



# **HUMAN CAPITAL DEVELOPMENT PROGRAMME**

## **Annual Budget Monitoring Report**

**Financial Year 2024/25**

**September 2025**

Budget Monitoring and Accountability Unit  
Ministry of Finance, Planning and Economic Development  
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## ABBREVIATIONS AND ACRONYMS

AEP	Accelerated Education Programme
AFCON	Africa Cup of Nations
AUSC	African Union Sports Council
BEC	Baseline Education Census
BFP	Budget Framework Paper
BMAU	Budget Monitoring and Accountability Unit
BRMS	Basic Requirements and Minimum Standards
BTVET	Business, Technical and Vocational Education and Training
CA	Continuous Assessment
CAOs	Chief Administrative Officers
CBC	Competency-Based Curriculum
CBET	Competency-Based Education and Training
CBOs	Community-Based Organisations
CDC	Centres for Disease Control and Prevention
CECAFA	Council for East and Central Africa Football Associations
CHAN	African Nations Championship
CMC	Centre Management Committee
CoRSU	Comprehensive Rehabilitation Services in Uganda
DES	Directorate of Education Standards
DLGs	District Local Governments
DSCs	District Service Commissions
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EGM	Early Grade Maths
EGMA	Early Grade Mathematics Assessment
EGR	Early Grade Reading
EGRA	Early Grade Reading Assessment
EMIS	Education Management Information System
ESC	Education Service Commission
ESHS	Environmental, Social, Health and Safety
ESMP	Environmental and Social Management Plan
FGDs	Focus Group Discussions



FMU	Federation of Motorsport Clubs of Uganda
FY	Financial Year
GAVI	Global Alliance for Vaccines and Immunisation
GoU	Government of Uganda
HCD	Human Capital Development
HEIs	Higher Education Institutions
HESFB	Higher Education Students Financing Board
HESFD	Higher Education Students Financing Department
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HTIs	Health Training Institutions
IDA	International Development Association
IFMS	Integrated Financial Management System
IGFT-RP	Inter-Governmental Fiscal Transfer-Reform Programme
IMIS	Integrated Management Information System
IMU	Instructional Materials Unit
IRE	Islamic Religious Education
IsDB	Islamic Development Bank
KIU	Kampala International University
KYU	Kyambogo University
LC	Local Council
LCV	Local Council V
LGs	Local Governments
LINs	Learner Identification Numbers
LMIS	Loan Management Information System
LSC	Lower Secondary Curriculum
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MDALGs	Ministries, Departments, Agencies and Local Governments
MDAs	Ministries, Departments and Agencies
MGLSD	Ministry of Gender, Labour and Social Development
MHM	Menstrual Health Management
MPSs	Ministerial Policy Statements
MTEF	Medium-Term Expenditure Framework



MUK	Makerere University
MUST	Mbarara University of Science and Technology
MWE	Ministry of Water and Environment
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoICT&NG	Ministry of Information and Communications Technology and National Guidance
MoPS	Ministry of Public Service
MoU	Memorandum of Understanding
NAPE	National Assessment of Progress in Education
NCC	National Council for Children
NCDC	National Curriculum Development Centre
NCHE	National Council for Higher Education
NCS	National Council of Sports
NDP	National Development Plan
NDP III	Third National Development Plan
NEC	National Enterprise Corporation
NHATC	National High-Altitude Training Centre
NIRA	National Identification and Registration Authority
NIS	National Immunisation Strategy
NITA-U	National Information Technology Authority-Uganda
NWR	Non-Wage Recurrent
ODEL	Open, Distance and e-Learning
OFID	OPEC Fund for International Development
PBS	Programme Budgeting System
PEP	Post-Exposure Prophylaxis
PES	Physical Education and Sports
PIAPs	Programme Implementation Action Plans
PLE	Primary Leaving Examination
PMVC	Preventive Mass Vaccination Campaign
PPPs	Public-Private Partnerships
PSFU	Private Sector Foundation-Uganda





PTCs	Primary Teachers' Colleges
RDCs	Resident District Commissioners
RPC	Revised Primary Curriculum
SEN	Special Educational Needs
SNE	Special Needs Education
SPAS	School Performance Assessment System
STEI	Science, Technology, Engineering and Innovation
STEM	Science, Technology, Engineering and Mathematics
TIEAG	Technical Institutions and Education Associations Games
TIs	Technical Institutes
TTIs	Teacher Training Institutions
TVET	Technical Vocational Education and Training
UACE	Uganda Advanced Certificate of Education
UAF	Uganda Athletics Federation
UBF	Uganda Boxing Federation
UBOS	Uganda Bureau of Statistics
UBTEB	Uganda Business and Technical Examinations Board
UCA	Uganda Cricket Association
UCE	Uganda Certificate of Education
UIA	Uganda Investment Authority
UMA	Uganda Manufacturers Association
UNEB	Uganda National Examinations Board
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UOTIA	Universities and Other Tertiary Institutions Act
UPC	Uganda Paralympic Committee
UPDF	Uganda People's Defence Forces
UPE	Universal Primary Education
UPOLET	Universal Post-O-Level Education and Training
URA	Uganda Revenue Authority
URU	Uganda Rugby Union



USAID	United States Agency for International Development
USE	Universal Secondary Education
USEEP	Uganda Secondary Education Expansion Project
USh	Uganda Shillings
UgIFT	Uganda Intergovernmental Fiscal Transfers
VAC	Violence against Children
WADA	World Anti-Doping Agency
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation



## FOREWORD


The Government of Uganda outlined strategies, for FY 2024/25, to restore the economy back to the medium-term growth path with the ultimate vision of a self-sustaining, integrated economy. The strategies emphasized accelerating commercial agriculture, fostering industrialization, and expanding both service sectors and digital transformation. Key areas of focus included enhancing market access and leveraging technological advancements to drive economic growth.

The strategic interventions that were prioritized under various programmes included: roads under Integrated Transport and Infrastructure Services; electricity under the Sustainable Energy Development; irrigation under Agro-Industrialization; Industrial parks under Manufacturing; support to medical schools and science-based research and development under Human Capital Development; as well as oil and gas among others.

The Annual programme assessments have been made, and it was established that performance was fairly good. This implies that programmes are on track, but with a lot of improvements required. The challenges noted, are not insurmountable. These monitoring findings form a very important building block upon which programmes can re-strategize for FY 2025/26.

The government has embarked on the 10-fold growth strategy that demands for enhanced efficiency and effectiveness within programmes. We cannot afford to have fair performance scores hence forth, as this will jeopardize the prospects of doubling the economic growth rates in the medium term.

Partick Ocailap

  
For Permanent Secretary/ Secretary to the Treasury



## EXECUTIVE SUMMARY

### Introduction

The Human Capital Development (HCD) Programme report presents monitoring findings for the budget execution period from 1st July 2024 to 30th June 2025. The HCD Programme goal is to improve the productivity of labour for increased competitiveness and better quality of life in Uganda.

The report reviews selected interventions in the three sub-programmes of: i) Education, Sports and Skills Development; ii) Labour and Employment Services; and iii) Population Health, Safety and Management.

The methodology adopted for monitoring involved a literature review of quarterly progress and performance reports, interviews with the respective responsible officers or their representatives, and observation through physical verification of reported outputs. The review is based on approved work plans and the significance of budget allocations during the monitoring period. The interventions, sub-sub-programmes and projects selected were based on regional representation, level of capital investment, planned annual outputs, and the value of releases by 30th June 2025. Physical performance was rated using the achievement of the set output and outcome targets for the period under review. The extent of achievement of the selected indicators under the Third National Development Plan was also assessed, given that FY 2024/25 marked the end of its implementation.

### Programme Performance

#### Financial Performance

By 30th June 2025, the programme had received US\$ 10,472 billion (104% of the approved budget), including supplementary allocations of US\$ 524.5 billion. Actual expenditure amounted to US\$ 9,118 billion, representing an overall absorption rate of 87.1%.

Performance across budget categories was mixed. The wage budget increased by US\$ 24.3 billion relative to the previous financial year, although its funds utilisation was estimated at 98.6%, leaving US\$ 53.5 billion unutilised. Failure to fully absorb the funds was attributed to delays in recruitment, posting and deployment, particularly under the Uganda Intergovernmental Fiscal Transfers (UGIFT) and in Public Universities. Non-Wage Recurrent received a supplementary of US\$ 251.4 billion and was fully absorbed. The Government of Uganda (GoU) development expenditure was very good, with 99.8% absorption, with only US\$ 1.7 billion unspent.

However, development expenditure under the externally financed projects underperformed, with only 43.2% of the released funds absorbed. The low absorption was attributed to; poor planning and sequencing of project activities, inadequate readiness of some Vendors to implement works, procurement delays, lengthy “no objection” processes from funders, administrative reviews requiring re-tendering, and inadequate financial capacity among contractors. Consequently, US\$ 1,314 billion of external resources remained unutilised, significantly lowering overall Programme absorption despite the good performance of GoU-funded components.



## Physical Performance

The overall programme performance for FY 2024/25 was good, rated at 78% achievement of outputs and outcomes. The Population Health, Safety and Management Sub-programme performed better than their counterparts in the programme. This was attributed to rolled over projects, and enhanced service provision. The performance of the Education, Sports and Skills Sub-programme nearly aligned with that of Labour and Employment Services.

In relation to attainment of outcomes, the Human Capital Development Programme attained several indicator targets as at the end of the Third National Development Plan (NDP III). These were maternal mortality, which reduced to 189 per 100,000 live births, surpassing the NDP III target of 236, and infant mortality achieved was at 36 per 1,000 live births, closely aligning with the 35.8 per 1,000 targets. Other achieved outcomes were the Gross Enrolment Ratio (GER)<sup>1</sup> (pre-primary) at 100%, the Net Enrolment Ratio (NER)<sup>2</sup> (pre-primary) at 100%, and Uganda's international ranking in rugby at 100%. Well performing indicators included the GER (primary) at 86%, the GER (secondary) at 89%, the NER (secondary) at 95%, literacy proficiency at Primary Three at 97%, numeracy proficiency at Primary Six at 86%, compliance with the Basic Requirements and Minimum Standards (BRMS) at primary at 77% and secondary at 87%, university programme accreditation at 83%, survival rate at primary at 90%, and international sports rankings in athletics at 86%, football at 75%, and netball at 71%. These highlight achievements in enrolment, early grade literacy, and sports performance.

The missed indicators, on the other hand, included under-five mortality, which stood at 52 per 1,000 live births, compared to the target of 33 per 1,000, and neonatal mortality at 22 per 1,000 live births, against the NDP III target of 20. Access to basic sanitation remained low, with handwashing facilities at 32.4%, against the 50% target, and toilet coverage at 31.1%, compared to the 45% target. Rural access to safe water supply was 67%, falling short of the 85% target. Other missed indicators included literacy proficiency at Primary Six, numeracy proficiency at Primary Three, and O-Level science pass rates. Compliance with the BRMS at Pre-Primary was only 25%. Additional underperforming outcomes were the survival rate at secondary level, transition from Primary Seven to Senior One, school feeding coverage, which remained low, at 45%, and the contribution of sports to GDP, at 33%. The education outcomes highlight persistent weaknesses in learning achievement, school quality, retention, and child welfare.

In relation to intervention performance, 14% of the programme interventions recorded very good performance, 52% were good, 28% were fair, and 7% fell into the poor performance category. The outstanding performing interventions were those involving improving adolescent and youth health, providing early exposure to Science, Technology, Engineering and Mathematics (STEM)/Science, Technology, Engineering and Innovation (STEI) for children (e.g. introduction of innovative science projects to primary schools), and leveraging Public-Private Partnerships (PPPs) for funding of sports and recreation programmes under the Education, Sports and Skills Development Sub-programme. The Population Health, Safety and Management Sub-programme also recorded one outstanding intervention: Improving maternal, adolescent, and child health services at all levels of care.

<sup>1</sup> GER is the total enrolment in a specific level of education (regardless of age), expressed as a percentage of the official school-age population for that level.

<sup>2</sup> NER is the enrolment of children of the official school-age for a given level, expressed as a percentage of the corresponding population.





This achievement demonstrates expanded access to youth-friendly services, government commitment to deepen STEI and revive sports and recreation programmes, and strengthened institutional health systems to support the health and well-being of adolescents and young people. The achievement further underscores synergies of the programme agencies, as two of the four very well performing interventions were jointly implemented by the different programme entities.

The poor-performing interventions were: increasing financial risk protection for health, with emphasis on implementing the National Health Insurance Scheme (contributed by the Population Health, Safety and Management Sub-programme), and establishing regional sports-focused schools/sports academies to support early talent identification and development, as well as training the requisite human resources for the sports sub-sector (contributed by the Education, Sports and Skills Development Sub-programme).

### Programme Challenges

- i) **Low pace of mobilisation and consequent execution of works by the UPDF Engineering Brigade**, although the Ministry of Health (MoH), and other institutions transferred all the funds required for execution of works.
- ii) **Human resource shortages**: Public universities and health institutions in Uganda face critical staffing shortages, with the majority of them operating below 30% of approved staffing structure. These gaps have overstretched existing staff, compromised teaching and research, as well as student supervision, and affected health service delivery. Additionally, there is inadequate support for super-specialised training and research personnel, further limiting the institutional capacity to meet their mandates.
- iii) **Low absorption and underperformance of development projects**: Persistent low absorption of funds, particularly under externally financed projects, continues to hinder the delivery of critical education infrastructure. Flagship projects such as USEEP and BTVET-II registered absorption rates below 35% and physical progress of less than 30%, mainly due to delayed procurements, land acquisition disputes, and weak operational planning.
- iv) **Weak partnerships and high training costs**: Weak partnerships between educational institutions and industries limit practical training opportunities for students. This disconnect makes it challenging for graduates to acquire hands-on experience and hinders their employability in a rapidly evolving job market. Additionally, the high fees associated with BTVET training discourage potential candidates, particularly from economically disadvantaged backgrounds, from enrolling on these programmes.
- v) **Poor planning**: This is demonstrated by the initial exclusion of key components required in modern health infrastructure. At most of the health infrastructure visited, requests for scope revisions were common even for components that would be obvious in designing health infrastructure, such as piped oxygen, medical air, and vacuum air for theatres, ramps for universal access, and mosquito nets, among others.
- vi) **Inadequate funding and resource constraints**: The programme experiences inadequate local funding for epidemic response, and neglected tropical diseases, infrastructure and research. The majority of these interventions rely heavily on development partners, posing sustainability risks.
- vii) **Limited research utilisation**: There is poor uptake of research findings due to the length of bureaucratic approval processes, hindering timely adoption and implementation of research outcomes.



- viii) **Land acquisition challenges:** These led to the stalling of project activities, especially with regard to the development of water and sanitation systems.
- ix) **Inadequate technical and financial capacity of contractors:** This affected timely completion of works and contributed to the use of substandard materials, especially in the development of water and sanitation supply systems. It should be noted that whereas Buy Uganda Build Uganda (BUBU) supports development of the capacity of local contractors, overemphasis on it carries the danger of low-capacity bidders obtaining contracts.

## Conclusion

The overall programme performance for FY 2024/25 was good, rated at 78% achievement of outputs and outcomes. The Population Health, Safety and Management Sub-programme performed better than their counterparts in the programme. This was attributed to rolled over projects, and enhanced service provision. The performance of the Education, Sports and Skills Sub-programme nearly aligned with that of Labour and Employment Services. Largely, the programme performed better in the attainment of outcomes compared to outputs. The better achievement of outcomes was attributed to the cumulative contribution of investments during the implementation of the Third National Development Plan (NDP III). Generally, for the Human Capital Development Programme, the performance improved from the fair performance category in the previous financial year, 2023/24. Despite the improvement, the full attainment of programme results was constrained by delayed commencement of works, particularly by the UPDF Engineering Brigade, poor prioritisation of operation and maintenance of programme assets, poor planning, and inadequate staffing among programme votes. The identified constraints are surmountable and should be addressed to support the attainment of the programme goal.

## Recommendations

- i.) The MoH and MoFPED should engage the Ministry of Defence and Veteran Affairs (MODVA) to identify the root causes of the delayed implementation of works assigned to the UPDF Engineering Brigade. This should guide the determination of a lasting solution to this constraint to project implementation.
- ii.) **Strengthen human resources:** MoFPED, the Ministry of Public Service (MoPS), the MoH, the Ministry of Education and Sports (MoES), and the Service Commissions should prioritise recruitment to fill critical staffing gaps across institutions and all levels of care. Efforts to align the recruitment process with the budgeting process should be explored. University Councils should strengthen retention strategies through performance-based incentives, career development, and staff welfare improvements to reduce staff turnover and enhance institutional capacity.
- iii.) **Strengthen gate-keeping:** MoFPED, in collaboration with the NPA, should enforce mandatory project readiness assessments prior to approval, ensure project designs incorporate realistic timelines and cost estimates, and implement phased sequencing of large projects to prevent resource strain and minimise implementation delays.
- iv.) The MoH, in collaboration with the sub-programme votes, should offer tailored training to the existing architects and engineers in health infrastructure designs and hospital planning. In addition, MoFPED and the MoES should strengthen project preparation and planning.
- v.) **Increase government funding:** The Parliament of Uganda, MoFPED and the MoH should scale up domestic financing for epidemics response, neglected tropical diseases, research, and health infrastructure.



- vi.) **Promote research and innovation:** The MoH should support and incentivise high-quality research, strengthen regional research committees, and streamline the uptake of research findings. Efforts to recognise and reward medical workers who produce impactful research should be adopted.
- vii.) The Ministry of Water and Environment (MWE) should prioritise land acquisition prior to commencement of works.
- viii.) The MWE and other sub-programme players should strengthen procurement management, including strict due diligence during the identification of contractors.





## CHAPTER 1: INTRODUCTION

### 1.1 Background

The Ministry of Finance, Planning and Economic Development's mission is: *“To formulate sound economic policies, maximise revenue mobilisation, and ensure efficient allocation and accountability for public resources to achieve the most rapid and sustainable economic growth and development”*. Through its Budget Monitoring and Accountability Unit (BMAU), the Ministry monitors the implementation of government programmes and projects by assessing both financial and physical performance indicators against planned targets. The BMAU's mandate supports budget execution, accountability, and improved service delivery.

Since the inception of the Third National Development Plan (NDP III) in FY 2020/21, the BMAU has been conducting Programme-Based Monitoring to assess performance against the output and outcome targets. This monitoring is guided by the Programme Implementation Action Plans (PIAPs), programme work plans, and Ministerial Policy Statements, continuing through to the conclusion of the NDP III in FY 2024/25.

The annual field assessment of government programmes and projects for FY 2024/25 verified fund disbursement and expenditure by implementing entities and beneficiaries, reviewed outputs and intermediate outcomes achieved, assessed gender and equity compliance in budget execution, and examined adherence to Environmental, Social, Health, and Safety (ESHS) safeguards in projects. The exercise also assessed cohesion across sub-programmes and identified key implementation challenges.

The monitoring covered the following Programmes: Agro-Industrialisation; 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 2024 to 30th June 2025.

### 1.2 Human Capital Development Programme

The programme primarily contributes to objective four of NDP III, i.e. *enhancing the productivity and social well-being of the population*. The lead agencies for this programme are the Ministry of Education and Sports (MoES), the Ministry of Health (MoH), the Ministry of Gender, Labour and Social Development (MGLSD), the Ministry of Water and Environment (MWE), public universities and Local Governments (LGs). Other partner/complementary agencies are: The Ministry of Finance, Planning and Economic Development (MoFPED), the Ministry of Public Service (MoPS), the National Planning Authority (NPA), the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), the Ministry of Information and Communications 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 an 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 implemented through 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

The key programme outcomes and the responsible sub-programmes through which these outcomes are delivered are presented in Table 1.1 below.

**Table 1.1: Human Capital Development Programme outcomes and responsible sub-programmes**

Outcome	Responsible sub-programme(s)
1. Improved learning outcomes	Education, Sports, and Skills Development
2. Improved child development in learning, health, and psychological well-being	Education, Sports, and Skills Development; Population Health, Safety and Management
3. Improved gains from culture and creative industries	Labour and Employment Services; Gender and Social Protection
4. Reduced morbidity and mortality of the population	Population Health, Safety and Management
5. Improved social determinants of health and safety	Population Health, Safety and Management; Gender and Social Protection
6. Reduced fertility and dependence ratio	Population Health, Safety and Management
7. Improved occupational safety and health management	Population Health, Safety and Management and Labour and Employment Services
8. Reduction in all key forms of inequalities	Gender and Social Protection
9. Increased access to safe water supply in rural and urban areas	Population Health, Safety and Management and Labour and Employment Services
10. Increased access to basic sanitation coverage and handwashing	Population Health, Safety and Management and Labour and Employment Services

*Source: Authors' Compilation*

### 1.6 Structure of the Report

The report is structured into seven chapters as follows: (1) Introduction; (2) Methodology; (3) Overall Programme Performance; (4) Education, Sports and Skills Development Sub-programme; (5) Labour and Employment Services Sub-programme; (6) Population Health, Safety and Management Sub-programme; and (7) Conclusions and Recommendations.



## CHAPTER 2: METHODOLOGY

### 2.1. Scope

This monitoring report presents progress on the implementation of selected interventions under the Human Capital Development Programme for FY 2024/25. The assessment covered three sub-programmes: Education, Sports, and Skills Development; Labour and Employment Services; and Population Health, Safety and Management. Interventions and their respective outputs were reviewed under each sub-programme. A total of 29 out of the 50 interventions across the three sub-programmes were selected and assessed during the annual monitoring. Selection was based on the following criteria:

- i) Alignment with priorities identified during the NDP III mid-term review.
- ii) Significant contribution to programme objectives and national priorities.
- iii) High investment value, prioritising interventions with substantial funding.
- iv) Clear articulation of gender and equity commitments in policy documents.
- v) Completion status, focusing on closed projects to assess beneficiary satisfaction, value for money, and intermediate outcomes.

