,437,576,402
Karamoja	147	491	453	736,100,000
Total	2,492	9,673	9,987	12,105,767,625

Source: Field Findings



Beneficiaries highlighted that the grant had:

- i) Improved basic household consumption and nutrition compared to the situation before.
- ii) Improved incomes and savings after selling proceeds from the projects. The PWDs could save some of their profits for future investments as some were engaged in seasonal projects that required them to create saving groups as well as use group accounts.
- iii) Improved entrepreneurship amongst the PWDs because they worked as teams in their respective groups to share knowledge, and create opportunities for direct self-employment, especially for those who had never engaged in any business transactions. This led to multiplier effects at household and community levels.
- iv) Increased life skills in produce and poultry keeping. For example, Adina Rehabilitation Centre received Ug shs 10m and purchased 150 chicks.

Despite the benefits gained, some beneficiaries faced challenges as noted:

- i) Lack of available market information and market for the products of their enterprises. The PWDs could not move around their communities for long distances to look for markets for their products or livestock.
- ii) Insecurity in the Karamoja sub-region limited effective monitoring and support supervision of PWD groups by the technical teams at both national and LG levels.
- iii) The limited access to information on the different avenues of getting Tax Identification Numbers (TINs) delayed payments of the PWDs. The PWD groups had to incur transport costs to and from Uganda Revenue Authority (URA) service centres and commercial internet cafes and in other cases unavailability of URA service centres in some LGs. Yet the TINs can as well be accessed online using individual phones.
- iv) Natural calamities: most beneficiaries were engaged in primary agriculture production. The agricultural sector was affected directly and indirectly by long dry spells, poor yields because of the long dry season, the high cost of feeds in the cattle corridor areas, and floods which affected crop production, especially in areas around the Rwenzori and Elgon regions. This caused some groups to abandon their original viable projects for alternative means, leading to uncalculated costs related to converting enterprises to the ones deemed viable.

iii. Social care programs implemented

The planned outputs were: an operational framework for social care and support system developed, social care and support institutions constructed, social care and support institutions rehabilitated (older persons, PWDs, GBV survivors, OVCs, drug addicts), social care institutions equipped, food to social care institutions provided, social care and support institutions regulated and certified, case management system on GBV and child abuse, neglect and exploitation strengthened (case clinics, Sauti toll-free helpline, GBV Management Information System (MIS), rescue, rehabilitate and resettle street children, the Probation and Welfare Act amended, and the alternative care framework implemented.

By 30th June 2023, the operational framework was functioning, while 168 against a target of out of 128 planned street children were rescued from Kampala streets, rehabilitated at Kobulin Youth Skills Centre and resettled in the Karamoja region.



The Remand Homes (RH) handled a total of 2,940 children (12-17 years) in conflict with the law. The juveniles were skilled in vegetable farming, compound designing, bread making, piggery, court attendance, indoor and outdoor games, social inquiries and basic education skills as measures of empowering them with sustainable employable skills. In FY 2021/22 at Naguru Remand Home 210 juveniles passed Directorate of Industrial Training (DIT) exams and in FY 2022/23 a total of 163. However, the lack of imprest funds, enough materials and instructors affected the delivery of skills in all the remand homes. The performance notwithstanding, the social care institutions were not equipped or renovated due to insufficient funds.



Left: Deserted matron's room at Kabalore Remand Home. Top right: Youth in the carpentry class at Ocoke Rehabilitation Centre in Gulu District. Bottom right: Juveniles in beading class at the remand home

Kabalore Remand Home, Mpumudde Rehabilitation Centre and Gulu Remand Home still had dilapidated structures with leaking roofs, limited food supplies and learning materials. This resulted in a decrease in the admission of learners at the centres.

Food and non-food items distributed to social care institutions to feed vulnerable children and marginalized youth

The target was to provide food and non-food items to 1,500 vulnerable children in the seven remand homes, Kampiringisa National Rehabilitation Centre and Naguru Reception Centre. The planned sub-output was: 12 youth and children institutions empowered to provide psycho-social support to children and youth as well as the capacity to deliver empowerment and social care services.

The MGLSD procured food and non-food items for social care and protection institutions. The food items included maize flour, beans, rice, sugar and vegetables among others and the non-food items included detergents, toiletries, and training materials that were used for rehabilitating and training the children and youth in various disciplines including tailoring, carpentry and joinery, metal and fabrication works, gardening, hairdressing as well as leather works. The items were distributed to all institutions by service providers.

All seven remand homes, the Naguru Reception Centre, and Kampiringisa National Rehabilitation Centre received support from the MGLSD as well as well-wishers. The Ministry paid fully the utility bills (water and electricity power).



The seven remand homes, Kampiringisa National Rehabilitation Centre, Naguru Reception Centre and six rehabilitation centres handled 3,577 children in conflict with the law between the ages of 12-17 years. Minor and capital offences included murder, aggravated robbery, defilement, theft, domestic violence, and drug abuse among others. The children at the rehabilitation centres were also trained in the same skill areas as those in the remand homes.

There were more boys than girls in the homes. The percentage for girls ranged between 2%-5% for all remand homes except for Ihunga Masindi Remand Home which shelters only boys. There has been an increase in the numbers at the remand homes, for the last five FYs, although the foods and non-foods budget (Ug shs 641,390,000) has been static for the last 10 FYs. This implied that each of the 12 institutions on average had an annual budget of Ug shs 13.3 million to cater for its needs including fuel to resettle juveniles, attend court cases, case management and investigations, but also procure learning materials, sanitary items and food.

The number of juveniles increased in FY 2022/23 compared to FY 2021/22. This was attributed to the COVID-19 after-effects including the redundancy of children because they were not attending school, engagement in small businesses, and peer pressure that resulted in committing the offences. In FY 2020/21 the numbers were low because of limited transport and accessibility to courts of law as a result of restrictions on movement due to COVID-19 (Table 6.8).

Table 6.8: Trends of Juveniles Admitted at the Remand Homes

Institution	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Naguru Reception Centre	280	178	163	100	158
Naguru Remand Home	880	810	765	1,035	699
Kabale Remand Home	55	74	39	94	121
Ihunga Masindi Remand Home	81	36	42	64	142
Kabalore Remand Home	505	319	65	159	280
Mbale Remand Home	No data	529	139	235	430
Gulu Remand Home	246	227	144	176	301
Arua Remand Home	379	301	227	360	409
Kampiringisa National Rehab	482	360	168	312	400
Total	2,908	2,834	1,752	2,535	2,940

Source: Field Findings

In FY2022/23, Lweza Rehabilitation Centre had the least youths under rehabilitation and skilling, with the highest registered at Ocoko Rehabilitation Centre (Table 6.9).

Table 6.9: Number of Youths at the Rehabilitation and Youth Skills Centres

Institution	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	FY 2022/23
Ruti Rehabilitation Centre	X	80	0	77	48
Ocoko Rehabilitation Centre	60	40	0	60	53
Kireka Rehabilitaton Centre	X	XX	0	X	52
Lweza Rehabilitation Centre	X	XX	0	X	29
Mpumudde Rehabilitation Centre	X	XX	0	X	30
Ntawo Youth Skills Centre	200	190	0	148	100
Kobulin Rehabilitation Centre	340	130	0	48	325
Total	600	440	0	333	637

Source: Field findings

XX: No admissions due to COVID-19 X; No data by institution



Challenges

1. Inadequate staff coupled with limited budgets to rehabilitate and skill the juveniles, purchase sufficient food and non-food items, limited ICT equipment to have on-time data; inadequate fuel budget and transport means to cater for emergencies, transfer to courts, case management and resettle juveniles.
2. Increasing habitual crime perpetrators among the children forces them to be constantly remanded.

Recommendations

1. The MGLSD should prioritize resource allocation to both food and non-food items.
2. The MGLSD should intensify sensitization of communities on appropriate care and protection of children in conflict with the law.

iv. Service providers trained in the provision of economic empowerment programs for PWDs

The plan was to conduct capacity building for 60 district and city staff on the utilization of the Disability Information Management System.

A total of 60 duty bearers from MDAs, LGs, private sector and non-governmental organizations were oriented on the PWDs Act 2020 and the 2023 National Policy on PWDs 2023. In addition, 12 district planners from 15 LGs were sensitised on PWD rights. The National Council for Persons with Disability trained PWD council members for 12 districts from 15 districts (three from the North, three from West Nile, four from the East, and five from the Central region). These included Gulu, Omoro, Nyowa, Yumbe, Arua, Terego, Mbarara, Kasese, Rukungiri, Masaka, Lwengo, Jinja, Iganga, Mbale, and Sironko.

v. A functional social care and support MIS developed

The plan was to organize a SAGE MIS upgrade. The workshops were not conducted and were planned for August 2023 because system enhancement was ongoing. The activity awaited completion of User Acceptance Tests (UAT).

vi. Policy and legal framework on social protection strengthened/developed

The National Youth Policy Action Plan was reviewed, the Gender mainstreaming guidelines validated, the EOC Policy developed, and the National Equity Guidelines for National Resources reviewed.

vii. Social Protection Single Registry developed and Operationalized

The National Single Registry (NSR) for Social Protection was developed and launched as a tool for effective planning, coordination, harmonization, implementation and monitoring of social protection programmes in the country. The Disability Information Management System (DMIS) was developed to enhance social protection targeting PWDs. Like the SAGEMIS, the DMIS will be a critical data source for the National Single Registry.

viii. Newly elected Chairpersons council for older persons at city, district and municipalities inducted on the older Persons Council Structure and mandate

The plan was to induct all district chairpersons, however, 112 chairpersons (83%) were inducted: 25 were from the North, 40 from Central and 47 for Eastern Uganda.



6.2.2 Expand livelihood support, public works, and labour market programs to promote green and resilient growth

The intervention targets the youth, training and monitoring women entrepreneurs in different enterprises, and extending social security to informal sector workers. The planned outputs were: labour Intensive Public Works Programme implemented, Youth Livelihood Programme strengthened, Youth Venture Capital Fund strengthened, women entrepreneurship programme strengthened, Enterprise Fund for older persons developed, National Youth Service Scheme developed, Social Protection Single Registry developed, and social security schemes expanded to cover the informal sector.

The intervention performance was fair (65%). Outputs were implemented as planned except for the development of the National Youth Service Scheme. Overall performance was affected by the low rates of recovery of funds from beneficiaries. The Uganda Women Entrepreneurship Programme (UWEP) recoveries were at 35% whereas YLP was at 10%. Detailed performance is given hereafter:

Youth Livelihood Programme strengthened

The Youth Livelihood Programme (YLP) is a revolving programme, targeting the poor and unemployed youth in all the districts in the country. The maximum amount of funds per group was Ug shs 12.5 million.

Due to the downtrend in the number of beneficiaries over the years, in FY 2022/23, the sub-programme planned to merge the YLP and UWEP programmes and disburse funds to beneficiary groups. Following the merger, 1,061 youth groups benefitted from the YLP, translating into 7,274 youths in all LGs except for Jinja, Kapchorwa, Butambala, Masaka, Kabale, Terego, Amuru, and the cities of Masaka, Arua and Hoima where late submission of beneficiary files and low recovery rates affected performance. Recovery rates at the LGs monitored on average were very low at 9%, occasioned by the inadequate follow-up of beneficiaries.

Table 6.9 illustrates the gaps in the timely collection and archiving of data of YLP data from the LGs i.e. Kamuli, Mbale, Kumi, Kabalore, Arua, Kiboga and Gulu. The districts of Mbarara, Kabale, Kabalore, Tororo, Butambala, Masaka, Masindi, Terego, Kakumiro, Hoima, Gulu, Amuru, Kasese and Luwero, Kaberamaido, plus the cities of Masaka, Lira, Hoima, and Fortportal had partial data.

Whereas the national recovery rate was at 23%, the rate of funds for the districts monitored and had complete data was at 20% on average. This was attributed to the disintegration of the beneficiary groups, a change of identity by the group members, and limited operational funds for CDOs to mobilize, follow up and recover funds from beneficiaries.

Table 6.10: Total Disbursement and Recovery of YLP Funds to Local Governments by 30th June 2023

District	Disbursed	Recovered	Groups	No. of persons	Female	Male
Nebbi	1,098,995,050	235,405,550	157	2,108	1,203	858
Kween	1,142,976,047	200,790,000	181	2,085	962	1,123
Jinja	828,386,224	134,738,000	94	1,125	523	602
Kapchorwa	469,971,751	103,157,000	67	797	352	444
Paliisa	1,748,806,870	200,386,400	235	2,555	1,197	1,307



Mpigi	863,278,000	158,300,000	100	1,210	559	663
Lira D	998,397,560	190,539,136	127	1,538	647	891
Katakwi	2,517,774,500	532,315,200	307	3,405	1,422	1,983
Ntoroko	1,064,661,500	361,839,824	118	1,298	624	674
TOTAL	10,733,247,502	2,117,471,110	1,386	16,121	7,489	8,545

Source: Field Findings *XX: No data by DLG*

The beneficiary youths set up enterprises such as skills training and empowerment of other youths who were not part of the group, paid school fees for their children, and improved standards of living among others. The YLP contributed to the DLGs' local revenue collection basket as the existing projects were taxed.

(iii) Youth Venture Capital Fund strengthened

The plan was to establish a fund that could create employment opportunities for the youth as part of the government's solutions to the youth unemployment challenge. The plan sought to promote self-employment through the establishment of National Youth Funds. The major pillars of these initiatives were enterprise development, job creation and business skills training and development.

In FY 2022/23, the sub-programme planned to support 2,000 youths with start-up capital, however by 30th June 2023, only 136 youths had benefited. This was attributed to the expiry of the MoU between the Government of Uganda and Centenary Bank. Cumulatively, from its inception in FY2011/12 the programme registered good progress as 5,107 youths had benefited of whom 1,302 had fully paid up their loans.

(iv) Women Entrepreneurship Programme Strengthened

The goal of the Uganda Women Entrepreneurship Programme (UWEP) was to empower Ugandan women to improve their income levels and their contribution to economic development. The UWEP supported women groups engaged in different enterprises, trained and monitored their projects and facilitated the distribution of funds to women within the age bracket of 18-79 years (as amended).

The programme registered good progress as 1,479 women groups were supported with enterprise funds against the planned 1,230 groups, thus reaching 12,090 individual women. The recovery rate of funds for the districts monitored on average was 34%. Table 6.11 details the disbursement and recovery amounts.

Table 6.11: Total disbursement and recovery of UWEP funds to Local Governments by 30th June 2023

District	Disbursed	Recovered	Groups	No. of Women
Kumi	834,838,500	318,056,850	20	1,195
Mbarara	794,730,887	1,556,155,582	122	1,351
Jinja	594,178,407	133,511,200	134	1,072
Kamuli	1,064,702,200	253,984,002	153	1,679
Kapchorwa	668,523,191	150,958,250	103	1,042
Tororo	1,128,388,973	486,342,678	177	1,286
Paliisa	968,853,354	92,558,624	180	1,614
Mpigi	327,068,000	76,697,000	36	275

District	Disbursed	Recovered	Groups	No. of Women
Masaka	637,743,929	185,738,100	84	961
Mbale City	879,496,495	314,007,063	61	278
Nebbi	608,577,250	245,269,000	103	1,461
Mubende	612,693,000	106,500,000	87	1,207
Kakumiro	825,334,523	315,950,000	157	1,624
Houmadly	773,408,800	106,500,000	104	970
Hoima City	545,337,845	137,200,000	68	436
Kiboga	680,520,744	168,867,700	136	1,205
Gulu City	200,241,000	130,000,000	39	630
TOTAL	12,144,637,098	4,778,296,049	1,764	18,286

Source: Field Findings

XX: No data by DLG

Table 6.11 illustrates the gaps in the timely collection and archiving of UWEP data from the LGs i.e. Gulu DLG, Arua DLG, Kumi, Mbale DLG, Kween DLG, and Arua City. The districts of Amuru, Terego, Butambala, Katakwi, Mbale and Masaka City had partial data. Whereas the national recovery rate was at 58%, the rate of recovery for the districts monitored and had complete data was at 39% on average. The low performance was attributed to disgruntlement among groups, relocation of women because of marriage, COVID-19 effects and mismanagement of funds, and limited operation funds to CDOs against wide areas of coverage. Despite the challenges recorded, women benefited from the programme and testified that:

- a) The group approach gave women an opportunity to improve their knowledge and skills through mentoring each other. The greater involvement of the women in mobilization, sensitization, prioritization and planning for their needs, implementation monitoring and evaluation of programme activities created a sense of empowerment and confidence to take charge of their destiny as well as enhanced confidence.



L-R: District officials in a meeting with some of the beneficiaries in Terego District and Ms. Aber of Gulu Food Basket Women's Group at her stall

- b) Reduction of dependence syndrome among women beneficiaries as their economic independence increased. The improved income helped the women make independent decisions, especially regarding the utilization of their money. The majority of the women supported were in the vulnerable category, mainly dependent on their husbands for support in almost all spheres of life which at times led to domestic violence. The programme enabled them to provide for their basic needs.
- c) Others were able to acquire assets such as radios, bicycles, motorcycles, land, and domestic animals which were majorly a preserve of men in the community.



(v) Enterprise grant for older persons developed

The Social Enterprise Grant for Older Persons (SEGOP) is an alternative GoU programme aimed at bridging the gap in the SAGE, Pension Scheme, *Emyooga* and Operation Wealth Creation (OWC) to support older persons with wealth creation funds for undertaking income-generating activities to increase their household income. The goal is to improve the quality of life and dignity of older persons through the provision of financial support to older persons for income generation, enhancement of entrepreneur and life skills of older persons and promotion for participation of older persons in development programmes.

By 30th June 2023, the SEGOP guidelines were developed to provide a framework for the implementation and the final national consultation took place at Hotel Africana on 30th August, 2022. The consultations targeted the nominated Senior CDOs, district councilors representing older persons, Chairpersons of Older Persons' Councils in all LGs, Members of Parliament representing older persons, and regional members of the National Council for Older Persons.

The SEGOP grant benefited a total of 564 out of 600 groups translating into 3,831 older persons, of which 1,952 were male and female 1,879. Each group received Ug shs 5million. All LGs benefited except districts like Amuru and Ntoroko. All the LGs received funds late (between May and June 2023), hence the benefits and challenges by the beneficiaries could not be captured during the monitoring exercise.

6.2.3 Promote Women's economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs, business centres

The planned output was women's participation in development processes increased. The programme intended to promote women's representation at various structures; train and empower women in leadership; conduct capacity building of 50 newly elected women councils on leadership skills; develop and roll out the household model for socioeconomic empowerment; profile women-owned businesses and train them in business management; and develop and implement a communication strategy women participation in decision making.

The performance of the intervention was fair (61%) as the planned output targets were missed. Detailed performance of outputs is given hereafter:

i) Women's participation in development processes increased

The plan was to train 6,300 women leaders and 4,500 teenage mothers from 22²⁰ districts on leadership and how they could mobilize their communities to benefit from government programs with special emphasis on ensuring women's 30% compliance in the Parish Development Model (PDM); undertake skills development trainings for selected 700 teenage mothers, mobilize and conduct soft and hard skills development trainings for the 1,000 selected women entrepreneurs.

By August 2023, four trainings on hands-on skills such as tailoring, agriculture were conducted in the districts of Kyegegwa, Bunyangabu, Arua and Nebbi that benefited 400 teenage mothers, and a draft women leaders' code of conduct was developed.

20 Kisoro, Amolator, Sheema, Amuru, Nwoya, Kiryandongo, Kayunga, Gomba, Lira, Kamuli, Kayunga, Nakipiripirit, Masaka, Budaka, Namayingo, Wakiso, Masaka, Kampala, Bushenyi Rukungiri, Kitgum, Otuke.



ii) Communication strategy for women's participation in decision-making in place

The plan was to develop, print and disseminate the women leaders' code of conduct and operational manual to all district women chairpersons. A draft for the women leaders' code of conduct was developed, however, it awaited validation. The communication strategy was not developed.

iii) Profile women-owned businesses and train them in business management

The plan was: 1,000 small-scale women entrepreneurs skilled, retooled and linked to vocational training centres. By 30th June 2023, seven hands-on skills and entrepreneurship trainings were conducted in the districts of Maracha, Kiruhura, Mbale, Masaka, Gomba, and Nakawa Division Kampala that benefited a total of 680 women. In addition, 400 out of 700 teenage mothers received hands-on skills in the districts of Kyegegwa, Bunyangabu, Arua and Nebbi.

6.2.4 Scale up Gender Based Violence interventions at all levels

The planned outputs were: GBV prevention and response system strengthened, the National GBV Database strengthened, and the Helpline strengthened. The achievement of outputs is planned through the rollout of a monitoring program for GBV cases, support and sensitize GBV victims, create awareness and strengthen sensitization on positive social norms and attitudes within the community, conduct capacity-building training with LG stakeholders (LGs and civil society organisations - CSOs) on the National Gender-Based Violence Database management, and strengthen the Helpline.

The overall performance of the intervention was fair at 50% as the planned targets were missed due to limited funding. Despite the initiatives, the National GBV prevalence rate remained high with emotional abuse at 32%, physical assault at 24%, and denial of resources at 24%.

i) Gender-based violence prevention and response system strengthened

The plan was to ensure that a GBV Case Monitoring Programme was in place. The MGLSD has the oversight role of coordinating LGs with CSOs that manage GBV shelters. The CSOs manage the facilities based on experience and resource availability. A total of 20²¹ GBV centres were planned to be inspected for quality assurance. The exercise was to ensure that the facilities were safe and operational. These included 12 centres managed by M/s Action Aid, two by M/s Uganda Women's Network (UWONET), one by M/s O'koa Refuge, one by I-net, three by M/s Mifumi and one by M/s Uganda Network on Law Ethics and HIV/AIDS (UGANET).

Poor progress was noted as only seven of the 18 GBV shelters acknowledged that they were inspected by MGLSD to ensure compliance with GBV shelter standards and guidelines. The performance was attributed to limited funding. Furthermore, the lack of enough systems to capture GBV victims gave an implication of lower numbers at the respective reporting pathways. Consequently, several unknown GBV cases continued unabated leaving a gap in identifying the magnitude of GBV in communities.

The National GBV Database strengthened

The plan was to conduct capacity-building training with LG stakeholders on the National Gender-Based Violence Database (NGBVD) management. This was done in some LGs although by the 30th June 2023, the system was still under upgrade by the United Nations Population Fund (UNFPA). Minimal usage of the National GBV database was noted as LGs had a backlog of files not loaded on the system due to limited access.

21 Gulu, Moroto, Tororo, Paliisa, Masaka, Mbarara, Katakwi, Jinja, Mubende, Bwaise, Kumi, Lira, Amuru, Amudat, Namutumba, Kamuli, Ntinda, and Nebbi



Helpline strengthened

The Uganda Child Helpline (SAUTI 116) followed up on cases reported through various channels (telephone calls, voicemail messages, media, walk-ins, U-report), and received and attended to callers from across the country. Between January and June 2023, the total number of cases of Violence Against Children (VAC) was 6,033 of which 3,746 were girls, 2,210 boys and 77 were unknown. Cases of violence against women/GBV were 452, of which 406 were women and 46 were men. There was an improvement in the recording of cases compared to last FY as a result of an upgrade of the old system.

6.2.5 Commemoration of GEWE Advocacy and Networking Days

The performance of the intervention was very good (90%) as the Gender Equality and Women's Empowerment (GEWE) advocacy campaigns and networking days were marked and commemorated. Through the National Women Council subvention, 146 districts and the respective cities were supported with Ug shs 3m to organize and commemorate International Women's Day 2023. At the national level, it was commemorated in Kiruhura District and different pre-activities including pre-visits, exhibitions, media engagements, skilling of women, blood donation (980 units were collected), and a female youth convention/symposium were organized.

The 16 days of activism were held from 25th November (International Day of Eliminating All Forms of Violence) to 10th December (International Human Rights Day) December 2022 in Bukwo district under the theme: "UNITE! *Activism to end violence against women and girls*".

6.2.6 Implement National Male Involvement Strategies in the promotion of gender equality

The intervention aims at creating male involvement strategies in the promotion of gender equality. In FY 2022/23, the plan was to implement a national male involvement strategy on gender equality (GE), mobilize and train male change agents on GBV prevention and response, and conduct social behavioural change communication.

The performance of the intervention was fair (67%). With support from the UNFPA Spotlight Project, the men trained as male champions in prevention and response to GBV, and sensitized fellow men about GBV in 30 districts. This was to ensure that they could help in the referral path of GBV victims within communities where they were deployed with the guidance of the National Line Pathway. The initiative to involve male champions as change agents had a very positive impact in the reduction of GBV.



Male change agents at Kween GBV shelter in a mediation meeting with clients



6.2.7 Implement the Uganda Gender Policy Action Plan

The planned outputs were Uganda Gender Policy reviewed, tailored non-formal vocational, entrepreneurial and life skills training provided to out-of-school youth, and Commonwealth youth programs implemented. The performance of the intervention was fair (67%), as the Uganda Gender Policy was presented to Parliament and Cabinet pending approval.

Tailored non-formal vocational, entrepreneurial and life skills training provided to out-of-school youth

The plan was to train 650 youths in Ntawo and Kobulin Youth Skills Centres. However, a total of 417 youths were trained due to insufficient funds. Nonetheless, there was an increase in the number of learners from 196 (FY 2021/22) to 426 in FY 2022/23.

6.3 Sub-programme Challenges

1. Lack of a complete National Social Registry (database) that comprehensively integrates all information on individual and household level socio-economic situations. This limits proper planning, registration and determination of possible eligibility for social programs.
2. Continued weak coordination and implementation of interventions in silos limited the impact of the outputs. For instance, much as the SAGE improved the lives of older persons regarding health care, specialized doctors for elderly persons (geriatrics) at the lower health facilities were not available. Furthermore, the remand homes lacked funds for skilling the juveniles, an initiative that the Directorate of Industrial Training under the Education, Sports and Skills Development Sub-programme could offer to these institutions.
3. Inadequate data on outcome performance partly constrained assessment.

6.4 Sub-programme Conclusion

The overall Gender and Social Protection Sub-programme performance in the FY was fair (64.5%) with better performance registered at the output than outcome level. At the intervention level, performance varied with two of the seven monitored interventions registering good performance, while the rest registered fair performance. Good performance was noted under the interventions - commemoration of GEWE advocacy and networking days (90%), and expand scope and coverage of care, support and social protection services of the most vulnerable groups in disaster-prone communities (75%).

The sub-programme explored innovative avenues to minimize social exclusion and discrimination while promoting empowerment and resilience of poor and vulnerable families, however over 80% of the core interventions registered fair performance. The institutional challenges that affected the effective service delivery included - limited information and lack of systems to avail information to aid effective planning, restructuring of the SAGE Secretariat that affected operations, low recovery rates that affected the performance of grants, and limited coordination within interventions and across the sub-programmes which impacted negatively on service delivery.



6.5 Sub-programme Recommendations

1. The MGLSD should fast-track the implementation of a comprehensive social registry that integrates all social care programs. In addition to monitoring for effective planning and actions in case of shocks, the registry will be useful for the potential participation of the targeted demographic in social programs.
2. The Ministry of Education and Sports as the programme head should prioritize strengthening the programme secretariat to ensure that sub-programmes engage on aspects of social protection right from the planning stage. This will enhance multi-sectoral linkages.



CHAPTER 7: POPULATION HEALTH, SAFETY AND MANAGEMENT SUB-PROGRAMME

7.1 Introduction

The Population Health, Safety and Management Sub-programme contributes to objective four of the third National Development Plan (NDP III) which is to “improve population health, safety and management in Uganda”. The sub-programme’s 10 interventions reprioritized during the midterm review of the NDPIII are implemented under various Votes including: Ministry of Health (MoH), National Referral Hospitals, Regional Referral Hospitals (RRHs), Local Governments (LGs), Ministry of Water and Environment (MWE), National Planning Authority (NPA), Ministry of Education and Sports (MoES), Uganda Bureau of Statistics (UBOS), and Ministry of Gender, Labour and Social Development (MGLSD) among others.

Sub-programme Key Result Areas

According to the NDP III Result’s Framework, the following results (Table 7.1) were expected to be attained in FY 2022/23.

Table 7.1: Population Health and Safety Key Result Areas FY 2022/23

Indicators	FY 2022/23
Life expectancy at birth (years)	67.02
Infant Mortality Rate/1,000	37.6
Maternal Mortality Ratio/100,000	261
Neonatal Mortality Rate (per 1,000)	21
Total Fertility Rate	4.8
U5 Mortality Ratio/1,000	35
Population growth rate (percent)	2.8
Increased access to safe water supply (Rural)	80.3
Increased access to safe water supply (Urban)	89.6
Sanitation coverage (improved toilet)	32
Hygiene (hand washing)	42
Health insurance	15

Source: NDP-III 2020/21 - 2024/25

The sub-programme’s 10 interventions as per the reprioritized NDPIII priorities include:

- i) Improve maternal, adolescent and child health services at all levels of care.
- ii) Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic-prone diseases and malnutrition across all age groups emphasizing the Primary Health Care Approach.
- iii) Prevent and control non-communicable diseases with a specific focus on cancer, cardiovascular diseases and trauma, and establish centres of excellence in the provision of oncology, cardiovascular and trauma services at both national and regional levels and foster regional integration.
- iv) Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach.



- v) Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.
- vi) Increase access to Sexual Reproductive Health (SRH) and Rights with a special focus on family planning services and harmonized information.
- vii) Increase financial risk protection for health with an emphasis on implementing the national health insurance scheme.
- viii) Promote health research, innovation and technology uptake.
- ix) Increase access to SRH and Rights with a special focus on family planning services and harmonized.
- x) Establish and operationalize mechanisms for effective collaboration and partnership for Universal Health Coverage (UHC) at all levels.

Annual monitoring focused on nine²² out of the ten interventions (Table 7.4).

7.2 Sub-programme Financial Performance

Labour and Employment Services was among the sub-sub programmes that took the least share of the Population Health, Safety and Management Sub-programme allocation, while the Public Health Services dominated the share of the allocation to the sub-programme (Table 7.2). In terms of the Vote share of the Ug shs 4.7 trillion allocation, MoH came first as it was responsible for Public Health Services, followed by MWE which was responsible for water development, LGs that were responsible for Primary Health Care, and National Medical Stores (NMS) followed as it was responsible for Pharmaceutical and Medical Supplies (Table 7.3).

Table 7.2: Allocation share of the sub-sub-programmes within the Population Health, Safety and Management Sub-programme for FY2022/23

Sub-sub-programmes	Approved Budget (Ug shs)	Share of Budget (%)
Public Health Services	1,215,908,583,202	25.638
Directorate of Water Development	1,027,782,845,735	21.671
Primary Health Care	991,700,789,435	20.911
Pharmaceutical and Medical Supplies	513,090,245,686	10.819
Regional Referral Hospital Services	285,998,701,399	6.030
Strategy, Policy and Development	231,373,614,248	4.879
Curative Services	103,662,075,955	2.186
National Referral Hospital Services	98,304,203,686	2.073
Cancer Services	63,928,955,072	1.348
Support Services	28,979,546,030	0.611
Mulago Specialized Women and Neonatal Hospital Services	26,368,495,392	0.556
Heart Services	24,411,228,611	0.515
Safe Blood Provision	23,680,941,196	0.499
Provision of Specialised Mental Health Services	20,841,295,556	0.439
National HIV&AIDS Response Coordination	17,921,327,201	0.378
Human Resource Management for Health	13,964,203,792	0.294
Community Health Management	13,786,445,239	0.291
Virus Research	10,132,112,821	0.214
Development Planning	8,932,990,600	0.188

²² Only the intervention for establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels was not monitored.



Sub-sub-programmes	Approved Budget (Ug shs)	Share of Budget (%)
Policy, Planning and Support Services	7,594,769,200	0.160
Population Advocacy, Family Health and Communication	4,751,020,960	0.100
Technical Vocational Education and Training	4,090,516,097	0.086
Health Governance and Regulation	4,043,222,726	0.085
Labour and Employment Services	1,260,000,000	0.027
General Administration and Support Services	88,680,000	0.002
Grand Total	4,742,596,809,839	100.000

Source: Approved estimates of revenue and expenditure Vol.1 & IFMS

Regarding funds utilization, MoH performed poorly followed by the Uganda Cancer Institute (UCI). The low performance was attributed to the low absorption of external financing due to un-readiness to implement planned works and delayed delivery of equipment to warrant payments, while other activities particularly under the Global Fund for Malaria, human immunodeficiency virus (HIV) and tuberculosis (TB) were earmarked for the last six months of the current grant which is closing in December 2023.

The highest absorption was recorded by National Medical Stores (NMS) which spent its funds among others to procure, warehouse and transport essential medicines and health supplies to the various health facilities across the country. In as much as NMS recorded good funds absorption, the NMS was ineffective in terms of timely deliveries of essential medicines and health supplies and most of the HCIIIs and HCIIIs received only four out of the six expected cycles. It is expected that the value of the medicines for the unspent funds will be supplied in FY2023/24.

Table 7.3: Financial Performance of the Population Health, Safety and Management Sub-programme (Ug shs bn)

Institution	Revised Budget	Released by End Jun	Spent by End of Jun	% Budget Released	% Releases Spent
Ministry of Health	1,778.73	1,266.48	697.951	71.2	55.1
Uganda Cancer Institute	68.986	59.905	53.586	86.8	89.5
Uganda Heart Institute	23.662	23.382	21.391	98.8	91.5
16 Regional Referral Hospitals	245.40	239.43	220.97	97.56	92.29
Mulago Specialized Women and Neonatal Hospital	31.924	31.891	29.863	99.9	93.6
Uganda Blood Transfusion Services	24.329	24.329	23.123	100.0	95.0
Kiruddu National Referral Hospital	27.393	27.393	26.111	100.0	95.3
Naguru National Referral Hospital	12.494	12.322	11.757	98.6	95.4
Mulago National Referral Hospital	109.258	106.401	103.57	97.4	97.3
Uganda Virus Research Institute	10.579	10.56	10.349	99.8	98.0
Butabika National Referral Hospital	21.672	21.666	21.571	100.0	99.6
Kawempe National Referral Hospital	21.478	18.084	18.073	84.2	99.9
Uganda National Medical Stores	513.09	505.412	505.412	98.5	100.0
Grand Total	2,888.99	2,347.25	1,743.72	88.67	74.29

Source: IFMS, Vote Performance Reports, Field Findings



7.3 Sub-programme Physical Performance

Overall performance of the Population Health Safety and Management Sub-programme was fair achieving 64% of the set targets. The weighted performance for outputs was fair at 52%, while the outcome performance was good at 86%²³ (Annex-8).

Concerning the NDPIII key results areas, the sub-programme achieved only two indicators of Maternal Mortality Ratio/100,000 and Infant Mortality Rate/1,000. This translated into 22% performance as it missed all the seven outcome indicator targets (Table 7.5). Achieving the Maternal Mortality Ratio (MMR) and Infant Mortality Ratio (IMR) indicators was partly attributed to improvement in health-seeking behaviour. For instance, 91%²⁴ of births were delivered in a health facility.

In addition, the Neonatal Mortality Rate (NMR) was at 22 per 1,000 live births improving from 27 per 1,000 live births an indicator that had hitherto stagnated at 27 since 2011. The total fertility rate was at 5.2 which was overall higher than the urban which was 4.3 but lower than the rural which was 5.6. Regional analysis of fertility trends indicates that it was highest in Karamoja at 6.7 and lowest in Kampala at 3.7. Eleven percent of women between 15 to 49 years experienced sexual violence in the last 12 months.

Comparative analysis for FY 2021/22 and FY2022/23 however indicated reversals in indicator performance except for IMR and NMR where there were improvements based on health facilities data. The IMR decreased, by 0.5 per 1,000 live births and the NMR also decreased by 0.05 per 1000 live births between FY2021/22 to FY2022/23. Concerning the observed reversals, for example, institutional level MMR increased from 86.3 to 92 between FY2021/22 and 2022/23 per 100,000 deliveries, while deliveries decreased from 1,461,738 to 1,412,855 between FY2021/22 and FY2022/23.

Although the rest of the indicators were missed, the sub-programme recorded some improvements. The contraceptive prevalence rate improved from 35% in 2016 to 37% in 2022 with the unmet need for family planning recording 22%. Contraceptive use on the other hand was higher at 47% among sexually active unmarried women compared to the currently married women by four percentage points.

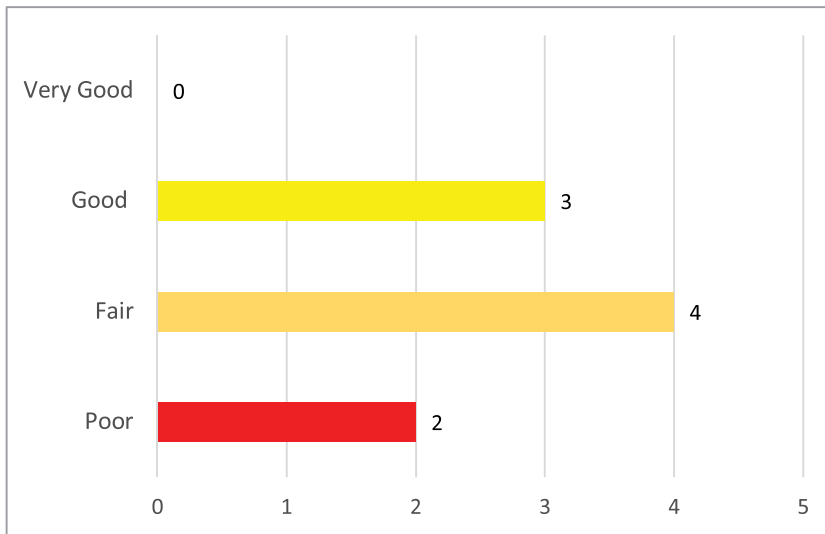
In addition, access to rural water was at 70% of the targeted 80.3%, and urban water access was 73.4% out of the 89.4% target, basic sanitation attained 20% of the 32% target. It is important to note that the MWE did not provide values for hygiene/handwashing practices thus this was not assessed. **The Detailed performance by intervention and outputs is highlighted in Annex 8.**

In terms of intervention performance, the majority (four) recorded fair performance, three interventions recorded good performance, and two interventions poorly performed. **(Figure 7.1 and Table 7.4).**

23 The outcome performance is based on the Uganda Demographic and Health Survey results (UDHS-2022) whose results are cumulative over the years between 2016 to 2022. It is also holistic as it considers both institutional and non-institutional data. The outcomes are largely explained by past outputs.

24 Uganda Demographic and Health Survey results - UDHS-2022.

Figure 7.1: Summary performance of intervention against total interventions reviewed (Number)



Source: Field Findings

Table 7.4: Summary performance of interventions as at 30th June 2023

SN	Intervention	Colour Code	Remarks
1	Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multisectoral approach	Yellow	Achieved 84% of the targets.
2	Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), and epidemic-prone diseases emphasizing the Primary Health Care Approach	Yellow	Achieved 75% of the targets.
3	Promote health research, innovation and technology uptake	Orange	Achieved 66% of the set targets.
4	Prevent and control Non-Communicable Diseases with a specific focus on cancer, cardiovascular diseases and trauma	Yellow	Achieved 71% of the set targets.
5	Increase financial risk protection for health with an emphasis on implementing the national health insurance scheme	Red	Missed the targets. Achieved 49% of the desired targets. As the bill was yet to be presented to the cabinet.
6	Increase access to Sexual Reproductive Health (SRH) and Rights with a special focus on family planning services and harmonized information	Orange	Achieved 66% of the set target.
7	Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices	Red	Missed most targets. Only achieved 42% of set targets due to poor planning and prioritization. Rolled over schemes remained incomplete and not earmarked for completion.
8	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:	Orange	Achieved 55% of the set targets.
9	Improve maternal, adolescent and child health services at all levels of care	Orange	Achieved 63% of the set targets.

Source: Field Findings

**Table 7.5: Selected Indicator Performance as at 30th June 2023**

Indicators	FY 2022/23	Achieved
Infant Mortality Rate/1,000	37.6	36
Maternal Mortality Ratio/100,000	261	189
Neonatal Mortality Rate (per 1,000)	21	22
Total Fertility Rate	4.8	5.2
U5 Mortality Ratio/1,000	35	52
Population growth rate (percent)	2.8	3
Increased access to safe water supply (Rural)- Percent	80.3	70
Increased access to safe water supply (Urban)	89.6	73.4
Sanitation coverage (Improved toilet)	32	20

Source: Field Findings, UDHS, 2022, MWE

Detailed performance by intervention and outputs is presented hereafter:

7.3.1 Improve Maternal, Adolescent and Child Health Services at all levels of care

The intervention aims to improve Maternal and Child Health (MCH) services in Uganda. The intervention-related outcomes set targets in the National Development Plan 2020–2025 (NDPIII) are to reduce Infant Mortality Ratio (IMR) from 41 to 34; Under-five Mortality Ratio (U5MR) from 62.2 to 30, and Maternal Mortality Ratio (MMR) from 311 to 211 by 2025. The intervention was implemented by the following Votes - MoH, NRHs, RRHS, MGLSD, UBOS and LGs.

The planned outputs for FY2022/23 were: i) Neonatal ICUs established in all hospitals in Uganda and 81 maternity wards constructed; ii) Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) sharpened plan funded; iii) Essential Maternal and New-born Care (EMNC) guidelines completed; Family Planning (FP) Costed Implementation Plan; FP Advocacy strategy completed and Adolescent Health policy developed; iv) Integrated technical Support supervision visits and mentorships of health workers.

Others were; v) RMNCAH supplies procured; vi) Human resources for health supported to complete ongoing programmes and mentorships, vii) Critical RMNCAH equipment procured and distributed; viii) Assorted medical furniture- Uganda Reproductive Maternal Child Health Services Improvement Project (URMCHIP), Uganda Intergovernmental Fiscal Transfers (UgIFT) and Operational HC III facilities supplied; ix) Assorted medical equipment-URMCHIP, UgIFT and Operational HC III facilities procured; x) Assorted medical instruments to operationalise URMCHIP and UgIFT supported health facilities procured; xi) Critical medical equipment HC IV procured and distributed.

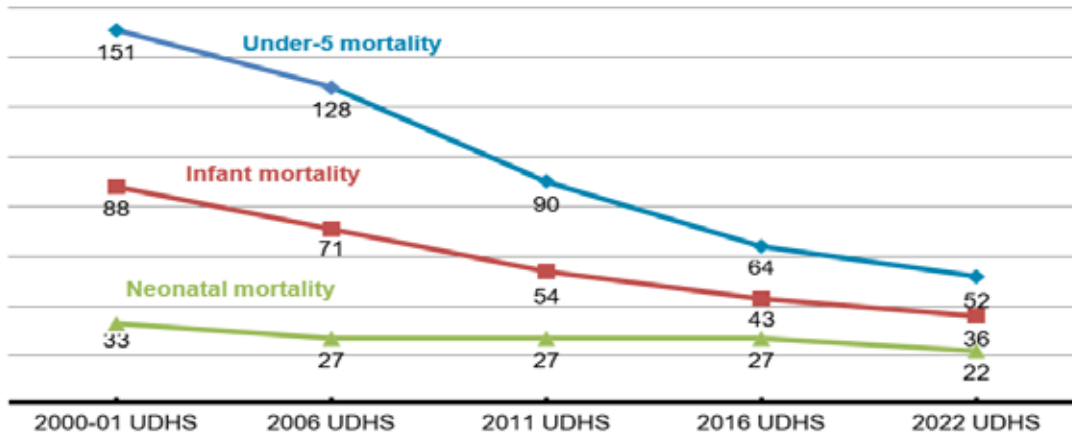
Performance

The overall performance of the intervention was fair with key planned targets registering (55%). Comparative analysis for FY2021/22 and FY2022/23 indicated reversals in indicator performance when compared to the UDHS (2022) except for IMR and NMR where there were improvements based on health facilities data. The IMR decreased, by 0.5 per 1,000 live births and the NMR also decreased by 0.05 per 1,000 live births between FY2021/22 to FY2022/23.

The Institutional Maternal Mortality Rate (IMMR) increased from 86.3 to 92 between FY 2021/22 and 2022/23 per 100,000 deliveries, while deliveries decreased from 1,461,738 to 1,412,855 between FY2021/22 and FY2022/23. The increase in IMMR was partly attributed to poor client

satisfaction, late arrival of mothers in labour at the health facilities, and lack of anaesthetic officers to support the management of emergency operations at HCIVs. According to the 2022 UDHS report, there has been a significant decrease in the U5MR, IMR and NMR from 2001 to 2022 (Figure 7.2).

Figure 7.2: Patterns of infant, neonatal and under-5 mortality rate from 2001 to 2022



Source: UDHS

The decline or improvement in the aforementioned indicators was partly attributed to the provision of investments in MCH outputs implemented across Uganda. These included Result Based Financing, mentorship, prioritization of MCH supply initiatives heightened and supported by the MoH through the Uganda Reproductive Maternal and Child Health Improvement Project (URMCHIP), Uganda Intergovernmental Fiscal Transfers (UgIFT) (some facilities benefitted with maternity block and equipment) and other development partners. The detailed progress on outputs is presented hereafter:

i) Neonatal ICUs established in all hospitals in Uganda and 81 maternity wards constructed:

As at 30th June 2023, only four Neonatal Intensive Care Units (NICUs) were functional at the national level. These were at the Women’s Hospital Mulago, Kawempe National Referral Hospital, Nsambya Hospital and Kiwooko Hospital. There were however efforts to establish, new borne care facilities in RRHs, General Hospitals (GHs) and HCIVs.

A total of six out of 12 new-born special care units were either functionalized or at advanced levels of completion. These were at Bwera GH in Kasese, Ssekanyonyi HCIVs in Mityana District, Yumbe RRH, Kiwooko GH and Mpigi HCIV, and China-Uganda Friendship National Referral Hospital Naguru. Consequently, overcrowding persists in the special baby care units, especially at the RRHs and some National Referral Hospitals like Mbarara, Arua, Hoima and Kawempe where more than two neonates share an incubator which predisposes them to cross infections. The effective and efficient functionality of the aforementioned established NICU and the new-born special care units is affected by the absence of neonatologists and anaesthetic officers at the health facilities to handle neonates and emergency operations respectively.

Regarding medical services provision for the selected NICUs, both Kawempe NRH and Mulago Specialized Women and Neonatal Hospital surpassed the target of attendances at 140% and 106% NICU admissions respectively.

A total of 81 maternity units were under construction with funding from the Government of Uganda (GoU) and World Bank loan under URMCHIP. A total of 67 maternity wards were substantially



complete at 90%. As at August 2023, the Lot 6 works were ongoing and performance was steadily improving.

The maternity units include labour suits, pre-natal and post-natal wards, neonatal care units and Kangaroo Mother Care (KMC) corners. The facilities were further equipped with furniture, beds, and medical equipment such as B.P machines, glucometers, diagnostic equipment set for MCH, autoclave, and delivery beds among others.



L-R: Substantially completed maternal, OPD block at Kanoni HCIII in Kazo District and part of the beds delivered at the facility

ii) **Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) sharpened Plan II (FY 2021/22 – 2024/25) funded:** The Plan was developed and awaited launching during this year's Safe Motherhood Conference in October 2023. The GoU and partners are funding various priority interventions within the RMNCAH Sharpened Plan.

iii) **Essential Maternal and New-born Care (EMNC) protocols, standards, and guidelines, completed; Family Planning (FP) Costed Implementation Plan; FP Advocacy strategy completed and Adolescent Health policy developed:** As at 30th June 2023, the clinical protocols for management of the small and sick newborns were developed, these included guidance in the management of neonatal sepsis. The standards on the other hand for setting up and organizing neonatal care units across different levels of care and neonatal guidelines were at the approval stage and awaited top management guidance before they were launched.

FP Costed Implementation Plan and FP Advocacy Strategy: FP 2030 commitments were disseminated at the national level and in 16 health regions. The key strategic documents were finalized, approved and disseminated in one document during last year's Annual Safe Motherhood Conference in October 2022. Regional dissemination of the same documents was supported by regional implementing Partners (IPs). Continuous facility-based dissemination of the EMNC guidelines was ongoing.

iv) **Integrated technical support supervision visits and mentorships of health workers** in the provision of quality Emergency Obstetric Care (EMONC) in 16 RRHs were conducted to enhance skills and knowledge with support from the United Nations Population Fund (UNFPA) and other regional partners. A total of 840 health workers from 14 districts were trained in the provision of lifesaving basic and comprehensive Emergency Obstetric and Newborn Care services. These districts included Yumbe, Gulu, Kiryandongo, Pader, Abim, Kaabong, Kotido, Moroto, Nakapiripirit, Napak, Amuria, Kaberamaido, Bundibugyo, and Kampala.



Regional implementing partners supported facility-based training and mentorship of health workers on the provision of lifesaving basic and comprehensive Emergency Obstetric and Newborn Care services to further reduce maternal mortality, especially resulting from post-partum haemorrhage (PPH) infections, anaemia, and hypertension among others. The implementing partners also supported the training of health workers on preventive health and wellness visits to mothers who attend antenatal to monitor pregnancy, perform prenatal screening tests, and discuss questions and concerns that women may have, including plans for delivery and infant feeding, and provide recommendations to promote a healthy pregnancy.

v) RMNCAH supplies procured: The MoH concluded all procurement and distribution of RMNCAH supplies through the NMS and Joint Medical Stores (JMS) with funding from URMCHIP. These included family planning commodities like cycle beads, intrauterine devices (IUDs), pills, pregnancy test kits, and implants. Family planning equipment included IUDs and implant insertion and removal kits.

By 30th June 2023, payments amounting to USD 5.768 million were undertaken leaving USD7,500 as outstanding where payment process were underway. The cumulative quantities of RMNCAH commodities procured and distributed to the different health facilities by 30th June 2023 are presented hereafter (Table 7.6).

Table 7.6: Performance of the RMNCAH Commodities Plan by 30th June 2023

No.	Item	Planned	Quantity	Remarks
1.	Etonogestrel 68mg Implant Implanon NXT	238,766	245,000	Surpassed target
2.	IUD-Copper containing device TCU380A	45,738	180,000	Surpassed target
3.	Pregnancy test strips (Strip)	1,070,690	535,350	Not achieved
4.	Amoxicillin dispersible tablets 250mg (ICCM)	89,100,000	37,784,313	Not achieved
5.	Co-packaged ORS and Zinc tablets	2,160,000	2,160,000	Achieved
6.	Blood Grouping Reagents: Galileo Weak D (Weak D2)	4,000	4000	Achieved
7.	Blood Grouping Reagents: Galileo ABD FWRD And Reverse (ABD Full2)	45,000	45,000	Achieved
8.	Blood Grouping Reagents: Galileo Abo LGM High Titere	10,000	10,000	Achieved
9.	Blood Grouping Reagents: Galileo Anti-body screening	10,000	10,000	Achieved
10.	IUD insertion/removal kits	7,886	2,428	Not achieved
11.	Implant insertion/removal kits	87,737	22,280	Not achieved
12.	Misoprostol tablets-200mg (pack of 100 tablets)	53,060	3,101	Not achieved
13.	Cycle beads	145,671	81,463	Not achieved
14.	Magnesium Sulphate 50% 5ml Injectable	292,498	170,948	Not achieved
15.	Chlorhexidine 7% gel tubes (Each)	1,058,142	0	No successful bidder
16.	Dexamethasone 4mg/MI 1ml, Amp (100)	1,200	1,200	Achieved

Source: MoH

Human Resources for Health supported to complete ongoing programmes and mentorships:

The URMCHIP awarded scholarships to 1,250 health workers in various courses by 30th June 2023. Priority was given to RMCAH cadres that were considered in short supply. Approximately, 46% of the scholarships were for health workers at the certificate level, 34% at diploma level, 11% at Master's degrees, 8% at Bachelor's degrees and 1% for fellowships.



By 30th June a total of 1,206 (96%) of the students had completed their studies, 54 were yet to complete their courses, while six dropped out of school. The completion rates for the various levels were as follows: Certificates and fellowships (100%), diplomas (98%), masters of medicine (93%) and bachelor's degree (74%). The number of scholarships awarded and completion levels by 30th June 2023 are presented hereafter (Table 7.7).

Table 7.7: Scholarship Study Completion Levels by 30th June 2023

S/N	Course	Total Number Awarded Scholarships	Number Completed Training (February 2023)
1	Certificate in Theatre Techniques	176	176
2	Certificate in Intensive Care Nursing	400	400
3	DIP. Anaesthesia	174	174
4	Ordinary Diploma in Ultrasound	65	59
5	DIP. Clinical Nutrition	14	13
6	DIP. Midwifery	74	74
7	DIP Emergency Medicine	6	6
8	DIP. Nursing-Paediatrics	18	18
9	DIP. Cold Chain Technician	31	31
10	DIP. Child and Adolescent Mental Health	7	7
11	Diploma in Radiology	30	30
12	BSc. Anaesthesia	75	48
13	BSc. Biomedical Engineering	29	29
14	MMED. Public Health Nutrition	2	2
15	MMED. Obs/ Gyn	22	22
16	MMED. General Surgery	14	14
17	MMED. Internal Medicine	9	9
18	MSC. Laboratory Sciences	9	9
19	MMED. Paediatrics	15	15
20	MMED. Psychiatry	4	4
21	MMED. Clinical Pharmacy	5	5
22	MMED. Radiology	10	10
23	MMED. Emergency Medicine	7	7
24	MMED. Anaesthesia	35	25
25	MMED. Ophthalmology	1	1
26	M.Med Critical Care Nursing	8	8
27	Fellowship in Neonatology	10	10
	Total	1,250	1206

Source: MoH

Analysis²⁵ of health workers who completed their studies indicated the following:

- 66% of those awarded with a Diploma in Anaesthesia were already working as Anesthetic Officers in various health facilities.
- Only 16% of health workers who completed the Diploma in Paediatric Nursing were promoted, while the others awaited redeployed.

25 MoH Status Report on Scholarship beneficiaries who completed studies



- Some health workers (33%) made attempts to get promotions, although they were futile.
- 60% of those who completed the Masters of Medicine in Obstetrics Gynecology were already deployed in various public facilities.
- 30% of those who completed the Masters of Medicine in Anesthesia were also deployed in public facilities, as well as the 50% who completed the Masters of Public Health.
- All five students awarded the Masters of Medicine in General Surgery were available for re-deployments in line with their new qualifications.
- Over 60% of the health workers who received Certificates in Theatre Techniques were volunteers and not deployed.
- 69% of certificate holders were in intensive care nursing and all reverted to their respective hospitals to support functionalizing both public and private Intensive Care Units (ICUs) across the country.
- In terms of regional representation, 43% of health workers who completed their studies were from the West, followed by 20% from Central, 15% from East and Northern Uganda, and 3% from West Nile and Karamoja respectively.

The Mentorship Program, coordinated by nine Civil Society Organizations (CSOs)²⁶ in various regions achieved 78% of the targets. The Program had benefited a total of 4,600 health workers in over 730 health facilities across the country by December 2022. The majority of the beneficiaries were at General Hospitals and Health Centre IVs. In terms of cadre, the majority of those mentored were nurses, midwives, medical officers, and anaesthetic officers respectively. These were critical cadres currently involved in providing RMNCAH services. In terms of regional representation, central health facilities received a lion's share of the mentorship sites followed by West Nile (Table 7.8).

Table 7.8: Regional Distribution of Mentorship Sites by Region

Health Facilities Mentored through URMCHIP					
Sub-Region	HF Level				
	RRH	GH	HC IV	HC III	Total
West Nile	2	7	13	87	109
Acholi/Lango	2	9	21	35	67
Teso/Bugisu	2	11	7	44	64
Karamoja	1	5	4	57	67
Busoga/Bukedi	1	9	17	36	63
Central - N	2	15	20	26	63
Central -S	2	6	21	112	141
Ankole/Kigezi	2	12	12	36	62
Bunyoro/Tooro	2	18	32	42	94
Cum Total by level	16	92	147	475	730
% Coverage by level	100%	87.6	61.25	26%	

Source: MoH

²⁶ Doctors with Africa, CUAMM; Samasha Medical Foundation, African Medical and Research Foundation (AMREF), Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), Zenith Solutions; Child Health and Development Centre, African Centre for Global Health and Social Transformation (ACHEST), SDS Africa and Baylor College of Medicine Children's Foundation.



Investment implications to RMNCAH include:

- Improved skills among various cadres to undertake RMNCAH activities at various levels.
- Delays in the completion of studies by various students negatively affect the possibility of reaping project benefits promptly.
- Although scholarships targeted health workers from hard-to-reach areas, statistics for some courses indicate that the West Nile and Karamoja were not effectively reached. The need for further analysis and remedial measures is key.
- Approximately, 46% of the scholarships were certificate awards yet some of the beneficiaries were volunteers. This is likely to affect the attainment of the long-term project goals.

The investment benefited only 4% (1,250 out of 32,969²⁷) of key cadres required in the provision of public health services. This implies that the capacity-building gap is still big. There is a need to take stock of all RMNCAH trainings supported by all state and non-state actors to quantify the actual gap in training to enable the attainment of the MCH indicators. On the other hand, MoH and MoES should intensify specialist training for RMNCAH health workers to fast-track the attainment of the sector's development goals.

Critical RMNCAH equipment procured and distributed through URMCHIP: These were expected to benefit 205 maternity wards, and 81 laboratories, as well as the retooling of maternity wards for 400 maternity units across the country. In addition, the project will support the operationalization of 20 theatres at selected HCIV units. A total of 42 HCIV units will be supported with blood bank fridges to enhance their capacity to handle operations. The 42 units will also receive support for the activation of neonatal units and the maternity wards.

The status report on the procurement of medical equipment is shared by planned output:

Assorted medical furniture-URMCHIP, UgIFT and Operational HC III facilities supplied: Ordinary furniture, medical furniture and patient beds were still under procurement by 30th June 2023. These were expected to be supplied by Globe Corporation BV and Klan Logistics. The audio-visual items for the health centres were delivered, however, installation awaited the physical completion of works at the various health facilities.

Assorted medical equipment - URMCHIP, UgIFT and Operational HC III facilities procured: These were procured in four lots, with Lot 1 and 4 for portable diagnostic medical equipment and specialized medical equipment awarded to Globe Corporation BV. Lot 2 for assorted medical equipment and Lot 3 for autoclaves, gas stoves and fridges were awarded to M/s Palin Corporation. All the equipment was still under procurement by 30th June 2023.

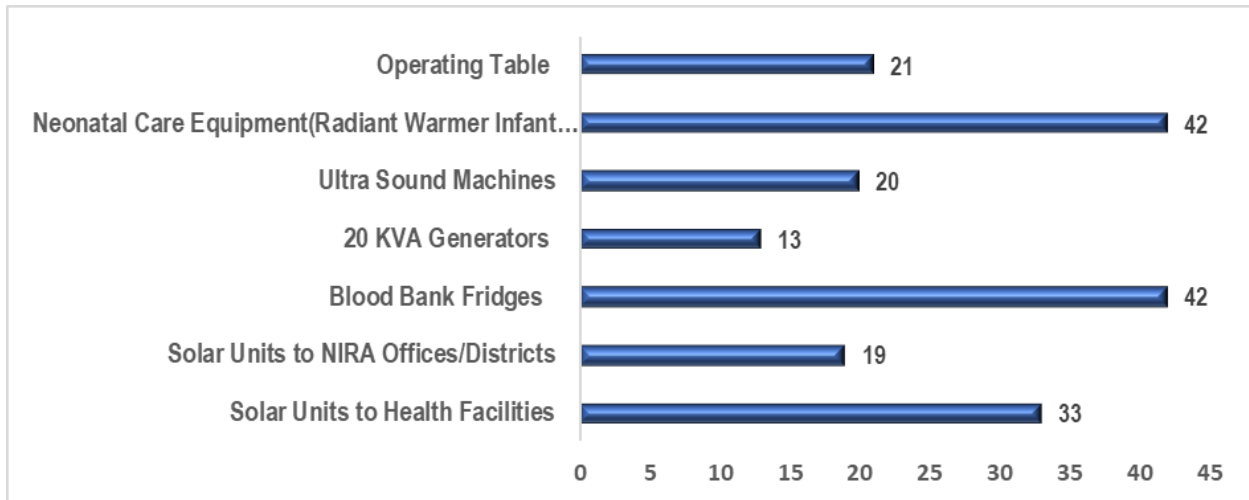
Assorted medical instruments to operationalise URMCHIP and UgIFT-supported health facilities procured: These were still under procurement in two Lots by M/S Sage Wood Limited. Lot 1 involved the procurement of instrument sets, while Lot 2 involved the purchase of diagnostic equipment. All the contracts were signed and the MoH was awaiting delivery of the equipment.

Critical medical equipment HCIV procured and distributed: Completed procurements included blood bank fridges procured under Lot 1 by Computech U Ltd and Computech Kenya, operation beds, lights and accessories under Lot 2 by Sagewood Limited, assorted maternal and child health equipment-incubators, radiant warmers and ultrasound machines under lot 4 by Computech U

²⁷ Health Audit Report FY2019/2020. This was the latest available report at the time of report writing.

Ltd and Computech Kenya. Supply and Installation of 20 kVA generator sets by Africa Power Equipment. The distribution of the equipment by item is highlighted in Figure 7.3.

Figure 7.3: Number of health facilities that received Critical Medical Equipment



Source: MoH

Beneficiary health facilities included Bushenyi HCIV, Namugongo HC III in Kaliro, Omugo HCIV in Arua District, Bushenyi HCIV in Bushenyi District, Maddu HCIV in Gomba District; Awach HCIV in Gulu District, Bugono HCIV; Kojja HCIV in Mukono District, Ngoma HCIV in Nakaseke among others. Delivery of medical furniture to 400 operational HCIII by Globe Corporation and delivery of medical equipment and furniture to URMCHIP facilities by M/s Palin Corporation was ongoing. However, it was noted that in some instances, some furniture was damaged during delivery.



L-R: Assorted MCH equipment and furniture at Kangalaba HCIII supplied by the URMCHIP

Intervention implementation challenges

1. Inadequate supply of surfactant medicines which are used to treat and prevent respiratory distress syndrome in newborn babies.
2. Inadequate neonatal infrastructure, and human resources including limited anesthetist officers, and neonatologists. Delayed implementation of the URMCHIP's result chain affects timely improvements in maternal and child health indicators. Lot 6 has lagged with progress in West Nile estimated at 65%, while progress in Northern Uganda is estimated at 57%.



Recommendations

1. The MoH should prioritize investments in the provision of vital monitors with concentrators in all facilities to help support neonates.
2. The NMS with support from MFPED should prioritize investment in the procurement of surfactant for all facilities.
3. The MoH Infrastructure Department should fast-track the completion of all 81 maternity units under URMCHIP, the construction and expansion of maternal and child health facilities in all facilities to cater for the growing population and reduce cross infections due to overcrowding in the special units.
4. The Ministry of Public Service (MoPS) should embrace performance-based contracts for health workers to improve their attitude towards work and performance.

7.3.2 Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), Epidemic-prone diseases emphasizing Primary Health Care Approach

The intervention aims at the reduction of mortality due to Malaria, HIV/AIDS, Tuberculosis and other communicable diseases. The intervention is mainly executed through the HIV, Malaria and Tuberculosis programmes anchored in the MoH. The interventions' outputs are undertaken through other various departments that address Neglected Tropical Diseases and Hepatitis, Epidemic-Prone Diseases and Malnutrition.

The planned outs for FY2022/23 included: Antiretroviral medicines procured, HIV rapid diagnostic test kits procured, laboratory reagents procured, personal protective equipment (PPEs) procured, other assorted consumables procured, health workers trained in the delivery of key population-friendly services, condom data management and other support supervision, samples for HIV collected and transported to national reference laboratories, one stakeholder coordination meetings held, 4,225 HIV positive pregnant and breastfeeding women enrolled on antiretroviral therapy (ART), condoms procured and distributed across the country.

Other planned outputs were: 4,082,620 vials of Artesunate 60mg powder procured and distributed for management of complicated malaria, 7,785,580 Long Lasting Insecticide Treated Nets (LLINs) procured and distributed, Malaria rapid diagnostic test kits and consumables procured and distributed, Indoor Residual Spraying (IRS) undertaken in selected districts.

Additional planned outputs were: TB commodities worth 250,000,000 procured, 10 National TB and Reference Laboratory (NTRL) and Central Public Health Lab (CPHL) monitored for turnaround time during diagnostics, 100 healthcare workers trained on how to use a two-colour Genexpert Machine; 91 Multi-Drug Resistant Tuberculosis (MDRTB) cases were started on second-line treatment; 91 Multi-Drug Resistant (MDR) patients were treated, 2,484 TB patients were started on treatment, 719 MDRTB Cases were started on second-line treatment.