### 2.2 Approach and Sampling Methods

A mixed-methods approach combining qualitative and quantitative techniques was employed to assess the physical performance of planned outputs and intermediate outcomes. Performance was measured using various indicators, and progress was analysed by linking reported achievements to corresponding expenditures and targets to assess effectiveness, efficiency, and alignment with programme objectives.

A combination of simple random and purposive sampling techniques was applied to select interventions and outputs for monitoring, based on Programme Implementation Action Plans (PIAPs), Ministerial Policy Statements (MPSs), and progress reports from the respective Ministries, Departments and Agencies (MDAs), and Local Governments (LGs).

### 2.3 Data Collection

Data was collected using both primary and secondary methods. Secondary data was obtained through a review of key policy and planning documents, including the MPSs for FY 2024/25, National and Programme Budget Framework Papers, PIAPs, the Third National Development Plan (NDP III), quarterly progress reports, MDA work plans, project reports, the Budget Speech, Public Investment Plans, and Approved Estimates of Revenue and Expenditure. Additionally, data was extracted and analysed from systems such as the Integrated Financial Management System (IFMS), Programme Budgeting System (PBS), Health Management Information System (HMIS), and the Budget portal.

Primary data collection involved consultations and key informant interviews with institutional heads, project or intervention managers, household heads, and service beneficiaries at various implementation levels. Focus group discussions (FGDs) were conducted with beneficiaries where applicable. Field visits across selected districts were made to triangulate findings using observation and photography.

## 2.4 Data Analysis

A combination of qualitative and quantitative methods was used to analyse the data. Qualitative data was reviewed to identify common issues, themes, and patterns that helped explain the experiences of beneficiaries and the events observed in the field. Additionally, insight-based analysis (interpretive analysis) was applied, where the monitoring teams provided independent judgements and interpretations based on their direct engagement and field observations.

Quantitative data was analysed using advanced Microsoft Excel tools to generate descriptive statistics, including percentages and averages. Comparative analysis was conducted across outputs/interventions, intermediate outcome indicators, and overall programme scores. Performance was rated based on the extent of achievement against annual targets, with the overall programme performance computed as the average of the respective sub-programme scores.

Financial performance was assessed by examining both the budget releases and the funds absorption (expenditure) rate. Performance ratings for both programme and sub-programme levels were based on the criteria outlined in Table 2.1. A colour-coded system was applied to rank performance as follows: green (very good), yellow (good), light gold (fair), and red (poor).

**Table 2.1: Assessment guide to measure the performance of projects monitored in FY 2024/25 score performance**

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: Authors' Compilation.*

## 2.5 Ethical Considerations

Entry meetings were held with Accounting Officers or their delegated representatives at the start of each monitoring exercise. Consent was obtained from all respondents, including programme and project beneficiaries. All information collected during the budget monitoring exercise was handled with strict confidentiality and used solely for analysis to inform decision-making, policy reviews, and service delivery improvements.

## 2.6 Limitations

- Limited credible outcome performance data in the programme institutions, as in some cases analysis was done only at the output level.
- 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.



## CHAPTER 3: PROGRAMME PERFORMANCE

### 3.1. Financial Performance

The total approved budget for the Human Capital Development Programme was US\$ 10.597 trillion in FY 2024/25, covering all four sub-programmes: Education, Sports and Skills Development; Population Health, Safety and Management; Labour and Employment Services; and Gender and Social Protection. Of this, the three sub-programmes monitored (Education, Health, and Labour) accounted for US\$ 10.369 trillion, representing 97.8% of the total approved budget.

Education, Sports and Skills Development had the largest share of the approved allocation (50.9%), followed by Population Health, Safety and Management (45.2%), with Labour and Employment Services accounting for the smallest share (3.9%). External financing was more dominant in Population Health, Safety and Management (70.7%), while domestic financing was more dominant in Education, Sports and Skills Development (59.9% of GoU funds) (Table 3.1). The dominance of domestic financing in the latter sub-programme was on account of the large allocation for wages and other non-wage recurrent expenditure such as capitation grants, which are mainly domestically financed. Relatedly, the dominance of external financing in the former sub-programme was on account of large investments through externally funded projects for immunisation and the fight against HIV/AIDS, malaria and tuberculosis.

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

Sub-programme	Total Allocation (US\$) Bn	% Share of Allocation	External Financing (US\$) Bn	% share of External Financing	GoU Financing (US\$) Bn	% Share of GoU Financing
Education, Sports and Skills Development	5,280.925	50.9	489.940	20.6	4,789.683	59.9
Population Health, Safety and Management	4,688.803	45.2	1,679.485	70.7	3,008.208	37.6
Labour and Employment Services	399.565	3.9	205.338	8.6	194.227	2.4
<b>Total (3 sub-programmes)</b>	<b>10,369.290</b>	<b>100.0</b>	<b>2,374.763</b>	<b>100.0</b>	<b>7,992.118</b>	<b>100.0</b>

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

By 30th June 2025, the programme had received US\$ 10,472 billion (104% of the approved budget), reflecting supplementary allocations of US\$ 524.5 billion. Expenditure was US\$ 9,118 billion, translating into an overall absorption rate of 87.1%.

Performance across budget categories was mixed. The wage budget increased by US\$ 24.3 billion relative to the previous financial year, although funds utilisation was estimated at 98.6%, leaving US\$ 53.5 billion unutilised. Failure to fully absorb the funds was attributed to delays in recruitment, posting and deployment, particularly under UgIFT and in public universities. Non-wage recurrent received a supplementary of US\$ 251.4 billion and was fully absorbed. GoU development expenditure was very good, with 99.8% absorption and only US\$ 1.7 billion unspent.

However, externally financed projects underperformed, absorbing only 43.2% of the released funds. The low absorption was attributed to poor planning and sequencing of project activities, inadequate readiness of some votes to implement works, procurement delays, lengthy “no objection” processes from funders, administrative reviews requiring re-tendering, and inadequate financial capacity among contractors. Consequently, US\$ 1,314 billion of external resources remained unutilised, significantly lowering overall programme absorption despite the good performance of GoU-funded components (Table 3.2).

**Table 3.2: Financial performance of the Human Capital Development Programme as of 30th June 2025 (US\$ billion)**

Category		Approved Budget	Revised Budget	Released	Spent	% Budget Released	% Releases Spent
Recurrent	Wage	3,922.894	3,947.241	3,937.152	3,883.697	100.4	98.6
	Non-Wage	2,923.735	3,175.102	3,123.398	3,138.061	106.8	100.5
Development	GoU	848.978	1,085.790	1,084.728	1,083.023	127.8	99.8
	Ext Fin.	2,374.762	2,374.762	2,312.811	998.776	97.4	43.2
GoU Total		7,695.608	8,208.132	8,145.278	8,104.781	105.8	99.5
Total GoU+Ext Fin (MTEF)		10,070.370	10,582.895	10,458.089	9,103.557	103.9	87.0
Arrears		14.414	14.414	14.401	14.249	596.7	98.9
Grand Total		10,072.784	10,597.308	10,472.490	9,117.806	104.0	87.1

Source: Programme-Based Budgeting System, IFMS.

At the sub-programme level, wage absorption was very good in Education (98.6%) and Health (96.8%), but poor in Labour (50%). Non-wage and GoU development absorption exceeded 96% in Education and Health, but was only 34% in Labour, which also had no GoU development allocation. External financing remained the weakest category, with absorption rates of 68.3% in Health, 21.4% in Education, and just 4.5% in Labour (Table 3.3).

**Table 3.3: Absorption performance by budget category and sub-programme (FY 2024/25)**

Sub-programme	Wage (%)	Non-Wage (%)	GoU Development (%)	External Financing (%)
Education, Sports and Skills Development	98.6	99.6	99.4	21.4
Population Health, Safety and Management	96.8	97.6	99.7	68.3
Labour and Employment Services	50	34	–	4.5

Source: Programme-Based Budgeting System, IFMS.

### 3.2 Physical Performance

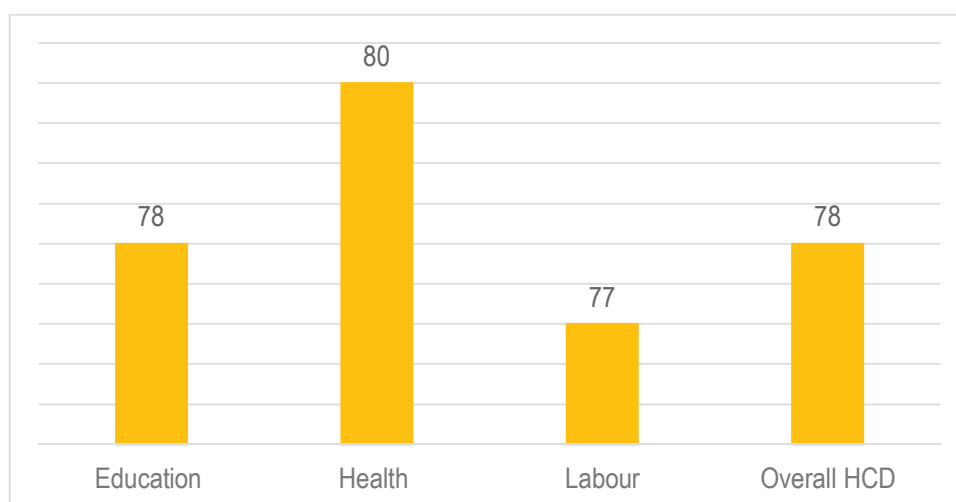
The overall programme performance for FY 2024/25 was good, rated at 78% achievement of outputs and outcomes. The Population Health, Safety and Management Sub-programme performed better than their counterparts in the programme (Figure 3.1). This was attributed to





rolled over projects, and enhanced service provision. The performance of the Education, Sports and Skills Sub-programme nearly aligned with that of Labour and Employment Services.

**Figure 3.1: Overall performance of Human Capital Development Programme by 30th June 2025**



*Source: Field Findings, Authors' Compilation.*

In relation to the attainment of outcomes, the HCD Programme attained several indicators as of end of the Third National Development Plan (NDP III). These were maternal mortality which reduced to 189 per 100,000 live births, surpassing the NDP III target of 236, and infant mortality achieved was at 36 per 1,000 live births, closely aligning with the 35.8 per 1,000 targets. Other achieved outcomes were the Gross Enrolment Ratio (GER)<sup>3</sup> (pre-primary) at 100%, the Net Enrolment Ratio (NER)<sup>4</sup> (pre-primary) at 100%, and Uganda's international ranking in rugby at 100%. Well performing indicators included the GER (primary) at 86%, the GER (secondary) at 89%, the NER (secondary) at 95%, literacy proficiency at Primary Three at 97%, numeracy proficiency at Primary Six at 86%, compliance with the Basic Requirements and Minimum Standards (BRMS) at primary at 77% and secondary at 87%, university programme accreditation at 83%, survival rate at primary at 90%, and international sports rankings in athletics at 86%, football at 75%, and netball at 71%. These highlight achievements in enrolment, early grade literacy, and sports performance.

The missed indicators, on the other hand, included under-five mortality, which stood at 52 per 1,000 live births, compared to the target of 33 per 1,000, and neonatal mortality at 22 per 1,000 live births, against the NDP III target of 20. Access to basic sanitation remained low, with handwashing facilities at 32.4%, against the 50% target, and toilet coverage at 31.1%, compared to the 45% target. Rural access to safe water supply was 67%, falling short of the 85% target. Other missed indicators included literacy proficiency at Primary Six, numeracy proficiency at Primary Three, and O-Level science pass rates. Compliance with the BRMS at pre-primary was only 25%. Additional underperforming outcomes were the survival rate at secondary level, transition from Primary Seven to Senior One, school feeding coverage, which remained low, at 45%, and the contribution of sports to GDP, at 33%. The education outcomes

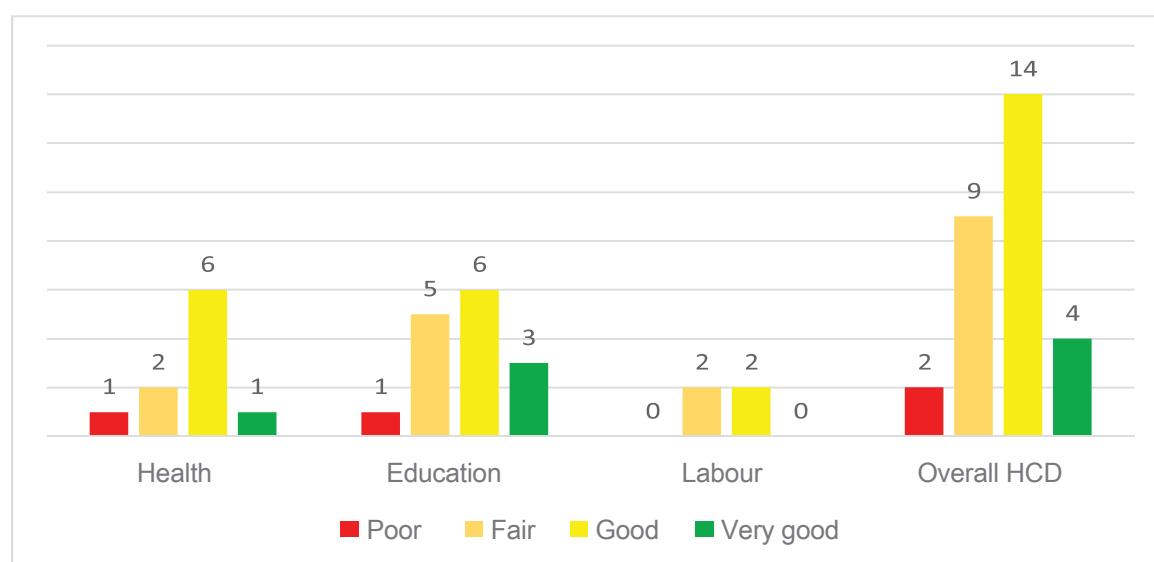
<sup>3</sup> GER is the total enrolment in a specific level of education (regardless of age), expressed as a percentage of the official school-age population for that level.

<sup>4</sup> NER is the enrolment of children of the official school-age for a given level, expressed as a percentage of the corresponding population.

highlight persistent weaknesses in learning achievement, school quality, retention, and child welfare.

In relation to intervention performance, 14% of the interventions in the programme recorded very good performance, 52% were good, 28% were fair, while 7% was categorised under the poor performance category. There was parity in the number of well performing interventions under the Education, Sports and Skills Development, and Population Health Safety and Management Sub-programmes. The Education, Sports and Skills Development Sub-programme dominated the fair performance category, followed by the two sub-programmes of Population Health, Safety and Management, and Labour and Employment Services, where there was parity in performance under this category. In addition, there was parity between the Education, Sports and Skills Development Sub-programme and Population Health, Safety and Management in contributing to the poorly performing interventions (Figure 3.2).

**Figure 3.2: Summary performance of interventions by sub-programme as at 30th June 2025 (number)**



*Source: Field Findings, Authors' Compilation.*

The outstanding performing interventions were those involving improvement in adolescent and youth health, providing early exposure to STEM/STEI to children (e.g. introduction of innovative science projects to primary schools), and leveraging Public-Private Partnerships (PPPs) for funding of sports and recreation programmes under the Education, Sports and Skills Development Sub-programme. The Population Health, Safety and Management Sub-programme also recorded one outstanding intervention of improving maternal, adolescent, and child health services at all levels of care.

This achievement demonstrates expanded access to youth-friendly services, government commitment to deepen STEI and revive sports and recreation programmes, and strengthened institutional health systems to support the health and well-being of adolescents and young people. The achievement further underscores synergies of the programme agencies as two of the four very well performing interventions were jointly implemented by the different programme entities.

The Population Health, Safety and Management, and Education, Sports and Skills Development Sub-programmes each contributed one intervention to the poorly performing





category. The poorly performing interventions were increasing financial risk protection for health, with emphasis on implementing the National Health Insurance Scheme, contributed by Population Health Safety and Management, and establishing 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, contributed by Education, Sports and Skills Development.



## 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 an 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) An 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), and 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) An 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 comprises 23 interventions (Annex 2) implemented under 18 Central Government<sup>5</sup> and Local Government, as well as other partner implementing agencies. These include: The Ministry of Health (MoH), the Ministry of Gender, Labour and Social Development (MGLSD), the Ministry of ICT and National Guidance (MoICT&NG), and the Ministry of Water and Environment (MWE).

### 4.2 Sub-Programme Financial Performance

The approved budget for FY 2024/25 was US\$ 5,280.9 billion, of which US\$ 5,089.3 billion (96.4%) was released, and US\$ 4,765.5 billion (93.6% of releases) was spent (Table 4.1). The release performance was very good, as was absorption, particularly for GoU funds. However, absorption was poor under externally financed projects, which significantly reduced overall budget execution.

<sup>5</sup> Ministry of Education and Sports (MoES), Uganda National Examinations Board (UNEB), National Council for Higher Education (NCHE), Uganda Business and Technical Examinations Board (UBTEB), Education Service Commission (ESC), 12 public universities, and National Curriculum Development Centre (NCDC).



**Table 4.1: Education, Sports and Skills Development Sub-programme financial performance by 30th June 2025**

Budget Category	Approved Budget (USh)	Released (USh)	Spent (USh)
Wage Recurrent	2,568,125,124,737	2,582,515,861,129	2,543,491,513,594
Non-Wage	1,587,843,294,830	1,544,878,119,982	1,539,168,653,701
GoU Dev't	633,714,127,516	610,056,547,892	606,604,990,223
Ext Fin.	489,940,301,010	350,565,279,995	75,057,655,069
GoU Total	4,789,682,547,083	4,737,450,529,003	4,689,265,157,518
<b>Total GoU+Ext Fin (MTEF)</b>	<b>5,279,622,848,093</b>	<b>5,088,015,808,998</b>	<b>4,764,322,812,587</b>
Arrears	1,302,096,969	1,302,096,969	1,194,588,260
<b>Total Budget</b>	<b>5,280,924,945,062</b>	<b>5,089,317,905,967</b>	<b>4,765,517,400,847</b>

*Source: Programme-Based Budgeting System, IFMS.*

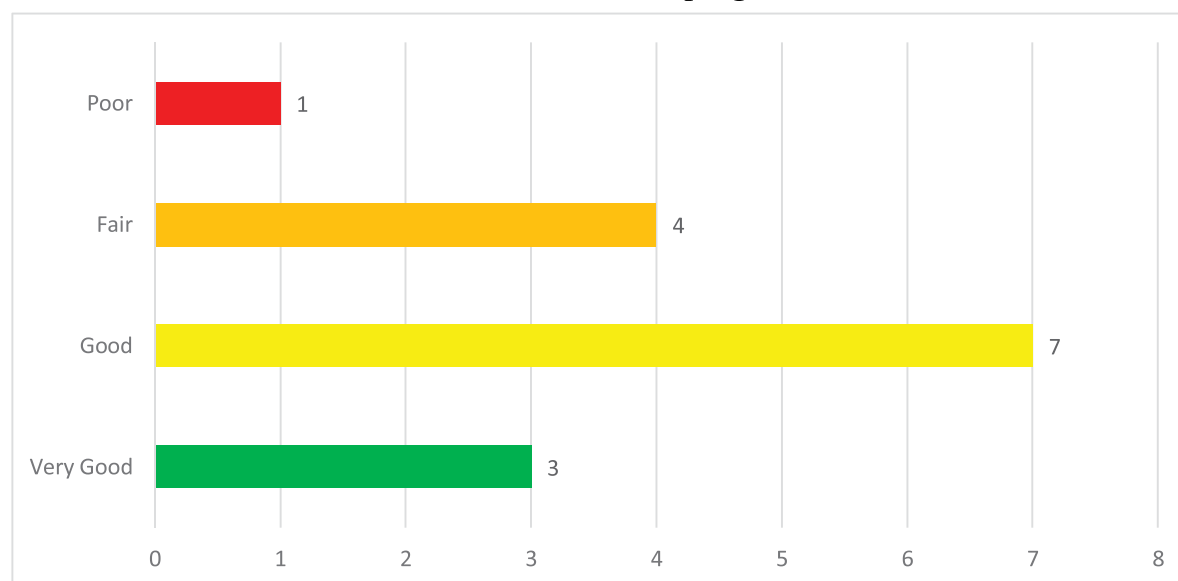
The wage component accounted for 48.6% of the approved budget and was fully released at 100.6% after supplementary funding of USh 14.4 billion, with an absorption rate of 98.5%. The non-wage recurrent category, accounting for 30.1% of the budget, was under-released by USh 43.0 billion, with a release rate of 97.3% and an absorption rate of 99.6%.

Development expenditure accounted for 30.6% of the total budget, with GoU development at 21.3% and external financing at 9.3%. GoU development had a release rate of 96.3% and an absorption rate of 99.4%, demonstrating very good performance. In contrast, external financing had a release rate of only 71.6% and a low absorption rate of 21.4%. Delays in procurement primarily contributed to the weak absorption of externally financed projects, inadequate project readiness at the outset, limited contractor capacity, and stringent donor conditionalities.

### 4.3 Sub-programme Physical Performance

Overall, the sub-programme performance was good, with an average achievement of 78% across all interventions. While 47% of the interventions fell within the good performance range, three interventions achieved very good performance, with an average of 98% of planned activities implemented. Four interventions demonstrated fair performance, achieving an average of 60%. Only one intervention performed poorly, at 43%. This distribution reflects strong overall delivery but also highlights persistent gaps in coverage, funding, and infrastructure that constrained performance in the fair and poor categories.