Supplementary planned outputs included: epidemic diseases timely detected and controlled community disease surveillance by strengthening village health teams (VHTs) with training and equipping them with a smartphone and bicycle, and community extension workers implemented in the pilot sites.



Other planned outputs included: The Global Alliance for Vaccine Initiative (GAVI)-financed and GoU co-financed vaccines procured and distributed, Integrated Child Health Days (ICHD) and outreach funds received by LGs. All high-risk and priority groups population vaccinated, radio and television (TV) talk shows were held, information, education and communication (IEC) materials were produced and meetings held, Yellow Fever was introduced into routine immunization in all districts of Uganda, an electronic fixed asset management system, and an electronic records management system installed.

Performance

The performance of the intervention was good achieving 75% of the targets. Communicable diseases such as (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), epidemic-prone diseases were effectively responded to during the FY 2022/23. Surveillance and implementation of the Community Health Extension Workers (CHEW) Strategy in the pilot phase indicated positive outcomes if scaled up. Immunization coverage was good with some antigens recording more than 100% achievement. The details of performance per output are presented hereafter:

HIV Programme: As at 30th June 2023, antiretroviral medicines worth Ug shs 279bn, rapid diagnostic test kits worth Ug shs 125bn, laboratory reagents worth Ug shs 119bn, PPEs worth Ug shs 42bn, and other consumables worth Ug shs 26bn were procured, and distributed across the country. Consequently, the health facilities were able to attend to the clients effectively.

A total of 800 of the targeted 10,000 health workers were trained in the delivery of key population (KP) friendly services. In addition, condom data management support supervision and mentorship of condom focal persons was conducted in various districts. A total of 494,000 samples were transported for testing at the National Reference Laboratories where disease outbreak investigations were carried out, HIV early infant diagnosis and viral load, Sickle Cell and Cancer diagnosis were conducted.

A total of 4225 HIV-positive pregnant and breast-feeding women enrolled on antiretroviral therapy (ART), 83,367/85,000 HIV-positive women received antiretroviral treatment to prevent vertical transmission of HIV. A total of 14,137,000 out of 10,000,000 targeted condoms were distributed across the country, and 13,442 out of the targeted 40,000 HIV test kits were procured and distributed.

Concerning the HIV indicator review, the number of newly identified HIV positives initiated on ART was 27,519 by the end of December 2022. Of the estimated 1.4 million living with HIV Ugandans, using the HIV Population Cascade 92% know their status, over 85% are on ARTs, and 79% of them were virally suppressed by 30th June 2023. This is indicative of steady progress towards the 90-90-90 target. The number of people living with HIV Active on ART increased from 1,348,566 in June 2022 to 1,368,744 in June 2023.

In addition, the HIV Grant procured ambulances, cold chain vehicles and health care waste management trucks to be used in hospitals to support the delivery of HIV care and treatment services as well as COVID-19 care services and vaccination campaigns. Oxygen cylinders and supplies for the management of COVID-19 patients and other emergencies were procured. By 30th June 2023, the percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery was at 92% and the positivity rate for HIV-exposed infants at 6 weeks was at 2.7%.



One national quarterly stakeholder coordination meeting on integrating the gender-based violence (GBV)/ Sexual and Reproductive Health and Rights (SRHR)/HIV/TB/Nutrition Policy into the Health Policy was conducted.

Malaria Programme: The greatest effort was on case management (54%) where the programme acquired essential medicines and health supplies for facility-based treatment, Integrated Community Case Management (ICCM), and epidemic preparedness. Emphasis was also placed on vector control (40%) which included distribution of long-lasting insecticidal nets (LLIN) through mass campaign and IRS.

Under the treatment of malaria, a total of 4,082,620 vials of Artesunate 60mg powder solution for injection were procured (Table 7.9). Distribution delays were noted despite the provision of the handling fees for malaria medicines and health supplies from the Global Fund. There were some unique cases where the Artesunate injectables delivered by NMS remained at the district in the NMS containers for several weeks before the last-mile delivery of the medicines to the health facilities. It should be noted that this occurred amidst stock-outs of Artesunate injectables which are used to manage complicated malaria among health facilities, especially in Alebtong District.

Concerning vector control, a total of 7,785,580 LLINs were procured and distribution continued in different waves across the country. A total of 871,329 malaria rapid diagnostic test kits - only 25 tests, 17,451 safety box 5l, carton board, pack of 25 pieces, and 4,702 lab-medicine storage shelves were procured and distributed across the districts.

A total of 7,160,696 were protected out of the 7,260,291 people (98.6%) in the IRS-targeted districts within the last 12 months in areas. The malaria grants under the Global Fund supported spraying in 13 districts: three districts in the mid-north which were inherited from the Department for International Development (DFID) after their exit and 10 districts in the northwestern sub-region of West Nile. In the 13 districts, the target population was 3,266,457 of which 2,982,132 people (91.25%) were protected. In addition, 10 IRS districts in the eastern (9) and northern (1) parts of the country were sprayed in 2022. Here, 3,894,239 people were protected compared to the target of 3,993,834 people (92%).

The IRS beneficiary districts in the three regions (20 districts) were: West Nile (Arua, Yumbe, Terego, Moyo, Obongi, Maracha, Madi-Okollo, Koboko, Adjumani,) Bukedi region (Budaka, Butaleja, Tororo, Bugiri, Pallisa, Butebo, Namutumba), and Lango region (Kaberamaido, Amolator, Dokolo, Kalaki).

The Malaria Programme recorded good performance for the majority of the indicators reviewed. For instance, as at 30th June 2023, a total of 93.4% of suspected malaria cases received a parasitological test at public sector health facilities; 87.97% of the suspected malaria cases received a parasitological test in the community with the support of the CHEWs in the pilot districts and the VHTs; 90.57% of suspected malaria cases received a parasitological test at private sector sites; 98.43% of confirmed malaria cases received first-line antimalarial treatment at public sector health facilities; and 78.72% confirmed malaria cases received first-line antimalarial treatment in the community.

Other indicators performances were: 94.12% of confirmed malaria cases received first-line antimalarial treatment at private sector sites, 99% of expected facility monthly reports were received, 65.57% of pregnant women attending antenatal clinics received three or more doses



of intermittent preventive treatment for malaria, 112% of community-based monitoring reports presented to relevant oversight mechanisms. A total of 918 VHTS of the 1,336 (68.7%) on the system submitted their reports. This is an improvement from the preceding reporting periods and will further be scaled up to include more districts and VHTs. A total of 1,4374,44 LLINs were distributed to children under the age of five years during immunization and to pregnant women through antenatal (ANC).

Table 7.9: Quantity of commodities purchased

Commodity	Quantity
Amodiaquine + Pyrimethamine/Sulfadoxine 153mg + 25/500mg 3 dispersible tablet + 1 dispersible tablet, pack of 50 blisters	19,374
Amodiaquine + Pyrimethamine/Sulfadoxine 76.5mg + 12.5/250mg 3 dispersible tablet + 1 dispersible tablet, pack of 50 blisters	4,843
Artemether/Lumefantrine 20/120mg 12 tablet dispersible 30 blister	48,470
Artemether/Lumefantrine 20/120mg 24 tablet 30 blister	808,422
Artemether/Lumefantrine 20/120mg 24 tablet, pack of 30 blisters	267,428
Artemether/Lumefantrine 20/120mg 6 dispersible tablets, pack of 30 blisters	171,866
Artemether/Lumefantrine 20/120mg 6 tablet 30 blister	187,704
Artemether/Lumefantrine 20/120mg 6 tablet dispersible 30 blister	413,367
Artesunate 100mg suppository, pack of 2 suppositories	29,520
Artesunate 60mg powder for solution for injection - 1 vial	4,082,620
Gloves, examination, non-ster, s.u./disp, pwd free, nitrile, size M - Pack of 100	122,830
Piperaquine tetraphosphate (as the tetrahydrate)/dihydroartemisinin (DHA) 160/20mg 3 tablet dispersible 1 blister	30,000
Piperaquine tetra phosphate (as the tetrahydrate)/dihydroartemisinin (DHA) 320/40mg 3 tablet dispersible 1 blister	50,000
Piperaquine tetraphosphate (as the tetrahydrate; PQP)/dihydroartemisinin (DHA) 320/40mg 9 tablet 25 blister	15,500

Source: Field Findings

Concerning quality assurance and health workers' continuous training, a total of 8,300 of the targeted 10,000 health workers in the public and private sectors were trained in the integrated management of malaria. Five Continuous Quality Improvement (CQI) meetings were conducted to improve performance in Malaria data quality and reporting. A total of 4,800 Health Workers (HWs) trained in Malaria-in-Pregnancy prevention and management, distributed 5.3 million Rapid Diagnostic Test Kits (RDTs), distributed 1.1 million anti-malaria combination therapies (ACTs).

TB Programme: The Programme cumulatively focused on coordination and management of national disease control programs 29.21%, routine reporting 19.82%, case detection and diagnosis (TB care and prevention) 17.75%, program and data quality 9.95%, treatment (TB care and prevention) 6.28%, key populations (TB care and prevention) – children 5.32% and stigma and discrimination reduction (TB) 3.45%.

As at 30th June 2023, TB commodities worth 250,000,000 were procured and distributed, 10 National TB and Reference Laboratory (NTRL) and Central Public Health Lab (CPHL) were monitored to ensure adherence to the different turnaround times during diagnostics; 100 healthcare workers were trained on how to use a two 10 colour Genexpert Machine; 91 multi-drug resistant tuberculosis (MDR-TB) cases were started on second-line treatment; 91 MDR patients were treated; 2,484 TB patients were started on treatment and 719 MDRTB cases were started on second-line treatment.



The TB Programme continued to use the installed digital X-rays as a screening approach which increased the number of presumptive cases and contributed to the increase in notification of the disease occurrence. The Mobile TB Clinics also continued to do screening in hot spots across the country, further increasing awareness and adding to the TB Notifications. The community-based implementing partners have also done some work through contact tracing and the program is yet to find out how significant the number is and to streamline engagement mechanisms with the sub-recipients (SRs) or partners for effective and improved performance.

Other outputs achieved were the printing of the Health Management Information System (HMIS) tools, region-based mentors and district-led onsite mentorship and planning within the 50 Detect Child TB Scale-up districts undertaken, Bio-statisticians and District TB and Leprosy Focal Persons ECBSS trained, capacity building in TB Commodities Logistics in 184 private-not-for-profit (PNFP) Health facilities conducted, Integration of Electronic Based Surveillance System (ECBSS) training in various regions in the country was undertaken; support supervision for MDRTB sites undertaken and internet connectivity provided, Anti-TB campaign-development and implementation of a sustained countrywide multi-media program including music and drama led by TB Ambassador to address TB stigma, and supply of 300 mobile phones for patients, warehoused and distributed medicines to accredited health facilities.

Regarding the indicator performance, the number of TB cases (all forms) notified among prisoners has recorded an improving trend. It leapt from 81% in June 2021 to 90%. In December 2021 and was at 90%, and it slightly improved to 91% in June 2022. As at 30th June 2023, TB cases (all forms) notified performance leapt again from 91% to 97%. This improvement continues to be attributed to increased vigilance with better collaboration between prisons and The National Tuberculosis, Leprosy, and Lung Disease Program (NTLD) as well as support from implementing partners. Additionally, the Uganda Prisons participates in the emergency response and has had increased human resources to coordinate regional responses. There is continuous improvement in access to GeneXpert testing provided through the five GeneXpert donated to Prisons. Coupled with improved reporting and streamlining the process to prevent reporting of patients in outside health facilities where they used to be referred for testing this has greatly improved performance on this indicator.

Percentage of HIV-positive TB patients on ART: This indicator is still doing well despite the slight decrease from the AR of 99% to 98% this reporting period, attributed to the improved stock status of HIV testing kits in health facilities during the reporting period. Among the tested people, those found positive are started on ART.

Immunization services undertaken through procurement and disposal services: The MoH paid Ug shs 14,235,050,663 to UNICEF to finance the procurement of GoU co-financed vaccines. All²⁸ the GoU co-financed vaccines were procured during the year under review. Assorted PBM supplies procured for three Sentinel Lab sites (Mulago, Mbale, Mbarara & Lacor).

In terms of routine immunization, the country registered very good performance with two antigens achieving over 100% of the set targets for Injectable Polio Vaccine (IPV-1) and human papillomavirus (HPV) vaccine HPV- 1. On the other hand, Diphtheria, Tetanus, and Pertussis DPT-3 achieved 91%, Bacille Calmette-Guerin (BCG) at 87%, and Measles Rubera (MR-1) at 91% among others. The achievements made under routine immunization were attributed to increased

28 DPT 1,833,000 doses; HPV 1,923,400 doses, MR 842,000doses, PCV 3,751,200 and Rotavirus 2,746,500 doses



routine mobilization of people through VHT) supporting both outreach and static immunization clinics. Despite the good performance, routine immunization slightly decreased partly due to no supplementary outreaches conducted because districts did not account for funds.

Regarding the COVID-19 vaccination, only 44% of the entire population has been vaccinated with dose 1 and 16% dose 2, compared to the 70% of the population as recommended by the World Health Organisation (WHO). The low performance is due to low demand attributed to low-risk perception following the declaration by the WHO of an end to-pandemic response. This resulted in the wastage of COVID-19 vaccines as a result of both the thawing effect and the end of shelf life.

In addition, the new vaccines introduced in October 2022 recorded low performance. These included a Hepatitis B birth dose, IPV dose at 6 weeks, yellow fever and measles Rubella second dose (Table 7.10). The poor performance was partly attributed to low staff capacity in the administration of these vaccines.

Table 7.10: Co-Financed Vaccine Immunization Coverage by 30th June 2023

VACCINE	Coverage by 30 th June (%)
DPT3	90.50
BCG	82.10
Human Papilloma Vaccine (HPV) 1	157.10
Human Papilloma Vaccine (HPV) 2	74
Pneumococcal Conjugate Vaccine (PCV) 1	94.40
Pneumococcal Conjugate Vaccine (PCV) 2	89.50
Pneumococcal Conjugate Vaccine (PCV) 3	91.10
Inactivated Polio (IPV) 1	112.50
Inactivated Polio (IPV) 2	20.10
Rotavirus Vaccine 1	92.40
Rotavirus Vaccine 2	86.70
Measles-Rubella (MR) 1	94.10
Measles-Rubella (MR) 2	29
Hep B zero dose	10.20
Yellow Fever	20.10
Polio zero	68.20
Polio 1	96.20
Polio 2	90.60
Polio 3	89.90
COVID-19 Vaccine (Overall Population-First Dose)	44

Source: Uganda National Expanded Program on Immunization (UNEPI-MoH)

Regarding equipping, at least 88% of the fridges for the cold chain were functional, while those that were faulty had been reported to the MoH and the GAVI had replaced some solar-driven fridges, while others were planned for replacement.

Monitoring and Supervision: The MoH registered the target population through the community mobilization structures using the Smart paper technology in 40 selected districts. Other achievements included: Follow up on laboratory-confirmed vaccine-preventable disease (VPD) cases, providing technical support supervision to 146 LGs, mapping outreaches in hard-to-reach areas and disseminated the urban immunization guidelines.



Immunization services: The key achievements included printing IEC materials, conducting the Yellow Fever and Measles-Rubella vaccination campaign, and disbursing funds to clear presidential pledges.

Under health systems strengthening: The key achievements included: logistics distribution and supervision conducted in 146 LGs, 16 IEC updated materials disseminated, the urban immunization guide developed and yellow fever campaigns targeted messages in urban communities on immunization were disseminated using the mobile van in 51 districts. It was however, noted that the following planned sub-outputs were not undertaken - construction of the UNEPI office block, installation of an electronic fixed assets management system and printing of the urban immunization guidelines.

Urban immunization guide developed: The guide was developed, however, stakeholder engagements in the development process, validation and pretesting meeting as well as IEC materials were not done as planned.

MR-2 Follow-Up Campaign undertaken nationally: The activity was completed with Measles-Rubella (MR-1) targets achieved at 94.1% and Measles-Rubella (MR-2) achieved at 29%. Activities undertaken included national coordination meetings, development, pretesting and printing of communication materials and messages, and broadcasting TV spots through the national media and regional local media in local languages.

National and district level orientation of supervisors: Some of the outputs undertaken included - the distribution of vaccines and supplies with over 10 million doses by NMS, development and printing of IEC materials, sensitization of district councilors, house-to-house mobilization and registration, and through district cold chain and logistics officers. The MoH disbursed Ug shs 12.5bn to all LGs to support the MR immunization campaign. District monitored like Kaliro, Mukono and Wakiso acknowledged receipts in line with the MoH schedule.

All high-risk population and priority groups vaccinated against Yellow Fever: Introduction of the Yellow Fever vaccine to children under one year was done and launched, however, coverage was only 20.1% which was attributed to inadequate funds to implement the activity and inadequate capacity of the health workers.

Some outputs were not undertaken due to a lack of adequate funds and this partially constrained immunization in many communities. The outputs included stakeholder performance meetings in every district and health sub-district bi-monthly performance review meetings, the consultancy to develop District Health Information Software 2 (DHIS2) Tracker capture module, technical support supervision conducted in selected LGs, MoH Top Management supervision, LGs receiving funds for routine immunization outreaches and Integrated Child Health Days, and printing the updated IEC materials among others.

Epidemic diseases timely detected and controlled: By the end of the FY 2022/23, the MoH had conducted Integrated Disease Surveillance third edition (IDR3) trainings in five regions involving 82 districts. The regions included Teso, Kigezi, Ankole, Bugisu, and Bukedi. The MoH conducted a follow-up support supervision of Marburg preparedness and response in the five high-risk border districts²⁹ of southwestern Uganda.

²⁹ Kyotera, Rakai, Masaka, Kalangala and Isingiro.

The Ministry also supported the surveillance and contact tracing teams for COVID-19, Ebola (Mubende Outbreak) and other public health emergencies with up to 1,209,397 travelers screened at points of entry between January and March 2023. Medical equipment such as vertical autoclaves, class II biosafety cabinets³⁰ and 23 ICU beds were procured and delivered to the beneficiary RRHs³¹ under the Uganda COVID-19 Response and Emergency Preparedness Project.

The Proportion of Regional Emergency Operations Centers (REOCs) established performed at 56% of the set target, the proportion of REOCs trained in the incidence management system performed at 100% and the proportion of community signals received triaged and verified cases achieved 70% of the set targets. The MoH conducted support supervision and infection and prevention control mentorship in five points of entry Kasensero, Waligo, Ngomoromo, Mutukula and Elegu; and tabletop exercises in six designated points of entry: Mutukula, Elegu, Malaba, Mirama Hills, and Mpondwe based on their Public Health Emergencies preparedness and response plans.

Under the strengthening of the epidemic response, the MoH through the Uganda COVID-19 Response and Emergency Preparedness Project was constructing two laboratories at Fort-Portal and Lira RRHs. The contracts were signed at the end of August 2022 but the commencement of works was delayed until April 2023. Works for the establishment of the Isolation Units at Hoima, Kabale, and Arua RRH as well as at Kisoro and Rwenkubo HCIVs did not commence. The MoH, however, conducted the Environmental and Social Impact Assessment (ESIA) and completed designs for the units.



L-R: Construction of laboratories at Fort Portal RRH and a procured autoclave at Mbale RRH

The MoH also undertook activities to control neglected tropical diseases (NTDs)³² as part of the Minimum Health Care Package to achieve the prevention, control and elimination of these diseases which are still public health threats. The major focus of MoH is to scale up NTD control efforts to achieve prevention, control and elimination of these diseases in line with the WHO road map for elimination of NTD from Africa 2021-2030.

During the period under review, training of trainers and VHTs on larviciding and Entomological studies was conducted in Paliisa and Namutumba districts, and breeding sites identified. The

30 Butabika National TB Reference Laboratory (02), Mulago National Referral Hospital (2) Mbale, Mbarara, and Soroti RRH.

31 Mulago National Referral Hospital, Entebbe, Hoima, Kabale, Soroti, Moroto, Mbarara, Mbale, Lira, Gulu, Arua, and Mubende.

32 Sleeping sickness, elephantiasis, trachoma, onchocerciasis and bilharzia.



MoH screened 6,383 people against the target of 6,000 for Human African Trypanosomiasis in the five districts of West Nile and no cases were detected. In addition, the MoH with support from partners conducted 13 out of the 20 planned transmission assessment surveys for lymphatic filariasis to establish whether transmission was interrupted in the communities. A total of 422 hydrocelectomies against the target of 300 were conducted in the Lango sub-region and men regained their manhood. Mass drug administration in the trachoma-endemic districts of Moroto, Amudat, Bulisa, Nakapiripiti and Nabilatuk was conducted.

Community disease surveillance by strengthening VHTs with training and equipping them with a smartphone and bicycle: This was partially achieved and mainly implemented with support from development partners. The VHT training was conducted in eight out of 28 (40%) planned districts. These were - Kyotera, Maracha, Lira, Mayuge, Hoima, Kabarole, Isingiro, and Mbarara which were selected based on performance on various health indicators including sanitation coverage, disease burden, and maternal and child health indicators.

Approximately 200 bicycles were procured with support from the Korea Foundation for International Care (KFI) and distributed to the beneficiaries. An additional 1,000 bicycles were under procurement through the Global Fund Malaria grant. Various development partners procured a total of 2,111 smartphones for nine districts - Oyam, Maracha, Lira, Amuru, Nebbi, Koboko, Buikwe, Ntungamo and Lamwo. The UNICEF procured 9,460 smartphones for five districts - Mukono, Ntungamo, Kamwenge, Lamwo and Kampala City Council specifically Rubaga Division. Another 8,465 phones were procured by the Global Fund and distributed to the beneficiary districts - Oyam, Lira, Amuru, Maracha, Nebbi and Koboko.

Community Extension Workers Implemented in the Pilot Sites: This was done in Mayuge, Lira District and Lira City. The released funds were insufficient to effectively support the remuneration of the CHEWS (Table 7.11). For example, the CHEWS in Mayuge were only paid between November 2022 and January 2023 despite taking the largest share of the released funds. As of 19th July 2023, the arrears were not yet paid and this affected the morale of CHEWS critical for infection prevention and control. Despite the much-needed role of CHEWS insufficient funding and low prioritization by the MoH persists.

Table 7.11: Share of the released funds by the CHEW pilot sites as at 30th June 2023

PAYEE/Beneficiary Account	Amount transferred	Percent share of the transferred amount
Lira District Revenue Collection Account	130,144,000	31.36
Mayuge District General Fund Account	206,836,000	49.84
Ober Health Centre III	78,020,000	18.80
Grand Total	415,000,000	100.00

Intervention challenges

1. Increasing incidence of malaria epidemics.
2. Stockouts of HIV, TB and Malaria regiments partly occasioned by intermittent delivery of these medicines by the NMS.
3. Delayed completion of procurements by the Global Fund with some deliveries arriving after cycle dispatches by the NMS. Late deliveries reinforce irregular deliveries of medicines to the health facilities.



4. Emerging resistance of the vectors (mosquitoes) to the chemicals used to control malaria and the parasite to the medicines used to treat malaria.
5. Climate change is associated with intermittent rains and pools of stagnant water that favour the breeding of mosquitoes even in the hitherto known low transmission dry seasons.
6. Complacency among the population to effectively adopt malaria prevention and treatment behaviour, they perceive malaria as a minor health challenge that is easy to manage.
7. Some prevention interventions are not implemented to scope, scale and time, especially at the district level. This is primarily due to the limited resource envelope.
8. The grant is procurement-heavy but procurements tend to be slow due to the amounts of money involved, the thresholds and the Public Procurement and Disposal of Public Assets Authority (PPDA) requirements.
9. Delays in submission of accountabilities by LGs affecting project operations.
10. Variances between the accounting and budget implementation periods with GAVI operating in calendar years as opposed to the FY model by the GoU. This delays counterpart funding from the GoU and the implementation of the planned outputs.
11. Vaccine wastage is characterized by the expiry of COVID-19 vaccines amidst inadequate demand and oversupply of the vaccines. More vaccines were thawed than what would be required for the vaccination when the wastage factor was considered.

Recommendations

1. The MoH and its partners should strengthen surveillance programmes through a fast rollout of community extension worker's strategy and deployment of epidemiologists across the districts.
2. The MoH should fast-track procurement activities to ensure timely completion of procurements.
3. The MFPED should expeditiously roll out E-cash payments and fast-track trainings for all LGs to avoid further accountability delays.
4. The MoH and MFPED should ensure that all the key project activities and funding are frontloaded in the first two quarters of the FY (quarters one and two) to ensure the achievement of set targets within the GAVI reporting and implementation period.



7.3.3 Prevent and control Non-Communicable Diseases with a specific focus on Cancer, Cardiovascular Diseases and Trauma

The intervention contributed to five outcome indicators in the NDPIII. These were - reduce NCD rates with Cancer by 1.5, reduced NCD rates with hypertension by 3/1,000, reduce NCD rates with diabetic rate by 2.3 and alcohol abuse by 5.4. This intervention is implemented by the Uganda Cancer Institute (UCI), Uganda Heart Institute (UHI), and Naguru National Referral Hospital for responses to cancer, cardiovascular diseases and trauma respectively.

During the FY2022/23, the intervention planned outputs included: Centre of Excellence (heart, cancer) established, Centres of Excellence in Biomedical Sciences established, Cancer services provided, Nuclear medicine facility equipment delivered and installed, medical equipment maintained, Northern Uganda Regional Oncology Centre constructed, Super specialized HR trained and recruited including training courses advertised, undertaken and completed, and health research & innovation promoted.

Performance

The performance of the intervention for preventing and controlling non-communicable diseases with a specific focus on cancer, cardiovascular diseases and trauma was fair at 65% attainment of set targets. The functionality of the regional centres remained low compared to the national referral centres in part due to lack of equipment, specialized human resources and limited infrastructure.

Despite the presence of relatively more services at the national referral institutions, the unmet need for oncology, cardiovascular and trauma services at both national and regional levels persists. The transformation of Naguru National Referral Hospital into a trauma centre remained off-target. The detailed performance of the planned outputs is presented hereafter.

Centre of Excellence (heart, cancer) established including - Centres of Excellence in Biomedical Sciences: Overall the African Development Bank (ADB) -UCI Project achievement was at 80% (Table 7.12). The component on civil works continued to lag compared to all the other components. Works however resumed in June 2023 under a new contract following the failed negotiations for further contract extension amidst cash distress by the previous contractor (Roko). As at 30th July 2023, the physical progress had marginally improved at 69% as the new contractor M/S SMS Construction Limited had just commenced the first phase for completion.

Table 7.12: Summarised Weighted Performance of ADB -UCI Project 1345 by Component

Component	Weight (%)	Current Implementation Rate (%)	Actual Achievement (%)
Goods	28.20	22.80	80.85
Works	27.40	18.35	66.97
Services	8.74	7.60	86.96
Operating Costs	8.20	7.20	87.80
Training	27.50	24	87.27
Total	100	80	80.00

Source: Field Findings, UCI



L-R: Ongoing works at the auxiliary building and progress of works at the UCI multipurpose building

Nuclear medicine facility equipment delivered and installed: This equipment was financed through supplementary funding of Ug shs 63bn during FY 2021/22. The equipment was delivered and included a SPECT CT-Simion machine, vital monitoring machines, LED doors installed, and linear accelerator machines among others.

Outstanding deliveries included: hot laboratory equipment, two brachytherapy machines, and safety cabinets among others. Installations for the CT Simulator was ongoing, while the rest of the equipment was still in boxes at the UCI pending completion of the planned civil works that support the installation of the equipment to support nuclear equipment installation.



L-R: SPECT CT machine, CT simulator machine and C-Arm X-ray machine, UCI

Medical equipment maintained: This included the maintenance and repair of the brachytherapy machine at Upper Radiology, oxygen concentrator, suction machine, autoclave, CT scan machine and digital x-ray among others.

Northern Uganda Regional Oncology Centre constructed: The first phase of construction of the 80-bed capacity Regional Oncology Centre in Northern Uganda was completed, handed over and under the defects liability period. The works comprised the construction of the main block (administration, wards and theatre wings), laundry/kitchen, generator house and morgue blocks, gatehouse, paving and compound works. Installation of equipment such as a laryngoscope, anaesthesia machine, CT scanner, blood gas analyzer, x-ray, and ultrasound scans, among others was near completion.



L-R: CT scan and ultrasound scanners procured and installed at the Regional Oncology Centre in Gulu District

The Regional Oncology Centre was partially opened on 21st June 2023 and had so far served 26 patients through cancer screening and booking appointments at the UCI among others. The second phase of work involving extension of the kitchen, and construction of the outpatient department and emergency were at 65% physical progress. The contractor- BAM Construction Company Limited was on site and the health safety and environment requirements including observance of social safeguards were adhered to.



L-R: OPD and emergency section ongoing; kitchen under expansion and remodelling at regional oncology center in Gulu

Retooling of Cancer services undertaken: As at 30th June 2023, the UCI had achieved the retooling outputs as detailed in Table 7.13. The approved budget for the project was Ug shs 0.679bn which was all released and spent as at 30th June 2023. The UCI demonstrated good allocative efficiency as the majority of the funds were spent on the supply of reagents for processing research samples followed by the supply of furniture for UCI Staff all of which are required in effective service provision.

**Table 7.13: Performance of the UCI Retooling Project as at 30th June 2023**

Service Provider	Purpose for Payment/Output	Amount Expended	% Share of Expenditure	Status
Computech Uganda Ltd	Supply of HDR Brachytherapy Ring Applicator	47,520,000	7.00	Achieved
Featherz It Solutions Limited	Leasing of Three Photocopiers for FY 2021-2022	83,898,000	12.36	Achieved
Featherz Limited	Final Balance for Leasing Of 3 Photocopiers for FY 2022/2023	74,912,000	11.04	Achieved
	Printer Support Services For 17 Printers	572,000	0.08	Achieved
Haute Group Ltd	Supply Furniture for UCI Staff	100,000,000	14.74	Achieved
Pubmed Diagnostic and Medical Supplies Limited	Supply of Lab Reagents and Consumables	52,734,550	7.77	Achieved
	Supply of Reagents for Processing Research Samples	149,745,450	22.07	Achieved
Research and Education Network for Uganda	Partial Pay for Internet for Uci	55,000,000	8.10	Achieved
Staff	Facilitation to Attend the Annual ASCO Conference in Chicago 30 th May to 7 th June 2023	9,700,000	1.43	Achieved
	Night Allowance Outside Uganda (Chicago) for ASCO Meeting	24,688,000	3.64	Achieved
Unified Technology Business Partners Limited	Payt For Firewall Licenses Artrial Payt on 98,165,341 Inv 000362	80,402,000	11.85	Achieved
Grand Total		678,600,000	100.00	

Source: Field Findings

Super specialized HR trained and recruited, and training courses advertised, undertaken and completed: The 2023 intake was advertised in October 2022 and 19 applications were received to undertake training in cancer-related courses. As at 30th June 2023, the selected candidates were undertaking trainings in cancer-related courses. In addition, the ADB Support to Cancer Project supported the improvement of institutional research capacity through identifying research bottlenecks and the establishment of research infrastructure. A National Cancer Surveillance Program was established and it was implemented collaboratively between UCI, Kampala Cancer Registry (Makerere University Department of Pathology), Mbarara University Faculty of Medicine, and Gulu Cancer Registry (Lacor Hospital).

Health research & innovation promoted: The ADB Support to Cancer Project also supported research proposals by five junior investigators. All the research projects are being implemented. Three of five investigators presented their abstracts at international conferences including the Uganda Conference on Cancer and Palliative Care, and the African Organisation for Research and Training in Cancer (AORTIC). Manuscripts were forthcoming and will be shared in forthcoming forums. The UCI continues to expand research opportunities and capacity for its staff. The Institute has started tracking research output in three categories: 1) student theses, 2) conference abstracts, and 3) published manuscripts. To date, 73 students' theses, 32 conference abstracts and 88 manuscripts have been published in peer-reviewed journals.



In terms of recruitment, the specialized centres did not complete the recruitment partly due to the inadequate wage bill to fill the revised staffing norms. The limited staff continued to constrain health service delivery.

Cancer services provided: As at 30th June 2023, the UCI had exceeded the targeted service provision. For instance, new patient cases received and attended to at UCI were at 129%, and Inpatient days of comprehensive Oncology Satellite Centres- Mbarara were at 113%. The UCI however underperformed in the provision of inpatient days of comprehensive oncology at UCI and major surgeries at 69% and 74% respectively partly due to inadequate space.

Heart care services provided: The performance of heart care was poor mainly on account of inadequate funding, human resources and space to offer services. As at 30th June 2023, the UHI had missed 59% of the targeted outputs in FY2022/23. Thirty-five percent of the outputs were fully achieved, while 9% were partially achieved. Some of the achieved outputs related to the performance of more closed heart surgeries and catheterisation procedures. The achievement of these was attributed to off-budget funding from partners who supported medical services provision. For example, open heart surgeries performed at 193%, general ward admissions at 177%, laboratory tests done at 154%, catheterization procedures at 132%, ECHOs at 118%, closed heart surgeries at 112%, ECGs at 102%. Despite the good performance, the targets were relatively low compared to the current burden of heart disease.

Financing agreements finalized and contractor to undertake construction works on the modern heart facility procured: Two of the three project funders signed the financing agreement by 30th June 2023. Specifically, the financing agreement with the Arab Bank for Economic Development in Africa (BADEA), and the OPEC Fund for International Development OPEC Fund was signed by 30th June 2023, while the one the Saudi Fund for Development (SFD) was signed in September 2023. They are expected to finance the project to the tune of a loan proposal worth USD 70 million. Procurement of the contractor was expected to be undertaken upon finalization of the financing agreements. Other planned targets were not achieved, owing to inadequate releases. Some of the project's achievements include the recruitment of a project consultant, Land Topographical Survey, Traffic Impact Assessment, Needs Assessment and design brief, environmental impact assessment for the Naguru site and design work including master planning.

Uganda Heart Institute retooled to support medical service provision: As at 30th June 2023, 74% of the procurements were fully achieved and equipment installed. It was noted that 16% of the procurements were either missed or partially achieved. Consequently, funds were secured through letters of credit to avoid returning them to the Consolidated Fund (CF).

Naguru National Referral Hospital transformed into a National Hospital Referral for trauma. This was not achieved. The processes including infrastructure development, recruitment of specialized health workers, and equipping was not fully achieved as preparatory activities remained incomplete. Key equipment such as digital x-ray and CT scan services critical in-service care remained nonfunctional for over a year which impacted on service delivery. The Naguru Hospital however provided some basic services such as ultrasound scan which performed at 126%.

Challenges

1. Delays in finalizing financing agreements, the loan agreements were signed late at the end of the FY which constrained key planned activities under the UHI Project.



2. The lack of tools exacerbated by budget cuts affected planned open and closed heart surgeries promptly.
3. Delayed completion of civil works, delivery and installation of equipment as well as completion of some training courses.
4. Cost overruns including fees for storage of the procured ICT equipment.

Recommendations

1. The MoH and MFPED should prioritize funding to the UHI to support service provision and establish regional heart centres.
2. The MoH should scale up efforts for the establishment of the National Trauma Centre to deal with injuries sustained among other road accidents.
3. The UCI should increase supervision, monitoring and inspection of the new contractor M/s SMS Construction Ltd to support the timely completion of the planned civil works.
4. The UCI should renegotiate with the ICT equipment suppliers the storage costs to further manage the high additional costs of storage. Alternatively, UCI can prioritise use of the some of the space when completed by M/s SMS Construction Ltd to store the equipment.

7.3.4 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services

This intervention aims at improving the functionality of the health systems by removing bottlenecks to health service delivery through recruitment of health workers, procurement of medicines, construction of staff accommodation, increasing geographical coverage and equipping of health facilities among others.

These were implemented by: The MoH, Health Service Commission (HSC), NMS, Uganda Investment Authority (UIA), Uganda Blood Transfusion Service (UBTS), National Referral Hospitals (NRHs), RRHs, LGs, Professional Councils, Ministry of Public Service (MoPS) and the National Drug Authority (NDA) among others.

The planned outputs included: Essential medicines and health supplies procured, warehoused and distributed, NMS retooled, community extension workers implemented in the pilot sites, Service Delivery Standards disseminated and implemented, and the Uganda National Minimum Health Care Package (UMNHCP) implemented in all health facilities based on the level.

Other planned outputs were a laboratory quality management system in place, governance and management structures reformed and functionalized, coverage of health workers' accommodations, hospitals and HCs rehabilitated/expanded, human resources recruited to fill vacant posts, health workforce restructured, Health Centre IIIs constructed in the 132 sub-counties without any health facility, blood products availed. Selected Budget pronouncements implemented, 17 oxygen plant houses in all NRHs, RRHs and other selected facilities constructed; Tele radiology services established at Mulago National Referral Hospital.

Performance

The performance of the intervention was fair as 55% of the targets were achieved. The investments in infrastructure development and equipping, and enhancement of health workers' remuneration did not translate into improved service delivery.



Despite the efforts by the sub-programme to upgrade HCIIIs to HCIIIs, operationalization remained unachieved as the completed facilities were either not equipped, or got partial equipment, the suppliers and contractors were yet to hand over the project sites or there were no requisite staff to provide the intended services. There were also cases of incomplete infrastructure receiving equipment which remained idle in district stores awaiting completion of the works. The infrastructure projects implemented by the UPDF were behind schedule as planned works did not commence by the end of the FY. In addition, investments to support access to medical services could not be realized due to the delayed distribution of essential medicines and health supplies. Details of intervention performance is discussed hereafter.

Essential medicines and health supplies procured, warehoused and distributed: Overall, NMS exhibited good allocative efficiency as the majority (83%) of expenditures were utilized to procure essential medicines and health supplies with Cipla Quality Chemical Industries Ltd taking the largest share in the supply pharmaceutical products worth Ug shs 145.080bn, followed by Gittoes Pharmaceuticals Ltd which was contracted to supply pharmaceutical products worth Ug shs 32.688bn. Emoluments for staff and board members also took a significant share of the budget totaling Ug shs 20.045bn.

The NMS procured and distributed reproductive health commodities including Maama Kits and family planning services and other essential medicines and health supplies (EMHS) to various health facilities across the country. ARVs had the largest share of the investments with the least being on anti-TB and anti-Malarial Medicines (ACTs). This was attributed to the large investments in the procurement, warehousing and transportation of these particular supplies by the counterpart funding from the Global Fund (Table 7.14).

Table 7.14: Value in Billions of Ug shs of delivered supplies by commodity as at 30th June 2023

Commodity	Value	% share of value
Anti-Retroviral (ARVs)	140.329	32.52
Laboratory Commodities	56.73	13.15
Essential Medical Health Supplies to Specialised Units	41.016	9.51
Essential Medical Health Supplies to Health Centre three's (HC III)	33.187	7.69
Immunization services	26.97	6.25
Essential Medical Health Supplies to National Referral Hospitals	22.66	5.25
Medical and Health Supplies	20.954	4.86
Essential Medical Health Supplies to Regional Referral Hospitals	20.631	4.78
Reproductive Health supplies	20.46	4.74
Essential Medical Health Supplies to Health Centre four's (HC IV)	19.932	4.62
Essential Medical Health Supplies to Health Centre two's (HC II)	10.382	2.41
320091 Emergency and Donated Medicines	6.975	1.62
320094 TB medicines	6.51	1.51
320089 Anti-Malarial Medicines (ACTs)	4.751	1.10
Total	431.487	100.00

Source: Field Findings, IFMS, and NMS

Despite the excellent funds absorption. The NMS underperformed regarding timely deliveries of essential medicines and health supplies. Overall availability of essential medicines and health supplies for the last three months of the FY (April to June) was dismal averaging at 28% for the 41 tracer medicines. The HCIIIs and HCIIIs that were monitored received four out of six expected cycles of essential medicines and health supplies delivery. The rest of the other levels of care received all cycles although the deliveries were less than their allocation for the FY2022/23.



Delivery of the medicines was intermittent with an average time overrun of 72 days. Some health facilities such as Alebtong and Nakaseke among other districts visited reported stockouts that lasted for more than four months. In some cases, the NMS deliveries were late for about 4.5 months especially for the lower health facilities, while in other districts NMS delivered four out of the six cycles for the credit lines three and four. The delayed deliveries were attributed to the delayed conclusion of procurements and other logistical constraints including timely access of funds to support distribution of the medicines.

As at 30th June, 2023, the most stocked out tracer was Lopinavir40mg/ritonavir 10mg pellets in capsules with Captopril 25mg tablet ranking 15th among the most stock out medicines (Annex 9). The least stock out on the other hand was Artemether/Lumefantrine 120/20 mg, followed by GeneXpert Cartridges, Measles Vaccine, and Malaria Rapid Diagnostic tests. The Depot medroxy progesterone acetate ranked 15th with 33% of all the health facilities reporting availability (Annex 9). Concerning management of complicated malaria, 65% of the health facilities did not have stocks of Artesunate 60mg between April and June 2023, with some health facilities recording stock outs for more than 90 days. Examples of such facilities included - Kyempango Health Centre III in Kamwenge, Kikandwa Health Centre III in Mityana, Bumadanda Health Centre III in Mbale, and Bugondo Health Centre III in Serere District. A complete list of the 41 tracer medicines and their availability status is detailed in Annex 9.

National Medical Stores retooled: There was good allocative efficiency in the utilization of funds under the retooling project as the majority (95%) of the funds were spent on the purchase of eight trucks for the transportation of essential medicines and health supplies. Other attained outputs included the delivery of a lab filling cabinet, assorted office furniture, Ipads, three laboratory printers, two air conditioners, and Solvent class 2 Cyclohexane ampules.

Health facilities equipped with appropriate and modern medical and diagnostic equipment: The performance of this output was fair at 69% of the set targets achieved by 30th June 2023. Under URCHIP, equipment³³ for 205 maternity wards including the 81 laboratories, and operating theatres had been procured and delivered to the various beneficiary health facilities. However, installation of the equipment had not yet started and most of this equipment was in store. Equipment for the maternity wards was still under construction and UgIFT facilities that were incomplete were still in store.

There was laxity among internal auditors and poor sharing of required specifications of equipment among beneficiaries. Consequently, some suppliers deliver equipment not compliant with the specifications, which the beneficiaries accepted due to information asymmetry, especially under UgIFT-equipped facilities. M/s Rodrisa delivered the patient screen frames without the screens/blinders, M/s Rodrisa delivered mackintosh chairs contrary to the specification of leather chairs. Some LGs receiving equipment procured centrally did not have the specifications upon which to compare the deliveries and as such they accepted whatever the suppliers delivered.

In terms of functionality, the percentage of the recommended medical and diagnostic equipment available and functional nationally was 57% against the target of 60%. However, at the referral facility level, the functionality was noted to be at 81%. This was good, especially about specialized

33 These included operating tables, patient trolleys, surgeon stools, universal Anaesthesia machines, instrument sets-caesarian, suction apparatus, oxygen concentrators, patient screens, incubators for babies, infant radiant warmers, blood bank fridges, among others



services that require specialized diagnosis. The functionality of the medical equipment was lowest at Mulago National Referral Hospital.

Comprehensive electronic medical records system scaled up: The MoH planned to scale up the installation of the electronic medical records system to improve the storage, transportation and retrieval of medical and patient records. So the MoH and referral hospitals embarked on the installation of a comprehensive medical record system to link up all the departments and clinics.

The performance of this output was fair at 71% against the set annual targets. This performance was attributed to the non-implementation of the output at the MoH Headquarters where the funds for this purpose were re-allocated. Mulago National Referral Hospital and Mulago Specialized Women and Neonatal Hospital did not implement this output because it was implemented in the previous FYs. All hospitals that installed the system produce weekly, monthly and quarterly health management information reports and submit them using the system. Births and deaths were registered in hospitals using the system. The MoH Information and Digital Health Strategy was prepared, approved and launched under this output. The MoH trained 270 VHTs on electronic community health.

At Hoima RRH the system was not fully implemented, the hospital achieved 40% against the target of 70%, while Jinja RRH hospital performance was 50% against the target of 85%. However, at Jinja RRH, the system was extended to ENT, dental, ANC, family planning and orthopedic units and staff were trained and mentored in data capture and entry. At Kirru Hospital, the system was installed in all units and user training conducted. It was, however, noted that the system does not generate the payment receipt number for the Uganda Revenue Authority (URA). Most referral hospitals used the retooling budget to procure computers for the extension of the system.

Service Delivery Standards disseminated and implemented: This output was implemented by different entities, and departments and each had different service delivery standards implemented.

The MoH Accreditation and Patient Protection Department conducted technical support supervision focusing on the operationalization of the RRH Community Health Departments in 120 district health offices and 16 RRHs. In addition, an integrated support supervision to 16 RRHs and 85 districts was conducted. Together with the Uganda Dental and Medical Practitioners Council, a joint quality improvement support supervision was conducted in 95 districts across the country and health facility quality of care assessment was conducted in Busoga, Lango, Acholi, Karamoja, and West Nile Regions covering a total 60 districts. In the MoH Nursing & Midwifery Services Department, a strategic plan for standards, and guidance for nursing and midwifery was developed and was under policy review. Quarterly mentorship and coaching for clinical nurses, midwifery and public health in health facilities was undertaken.

Uganda National Minimum Health Care Package (UMNHCP) implemented in all health facilities based on the level: The following was undertaken in line with the UMNHCP. The MoH Supported 14 TV talk shows to create awareness of the Ebola virus disease, 14 meetings were held, supported 15 supervision and mentorships for lab, case management and surveillance countrywide and at the district level were undertaken. One support supervision engaging 16 districts³⁴ was undertaken.

³⁴ Bugwere, Mayuge, Namayingo, Iganga, Bugiri, Kamuli, Kaliro, Buyende, Mpigi, Butambala, Gomba, Bukomansimbi, Mukono, Bukwe, Jinja and Wakiso



Laboratory quality management system in place that is percentage of target laboratories accredited: Uganda has 68 accredited laboratories not-for-profit, for-profit and government entities. The 58 have tests accreditation from the South African National Accreditation System (SANAS), eight from the College of American Pathologists (CAP) and two from Kenya Accreditation Service (KENAS) accreditation. Fifty are government entities which received accreditation for particular medical tests conducted in those facilities, while 18 (36%) RRHs received accreditation from SANAS in different years for particular medical laboratory tests and the common tests that include: Hematology, Mycobacteriology, chemistry, Serology, Flow cytometry, Molecular TB, HIV1/2, Microscopy (Sputum), MTB Identification and Rifampicin Sensitivity among others.

Under the laboratory investigations in different RRHs conducted, performance was very good with 90% although inadequacy of reagents affected the functionality of some of the diagnostic equipment for example in Lira RRH and others still face the challenge of a lack of reagents especially for chemistry analysis including Complete Blood Count (CBC). On the other hand, RRHs and NRHs in the same category of the level of care charge different fees for the same test, for example, the cost of the H-Pylori test at Kiruddu Hospital costs Ug shs 20,000 and the same test in Naguru, China Hospital cost Ug shs 35,000.

Twenty (40%) accredited general hospitals conducted medical tests similar to the RRHs and others (30%) do medical tests on behalf of the country for example Central Public Health Laboratory (CPHL) conducts tests including flow cytometry, Leukaemia/Lyphonia, Immunotyping sickle cell test, Hepatitis B virus viral load, Hepatitis C Virus PCR, Hepatitis C Virus viral load, HPV (thin prep specimen), HPV Genotyping (thin prep specimen), HIV-1 DNA PCR Early Infant Diagnosis (dried blood spot), HIV-1 RNA PCR Viral load (dried blood spot), HIV-1 RNA PCR Viral load (plasma), SARS-COV-2, nasopharyngeal; oropharyngeal specimens among others.

Governance and management structures reformed and functional: The Private Patient Services Client Charter and Risk and Disaster Policy for Mulago NRH was under development. The Extended LAN from assessment to Dental, ICT system support at the Hospital Data Centre was underway. Kiruddu NRH strengthened management functions through stock-taking, inventory control processes and asset registration. Kabale RRH completed 241 Job cards, 251 medical equipment maintained, and staff trained in practical skills in equipment use inform of support supervision by administrative staff in 9 districts this was enabled because funds were availed on time hence increasing the productivity index increased from 40% to 60.2%. Gulu RRH promoted governance and accountability by the Hospital Management Board.

Medical interns and senior house officers: The MoH had not deployed the medical interns to their respective learning centres due to funding constraints. The Senior House Officers however were available and they reduced the burden on the health workers to provide service to the population.

Health workers' accommodations established: The performance was poor at 44%, attributed to inadequate cash flows among the contractors and poor planning on the side of contractors. As at 30th June 2023, the establishment of the health workers' accommodation was completed only at Jinja and Kabale RRH (Table 7.15). The accommodation facilities for Kabale however were not handed over to the hospital due to outstanding variation claims from the contractor and the matter was before the Solicitor General. The delayed handover constrained service delivery as the interns continued to lack where to stay amidst delayed and reduced allowances.

**Table 7.15: Performance of Hospital Staff Accommodation Output by 30th June 2023**

Hospital	Project output	Contract period	Contract sum (bn) Ug shs	Physical progress	Remark
Mulago NRH	150 staff housing units continued	Contract signed on 1 st June 2020, end date is 15 th June 2023	30.228	41% completion	Achieved 91% of the set annual target (41% against 45%). The cumulative physical progress was behind the planned progress by 4%.
Arua	21 staff houses constructed (21 units)	20 th June 2018, extended to 20 th August 2023	8.5	85% completion	The contract has been extended twice and the last extension was on 20 th August 2023. No allocation FY 2022/23, pending works include terrazzo, sanitary fittings, tiles, painting, external works and windows and door fittings.
Gulu	54 staff house units constructed		0	No achievement for last FY. Stalled at 70% for the previous years	Works stalled in January 2023 after the State House Anti-Corruption started investigating the activity. No payment was made during the FY.
Masaka	A 40 Unit Senior staff quarters completed and operational.	The start date was 23/09/2015, and the completion date was revised according to the release.	11.26	38%	Ongoing works; Casting of the 1st floor slab. The slow progress of works
Mbarara	Construction of 32 staff house block	Start 28 th July and the end period is 28 th July 2023	5.714	53% progress	The contract has expired and the contractor is working on an extension.
Port Health Facilities	Port health staff houses constructed at Vura health centre			85%	Pending works, construction of the outside toilet and sock pit, final painting of the main house, final electrical works and plumbing.
Kabale RRH	Interns hostel completed	Start date: 3 rd May 2017 End date: 01 st May 2022	7.074	100%	The building was completed but not handed over to the hospital mainly due to disagreements on the variation claims, delayed payments and price variations from the contractor M/S Musuza Building contractors. The recently deployed interns continue to lack accommodation amidst delayed payment of their allowances by the MFPED.

Source: Field Findings



Clockwise: Masaka, Vurra Port, Arua and Mbarara health workers' accommodation blocks

Infrastructure developed, rehabilitated or expanded at Hospitals and HCs: This output was behind schedule at the majority (90%) of the sites. The rehabilitation works mainly accounted for those projects that were on schedule partly because of their limited scope (Table 7.16). As a result, the minor renovation and construction works were completed or substantially completed as at 30th June 2023. Delayed completion of works was mainly attributed to the over-commitment of the government amidst inadequate provisions in the medium-term expenditure framework (MTEF), and inadequate financial capacity of contractors.

Table 7.16: The Hospitals Rehabilitated/Expanded by 30th June 2023

Facilities	Total Cost Ug shs (bn)	Planned output	Status
Kiruddu	0.499	Works and repairs of hospital buildings and rooftop repairs and plumbing were undertaken and completed 100% and payments were made including retention. Fencing the waste treatment plant was undertaken. Hospital land fenced off worth. Staff quarters renovated and repaired the Plumbing system, locks, doors and partitioning of the rooms to create more space and privacy.	The staff quarters were repaired. Fencing of the waste treatment plant was on going with foundation gabions already constructed and 60% physical completion.
Kawempe	0.150	Hospital facilities and premises maintained	Repairs were completed.
Lira RRH		Renovations of the old MCH building for the new private clinic	98% completed.
Masaka RRH	1.7	Maternal Child Health block construction	The 1st floor is 70% pending painting and electrical, the 2nd floor at 97% pending installation of lights, 4th and 3rd floor is 100%.



Facilities	Total Cost Ug shs (bn)	Planned output	Status
Mbale RRH	3.5	Phase 11 of the surgical complex constructed up to 98%	Block work on the ground floor was ongoing.
Jinja RRH	0.89	Renovated the stores and installation of burglar proofing in the eye department.	98% completed.
Soroti RRH	1.051	Construction of administrative block, phase one, repairs on the sewerage line, remodelling of a radiation block, renovation of pediatric ward gateway and the procurement of solar pump	All renovations were completed except for the radiation block which was at 98% completion and for the administration block, money was wired to UPDF but no works had commenced.
Fort portal RRH	0.179	Construction of the perimeter wall	Construction of the perimeter wall continued using Ug shs 179 million that was returned by the bank in June 2022. The hospital was not allocated funds for this output last FY.
Rehabilitation and Construction of General Hospitals	4.2bn	Planned were seven hospitals that is Kabuga, Masindi, Abim, Bugiri, Gombe, Busolwe	The MoH transferred the received funds for the rehabilitation of two (Kambuga, Kapchorwa) out of the nine hospitals to the Ministry of Defence and Veteran Affairs (MoDVA). The works did not commence and the MoH lacked a clear date for commencement of works and awaited communication from the MoDVA. Mobilisation for equipment and labour was however anticipated between July to September 2023. <i>Some works at Gombe continued at 98% physical progress for the old contract while new works were yet to commence with the additional funding.</i>
Rehabilitation and Construction of Busolwe GH	7.3m (USD)	Construction of the new mortuary, refurbishment of OPD block, sewerage and water system, external works	Works at Busolwe General Hospital continued at 44% physical progress as at 30 th July 2023.
Health Development-PHC	25.7bn	Construction, renovation and rehabilitation of health facilities	The LGs and cities monitored had 90% work completed.
Port Health Facilities		Construction of Vurra border post facility in Arua District	95% completion.

Source: Field Findings



L-R: New accident and emergency building and General Ward under rehabilitation at Busolwe GH



National and Regional Referral Hospitals retooled to support service provision: The majority (90%) of the facilities monitored had completed procurement of medical equipment, furniture, and ICT equipment except for Arua and Mbale RRHs where the medical equipment was returned due to incomplete deliveries. For instance, instrument sets for general surgery, amputation and dental extraction sets, and other equipment had missing complementary items. These were however delivered by 30th July 2023 (Table 7.17). In Mbale RRH, some equipment and furniture were rejected for not fulfilling the procurement specifications. Such equipment included the autoclaves, assorted carpentry materials, and bookshelves for SPNO.

Table 7.17: Performance of Retooling Project at NRHs and RRHs as of 30th June 2023

Facilities	Total cost Ug shs (bn)	Planned Outputs	Status
MoH	0.272	<ul style="list-style-type: none"> i) Equipping of Board rooms with Board Room Tables. (board room in Block D and in Wabigalo) ii) Furnishing of Board rooms with Board Room Chairs. (board room in Block D and in Wabigalo) ii) 30 Computer Desktops 15 Laptops and 30 UPS Procured ii) 20 Executive Desks for the newly recruited Assistant Commissioners and 30 Medium-sized Desks for new officers and replacements procured. iii) 50 Executive Chairs for the newly recruited Assistant Commissioners and new officers and replacements procured 	Footsteps Furniture Company Ltd was paid for the supply of furniture; Bose Hub Technologies (U) Ltd for the supply of a printer and laptop computers. These were delivered and installed.
Mulago NRH	5.081	Procured assorted ICT Equipment Assorted furniture procured including chairs at the Conference Centre. Assorted medical equipment.	Delivered and installed.
Butabika	1.671	Procurement of incinerator, office furniture, laundry drier, supply and installation of hospital beds, curtains and fittings, washing machine and heavy-duty ironer. Procurement of medical equipment, two dental chairs and two mortuary fridges	Apart from ironers, dryers, mortuary fridges and washing machines, the rest of the procurements were delivered and installed.
Kiruddu	0.999	Assorted furniture for Patients and administrative offices and board rooms procured Medical equipment for both wards and the dental unit was procured Directors vehicle completed	Furniture was delivered and the station wagon. All the equipment wasn't delivered because the funds came in the third quarter.



Facilities	Total cost Ug shs (bn)	Planned Outputs	Status
Kawempe NRH	0.150	Paediatric Hospital Beds procured Specialized Neonatal HFVO Mechanical Ventilator procured Specialized Mechanical Ventilators for long-stay patient procured Scavenger system procured and installed Cameras, Computers and other IT equipment procured	Equipment was delivered and payments were effected.
Arua RRH	0.179	Procurement of furniture and equipment	Furniture was procured, delivered and in use, while equipment was returned because some sets were not complete and some parts were missing.
Gulu RRH	0.119	Procurement of assorted equipment.	Although the hospital indicated it had procured and paid for the equipment, the monitoring team didn't establish the whereabouts of this equipment. They were not in store and there was no distribution list of the equipment to any ward or department.
Lira RRH	0.271	Supply of furniture, Medical and ICT equipment	Delivered and installed.
Mbale RRH	0.311	Procurement of assorted medical equipment and furniture	Some equipment was procured and paid for whereas other equipment and furniture were rejected by the hospital for not fulfilling specifications these included the autoclaves, assorted carpentry materials, and bookshelves for SPNO, other payments to the suppliers did not go through due to wrong accounts provided.
Soroti RRH	0.193	Procurement of autoclave machine	Delivered and installed.
Fortportal RRH	0.200	Procurement of medical equipment	Delivered and installed.
Mbarara RRH	0.154	Procurement of a generator and patient monitors	Delivered and installed.
Hoima RRH	0.129	Procurement of medical equipment, office furniture, CCTV cameras,	Delivered and installed.
Masaka RRH	0.300	Procurement and delivery of medical equipment; fridges, concentrators, hospital beds, lab equipment, microscopes, patient monitors, electrical, plumbing among others.	Delivered and installed.
Kabale RRH	0.200	Furniture procured and installed by Footsteps Furniture, two laptops procured; medical equipment procured and installed by Crown Health Uganda LTD	Delivered and installed.

Source: Field Findings



L-R: Procured incinerator at Butabika MRH, autoclave at Soroti, generator at Mbarara and electrical oscillating plaster saw at Fort-Portal RRHs

Emergency Medical Services: The performance of this output was fair. As at 30th June 2023, the National Emergency Services Policy and Strategic Plan was completed and disseminated. Two of the five Regional Ambulance centres were established in Masaka and Naguru. These were however not linked to the shortcode 912 for seamless emergency care services provision. Thirty percent of the targeted 75% of the constituencies were provided with Type B ambulances.

Three out of the four support supervision visits were undertaken regarding pre-hospital and hospital emergency care. The guidelines were partially disseminated. Some support supervision visits were conducted to monitor and evaluate.

The MoH responded to a total of 668 emergency cases, 439 were road traffic accident cases and 229 other emergency cases. Of these, 414 were males and 254 females. The highest number of cases were from the districts of Katakwi (78), Masaka (71) and Jinja (66). Masaka RRH, Katakwi GH, and Soroti RRH received the highest number of emergency patients 82, 67, and 58 respectively. The highways of Jinja-Iganga, Masaka-Mbarara, Masaka-Kampala, and Gulu-Kampala registered the highest number of accidents. (32,27 and 22 respectively). *Bodaboda* head-on collisions remain the highest cause of accidents registering 114 cases as it has always been.

All essential ambulance supplies were procured and distributed to the different ambulance teams. The MoH teams at the different regions liaised with RRHs for some basic supplies when they ran short. The Emergency Services Department supported the Uganda Red Cross Society in blood donor mobilization and response to public health emergencies.

The National Ambulance System however was not fully operationalized as at 30th June 2023. The Regional Ambulance Hubs established were not linked to the shortcode 912 for seamless emergency care services provision. Despite the investment in the procurement and delivery of ambulances including water/marine ambulances, the logistics especially fuel to enable effective and efficient delivery of services remained a challenge.

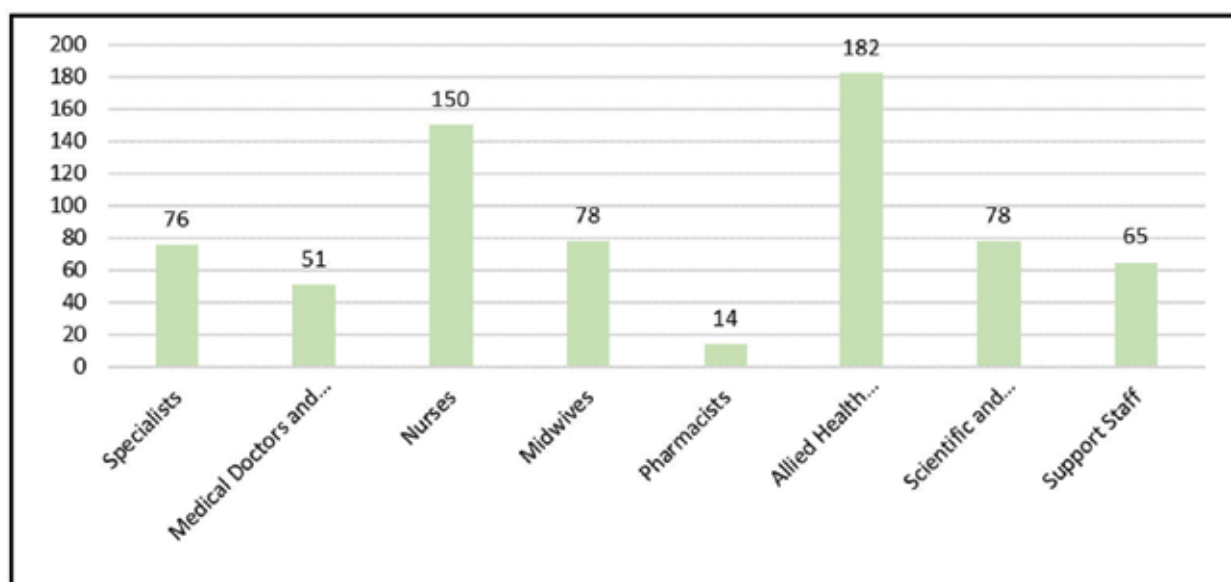
Human resources recruited to fill vacant posts: The output achieved 66% of the set targets. A total of 694 health workers of various cadres were recruited by the Health Service Commission (HSC), of which 622 were for institutions under the jurisdiction of the HSC, 53 under the government-to-government programme and 23 for Entebbe Children’s Surgical Hospital. It was noted that 26% of the recruitments were Allied Health Professionals, followed by nurses (22%), midwives, scientific



and administrative cadres and specialists (11%). Notably fewer staff were recruited in the category of pharmacists (2%) and medical and dental surgeons (7%) who are meant to support the specialist in services provision. (Figure 7.4)

The HSC recommended 27 health specialists and four administrative managers to H.E. the President for appointment. Some entities did not recruit due to the freezing on recruitment by MFPED pending the completion of the payroll audit by the Office of the Auditor General.

Figure 7.4: Recruitment of health workers by cadre during FY 2022/23



Many RRHs only replaced those that had left the service. This was attributed to the absence of the wage bill to recruit. The hospitals received supplementary funding for recruitment at the end of the FY with little time for them to initiate and complete the recruitment process. Mbarara Hospital received a supplementary funding of Ug shs 697.847 million which they did not request as they had sufficient resources to pay all staff in post for the FY. Some hospitals failed to get clearance from the MoPS after getting additional wage. Other recruitment challenges included failure to attract certain categories of health workers such as Senior Consultants (paediatrics and child health), Medical Officer Special Grade (ENT, and Radiology).

Other outputs undertaken were - 933 human resource decisions made by the HSC with most of them relating to confirmation of health workers, study leave, corrigenda and assessment for suitability. The Commission also carried out support supervision in 71 LGs and 16 health institutions. Technical support during shortlisting and interviewing was provided to 20 LGs for the health workers of salary scale U2 and above.

The migration process from the Integrated Personnel and Payroll System (IPPS) to the Human Capital Management (HCM) platform was not seamless as it affected payroll management especially when it came to picking information concerning pensioners. Some pensioners did not appear on the HCM platform as it required more information than what was contained on the IPPS.