**Figure 4.1: Distribution of intervention performance ratings based on total number of interventions reviewed under the Education Sub-programme**



*Source: Author's Compilation.*

An overview of the performance of the intervention is presented in Table 4.2

**Table 4.2: Overview of the interventions performance by 30th June 2025**

S/N	Intervention	Performance Rating	Remarks
1	Institutionalise training of ECD caregivers at public PTCs and enforce the regulatory and quality assurance system of ECD standards.	Good	Good performance at 80% overall, with the NCDC at 99% and MoES at 57% despite full funding. The NCDC benefitted from partner-financed off-budget interventions, while the MoES performed better in licensing and registration, as well as in monitoring, but lagged in CMC training, ECCE partner mapping, and WASH guideline dissemination.
2	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women, and vulnerable groups.	Good	Good performance, with 70% of planned outputs achieved; policy consultations, agricultural supplies, and food procurement delivered as planned. Stakeholder/parent engagement was not achieved owing to a lack of funding.
3	Improve adolescent and youth health.	Very Good	Very good, at 95%, with gains in adolescent and youth-friendly services, gender equality, and the finalisation of MHM guidelines.
4	Increase access to immunisation against childhood diseases.	Fair	Overall immunisation coverage was fair, at 66%, with low HPV vaccination rates but high coverage for yellow fever at 92%.
5	Equip and support all lagging primary and secondary schools and higher education institutions to meet the Basic Requirements and Minimum Standards (BRMS).	Good	Overall performance was good, averaging 86.4%, with very good results in ESC (98%), NCHE (99.8%), and examinations (95%). Performance was also good in capitation



S/N	Intervention	Performance Rating	Remarks
			(87.3%) and the NCDC (80.5%), but fair in instructional materials (57.6%).
6	Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy.		Fair performance, at 56.6%. While the number of teachers trained surpassed the planned total, the geographical coverage goal of 4 Local Governments (LGs) was not achieved.
7	Upgrade the Education Management Information System to include functions for tracking enrolment, dropout, retention, and uniquely identify learners, teachers, and institutions.		The overall performance of the intervention was good, with 82% of the planned outputs achieved.
8	Provide early exposure to STEM/STEI to children (e.g. introduction of innovative science projects in primary schools).		Very good performance was achieved, at 98%, with 334 mini-laboratories procured and distributed to primary schools, and a National Science Fair was successfully held. However, limited teacher training and inadequate storage facilities constrained the effective use and sustainability of the science kits.
9	Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions.		Fair performance, at 56%, attributed to poor results under USEEP and BTNET II (30%) and moderate university progress (65%), despite strong performance under OFID (88.8%) and UGIFT (66%).
10	Promote STEM/STEI-focused strategic alliances between schools, training institutions, high-calibre scientists and industry.		Good performance, at 72%, with 47,818 students enrolled (Makerere 57%). Teaching, graduations, and training were delivered. RIF absorption was high (99.9%), but student loan delivery (45%) and staffing (29.6%) remained weak.
11	Develop and implement a framework for institutionalising talent identification, development, and professionalisation.		Good performance of 76% was achieved in national and regional sports competitions. Uganda participated in international games, winning 80 medals, and held talent identification and essay competitions. However, procurement of 5,000 balls and infrastructure improvements was constrained by inadequate funding.
12	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.		A 43% poor performance was registered, with progress limited to orienting PE teachers on the Competency-Based Curriculum and paying membership fees, while most outputs stalled owing to funding shortfalls and resource reallocation.



S/N	Intervention	Performance Rating	Remarks
13	Maintain existing facilities and construct appropriate and standardised recreation and sports infrastructure at national, regional, and local government levels and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing).		Fair performance, at 60%, with key outputs including completion of NHATC Phase I, 76.2% progress on Hoima City Stadium, and upgraded training grounds for CHAN 2025. However, Akii-Bua Stadium was lagging at 12%, while work at Kakyeka Stadium had not started.
14	Leverage Public-Private Partnerships (PPPs) for the funding of sports and recreation programmes.		Very good performance, with all planned outputs (100%) achieved, including 20 NFAs subscribing to international bodies and 51 supported to implement sports activities.
15	Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials.		Good performance, at 82%, with most outputs achieved, including training of officials, support to teams, participation in four international championships, anti-doping, AFCON fees, and gazetting of federations. However, refresher training was not conducted, and one planned event was missed.

**Source: Author's Compilation**

Detailed performance by intervention and outputs is presented hereafter:

#### **4.3.1 Institutionalise training of ECD caregivers at public PTCs and enforce the regulatory and quality assurance system of ECD standards**

The intervention aims to enhance Early Childhood Care and Education (ECCE) in Uganda by strengthening caregiver capacity and establishing a robust regulatory framework for Early Childhood Development (ECD).

The lead implementing agencies include the Ministry of Gender, Labour and Social Development (MGLSD), the Ministry of Education and Sports (MoES), the National Curriculum Development Centre (NCDC), Local Governments (LGs), the private sector (particularly private school proprietors), and non-governmental organisations (NGOs). The MoES, NCDC and LGs were monitored.

##### **Planned Activities for FY 2024/25**

The MoES planned to: i) Hold feedback sharing and consultation meetings with key ECCE stakeholders to enhance the implementation of ECCE in eight underserved Local Governments (LGs); ii) Conduct staff training and capacity building of Centre Management Committee (CMC) members; iii) Map out ECCE partners and profile ECD centres; iv) Disseminate ECCE-specific WASH guidelines; v) Print and disseminate guidelines on the establishment of ECD centres; vi) Monitor and support supervise 20 LGs, and hold feedback meetings with 1,000 ECCE key stakeholders; and vii) Conduct dialogues on the licensing and registration of ECD centres in 10 LGs.

The NCDC, on the other hand, planned to: viii) Review and disseminate the Early Childhood Development (ECD) training curriculum; ix) Print 1,000 copies of the developed Early Childhood Care and Education (ECCE) materials; x) Print 300 copies each of the Early



Learning Experiences Curriculum for Uganda and the Daily Routine Guide for Pre-school Teachers; xi) Print 150 copies each of the Implementation Guidelines and Assessment Guidelines; xii) Print 100 copies of the ECCE Curriculum Framework; and (xiii) Orient 200 master trainers on the developed Early Learners Materials.

### Performance

Good performance of 80% was registered by the end of June 2025. The NCDC excelled at 99% owing to partner support for curriculum reforms, while the MoES achieved 57%, performing well in licensing and monitoring but lagging in training, Early Childhood Care and Education (ECCE) mapping, and WASH guidelines dissemination. Details of key achievements are shown in Table 4.3.

During the NDP III period, ECCE made progress in institutional reforms, particularly in curriculum development, regulatory standards, and the full implementation of Coordinating Centre Tutors (CCTs). However, service delivery indicators remained low, with no state-sponsored caregivers trained out of a target of 3,500; only 20% of the ECD workforce was oriented, 47% of caregivers met qualification standards, compared to a 70% target, and just 45% of ECD centres were registered, against the goal of 100%. Collaboration among implementing agencies, particularly between MoES and MGLSD, continued to be weak.

**Table 4.3: ECCE interventions and implementation status by institution as of 30th June 2025**

Institution	Planned Activity	Actual Achievement	Implementation Status
MoES	a) Monitoring, support, supervision, and consultation meetings held in 20 Local Governments (LGs).	Conducted in 18 LGs (90% coverage), reaching 104 stakeholders.	Partially implemented.
	b) Centre Management Committee (CMC) members trained in 20 LGs.	Conducted in 5 LGs (Obongi, Yumbe, Arua, Koboko, Adjumani), covering 316 members (25% of the target).	Partially implemented.
	c) ECCE partners and profile centres mapped in 20 LGs.	Mapped in 7 LGs (Mayuge, Obongi, Arua, Koboko, Yumbe, Adjumani, Terego), covering 35% of the target.	Partially implemented.
	d) ECCE-specific WASH guidelines and guidelines on the establishment of ECD centres printed and disseminated in 20 LGs.	Disseminated in 7 LGs (Sheema, Lugazi MC, Kayunga, Bushenyi, Kakumiro, Mubende, Ishaka), covering 35% of the target.	Partially implemented.
	e) Dialogues on licensing and registration held in 10 LGs.	Conducted in 10 LGs (100%) – Obongi, Yumbe, Terego, Arua, Kakumiro, Kumi, Mubende, Jinja, Iganga, Adjumani.	Fully implemented.
NCDC	a) Early Childhood Development (ECD) training curriculum reviewed and disseminated.	Reviewed, refined based on stakeholder feedback, and disseminated.	Fully implemented.
	b) Print 1,000 copies of ECCE materials.	1,100 copies printed (110%)	Fully implemented.
	c) 300 copies each of the Early Learning Experiences Curriculum and Daily Routine Guide printed.	All copies produced.	Fully implemented.



Institution	Planned Activity	Actual Achievement	Implementation Status
	d) 150 copies each of the Implementation Guidelines and Assessment Guidelines printed.	100 copies of Implementation Guidelines (67%) and 150 of Assessment Guidelines (100%) printed.	Partially implemented.
	e) 100 copies of the ECCE Curriculum Framework printed.	A total of 150 copies printed (150%).	Fully implemented.
	f) 200 Master Trainers on the developed Early Learners Materials oriented.	100 Master Trainers oriented (50% of the target) – 6 male, 94 female.	Partially implemented.
	Off-budget interventions (partner-funded).	The Early Learning Experiences Curriculum was aligned, the curriculum, guidelines and manuals were harmonised, and the National Pre-primary Curriculum was fine-tuned.	Fully implemented.

Source: Field Findings.

### Implementation of ECD/ECCE in Local Governments in Uganda

- Monitoring of Local Governments revealed persistent systemic gaps and regional disparities in Early Childhood Education (ECD) service delivery. Provision of ECD services remained largely dependent on private actors and donor funding. In Koboko and Bukedea, no public ECD centres were operational, while in Yumbe, the withdrawal of partners such as Plan International and World Vision disrupted service delivery. In Lobule Sub-county (Koboko), seven centres closed following the UNHCR's exit.
- Significant disparities existed in access and quality between urban and rural areas, as well as between private and public institutions. Some private schools offered high-quality education, but they were unaffordable for many households. Rural centres faced major challenges, including untrained staff, poor infrastructure, and low enrolment due to limited awareness and undervaluation of ECD.
- Most centres in the monitored LGs fell short of the Basic Required Minimum Standards (BRMS). Many were unregistered, operated on expired licences, lacked qualified caregivers, or were housed in makeshift structures, such as churches; yet, penalties for non-compliance were unclear. Hard-to-reach areas had no centres at all. Institutional capacity was also weak, with most District and Sub-County ECD Committees inactive except in Yumbe, where UNICEF support sustained functionality.
- Challenges in quality and infrastructure were common, especially in Water, Sanitation, and Hygiene (WASH). Poor learning environments, insufficient instructional materials, and weak enforcement of national standards hampered service delivery. At the community level, low household incomes and negative attitudes towards ECD, particularly in Bukedea, Koboko, Yumbe, Maracha, Arua, and Butaleja, decreased parental involvement and diminished local ownership.

### Challenges

- Limited access and affordability remained a significant problem:** ECCE provision depended on private actors and donor funding, making services costly for vulnerable and rural households. Many hard-to-reach areas had no centres at all.





- ii) **Weak quality and standards compliance:** Many centres operated without registration or on expired licenses, employed unqualified caregivers, and used inadequate facilities, resulting in widespread non-compliance with the Basic Required Minimum Standards.
- iii) **Inadequate infrastructure and WASH facilities:** Many centres lacked age-appropriate classrooms and adequate WASH facilities, resulting in poor learning environments that hindered the holistic development of young learners.
- iv) **Low parental and community engagement:** Negative perceptions of ECD, coupled with low household incomes, continued to limit enrolment and weaken local ownership and support for centres.
- v) **Limited multi-sectoral coordination and fragmented governance:** ECCE delivery remained slow, with weak coordination between the MoES and MGLSD despite the existence of the IECD Policy and Multisectoral Task Force, resulting in fragmented governance and inconsistent service provision.

## Recommendations

- i.) The MoES, MGLSD, and Local Governments should establish and operate public ECCE centres in underserved and hard-to-reach areas, while providing targeted subsidies to support vulnerable households.
- ii.) The MoES and Local Governments should strengthen inspection, licensing, and continuous professional development of caregivers to ensure compliance with national ECCE standards.
- iii.) The MGLSD, MoES, National Council for Children (NCC), and Local Governments should sensitise parents and communities to the value of ECD, and strengthen local ownership of ECCE services.

## 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 intervention aims to improve learners' performance, attendance, retention, and overall health by increasing access to nutritious foods, promoting healthy dietary practices, and enforcing food safety standards. It is jointly implemented by the MoES, the Ministry of Health (MoH), and the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF).

Under this intervention, the MoES planned to: i) Conduct consultations on the National School Feeding Policy; ii) Monitor 315 schools benefitting from the feeding programme in Karamoja; iii) Provide agricultural supplies and services to all districts in the sub-region; iv) Procure food under the Karamoja School Feeding Programme; and v) Engage education stakeholders and parents in supporting the provision of meals for school-going children across Karamoja.

## Performance

Good progress was made, with 70% of the planned outputs achieved. Key accomplishments included conducting consultations on the National School Feeding Policy, distributing agricultural supplies, and procuring food under the Karamoja Programme. However,



stakeholder and parental engagement activities were not implemented owing to funding constraints.

Overall, most NDP III school feeding targets were not achieved, primarily owing to the lack of a dedicated budget, weak infrastructure, and the absence of a formal policy. Learner hunger continued to impact attendance, retention, and learning outcomes, with only 36% (64%) of schools receiving daily meals. Going forward, stronger multi-sectoral coordination, increased funding, and active community participation are crucial for expanding coverage, ensuring sustainability, and improving nutrition outcomes. Detailed output performance for FY2024/25 is presented below:

**i) Consultations on the National School Feeding Policy conducted:** With support from Plan International, the World Food Programme (WFP), and World Vision, consultations were successfully held in Jinja for the Eastern Region (covering the Teso, Elgon, Bukedi, Jinja, and Busoga sub-regions) and in Mbarara for the Western Region (Kigezi, Toro, Bunyoro, and Ankole).

In the Eastern Region, participants included Resident District Commissioners (RDCs), Local Council V (LCV) chairpersons, Chief Administrative Officers (CAOs), Education Secretaries, representatives of the foundation bodies, teachers, District Education, Health, and Production Officers, District Planners, Inspectors, and other education stakeholders. A separate consultative session in Jinja brought together civil society organisations (CSOs), including UN agencies, international and local NGOs, community-based organisations (CBOs), and private education providers to gather their perspectives.

In the Western Region, the Mbarara consultation brought together civic, religious, cultural, and political leaders from districts, municipalities, and cities across the region. The outcomes of both consultations contributed to the drafting of the National School Feeding Policy, which was subsequently approved by the MoES Monitoring and Evaluation Working Committee and submitted to senior management for internal review and approval.

**ii) Schools benefitting from the feeding programme in Karamoja monitored:** The Karamoja School Feeding Programme aims to increase enrolment, attendance, and retention of learners while supporting local agricultural production through a Home-Grown School Feeding Model. The MoES, through its Programme Management Unit, monitored 285 schools (90.5%) out of the 315 targeted across Karamoja.

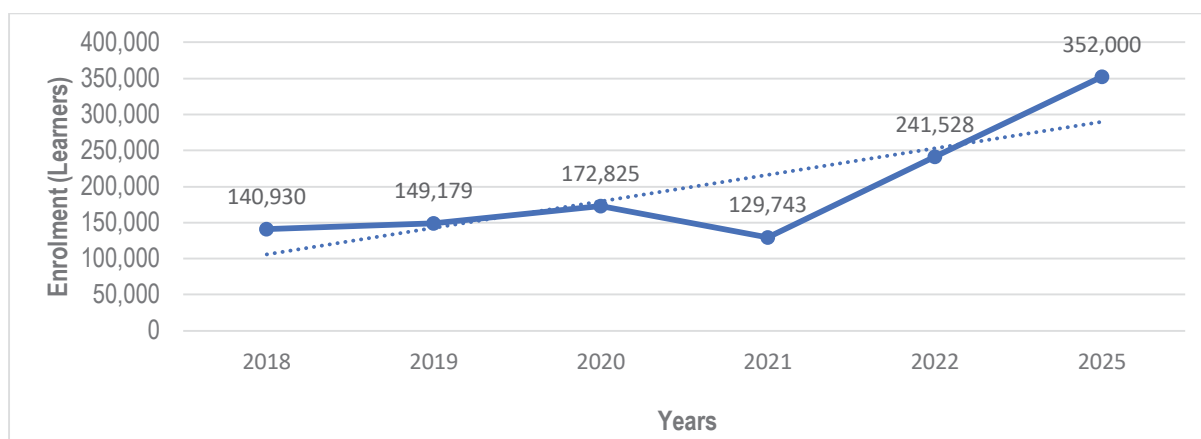
The exercise assessed the timeliness and adequacy of food deliveries, storage, and utilisation practices, learner attendance, and the effectiveness of school-level reporting systems. Spot checks were also carried out to verify compliance, with particular attention given to the management and productivity of school gardens as a supplementary food source for learners.

**iii) Agricultural supplies and services provided to all districts in the Karamoja sub-region:** The MoES procured and distributed 2,200 kg of assorted African leafy vegetable seeds to 44 schools with sufficient land and water, aiming to diversify school food production. The supplies included maize, beans, sukuma wiki, and soya beans. Additionally, the World Food Programme (WFP) supported 110 schools with iron-rich beans and orange-fleshed sweet potatoes. These inputs strengthened school gardens, enhancing diet diversity, nutrition, and learners' health outcomes.



**iii) Food procured under the Karamoja School Feeding Programme:** A total of 320 schools, comprising 285 primary schools, 29 secondary schools, and six technical institutes, received food worth USD 1.9 million (US\$ 7 billion). In addition, a delegation led by H.E. the Chinese Ambassador donated 1,610 metric tons of rice for school feeding and relief distribution.

Programme access expanded from 51 schools in 2014 to 320 schools by June 2025, contributing to significant improvements in educational outcomes. Enrolment increased from 140,930 learners in 2018 to 352,000 in 2025, reflecting a growth of 149.8% over seven years (Figure 4.2).



**Figure 4.2: Karamoja School Feeding Programme: Enrolment trend (2018 – 2025)**

*Source: Compiled by the author from MoES, Karamoja School Feeding Programme Management Unit Reports, 2025.*

At primary level, the Net Enrolment Rate (NER) increased from 25% to 46%, underscoring the positive impact of school feeding on learner participation and retention. The sub-region ranked fifth nationally in the 2024 Primary Leaving Examinations (PLE), with six of the nine DLGs surpassing the national pass rate, and Kotido District placed among the top 50 nationally. Uganda Certificate of Education (UCE) results also reflected steady improvement, indicating progress at the secondary level.

### School Feeding Programmes in Local Governments

School feeding programmes in the monitored Local Governments remained uneven, with nearly two-thirds of primary school children still attending school without lunch, reflecting persistent systemic constraints.

- (i) Low uptake of the parent/guardian-led feeding model was observed in regions such as West Nile, Acholi, Lango, Teso, Busoga, and Bukedi, mainly due to socio-economic challenges such as poverty, drought, and negative community attitudes. In the Elgon sub-region, where food availability is relatively high, resistance was driven by attitudinal barriers rather than actual scarcity.
- (ii) Political interference posed another major challenge. In several districts, Resident District Commissioners (RDCs) and Local Council (LC) leaders disrupted implementation to gain political visibility. Reported actions included ordering the arrest of school leaders for allegedly defying presidential directives, politicising community

contributions such as maize, beans, or cash, and issuing contradicting instructions to parents and School Management Committees. These practices undermined the authority of school leaders, strained relations with technical officers such as District Education Officers (DEOs), and ultimately compromised programme consistency and effectiveness.

- (iii) School feeding programmes are further hindered by poor infrastructure, as most schools lack proper kitchens and storage facilities. Only 27% of monitored schools had functional kitchens, while only 15% had storage spaces. This gap undermines safe food handling, secure storage, and efficient meal preparation.

### 4.3.3 Improve adolescent and youth health

The intervention aims to improve adolescent and youth health by expanding access to youth-friendly services, including Menstrual Health Management (MHM), teacher training on the School Health Policy, and promoting safe environmental practices in schools. It adopts a multi-sectoral approach involving the MoES, the MoH, the MGLSD, public universities, Local Governments, regional hospitals, and CSOs.

Under the MoES, the planned outputs were to: a) Develop the Gender and Violence against Children (VAC) in Education Strategic Plan; b) Support the rollout of the Gender for Development Uganda action; c) Provide technical support for the rollout of the Life Skills Toolkit; d) Finalise the Menstrual Hygiene Management (MHM) Guidelines; e) Create awareness through media engagement; and f) Commemorate International Menstrual Health and Hygiene Day.

#### Performance

The overall performance was very good, at 95%, with notable progress in expanding youth-friendly services, promoting gender equality, and strengthening institutional health systems. Key achievements included the development of the Gender and Violence against Children in Education Strategic Plan and the finalisation of MHM guidelines.

Throughout the NDP III period, the intervention made partial progress. Notable improvements occurred in reorienting health workers towards adolescent-friendly care and in developing key frameworks, such as the Adolescent Health Policy (later incorporated into the National Health Policy), the MoES guidelines on teenage pregnancy prevention, and the finalisation of MHM guidelines. However, national coverage of youth-friendly health facilities remained below target. The National School Health Policy was not finalised, and community-level initiatives, such as youth-friendly spaces, lagged owing to funding issues. Additionally, the integration of youth into Village Health Teams was not fully realised.

Key achievements for FY2024/25 included:

- i) **Gender and VAC in Education Strategic Plan developed:** The MoES developed the Gender and Violence against Children (VAC) in Education Strategic Plan after conducting district-level consultations. The plan awaits final approval for implementation and monitoring.
- ii) **Technical support on the rollout of the life skills toolkit provided:** The MoES offered technical support for the rollout of the Life Skills Toolkit, which was being



implemented in 34 districts. To guide phased scale-up, a National Plan was prepared, and with support from Enabel, the Gender Unit was assisted in extending the rollout to secondary schools.

- iii) Hygiene Management Guidelines finalised:** With support from the UNFPA and the Embassy of Ireland, the MoES finalised and launched the MHM Guidelines. These provide a framework for schools and institutions to improve menstrual health through better facilities, teacher training, and learner support, helping to break the silence and stigma around menstruation and promote gender equality in education.
- iv) Awareness through media engagement carried out:** Media campaigns and community outreach activities took place in 12 districts, targeting school managers, teachers, and student clubs to promote menstrual health, support gender equality, ensure the safety of learners at school and in the community, and create safe and supportive school environments.

The engagements aimed to promote various sector policies and guidelines, including the reignition of the national campaign to prevent teenage pregnancy and early marriage, as well as encouraging positive parenting with a focus on adolescent health and wellbeing. During the event, learners took part in games, mentorship sessions, and learning hubs to raise awareness about MHM.

With support from the Cyber School of Technology Solutions, in partnership with the Mastercard Foundation, the Gender Unit of the MoES engaged seven universities (Ndejje, Busitema, Nkumba, Makerere, Islamic University in Uganda, Mbarara, and Kyambogo) and two technical institutions (Lokopio and the Uganda Rural Development and Training Programme, Kagadi).

This engagement focused on protecting learners in higher education institutions by implementing policies to hold offenders accountable. Key issues raised included sexual harassment of students by lecturers and instructors in exchange for grades, lack of safe spaces such as changing rooms for non-resident students, and the absence of youth-friendly corners or guidance and counselling services to offer psychosocial support.

- v) Youth-friendly services at Makerere University:** In FY 2024/25, Makerere University Hospital enhanced youth-friendly services through an HIV Prevention Awareness Campaign, educating students on HIV risk reduction while providing free testing, counselling, and sensitisation in hostels and halls of residence. To improve access to information, digital platforms like the “Rise Up Students” app were launched.

In partnership with the United States Agency for International Development (USAID), the hospital expanded its services to include safe male circumcision, treatment of urinary tract infections, emergency contraception, post-exposure prophylaxis (PEP), and counselling. Recognising health risks from neighbouring slums like Kagugube, Katanga, and Kikoni, the hospital also extended immunisation and condom distribution to community residents. Mental health support was prioritised, with complex cases referred to Kiruddu Hospital.



## Challenges

- i) **Limited inter-sectoral coordination:** Weak collaboration between the MoH, MoES, MGLSD, and Local Governments reduced efficiency and slowed the rollout of integrated youth-friendly services across schools, health facilities, and communities.
- ii) **Limited coverage of youth-friendly services:** Many health facilities still lack the full adolescent-friendly service package, while schools face gaps in life-skills education, Menstrual Health Management (MHM), and safe spaces, leaving large sections of adolescents unsupported.
- iii) **Inadequate community infrastructure:** Few new youth-friendly spaces were established in sub-counties owing to funding shortfalls, undermining outreach at the community level.

## Recommendations

- i.) The MoH should expand adolescent and youth-friendly health services and train health workers to deliver non-judgmental, age-appropriate care that meets the specific needs of young people.
- ii.) The MoES should institutionalise life-skills education and MHM in schools to equip students with essential knowledge and support their health and school attendance.
- iii.) The MGLSD should strengthen community-based youth-friendly spaces and integrate them with health and education services to provide holistic, accessible support for adolescents and youth.

### 4.3.4 Increase access to immunisation against childhood diseases

This intervention aims to improve access to immunisation services and reduce the burden of vaccine-preventable diseases among children, adolescents, and youth within the education system. Implementation is led by the MoH in collaboration with the MoES, National Medical Stores (NMS), and Local Governments. Development partners, including the World Health Organisation (WHO), the Global Alliance for Vaccines and Immunisation (GAVI), UNICEF, Centres for Disease Control and Prevention (CDC), and the Bill and Melinda Gates Foundation, provided technical and financial support.

The planned outputs were to: i) Fully immunise the target population of children and adolescents through school-based vaccination programmes and special campaigns; ii) Immunise 4,635,913 individuals aged 9 months to 60 years against yellow fever in 19 districts of Eastern Uganda under the Preventive Mass Vaccination Campaign (PMVC); and iii) Continue the rollout of HPV vaccination for all 10-year-old girls, both in and out of school, to protect against cervical cancer.

## Performance

Overall, immunisation coverage was fair, at 66%, primarily due to a significant decline in HPV vaccination rates (HPV 1: 13%, HPV 2: 6%). In contrast, the Yellow Fever Preventive Mass Vaccination Campaign performed very well, achieving a 92% coverage rate. Detailed output performance for FY2024/25 is summarised below:





**Immunise the target population through school-based vaccination programmes and special campaigns:** All activities were undertaken under the National Immunisation Strategy (NIS) 2024–2028, which prioritises routine immunisation for primary school-aged children alongside targeted school-based vaccination programs.

**Yellow fever immunisation:** A total of 4,223,862 people were vaccinated against a target of 4,635,913, achieving 92% coverage across 19 districts in Eastern Uganda during Phase 3a of the accelerated campaign (10–16 April 2025). Schools served as key vaccination sites, expanding access for children and adolescents, and strengthening the connection between education and health services.

**HPV vaccination for all 10-year-old girls:** HPV vaccination coverage dropped sharply between June 2024 and June 2025. HPV 1 declined from 172% to 13%, while HPV 2 fell from 119% to 6%. The unusually high 2024 figures reflected catch-up campaigns. The decline in 2025 was due to the policy shift from two doses to one dose, which reduced HPV 2 uptake, and a nationwide stock-out since January 2025, which constrained HPV 1 coverage. These setbacks threaten cervical cancer prevention efforts and call for urgent restoration of vaccine supply and stronger programme management.

### Challenge

Vaccine stock-outs, particularly of the HPV vaccine since January 2025, have disrupted routine immunisation delivery, affecting the continuity and effectiveness of vaccination programmes.

### 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 the minimum standards for providing quality education and training in educational institutions, such as classrooms, instructional/reading materials, and staff organisation and development. Minimum standards, on the other hand, are the basic set of measures or benchmarks of expected performance and achievement for effective teaching, learning, and institutional management.

The planned outputs for FY 2024/25 included: i) Provision of capitation grants to over 10.7 million learners; ii) Monitoring, inspection and support supervision of 10,532 educational institutions and activities across 176 Local Governments; iii) Procurement and distribution of 2,212,653 copies of Primary 1 – Primary 4 books and 2,000 metallic cabinets for Universal Primary Education (UPE) schools; iv) Recruitment of education personnel; v) Administration of examination processes for the basic levels of education by the UNEB; and vi) Continued implementation of curriculum adaptation by the NCDC, and accreditation and quality assurance by the NCHE.

### Performance

Overall performance was good, averaging 86.4%, driven by very good achievements in ESC (98%), the NCHE (99.8%), and examinations (95%), as well as good performance in capitation grants (87.3%). However, performance in instructional materials was fair, at 57.6%, with ongoing funding gaps that continued to limit progress across the sector.



**a) Provision of capitation:** The approved capitation budget for FY 2024/25 was US\$ 371.19 billion, of which US\$ 358.41 billion (96.6%) was released, supporting over 10.7 million learners across Universal Primary Education (UPE), Universal Secondary Education (USE)/Universal Post O-Level Education and Training (UPOLET), Special Needs Education (SNE), and tertiary institutions (Table 4.4).

However, enrolments under UPE and USE/UPOLET exceeded planned figures by 835,457 learners, creating additional funding needs of US\$ 12.22 billion. Supplementary financing of US\$ 10.70 billion was provided to address the shortfalls. Despite this, US\$ 12.77 billion remained unutilised, mainly under UPE and USE/UPOLET, reflecting gaps in planning accuracy and in aligning Education Management Information System (EMIS) data with budgeting processes.

The Special Needs Education (SNE) subvention was fully released, but it benefited only 0.12% of the total learner population of 10.7 million, reflecting a weak identification of children with disabilities. Building teacher capacity and increasing targeted funding are crucial for inclusive education.

**Table 4.4: Capitation Grant disbursement by 30th June 2025**

Education Level	Planned Enrolment (IPFs)	Actual Enrolment (Sept. 2024)	Approved Budget (US\$) Bn	Required Budget (US\$) Bn	Budget Shortfall (US\$) Bn	Total Releases (US\$) Bn	Unutilised Amount (US\$)
UPE	8,987,405	9,693,202	183.591	197.751	15.304	179.708	3.884
USE/UPOLET	873,949	1,003,609	155.211	162.787	13.146	146.323	8.888
SNE		12,463	0.925	0.925	N/A	0.925	-
Technical Institutes			12.334	12.334	N/A	12.334	-
Community Polytechnics			2.128	2.128	N/A	2.128	-
PTCs			14.200	14.200	N/A	14.200	-
Technical Farm Schools			2.795	2.795	N/A	2.795	-
<b>Total</b>	<b>9,861,354</b>	<b>10,709,274</b>	<b>371.184</b>	<b>391.995</b>	<b>28.451</b>	<b>358.412</b>	<b>12.771</b>

*Source: Authors' Analysis of Capitation Release Schedules.*

During the NDP III period, capitation rates for basic education increased slightly but remained below the required levels (Table 4.5). Between FY 2020/21 and FY 2024/25, per-learner allocations increased by 17.6% for UPE, 9.4% for USE, and 3.8% for UPOLET. Capitation disbursements improved in terms of timeliness and predictability during this period, but remained fully insufficient to meet the essential needs of schools and tertiary institutions.

**Table 4.5: Trends in capitation allocations of primary and secondary education capitation grants 2020/21 – 2024/25**

Grant	FY-2020/21	FY-2021/22	FY-2022/23	FY-2023/24	FY-2024/25
UPE Capitation Grant per Student	17,000	20,000	14,500	20,000	18,600
USE Capitation Grant per Student	175,000	180,000	160,000	175,000	160,000
UPOLET Capitation Grant per Student	264,000	270,000	285,000	260,000	270,000

*Source: Author's Compilation from Field Findings.*



## Challenges

- i) **Weak compliance with expenditure guidelines:** Some headteachers and principals did not fully follow the Ministry of Education and Sports (MoES) guidelines on using capitation grants.
- ii) **Inflated enrolment reporting:** Despite the implementation of EMIS, some schools continued to inflate enrolment figures to secure larger capitation funds. There were still instances of temporarily transferring students from unregistered private schools, as well as double registration, which undermines the integrity of the grant system.

## Recommendations

- i.) The MoES should strengthen enforcement of capitation grant guidelines by conducting regular financial audits and offering targeted training for school leaders to enhance accountability and ensure proper use of resources.
- ii.) The MoES should enhance EMIS monitoring through regular audits, data cross-checks with private school registers, and periodic verification exercises to eliminate ghost learners and ensure the credibility of enrolment data.

**b) Monitoring, inspection, and support supervision:** The MoES, through its 14 departments and directorate, planned to monitor and inspect 10,532 institutions and activities across 176 Local Governments. The Directorate of Education Standards (DES) accounted for the largest share, targeting over 8,200 institutions covering secondary schools, Business, Technical and Vocational Education and Training (BTJET) institutions, Health Training Institutions (HTIs), Primary Teachers' Colleges (PTCs), and ECDs.

Other departments focused on monitoring UPE in the least-performing districts, including secondary schools (government, private), special and inclusive units, BTJET, HTIs, and other tertiary institutions. In addition, construction monitoring was planned for 119 sites under the Secondary Education Development Project (Project 1540), the Uganda Secondary Education Expansion Project (Project 1665), and the OPEC Fund for International Development (OFID) Vocational Education Project Phase II.

Overall performance was good, with 87.3% of the planned activities implemented, covering 9,195 out of 10,532 targeted institutions and initiatives. Strong performance was registered in Pre-Primary and Primary Education, Education Planning, Policy, and Research, as well as Admissions, Scholarships, and Student Affairs. Partial implementation was noted in Teacher Education, TVET, Private Schools, and DES. Full achievement was registered under Special Needs and Inclusive Education and the OFID Project, while Physical Education and Sports did not implement its planned monitoring. The progress of planned activities is detailed across the board in Table 4.6.

**Table 4.6: Status of implementation of monitoring, inspection, and support supervision under the MoES by 30th June 2025**

Department / Directorate / Project	Planned Targets	Achieved
Pre-Primary and Primary Education	210 schools and LGs (200 UPE schools in 20 least-performing DLGs and 10 DLGs for WASH guidelines dissemination) monitored.	This initiative was implemented in 200 UPE schools across 20 LGAs, and WASH guidelines were disseminated in 10 DLGs.
Secondary Education – Government	220 schools (200 USE, 20 non-USE schools) monitored and supported.	This was achieved through the monitoring and support of 200 USE schools and 20 non-USE schools across four regions.
Private Schools Department- Secondary	800 low-performing private schools monitored.	Partial implementation with 650 private schools monitored in Kajjansi T/C, Kampala, Mukono, Kyotera, and Rakai.
Special Needs and Inclusive Education	200 special schools/units and 50 Accelerated Education Programme (AEP) centres monitored.	This was fully achieved through the monitoring of 200 special schools and units, as well as the supervision of 53 AEP centres.
Project 1540 – Secondary Education Phase II; Project 1665 – Uganda Secondary Education Expansion Project (USEEP); UgIFT	106 sites (46 under Secondary Education Phase II + 60 USEEP and others under UgIFT).	Underperformed, as the 46 schools under Project 1540 were not monitored; only 6 out of 60 USEEP schools were monitored, while UgIFT civil works were monitored.
Teacher Education, Training, and Development	198 (28 Teacher Training Institutions (TTIs), 120 Lower Secondary Curriculum (LSC), 50 SESEMAT) monitored.	Partial achievement at 76%, with monitoring conducted in 90 schools on LSC, 30 schools under SESEMAT, and 30 TTIs on infrastructure and the National Teacher Policy.
Technical Vocational Education and Training (TVET)	262 TVET institutions and providers (142 public, 60 private, 60 providers) monitored.	Partial implementation, with only 95 TVET institutions monitored in 5 sub-regions; workplace learning was monitored for 201 students in 10 organisations; an Employers' Roundtable with 65 representatives was held.
OFID – Vocational Education Project Phase II	Civil works in 18 Technical Institutes (TIs) monitored.	Fully achieved: Civil works were monitored in all 18 TIs, including 10 under BTNET-II and 8 under OFID-II.
Health Education and Training	85 Health Training Institutions (HTIs) monitored.	Only 79 were monitored and supervised.
Physical Education and Sports	60 District & Regional Sports Centres.	Not achieved: Monitoring was not conducted.
Finance and Administration	Construction monitoring across TVET, higher, secondary, primary, sports; AFCON preparations.	This was achieved: 5 construction projects were monitored and 4 technical monitoring reports produced; AFCON activities were observed.
Admissions, Scholarships and Student Affairs	37 OTIs; quota admissions monitored; STEM/STEI visits conducted; and psychosocial support provided for students abroad.	This was fully achieved: Monitoring of 37 OTIs; intake capacities were verified in 11 OTIs; the district quota was verified; and completion/ graduation/repetition were monitored in 16 OTIs.
Education Planning	Budget, staff lists, LG grants, and EMIS activities monitored.	Achieved with 20 LGs monitored on non-wage grants; 17 LGs on school maintenance grants; presidential pledges monitored in 10 LGs (Eastern Region); EMIS maintained.
Education Policy and Research	10 monitoring activities (4 policy field activities, 4 Cabinet decisions, 2 presidential pledge reviews).	Fully achieved: All 10 implemented, covering HE financing policy, TVET Act dissemination, PES Policy awareness, Digital Agenda, Cabinet decisions

Department / Directorate / Project	Planned Targets	Achieved
		(CHAN/AFCON, defilement campaign, automatic promotion, PLE analysis).
Directorate of Education Standards (DES)	8,229 institutions (4,500 secondary; 600 BTVET; 197 HTIs; 23 PTCs; 200 ECD Teacher Training Institutions; 100 Coordinating Tutors; 68 coordinating schools; 400 LGs on TELA/e-Inspection; 1,000 schools for policy compliance; 600 follow-ups for Lower Secondary & PLE; 300 ECD schools; 176 LG inspectorates; 65 LGs on School Performance Assessment System (SPAS) monitored and inspected.	Partially achieved: 3,610 secondary schools inspected; 600 TVETs; 200 ECD TTIs; 100 tutors; 68 coordinating schools; 770 boarding schools; 600 follow-ups (LSC & PLE); 300 ECD schools; inspectors in 176 LGs monitored; 65 LGs and 86 primary schools supported on SPAS.

*Source: Field Findings.*

**At the local government level,** monitoring and inspection activities continued according to the established cycle, with all primary schools visited at least once per term and secondary and tertiary institutions inspected annually. The DES noted improvements in coverage, partly due to the Teacher Effectiveness and Learner Achievement (TELA) system, which enhanced real-time monitoring. However, private schools and Early Childhood Care and Education (ECCE) services still faced weak supervision because of budget constraints.

Monitoring also assessed compliance with Standard Operating Procedures, Basic Requirements and Minimum Standards (BRMS), and National Council for Higher Education (NCHE) guidelines, focusing on quality assurance in tertiary institutions, school functionality and management, and adherence to accountability frameworks. However, field findings confirmed that persistent issues remain.

**Infrastructure gaps:** Many schools face classroom shortages, with some classes having a classroom-pupil ratio of 1:200 against the recommended 1:55. In some instances, lessons are conducted in temporary shelters, church premises, or under trees. Sanitation facilities are also inadequate, with stance-pupil ratios often exceeding 1:75 compared to the recommended 1:40, a situation that disproportionately disadvantages girls. These conditions collectively compromise the overall quality of learning.

**Persistent logistics challenges:** Monitoring remains severely hampered by a lack of transport. Most LGs do not have vehicles for monitoring and inspection, while others depend on a single, often old, vehicle shared with the District Education Officer (DEO). This limited coverage reduces the frequency and timeliness of school visits, weakening the effectiveness of supervision and follow-up.



**Over 180 Primary Four pupils at Chodong Primary School, Bukedea District, attending lessons under a tree owing to lack of classrooms.**

**TELA implementation and uptake:** The system has improved accountability in teacher attendance, but adoption remains inconsistent. In Kabarole, progress was hindered by faulty devices, limited ICT skills, and deliberate non-

use. In contrast, Koboko performed better, with 31 of 65 schools actively clocking in; however, time-on-task remained low, and border schools experienced network disruptions from neighbouring countries.

In Adjumani and Maracha, many devices were non-functional or stored away, and theft and data costs further limited usage; Maracha reported that 38% of schools were in the red zone. Bukedea achieved better uptake, at 85%, while Butaleja saw moderate progress, which was temporarily disrupted by device theft. Overall, ongoing weaknesses in ICT infrastructure, internet connectivity, theft, and high data costs continue to restrict TELA's effectiveness and long-term sustainability.

**c) Provision of instructional materials:** The MoES, through its Instructional Materials Unit (IMU), planned to: i) Procure 1,380,591 copies of English readers, Local Language and English dictionaries, and Islamic Religious Education (IRE) readers for Primary Five to Primary Seven learners; ii) Procure 2,000 metallic cabinets for Universal Primary Education (UPE) schools; iii) Monitor the state and management of instructional materials in UPE schools across the country; and iv) Finalise the National Instructional Materials Policy.

For secondary education, the MoES planned to: v) Procure and distribute 8,333,333 copies of textbooks for the eight core subjects in Senior One and Senior Two under the revised Lower Secondary Curriculum; and vi) Procure 3,000,000 copies of instructional materials for science subjects in secondary schools.

Under Special Needs and Inclusive Education, the MoES planned to: vii) Procure and distribute 800 cartons of braille paper and 200 cartons of embossing paper to 80 special and inclusive schools; viii) Procure and deliver 100 sewing machines and 100 knitting machines to 30 primary schools; ix) Procure spare parts and repair 60 braille machines for visually impaired learners; and x) Procure and deliver 50 Autiplan kits for learners with autism. In addition, xi) instructional materials were planned for 20 health training institutions.

The overall performance was fair, at 57.6%. This was primarily due to the non-procurement of core subject textbooks and science copies for secondary schools, delays in finalising the National Instructional Materials Policy, and the absence of cabinets for UPE schools. Procurement of P5–P7 textbooks, SNE supplies, monitoring in UPE schools, and support to Health Training Institutions performed well.

Despite these efforts, the NDP III did not achieve its goal of reducing the book-to-pupil/student ratio to 1:3. By June 2025, the ratio remained at 1:5 in both primary and secondary schools. This highlights ongoing equity and quality issues resulting from inadequate funding and diversion of resources to non-curriculum materials. The performance of planned outputs for FY 2024/25 is highlighted below:

- i) **Procurement of instructional materials for P5–P7:** A total of 1,393,049 copies were procured and delivered, surpassing the planned target by 101% (see Table 4.7), and distributed at a book-to-pupil ratio of 1:5. However, shortages still exist in lower primary (P1–P4) levels, as their last procurement was six years ago.



**Table 4.7: Summary of the P5- P7 instructional materials procured as of 30<sup>th</sup> June 2025**

S/No	Item	Quantity (Copies)Procured
1	P.5 English Readers	430,398
2	P.7 Integrated Science Learners' Textbooks	242,800
3	P.7 Integrated Science Teachers' Guides	36,306
4	P.7 Social Studies Textbooks	242,800
5	P.7 Social Studies Teachers' Guides	36,306
6	P.6 Integrated Science Learners' Textbooks	368,133
7	P.6 Integrated Science Teachers' Guides	36,306
<b>Total Quantity Procured</b>		<b>1,393,049</b>

*Source: Field Findings.*

The total expenditure was US\$ 3.323 billion. However, the final 30% payment to Fountain Publishers was postponed to the next financial year owing to funding shortfalls. Books were delivered to central collection points without involving the District Local Governments. Poor coordination and transport issues in rural areas delayed delivery to schools.

**ii) Procurement of non-curriculum books:** The MoES misallocated US\$ 753,600,000 to non-curriculum books for secondary schools, disregarding the approved budget and leaving core curriculum materials unfunded. This demonstrates poor prioritisation, emphasising the urgent need for a transparent and robust framework to govern the selection and justification for non-curriculum materials.

**iii) Metallic cabinets for UPE schools procured:** No funds were allocated for the planned procurement of 2,000 cabinets despite approval from the Solicitor General and a three-year framework contract. Although this initiative aimed to enhance textbook storage, schools still face storage shortages that threaten the security and longevity of instructional materials.

**iv) State and management of instructional materials in UPE schools monitored:** The monitoring covered UPE schools in 66 districts (6 in Central, 16 in Western, 14 in Eastern, and 30 in Northern Uganda). However, staffing shortages in the department limited the scope of the exercise.