Health workforce restructured: The MoH fairly achieved this output, with 80% of the process completed. Restructuring for the MoH headquarters, specialized institutions, NRHs and RRHs, general hospitals and HCIIIs-IVs were completed and disseminated. However, implementation of the new structure awaited the availability of the wage bill to recruit the much-needed staff.



Health Centre IIIs constructed in the 132 sub-counties without any health facility: Upgrade of the various facilities performed fairly achieving 58% of the set targets. Planned upgrades for the FY progressed much faster than those that were rolled over from the previous FY which did not resume until the funds were revoted at the end of the FY. There were variations in the progress of works across districts.

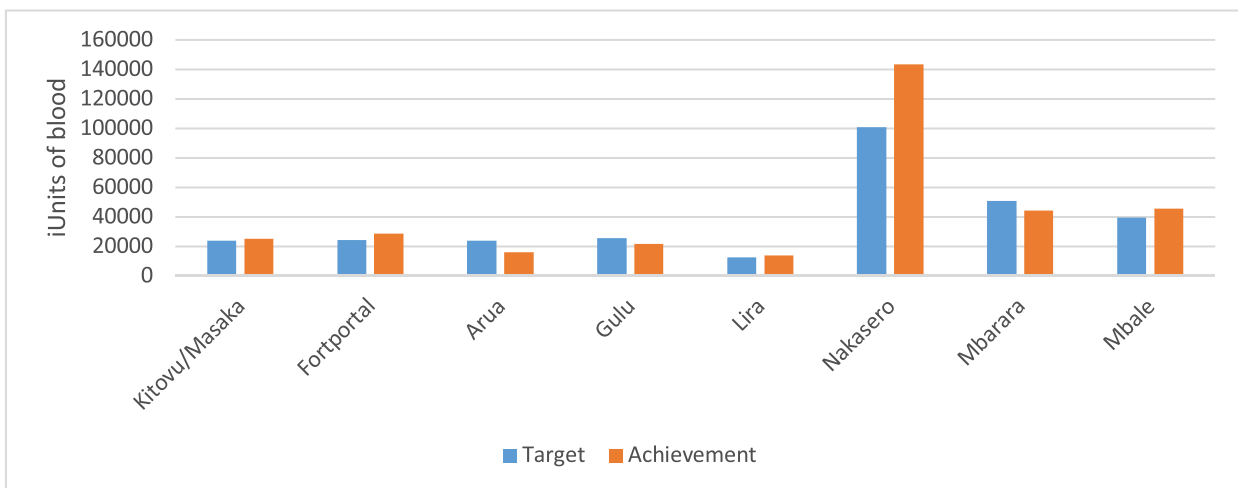
This was attributed to delayed revoting of the unspent balances at the end of the FY which were meant to be used for construction. Kibale District had their new works substantially completed, while others were ongoing. Poor quality civil works were noted at Kicwamba HCIII in Kabarole District. Some projects in Yumbe, Masaka, Mayuge, Kabarole Kichwamba HCIII), and Alebtong progressed slowly due to the inadequate financial capacity of the contractor. At Amanyiri HCIII in Yumbe District works stalled at 38% due to financial constraints of the contractor (Annex 10).

Delayed procurements continue to affect the implementation of the planned works, for example, the site for the construction of Kabingo HCIII in Kasese District was handed in August 2023 after the close of the FY in which it was supposed to be implemented. The construction works were rolled over from FY 2021/22. This therefore results in endless return of unspent balances and the need to revote the same in the subsequent years. Funds for upgrading 16 HIVs of the 66HCIVs were transferred to the UPDF Engineering Brigade to undertake but this had not commenced by the close of the FY.

Blood products availed: This output was executed by Uganda Blood Transfusion Services (UBTS) in conjunction with the Regional Blood Banks (RBB), NMS and Red Cross. The percentage of blood products available was 45% nationally however there were regional disparities in the availability of blood with availability ranging from 30% in Kampala to 59% in the Acholi region. Bukedi and Busoga also had low availabilities at 31% and 33% respectively.

In terms of collection, the UBTS surpassed its annual set targets by 12%. A total of 339,671 units of blood were collected and tested against the target of 300,000 units. This performance was attributed to new blood collection strategies, support from the Red Cross that provided a supportive role through blood donor recruitment, availability of reagents and complementary supplies to facilitate timely screening of transfusion transmissible infections (TTIs) (Figure 7.5).

Figure 7.5: Performance of the UBTS in Blood Collection (FY 2022/23)



Source: UBTS 2023



Most regional blood banks achieved their set targets except for Arua and Gulu which achieved 67% and 85% respectively. This was attributed to inadequate human resources and logistics especially transport to enable them to execute their mandates. Although the UBTS achieved the set targets for blood collection, this target has not changed over the last five FYs despite population increase and demand for blood.

The order fulfilment rate was good, of the total units of blood collected, 280,027 units (82%) of safe blood were issued to transfusing health facilities across the country. In terms of order fulfilment, Kitovu RRB and Fort Portal fulfilled 100% of their blood orders, while Mbarara fulfilled 91% of the blood orders. Under order fulfilment was noted at Mbale RRB which fulfilled only 53.9%, Gulu (55%) and Arua (67.2%) owing to the high demand for blood in these regions. It should be noted that Gulu RRB and Arua RRB did not achieve their blood collection targets (Table 7.18).

Table 7.18: Blood order and issuance performance for FY 2022/23

Regional Blood Bank	Order	Issue	Order Fulfillment Rate (%)
Kitovu/Masaka	16,502	16,432	99.6
Fortportal	18,585	22,015	118.5
Mbale	70,863	38,199	53.9
Arua	14,876	10,000	67.2
Gulu	35,192	19,373	55.0
Lira	15,344	11,574	75.4
Nakasero	187,375	130,238	69.5
Mbarara	35,129	32,246	91.8

Source: UBTS 2023

To increase access to blood products, a total of 92 HCIVs were accredited for blood transfusion. The GoU under the UgiFT undertook to construct blood banks in Arua and Hoima RRHs. In addition, the Government was to construct Soroti Regional Blood Bank using COVID-19 collections from the private sector. Construction of these regional blood banks was ongoing but behind schedule for Soroti and Arua blood banks and on schedule for Hoima Blood Bank (Table 7.19).

Table 7.19: Performance of the Civil Works for the Regional Blood Banks as at 30th June 2023

Regional Blood Bank	Project cost (bn)	Start and end date	Progress (%)	Remark
Soroti	2.4	May 2021 to 30 th September revised completion date	90%	Works were behind schedule because the contractor had left the site. Pending works included epoxy floor works, final painting, fixtures and locking cabinets.
Hoima	2.99	23 rd November 2022 to 23 rd November 2023	75	On schedule, pending works include; fittings, painting, floor finishes, and external works among others.
Arua	2.9	19 th December 2022 to 19 th September 2023	50	Behind schedule but the contractor has started to work on an extension.

Source: Field Findings



Works for Soroti Blood Bank contracted to Ms Rima One Investment Limited had stalled at 90% completion level. These were behind schedule due to the weak financial capacity of the contractor. Construction of the blood bank at Hoima was contracted to Ms Gesis (U) Ltd and was on schedule, while construction of Arua Regional Blood Bank was contracted to Ms/Development Infrastructure and was slightly behind schedule due to lack of financial capacity to execute the works on time. The contractor at Arua lost time due to poor planning and redundancies.

Procurement of equipment for the Hoima and Arua Regional Blood Banks had started, suppliers were identified and contracts signed. M/s Chemart Uganda Ltd was contracted to supply the equipment at a cost of Ug shs 2,111,226,000 while Ms Sumabolt Logistics Ltd was contracted to supply two double cabin pickups at a cost of Ug shs 499,610,000. The contracts were signed in June 2023 and delivery of this equipment was expected in October 2023.

Selected Budget pronouncements implemented: These were partially implemented. The partial attainment varied with two of the five achieving more compared to the rest. Those that achieved more were mass vaccination of all, and community disease surveillance by strengthening VHTs with training and equipping each with a smartphone and bicycle.

Some of the Budget speech pronouncements such as rehabilitation and expansion of General Hospitals of – Itojo, Kaabong, Abim, Kambuga, Masindi, Kanungu, Kapchorwa, Bugiri and Amudat were not fully translated into the work plans of sub-programme, while some of those that were translated into the Vote work plans received insufficient funding.

The rest of the pronouncements were not achieved mainly due to the delayed conclusion of the financing agreement for the establishment of the Modern Heart Facility located in Naguru, and the suspension of the procurement of a consultant for works for the construction of 75 staff houses in the Karamoja region following the directive to use the UPDF Engineering. In addition, the restructuring processes for the Uganda COVID-19 Emergency Response and Preparedness Project, lack of adequate tools, medicines and health supplies coupled with inadequate staff to provide better quality services limited performance.

Seventeen oxygen plant houses in all NRHs, RRHs and other selected facilities constructed:

The MoH undertook to construct oxygen plants in RRHs and other facilities to improve the availability of oxygen across RRHs including Bombo General Hospital and Wabigalo National Medical Equipment Workshop. The works were contracted to UPDF Engineering Brigade/MoDVA at a cost of Ug shs 9,433,873,654 for six months from March 2022, however, the works commenced in July 2022. The intervention has experienced time overruns from inception.

The scope of works involved the construction of one plant house building, a powerhouse, slabs for the filling station and external works. As at 30th June 2023, major civil works were completed for the selected hospitals³⁵ and works were estimated to be 95% complete.

35 Arua RRH, Bombo Military Hospital, Butabika NRH, Entebeb RRH, Fortotal RRH, Gulu RRH, Jinja RRH, Kabale RRH, Kayunga RRH, Masaka RRH, Moroto RRH, Mubende RRH, Mulago NRH, Mulago SWNH, Naguru RRH, Soroti RRH, Wabigalo National Equipment Workshop.



L-R: Uninstalled equipment at Soroti RRH and Plant House at Hoima RRH

Construction of plant houses for Lira, Mbarara, Mbale & Hoima RRHs with support from the Global Fund had not commenced, while the plant houses for Kirruddu NRH and Kawempe NRH were at the foundation bases. At many sites, the PSA oxygen plants were supplied but not yet installed.

The supply and installation of electrical requirements including transformers and voltage stabilizers for the operationalization of oxygen plants in RRHs was not achieved as at 30th June 2023 as planned due to delayed procurement processes and incomplete civil works at some sites. Delayed completion of the works continued to affect service delivery. Kabale RRH for instance did not have a functioning oxygen plant as at 10th August 2023, so it would request for oxygen supply from lower-level health facilities as they awaited installation of UNICEF equipment supplied to support the generation of oxygen at the hospital.

Tele radiology services established at Mulago National Referral Hospital: Operationalization of Tele radiology at the national centre in Mulago National Referral Hospital was not achieved and as a result, the delivered equipment in RRHs remained sub-optimally utilized mainly due to a shortage of the specialists at regional referral hospitals.

Key Intervention Challenges

1. Late deliveries of essential medicines and health supplies constrained service delivery.
2. There has been no substantial and proportionate increase in the past funding for Medicines and Health Supplies despite an increase in the population and number of RRHs. This contributed to stock-out levels at that level of care exacerbated by late deliveries from the NMS.
3. The outbreak of the Ebola crisis with no additional funding to the NMS for the increased workload resulting from clearing, warehousing and distribution of supplies with separate distribution lead times, following instructions from the MoH.
4. Increase in operational costs due to the increase in prices of fuel. The increase in fuel prices due to the volatility of the foreign currencies against the Uganda shilling caused an increase in the costs and constrained the approved budget.
5. Ambitious targets amidst a constrained resource envelope, for instance, Masaka RRH undertook two multi-billion project investments within the same time frame. The MCH Complex at Ug shs 13bn and the staff house at Ug shs 11.2bn. This has led to slow progress for one of the projects.



6. Persistent cost and time overruns - staff houses in Gulu RRH have had a cost overrun of Ug shs 2bn, while for Masaka RRH staff house has Ug shs 1.4bn. These cost overruns narrow the fiscal space for improving the hospital infrastructure.
7. Stalled works in Gulu RRH due to ongoing investigations by the State House Anti-Corruption Unit which will result in time overruns.

Recommendations

1. The NMS should adhere to the delivery schedules of essential medicines and health supplies. The MFPED can support the NMS through the timely frontloading of funds for the delivery of essential medicines and health supplies.
2. The MoDVA should prevail on the UPDF Engineering Brigade to be conscious of timeliness in the delivery of infrastructure development. Relatedly the MoH should have a clear term of engagement with clear timelines of project implementation to enable monitoring, supervision.
3. The MoH should stagger the implementation of the heavy investments to ensure that the availed funds are consolidated to complete one investment at a time to avoid tokenism to all the hospitals.

7.3.5 Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme

The intervention is expected to reduce the high out-of-pocket expenditures and shield poor households from ill health shocks. The intervention aims at achieving sustainable and equitable health financing mechanisms capable of achieving universal health coverage. It contributes to the outcome indicator of increasing the proportion of the population with access to Social insurance. The planned target for FY 2021/22 was to increase this proportion to 11%.

The planned outputs included: the progress of the Health Insurance Bill, Mainstreaming Results-based Financing (RBF) in the health sector implemented through the development of an implementation manual and tools, public awareness on national health insurance created; and National health insurance evidence generated through refining benefits package and assessment of service providers.

Performance

The intervention achieved 49% of the set targets. National efforts to reduce the burden of out-of-pocket health expenditure from the current 38% remained unachieved leaving the poor excluded from access to health services, especially from a health care system punctuated by a stock-out of medicines and health supplies that necessitates the patients to purchase from private pharmacies. The draft Health Insurance Bill was cleared by the Attorney General and was due for presentation in Cabinet. *It was noted that some of the funds were spent on preparing the Ministerial Policy Statement for FY 2023/24 rather than on activities planned.*

The MoH developed an RBF implementation manual and tools. RBF indicative planning figures for the health facilities and LGs were finalized and disseminated. The mainstreaming strategy was finalized and the RBF section was updated in the Primary Health Grant and Budget Guidelines. Implementation of the RBF will be supported by the Uganda Intergovernmental Fiscal Transfers Project.



7.3.6 Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach

The intervention aims at reducing the burden of the HIV epidemic and its social economic impact on the population. It was implemented by the Uganda AIDS Commission (UAC). The following section presents planned outputs and achievements as at 30th June 2023.

Non-state implementers accredited: Provided technical support to 10 Self-coordinating Entities (SCEs) to document and provide quality report on the progress of the implementation of HIV activities across the country.

Regional partner supervision undertaken, Q4 Regional HIV&AIDS coordination report submitted: Engaged over 7,000 students from the universities (Ndejje, Busitema, Gulu, Soroti and Mountain of the Moon) and other tertiary institutions on HIV prevention and stigma reduction.

National HIV fact sheets updated, performance report produced and submitted: Convened and produced a consolidated report for quarter three performance review meeting for the FY 2022/23 to track the implementation of HIV interventions by UAC and SCEs. Finalized the development of the Accreditation Module and harmonized it with the NGO Bureau and Uganda Registration Services Bureau (URSB) systems for accreditation of NGOs/CBOs providing HIV/AIDS services. Updated and printed 1,000 copies of the Presidential Fast Track Initiative (PFTI) message books with current HIV/AIDS Statistics.

Mid-term performance report produced and disseminated: Conducted and produced the Mid-term Review Report of the National Strategic Plan and National Priority Action Plan for 2022/23- 2024/25. Prepared and submitted quarter three performance report for FY 2022/23 to MFPED, Office of the Prime Minister (OPM) and other line ministries. Oriented Data Managers and Research Assistants of 30 institutions on the use of the newly developed web-based HIV Resource Tracking tools and other National AIDS Spending Assessment (NASA) tools to track HIV resources.

HIV&AIDS advocacy messages published on mass media, and HIV&AIDS quizzes conducted in schools and disseminated: A total of 20 million people across the country reached with HIV messages through the Kabaka Birthday run, media and during the Candlelight Memorial Day Commemoration.

National HIV&AIDS school debate supported and disseminated: Disseminated HIV prevention messages to over 10,000 secondary school youths in 18 regions through debates and engagements.

CCM Board meeting held: Supported Uganda Coordinating Mechanism (UCCM) to undertake oversight roles in the management of the Global Funds activities in Uganda for TB, HIV and Malaria.

Major HIV&AIDS events commemorated: The UAC commemorated three international days (World AIDS, Philly Lutaaya and Candlelight) and over 20 million people were reached with HIV messages through various channels. UAC provided technical support to resident district commissioners/resident city commissioners (RDCs/RCCs) and their deputies including district international security officers (DISOs) to coordinate and mainstream HIV in their duties, and engaged 250 Parliamentary Committee members on HIV & AIDS response.



Technical support provided to 12 SCEs on mainstreaming of HIV & reports published quarterly; regional coordination zones supported & reports summited. UAC regulations disseminated in 4 regions: Provided technical support to 12 SCEs to document and provide quality report on the progress of the implementation of HIV activities across the country. Disseminated UAC Regulations 2022 to 295 CSOs in nine regions: Southwestern, Midwestern, West Nile, Central 1, Teso, Lango, Tooro, Bunyoro, and Acholi.

Grant writing undertaken: Supported Uganda Country Coordinating Mechanism (CCM) in the Global Funds writing process. The grant is worth USD 587,127,533 for the next three years 2024-2026 for the HIV/AIDS, TB and Malaria interventions in Uganda.

7.3.7 Promote health research, innovation and technology uptake

The intervention aims to increase the uptake of health research, innovation and technology among health institutions. The planned outputs were: Health research & innovation promoted; High-quality scientific and operational health research conducted.

The above outputs were implemented by various entities including: The MoH, Uganda Virus Research Institute (UVRI), Uganda National Health Science Research Organization (UNHRO), and Uganda National Council for Science Technology (UNCST), Research and academic institutions, Ministry of Health Office of the President (PRESIDE). The annual monitoring for FY 2022/23, focused on outputs undertaken by UVRI.

Performance

The intervention registered fair performance at 66% of the set targets achieved (Table 7.20). This was implemented through Arbovirology, Emerging and Re-emerging Disease, Entomology Research, Immunology Research, Health Research and Innovation, and General Virology Research programmes of the Uganda Virus Research Institute (UVRI). Other contributors were Mulago and Butabika NRH, UHI, UCI, and RRHs. Detailed performance by output is presented hereafter.

Health Research & Innovation undertaken: UVRI undertook the development of two COVID-19 vaccines - the COVID-19 Inactivated Vaccine, and the Adeno-vector COVID-19 vaccine. Invitro Antiviral Therapeutic studies were also undertaken. Detailed progress on the two vaccines is as follows.

For the COVID-19 Inactivated Vaccine, the production of inactivated SARS-CoV-2 vaccine collection of samples from animal models (mice from COVAB) was achieved. Results T-cell screening ELISpots assay work was done for all the RVF samples data analysed and presented to the UVRI local RVF team. Continued the processing of vaccinated mice spleen and serum and storage for endpoint assay, 530 mice samples received & tested for anti-Spike binding antibodies, performed pilot run to determine the dosage and dosing interval to optimize the switching of assays from human to mice using two vaccine regimens one at 28 days (booster dose on day 14) and another 42 days (booster dose on day 21).

Ongoing activities include: sample collection for assay optimization and received mice tail serum from endpoint assays. Single-cell germline sequencing using the 10X genomics platform. Conducting human clinical trials is still pending, as the Institute is still performing Immunological assays on fresh mice splenocytes and stored samples for vaccine T and B cell responses.



For the Adeno-vector COVID-19 vaccine, the virus stocks of both the vaccine and empty vector were generated. Genotypic characterization of all faecal samples collected from chimpanzees from the Uganda Wildlife Education Centre (UWEC), Ngamba Island and Hoima was completed. A total of 1,153 plasma samples from humans were collected from 80 districts. The laboratory animals received the first dose of the vaccine candidate plus two booster doses.

Relatedly, training & capacity building of laboratory staff was undertaken on the Next Generation Platform using the MinION, introduction to bioinformatics and generation of tools for analyses of big data among others. Pending consultation with the Immunology Department on additional guidance on key assays, and sample size of mice for the key objectives. Logistics meeting for the pilot preclinical study.

Regarding the patent process for products generated so far, the draft application was ongoing. The main challenge was the joint manufacturing of different vaccines using the same pipeline for these critical stages during development which substantially increases the risk for contamination. As at 30th June 2023, UVRI did not have guidance on airtight decontamination steps tested in robust studies. ***For more detailed information on vaccine development refer to Annex 11 of this report and the BMAU Programme report on Innovation, Technology Development and Transfer (ITDT) FY 2022/23.***

The research activities were majorly funded by development partners like the Medical Research Council (MRC)/UVRI, Center for Disease Control (CDC), and World Health Organisation (WHO) among others. GoU mainly contributed to salaries, allowances and the retooling budget.

UVRI retooled to support research activities: The institute procured storage shelves from M/s Steelwood Company Ltd and furniture and fixtures from M/s Pinnacle Concepts at Ug shs 198.5 million and Ug shs 174.1 million respectively. The shelves were delivered on 23rd June 2023 and the furniture on 4th July 2023.

Underdevelopment project: The UVRI procured consultancy services for the extension of the clinic. The consultant is Ms Necklin Designs Construction Ltd, and the contract was signed on 26th June 2023, the architectural design cost Ug shs 140 million, however, the actual works for the extension of the clinic were yet to commence. The delay was attributed to late initiation of procurement and late receipt of the development funds from MFPED. The renovation and remodeling of the old depilated house into modern offices contracted to M/s NEC at a contract price of Ug shs 368.3 million was at 90% physical progress.

Regarding other research activities by different selected institutions: The UVRI published 30 research studies in FY2022/23, some of the publications were on the Research Gate website, while other institutions like Butabika National Mental Referral Hospital (MNRH) researched the burden of alcohol and substance abuse at Butabika MNRH. The research on profiling medical workers admitted to Butabika Hospital was completed.

Mulago NRH in collaboration with academic research partners strengthened the coordination of the hospital's research and training capacity. Research capacity and research protocols assessed for approval. Operational research was also conducted. A valid UNCST accreditation was renewed on 17th August 2023. Active Accreditation from USA (FWA00027023) and registration with HHS (Registration Number – IORG0009762), furthermore, 227 research protocols were reviewed, including 172 initial reviews, 27 continuing protocols renewed, and 28 protocols amended. Other RRHs did have research proposals except those done at an individual level by the medical. The



UHI had 16 research publications on heart diseases, while UCI had 16 research manuscripts published in FY2022/23.

Implementation challenges

1. Inadequate staffing and funding to undertake high-quality research at UVRI, regional and academic institutions to undertake specialized research.
2. The lack of Institutional Review Boards (IRBs) at RRHs affected the research plans of various health workers.
3. There is slow uptake of research findings and utilization partly due to lengthy and bureaucratic approval and uptake procedures which in some cases create a valley of death of the scientific discoveries. For instance, the research on flu vaccine to be administered to pregnant women and health workers.
4. Very old dilapidated buildings and an old fleet of vehicles at the institute. The Tissue Culture Laboratory needs renovation, and new vehicles procured for field travels to collect samples at the UVRI.

Recommendations

1. The MFPED, MoPS, MoH and HSC should prioritize filling staffing gaps at all research institutions and hospitals to enhance health research at various levels.
2. The GoU through MoH and research institutions should support the capacity building of Research Committees at all RRHs to boost their interest towards medical research. Tokens of appreciation should be awarded to medical workers who exhibit high-quality research products to boost morale and interest towards research in health institutions.

7.3.8 Increase Access to Sexual Reproductive Health and Rights with special focus on Family Planning Services

The intervention is expected to increase access to sexual and reproductive health services and age-appropriate information among all age groups in Uganda.

The planned outputs included: Gender-based violence managed at health facilities through the referral pathways, Essential Maternal Newborn Care Clinical (EMNCC) guidelines, integrated technical support supervision visits and mentorships of health workers in the provision of quality Emergency Obstetric care (EmONC) in 16 RRHs conducted, one national stakeholder coordination meeting on integrating the GBV/SRHR/HIV/TB/Nutrition Policy into the Health Policy was conducted.

Performance

The intervention achieved 60% of the set annual targets, and detailed output performance is presented hereafter.

Gender-based violence managed at health facilities through the referral pathways: As at 30th June 2023, abortions due to gender-based violence (GBV) that were managed at the health facilities totaled 2,047, those who were treated for injuries due to GBV totaled 65,269 (Table 7.20).

Overall there were fewer incidents of GBV in the Karamoja region, while the North-Central region recorded the highest incidents (Table 7.21). Kassanda District had the highest cases of abortions



due to GBV with the least cases in Kayunga District. Mukono District managed the most cases of injuries due to GBV, with the least managed in Kyankwanzi District. Mubende District managed the highest cases of sexually transmitted infections (STIs) due to Sexual-GBV with the least managed in Kiboga health facilities.

Abortions due to GBV were highest in South-Central, North-Central, and Busoga respectively with the least recorded in Karamoja, Bunyoro, and Kigezi respectively. Injuries due to GBV on the other hand were highest in North-Central, Bugisu, and Busoga respectively and lowest in Bunyoro, Karamoja and Tooro respectively. Cases of STIs due to Sexual-GBV were highest in North-Central, Ankole, and Kampala respectively, with the least cases recorded in Karamoja, Acholi and Teso respectively. Managed cases of anxiety disorder due to GBV were highest in Kampala, Ankole, and Bugisu, respectively while Karomoja, Teso and Lango recorded the least managed cases.

Despite the management of GBV cases at health facilities, field findings indicated a weak link among the different referral pathways. The heads of departments at the district level were mostly working in isolation which reinforced the underreporting of the GBV cases and the resultant undesirable outcomes. **(Additional information on Gender Based Violence (GBV) is presented in Chapter six, of this report)**

Table 7.20: GBV-related cases managed at the different health facilities by region as at 30th June 2023

Region	Abortions due to Gender-Based Violence (GBV)	Injuries due to Gender-based violence	Sexually Transmitted Infection Due to Sexual Gender-Based Violence	Anxiety Disorder Due to Gender-Based Violence
Acholi	97	3,709	632	259
Ankole	92	3,276	3,856	1,988
Bugisu	137	7,962	2,038	1,255
Bukedi	184	4,903	1,621	422
Bunyoro	38	1,618	1,729	65
Busoga	234	7,149	3,316	540
Kampala	177	3,492	3,838	4,088
Karamoja	27	2,102	316	8
Kigezi	41	2,909	1,115	178
Lango	104	4,054	1,116	50
North-Central	297	8,526	4,422	345
South-Central	319	5,033	3,653	854
Teso	68	3,885	1,066	15
Tooro	112	2,879	2,340	201
West Nile	120	3,772	1,697	870
Grand Total	2,047	65,269	32,755	11,138

Source: Field Findings, HMIS



Essential Maternal Newborn Care Clinical (EMNCC) guidelines were disseminated in Busoga, Bugisu, Teso, West Nile, Rwenzori, Bunyoro and Bukedi regions.

The MoH conducted an integrated EmONC Technical Support supervision in the regions of Ankole, Kigezi West Nile, and South Central. Critical cadres from Lango, Acholi, and West Nile were mentored on a method mix of family planning including new contraceptive technologies like Sayana Press and Implanon NXT.

One national stakeholder coordination meeting on integrating the GBV/SRHR/HIV/TB/Nutrition Policy into the Health Policy was conducted. The NMS procured and distributed reproductive health commodities including Maama Kits worth Ug Shs 20.460bn to health facilities across the country. Family planning services were provided across the health facilities country-wide.

7.3.9 Increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices

The intervention aims to increase the percentage of people accessing safe water supply in both rural and urban areas, as well as sanitation and hygiene services through inclusive improved toilet coverage and handwashing facilities. This intervention is aligned to Sustainable Development Goal (SDG) number six which is to ensure access to safe water and sanitation for all.

The NDPIII key result targets for the FY 2022/23 were: Increase access to safe water supply- rural at 80.3% and urban at 89.6%; and increase access to basic sanitation (improved toilet coverage at 32%, hand washing facility at 42%). Attainment of these targets is crucial for the population's improved health and well-being. The key annual planned outputs were: (i) Piped water supply systems constructed in rural areas, (ii) Point water sources (new and rehabilitated boreholes) constructed in rural areas, (iii) Piped water supply systems constructed in urban areas, and (iv) Sanitation facilities constructed.

Performance

Overall, by 30th June 2023, the intervention performance was poor at 42% achievement of outputs and outcomes assessed. None of the NDPIII outcome indicator targets was achieved. The performance of the outcome indicators was as follows: Access to rural water was at 70% of the targeted 80.3%, and urban water access was at 73.4% of the 89.4% target, basic sanitation was at 20% of the 32% target. The Ministry of Water and Environment (MWE) did not provide values for hygiene/handwashing practices thus this was not assessed.

Poor performance of outputs was occasioned by the none commencement and failed completion of multi-year water supply systems planned such as Lukalu-Kabasanda, Nyabuhikye-Kikyenkye, Kahama, Kabuyanda, which had stalled; and Busia, Adjumani, Mbale, Kapchorwa, Laceyocot among others.

The Urban Water Supply performed better than Rural Water, as water schemes such as Odramacaku, Kayunga-Busaana, Nakasongola, Kyenjojo-Katooke, Kagulu and Binyinyi were completed and the beneficiary communities were accessing safe water. The Rural Water Supply did not prioritize the completion of its ongoing water schemes and as a result, the initial investments remained a waste as the communities continued to experience constrained access to water. Detailed performance is presented hereafter.



Piped water supply systems constructed in rural areas: On average, by the end of the FY the performance of the rural water supply and sanitation was poor due to slow progress on piped systems under construction and the non-commencement of others (Table 7.21).

Approximately 254 piped water systems³⁶ were planned for construction to various physical progress levels as indicated in Table 7.23. The four large piped water supply systems of Kahama 82%, Lukalu-Kabasanda 93%, Nyabuhikye-Kikyenykye 95%, and Kabuyanda 97% were not completed as planned. These systems stalled with time and cost overrun. Despite the earlier challenges of land compensations, COVID-19 restrictions, limited cash flows, slow contractors, and design reviews among others, the key issue noted in the FY was the lack of prioritisation of their completion.

None of the water systems³⁷ planned for under the Integrated Water Management and Development Project commenced. These were curtailed by delays in finalising the Environmental and Social Impact Assessments (ESIAs), Resettlement Action Plans (RAPs) and Source Protection Plans (SSPs), which were a prerequisite for procurement of works.

Previously, the MWE had limited capacity to design and implement these. Furthermore, the donors' "no-objection" requirements at all stages of procurement and during implementation, coupled with the lengthy procurements delayed progress for works. Noted was the limited time duration remaining to the closure of the project financing on 2nd December 2024. Any further delays in finalizing procurements, and works contracts awarded shall most likely lead to contracts stretching beyond the project closure date. This poses a financial risk to the government to oversee the completion of the works. It is recommended that this project be restructured to redeem the time and resources.

The construction of 150 mini solar-powered schemes under the Development of Solar Powered Irrigation and Water Supply Systems Project (implemented by Nexus Green) was lagging as only eight water schemes (5.3% of the 150) were under construction. Poor quality works were noted at the Athuma Water System in Zombo District during monitoring in July 2023. There were issues of incompetent sub-contractors, inadequate stakeholder engagement, and inadequate supervision of the contractor since the consultant had fewer staff.

Table 7.21: Performance of Piped Water Supply Systems in Rural Areas as at 30th June 2023

Annual planned output, location and target	Cumulative Achievement (%) and Remarks
Kahama WSS in Ntungamo district constructed from 80% to 100%	82% progress: The target was not achieved due to contractors' limited cash flows. The contract commenced on 1 st March 2019 and was expected to end on 1 st September 2020 after 18 months. Works were interrupted by the outbreak of the COVID-19 pandemic; thus the contract was extended up to February 2023. However, the contractor was unable to complete it. The overall time taken was 51 months.
Lukalu-Kabasanda WSS in Butambala District constructed from 90% to 100% and extended to cover the unserved villages to 100%	93% progress: The target was not achieved. The scheme stagnated due to the slow pace of work, difficulty securing land for scheme components, and limited cashflows arising from delayed payment of the contractor. Works commenced on 15 th November 2018 and were to end on 30 th June 2022. There were multiple extensions, and as of June 2023, (55 months) the scheme was incomplete.

³⁶ The piped systems were planned across four development projects monitored: Project 1666: Development of Solar Powered Irrigation and Water Supply Systems, Project 1614: Support to Rural Water Supply and Sanitation, Project 1347: Solar Powered Mini-Piped Water Schemes in rural Areas, and Project 1530: Integrated Water Management and Development.

³⁷ These included: Nyakabare, Gaspa, Mutunda, Ala-Ora, 17 piped systems in refugee host communities, and 25 large solar powered systems in selected RGCs.



Annual planned output, location and target	Cumulative Achievement (%) and Remarks
Nyabuhikye-Kikyenkye GFS in Ibanda District constructed from 80% to 100%	95% progress: The target was not achieved. Works commenced in July 2017 and were scheduled to end in October 2018 after 15 months. This was not achieved due to land compensation challenges, rocky terrain, and limited cashflows of the contractor among others. Works stalled and resumed in October 2021 to February 2023 under new contract terms. However, by 30 th June 2023, the contractor had not completed due to their limited capacity.
Kabuyanda WSS in Isingiro District constructed from 95% to 100%	97% progress: The target was not achieved due to the contractors' limited cash flows given that 60% of payments were honoured. The construction contract commenced on 19 th September 2018 and was scheduled to end on September 2020 after 24 months. But this was not achieved as construction was not completed on time. Several extensions were made up to 30 th September 2023 (a total of 60 months). This resulted in administrative cost and time overruns.
Mpungu GFS in Kanungu District constructed to 5% completion	0%: The target was not achieved. The GFS pending a design review to establish a new water source due to the inadequacy of the old source.
Nyamugasani Gravity flow schemes in Kasese District constructed to 50%	0%: The target was not achieved. Works were advertised. There were delays in finalising the ESIA, RAP and SSP.
Bitsya WSS in Buhweju District constructed to 50%	0%: The construction contract was awarded, and the site was handed over to the contractor in June 2023. There were delays in finalizing the ESIA, RAP and SSP.
25 Large Solar Powered systems for various Rural Growth Centers constructed to 50%	0%: Progress was curtailed by the requirements to put in place environmental and social safeguards. Previously, the MWE had limited capacity to design and implement these. Six schemes were recommended for contract award, while nine were advertised for, and 12 (preparation of bids finalized).
17 piped water supply systems constructed in the refugee host communities in Terego, Madi-Okollo, Moyo, Yumbe, Adjumani, and Lamwo to 30%	0%: These were at the design stage whose completion was delayed.
Three piped water systems in Nyakabaare, Gaspa and Mutunda Rural Growth Centres in Kiryandongo District constructed to 70%	0%: Contract for works awarded in June 2023. There were overall delays arising from the back-and-forth correspondences between MWE and the World Bank for "no objection" and the finalisation of environment and social safeguard plans among others.
Two water schemes under Ala-Ora WSS covering the West Nile districts of Madi-Okollo, Terego and Yumbe constructed to 25%	0%: Contract for works awarded in June 2023. There were overall delays arising from the back-and-forth correspondences between MWE and the World Bank for "no objection" and the finalisation of environment and social safeguard plans among others.
50 medium and large piped water systems constructed to 100% in 20 districts ³⁸	Construction of two systems commenced in Kwankwanzi, and nine sites were handed over to the contractor as follows: Agago (4), Kaabong (2), and Amudat (3). These works were affected by site-specific design reviews that introduced additional works, thereby increasing the scope of works. Additionally, the contractor delayed to mobilise.
150 solar-powered piped systems constructed countrywide to 100% completion (NEXUS GREEN)	Eight water systems were under construction in Zombo (Athuma Central and Adhambe), Obongi (Bokolo-Waka), Moyo (Ijujo), Kwania (Awaldek), Mbarara (Kahoma), Katakwi (Akamurirei), Ngora (Olilim); 26 detail designs approved pending construction; 16 sites under detailed design; 42 sites under feasibility study; 79 sites feasibility studies not yet started. Noted were the delays in implementation due to contractors' limited capacity, and poor quality of work.

Source: MWE and Field Findings

38 Agago, Amudat, Bulambuli, Buliisa, Buvuma, Buyende, Kaabong, Kasese, Kibaale, Kyankwanzi (2), Kyegegwa, Lyantonde, Mityana, Mubende, Nakaseke, Namayingo, Rakai, Sembabule, and Yumbe.



Shoddy work for Athuma Central WSS in Zombo District

Point water sources (new and rehabilitated boreholes) constructed in rural areas: A total of 550 boreholes (450 new, 100 rehabilitated) were planned for during the FY. Of these, 63 production wells, and 36 hand-pumped boreholes were drilled through framework contracts on a demand-driven basis. No boreholes were rehabilitated given that this output was affected by budgetary constraints as only 57.3% of the budget was released under the Solar Powered Mini-Piped Water Schemes in Rural Areas Project which implements it.

Piped water supply systems constructed in urban areas: The urban water supply and sewerage planned to construct/rehabilitate/expand approximately 125 piped water systems inclusive of institutional/public sanitation facilities under 10 projects³⁹ assessed (Table 7.22). The performance was poor as most targets were not achieved. Access to safe water supply in urban areas stood at 73.4%. This was lower than the NDP III target of 89.6% for the FY. Of the 125 systems, six were completed comprising Kayunga-Busaana (Kayunga), Nakasongola (Nakasongola), Kyenjojo-Katooke (Kyenjojo), Odramachaku (Arua), Kagulu (Kamuli), and Binyinyi (Kween). These provide access to safe water for the populations in the respective towns.

Five schemes substantially complete were: Kyankwanzi-Butemba at 98% (Kyankwanzi), Nyakatonzi at 98% (Kasese), Okokoro at 98% (Maracha), Atiak 99% (Amuru), Bibia-Elegu 98% (Amuru). Test running and snag rectification were ongoing, however, these also had time and cost overruns. Furthermore, 10 schemes progressed as follows: Kagera waterworks at 22% (Isingiro), 26.8km (38%) of the Karuma-Gulu Transmission Main was constructed, and works were on schedule, the Karuma Water Treatment Plant was at 30% (Nwoya), Kamuli 25%, Kapchorwa 68%, Buikwe 56%, Bundibugyo 92%, Agii 40% (Maracha), Bulangira 65% (Kibuku), and Busia 78%.

Works on the rest of the piped water schemes planned (approximately 100) did not commence. These included Masaka, Mbarara, Adjumani, and Mbale waterworks works among others. The Masaka works were delayed mainly by the change of water sources from underground to surface water, however, a review of the draft final detailed design was ongoing.

The Mbarara works were advertised but stopped at the evaluation stage since the bid quotations were too high compared to the available budget.

³⁹ Project 1193: Kampala Water- Lake Victoria Water & Sanitation, Project 1524: Water and Sanitation Development Facility East-Phase II, Project 1525: Water and Sanitation Development Facility-South West-Phase II, Project 1529: Strategic Towns Water Supply and Sanitation, Project 1530: Integrated Water Management and Development, Project 1531: South Western Cluster, Project 1533: Water and Sanitation Development Facility Central-Phase II, Project:1534 Water and Sanitation Development Facility North-Phase II, Project 1562: Lake Victoria Water and Sanitation (LVWATSAN) Phase 3, and Project 1666: Development of Solar Powered Irrigation and Water Supply Systems.



The proposed revision of scope awaited approval of the French Development Agency. The other schemes that didn't commence were affected by the inadequate budget, over-planning, delayed completion of detailed designs, lengthy land acquisition challenges, and slow contractors among others.

Table 7.22: Performance of Piped Water Supply Systems in Urban Areas as at 30th June 2023

Annual planned outputs, location and target	Cumulative Achievement (%) and Remarks
Piped water network restructuring and rehabilitation in Kampala and surrounding towns of Wakiso district (Mukono, Nansana, Gayaza) constructed to 40% completion	0%: This was at the final detailed design stage. However, progress was affected by prolonged negotiations for unrealistic compensation demands, and difficulty in securing right of way owing to poor physical planning.
Three water supply infrastructure works of Gulu (Karuma Water Treatment Plant, and 73km Karuma-Gulu Transmission Mains), Mbale, and Adjumani (Pakele) constructed to 15% completion	The Karuma Water Treatment Plant attained 30% physical progress. 26.8 km (38%) of the Karuma-Gulu transmission main was constructed and was on schedule. Mbale and Adjumani did not commence construction works. The bid evaluations were completed, although the procurement processes were affected by the untimely approvals of the World Bank and the Solicitor General.
Four piped water supply systems constructed to various levels as follows: Busia 100%, Namasale 100%, Kaliro-Namungalwe 80%, Butaleja-Busolwe, Budaka-Kadama, Tirinyi-Kibuku 65%.	Busia WSS had attained 78% physical progress, however, the pace of work was quite slow, with the contract extended twice for a total duration of 12 months. A cost overrun of USD 63,304 was foreseen to maintain the time-based supervision consultant given the addendum submitted. Further delays in progress arose from price escalation of key construction inputs (pipes, electrical-mechanical equipment among others), as the contractor halted their purchase pending a compensation claim of Ug shs 4,594,557,264 submitted to the World Bank for a "no objection" approval. Namasale – The contract for works was signed on 13 th March 2023 for Ug shs 13,066,919,936 (VAT exclusive), awaiting advance payment to commence works. Tirinyi-Kibuku-Budaka-Kadama-Butaleja-Busolwe - Contract awaited approval by the Solicitor General. Kaliro-Namungalwe - The contract for works was signed on 13 th April 2023 for Ug shs 19,949,136,831 (VAT exclusive), awaiting advance payment to commence works. Kyegegwa-Mpara-Ruyonza – Was at the detailed design stage, with 30% of the design completed. It faced delays from the change of water source to a further location, and the demand for water in newly developed areas not originally planned for.
A new water intake and treatment plant constructed on R. Kagera; Water supply and sanitation infrastructure in Mbarara and Masaka municipalities and surrounding towns	Progress of the Kagera water works was at a 22% completion level. The delayed commencement of works was attributed to COVID-19-associated travel restrictions for the international consultant and the lengthy procurement process. The Mbarara and Masaka waterworks didn't commence. The Mbarara works were advertised but stalled at the evaluation stage since the bid prices were above the available budget mainly attributed to the global economic challenges. A proposed change of scope awaits approval by the French Development Agency. For the Masaka water works, the Final Draft Detailed Design Report and Conceptual Design Reports were under review. This was delayed by the change of the water source from underground (boreholes) to surface water (L. Victoria) to meet the Masaka short-term and long-term demand took a long time.
Bugadde WSS constructed to 100%	0%: not implemented due to insufficient financing.



Annual planned outputs, location and target	Cumulative Achievement (%) and Remarks
Seven piped water supply systems of Kayunga-Busana, Nakasongola, Kyenjojo-Katooke, Kamuli, Kapchorwa, Buikwe, and Bundibugyo constructed to 100% completion level	Three water schemes of Kayunga-Busana, Nakasongola, and Kyenjojo-Katooke achieved the 100% completion target. However, Kyenjojo-Katooke had major leakages, especially on the clear water tanks and pipe bursts which caused a shortage of water supply to beneficiaries at different times. Others were at various progress levels as follows: Kamuli 25%, Kapchorwa 68%, Buikwe 56%, and Bundibugyo 92%. Completion of these schemes was curtailed by delayed procurement, and land acquisition issues related to lengthy negotiations, demand for unrealistic compensation costs, and lengthy valuation processes among others.
Seven piped systems of Bibia-Elegu (Amuru), Lacekocot (Pader), Odramacaku (Arua), Atiak (Amuru), Okokoro (Maracha), Kati (Madi Okollo), and Parabong (Amuru) completed to 100%.	Odramacaku was 100% completed, and functional providing safe water to the targeted population. Bibia-Elegu (98%), Atiak (99%), and Okokoro (99%) were substantially completed and snags rectification was underway. The rest - Lacekocot (75%) was delayed by inadequate funding, while Kati (85%), and Parabong (51%) had final design delays. However, these were in progress.
Nine piped water systems commenced and constructed to various levels as follows: Palabek-Kal 30% (Lamwo), Obongi TC 30% (Obongi), Lamwo TC 30% (Lamwo), Rhino Camp 30% (Madi-Okollo), Araa/Dufile 30% (Moyo), Keri-Oraba 85% (Koboko), Zombo TC 55% (Zombo), Barr 30% (Lira), Adilang 5% (Agago).	Construction works progressed as follows: Keri-Oraba (60%), and Zombo TC (26%). The rest were under various stages of procurement, although partly delayed by the untimely completion of designs.
Eight piped water systems progressed to various levels of completion as follows: Kabirizi 100% (Kasese), Nyakashaka Phase I 70% (Buhweju), Karago Phase II 100% (Kabarole), Rubanda (Bulk Water Transfer Project - Phase I) 30%, Rubaya 50% (Kabale), Bethlehem-Nabigasa Phase I 30%, Bukinda Phase I 30% (Kabale) and Kabura - Mwizi Phase I 30% (Mbarara)	Construction works in Nyakatonzi (Kasese District) were at a 98% substantial completion level. Karago phase II was 15% completed, and for Nyakashaka the procurement of a works contractor was completed. The rest were either at procurement, detailed design or feasibility study. The designs and feasibility studies were affected by the lengthy land acquisition processes.
11 piped water systems constructed to the following target levels: Manafwa TC 50%, Bulangira 80% (Kibuku), Kanapa 100% (Kumi), Mukura 40% (Ngora), Kidera 40% (Buyende), Aturtur 40% (Kumi), Aligoi 100% (Kumi), Opengate Kawo 100% (Bukedea), Kadungulu 10% (Serere), Kaproron TC 10% (Kween), and Iyolwa 20% (Tororo).	Construction works were substantially completed at 99% in Kagulu (Kamuli) and Binyiny (Kween). Bulangira (40% under Nexus Green) and Kanapa (5% under LEGS) were in progress. Manafwa TC was pending works contract award. The rest had detailed designs finalised but had no work started.
Three piped water schemes of Kyankwanzi, Butemba, and Kagadi completed to 100% Three piped water supply systems of Kiboga, Zigoti, and Busiika expanded to a 70% completion level.	Kagadi town WSS was under defects liability period, while Kyankwanzi was at 98%, and Butemba at 95% with meter leakages awaiting rectifications. Kiboga awaited water resource development, and Zigoti and Busiika were under procurement for work contractors.
Eight piped water supply systems constructed to various completion levels as follows: Ngoma 70% (Nakaseke), Busaale 90% (Kayunga), Kibuzi 90% (Kayunga), Lunya 50% (Mukono), Lwabenge 40% (Kalungu), Nyanseke 10% (Kibaale), Ggolo 10% (Mpigi) and Diima 10% (Kiryandongo).	Targets not achieved as planned. Ngoma attained a 25% completion level, and for Lunya the works contractor was undertaking mobilisation. The rest were either at procurement, detailed design or feasibility study. Noted were the delays at each of these stages due to inadequate funds.

Annual planned outputs, location and target	Cumulative Achievement (%) and Remarks
Provided solar energy packages to and/or constructed 44 urban mini solar-powered piped systems ⁴⁰ countrywide to 100% (NEXUS GREEN)	Nine existing water systems were provided with solar energy packages to boost the reliability of supply and reduce energy costs. In addition, seven systems were under construction at approximately 40% physical progress. Noted was the shoddy work done for the Agji Water System in Maracha District.

Source: MWE and Field Findings



L-R: Pipe laying of the Karuma-Gulu Transmission Mains; Installed uplift pumps of Karuma Water Treatment Plant in Nwoya District



L-R: A PSP of Atiak WSS in Atiak Town Council in Amuru District; Stud columns for the reservoir tank; and a leaking flange of Bulangira WSS in Kibuku District

Sanitation facilities constructed: A total of 10 faecal sludge treatment facilities⁴¹ were planned and progress was as follows: Yumbe was 99% complete and under test running, and the quality of work was good. The wastewater treatment plant for Kiruddu Hospital was completed and the system was functional. It was receiving and treating an average sewerage inflow of 120m³/day. Other facilities were at different levels of completion as follows: Rhino Camp in Madi-Okollo (60%), Kumi/Ngora (10%), Busia (13%) and Nalukolongo Waste Treatment Facility (30%).

Gender disaggregated institutional and public sanitation facilities were constructed alongside piped water supply systems contracts in the following towns: Odramachaku, Bibia-Elegu, Atiak, Lacekochot, Okokoro, Kayunga-Busaana, and Kapchorwa among others. The toilets provide safe disposal of faecal matter for the respective institutions and public places. The Kiruhura Highway Sanitation Facility stalled at 76% for over a year after the contract was terminated.

⁴⁰ The total number to be implemented in three years is 133.

⁴¹ These are located in Yumbe, Rhino-Camp (Madi-Okollo), Kumi/Ngora, Busia, Buliisa, Buikwe, Kyenjojo-Katooko, Dokolo, Nalukolongo (Kampala), and the Kirudu Hospital facility (Kampala).



At least nine schools located within the piped water supply areas that benefited from institutional sanitation facilities (toilets) included: Bugadu Church of Uganda P/S and Mugema P/S in Kayunga District, Bibia P/S and Elegu P/S in Amuru District, Dabani SS in Busia District, Kanapa P/S in Kumi District, Oriba P/S in Maracha District, Lawiadul P/S in Pader District, and Oliya P/S in Amuru District. All the schools had separate blocks for boys and girls, provision of a stance for persons with disabilities (PWDs), urinals, and access ramps. An incinerator was attached to the girls' toilets for the disposal of sanitary towels and a washroom as a separate stance.



L-R: Public sanitation facilities of Bubia-Elegu WSS; and Atiak WSS in Amuru District



A section of the Yumbe Faecal Sludge Treatment Facility; Institutional toilets in Lawiadul P/S in Pader District, and Oriba P/S in Maracha District

Intervention challenges

1. There were delays in the preparation of ESIA's, RAPs, SPPs, and Environmental and Social Management Plans which are prerequisites for the procurement of works under the World Bank-funded projects.
2. Climate change effects on the quantity and quality of water resources, thus making it difficult to get adequate water sources leading to the failure of water sources to meet the requirements for motorisation. This led to a loss of time in the search for other sources, which mainly affected the solar-powered schemes and the Masaka water works.
3. Termination of procurements due to higher bid prices compared to the available budget for example the Mbarara works stopped at the evaluation stage.
4. Low absorption of external financing due to project non-readiness for example the Development of Solar Powered Irrigation and Water Supply Systems project, being a design and build contract was still undertaking feasibility studies and detailed designs for some systems.
5. The "no-objection" requirements and very lengthy procurement processes for the World Bank-funded projects affected the timely commencement of works.



6. Limited supervision, and stakeholder engagement under the Development of Solar Powered Irrigation and Water Supply Systems Project, which lacked financial provision for community mobilization, sensitization, monitoring and supervision by MWE.
7. Lengthy land acquisition processes interrupted the smooth progress of works due to communities disputing the Chief Government Valuer's figures such as for the Busia WSS where approximately 6km along the transmission main pipeline was not laid.

Recommendations

1. The MWE should incorporate the preparation of ESIA's, RAP's, SSP's and Environmental and Social Management Plans during the project detailed design stage.
2. The MWE should endeavor to collaborate closely with the DLGs for early source identification.
3. The MWE should re-scope works for projects like Mbarara to fit within the available budget.
4. The contractor under the Development of Solar Powered Irrigation and Water Supply Systems Project should hire extra experienced senior technical staff to expedite feasibility studies and detailed designs.
5. The MWE and World Bank should devise strategies to promptly address "no-objection" requirements. Furthermore, the World Bank should engage in higher levels of decision-making other than micro-project management.
6. The MWE should begin construction works where land for major project components has been 70% acquired in advance.

7.4 Sub-programme Challenges

1. Misalignment of the indicators in the Programme Based System (PBS) with the mandate of the health institutions leading to inaccurate reporting and or failure to appropriately report on the outputs and outcomes contributed by the HCD institutions that are consistent with their mandate.
2. Inadequate staffing (worse among the recently upgraded HCIIIs and HCIVs) continued to constrain service delivery. Delayed recruitment was in part attributed to an inadequate wage bill for fresh recruitment, while others awaited completion of the verification exercise by the Office of the Auditor General. The reasons for the failure to recruit on a replacement basis for the retired or those who died were not very clear.
3. The continued use of the IPPS in payroll management in some government institutions provides an avenue for abuse including adding ghost workers as it allows for dummy cost centres.
4. Persistent cost and time overruns across projects attributed to delayed procurements and completion of construction projects. The delayed procurements for service providers under UgIFT in FY 2022/23 coupled with delayed re-voting of the unspent funds has slowed progress in upgrading HCIIIs to HCIIIs. Time and cost overruns were also experienced under the rural piped water systems.



5. Termination of procurements due to higher bid prices compared to the available budget for example the Mbarara water works were halted at the evaluation stage.
6. Delayed issuance of “no-objection” throughout the project cycle affects timely project implementation.

7.5 Sub-programme Conclusion

The annual performance of the Population Health Safety and Management Sub-programme was fair. The investments in infrastructure development and equipping, and enhancement of health workers’ remuneration did not translate into improved service delivery. There were notable delays in project implementation with the majority (85%) experiencing time overruns.

Despite the efforts to upgrade HCIIIs to HCIIIs, operationalization remained unachieved as the completed facilities were either not equipped, or had received partial equipment and the suppliers and contractors had not handed over the project sites. There were also cases of incomplete infrastructure receiving equipment which remained idle in district stores awaiting completion of the works. Other infrastructure investments experienced similar performance trends. Investments in increased access to rural and urban water did not translate into improved service delivery partly due to delayed completion of works. There was an observed disconnect along the referral pathways for responding to gender-based violence and violence against children partly leading to underreporting of the cases of victims.

Concerning outcome attainment, the sub-programme outcome indicators remained unattainable as at 30th June 2023 based on the institutional data set. The Institutional Maternal Mortality Ratio was estimated at 83/100,000 deliveries, while the Bunyoro sub-region and Acholi sub-region were estimated to be higher than the national average of 83/100,000 deliveries. Haemorrhage remains the leading cause of maternal deaths. The Infant Mortality Rate remains 43.351 deaths per 1,000 live births. The UDHS-2022 data however indicated attainment of two out of the nine indicators reviewed.

7.6 Sub-programme Recommendations

1. The MFPED, NPA and OPM should review the output and outcome indicators in the PBS to ensure alignment with the various mandates of the MDAs for increased accountability.
2. The MFPED, MoPS, MoH and LGs should ensure the timely recruitment of health workers to enable the operationalization of the upgraded facilities. A more comprehensive plan must be established to ensure human resources for health are in tandem with the revised staffing structure that is consistent with the current workload at the different levels of care as outlined in the NDPIII and approved by the MoPS.
3. The MoH should fast-track works and operationalise Tele radiology by functionalizing the National Centre in Mulago National Referral Hospital to ensure the linkage with the delivered equipment in RRHs amidst a shortage of specialists at RRHs. This will enable the expertise at the Mulago National Referral Hospital to interpret medical images while not being physically present in the location where the images are generated.
4. The MoPS should fast-track the rollout of the Human Capital Management (HCM) system across all the MDAs and LGs.



5. The LGs and other sub-programme entities should prioritize the completion of ongoing projects before embarking on new projects to avoid cost overruns resulting from long implementation periods and inflation.
6. The MWE should re-scope or undertake works in a phased manner using the available resources.
7. The MWE and World Bank should devise strategies to promptly address “no-objection” requirements. Furthermore, the World Bank should engage at higher levels of decision-making other than micro-project management.



CHAPTER 8: CONCLUSION AND RECOMMENDATIONS

8.1 Programme Performance

Financial Performance

In respect to performance, of the Ug shs 9,11bn allocated to the Human Capital Development (HCD) Programme, Ug shs 7,258bn (79.9%) was released and Ug shs 6,312bn (87%) expended by 30th June 2023. The unsatisfactory expenditure performance, especially under the externally funded interventions, was attributed to a lack of readiness of the Votes to execute the planned works, poor planning and sequencing of activities, procurement delays, delays in the issuance of no objections from funders (development partners), administrative reviews leading to re-tendering of civil works and cash flow constraints by some contractors. The programme did not utilize Ug shs 36.60bn allocated for wage due to delays in recruitment, posting and deployment which affected timely access of the human resources on the payroll.

Overall Physical Performance

The overall HCD Programme performance was fair at 62% attainment of set targets. The programme performed better at attaining outputs compared to outcomes. However, two sub-programmes recorded better attainment of outcomes compared to outputs on account of large contributions from development partners, especially some of which was through off-budget support for health and education interventions.

Some of the outcomes that contributed to performance for Education, Sports and Skills Development; and the Population Health Safety and Management sub-programmes respectively were - the net enrollment ratio for pre-primary improved from 13.30% in 2017 to 26% in FY2022/23, while the proportion of pre-primary institutions registered, improved from 22% in 2020 to 35%. In addition, the survival rate at the primary level was 78%, and the proportion of schools/ training institutions and programmes attaining the BRMS Primary was 76%. Some of the missed outcome targets included - the quality-adjusted years of schooling at 0% against 5.3 years and the primary to secondary school transition rate at 69% against the 71% target.

The Maternal Mortality Ratio/100,000 was achieved at 189 per 100,000 deliveries compared to the target of 261 per 100,000 deliveries for FY2022/23. Similarly, the Infant Mortality Rate/1,000 was 36 per 1,000 live births against the target of 37.6 per 1,000 live births. The contraceptive prevalence rate improved from 35% in 2016 to 37% in 2022 with the unmet need for family planning recording 22%. Contraceptive use on the other hand was higher at 47% among sexually active unmarried women compared to the currently married women by four percentage points.

In addition, access to rural water was 70% of the targeted 80.3%, and urban water access was 73.4% of the 89.4% target, basic sanitation attained 20% of the 32% target. The MWE did not provide values for hygiene/handwashing practices thus this indicator was not assessed.

Regarding gender and social protection, the sub-programme missed the target at 55% attainment of the GBV prevalence. The Labour and Employment Sub-programme achieved one indicator - approved work-based learning policy of the three analysed outcome indicators including international; accreditation of STEM/STEI programmers and TVET institutions.



The HCD Programme did not sufficiently prioritize the implementation of interventions that support disease prevention and health promotion demonstrated by poor performance in trying to increase access to inclusive safe water, sanitation and hygiene especially coverage of improved toilet facilities and hand washing practices. Operationalization of the CHEWs strategy was only done in the three pilot sites of Lira City, plus Mayuge and Lira districts. This partly contributed to the persistence of preventable diseases such as diarrhoea, and dysentery.

Overall availability of essential medicines and health supplies for the last three months of the FY (April to June) was dismal averaging at 28% for the 41 tracer medicines.

It was noted that the misalignment of the indicators in the PBS with the mandate of the institutions led to inaccurate reporting and or failure to appropriately report on the outputs and outcomes contributed by the HCD institutions that are consistent with their mandate. For instance, mental health hospitals did not have any mental health-related indicators to report on, just like national referral hospitals barely had specialized services-related indicators to report on. This could lead to a loss of focus and no or poor accountability of the office bearers.

Abortions due to GBV managed at the health facilities totaled to 2,047, and those who were treated for injuries due to GBV totaled 65,269. In as much as health facilities offered services in a constrained setting, the reporting of GBV cases remained low hence underestimating the GBV prevalence. The use of the National GBV database remains low and weak. The majority of LGs (85%) had a backlog of files that had not been loaded on the system due to limited access. All the shelters scaled down services and operated as reception centres due to inadequate resources to afford necessities including food, and clothing among others. Radio talk shows and community sensitizations on positive social norms were also scaled down and carried out in circumstances when a survivor was to be resettled.

The interventions that exhibited very **good performance** were as follows - Increase access to immunization against childhood diseases at 95%; Improve adolescent and youth health at 92% with support from development partners such as UNICEF; and Provide early exposure of STEM/ STEI to children at 95% under the Education, Sports and Skills Development Sub-Programme. The Gender and Social Protection Sub-programme equally recorded the Commemoration of GEWE Advocacy and Networking Days at 90%.

The Gender and Social Protection sub programme, did not record a **poor-performing** intervention. Poor performance under the Education, Sports and Skills Development Sub-programme interventions was noted under - improve nutrition and food safety with emphasis on children aged under five, school children, adolescents, pregnant and lactating women and vulnerable groups at 40%; implement integrated ICT-enabled teaching at 36%; and maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, LGs and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing) at 39%. Those under the Labour and Employment Services Sub-programme were - to provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education. The Population Health Safety and Management Sub-programme had - increase financial risk protection for health with emphasis on implementing the national health insurance scheme at 49% and increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices also poorly performed at 42%.



The National efforts to reduce the burden of out-of-pocket health expenditure from the current 38% remained unachieved leaving the poor excluded from access to health services, especially from a health care system punctuated by stock-outs of medicines and health supplies that necessitates the patients to purchase from private pharmacies.

8.2: Programme Challenges

1. Misalignment of the indicators in the PBS compared to the health institutions leading to inaccurate reporting and or failure to appropriately report on the outputs and outcomes contributed by the HCD institutions that are consistent with their mandate. This was worsened by the inadequate outcome performance data underscored the performance of the interventions. It could not be established whether the achieved outputs indeed translated to the outcome expected.
2. Lack of a complete National Social Registry (database) that comprehensively integrates all information on individual and household level socio-economic situations. This limits proper planning, registration and determination of possible eligibility for social programs.
3. Continued implementation of interventions in silos limited the impact of the outputs. Planning and implementation of government programmes remains largely confined within sectors and MDAs, along sectoral/MDA mandates. The synergies and complementarities that could be derived from a more holistic approach are often forfeited.
4. Inadequate staffing especially among the recently upgraded HCIIIs and HCIVs constrained service delivery. Delayed recruitment was partly attributed to inadequate wage bill for fresh recruitment, while others awaited completion of the verification exercise by the Office of the Auditor General. The reasons for the failure to recruit on a replacement basis for the retired or those who died were not very clear.
5. The continued use of IPPS in payroll management in some government institutions provides an avenue for abuse including adding ghost workers as it allows for dummy cost centres.
6. Persistent cost and time overruns across projects attributed to delayed procurements and completion of construction projects. The delayed procurements for service providers under UgIFT in FY 2022/23 coupled with delayed re-voting of the unspent funds slowed progress in upgrading HCIIIs to HCIIIs. Time and cost overruns were also experienced under the rural piped water systems.
7. Termination of procurements due to higher bid prices compared to the available budget delayed works. For example, the Mbarara waterworks were halted at the evaluation stage.
8. Delayed issuance of “no-objection” throughout the project cycle affects timely project implementation.
9. Externally funded projects not being ready at project effectiveness resulting from poor planning and sequencing of activities, causing low absorption of loan funds due to failure to meet conditions in the financing agreements and posing a very high risk of running into cost overruns.
10. Limited capacity of some contractors attributed to cash flow constraints and technical capacity issues, coupled with limited knowledge on the use of the Electronic Government Procurement system to initiate invoices delayed payments and affected the progress of works.
11. Mischarges occasioned by poor planning and budgeting were noted in some MDAs.



8.3 Conclusion

The overall HCD Programme performance was fair at 62% attainment of the set targets. Despite the good release performance at 79%, the programme did not satisfactorily utilise the annual disbursements to translate them into results. The programme performed better at attaining outputs compared to outcomes. The conversion of infrastructure development to service delivery in HCD remained below target. Completed infrastructure could not effectively be operationalised due to lack of equipment. The completed seed secondary schools, equipped with ICT and science laboratories, and recently upgraded health centres lacked grid electricity connection.

There were also cases of incomplete infrastructure receiving equipment which remained idle in district stores awaiting completion of the works. The infrastructure projects implemented by the UPDF were behind schedule as work had not commenced by the end of the FY. In addition, investments to support access to medical services could not be realized due to delayed/low distribution of essential medicines and health supplies. Poor planning and coordination between programmes and among the HCD sub-programmes affected service delivery.

8.4 Recommendations

1. The MFPED, NPA, and OPM should review the output and outcome indicators in the PBS to ensure alignment with the various mandates of the MDAs for increased accountability.
2. The MFPED, MoPS, MoH and LGs should ensure the timely recruitment of health workers to enable the operationalization of the upgraded facilities. A more comprehensive plan must be established to ensure human resources for health are in tandem with the revised staffing structure that is consistent with the current workload at the different levels of care as outlined in the NDPIII and approved by the MoPS.
3. The MoPS should fast-track the rollout of the Human Capital Management (HCM) system across all the MDAs and LGs.
4. The LGs and other sub-programme entities should prioritize the completion of ongoing projects before embarking on new projects to avoid cost overruns resulting from long implementation periods and inflation.
5. The MWE should re-scope or undertake works in a phased manner using the available resources.
6. The MWE and World Bank should devise strategies to promptly address “no-objection” requirements. Furthermore, the World Bank should engage in higher levels of decision-making other than micro-project management.
7. The MFPED Development Committee should ensure project readiness before approval and admission into the Project Implementation Plan (PIP).
8. The MFPED should closely follow up with the project implementing agencies especially the MoES to ensure that all conditions for funds disbursement are fulfilled at the earliest.
9. The HCD Programme Working Group should prioritize and sequence interventions in a phased manner to ensure that they are fully funded to completion in the medium-term plan, and sequence all externally and GoU-funded projects to avoid time overruns.