**Improper storage of instructional materials at Ajia Primary School, Arua District, due to lack of filing shelves.**

**v) National Instructional Materials Policy finalised:** The draft policy was completed and presented to the MoES's top management for consideration.

**vi) Procurement of instructional materials for secondary schools:** The planned purchase of 8.33 million core subject textbooks for Senior One and Senior Two was not carried out. Instead, 5,490 science practical manuals were acquired and distributed to 366 newly grant-aided secondary schools. The planned three million copies of science instructional materials for secondary schools were also not procured due to funding limitations.

**vii) Procurement of instructional materials for 20 Health Training Institutions:**

The MoES also allocated funds to 20 Health Training Institutions (HTIs) for purchasing instructional materials; all organisations adhered to the allocation, except for Hoima School of Nursing, which diverted its share to office consumables.



**Left-Right: Part of the medical instructional materials procured by Masaka School of Comprehensive Nursing and Arua School of Nursing and Midwifery.**

**viii) Procurement of instructional materials for Special Needs Education (SNE):**

Performance exceeded the target, averaging 108%. Procured items included 1,000 cartons of braille paper (125% of plan), 260 cartons of embossing paper (130%), 96 sewing machines (96%), and 99 knitting machines (99%). The shortfall in sewing machines resulted from increased market prices. However, the planned procurement of 50 Autiplan kits for learners with autism was halted owing to underquoting, which left insufficient funds. Similarly, the procurement of spare parts and servicing for 60 braille machines to support learners with visual impairments was not achieved.

**d) Examination, assessment, and certification:** This is overseen by the Uganda National Examinations Board (UNEB) to regulate, coordinate, and conduct credible national examinations and award certificates at basic education levels, ensuring integrity, consistency, and fairness in assessing learner achievement.

The planned outputs included: i) Candidates registered; ii) Primary Leaving Examination (PLE) registers publicly displayed; iii) Examination papers developed (paper setting and moderation); iv) District Inspectors of Schools sensitised; v) Examination question papers and result slips printed; vii) Examiners recruited; and viii) Contracted field professionals trained. Under the UNEB Infrastructure Development Project (Project 1356), the target was to: ix) Commence the construction of a 10-floor e-Assessment and Digital Centre (Phase 1).

Overall performance was very good, with 95% of planned targets achieved, including candidate registration, examination administration, and production of examination materials. However, UCE registration fell short, with only 379,620 of the planned 498,783 candidates sitting. Special needs candidates increased by 25.5% from 2,652 in 2023 to 3,328 in 2024, with the majority being male.

UNEB met most of its NDP III targets, achieving 90% compliance with quality standards, maintaining high pass rates (PLE: 90%, UCE: 98%, UACE: 99%), and improving access through e-registration and the inclusion of special needs. UNEB also gained ISO 9001:2015 certification in 2024. However, learning outcomes remained weak, with only 20% of the planned NAPE assessments completed, and the 75% proficiency target not met.





Performance highlights of key planned outputs for FY 2024/25 are presented below:

**i) Candidates registered and examined:** A total of 1,320,400 candidates sat for the 2024 national examinations, including 798,763 for PLE, 379,620 for UCE, and 142,017 for UACE in the 2024 examination cycle. Of these, 610,622 Primary Seven leavers and 300,849 Senior Four leavers successfully progressed to the next level of education.

For the 2025 examination cycle, 1,406,421 candidates registered across PLE, UCE, and UACE, exceeding the combined target of 1,285,606 candidates by 120,815 (9.4% above target). The increase was most notable at UACE, with registrations 41.7% above target, followed by UCE at 11.1% and PLE at 3.8%, reflecting improved retention, particularly at UCE and UACE levels. The registration also included 4,460 Special Educational Needs (SEN) candidates (2,208 males and 2,252 females), comprising 3,295 at PLE, 760 at UCE, and 405 at UACE.

**ii) Public display of PLE registers:** All the registers were displayed for public viewing, as planned. This reinforced transparency in the examination process, providing stakeholders, including parents and schools, with access to critical information related to examinations.

**iii) Examination paper setting and moderation:** All examination papers were set, moderated, and banked, comprising eight for PLE, 69 for UCE, and 116 for UACE. This included 17 Special Needs papers (12 UCE and 7 UACE).

**iv) Production and printing of examination materials:** The Board met its targets, producing a total of 3,304,656 PLE answer booklets and 192,000 security envelopes. Additionally, UNEB printed 12,600,000 UCE answer booklets and 2,350,000 UACE answer booklets, properly fulfilling the requirements for examination administration.

**v) Contracted professionals and examiners trained:** The Board contracted 65,452 field professionals for the PLE, reaching 99.6% of the planned target of 65,733. Additionally, 8,500 examiners were recruited for the marking exercise, ensuring sufficient personnel for efficient script evaluation. UNEB also trained 592 new examiners.

For secondary education, UNEB exceeded expectations in raising awareness and promoting professional development. While the target for hiring field professionals was 65,733, a total of 30,782 professionals were recruited and trained. Additionally, 520 area supervisors and 1,200 key stakeholders were sensitised, encouraging comprehensive engagement across various levels of the examination process.

**vi) Capacity building in continuous assessment and examiner retooling:** A total of 63,041 teachers were trained in implementing continuous assessment (CA). Additionally, 5,200 examiners were retooled to ensure they possessed the necessary CA skills and knowledge for the examination marking process under the Lower Secondary Curriculum.

**viii) Special Needs Education (SNE):** UNEB demonstrated its commitment to inclusivity by developing a database for SNE candidates. In line with this commitment, 9,576 UCE SNE answer booklets and 1,750 UCE SNE graph papers were produced, and 1,820 UACE SNE answer booklets were printed. Special categories included the blind, deaf, physically handicapped, and those with learning challenges such as dyslexia. These efforts underscore UNEB's commitment to offering equitable assessment opportunities for all students.



**ix) Construction of the e-Assessment and Digital Centre (Phase 1):** The start of Phase 1 construction for the 10-storey e-Assessment and Digital Centre was not carried out. However, funds were allocated, and a Memorandum of Understanding (MoU) was signed with the Uganda People's Defence Forces (UPDF) Engineering Brigade.

## Challenges

- i) The high cost of competency-based assessment requires substantial investments in teacher retraining, project-based learning training, and capacity building for ongoing assessment. Practical subjects also entail greater expenses due to the need for specialised equipment and materials.
- ii) The rising costs of examination administration necessitate increased expenditure on field operations and marking, as examiners and invigilators now demand higher allowances to cope with inflation and rising living expenses, further straining the Board's finances.

## Recommendation

- i.) UNEB, in partnership with MoFPED, should review and standardise allowances for examiners and invigilators to guarantee fair pay whilst maintaining financial sustainability.

**e) Recruitment and confirmation of education personnel:** The Education Service Commission (ESC) is mandated to oversee appointments in the education service, including recruitment, confirmation, promotion, transfer, and discipline of personnel.

For the FY 2024/25, the Education Service Commission (ESC) planned to: i) Appoint 2,000 personnel; ii) Confirm 3,000 personnel; iii) Verify 500 appointments; iv) Regularise 25 appointments; v) Re-designate 25 personnel; vi) Grant study leave to 20 personnel; vii) Discipline 12 personnel; and viii) Support 60 District Service Commissions (DSCs) and disseminate reports. In addition, the Commission planned to: ix) Attend four meetings and workshops on climate change; and x) Establish one committee on climate change adaptation and mitigation.

The ESC also planned to: xi) Procure and distribute 500 trees to selected schools; xii) Sensitise 1,000 teachers to the effects of climate change during recruitment; and xiii) Provide HIV/AIDS care, treatment, and support services to staff living with HIV/AIDS four times (once each quarter). Furthermore, it planned to: xiv) Provide HIV/AIDS prevention and control facilities for staff; and xv) Develop one HIV/AIDS Policy.

The ESC achieved very good performance, reaching 98% of its planned targets. This was primarily driven by outstanding results in personnel re-designations and the full implementation of HIV/AIDS interventions. Performance regarding personnel management was mixed: confirmations and support to District Service Commissions fell short, while appointments, verification, regularisation, study leave, re-designations, and disciplinary actions exceeded expectations.

The ESC's performance under NDP III was good in the early years, with 4,473 staff recruited for newly constructed secondary schools under the UgIFT Programme. However, recruitment and teacher validation were later slowed by COVID-19 disruptions and a government hiring



freeze in FY 2021/22, pending the Auditor General's payroll audit. The audit uncovered ghost teachers and delays in deleting the records of retirees and deceased staff, underscoring the ESC's critical validation mandate, although progress in closing these gaps remained incomplete.

The performance of key outputs in FY 2024/25 is highlighted below:

- i) **Personnel appointed:** The ESC recruited and appointed 2,682 personnel (1,682 male and 1,000 female), surpassing the annual target of 2,000. These included 302 BTVET staff, 822 secondary school teachers on replacement, 552 under KCCA, and 1,006 deployed to seed secondary schools to operationalise the Uganda Intergovernmental Fiscal Transfer (UgIFT) programme.
- ii) **Personnel confirmed:** A total of 1,983 personnel (1,400 male and 583 female) were confirmed, against the planned 3,000. The shortfall arose because the Commission's efforts were largely focused on the UgIFT recruitment exercise. The confirmations helped streamline payroll management and resolve long-standing delays in staff validation.
- iii) **Appointments of personnel verified nationwide:** The Commission verified 947 appointments (568 male and 379 female) against a target of 500, exceeding the target by 189%. This verification was crucial for eliminating ghost teachers and improving accountability.
- iv) **Appointments regularised:** Sixty appointments (40 male and 20 female) were regularized, against a target of 25, reflecting strong performance in correcting past anomalies and aligning records.
- v) **Appointments re-designated:** Personnel re-designations exceeded expectations, with 726 personnel (533 male and 193 female) re-designated against a target of 25, mostly involving technical teachers moved to assistant instructor roles due to category restructuring.
- vi) **Personnel granted study leave:** A total of 42 personnel (34 male and 8 female) were granted study leave, exceeding the target of 20, supporting professional development and capacity building.
- vii) **Personnel disciplined:** A total of 50 disciplinary cases (38 male and 12 female) were concluded, significantly exceeding the target of 12. The higher number was due to an increase in submissions to the Commission. Cases ranged from absenteeism and failure to perform duties to financial misconduct, reinforcing the importance of accountability and professional conduct.
- viii) **District Service Commissions (DSCs) supported:** Only four DSCs (Arua, Bulambuli, Masindi, and Kyenjojo) received support out of the planned 60, owing to time constraints and the focus on UgIFT recruitment, limiting district supervision.
- ix) **Under health and HIV/AIDS interventions,** the ESC consistently provided quarterly care, treatment, and support for staff living with HIV/AIDS, along with prevention and control services. Four HIV/AIDS activity reports were submitted to the Office of the President and the Uganda AIDS Commission, while four committee meetings and four

workshops were held. The process of developing an HIV/AIDS Policy was also initiated.

- x) **On climate change initiatives**, the Commission trained 1,500 teachers, exceeding the target of 1,000, procured and distributed 500 trees to schools, and established a committee on climate change adaptation and mitigation.

**f) Accreditation and quality assurance:** The National Council for Higher Education (NCHE), established under the Universities and Other Tertiary Institutions Act, 2001 (as amended), serves as the regulatory authority for higher education in Uganda. Its core mandate is to ensure that universities and other tertiary institutions meet established accreditation standards and provide high-quality, relevant education aligned with national development priorities and international academic standards.

The NCHE planned several key outputs for FY 2024/25, focused on accreditation, quality assurance, compliance monitoring, and capacity building within the higher education sub-sector. The planned outputs and performance details are summarised in Table 4.8.

The NCHE's overall performance was very good, at 99.8%, with standards, recognition, and qualifications services achieving 100%, and quality assurance and accreditation reaching 96%, despite minor shortfalls in institutional monitoring (94%) and STEM/STETI programme accreditation (98%). ICT, research, and innovation outputs were also fully delivered.

Regarding gender and equity, NCHE established its Gender Unit by hiring two dedicated staff members and held four sensitisation workshops, fully achieving its target. In HIV/AIDS mainstreaming, only one of the four planned workshops was held, indicating underperformance. For environment and climate change, the NCHE incorporated environmental concerns into the Quality Assurance Framework and created minimum standards to ensure compliance in higher education institutions.

**Table 4.8: Performance of key planned outputs under the NCHE by 30th June 2025**

Outputs	Targets (Annual)	Actual Performance (FY 2024/25)	Performance Status
<b>Quality Assurance and Accreditation</b>			
Verification for STEM facilities for STEM programmes undertaken.	40 STEM facilities	Verified 40 higher education institutions offering STEM programmes.	Achieved.
Memorandum of Understanding (MoUs) established with Professional Bodies.	4 MoUs	All 4 MoUs were signed with professional bodies.	Achieved.
Programmes accredited.	600 programmes	Implemented as planned with accreditation of 600 programmes from HEIs.	Achieved.
Licence applications reviewed.	40 applications	All 40 applications were reviewed as planned.	Achieved.
Institutional managers and owners trained in strategic leadership.	100 institutional managers and owners	All institutional managers and owners were trained as planned.	Achieved.
Programme and institutional assessors trained.	100 programme and institutional assessors	Exceeded target, with 105 programme and institutional assessors trained.	Target exceeded.
Higher education institutions (HEIs) are monitored for compliance.	180 Higher Education Institutions	Only 170 higher education institutions were monitored.	Slightly below target (94% completion).



Outputs	Targets (Annual)	Actual Performance (FY 2024/25)	Performance Status
<b>Standards, Recognition, and Qualifications Services</b>			
STEM/STEI programmes accredited.	200 STEM/STEI programmes	Only 195 STEM/STEI programmes were accredited.	Slightly below target (98% completion).
Minimum standards for courses of study developed.	12 Minimum standards	All were developed as planned.	Target achieved.
Minimum standards reviewed.	6 Minimum standards	All 6 minimum standards were reviewed.	Target achieved.
Foreign qualifications equated.	440 foreign qualifications	A total of 440 foreign qualifications were equated.	Target achieved.
Local qualifications equated.	120 local qualifications	This was achieved with 120 local qualifications equated.	Target achieved.
<b>ICT, Research, and Innovation</b>			
State of Higher Education Survey Report published.	One Survey Report	State of Higher Education Survey Report published and disseminated.	Target achieved.
Tracer Study Report published.	One Tracer Study Report	Tracer Study Report (2018 cohort) published and disseminated to key stakeholders.	Target achieved.
Higher Education Review Journal published.	2 journal issues	Two issues of Higher Education Review Journal were published.	Target achieved.
Higher Education Conference organised.	One conference	The Annual Higher Education Conference was successfully held in Mbarara City.	Target achieved.
Annual Higher Education Exhibition organised.	One exhibition	The Annual Higher Education Exhibition was held in Mbarara.	Target achieved.
Higher education institutions monitored for compliance with Open, Distance and e-Learning (ODEL) systems.	45 HEIs	All planned higher education institutions were monitored for compliance with ODeL systems.	Target achieved.
<b>Capacity Building and Institutional Development</b>			
Concept for funding the National PhD Programme developed.	One concept	A concept for funding the National PhD Programme was developed.	Target achieved.
Strategic partnership established with key stakeholders.	2 strategic partnerships	Two strategic partnerships established.	Target achieved.
End-users from HEIs trained on the Integrated Management Information System (IMIS).	100 end-users	All 100 IMIS end-users were trained.	Target achieved.
HEIs monitored for compliance with Open, Distance, and eLearning (ODEL) systems.	45 HEIs	HEIs were all monitored for ODeL compliance as planned.	Target achieved.

*Source: Field Findings.*



Additionally, the NCHE commenced construction of its main building, an activity not initially included in the FY 2024/25 budget but later added through a supplementary allocation of US\$ 5 billion. The project, worth US\$ 22.706 billion, was handed over to the contractor in January 2025, and an advance payment of US\$ 4.808 billion was allocated to initiate work.



**Ongoing construction of the main building for National Council for Higher Education**

## Challenges

- i) **Inadequate staffing levels:** The NCHE has filled only 44.8% of its approved staffing structure, which is significantly below the government minimum requirement of 65%, restricting its ability to fulfil its mandate.
- ii) **Insufficient transport resources:** The NCHE has a fleet of only six vehicles to oversee over 265 institutions, three of which are over five years old and due for disposal, leaving just three vehicles for field operations.
- iii) **Limitations of the UOTI Act 2001 (as amended):** The current legal framework restricts the timely and complete implementation of the NCHE's mandate, impacting operational efficiency.
- iv) **Inadequate and unstable funding:** Insufficient and irregular budget cuts impede the implementation of planned activities and lead to the failure of critical initiatives.

## Recommendation

- i.) The NCHE should address critical staffing shortages, acquire more vehicles for field operations, amend the UOTI Act 2001 to remove legal restrictions, and guarantee stable and sufficient funding to fully carry out its mandate.

## g) Development and review of the curricula for various levels of education

The National Curriculum Development Centre (NCDC) is mandated to develop and review curricula for pre-primary, primary, secondary, and tertiary education. To deliver on this mandate, the NCDC conducts curriculum research and evaluation, designs and revises syllabi, develops instructional materials, organises teacher refresher programmes, and provides technical support for effective curriculum implementation. The NCDC set several targets for the FY 2024/25, as outlined in Table 4.9.

Overall performance was good, with 80.5% of planned outputs achieved. A supplementary US\$ 6 billion enabled the completion of the Upper Secondary Competence-Based Curriculum and the initiation of the Primary Curriculum review. Key achievements included aligning 29 A-Level syllabi to the Lower Secondary Curriculum, training 12,593 teachers, and distributing 151,000 syllabus copies to 2,977 schools. For the primary reform, international benchmarking,



needs assessments, and nationwide validation were completed, resulting in the approval of the Curriculum Framework and Scope and Sequence. A phased rollout is planned for FY 2025/26.

The NCDC's performance under NDP III was mixed, with notable achievements in implementing the Competency-Based Secondary Curriculum and training over 66,000 teachers despite challenges caused by limited master trainers and trainers-of-trainers, and in advancing ECD reforms. However, progress in integrating local languages at lower primary levels was hampered by COVID-19 disruptions, budget constraints, and delays in policy approvals.

A summary of the implementation status for FY 2024/25 is shown in Table 4.9.

**Table 4.9: Key planned outputs and achievements of the NCDC by 30th June 2025**

Department	Planned Output	Achievement	Status
<b>Primary Education Curriculum</b>	Benchmark study on trends in primary curriculum.	This was conducted in Seychelles in collaboration with the MoES, NCDC, DES, UNEB, and the teacher education sector. This informs Uganda's curriculum reform.	Achieved
	Scope and Sequence of Reviewed Primary Curriculum (RPC) developed.	The draft was developed to structure learning content and underwent quality assurance by the end of FY 2024/25.	Partially achieved
	Scope and Sequence validated.	Validation was held in 5 regions with 906 participants.	Achieved
	Curriculum Framework validated.	The framework was validated in five regions, in collaboration with development partners, universities, UNESCO, UNICEF, and UWEZO, attracting 980 participants.	Achieved
	100 non-textbook Kiswahili materials developed.	Produced one P4 Kiswahili resource book (approved) and 100 draft non-textbook aids (charts, flashcards, vignettes) tailored for rural schools.	Partially achieved
	Train 2,000 Kiswahili teachers on P4 curriculum	A total of 623 teachers (325 male, 298 female) were trained in five districts, which falls short of the target.	Partially achieved
<b>Secondary Education Curriculum</b>	130 A-Level set books (local languages) vetted.	Vetted 130 A-Level set books for local languages. The approved texts were recommended for teaching literature and local languages at A-Level.	Achieved
	Stakeholder consultations for the A-Level curriculum held.	Consultations were held with subject panels. This informed scoping and sequencing of the aligned A-Level curriculum.	Achieved
	Align 29 A-Level syllabi to LSC.	A total of 29 syllabi were converted from knowledge-based to competency-based, and the change was approved and rolled out nationwide.	Achieved
	Quality assurance of A-Level documents.	Quality-assured 29 A-Level syllabus documents were aligned to the LSC, which the Governing Council subsequently approved.	Achieved
	Train 14,490 teachers on aligned A-Level curriculum.	Only 12,852 teachers (3,778 female and 8,815 male) were trained in 63 centres. The Training built critical mass for the A-Level curriculum rollout.	Partially achieved





Department	Planned Output	Achievement	Status
	Print and distribute 151,000 A-Level syllabi.	A total of 151,000 copies of the aligned curriculum materials were printed and distributed to 2,977 schools.	Achieved
	Assessment guidelines for A-Level developed.	The draft modalities, descriptors, and rubrics were developed but were still being refined.	Partially achieved
	Support 650 schools on LSC implementation.	This was not implemented because the resources were prioritised for A-Level rollout to ensure a smooth S4–S5 transition.	Not achieved
	School-based teacher support in 38 districts.	On-site support was provided in 38 districts, which helped teachers adjust to the A-Level curriculum changes.	Achieved
	100 instructional materials online uploaded.	A total of 161 materials were uploaded to the NCDC website, improving access for rural and hard-to-reach schools.	Achieved
	Set books for literature & local languages evaluated.	82 teachers engaged in evaluation; materials cleared for classroom use.	Achieved
	Develop digital content for LSC training.	Concept, roadmap, and six storyboards were completed, and initial digitised modules were piloted with teachers.	Partially achieved
<b>Lifelong Skills and Co-curricular Department</b>	Disseminate 10 polytechnic courses.	Disseminated 10 reviewed courses to institutions, parents, and private sector stakeholders, which boosted relevance of vocational skills.	Achieved
	Procurement of flash disks for uploading of Syllabus and Assessment Guidelines for the 10 Junior Certificate courses.	A total of 124 flash disks containing syllabi and assessment guidelines for 10 National Junior Certificate courses were procured and distributed.	
	Develop curricula for 4 Junior Certificate courses.	Draft curricula for Accounting, Business Management, Secretarial Studies, and Leather Technology were developed. Three were approved, while one was under quality assurance.	Partially achieved
<b>Quality Assurance</b>	Educational materials evaluated.	Evaluated 94 external submissions and edited 123 internal documents; ensured quality before approval.	Achieved
	Alternative curricular vetted.	The Sevenstar International Curriculum was reviewed, and a decision was made on suitability for Uganda.	Achieved
	NCDC Publishing Guide reviewed.	The guide was revised and approved to streamline standards in future publications.	Achieved
	Train Editorial Board members.	A total of 30 members were trained on the NCDC publishing style to improve consistency and quality.	Achieved
<b>Special Needs Education</b>	LSC for visually impaired learners adapted.	Geography and Maths were adapted for S1–S2; drafts were prepared for ICT, English, History, and Nutrition.	Partially achieved
	Print & distribute 2,000 Sign Language syllabi.	A total of 2,500 copies were printed and distributed to 24 schools, exceeding the target.	Achieved



Department	Planned Output	Achievement	Status
	Develop gifted & talented materials.	Draft readers produced; undergoing quality assurance and Academic Steering Board review.	Partially achieved
	Finalise AEP syllabus materials.	Draft syllabi for Nutrition, Agriculture, and Kiswahili were produced and were under review.	Partially achieved
<b>Pedagogy and Innovations</b>	Continuous professional development built for upper secondary pedagogy.	12 specialists trained; materials prepared to enhance pedagogy.	Achieved
	50 parents of learners with SNE trained.	A total of 59 parents (48 female, 11 male) were trained in home-schooling packages, with a focus on autism support.	Achieved
<b>Research and Consultancy</b>	A study on the language of instruction conducted.	Data was collected from 24 districts, a report was produced and approved, and dissemination is planned for FY2025/26.	Achieved
	Four fundable proposals developed.	This was implemented as planned. Achievements included preparing proposals for research, consultancy sensitisation, vocational education and training (VET) enrolment, and statistical abstracts.	Achieved
<b>ICT &amp; Multimedia</b>	Digital content for LSC developed.	The NCDC produced 3 of 43 sessions with videos and downloadable materials, which were then piloted with 573 teachers via an e-platform and app.	Partially achieved
	Design and illustration of materials done.	A total of 56 curriculum documents (syllabi, orthographies, reports, resource books) were styled and designed.	Achieved
<b>Literature Bureau</b>	Facilitator's Guide to Terminology developed.	Guide completed, approved, and uploaded to the NCDC website.	Achieved
	Literary texts in 10 languages developed.	Drafts were developed in nine mentored languages, 12 manuscripts were edited, and 14 were under quality assurance.	Partially achieved
	Training package for terminology developed.	Not implemented owing to funding shortfall.	Not achieved
<b>Science &amp; Tech Equipment Production (STEPD)</b>	Blackboards and laboratory equipment produced.	Produced 100 burette racks, 81 compasses, 50 dividers, 27 protractors, and 80 set squares.	Achieved
	Non-textbook/ECD materials produced.	Produced assorted teaching aids (blocks, puzzles, toys, abacus, chalkboards).	Achieved
	2,000 pieces of glassware and 500 lab items repaired.	Exceeded target: 2,082 pieces of glassware and 1,410 pieces of equipment were repaired across multiple schools.	Achieved
	70 laboratory technicians trained.	A total of 69 individuals (61 males and 8 females) were trained in the use and maintenance of laboratory equipment, ICT integration, and safety.	Achieved
	In-service training conducted for teachers and laboratory technicians.	A total of 35 teachers and 34 technicians were trained, which strengthened practical teaching.	Achieved

Source: Field Findings.

## Challenge

Low staffing levels limited the NCDC's ability to fulfil its mandate, mainly owing to insufficient wage provisions. Of the 236 approved positions, only 135 (57%) were filled, leaving 101 vacancies. This gap overburdened the available staff and restricted nationwide support to schools.

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

The Early Grade Reading (EGR) and Early Grade Maths (EGM) methodologies are designed to strengthen the Thematic Curriculum by enhancing teachers' instructional skills and providing learners with essential skills in literacy and numeracy. The MoES planned to train 260 teachers across four Local Governments (Buliisa, Amudat, Kween, and Tororo) in Early Grade Reading Assessment (EGRA) and Early Grade Mathematics Assessment (EGMA) methodologies.

## Performance

The overall performance was fair, at 56.6%. While the number of trained teachers exceeded the target, the goal of covering four Local Governments geographically was not achieved, which undermines equitable national rollout.

By June 2025, a total of 275 teachers had been trained in EGRA methodologies, and implementation remained limited to Buliisa owing to funding constraints. The trainees included 65 headteachers, 70 Primary One teachers, 68 Primary Two teachers, and 72 Primary Three teachers. However, no training was conducted in Early Grade Mathematics (EGMA).

During the NDP III period, the rollout of Early Grade Reading (EGR) and Early Grade Mathematics (EGM) showed mixed progress. Although the plan was to expand to at least three new districts annually, only five (Jinja, Jinja City, Nakasongola, Kalaki, and Kaberamaido) were covered, leaving 20 still unsupported. Inadequate funding hindered the procurement of the planned one million EGRA/EGMA materials, forcing a reliance on NGO support. The limited number of trained teachers per district further reduced the programme's impact.

## Challenge

- i) Limited teacher capacity and shortages of local language learning materials hinder early-grade literacy and numeracy instruction. This impairs the effectiveness of EGM and EGR teaching methods.

### 4.3.7 Upgrade the Education Management Information System to include functions for tracking enrolment, dropout, retention, and uniquely identify learners, teachers, and institutions

The Education Management Information System (EMIS) upgrade aims to enhance the tracking of enrolment, dropout, and retention, while enabling unique identification of learners, teachers, and institutions. The system provides timely, accurate data to support effective planning, budgeting, and monitoring.

The MoES planned to implement the following EMIS-related activities in FY 2024/25: i) Conduct public awareness campaigns on EMIS and its interventions; ii) Pay salaries for EMIS



Support Officers to facilitate rollout of the redeveloped system; iii) Build capacity of EMIS users through targeted training; and iv) Procure ICT equipment to support EMIS implementation at Local Government levels and at the Ministry headquarters.

## Performance

The overall performance of the EMIS intervention was good, with 82% of the planned outputs achieved by 30th June 2025.

The performance of the intervention under NDP III was good, although some targets remained unmet. Achievements included upgrading the system with modules to track enrolment, retention, and dropout. Pilots for Learner Identification Numbers (LINs) and teacher IDs were conducted, and institutional coding was partially completed, covering only a section of institutions. EMIS was also integrated with the National Identification and Registration Authority (NIRA). Additionally, EMIS data was used for planning, budgeting, and performance monitoring.

However, key targets such as the nationwide rollout of unique learner and teacher IDs, full institutional coding, and improvements in reporting timeliness and accuracy were not achieved, mainly owing to funding and capacity constraints.

Key achievements for FY 2024/25 included:

**i) Public awareness campaigns on EMIS conducted:** Awareness campaigns in Greater Kampala (Mukono, Kira Municipality, KCCA, Makindye-Ssabagabo Municipality, Nansana Municipality, Entebbe Municipality, and Wakiso) engaged more than 9,000 heads of private institutions, leading to improved data reporting, increased compliance with education management systems, and better collaboration between private schools and education authorities.

**ii) Salaries for EMIS Support Officers paid:** Salaries were paid to 52 EMIS Support Officers and 2 Database Analysts, who received laptops and motorcycles to support the EMIS rollout in Local Governments. Their presence has greatly improved data quality, system use, and the resolution of technical issues at the school level.

**iii) Capacity building for EMIS users conducted:** Training was conducted in two sub-regions to boost data management capacity in private education institutions. In West Nile, 1,409 heads of pre-primary, primary, and secondary institutions in 15 Local Governments were trained to address non-compliance and non-reporting. In Lango, 788 heads of institutions from 11 Local Governments were trained, improving EMIS operational skills and enhancing data entry, accuracy, and timeliness across districts.

**iv) EMIS regularly monitored and maintained:** Regular data backups, system updates, antivirus scans, and security audits were performed to protect sensitive educational data, including student records, teacher information, and infrastructure reports, from loss, theft, or manipulation.

**v) ICT equipment to support EMIS implementation at Local Government levels and at the MoES headquarters was procured:** A total of 177 desktops were supplied to Local Government offices, and 229 MiFi devices were distributed to EMIS Support Officers and all Local Governments, enhancing connectivity nationwide. Additionally, four vehicles were

acquired to facilitate statistics operations, including the ongoing Baseline Education Census (BEC) 2025, while 10 laptops were provided to EMIS technical staff to strengthen system maintenance, development, data processing, and analytics.

**vi) Increased Data Uploads:** As of June 2025, a total of 24,885 primary schools and 4,223 secondary schools had uploaded data to the EMIS. This included 12,518 government and 12,367 private primary schools, as well as 1,416 government and 2,812 private secondary schools. Of the 1,416 government secondary schools, 1,317 are USE/UPOLET institutions, while 99 are non-USE/UPOLET. Most government schools uploaded learner information under the learner module; however, data in other modules, such as infrastructure, instructional materials, governance, and PE/sports, remains incomplete. Only 32 government primary schools (0.3%) and 5 government USE/UPOLET schools (0.4%) had not uploaded learners for 2025, despite having data for 2024.

## Challenges

- i) **Low compliance due to tax fears:** Many private schools underreport or avoid participating in EMIS due to concerns that their data might be used for taxation, thereby reducing the completeness and reliability of national education statistics.
- ii) **Parental reluctance to share data:** Parents are often reluctant to provide personal information, such as National Identification Numbers (NINs), due to privacy concerns and a lack of awareness about how the data will be used.
- iii) **Limited ICT skills in school leadership:** Many school heads lack the digital literacy needed for accurate and timely EMIS reporting, leading to frequent delays and data errors.
- iv) **Poor internet and power access:** Unreliable electricity and weak internet connectivity, especially in rural areas, hinder the timely entry and uploading of EMIS data.
- v) **Inflation of learner numbers:** Some schools, particularly those under Special Needs Education (SNE), artificially inflate enrolment figures to attract more funding, undermining the credibility of EMIS data.

## Recommendations

- i.) **Strengthen awareness efforts:** The MoES, in collaboration with Local Governments, should organise targeted campaigns to educate school heads, teachers, parents, and private providers about the purpose and benefits of EMIS, while also addressing fears and misinformation.
- ii.) **Enforce compliance:** The MoES and district inspectors should promote adherence through a balanced approach that includes technical support and incentives, as well as penalties like fines or license suspensions for repeated non-compliance.

### 4.3.8 Provide early exposure to STEM/STEI to children

This intervention aims to introduce learners to STEM (Science, Technology, Engineering, and Mathematics) and STEI (Science, Technology, Engineering, and Innovation) at an early age, igniting curiosity, enhancing problem-solving skills, and fostering a passion for innovation.



The planned outputs were: i) 334 sets of mini-laboratories procured to promote innovative pupil-led science projects in primary schools; ii) One National Science Fair in secondary schools facilitated.

### Performance

Overall performance was very good, with 98% of planned outputs achieved. The MoES procured and distributed 334 sets of mini-laboratory equipment to all planned 334 primary schools, intended to support pupil-led science projects. However, implementation challenges persisted as many teachers lacked adequate training to use the kits effectively, and most schools did not have proper storage facilities, increasing the risk of damage or loss.

In addition, the National Science Fair was held from 26th to 28th June 2025, at Kololo Secondary School, with the theme “Science, Technology, Engineering, and Mathematics (STEM) is the solution”. The event brought together 27 SESEMAT regions, with Masaka and Mpigi participating as observers, and recognised excellence in STEM. The fair aimed to give learners early exposure to practical STEM applications, nurture creativity and problem-solving skills, and promote collaboration and knowledge sharing among SESEMAT regions.

During the NDP III period, the performance of the intervention was partial. A total of 1,336 science kits were procured and distributed to primary schools, out of a national target of 5,000, which represents only 27% of the total. Learner exposure increased in the equipped schools, but national coverage stayed low. Teacher training was offered through Continuous Professional Development clusters, yet less than 40% of the 10,000 targeted teachers were reached.

Additionally, the National Curriculum Development Centre (NCDC) began integrating STEM/STEI skills into the updated Primary Curriculum Framework, which was approved for phased implementation in FY 2025/26. Although this marks an important step towards sustainability and innovation in education, the rollout process remains incomplete. Progress was hindered by funding shortages and limited teacher capacity, resulting in delays and falling behind schedule in achieving national coverage.

### Recommendations

- i.) The MoES should offer continuous teacher training on practical science instruction to enhance the effectiveness of the kits.
- ii.) The MoES and Local Governments should strengthen follow-up mechanisms and routine inspections to ensure proper utilisation, safeguard equipment, and improve the impact of STEM learning in primary schools.

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

This intervention aims to enhance science education by equipping secondary schools and training institutions with essential physical and virtual infrastructure. These initiatives aim to foster innovation and equip students for academic and career success in the fields of Science, Technology, Engineering, and Mathematics (STEM).

Under the MoES, implementation is through the Development of Secondary Education Project Phase II, the OFID-funded Vocational Project Phase II, the UgIFT Programme, and the Uganda





Secondary Education Expansion Project (USEEP). The implementation in the nine public universities is through the Support to Universities' Infrastructural Development and Retooling Projects. The monitored universities included: Makerere University, Mbarara University of Science and Technology (MUST), Lira, Busitema, Muni, Mountains of the Moon, and Soroti Universities.

## Performance

Overall performance was fair, with an average of 55% in physical outputs. The OFID Vocational Education Project made good progress, at 88.8%, and UgIFT reached 66%, while USEEP and BTVET II had poor performance, at only 30%. University infrastructure projects performed moderately, with an average of 65%, but progress was uneven, indicating ongoing planning and funding challenges. Detailed performance is provided below.

The Government's focus on science infrastructure in public secondary schools and training institutions during the NDP III period had mixed results. In terms of physical infrastructure, science and ICT laboratories were established or expanded in over 1,000 institutions; however, many rural schools still lack proper laboratories, equipment, and reliable electricity. Virtually, 26 cyber science labs were established, surpassing the target of 20, and connected to the internet through UCC and UCUSAF.

Despite this progress, sustainability remains a major concern, as many schools struggle to maintain internet connectivity after subsidies end, and digital learning is not yet fully integrated. Overall, while some infrastructure targets were met, ongoing gaps in equipment, connectivity, and teacher capacity continue to hinder effective science education.

**a) The Uganda Secondary Education Expansion Project (USEEP)** is a World Bank-funded initiative, supported by the International Development Association (IDA), with a total financing of USD 150 million. This amount includes a counterpart contribution of USD 21.6 million from the GoU. The project became effective on 19th May 2022 and is scheduled for completion on 31st December 2025.

The project focuses on the construction, expansion, furnishing, and equipping of 177 schools in underserved areas across 96 districts. This includes 116 new secondary schools and expansion of 61 existing schools. The initiative targets both refugee-hosting communities in 13 districts and non-refugee-hosting districts in 84 districts where access to public lower secondary schools is limited.

## Implementation Progress

As of 30th June 2025, cumulative disbursements totalled USD 23.8 million (15.9% of the IDA loan), with actual expenditure at USD 8.6 million, indicating a low absorption rate. Overall physical progress was poor, at 30%, primarily due to delays in World Bank approvals, prolonged procurement processes, late commencement of civil works, and weak planning. The annual work plan was overly ambitious, as it included activities whose prerequisites, such as land titling and verification, had not been finalised. This misalignment constrained the achievement of deliverables within the financial year.

Out of 12 planned outputs, only two (17%) were achieved, two (17%) were partially achieved, and eight (66%) were not achieved. Progress was limited to training, where targets for





headteachers and science teachers were exceeded, along with preparatory activities such as land titling, preparation of the Environmental and Social Management Plan (ESMP), and initial contracting. However, no school construction or furnishing was completed. The Accelerated Education Programme (AEP) was not monitored, and no instructional materials, science kits, or reagents were procured. The performance of planned outputs for FY 2024/25 (Planned vs. Achieved) is presented in Table 4.10.

**Table 4.10: USEEP implementation performance of planned outputs for FY 2024/25**

Planned Output	Achieved Output	Performance Rating
Commencement of construction for 60 new seed secondary schools and expansion of 61 existing government secondary schools.	Construction commenced at only 6 of 8 Batch 1 sites; no schools completed	Partially achieved
Furnishing of the 60 newly constructed seed schools and 61 expanded schools with classrooms, laboratory equipment, and furniture.	Not achieved — no furnishing delivered	Not achieved
Conducting environmental impact assessments to ensure compliance with environmental, health, and social safeguards	177 ESMPs drafted; 78 approved, 99 under revision	Partially achieved
Sensitisation of Clerks of Works to oversee construction activities in line with standards.	Only 6 of 177 Clerks of Works were sensitised	Not achieved
Implementation of the Accelerated Education Programme support, supervised, and monitored	Programme not supervised or monitored	Not achieved
1,300 headteachers and deputy headteachers trained in leadership and management.	4,543 trained (2,180 headteachers and 2,363 deputy headteachers)	Achieved (exceeded)
1,200 science teachers trained in integrating ICT in the Lower Secondary Curriculum.	3,241 trained (2,912 males and 329 females)	Achieved (exceeded)
120 headteachers and deputy headteachers trained in the utilisation and management of school property.	Training not conducted	Not achieved
120 headteachers and deputy headteachers trained on safety and security, including environmental aspects in school.	Training not conducted	Not achieved
Contract awarded for the supply of science kits in 60 new schools and 61 existing schools	No contracts awarded	Not achieved
Contract awarded for the supply of chemical reagents in 60 new schools and 61 existing schools.	No contracts awarded	Not achieved
3,000,000 copies of instructional materials for science subjects for secondary schools procured.	Procurement not undertaken	Not achieved

*Source: Field Findings.*

**b) The Uganda Intergovernmental Fiscal Transfers (UgIFT) Programme:** The programme is supported by the World Bank to implement the Inter-Governmental Fiscal Transfer-Reform Programme (IGFT-RP) and strengthen fiscal decentralisation.

In FY 2024/25, the plan was to: i) Transfer wage and non-wage grants for the Education Sub-programme and address staffing gaps in schools; ii) Provide development financing for education infrastructure, operationalise 111 seed secondary schools under Phase II, and complete 27 seed secondary schools under Phase III; iii) Roll out Phase II of the Teacher and Learner Attendance (TELA) system to at least 20,000 privately owned institutions, issue planning and budgeting guidelines for FY2025/26, and conduct joint monitoring of UgIFT education projects; and iv) Conduct School Performance Assessments targeting 12,528 primary schools nationwide.

**i) Wage allocations and recruitment:** Wage allocations rose sharply from US\$ 906 billion in FY 2016/17 to US\$ 1,833.6 billion in FY 2024/25. This enabled the recruitment of 4,473 staff for Phase II and III seed schools, with each school expected to receive 31 teaching and non-teaching staff deployed by the MoES. However, the rapid increase in student enrolment, partly due to UgIFT interventions, has put pressure on infrastructure and staffing levels, raising concerns about the quality of education. The MoES needs to align staffing levels with actual enrolment trends to ensure effective service delivery.

**ii) Non-wage recurrent (NWR) allocations:** The Education Non-Wage Grants have grown significantly under UgIFT: a) Non-wage (capitation) financing increased from US\$ 231.3 billion in FY 2017/18 to US\$ 490.3 billion in FY 2024/25, a growth of 112%; b) Capitation grants to primary schools increased from US\$ 10,000 per pupil in FY 2018/19 to US\$ 20,000 in FY 2024/25; and c) Secondary school funding grew from US\$ 123,000 to US\$ 199,000 per student. Despite this progress, allocations remain insufficient to meet operational costs, maintain infrastructure, and provide adequate instructional materials.

**iii) Development financing and school infrastructure:** In FY 2024/25, a total of US\$ 161.86 billion was released to 177 LGs to support the completion of UgIFT schools. By June 2025, the average construction progress across 259 schools was 66%. Of these, 115 schools were fully completed, with 72 commissioned and 43 awaiting handovers. Construction was ongoing at 121 schools: 39 were above 90%, 50 were between 71% and 89%, and 31 were below 70% completion.



**Substantially completed classroom, ICT, and laboratory blocks at Nyakaliso Seed Secondary School, Kuluba Sub-county, Koboko District.**

Seventeen schools stalled owing to weak contractor capacity, inadequate contract management by Local Governments, and delayed payments, while seven projects had not commenced because of procurement delays and land access challenges. UgIFT support for technical institutions continued with the construction of the administration block at Jinja School of Nursing and Midwifery, which was 98% complete, while work at Uganda Cooperative College in Tororo was at the roofing level, with 78% progress.

**iv) Operationalise 111 seed secondary schools under Phase II:** This was partially achieved because only 44.4% of the 259 planned seed school facilities were fully completed, mainly due to delayed fund disbursements, limited contractor capacity, and weak contract management by Local Governments. Utilities and furnishings were partially in place (electricity: 80%, water: 75%, furniture: 71%), but functionality gaps remained, with only 58% having ICT library blocks, 56% operating science laboratories, 19% utilising TELA, and 13% equipped with micro-irrigation.



### c) OPEC Fund for International Development (OFID)

Project 1432: The OPEC Fund for International Development (OFID) supports two projects: The Vocational Education (VE II) Project and the Business, Technical, and Vocational Education and Training (BTJET) Support Project - Phase II.

**i) Vocational Education (VE II) Project:** The project is funded by the OPEC Fund for International Development (OFID) and the GoU, at a total cost of USD 16.710 million. OFID contributes USD 14.300 million (85.6%), and GoU contributes USD 2.410 million (14.4%). Originally scheduled to close in December 2021, the project is now expected to wind up by December 2025. It aims to build facilities at eight technical institutions, including Basoga Nsadhu Memorial, Nawanyago, Sasiira, Buhimba, Lwengo, Kilak Corner, Lokopio Hills, and Ogolai.