10. Improve the quantity and quality of training for BTVET instructors through continuous professional development trainings and exchanges programmes to internationally recognized institutions.
11. The MGLSD should fast-track the implementation of a comprehensive social registry that integrates all social care programs in FY 2023/24. In addition to monitoring for effective planning and actions in case of shocks, the registry will be useful for the potential participation of the targeted demographic in social programs.
12. The MGLSD should continuously engage sectors and sub-programmes on the need for social protection right from the planning stage.



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ANNEXES

Annex 1: Interventions monitored for FY 2022/23 under the Human Capital Development Programme

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
013 Ministry of Education and Sports	Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	Pre-Primary and Primary Education	Basic Education (Pre-Primary)	MoES Headquarters
		Quality and Standards	Education Standards Agency	DES Headquarters
018: MGLSD	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	Gender and social protection	Youth and Children Affairs	MGLSD Headquarters
303: NCDC		Curriculum and Instructional Materials Development, Orientation and Research	Headquarters	Kyambogo
MoH, MoES, Local governments	Increase access to immunization against childhood diseases	Policy, Planning and Support Services	MoH and MoES	MoES-Headquarters, Education Policy and Research Department
MoH NMS Local Governments		Pharmaceutical and Medical Supplies	NMS Headquarters, District Health Departments	MoH, Headquarters, NMS-Entebbe and LGs.



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
013 Ministry of Education and Sports. Local Governments	Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards	Pre-Primary and Primary Education	-Pre-Primary and Primary Education -1339-Emergency Construction of Primary Schools Phase II -Instructional Materials Unit -District Education Office and District Inspector of Schools -Education Standards Agency -1540- Development of Secondary Education Phase I -1308- Development and Improvement of Special Needs Education (SNE) Secondary Education -Headquarters -1241- Development of Uganda Petroleum Institute Kigumba -BTVET	MoES Headquarters- Kampala- Basic Education, Department Secondary Department, BTVET-Department Kampala- Arua, Arua City Budaka, Bugiri, Bushenyi, Butambala, Dokolo, Gomba, Gulu, Ibanda, Iganga, Jinja, Kabale, Kabarole, Kaberamaido, Kakumiro, Kalaki, Kaliro, Kalungu, Kasanda, Kibaale, Kibuku, Lira, Luwero, Lwengo, Lyantonde, Masaka, Masindi, Mbale, Mbarara Mitooma, Mityana, Mpigi, Namayingo, Ntungamo, Omoro, Rakia, Rukungiri Soroti, Kibale
Local Governments		Pre-Primary and Primary Education, Secondary Education Skills Development Education & Sports Management and Inspection	-Classroom construction and rehabilitation -Latrine construction and rehabilitation -Monitoring and Supervision of Primary and Secondary Education Tertiary Education -Services - Primary Secondary Capitation Primary Teaching Services -Sports Development services	Arua, Arua City Budaka, Bushenyi, Butambala, Dokolo, Gomba, Gulu, Iganga, Jinja, Kabale, Kabarole, Kaberamaido, Kakumiro, Kalaki, Kaliro, Kibaale, Kibuku, Lira, Luwero, Lwengo, Masaka, i Mbale, Mbarara, Ntungamo, Soroti.
319 National Council for Higher Education		Higher Education Quality, Standards and Accreditation	Quality and Accreditation	Kampala- National Council of Higher Education Headquarters- Kyambogo
013 Ministry of Education and Sports. Local Governments	Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy	Pre-Primary and Primary Education	Pre-Primary and Primary Education Department MoES Headquarters	MoES Headquarters



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
013 Ministry of Education and Sports	Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions	Policy, Planning and Support Services	Planning	MoES Headquarters-Planning Unit
013 Ministry of Education and Sports	Prioritize investment in STEI/ STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing	Higher Education	Support to Research Institutions in Public Universities,	MoES-Higher Education Department. Research and Innovation Fund,
			1491-The African Centers of Excellence-Phase II (ACE II) Project	MAPRONANO, MARCCI PHARMBIOTRAC
136: Makerere University		Support Services Programme	Research and Innovation Fund	Makerere University
136: Makerere 137: Mbarara 127: Muni 307: Kabale 301: Lira 149: Gulu 308: Soroti		Delivery of Tertiary Education	071402 -Research and Graduate Studies Out-put	The universities of: Makerere Mbarara Muni Kabale Lira Gulu Soroti
013 Ministry of Education and Sports	Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials.	Pre-Primary and Primary Education	Basic Education	MoES Headquarters
013 Ministry of Education and Sports	Maintain existing facilities and construct appropriate and standardized	Delivery of Sports Services	Headquarters Sports and PE	MoES Headquarters
013 Ministry of Education and Sports	recreation and sports infrastructure at national, Regional, LGs and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing)	Policy, Planning and Support Services	1601 Retooling of Ministry of Education and Sports	MoES Headquarters Mandela National Stadium Namboole
018: Ministry of Gender, Labour and Social Development	Establish a functional Labour Market	Promotion of descent Employment	Labour and Industrial Relations and Employment Services	Headquarters



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
013 Ministry of Education and Sports	Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status	Skills Development	1338- Skills Development Project- Construction and rehabilitation of learning facilities (BTNET)	The Four Centers of excellency (Bukalasa Agricultural College, UTC Elgon, Lira, and Bushenyi + 12 Vocational Training Institutions)
			1412- The Technical Vocational Education and Training (TVET-LEAD) (Purchase of Specialized Machinery Equipment- Construction and rehabilitation of learning facilities (BTEVET)	UTC Bushenyi Nakawa Vocational Training College Eriya Kategaya, Maumbe Mukhwana Bamunanika TI
	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle	Skills Development	Assessment and Profiling of Industrial Skills (DIT, Industrial Training Council) Rebranding TVET to attract youths through community engagements and media	DIT- Headquarters Lugogo
013 Ministry of Education and Sports	Assess and certify the competencies acquired by trainee beneficiaries during apprenticeship, traineeship, indenture training, and further training and or upgrading To foster, and promote the relevancy of skills training and lifelong learning	Skills Development	070553- Assessment and Profiling of Industrial Skills (DIT, Industrial Training Council)	DIT- Headquarters Lugogo
320 Uganda Business and Technical Examinations Board (UBTEB)		Technical and Vocational Examination Assessment and Certification	Headquarters Examination and Assessment	UBTEB- Headquarters- Ntinda
320 Uganda Business and Technical Examinations		Technical and Vocational Examination Assessment and Certification	Headquarters Examination and Assessment	UBTEB- Headquarters- Ntinda



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
MoH, RRHs Local Governments	Improve Maternal, Adolescent and Child Health Services at all levels of care	Strategy, Policy and Development	-Neonatal ICUs established in all hospitals in Uganda and 81 maternity wards constructed. Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) sharped plan funded. -Essential Maternal and New-born Care (EMNC) guidelines completed; Family Planning (FP) Costed Implementation Plan. -Integrated technical Support supervision visits and mentorships of health workers.	MoH- Headquarters Kawempe NRH, Women's specialized hospital and RRHs Local Governments
MoH, RRHs Local Governments	Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis) and epidemic-prone diseases emphasizing the Primary Health Care Approach	Public Health Services	-Reduce morbidity and mortality due to HIV/ AIDS, TB, Malaria and other communicable diseases. -Immunization coverage (NMS, GAVI, Global Fund) - Epidemic diseases are timely detected and controlled	MoH-headquarters (NMS, GAVI, Global Fund) RRHs Local Governments (Arua, Arua City, Bushenyi, Butambala, Dokolo, Gomba, Gulu, Iganga, Jinja, Kabale, Kabarole, Kaberamaido, Kakumiro, Kalaki, Kaliro, Kibaale, Kibuku, Lira, Luwero, Lwengo, Kazo, Masaka, Mbale, Mbarara, Ntungamo, Soroti.
UCI UHI Naguru Hospital Local Govts	Prevent and control Non-Communicable Diseases with a specific focus on Cancer, Cardiovascular Diseases and Trauma	Public Health Services	Focus on Cancer, Heart and Trauma	UCI and UHI institutes



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
MoH NRHs RRHs UBTS NMS UIA MoPS Local Governments	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.	Public Health Services	Health supplies procured and distributed - Electronic medical records system scaled up. - Health workers' accommodations - Rehabilitated or expanded at hospitals and HCs. -Retooling - Recruited to fill vacant posts - HCIIIs constructed in the 132 in different local governments. - Blood products availed.	MoH-Headquarters, UBTS, NMS at district level and NRHs, RRHs UIA MoPS Local Governments
MoH,	Increase financial risk protection for health with emphasis on implementing the national health insurance scheme	Strategy, Policy and Development	-Progress of the health insurance bill. - Mainstreaming RBF in the health sector	MoH-Headquarters
UAC	Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach		National HIV fact sheets updated, performance report produced and submitted	UAC-Headquarters
UVRI PRESIDE NRHs	Promote health research, innovation and technology uptake	Health research	Health research and innovation undertaken and health research published	UVRI-Headquarters PRESIDE NRHs-Facilities UHI and UCI-Headquarters
MoH RRHs	Increase Access to Sexual Reproductive Health and Rights with special focus on Family Planning Services	Public Health Services	-Essential Maternal Newborn Care Clinical (EMNCC) guidelines -Provision of quality Emergency Obstetric care in 16 RRHs conducted	MoH-Headquarter RRHs
MWE Local governments	Increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices		-Piped water supply systems constructed in rural areas. -Point water sources constructed in rural areas, -Piped water supply systems constructed in urban areas. -Sanitation facilities constructed.	MWE-Headquarters Local Governments



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
MGLSD	Expand the scope and coverage of care, support and social protection services for the most vulnerable groups and disaster-prone communities	Gender and social protection	<ul style="list-style-type: none"> - Senior citizens grant expanded to all aged above 75years - Adult disability benefits provided and Special grants for persons with disabilities enhanced - Social care programs implemented - Food and non-food items distributed to social care institutions to feed the vulnerable - Service providers trained in the provision of economic empowerment programs for PWDs - A functional social care and support MIS developed - Policy and legal framework on social protection strengthened/ developed - Social Protection Single Registry developed and Operationalized - Newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate 	<ul style="list-style-type: none"> -MGLSD Headquarter -ESP- Wandegaya -RTSU (Kiboga, Kamuli, Kyenjojo, Mbarara, Nebbi, Gulu, Kaberamaido, -Regional Remand Homes; Kabale, Mbale, Masindi, Naguru, Gulu, Arua, Kabalore and Kampiringisa National Rehabilitation Centre. Rehabilitation centres; Mpumudde, Lweza, Kireka, Ocoko, Ruti, and Ntawo Youth Skills Centre.
	Promote Women's economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs, business centres	Gender and social protection	<ul style="list-style-type: none"> - Women's participation in development processes increased -Communication strategy on women for women's participation in decision-making in place. - Profile women-owned businesses and train them in business management 	<ul style="list-style-type: none"> - National Women's Council and LGs



Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
	Scale up Gender Based Violence (GBV) interventions at all levels	Gender and social protection	- Gender-based violence prevention and response system strengthened - National GBV Database strengthened - Helpline strengthened	- SAUTI - GBV shelters; Kween, Katakwi, Nebbi, Tororo, Nyonga Women's Shelter – Jinja, Paliisa, Kamuli, Terego, Lira, Amuru, Mubende, Kumi, Gulu, Namutumba, Terego.
	Implement the Uganda Gender Policy Action Plan	Gender and social protection	- Uganda Gender Policy reviewed - Tailored non-formal vocational, entrepreneurial and life skills training provided to out-of-school youth	- MGLSD - Ntawo Youth Skills Centre
	Expand livelihood support, public works, and labour market programs to promote green and resilient growth		- Youth livelihood Programme strengthened - Youth Venture Capital Fund strengthened - Youth Venture Capital Fund strengthened - Women Entrepreneurship Programme Strengthened - Enterprise grant for older persons developed	- MGLSD - LGs; Masaka City, Kumi, Mbale, Mbarara District, Katakwi, Jinja DLG Kamuli, Kapchorwa, Tororo, Palisa, Mpigi, Butambala, Masaka DLG, Mbale City, Nebbi, Terego, Mubende, Kakumiro, Hoima City, Kiboga, Gulu City, Amuru, Ntoroko, Kabalore, Fortportal City, Kasese, Gulu district, Kiboga, Hoima district, Masindi, Kween.
	Implement a National Male Involvement Strategy in the promotion of gender equality	Gender and social protection	- National Male Involvement Strategies in the promotion of gender equality implemented	- MGLSD - Kween
	Commemoration of GEWE advocacy and networking days	Gender and social protection	- GEWE advocacy and networking days marked and commemorated	- MGLSD

Annex 2: Human Capital Development Sub-sub programme Allocations FY 2022/23

Sub Sub-programme	Total Allocation	% share
Education and Sports	2,147,493,378,386	23.559
Public Health Services	1,215,908,583,202	13.339
Directorate of Water Development	1,027,782,845,735	11.275
Primary Health Care	991,700,789,435	10.880



Sub Sub-programme	Total Allocation	% share
General Administration and Support Services	539,101,749,913	5.914
Pharmaceutical and Medical Supplies	513,090,245,686	5.629
Support Services	368,713,005,741	4.045
Regional Referral Hospital Services	285,998,701,399	3.138
Technical Vocational Education and Training	241,096,734,752	2.645
Strategy, Policy and Development	231,373,614,248	2.538
Policy, Planning and Support Services	216,161,267,164	2.371
Gender and social protection	197,914,429,461	2.171
Delivery of Tertiary Education	131,001,053,239	1.437
Basic and Secondary Education	113,663,815,039	1.247
Curative Services	103,662,075,955	1.137
National Referral Hospital Services	98,304,203,686	1.078
Higher Education	84,691,840,634	0.929
Cancer Services	63,928,955,072	0.701
National Examinations Assessment and Certification	62,557,994,873	0.686
Delivery of Tertiary Education Programme	59,918,851,977	0.657
Education and Social Services	55,684,245,168	0.611
Delivery of Tertiary Education	41,948,205,389	0.460
Delivery of Sports Services	40,691,867,000	0.446
Technical and Vocational Examination Assessment and Certification	33,733,146,483	0.370
Mulago Specialized Women and Neonatal Hospital Services	26,368,495,392	0.289
Heart Services	24,411,228,611	0.268
Safe Blood Provision	23,680,941,196	0.260
Support Services Programme	22,659,240,999	0.249
Provision of Specialised Mental Health Services	20,841,295,556	0.229
National HIV&AIDS Response Coordination	17,921,327,201	0.197
Sports and PE	15,118,094,762	0.166
Human Resource Management for Health	13,964,203,792	0.153
Community Health Management	13,786,445,239	0.151
Virus Research	10,132,112,821	0.111
Labour and Employment services	8,966,200,000	0.098
Development Planning	8,932,990,600	0.098
Curriculum and Instructional Materials Development	7,916,758,260	0.087
Management of Education Service Personnel	7,675,645,638	0.084
Population Advocacy, Family Health and Communication	4,751,020,960	0.052
Higher Education Quality, Standards and Accreditation	4,701,311,500	0.052
Quality and Standards	4,387,469,269	0.048
Health Governance and Regulation	4,043,222,726	0.044
Special Needs Education	3,874,419,841	0.043
Tertiary Education Infrastructure	1,440,000,289	0.016
Research, Consultancy and Library Services	904,984,436	0.010
Career Guidance, Counselling and Placement	872,147,396	0.010
Gender and Equity	769,822,500	0.008
Research, Policy and Management Services	654,999,604	0.007
Overseas Mission Services	339,500,277	0.004
Grand Total	9,115,235,478,502	100



Annex 3: Progress of UgIFT II

Seed School	District/Sub-county	Progress/comment
Nyakitoma Seed school	Nakasongola, Nakitoma S/c	Preliminary works started. Progress was 4% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
Kimulo Seed School	Nakaseke	Preliminary works started. Progress was 4% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
St Andrew Kaggwa Kasaala Seed S.S	Luwero	Preliminary works started. Progress was 4% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
Kyangwali Seed S.S		All structures are at the roofing level.
Sir Samuel Baker Secondary School	Gulu City	Still at procurement level. They had just called for bids.
Kamuda Seed S.S.	Soroti, Kamuda S/C	Civil works by M/s Kakise Holdings Ltd at a Contract sum of 2,950,302,304. Physical progress was rated at 49% against time progress of 39.6% and all structures were at roofing level.
Ogur Seed	Lira, Ogur S/c	The site was handed over on 7 th October 2022 to M/s Wangi Construction Ltd at a contract sum of 3,332,186,778. All structures were at plinth wall level. However, over Ug shs 1 bn was returned to the consolidated fund and was not revoted and the district was unable to pay the first certificate of Ug shs 329,678,956.
Rwanyamahembe Seed S.S	Mbarara, Rwanyamahembe S/c	Civil works by M/s Creem General and Technical Services Ltd. Overall progress was at 65% with all structures at ring beam level.
Nyakitoma Seed school	Nakasongola, Nakitoma S/c	Preliminary works started. Progress was 4% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
Kimulo Seed School	Nakaseke	Preliminary works started. Progress was 4% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
St Andrew Kaggwa Kasaala Seed S.S	Luwero	Preliminary works started. Progress was 5% by M/s Rohi Services at a contract sum of Ug shs 3.4 bn Contractor had not produced the bank guarantees and had not received advance payment. It is behind schedule and the contractor has cash flow problems.
Kyangwali Seed S.S		All structures are at the roofing level.
Sir Samuel Baker Secondary School	Gulu City	Still at procurement level. They had just called for bids.
Kamuda Seed S.S.	Soroti, Kamuda S/C	Civil works by M/s Kakise Holdings Ltd at a Contract sum of 2,950,302,304. Physical progress was rated at 49% against time progress of 39.6% and all structures were at roofing level.



Seed School	District/Sub-county	Progress/comment
Ogur Seed	Lira, Ogur S/c	The site was handed over on 7 th October 2022 to M/s Wangi Construction Ltd at a contract sum of 3,332,186,778. All structures were at plinth wall level. However, over Ug shs 1 bn was returned to the consolidated fund and was not revoted and the district was unable to pay the first certificate of Ug shs 329,678,956.
Rwanyamahembe Seed S. S	Mbarara, Rwanyamahembe S/c	Civil works by M/s Creem General and Technical Services Ltd. Overall progress was at 65% with all structures at ring beam level.
Akobo Seed School-UgIFT	Katakwi District	Works were behind schedule at 80% progress as the contractor should have completed by 30 th December 2022. The contractor was M/s UK General Services Ltd at a cost of Ug shs 784,620,500.
Toroma Seed School-UgIFT	Katakwi District	Works at 15% progress. The contractor was M/S Sanitation Africa Limited at a cost of Ug shs 2,652,862,000 for 22 months starting 17 th October 2022.
Getom Seed School-UgIFT (Phase-1)	Katakwi District	Works at 60% progress. The contractor was M/s Wilton Estates Limited at a cost of Ug shs 939,950,960. The project was behind schedule as the completion date was 30 th June 2023.
Kanyamurera Seed School	Bushenyi District	Works at 70% progress. The contractor was M/s Khalsa Development (U) Ltd at a cost of Ug shs 3,539,713,816 exclusive of VAT.
Kabushawo Seed School	Bushenyi District	Overall progress is 95%. All the infrastructure was completed and in use. The school however does not have a play field and even the proposal is gender neutral.
St. John's Nalongo Seed School	Luwero District	The overall progress was 5%. The contractor M/s Rohi Services had minimally mobilized at the project site.
St Andrews Kagwa SS Kasaala	Luwero	The overall progress was 0%. There were delays in procurement and issuance of no objection from the MoES which affected the timely submission of the contracts to the Solicitor general for approval.
Akadot Seed school	Paliisa District	The overall progress was 50%. The contractor Amuria Farmers and Transporters Limited was not on site and had demobilized in preparation for the roofing of the structures.
Olok Seed School	Paliisa District	Overall progress was 95%. The infrastructure was in use with many snags including failed floors, and peeling off of paint among others. The school also did not have a playfield.
Asamuk Seed School	Amuria District	Overall progress was 50%. The contractors were on site and works were ongoing. There was no evidence of daily supervision by the clerk of works. The contractor was Sanitation Africa Limited at a sum of Ug shs 3,123,436,400. The contract was due to end on 22 nd November 2024.
Wera Seed School UgIFT Phase II	Amuria District	Overall progress was 60%. There was no evidence of daily supervision by the clerk of works which may compromise the quality of work. The contractor was M/s CAB(U) Limited and the contract was due to end on 24 th November 2023.
Nyabihoko Seed School	Ntungamo District	Works ongoing with an estimated progress of 45%. The clerk of works was not on site to ensure effective monitoring, supervision and inspection of the ongoing works.
Kihanga Public Seed School	Ntungamo District	Works stalled at 20% overall progress. The classrooms remained at the foundation level for over 12 months. The contractor was off-site and only had a caretaker at the site. The contractor M/S MUPA Technical Services underperformed in all the districts where he was awarded this contract. These included; Rukungiri, Kanungu, Ntungamo, and Isingiro.



Annex 4: Performance of the Sampled Interventions for Education, Sports and Skills Sub-Programme by 30th June 2023

Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards	Provision of Capitation Grant	347,680,316,899	100.0	100	9,582,709	9,582,709	100	Achieved
	Monitoring, Inspection and Support Supervision- Quality, Standard and Accreditation and LGs	11,144,858,778	88.9	100	100	75	84.38	Achieved
	Provision of Instructional Materials	3,325,954,776	99.8	100	100	75	75.13	Partially achieved
	Examination Assessment and Certification	126,729,586,335	58.9	100	100	70	100	Achieved
	Recruitment and Confirmation of Education Personnel	14,647,312,893	93.1	96	100	47	50.47	Poor performance due to low submissions for recruitment from MoES
	Accreditation and Quality Assurance	19,805,000,000	77.4	98	100	70	90	Achieved
	Curriculum and Instructional Materials Development;							
	Curriculum Development; Teaching and Training; Facilities and Equipment Management; Promotion of indigenous languages; Data Management; Research and Development; Delivery of Instructional Materials.	27,757,913,235	97.4	100	100	65	66.72	Partially Achieved
	Construction/ Rehabilitation of Physical Infrastructure	47,470,232,487	54.5	100	100	60	100	Partially achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	<ul style="list-style-type: none"> i) ECDs monitored on delivery of ECCE services, ii) ECD Centres registered and Licensed, iii) Center Management Committees (CMCs) trained on their roles and responsibilities, iv) Inspection reports printed and distributed. 	163,343,140	100.0	100	100	70	70	Fair performance
	<ul style="list-style-type: none"> i) Implementation and Assessment Guidelines for the Revised 3-6 Learning Framework printed and distributed, ii) The revised learning framework Translated 	366,781,400	100.0	99	100	33	33	Poor performance
Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	National School Feeding Policy finalized	45,932,899	100.0	100	100	0	0.00	Poor performance as the policy was not finalized
	Schools Karamoja School Feeding programme monitored and supported	261,030,707	100.0	100	100	70	70	Achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy	<p>MoES Planned; EGRA methodologies rolled out in 2 Local Governments i.e. Kalaki and Kaberamaido. The NCDC, planned outputs were; i) the revised Early Grade Reading Materials printed, ii) the Evaluation Report of Primary Curriculum produced, iii) Approved Implementation guidelines for the NCDC Digital Agenda in place iv) the NCDC ICT framework for Basic education developed v) CCTs in charge of Kiswahili oriented on the revised Kiswahili curriculum, vi) approved standard guidelines on how to write different materials in the different languages in place, vii) teachers oriented on standard guidelines and guidelines for materials translation viii) approved guidelines/standards on translation and scientific terminological development in local languages in place.</p>	478,150,946	100.0	55	100	64	64.1	Partially achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Implement an integrated ICT-enabled teaching	E-Learning and Innovation Services, i) collect data on the implementation of ICT-enabled teaching and performance on key performance indicators, ii) replace batteries and other defective solar systems components in Post Primary Education Institutions, iii) maintain solar systems in schools, iv) monitor and supervise the installations for battery replacement contracts and maintenance services, v) develop, implement and maintain a digital repository of all education resource materials	599,137,232,842	100.0	100	100	36.6	36.60	Poorly performed
Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions	Education data and Information Management Services: i) Development of EMIS Policy finalized and disseminated, ii) Quarterly data Validation/ verification exercises undertaken iii) redeveloped EMIS deployed and managed iii) newly recruited staff at Headquarter inducted, iv) Staff deployments carried out.	7,835,752,756	100.0	100	100	85.7	85.71	Achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Integrate Education for Sustainable Development (ESD) into the school curriculum	Coordination of International Education Commitments; the Uganda National Commission for UNESCO activities facilitated, ii) reports to inform capacity needs for standards and implementation of ESD and other SDG targets disseminated, iii) studies to inform capacity needs for standards and implementation of ESD and other SDG targets within the education system conducted.	910,142,267	100.0	100	100	75	75	Good performance
Provide early exposure to STEM/ STEI to children (e.g. introduction of innovative science projects in primary schools)	Promotion of STEM/STEI; Procure and distribute 334 sets of mini-laboratories to 334 government grant-aided primary schools in 17 LGs across the country for practical science application	2,000,000,000	100.0	100	100	95	95	Achieved
Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions	Development of Secondary Education Project-Phase II	40,170,000,000	75.6	100	100	40.6	53.72	Partially achieved
	Development and Improvement of Special Needs Education (SNE)	2,698,491,023	56.5	100	100	58.3	100.00	Achieved
	Uganda Secondary Education Expansion Project- (USEEP)	33,080,376,030	87.3	11	100	15	17.19	Poor performance
	Uganda Skills Development Project (USDP)	74,880,000,000	51.9	112	100	85	100.00	Achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
	OPEC Fund for International Development (OFID) (Arab Funded Projects)	79,336,762,228	105.3	23	100	29	27.06	Poor performance
	Mbarara University of Science and Technology.	2,485,999,828	86.3	100	100	65	75.33	Partially achieved
	Retooling of Mbarara University of Science and Technology	1,231,737,900	68.9	90	100	60	87.04	Partially achieved
	Retooling of Kabale University	765,000,000	15.7	100	100	45	100.00	Achieved in line with the released funds
	Support to Kabale University Infrastructure Development	8,866,344,000	11.5	100	100	45	100.00	Achieved in line with the released funds
	Library Services-Kabale University	303,296,000	100.0	100	100	85	85.00	Partially achieved despite 100% of the budget received
	Retooling of Soroti University	1,905,000,000	32.0	100	100	15	46.88	Poorly performed
	Mountains of the Moon University Retooling Project	36,237,124,828	96.7	84	100	52.5	54.28	Partially achieved
Promote STEM/STEI-focused strategic alliances between schools, training institutions, high-caliber scientists and industry	Subvention wage and operations paid for Higher Education Student Financing Board	33,238,000,000	71.2	100	100	65	91.24	Partially achieved due to low disbursements
	African Centers of Excellence II	9,956,559,049	2.6	78	100	84.7	100.00	Achieved
	Research, Innovation and Technology Transfer: in Eight public Universities of MAK, MUST, Muni Lira, Gulu, Kabale, Soroti and Mountains of the Moon	41,353,135,297	92.0	98	100	52.5	57.06	Partially achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
	Community Outreach Services; Teaching and Training; and, Academic Affairs; in Eight public Universities of MAK, MUST, Muni Lira, Gulu, Kabale, Soroti and Mountains of the Moon	148,071,563,485	99.1	93	100	85	85.75	Achieved in line with the released funds
	Student Affairs	6,527,469,300	100.0	100	100	75	75.00	Partially achieved
	Physical Education and Sports	15,016,742,797	88.4	100	100	69	77.71	Partially achieved
	Total	599,137,232,842	970.0	1,093	9,583,709	9,583,274	72.91	Good performance
Average Outputs Performance								
Outcomes Performance								
Outcome Indicator				Annual Target	Achieved	Score (%)		Remark
Primary to secondary school transition rate				71	69%	97		
Survival rates, percent primary				45	78%	100		
Quality-adjusted years of schooling				5.3	0%	0		
Proportion of schools/ training institutions and programmes attaining the BRMS Primary				62	76.4%	100		Good performance
Average outcome performance						74.4		
Overall sub-programme Performance						73.0		Overall performance of sub-programme

**Annex 5: Interventions under the Human Capital Development Programme**

EDUCATION SPORTS AND SKILLS DEVELOPMENT SUB-PROGRAMME	
1	Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards
2	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups
3	Increase access to immunization against childhood diseases
4	Improve adolescent and youth health
5	Strengthen the family unit to reduce domestic violence, child deprivation, abuse and child labour
6	Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards
7	Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy
8	Implement an integrated ICT-enabled teaching
9	Develop and implement a distance learning strategy
10	Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions
11	Integrate Education for Sustainable Development (ESD) into the school curriculum
12	Implement a National Strategy against Child Marriage and Teenage Pregnancy
13	Provide early exposure to STEM/STEI to children (e.g. introduction of innovative science projects in primary schools)
14	Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions
15	Adopt science project-based assessment in the education curriculum
16	Promote STEM/STEI-focused strategic alliances between schools, training institutions, high-calibre scientists and industry
17	Link primary and secondary schools to existing science-based innovation hubs
18	Develop a framework for talent identification in Sports, Performing and Creative Arts
19	Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials
20	Establish regional sports-focused schools/sports academies to support early talent identification and development, and the training of requisite human resources for the sports sub-sector
21	Maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, and local government and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing)
22	Leverage public-private partnerships for funding sports and recreation programmes
23	Develop and implement professional sports club structures to promote formal sports participation
LABOUR AND EMPLOYMENT SERVICES SUB-PROGRAMME	
1	Establish a functional labour market
2	Roll out the modularised TVET curricula for all formal TVET programmes as to attain a flexible demand-driven TVET system in Uganda
3	Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status



EDUCATION SPORTS AND SKILLS DEVELOPMENT SUB-PROGRAMME	
4	Refocus and support Vocational Training Institutions (schools, institutes and colleges) to deliver a dual training system for TVET (i.e. 80 percent training in industry and 20 percent learning in the institution) and Universities (i.e. 40 percent training in industry and 60 percent training in institution).
5	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle
6	Implement the National Strategy for Girls Education, by among others strengthening affirmative action for the enrolment of girls and PWDs in BTVET
7	Accelerate the acquisition of urgently needed skills in key growth areas.
8	Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education
9	Implement an incentive structure for the recruitment, training, and retention of the best brains in the teaching profession across the entire education system
10	Introduce initiatives for retaining children in formal school for at least 11 years
11	Develop digital learning materials and operationalize Digital Repository
GENDER AND SOCIAL PROTECTION	
1	Expand the scope and coverage of care, support and social protection services for the most vulnerable groups and disaster-prone communities
2	Establish early warning systems for disaster preparedness including risk reduction and management of national and global health risks
3	Expand livelihood support, public works, and labour market programs to promote green and resilient growth
4	Expand and reform contributory social security schemes to the informal sector to cover more risks and provide a wider range of benefits
5	Promote Women's economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs, business centres
6	Scale up Gender Based Violence (GBV) interventions at all levels
7	Support Gender equality and Equity Responsive Budgeting in all sectors and LGs
8	Implement a National Male Involvement Strategy in the promotion of gender equality
9	Implement the Uganda Gender Policy Action Plan
10	Reform and strengthen youth employment policies and programmes towards a demand-driven approach
POPULATION HEALTH, SAFETY AND MANAGEMENT	
1	Improve Maternal, Adolescent and Child Health Services at all levels of care
2	Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), and epidemic-prone diseases emphasizing the Primary Health Care Approach
3	Prevent and control Non-Communicable Diseases with a specific focus on Cancer, Cardiovascular Diseases and Trauma
4	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.
5	Increase financial risk protection for health with emphasis on implementing the national health insurance scheme
6	Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach



No.	EDUCATION SPORTS AND SKILLS DEVELOPMENT SUB-PROGRAMME	
7	Promote health research, innovation and technology uptake	
8	Increase Access to Sexual Reproductive Health and Rights with special focus on Family Planning Services	
9	Increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices	
10	Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels was not monitored	
	EDUCATION SPORTS AND SKILLS	=23
	Labour and Employment Services	=11
	Gender and Social Protection	=10
	Population Health, Safety and Management	=10
	TOTAL	54



Annex 6: Performance Labour and Employment Sub-Programme by 30th June 2023

Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Develop and implement an apprenticeship and job placement policy and programme (work-based learning)	Promotion of work-based learning	180,000,000	180,000,000	180,000,000	100	100	87	Partially achieved
Roll out the modularised TVET curricula for all formal TVET programmes as to attain a flexible demand-driven TVET system in Uganda	Modularized TVET programmes	15,151,552	15,151,552	15,151,552	100	100	75.7	Partially achieved
Implement an incentive structure for the recruitment, training, and retention of the best brains in the teaching profession across the entire education system	i) Teacher Development and Management CCTs Recruited ii) Career Guidance	7,325,624,419	7,201,560,696	7,201,463,568	98.3064	99.998651	85.4	Partially achieved
Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle	Increased TVET enrolment	79,336,762,228	83,555,995,237	19,367,985,858	105.318	23.179648	60.35	Partially achieved
Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status	Capacity Strengthening	305,388,276	305,388,276	305,388,276	100	100	65	Partially achieved



Intervention	Outputs	Financial Performance			Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Develop digital learning materials and operationalize Digital Repository	Examinations and Assessments	46,378,163,922	45,171,696,119	45,163,181,152	97,3986	99,98115	87.4	Partially achieved
Accelerate the acquisition of urgently needed skills in key growth areas.	Examinations and Assessments	14,726,981,277	14,102,944,626	14,102,944,626	95,7626	100	90	Achieved
Total		195,151,552	195,151,552	195,151,552	100	100	0	
Average Output Performance								
Outcomes Performance								
Outcome Indicator	Annual Target	Achieved	Score (%)	Remark				
Approved work-based learning policy	1	1	100					
Number of STEM/STETI programmers accredited	170	0	0	Poor performance				
Number of TVET institutions internationally accredited	6	0	0					
Average Outcome Performance				33.3				
Overall sub-programme performance				62.8				
				Fair performance				



Annex 7: Performance of the Gender and Social Protection Sub-programme by 30th June 2023

Output Performance		Financial Performance		Physical Performance			Remark	
Intervention	Outputs	Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity		Physical performance Score (%)
Expand scope and coverage of care, support and social protection services for the most vulnerable groups and disaster-prone communities	Senior citizens grant expanded to all aged above 75years							Funds were fully disbursed, however, there were pending payments to beneficiaries.
	Special Grants for Persons with Disabilities enhanced							Funds were fully disbursed to beneficiaries; however, it was too late to realise benefits within the FY.
	Social care programs implemented							The operational framework was operative, street children were rescued, rehabilitated and resettled. However, social care institutions were not equipped or renovated due to insufficient funds.
	Food and non-food items distributed to social care institutions to feed the vulnerable	171,577	99.1	100	100	75.0	75.0	All 12 social care institutions received food and non-food items, however, the quantity was insufficient.
	Service providers trained in the provision of economic empowerment programs for PWDs.							60 Duty bearers were oriented on the PWDs Act 2020 and the National Policy on PWDs 2023.
	A functional social care and support MIS developed							In addition, 12 district planners from 15 LGs on PWD rights. SAGE MIS Upgrade system enhancement was still ongoing.
Policy and legal framework on social protection strengthened/developed							The planned policies and frameworks were reviewed and validated.	