The planned targets for FY 2024/25 included the ongoing construction of four technical institutions: Lokopio Hills, Kilak Corner, Ogolai, and Lwengo, with a target of achieving a total physical progress of 60%. Additionally, 126 technical staff will be trained in Skills Capacity Building across eight institutions, while 352 management staff will be trained in Institutional Management Capacity Building at the same institutions.

As of June 30, 2025, cumulative disbursements amounted to USD 15.82 million, accounting for 94.7% of the total funding, although absorption was still relatively low at 70.9%. Overall physical progress reached 88.8%, with four institutes (Basoga Nsadhu Memorial, Nawanyago, Sasiira, and Buhimba) completed and operational.

Work at Kilak Corner and Ogolai averaged 65%, while Lokopio Hills progressed by 30% owing to design delays. Lwengo stalled at 55% following contract termination. Only two training sessions were conducted for 30 instructors, while most institutional management and industrial attachment activities were not implemented. Despite increased disbursements and progress, delays in civil works and stalled equipment procurement continued to obstruct delivery.

**The Business, Technical, and Vocational Education and Training (BTJET) Support Project- Phase II** is a USD 51.140 million initiative funded by the Islamic Development Bank (IsDB) and the GoU. Of the total cost, IsDB contributes USD 45 million (88%), while the GoU initially committed USD 6.140 million, later increasing its contribution to USD 11.706 million to cover additional costs for a parking deck and VIP/facility management areas. The project, approved in February 2020 and effective from July 2020, is scheduled to close on 1st March 2025.

The project focuses on constructing the Skills Development Headquarters (SDHQ) in Kyambogo and expanding nine technical institutes (Kabale, Birembo, St. Kizito Kitovu, Lutunku, Nkoko, Nalwire, Moyo, Minakulu, and Moroto) with modern facilities, equipment, and support services.

The planned targets for FY 2024/25 included: i) Finalising the construction of the Ministry Headquarters; ii) Achieving 60% overall physical progress in constructing the nine institutions; iii) Supporting five PhD-level and 28 master's-level skills upgrading scholarships at relevant international institutions; and iv) Developing and reviewing the Competency-Based Education and Training (CBET) Curriculum.

Overall progress was poor, at 30%, despite 74% of the project time having elapsed; civil works, procurement, and curriculum activities were below target, causing the project to fall behind schedule.

**Construction of the SDHQ:** By 30th June 2025, progress was 40% complete, against a target of 78%, constrained by delayed funding from the GoU counterpart and weak contractor capacity. Enhanced contract management and closer MoES-PCU supervision are necessary to recover lost time and prevent further delays.



**Left-Right: Completed automotive workshop and multipurpose hall at Ogolai Technical Institute in Amuria District.**

**Expansion of institutes:** Projects across the nine institutes achieved an average completion rate of 73.8%. Lots 1 (Minakulu, Moyo), 7 (Nkoko, Nalwire), and 4 (Birembo) were behind schedule, while Kabale, Moroto, Lutunku, and Kitovu were on time. The quality of work was satisfactory.



**Left-Right: Ongoing construction of the girls' dormitory block and the Building and Construction Engineering (BCE) workshop in Minakulu Technical Institute in Oyam District.**

**Skills upgrading and development:** All 32 scholars (including 5 PhD students, 27 master's students, with 40% female) progressed to their second year at 13 institutions across India, Kenya, Tanzania, and Uganda.

**CBET curriculum development:** The consultancy firms initiated DACUM workshops and drafted syllabi, although finalisation was delayed.



#### d) Construction/ rehabilitation of physical infrastructure in Local Governments

A total of US\$ 348.13 billion was allocated and disbursed to 177 LGs, including US\$ 103.33 billion for school maintenance, US\$ 203.33 billion under the Education Development Conditional Grant, and US\$ 41.47 billion for the Formula Development Grant (formerly the School Facilities Grant – SFG).

Most districts sampled completed infrastructure construction and renovation, significantly improving school facilities and learning environments. The Maintenance Grant aided in refurbishing primary schools in Koboko (Kingaba, Nyai, Lurujo, Lima, and Leiko), Arua (Eceko, Opia, Nyirivu, Awika, Bendulu, Ajia, Ayelember, and Mbaru), and Maracha (Maracha, Kijomoro, Yivu, Nyoro, Rendu, Ophani, Gbuluku, and Dufile). All projects were completed and in use.



**Left-Right: Renovated nine-classroom block at Katekwan Primary School, Bukedea District, and a three-classroom block at Maracha Primary School, Maracha District.**

In Butaleja, the grant was primarily used to purchase desks to address severe shortages, undertake renovations at Bubbalya, Busorwe, and Mazimasa, and construct pit latrines in schools such as Mawanga, Lubembe, Buhansango, Habiga, and Lubanga. In Bukedea, the focus was on buying ICT equipment and building laboratory blocks at Bukedea SSS and Kidongole Secondary School, repairing classrooms at Father Philan, Katekwani, Okum-Okamule, Tajar, and Kockeka, as well as distributing 55 pit latrines across schools such as Kaloko, Kachumbala Township, Koreng, Kodike, Kokutwo, and others.

Despite these efforts, significant infrastructure gaps still exist, especially in Yumbe, Koboko, and Bukedea, where high pupil-to-classroom ratios continue. The influx of refugees into Yumbe and Koboko further strained available facilities, leading to increased overcrowding and deteriorating learning conditions.

### e) Construction of facilities in public universities

**Makerere University projects:** Key facilities, including the Main Administration Block, Lumumba Hall, and Mary Stuart Hall, were completed and occupied. Other works were still in progress, with the Graduate Studies Building at 40%, Phase II of the School of Public Health at 60%, and the MaRCCI–Kabanyolo administration block at 90%. Renovations for the MUARIK Dining Hall and the Centre for Continuing Education (CCE Hall) were postponed to FY 2025/26.



**Left–Right: Completed renovation of Mary Stuart Hall and the ongoing construction of the School of Public Health at Makerere University**

**Gulu University:** Construction of the Business and Development Centre was at 35%, compared to a target of 54%, while the Senate Building achieved 15% physical progress, surpassing its 10% target. Funds were also transferred to the National Enterprise Corporation (NEC) for the construction of a multipurpose building at Gulu University Constituent College, Moroto.

**Mbarara University:** The Faculty of Computing and Informatics (FCI) building was completed and handed over to the university in January 2025, but it remains non-operational due to pending furniture.

**Soroti University:** Phase II of the Anatomy Laboratory, constructed by the National Enterprise Corporation (NEC), was 70.41% physically completed by July 2025, compared to a time progress of 84.62%.

**Kabale University:** The Science Building, with four laboratories, and the remodelling of the three-lecture room block with offices at the main campus, were completed as planned. Phase II construction of the four-story Engineering Block at Nyabikoni was 40% complete, slightly behind schedule.



**Left-Right: Anatomy Block at Soroti University at 70.4% completion; and Phase II construction of the 4-storey Engineering Block at Nyabikoni Campus, Kabale University at 40% completion.**

**Lira University:** The construction of the administration block progressed to 95% completion. Other development activities undertaken included the acquisition of a certificate of title, preparation of a master plan, and completion of a geotechnical survey for 344 acres of land in Amolatar and Kole Districts. Routine maintenance of access roads was also conducted.

**Busitema University:** The construction of the five-level Lecture and Laboratory Block at the Mbale Campus was 90% complete, while the three-level Maritime Institute Laboratory and Lecture Block at Namasagali was at 30%. Additionally, the substructure for a three-level teaching facility at the Pallisa Campus was completed. At the Arapai Campus, renovations and new facilities, including a modern goats unit, were completed, while the design of an auditorium complex and a three-level laboratory at the Nagongera Campus was finalised.



**Left-Right: Lira University Administration Block at 82.7% completion and the five-level Lecture and Laboratory Block at Busitema University, Mbale Campus, at 78% completion**

**Muni University:** The Health Science Laboratory Building reached 88.5% completion (target: 100%), and the Administration Block Annex was at 62.3% (target: 95%), both of which were delayed owing to contractor issues. The mechanical workshop exceeded its target, reaching



75% (target 70%). The Okollo Campus renovation was at 99% (affected by solar delays), and the Police Office has been fully completed.



**Left-Right: Ongoing construction of the Administration Block Annex at 62.3% completion and the Health Science Laboratory Building, Muni University, at 88.5% completion.**

The Business Incubation Centre and Digital Electronic Lab Equipment were not initiated due to budget constraints. Surveying equipment achieved 90% (funding gaps), and a borehole was completed after a site change.

**Mountains of the Moon:** Outstanding certificates for the construction of the Faculty of Agriculture and Environmental Science Complex were cleared. However, construction stalled owing to insufficient development funding.

### Challenges

- i) **Poor project planning and prioritisation:** Some universities, notably Muni University, initiated multiple infrastructure projects without aligning them with available resources and approved funding schedules. This fragmented approach overstretched institutional capacity, resulting in delays, cost overruns, and inefficiencies across multiple projects.
- ii) **Inadequate funding:** Several university development projects stalled due to insufficient financial allocations. At Makerere University, the construction of the School of Gender and Women Studies was halted owing to unpaid contractor claims, and the CCE Hall renovation did not commence. Similarly, projects at Mountains of the Moon University (MoM) stalled, highlighting the persistent impact of budget shortfalls on implementation.

#### 4.3.10 Promote STEM/STEI-focused strategic alliances between schools, training institutions, high-calibre scientists, and industry

The MoES and public universities jointly implemented this intervention. Under the MoES, planned outputs were executed through the Departments of University Education and Training, Admissions, Scholarships and Student Affairs, and the Higher Education Students Financing Department. These included: i) Scholarships and bursaries targeting STEM/STEI disciplines provided; ii) Students supported under the Students' Loan Scheme; and iii) Busoga and Bunyoro University Taskforces supported for eventual government takeover.



For public universities, planned outputs included: i) Research and innovation initiatives funded; ii) Students enrolled and registered; iii) Articles published in peer-reviewed journals; iv) Student research supervised; v) Graduate research workshops conducted; vi) Graduation ceremonies held; vii) New curricula developed and accredited; viii) Climate change mitigation initiatives implemented; ix) Field exposure trips conducted; x) School practice sessions undertaken; xi) Community outreach activities delivered; and xii) Research workshops and seminars organised.

## Performance

Overall, the performance was good, with 72% of planned outputs achieved in FY 2024/25. Student enrolment reached 47,818, with Makerere University contributing 57% of the total, while Soroti and Muni recorded the lowest numbers. Core activities, including teaching, graduation, industrial training, and outreach, were delivered, alongside a strong research output at Makerere (1,256 publications) and a high Research and Innovation Fund (RIF) absorption rate of 99.9%. However, key constraints included low student loan uptake (45%) and critical understaffing (29.6%), which affect both quality and equity.

The STEM/STEI intervention recorded mixed results. While infrastructure and funding targets were largely met, including the awarding of over 10,000 scholarships, the establishment of 17 incubation centres, and the extension of Research and Innovation Funds to 11 public universities, several key outcomes lagged. Only 15% of STEM programmes met the 60% PhD-level staffing target, the STEM-to-humanities graduate ratio remained below the 3:5 goal, and industry linkages were weak. These gaps highlight the need for focused efforts to improve academic staffing and strengthen academia-industry collaboration to realise the full potential of STEM/STEI reforms under NDP III.

Detailed performance of planned outputs under the MoES and Public Universities is as follows:

**i) Scholarships and bursaries that target STEM/STEI provided:** The planned activities included: a) Seven Muni University staff supported to pursue further studies; b) Top-up allowances provided to 300 students on scholarships abroad; c) Postgraduate training in STEM/STEI disciplines supported; d) Mid-term travel facilitated for students on scholarships abroad; e) Living expenses provided for students in Cuba; f) Monitoring and psychosocial support provided to students in countries without attachés; g) First-year admissions and district quota schemes in OTIs monitored; h) Universities and Other Tertiary Institutions Act (UOTIA) reviewed and amended; i) 4,000 undergraduate students admitted under government sponsorship; j) 3,000 diploma students admitted under government sponsorship; and k) Annual homecoming symposium for scholarship beneficiaries organised.

Overall output performance was good, at 71%. Key achievements included government-sponsored undergraduate admissions, postgraduate STEM/STEI training, scholarship top-ups, and psychosocial support to international students. Shortfalls arose from the failure to review the UOTIA, limited staff development at Muni University, and low admission rates for diplomas. Key Highlights are presented below:

- a) **Support to Muni University staff:** Only two staff were supported for PhD studies, instead of the planned seven; this limited progress in building academic and research capacity.



- b) **Top-up allowances for students abroad:** A total of 350 students received top-up allowances, slightly exceeding the planned allocation of 300. This support eased financial hardships and ensured continuity of their studies.
- c) **Postgraduate training in STEM/STET:** A total of 59 students were supported for postgraduate training in STEM/STET disciplines, advancing the national effort to strengthen skills in science, technology, engineering, and innovation.
- d) **Mid-term travel:** 76 students on scholarships abroad were facilitated with mid-term travel, enabling them to reconnect with families and renew focus, meeting the planned target.
- e) **Living expenses in Cuba:** 17 students studying in Cuba received living expenses as planned, ensuring their welfare and retention in training programmes.
- f) **Psychosocial support:** Students in countries without attachés were provided with psychosocial support through monitoring visits and mentorship, which enhanced accountability and addressed welfare concerns.
- g) **Monitoring of admissions:** Monitoring of first-year admissions and district quota schemes in OTIs was undertaken, ensuring transparency and compliance with the established criteria.
- h) **Review of UOTIA:** The review and amendment of the Universities and Other Tertiary Institutions Act (UOTIA) was not carried out, constraining progress on critical higher education reforms.
- i) **Undergraduate admissions under government sponsorship:** A total of 4,000 students were admitted for degree programmes as planned, including 3,000 under the National Merit Scheme, 896 under District Quota, 40 under Talented Sports, and 64 under the Disability Scheme.
- j) **Diploma admissions under government sponsorship:** 3,000 students were admitted to national diploma programmes under government sponsorship.
- k) **Annual homecoming symposium:** The symposium for scholarship beneficiaries was successfully organised, providing a platform for experience sharing, networking, and strengthening alumni linkages.

**ii) Students supported with loans under the Students' Loan Scheme:** Following the enactment of the Higher Education Students Financing (Amendment) Act, 2024, the Higher Education Students Financing Board (HESFB) was dissolved and its functions transferred to the MoES under the Higher Education Students Financing Department (HESFD).

The planned activities under the HESFD for FY 2024/25 included: a) 5,757 learners supported, comprising 4,205 continuing and 1,552 new entrants (5,188 undergraduate and 569 diploma students); b) US\$ 27.1 billion disbursed in student loans; c) US\$ 2 billion recovered from loan beneficiaries; d) 1,000 loan beneficiaries trained in financial literacy; e) Seven additional staff recruited in the loans and recovery units; f) 33 staff trained in leadership, credit, and loan management.

Others included: g) An automated ERP Integrated Loan Management Information System (LMIS) implemented; h) Awareness campaigns and promotional activities conducted to popularise the scheme and enhance financial literacy; i) International staff training in higher education loan scheme management undertaken; and j) Beneficiary validation exercises carried out to strengthen accountability and credibility of the scheme.



The HESFD achieved 45% of outputs, primarily in student loan disbursement, scholarship allocation, and programme expansion. Budget cuts, staffing gaps, inadequate ICT systems, and weak loan recovery hindered performance. The key performance highlights are presented below:

- a) **Support to 5,757 learners:** A total of 6,317 students were supported, surpassing the target by 9.7%. This included 1,852 new entrants, of whom 42.7% were female, 57.3% male, and 29 were students with disabilities. The US\$ 7 million tuition cap enabled broader coverage within the budget.”
  - b) **Loan disbursement:** Loan disbursement amounted to US\$ 19.56 billion, against the planned US\$ 27.1 billion, following a budget cut of US\$ 3 billion.
  - c) **Loan recovery:** Loan recovery underperformed, with the collection of only US\$ 325 million (16.25%) of the US\$ 2 billion targets. RAPEX-related uncertainties, severe staffing gaps, weak tracking systems, ICT limitations, and inadequate enforcement provisions hindered collections. This shortfall undermined the revolving nature of the fund and reduced available resources for new learners.
  - d) **Training of loan beneficiaries in financial literacy:** The planned training of 1,000 loan beneficiaries in financial literacy was not conducted owing to funding constraints and the transition from the HESFB to the MoES. As a result, beneficiaries missed critical skills in money management, saving, and repayment planning, increasing the risk of poor loan recovery.
  - e) **Training of staff in leadership, credit, and loan management:** This activity was not undertaken. Instead, 15 staff received international training in South Korea on higher education loan management, which enhanced capacity through exposure to global best practices; however, the absence of local training limited improvements in day-to-day operations.
  - f) **ERP Integrated Loan Management Information System:** This was not implemented, resulting in reliance on manual records, weak beneficiary tracking, poor data sharing across government systems, and inefficiencies in loan recovery.
  - g) **Awareness campaigns and promotional activities:** Campaigns were conducted through radio talk shows, TV adverts, spot messages, and the distribution of 500 loan award reports and FAQs. However, uptake of the loan scheme remained low in some regions, notably Karamoja, owing to persistent information gaps and misconceptions.
  - h) **International staff training in higher education loan scheme management:** Fifteen staff were trained in South Korea for three weeks. This enhanced their technical skills, exposed them to international loan management models, and improved their capacity to strengthen monitoring, design better repayment frameworks, and ensure the sustainability of the scheme.
  - i) **Beneficiary validation exercises** were carried out, with 3,905 students verified through headcounts. The exercise ensured loans were awarded to eligible learners, reduced duplication, and strengthened accountability by funding only genuine beneficiaries.
- iii.) **Government takeover of Bunyoro and Busoga Universities:** The government takeover of Bunyoro and Busoga Universities was not finalised, although notable



progress was made. At Busoga University, 150 acres of titled land were secured, some liabilities cleared, staff establishment finalised, and UPDF-led renovations reached 75% completion. At Bunyoro University, a Taskforce office was established in Hoima, 200 acres of land were secured, building designs were initiated, 11 policies were developed, and 18 academic programmes received accreditation from the NCHE.



Ongoing renovation of classroom blocks at Busoga University



Left–Right: Substantially completed renovation of the Administration Block and Classroom Blocks at Busoga University, Iganga.

- v) **Research and innovation funding in public universities:** The total budget appropriated for the Research and Innovations Fund (RIF) across the eight monitored public universities was US\$ 33.60 billion in FY 2024/25. Makerere University accounted for the largest share, receiving **77.7%**. Releases were at US\$ 33.60 billion (100% of the total budget), and expenditure was at US\$ 33.59 billion, reflecting an overall absorption rate of 99.9%. Performance was very good across institutions, with only minor variances observed at Kyambogo (99.2%) and Mbarara (99.7%) (Table 4.11).

**Table 4.11: Research and innovation funding in eight universities as of 30th June 2025**

Institution	Budget (US\$)	Release (US\$)	Release Rate (%)	Expenditure (US\$)	Absorption Rate (%)
Makerere	26,124,559,430	26,124,559,430	100	26,121,393,172	99.99
Kyambogo	1,062,923,620	1,062,923,620	100	1,054,903,038	99.2
Mbarara	796,658,279	796,658,279	100	794,285,121	99.7
Muni	1,267,718,500	1,267,718,500	100	1,267,578,760	100
Mountains of the Moon	1,899,826,191	1,899,826,191	100	1,899,826,191	100
Lira	529,000,000	529,000,000	100	529,000,000	100
Busitema	1,735,004,470	1,735,004,470	100	1,735,002,467	100
Gulu	187,762,101	187,762,101	100	187,762,101	100

*Source: Field Findings.*

Despite high absorption rates, structural challenges continue in research and innovation, especially at newer universities. Relying on a limited pool of senior researchers restricts opportunities for early-career academics and hampers the growth of diverse research capacity. Without targeted investments in mentorship and capacity building, the long-term impact of RIF on innovation and knowledge creation might be limited.

### Challenges

- i) Inadequate infrastructure (both physical buildings, laboratories, and equipment) to support high-impact research and innovations that address national development priorities.
- ii) Low uptake of research findings and translation into commercial products. Previous efforts have focused on increasing research/innovation output, but with insufficient investment in translation.

### Recommendation

- i.) The Government of Uganda and universities should invest in specialised equipment and provide dedicated funding to establish central maker spaces, improve research translation, and strengthen partnerships with the private sector.
- v) **Staffing in public universities:** Acute understaffing persists in public universities, with Busitema, Muni, and Kabale at only 29.6% of approved staff levels. Causes include wage bill ceilings, recruitment controls, and challenges with the HCM system, which further slowed recruitment. Heavy reliance on part-time staff undermines teaching, research, and mentorship, while recycling senior academics hinders innovation. Urgent wage adjustments and efficient HCM processes are needed.
- vi) **Students enrolled, taught, and examined:** A total of 47,818 students were enrolled and registered across the seven monitored public universities. Makerere University, including MUBS, accounted for the largest share, with 27,396 students (57% of total enrolment). Kabale followed with 6,645 students, while Muni and Soroti had the lowest enrolments at 2,188 and 634, respectively. The gender distribution remained relatively balanced in universities that reported sex-disaggregated data, ranging from 36% to 45% female.

Enrolment trends reveal access and retention challenges. Makerere's student population declined from 38,000 five years ago to 27,396, owing to tuition and fee constraints, while.





smaller universities, such as Soroti and Muni, continue to attract few students, underscoring the challenges of affordability, programme relevance, and institutional competitiveness.

**viii) Articles published in peer-reviewed journals:** The universities collectively produced 2,216 publications. Makerere University dominated output with 1,256 articles (57%), underscoring its established research capacity. MUST contributed 270 publications, Kabale 255, and Lira 28, while Soroti and Muni registered fewer than 40 articles each, reflecting weak research capacity in younger institutions.

**ix) Graduate research supervision:** Makerere University supervised 6,648 graduate students, including 18 PhD defences, 179 master's viva voces, making it the lead institution. MUST supervised 159 graduate students, while MoM reported 90 master's dissertations. Lira scheduled 714 students for industrial training and 448 for research supervision, while Gulu, Soroti, and Muni provided limited information, highlighting gaps in graduate supervision capacity.