Output Performance		Financial Performance				Physical Performance			Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)		
Intervention	Outputs								
	Social Protection Single Registry developed and Operationalized							Registry developed and Operationalized Developed and launched the Disability Information Management System as a critical data source for the National Single Registry.	
	Newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate							112 chairpersons were inducted of which 25 were from the North, 40 from Central and 47 for Eastern Uganda.	
Expand livelihood support, public works, and labour market programs to promote green and resilient growth	Youth Livelihood Programme strengthened							1,061 youth groups benefitted from the YLP translating into 7,274 youth	
	Youth Venture Capital Fund strengthened Women							2,000 youths with start-up capital however by 30th June 2023, 136 youths had benefited.	
	Uganda Women Entrepreneurship Programme Strengthened	25,514	96.8	100	100	74.0	74.0	1,479 women groups were supported with enterprise funds against the plan of 1,230 groups reaching 12,090 individual women	
	Enterprise grant for older persons developed							564 out of 600 groups translating into 3,831 older persons of which 1,952 male and female 1,879.	



Output Performance		Financial Performance				Physical Performance			Remark
Intervention	Outputs	Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)		
Promote Women's economic empowerment, leadership and participation in decision-making through investment in entrepreneurship programs, business centres	Women's participation in development processes increased							6,300 women leaders and 4,500 from districts were trained in leadership	
	Communication strategy on women for women's participation in decision-making in place	1	100	60	100	61.1	61.0	A draft for the women leaders' code of conduct was developed however, it was awaiting validation.	
	Profile women-owned businesses and train them in business management							680 out of 1000 small-scale women entrepreneurs skilled, retooled and linked to vocational training centres.	
Scale up Gender Based Violence (GBV) interventions at all levels	Gender-based violence prevention and response system strengthened							Seven out of the 18 GBV shelters were visited to ensure compliance with GBV Shelter standards and guidelines.	
	The National GBV Database strengthened	0.100	60.6	100	100	50.0	50.0	Minimal usage of the National GBV database was noted as LGs had a backlog of files	
	Helpline strengthened							Improvement in the recording of cases as compared to last financial year as a result of an upgrade of the old system	
Commemoration of GEWE advocacy and networking days	GEWE advocacy and networking days marked and commemorated	1	100	100	100	65	65	International Women's Day was commemorated in Kiruhura District and the 16 days of activism in Bukwo.	
Implement a National Male Involvement Strategy in the promotion of gender equality	National Male Involvement Strategies in the promotion of gender equality implemented	1	100	100	100	67	67	20 out of 30 districts under the UNFPA spotlight project were covered.	



Output Performance		Financial Performance			Physical Performance			Remark
Intervention	Outputs	Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical performance Score (%)	
Implement the Uganda Gender Policy Action Plan	Uganda Gender Policy in place The plan was to finalize, and fast-track approval and dissemination of the Uganda Gender Policy and the Action Plan.		100	100	100	90	90	Policy awaiting approval by Cabinet.
	Commonwealth youth programs implemented	1						
	Tailored non-formal vocational, entrepreneurial and life skills training provided to out-of-school youth Uganda Gender Policy in place							360 out of 417 youths were trained.
Total		197,191,393,305	98.8	100	0.0	0.0	68.9	Fair performance
Average Output Performance					68.9			
Outcomes Performance								
Outcome Indicator				Annual Target	Achieved	Score (%)		Remark
GBV prevalence				40	22	55		
Average Outcome Performance					64.0		Fair performance.	
Overall sub-programme performance					64.5		Overall performance of sub-programme	



Annex 8: Performance of population health safety and management as at 30th June 2023

Interventions	Outputs	Financial Performance			Physical Performance				Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Weighted Physical Performance Score (%)	
Improve maternal, adolescent and child health services at all levels of care	Adolescent Health policy developed and disseminated	5,834,592,115	100.0	99	3300.00	4284.00	100.00	0.1509	Achieved
	RMNCAH sharpened plan funded	231,543,529	91.1	99	1.00	0.25	27.43	0.0016	Partially achieved
Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative healthcare services	Human resources recruited to fill vacant posts	13,964,000,000	71.4	97	947.00	694.00	100.00	0.3611	Achieved in line with the released funds.
	Hospitals and health centres rehabilitated/ expanded	30,000,000,000	93.0	98	1.00	0.70	75.27	0.5839	Partially achieved
Service delivery standards disseminated and implemented	Nationally coordinated ambulance services in place	11,080,000,000	85.4	99	100.00	65.00	76.15	0.2182	Partially achieved
	Reduced morbidity and mortality due to HIV/AIDS, TB and Malaria and other communicable diseases-UAC component	231,129,141	100.0	100	0.50	0.40	80.00	0.0048	Partially achieved
		12,014,000,000	79.0	100	100.00	67.00	84.78	0.2634	Partially achieved



Interventions	Outputs	Financial Performance			Physical Performance				Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Weighted Physical Performance Score (%)	
Prevent and control Non-Communicable Diseases with a specific focus on cancer, cardiovascular diseases and trauma	Essential medicines availed	489,640,000,000	98.8	100	100.00	28.00	28.35	3.5891	Poorly performed
	Health facilities equipped with appropriate and modern medical and diagnostic equipment	59,064,741,959	52.5	61	1.00	0.36	68.58	1.0473	Partially achieved
	Comprehensive electronic medical records system scaled up	1,652,882,303	62.5	99	1.00	0.45	71.17	0.0304	Partially achieved
	Community health workforce established	500,000,000	83.0	100	3.00	2.90	100.00	0.0129	Achieved in the three pilot sites.
	Laboratory quality management system in place	1,737,510,000	98.5	96	108934.00	121578.00	100.00	0.0449	Achieved in line with the funds received
	Blood products available	24,353,000,000	100.0	95	1.00	0.82	82.00	0.5164	Partially achieved
	Health facilities upgraded	22,248,193,873	117.6	48	1.00	0.58	49.31	0.2837	Partially achieved
	Centers of Excellence (Cancer) established	34,855,064,971	72.4	100	100.00	50.00	69.10	0.6228	Partially achieved
	Centers of Excellence (heart) established	31,324,019,300	97.4	87	100.00	58.00	59.57	0.4825	Partially achieved
	Preventive programmes for NCDs implemented- (Heart services)	2,331,000,000	100.0	100	100.00	70.00	70.00	0.0422	Partially achieved
	Super specialized Human resources trained and recruited	1,807,000,000	27.0	27	27.00	20.00	74.07	0.0346	Partially achieved
	Establishment of specialized and super-specialized hospitals	4,950,000,000	89.0	57	100.00	49.00	55.05	0.0705	Partially achieved



Interventions	Outputs	Financial Performance				Physical Performance				Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Weighted Physical Performance Score (%)		
Reduce the burden of the HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach	Reduced morbidity and mortality due to HIV/AIDS and other communicable disease	1,360,392,771,600	100.0	67	75.00	50.00	66.67	23.4510	Partially achieved	
Reduce the burden of communicable diseases with a focus on high-burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic-prone diseases and malnutrition across all age groups emphasizing the Primary Health Care Approach	Reduced morbidity and mortality due to Tuberculosis other communicable disease Reduced morbidity and mortality due to malaria and other communicable disease The target population fully immunized	5,102,037,360	100.0	37	75.00	28.00	37.33	0.0493	Partially achieved	
	Epidemic diseases timely detected and controlled	836,200,468,688	100.0	60	75.00	45.00	60.00	12.9733	Partially achieved	
	Increased Access to sexual and reproductive health services and age-appropriate information	17,326,000,000	99.7	100	0.97	0.75	77.59	0.3476	Partially achieved	
Increase access to sexual reproductive health and rights with a special focus on family planning services	Equity and efficiency in resource mobilization	4,946,000,000	81.4	98	1.00	0.93	100.00	0.1279	Achieved in line with the released funds	
Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme	Health research and innovations promoted	23,040,000,000	98.2	100	1.00	0.65	66.20	0.3944	Partially achieved	
Promote Health Research, Innovation and technology uptake		15,980,000,000	9.0	99	1.00	0.05	49.90	0.2062	Poorly performed	
		5,773,865,867	100.0	98	0.90	0.60	66.67	0.0995	Partially achieved	



Interventions	Outputs	Financial Performance			Physical Performance				Remark
		Annual Budget (Ug shs)	% of budget received	% of budget spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Weighted Physical Performance Score (%)	
Increase access to inclusive safe water, sanitation and hygiene with emphasis on increasing coverage of improved toilet facilities and hand washing practices	Piped water supply systems constructed in rural areas	169,100,000,000	46.3	100	100.00	7.00	15.11	0.6608	Poorly performed
	Piped water supply systems constructed in urban areas	681,660,000,000	81.0	52	100.00	25.00	30.86	5.4395	Poorly performed
	Total	3,867,339,820,706	92.5	70	0.00	0.00	66.94	52.11	
Outcome Performance					Annual Target	Achieved	Score (%)	Score (%)	Remark
	Infant Mortality Rate/1000				37.6	36	100.00	100.00	Achieved
	Maternal Mortality Ratio/100,000				261	189	100.00	100.00	Achieved
	Neonatal Mortality Rate (per 1,000)				21	22	95.45	95.45	Missed
	Total Fertility Rate				4.8	5.2	92.31	92.31	Missed
	U5 Mortality Ratio/1000				35	52	67.31	67.31	Missed
	Population growth rate (percent)				2.8	3	93.33	93.33	Missed
	% of households with access to improved water supply facilities within 1000 metres				80.3	70	87.17	87.17	Missed
	% of population with access to basic sanitation (Improved toilet not shared with other households)				32	20	62.50	62.50	Missed
	% of people accessing safe water supply within 200M in urban areas				89.6	73.4	81.92	81.92	Missed
Average Indicator Performance							86.67	86.67	Good outcome performance
Overall sub-programme performance							73.8	64.2	Overall performance of sub-programme



Annex 9: Availability of 41 tracer medicines April to June 2023 in all reporting health facilities (%)

Tracer medicines	Out of Stock	Stocked
Artemether/Lumefantrine 120/20 mg	41%	59%
Depot medroxyprogesterone acetate	67%	33%
Amoxicillin 250 mg capsule	72%	28%
Sulfadoxine/ Pyrimethamine tablet	58%	42%
ORS Sachets with zinc tablet	62%	38%
Measles Vaccine	48%	52%
Determine HIV 1 & 2 screening test kit	63%	37%
Stat -pack HIV Confirmatory rapid tests kits	67%	33%
SD Bioline test-Tie Breaker	82%	18%
CD4 reagent	84%	16%
Malaria Rapid Diagnostic tests	49%	51%
GeneXpert Cartridges stocked	48%	52%
Therapeutic milk F75 (75Kcal/100ml)	85%	15%
Oral Liquid Morphine 5ml/ml stocked	85%	15%
Ready to use Therapeutic feeds (RUTF)	87%	13%
Tenofovir/Lamivudine/Efavirenz (TDF/3TC/EFV) 300mg/300mg/ 600mg	86%	14%
AZT/3TC/NVP 300mg/150mg/200mg	88%	12%
Atazanavir/ritonavir (ATV/r)300/100mg	84%	16%
Tenofovir/Lamivudine (TDF/3TC) 300mg/300mg	80%	20%
TDF/3TC/DTG 300mg/300mg/50mg (TLD)	66%	34%
TLE 300mg/300mg/400mg	81%	19%
Abacavir/Lamivudine (ABC/3TC) 120mg/60mg (Paediatric)	81%	19%
Lopinavir40mg/ritonavir 10mg pellets in capsules	88%	12%
Cotrimoxazole 960mg tablet	71%	29%
(RHZE) blister strip 150/75/400/275 mg	65%	35%
Blood Product	83%	17%
RHZ Blister 75mg/50mg/150mg	73%	27%
Misoprostol 200mcg Tablet	66%	34%
Amoxicillin dispersible 250mg	79%	21%
Ceftriaxone 1g Injection	70%	30%
Oxytocin Injection	70%	30%
Chlorhexidine Digluconate Gel 7.1%	77%	23%
Mama Kit	67%	33%
Bendrofluzide (Aprinox) 5mg	67%	33%
Artesunate 60mg	65%	35%
Nifedipine tablets 20mg tablet	65%	35%
Captopril 25mg tablet	79%	21%
Metformin 500mg	70%	30%
Glibenclamide 5mg tablet	75%	25%
Insulin short-acting stocked	82%	18%
Cardiac Aspirin 75/80 mg	75%	25%
Average	72%	28%

**Annex 10: Performance of selected UgiFT facilities as at 30th June 2023**

Health Facility	District/Sub-county	Progress/Comment
Completion Palam Upgrade to HCIII	Katakwi District, Palam S/C	Physical progress was at 80% against 85% financial progress. The contract price was Ug shs 235,917,015 to be implemented between 4 th April 2023 to 30 th June 2023. The contractor was M/s KIDE Builders and Engineers Limited.
Akoboii Upgrade to HCIII	Katakwi District, Akoboii S/C	Physical progress was at 65% against 76% financial progress. The contract price was Ug shs 837,955,091 to be implemented between 10 th February 2023 to 30 th September 2023. The contractor was M/s CAB 'U' Limited.
Koritok Upgrade to HCIII	Katakwi District, Koritok S/C	Physical progress was at 50% against 59% financial progress. The contract price was Ug shs 615,250,000 to be implemented between 14 th June 2022 to 14 th December 2022. The contractor was M/s CAB 'U' Limited. The project was behind schedule as work continued in July 2023. Equipment worth 195 million was delivered and stored at the district offices pending completion of the civil works.
Mazimasa Upgrade to HCIII	Mazimasa S/C, Butaleja District	Physical progress was at 60% against 27% financial progress. The contract price was Ug shs 909,477,589 to be implemented between 16 th February 2023 to 16 th October 2023. The contractor was M/s Baisonga and Sons Company Limited. The contractor however was using burnt bricks instead of the required blocks. The contractor lacked adequate financial capacity to complete the work promptly.
Bukungu Upgrade to HCIII	Buyende District, Bukungu S/C	Physical progress was at 65% against 30% financial progress. The contract price was Ug shs 915,944,536 to be implemented between February and October 2023. The contractor was M/s VISVAR 'U' Limited
Bulalu Upgrade to HCIII	Luuka District, Bulalu S/C	Physical progress was at 60% against 30% financial progress. The contract price was Ug shs 883,444,536 to be implemented between February 2023 to October 2023. The contractor was M/s VISVAR 'U' Limited.
Completion of staff house at Buekendi HCIII	Luuka District, Bukendi S/C	Physical progress was at 100% against 95% financial progress. The contract price was Ug shs 150M this was a rollover project from FY 2021/22. The contractor was M/s KAST Engineering Services Limited.
Ariba Upgrade to HCIII	Oyam District, Ariba S/C	substantially complete, pending rectification of snags. This was a project of FY 2018/19. The contractor was M/s Kast Engineering Works.
Ocokara Upgrade to HCIII	Oyam District, Ocokara S/C	Physical progress was at 60% against 30% financial progress. The contract price was Ug shs 924,503,679 to be implemented between 20 th June 2023 to December 2023. The contractor was M/s Buildmas Engineering Works Ltd. Equipment was yet to be delivered by supplier Ms Rodrisa Supplies Limited at a cost of Ug Shs 560million ⁴² of which 306.7million had been paid.
Alira HCII upgraded by construction of the general ward	Oyam District, Alira S/C	Physical progress was at 30% against financial progress of 30%. Civil works started on 20 th May 2023 for eight months. This was a project of FY 2021/22. The contractor was M/sKATS Civil & Water Works Ltd.

42 Including equipment for Loro HCIII and Iceme HCIII



Health Facility	District/Sub-county	Progress/Comment
Abia Moroto Upgrade to HCIII		Physical progress was at 85% against 100% financial progress. The contract was to be implemented between 20 th May 2023 to 20 th December 2023. The contractor was M/s MESCO Company Limited. Equipment worth Ug shs 210 million was supplied.
Adwir Upgrade to HCIII	Albetong District Abia S/C	Physical progress was at 5% No payment had been to the contractor. This a project of FY 2021/22 The contract price was Ug shs 630million to be implemented between 20 th July 2023 to February 2024. The contractor was M/s KATS Civil and Water Work Limited. Equipment worth 197 million was delivered and temporarily stored at the district pending the completion of civil works.
Rutooma Upgrade to HCIII	Bushenyi District, Kyeizoba S/C	Physical progress was at 66% against 40% financial progress. The contract price was Ug shs 918,737,986 to be implemented between 20 th July 2023 to February 2024. The contractor was M/s Cream General and Technical Services Limited.
Rukoni West Ruhama	Ntugamo District West Ruhama S/C	Physical progress was at 66% against 47% financial progress. The contract price was Ug shs 900,848,579 to be implemented between 5 th December 2022 to August 2023. The contractor was M/s Geses Uganda Limited.
Kaina and Kafunjo Upgrade to HCIII	Ntugamo District	Physical progress was at 66% against 47% financial progress. The contract price was Ug shs 900,848,579 to be implemented between 5 th May 2022 to December 2022 The contractor was M/s Geses Uganda Limited. The contractor is behind schedule occasioned by cash flow constraints. The unspent funds as of June 2022 for these two sites have never been revoted. As a result, the works paid for during FY2022/23 were from allocated funds to Rukoni West.
Staff house at Ihunga HCII upgrade	Ntugamo District	Physical progress was at 95% against 93% financial progress. The contract price was Ug shs 192,776,883 to be implemented between 5 th December 2022 to August 2023. The contractor was M/s Gremu Trading Company Limited.
Staff house at Nyanga HCII upgrade	Ntugamo District Nyanga Sub-county	Physical progress was at 99% against 97% financial progress. The contract price was Ug shs 192,979,354 to be implemented between 5 th December 2022 to August 2023. The contractor was M/s Mutwi Company Limited. Received partial equipment. Its equipment was initially reallocated to allow the completion of civil works.
Golokwara HCIII upgrade	Amuria District, Golokwara S/C	Physical progress was at 65% against 45% financial progress. The contract price was Ug shs 192,979,354 to be implemented between 5 th December 2022 to August 2023. The contractor was M/s Mutwi Company Limited.
Tetegu HCII Upgraded	Dokolo District, Tetegu S/C	Physical progress was 50%. The contract was signed in February but work started much later in April 2023 due to delays in getting the site laid out.
Anyacoto HCII upgraded	Dokolo District, Anyacoto S/C	Physical progress was 65%.
Mugi HCII upgraded	Mayuge District, Mugi	The project stalled due to the inadequate financial capacity of the contractor.
Omei HCII upgraded	Gulu District, Omei S/C	Physical progress was 60% against 100% financial progress. Where the contractor was paid all the money to his account, the district still has to issue instructions based on the interim certificate approved for him to access the money. The project was awarded to Ms Bygon (U) limited sum of Ug shs 690 million. Equipment was procured and delivered to the district store awaiting completion of the facility.



Health Facility	District/Sub-county	Progress/Comment
Kasimbi HCII constructed	Kibaale District, Kasimbi S/C	Physical progress was 95% against the financial progress of 95%. Works were awarded to Ms Extech Technical Services at a cost of Ug shs 886.86 million. Procurement of the equipment was planned for in FY 2023/24.
Nyamarunda HCII upgraded	Kibaale District, Nyamarunda S/C	Physical progress was 65%, against the financial progress of 72%. It is a project rolled over from FY2021/22. The contractor is Ms Transit Limited. Equipment was delivered but kept at Kibale HCIV awaiting completion of the facility.
Nyabirongo HCIII upgraded HCIV	Kasese District, Nyabirong S/C	
Kabingo HCII Upgraded	Kasese	The site was handed over in August 2023. M/s Marriam and Brothers. Equipment procured and delivered at the district store pending completion of the facilities.
Buhuhira HCII upgraded	Kasese District, Buhuhira TC	Substantially complete, shuttering was ongoing and external works were outstanding. Equipment procured and delivered at the district store pending completion of the facilities.
Nyabuswa HCII and Kituule HCII upgraded	Kabarole District, Nyabuswa S/C, and Kituule S/C	Physical progress was 75% against the financial progress of 97%. Works at Nyabuswa were 90% complete while works at Kituule were 50% complete. The contractor was Ms Kheny Technical Services and has been very slow at Kituule.
Upgrading of Nyakitokoli completed	Nyakitokoli S/C, Kabarole District	Works were completed and all payments were made. Equipment was delivered at the district stores.
Construction of maternity ward at Iruhura and Kichwamba HCIIIs	Iruhura and Kichwamba S/Cs, Kabarole District	Physical progress at Iruhura was at 80%, while at Kichwamba it was 60%. The contractor, Ms Karobwa Engineering Services was paid 66% of the contract sum of Ug shs 1,297bn, but the contractor lacked financial capacity and poor-quality works were noted at the Kichwamba site.
Upgrading of Kiko and Kidubuli HCIIIs	Kabarole District, Kidubuli S/C	Works for the Kidubuli were at the slab level, while at Kiko were at the roofing stage. The contractor was paid 30% of the contract sum of Ug shs 1.2979bn. Overall physical progress was estimated at 50%. Works were contracted to M/s Mariam and Brothers.
Lasanga HCIII	Koboko Municipality, Lasanga Ward	Physical progress was 94%. Equipment worth Ug shs 164 million was procured, and 90% of the equipment was supplied. Some of the delivered equipment was rejected including trollies, patient screens, bowls, and drip stands as they did not meet the procurement specifications.
Nyangilia HCIII	Koboko Municipality, Nyangilia	Physical progress was 71%.
Nyori HC III upgraded	Yumbe District Lodonga S/C	Physical progress was at 10% completion. The project was behind schedule by two months partly due to delays in securing a bank guarantee to trigger the 30% advance payment.
Amanyiri HCIII-upgraded	Yumbe District, Kuru S/C	The project stalled at 38% due to the financial constraints of the contractor. Chain link completed- pending gate installation. Mobilization of materials to start works had commenced. The quality of work is satisfactory. Equipment worth Ug shs 320 million was delivered to the district and was pending installation upon completion of the works that were ongoing at a very slow pace.
Gbari HC II upgraded	Moyo District, Meto S/C	Physical progress was 80% pending finishes, fixtures such as door shutters, and glasses. Equipment for the facility worth Ug shs 134 million was procured and stored in the district stores pending the completion of works.



Health Facility	District/Sub-county	Progress/Comment
Ayaa HC III upgraded	Moyo District	Works in advanced stages of completion. All medical equipment was procured and delivered to the health facility.
Kyabakuza HCII upgraded	Masaka District	Stalled at the walling of the ground floor. The project was to be implemented between 14 th June 2022 and 30 th June 2023 after receiving one extension.

Annex 11: Research activities implemented in different departments at UVRI

Department	Line Activity	Output	Achieved	Remark
EPI Laboratory	Laboratory surveillance of Acute Flaccid paralysis (AFP)	80% Virus isolation results reported within 14 days from receipt of stool specimen	6422 (50.2%) AFP stool samples were received and No wild poliovirus was confirmed in the country in this period.	The lab did not carry out lab tests on AFP samples for three weeks due to a lack of some supplies thus an average performance was achieved.
	Environmental surveillance to supplement AFP	80% Virus isolation results reported within 21 days from receipt of sewer specimen	43.3% of virus isolation results were timely reported to stakeholders	A total of 611 sewage samples were received from the four countries served: Uganda 167 (27%), Tanzania 211 (35%), the Republic of South Sudan 69 (11%), Burundi (7.3%) and Rwanda 119 (19.4%).
	Support supervision of Staff working at the 11 ES sites	Support supervision of Staff working at the 11 ES sites	Supportive supervision was carried out in the 11 ES sites in March. Findings, tremendous improvement in sample handling and packaging, in addition to personal safety was observed	
	Laboratory surveillance of Measles and rubella	98.8% of Measles and Rubella IgM results were timely reported.	All the 939 samples, received were tested for both measles and rubella IgM	98.5% of Measles and Rubella IgM results were promptly reported.
	Follow-up of confirmed measles/rubella Carry out research on vaccine-preventable disease outbreaks	One confirmed measles outbreak was followed to collect samples for virus characterisation	A total of eleven suspected measles outbreaks were received at the lab in this period. Three were confirmed measles outbreaks from the districts of Lamwo, Kampala, Yumbe and Bundibugyo	Health workers who delivered specimens for measles, rubella and polio surveillance were not provided per diem and transport refund.
	Support UNEPI in field VPD surveillance	Verification of AFP and Measles cases in all regions of the country	Verified AFP and measles cases reported in 61 districts	



Department	Line Activity	Output	Achieved	Remark
General Virology	Report on SARS-CoV-2 genomic surveillance in Uganda	Fifteen SARS-CoV-2 positive samples obtained from mostly private health facilities in Kampala 9 recently collected samples	Several SARS-CoV-2 lineages and sub-lineages were identified similar to what we have previously five (56%) of the 9 SARS-CoV-2 genomes were classified as belonging to the Omicron BA.1 variant, 1 sample to the BA.2 Omicron variant, 1 sample to the XF recombinant (Delta and BA.1) and 2 samples to XT recombinants	The CH.1.1 sub-variant was found to exhibit high antibody evasive characteristics.
Arbovirology, Emerging and Re-emerging Disease,		Carrying out Surveillance for ticks and mosquito vectors of viral diseases.	Mosquitoes and ticks were collected in Busitema, Busia, Namanyago and Mayuge districts for arboviruses. Surveillance activities. 11,000 mosquitoes and ticks were collected.	
	Carrying out Surveillance for Affluenza like Illnesses (ILI), Severe Acute Respiratory Illnesses (SARI) and COVID-19	Organize trips to collect influenza / COVID samples from 20 sentinel sites PCR, HAI, and Sequencing	Influenza Surveillance was carried out in Kiswa, Kawaala, Kitebi, Nsambya, Entebbe, Tororo, Fort Portal, Mukono, Kibuli, Ludara, Kiryandongo, Koboko, Arua, and Mbarara hospitals. Other samples were also referred from different hospitals. The sample for influenza was 530 of which 36 were positive for COVID-19, 16 positives for Influenza A (H3), 16 positives for Pandemic Influenza A (H1) 2009, and 8 positives for Influenza B	
		Following the build-up of antibodies in the children and adults immunized with different doses of YF vaccine through plague reduction neutralization tests at 365+ days after immunization	There is a continuing outbreak of Rift Valley Fever (RVF) case in Mbarara, the Department responded and continued to collect and test samples in the laboratory.	



Department	Line Activity	Output	Achieved	Remark
Entomology Research		Carrying out 1 field sampling in a region to establish Arboviral and malaria vector species	One hundred twenty (120) houses were aspirated in Bugiri, Butaleja, Kibuku and Budaka Districts. In Mugeru village Bugiri eleven 11 Angambiae and five culex mosquitoes were collected. In Idudi village Budaka four Anopheles species and 21 Anopheles mosquitoes and 90 culex mosquitoes were collected. Ten Anopheles mosquitoes and 70 culex mosquitoes were collected from Hisege Butaleja District.	Larva collected showed that Aedes simpsoni (yellow fever vector) was more widely distributed in the region.
		Screening for bacterial endosymbionts, pathogenic insect virus and fungal isolates in mosquito vector populations from Eastern Uganda.	Screening was ongoing for bacterial endosymbionts, pathogenic insect virus and fungal isolates in mosquito vector populations collected	There was a shortage of volunteers to carry out the MET collections in Lwazi village.
Immunology Research	Recruit, immunise & assess immunity in vaccine trials: HIV, Ebola, Rift Valley Fever, Yellow Fever & other viral vaccine trials	Diagnostic COVID-19 kit evaluation study COVID-19 study participants, Processed PBMCs, serum, plasma, and cell pellets and stored. Samples processing worksheets reviewed. Follow-up on enrolled Omicron cases. Re-consent all CTUs for HIV screening of their stored samples	Enrolled an additional 20 Omicron-infected cases in May 2023. The new total number of study participants was 439, of these, 21 were followed up, 20 reached D28 & 1 has reached D4 sample collection, and 101 CTUs have been re-consented for HIV screening & samples collected.	Cohorts compiled for the different vaccines, AstraZeneca vaccines showed an increase in spike responses from the first and subsequent doses, and there were maintained good responses for up to six months, after which some breakthrough infections started to occur. Sinovac showed a general flat but seropositive positive curve with no significant difference between time points, and the highest peak was on day 14. Tested COVAC samples for V02 on conventional assay.



Department	Line Activity	Output	Achieved	Remark
Clinical Research		Attending to outpatients Carrying out laboratory investigations patients receive medicines Testing clients for HIV and other STIs Administering Family Planning methods vaccinating against COVID-19	A total of 2,184 attended too, and 2,580 lab investigations were done. A total of 693 clients counselled and tested for HIV and 273 women received Family planning. Research on vaccine-preventable diseases including COVID-19 carried out, and two manuscripts were written, submitted and accepted for publication in peer-reviewed journals.	

Source: Field Findings



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