**x) Graduations conducted:** A total of 19,694 students graduated across the monitored universities. Makerere accounted for 13,626 graduates (69%), while MUST and Gulu produced 1,615 and 1,756 graduates, respectively. MoM held its 16th and 17th graduations with 1,026 graduates, Kabale graduated 1,671 students, Lira held one graduation, and Soroti had not held any graduations by mid-year.

**xi) Curriculum development and accreditation:** MUST reviewed and submitted eight programmes to the NCHE, Kabale reviewed six, and Gulu submitted its graduate handbook for approval. Makerere and Muni reported modest curriculum reviews, while Soroti showed minimal progress.

**xii) Community outreach services:** A total of 207 community outreach activities were conducted. Makerere led with 62 activities, Kabale and MUST each carried out 25, MoM 44, Lira 31, and Muni five. Soroti reported only one outreach event, indicating uneven engagement across institutions.

**xiii) Climate change mitigation:** Makerere planted 20 hectares of trees and managed three wetlands, while Gulu planted 9,000 eucalyptus trees and trained 125 community members. Soroti conducted four sensitisation sessions on water preservation, while Muni implemented limited activities. MoM, Lira, MUST, and Kabale largely focused on routine maintenance, pointing to missed opportunities for broader leadership in climate action (Table 12).



Table 4.12: Performance of selected outputs in the eight universities monitored by 30th June 2025

Indicator	MoM	LIRA	MUST	GULU	MUNI	SOROTI	KABALE	MAK
Students enrolled and registered	2,113 students (1,094 science and 1,019 non-science)	1,569 students (43% female) taught and examined	6,276 enrolled and registered	3,807 Humanities 2,383 Science	2,188 students	3,969 Science, 2,676 Arts	Science: 3,969; Arts: 2,676	27,396 (14,438F, 12,958M) students (Makerere 15,337 & MUBS 12,059)
Publications in peer-reviewed journals	125 papers published	28	1,256	Humanities 36 Sciences 41	37	255	255	270
HESFB	59 students (28 F, 31 M) supported under loan scheme	100	163 (82 F, 81 M)	117 (82 M, 35 F)	57 (27 F & 34 M)	237 M & 117 F	237 male and 117 female	No information
Student supervision	90 dissertations for master's students supervised	714 scheduled for industrial training; 448 scheduled for research supervision	159 graduate students supervised to G	Not available	Not available	6,648	6648	18 PhDs, 179 Master's viva voces
Research training seminar conducted	10 research seminars for knowledge exchange	4	2	2 doctoral research workshops held	1	11	11	44
Capacity building training for staff	6 ODeL trainings; 6 trainings for faculty staff on AIMS	8 trainings for 4 staff on e-learning library AIMS and Anti-plagiarism conducted.	5 trainings	10	0	5	5	No information
Graduation conducted	Conducted 16th & 17th graduation ceremonies; 1,026 students graduated	1 graduation conducted	1,615 students	1,756 students	01 to be held (9th Nov. 2025)	1,671	1,671	13,626
Industrial training	Conducted and supervised internship and school practice for 861 students	714 students underwent industrial training	1,904 students trained	1,325 students trained	4 industrial practices held by students of Faculties of Agriculture, Techno-	11	11	2030 Engineering students supervised during Industrial training



Indicator	MoM	LIRA	MUST	GULU	MUNI	SOROTI	KABALE	MAK
					Science, Science, and Management Science – 61 students			
Community outreach services	44 community outreach activities	31	3	5 faculties conducted community outreach	37 students from the 5 Faculties of Education, Health Science, Management Science, and Techno-Science conducted community outreach	25	25	62
Research workshops conducted	10 research workshops held	No information	No information	2 research workshops held	1	11	11	
Teaching and training	Conducted physical and online lectures for 30 weeks and 4 weeks of examinations	30 weeks of lectures & 4 weeks of examinations	30 weeks of lectures & 4 weeks of examinations	30 weeks of lectures & 4 weeks of examinations	44 weeks of teaching and learning	30 weeks of lectures & 4 weeks of examinations	30 weeks of lectures & 4 weeks of exams	38 weeks of teaching

Source: Author's Compilation from Field Findings.



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

The MoES Physical Education and Sports (PES) Department and the National Council of Sports (NCS) were monitored and planned outputs under NCS included: i) Facilitation of key international games; ii) Procurement and distribution of assorted sports equipment to districts and grassroots levels.

The MoES planned outputs were: iii) National and regional PES festivals conducted; iv) Assorted ball, gymnastic equipment and materials, athletic implements and specialised machines provided to education institutions; v) Operations of the NHATC-Teryet supported; vi) National education institutions teams facilitated to participate in international competitions; vii) National and regional education institutions sports competitions organised, coordinated and supervised; viii) One National Secondary School Music, Dance and Drama festival facilitated; and ix) One East African essay writing competition conducted.

#### Performance

Good performance of 76% was achieved, including sports competitions, international games where Uganda won 80 medals, and talent identification and essay competitions. However, funding constraints prevented the procurement of 5,000 balls, leaving infrastructure gaps unaddressed.

The implementation of the intervention under NDP III was only partially successful. The MoES and NCS drafted a framework for sports talent identification, but it was not finalised by 2025, while the creative arts framework under the MGLSD was not developed. Notable progress occurred at the grassroots level, with 177 Local Governments regularly organising competitions and over 8,000 pieces of equipment distributed. However, inadequate infrastructure prevented the overall NDP III target from being achieved.

Detailed performance for FY 2024/25 is presented in Table 4.13.

**Table 4.13: Performance of planned outputs under the intervention by 30th June 2025**

Implementing Agency	Planned Output	Achievement by the End of FY 2024/25
MoES (PES Department)	National and regional sports competitions for primary, secondary, and health training institutions organised and facilitated.	All were achieved as planned with the National Primary Ball Games and SNE U15 held in Mukono. The Health Training Institutions' games were held in Arua. The TVET games took place in Kaberamaido (Aug. 2024), and the secondary school ball games were held in Soroti (July 2024). Federation of East Africa Secondary Schools Sports Associations (FEASSSA) regionals were held in Bukedea (Aug. 2024).
	National education institution teams facilitated to participate in international competitions.	Six teams participated internationally. Uganda won two silver medals in athletics and one bronze in boys' doubles tennis at events in Bahrain (Gymnasia) and Bukedea (FEASSSA).
	Bi-weekly fitness training sessions and bi-annual assessments conducted.	Weekly fitness training and bi-annual assessments were conducted.
	Four PES activities facilitated to identify talent.	Facilitated 4 PES talent identification and development activities at Duhaga SS (Hoima City).



Implementing Agency	Planned Output	Achievement by the End of FY 2024/25
	Operations of NHATC-Teryet and Mandela National Stadium supported.	Wage and operational costs for both stadiums were supported.
	An East African essay writing competition conducted.	A national-level East African essay writing competition was conducted, which helps improve learners' writing and communication skills.
	5,000 balls and assorted sports equipment procured and distributed to institutions.	This was not implemented because the funds were used to pay for outstanding procurement contracts.
National Council of Sports (NCS)	Five critical international games supported and facilitated.	Supported national teams in major tournaments, including Team Uganda at the Paris 2024 Olympics and Paralympics, athletics, and rugby. Uganda won 80 medals: 33 gold, 22 silver, and 25 bronze. Additionally, five representative clubs, such as basketball and lawn tennis clubs, were supported.
	100 assorted sports equipment items procured and distributed for grassroots sports.	All 100 assorted sports equipment items (50 footballs and 50 netballs) were procured and distributed.

*Source: Field Findings.*

### Challenges

- i) **Limited access to sports equipment and facilities:** Despite distribution efforts, many schools, especially in rural areas, still face shortages of quality gear and lack adequate infrastructure, limiting student participation and performance.
- ii) **Taxation of donated sports equipment:** This raised the cost of accessing essential gear, discouraged potential donors, and reduced the availability of quality equipment for athletes and schools.

### Recommendation

- i.) MoFPED, in collaboration with Uganda Revenue Authority (URA) and the MoES, should offer tax incentives for donated sports equipment to boost contributions and improve access for schools and athletes.

#### 4.3.12 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

The MoES Physical Education and Sports (PES) Department and the National Council of Sports (NCS) were monitored and planned outputs under the MoES were: (i) 500 serving Physical Education teachers oriented on the Competency-Based Curriculum (CBC); (ii) 40,000 assorted balls, gymnastic equipment and materials, athletic implements, and specialised machines provided to 2,000 education institutions; and (iii) Annual membership fees paid to regional and international sports bodies.

#### Performance

Performance was poor, at 43%, primarily owing to limited funding and the reallocation of resources to settle prior procurement obligations. Some progress was achieved in orienting PE



teachers on the Competency-Based Curriculum and in fulfilling membership obligations to regional and international sports organisations. Overall, the intervention under NDP III fell short, as no regional sports academies were established by 2024/25 despite preparatory activities such as policy development and needs assessments, leaving the initiative off track and carried over to NDP IV.

Detailed performance for FY 2024/25 is presented below:

**Serving teachers of PE oriented on CBC:** Only 140 of the targeted 500 teachers were oriented in the Kigezi and Bunyoro sub-regions, with progress constrained by limited funding.

**Assorted balls, sports equipment and materials, athletic implements, and specialised machines provided:** The planned provision of 40,000 assorted balls, gymnastic equipment, athletic implements, and specialised machines to 2,000 educational institutions was not achieved, as the funds were reallocated to settle outstanding procurement contracts from FY 2023/24.

**Membership fees paid:** Annual membership fees were duly paid to the following: African Union Sports Council (AUSC), the World Anti-Doping Agency (WADA), the Federation of East Africa Secondary Schools Sports Associations (FEASSA), the East Africa Primary Schools Sports Games Association (EAPSSGA), the Technical Institutions and Education Associations Games (TIEAG), and the International Schools Sport Federation (ISF).

### Challenges

- i) Inadequate funding for training primary school teachers and supporting sports activities continued to limit talent identification and development.
- ii) Limited teacher retooling has affected over 30,000 Senior Four learners, as many teachers are not adequately prepared to deliver the revised PE curriculum, weakening both instruction and talent development.

### Recommendation

- i.) The MoES should scale up retooling programmes for in-service Physical Education teachers to strengthen their capacity to deliver the Competency-Based Curriculum and support early talent identification.

### 4.3.13 Maintain existing facilities and construct appropriate and standardised recreation and sports infrastructure at national, regional, and Local Government levels and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing)

The MoES, KCCA, and the National Council of Sports (NCS) were monitored, and planned outputs as follows: i) Completion and operationalisation of Phase I of the National High-Altitude Training Centre (NHATC); ii) Commencement of Phase II for the redevelopment of the KCCA Phillip Omondi Stadium; iii) Construction of Hoima Stadium; iv) Redevelopment of Kakyeka Stadium in Mbarara City; v) Construction of Akii-Bua Stadium in Lira City; and vi) Upgrading of training grounds at Kyambogo University (KYU), Muteesa II Stadium (Wankulukuku), FUFA Kadiba Ground (Rubaga Division), and Kampala International School Uganda (KISU).





## Performance

Performance was fair, at 60%, with key achievements including the completion of NHATC Phase I and upgrades of training grounds in preparation for CHAN 2025. However, Akii-Bua Stadium lagged at 12%, and work at Kakyeka Stadium had not commenced.

Under NDP III, notable progress was made in rehabilitating the Mandela National Stadium, commissioning the Teryet High-Altitude Training Centre, and ongoing work at Hoima and Akii-Bua Stadiums, as well as improving the CHAN 2025 training grounds. Public-Private Partnerships (PPPs), such as Nakivubo Stadium, further supported delivery.

Despite progress on flagship projects, many municipal stadiums still require refurbishment, and investments at the local government and school levels remained limited. This has resulted in poorly maintained facilities and hindered the achievement of comprehensive infrastructure coverage across all levels.

Key highlights of the FY 2024/25 performance are presented below:

**i) Phase I of the NHATC completed and operationalised:** Phase I of the National High-Altitude Training Centre (NHATC) was completed and transferred to the MoES on 28th February 2025, with operational assistance provided. However, the facility's effectiveness is hindered by the lack of adjacent washrooms and a dedicated maintenance budget for Teryet.

**ii) Redevelopment of the KCCA Phillip Omondi Stadium-Phase II:** Phase II of the redevelopment commenced in early 2024, executed by M/s Sarjan Construction Limited under an eight-month contract valued at US\$ 10.3 billion. The focus is on expanding seating capacity and completing essential facilities, including changing rooms and offices. By 30th June 2025, physical completion was at 70%. Key works completed included building columns, slabs, and the main stand roof; interior fittings for visitor rooms, offices, boardrooms, toilets, shower rooms, dressing rooms, player residences, and VIP/press rooms; as well as installation of firefighting and safety systems.

**iii) The construction of Hoima City Stadium:** Construction of the 20,000-seat Hoima City Stadium commenced on 7th June 2024 under a USD 130 million design and build contract with M/s Summa, scheduled for completion within 18 months. The stadium is expected to be complete by October 2025, with commissioning planned for December 2025. Features include a training facility with two changing rooms, a 2,000-seat indoor multi-sport arena, a semi-Olympic-sized pool, basketball and volleyball courts, a 1,000-capacity car park, a spectator plaza, perimeter fencing, and supporting systems (including electricity, water, ICT, and sewerage). By June 2025, work had progressed to 76.2%, ahead of the 68% plan. Progress was limited by an insufficient power supply, which curtailed the use of heavy machinery.



**Left-Right: Aerial and interior views of Hoima City Stadium at 76.2% completion as of July 2025.**

**Aki Bua Olympic Stadium:** Construction of the 20,000-seat Aki Bua Olympic Stadium began on 3rd May 2025, under a USD 129.7 million design and build contract with M/s Samco National Construction. The 20-month contract, scheduled to finish by 31st October 2026, includes training facilities, a semi-Olympic pool, outdoor courts, parking, a clubhouse, and related infrastructure. By July 2025, progress had reached 12%, slightly behind schedule owing to weak soils that required 884 reinforced concrete piles, and frequent equipment failures.



**Ongoing construction of Akii-Bua Olympic Stadium in Lira City, at 12% physical progress as of July 2025.**

**Upgrading of training grounds at Kyambogo University, Muteesa II Stadium, FUFA Kadiba Ground, and KISU:** In preparation for AFCON 2027, Phase I of the Kyambogo University training grounds was completed, and Phase II was launched. The upgrades to Muteesa II Stadium and FUFA Kadiba Ground were completed for CHAN 2025 training purposes. FUFA Kadiba reopened with the Uganda Cup Final on 31st May 2025. Kampala International School Uganda (KISU) was also upgraded to international standards.



Left-Right: Upgraded the training football pitch with new goalposts, and refurbished changing rooms at Muteesa II Stadium, Wankulukuku.

## Challenge

- i) **Inadequate maintenance funding:** The US\$ 7 billion allocated to the National Council of Sports (NCS) was insufficient to cover the high operating and maintenance costs of the new NHATC, upgraded training fields, and stadia, thereby exposing them to rapid deterioration.

## Recommendation

- i.) The National Council of Sports should consider alternative models, like Public-Private Partnerships (PPPs) and sponsorships, to obtain sustainable funding and meet international standards

### 4.3.14 Leverage Public-Private Partnerships (PPPs) for funding of sports and recreation programmes

The National Council of Sports (NCS) supports a diverse range of sports disciplines through 51 legally incorporated and registered National Sports Federations, Associations, and Clubs (NFAs). These entities operate under frameworks such as the National Sports Act of 2023, the Companies Act of 2010, and other applicable laws and regulations.

The planned outputs under NCS were: i) 20 national sports federations and associations supported to subscribe to international sports bodies; and ii) 51 national sports federations/associations supported to implement sports activities.

## Performance

Performance was very good, with all planned outputs achieved: 20 NFAs were subscribed to international bodies, and 51 NFAs were supported in implementing sports activities. Detailed performance for FY 2024/25 is presented below:

**National Sports Federations/Associations supported:** All 51 NFAs were supported in implementing sports activities, achieving 100% of the planned target. However, funding was uneven. The Federation of Uganda Football Associations (FUFA) alone received 67.8% of the total allocation, while the Uganda Rugby Union (URU) and Uganda Athletics Federation



(UAF) received 13.08% and 4.12%, respectively. Together, these three federations got 85% of the entire budget.

In contrast, the Federation of Uganda Basketball Associations (FUBA), the Federation of Motorsports Clubs of Uganda (FMU), and the Netball Normalisation Committee each received between 2.2% and 2.8%, while the Uganda Paralympic Committee (UPC), Uganda Cricket Association (UCA), and Uganda Boxing Federation (UBF) were allocated just 1% each. This indicates uneven support across various sports disciplines.

**National sports federations and associations supported to subscribe to international sports bodies:** 20 NFAs were supported in subscribing to international sports bodies, meeting the planned target.

**Partnerships:** The NCS established key partnerships with Kyambogo University, the Uganda Investment Authority (UIA), the Uganda Tourism Board (UTB), M/s Summa Construction Company, the Japanese Embassy, and other Government Ministries and Agencies to help achieve its goals in the sports sector. The NCS also signed a Memorandum of Understanding (MoU) with the UIA to support feasibility studies, offer space for sports infrastructure, develop sports content and data, and facilitate project implementation.

### Challenges

- i) **Weak accountability and financial management by the NFAs:** Many federations delay or submit incomplete financial reports, undermining public trust and violating Section 45(2) of the Public Finance Management Act 2015, and the National Council of Sports Act (Cap. 48), which mandate proper use and reporting of public funds.
- ii) **Inadequate monitoring by the National Council of Sports (NCS):** Limited staff, absence of a tracking system, and irregular inspections hinder follow-up, reporting, and evidence-based decision-making.

### Recommendation

- i.) The NCS should enforce timely financial reporting, provide training on accountability, and strengthen monitoring to ensure effective and compliant use of funds by NFAs.

#### 4.3.15 Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials

This intervention aims to professionalise and institutionalise sports and physical education by offering specialised training programmes for coaches, administrators, and technical officials. Its goal is to develop a robust human resource base for the sports sector, enhance technical standards, and align Uganda with international best practices in sports education, management, and governance.

The planned outputs under NCS were: i) 128 sports administrators and technical officials trained; ii) 102 coaches, umpires, and referees trained through refresher courses; iii) Five major international championships supported; iv) Ten national teams or representative clubs supported to participate in international championships/one tournament; v) Assorted anti-doping activities implemented in line with WADA; vi) Commitment fees for Uganda to host



the AFCON paid; vii) 51 national federations/associations gazetted in newspapers; and viii) National associations' capacity-building training organised.

## Performance

Performance was good, at 82%. Key outputs achieved included training officials, supporting teams, participating in four international championships, implementing anti-doping initiatives, managing AFCON fees, and gazetting federations. Refresher training was not conducted, and one event was missed. Detailed performance for FY 2024/25 is presented below:

**i) Training of sports administrators and technical officials:** A total of 128 administrators and technical officials were trained, fully meeting the target. This strengthened institutional capacity and governance across national federations and associations.

**ii) Refresher training for coaches, umpires, and referees:** The planned refresher courses for 102 coaches, referees, and umpires were not implemented owing to funding shortfalls, leaving gaps in continuous professional development and technical standards.

**iii) Support for international championships:** Uganda participated in four of the five priority international championships. These included: i) Paris Olympics – Olympic Games (global multi-sport event); ii) CECAFA Women's Championship – East African Community Games/Regional Championship (sub-regional football competition); iii) FIBA Afro Basket Qualifiers – All Africa Games/Continental Championship (African basketball qualifiers); and iv) CHAN 2024 – All Africa Games/Continental Championship (African football tournament for domestic league players). This increased the country's visibility. However, one planned global event was missed.

**iv) Support to national teams and clubs:** Ten national teams and clubs were supported to compete in international tournaments, meeting the set target and enabling athletes to gain exposure to higher levels of competition.

**v) Anti-doping activities:** Awareness and compliance checks were conducted in line with WADA standards, reinforcing Uganda's commitment to clean sport and athlete integrity.

**vi) Commitment fees for AFCON:** Uganda met its annual obligations by fully paying commitment fees, ensuring continued eligibility to host AFCON, and positioning the country for regional sports leadership.

**vii) Gazetting of federations/associations:** A total of 51 national federations and associations were formally gazetted, achieving the target and strengthening legal recognition and accountability frameworks.

**viii) Capacity building for associations:** Training sessions were organised for federations and associations to improve governance, management, and compliance with international standards.

## 4.4 Sub-programme Challenges

1. **Low absorption and underperformance of development projects:** Persistent low absorption of funds, particularly for externally financed projects, continues to hinder





the delivery of critical education infrastructure. Flagship projects, such as USEEP and BTVET-II, recorded absorption rates below 35% and physical progress of only 25–30%, primarily due to delayed procurements, land acquisition disputes, and weak operational planning.

2. **Weak project readiness and prioritisation:** Inadequate project preparation and poor sequencing of key activities delayed the commencement of construction works under USEEP and BTVET II. These shortcomings not only slowed implementation but also reduced the effectiveness of released funds, leading to escalating costs and limited impact on access and quality.
3. **Institutional and capacity constraints:** Public universities continue to face severe staffing shortfalls (average 29.57%) of the approved structures, with Busitema, Muni, and Kabale operating with less than a third of the required academic staff. This overextends personnel, undermines the quality of teaching and research, weakens student supervision, and compromises overall institutional performance.

## 4.5 Sub-programme Conclusion

The overall performance of the Education, Sports, and Skills Development Sub-programme was good, with an average achievement of 78% across all interventions by the end of FY 2024/25. Out of 15 interventions assessed, three (20%) achieved very good performance, averaging 97.7%, six (40%) registered good performance, ranging between 70% and 86%, five (33.3%) were rated fair, at about 60%, while one (6.7%) recorded poor performance, at 43%. This distribution shows strong delivery across the sub-programme.

However, persistent inefficiencies continued to constrain overall performance. Key challenges included low absorption and underperformance of externally financed projects due to procurement delays, land acquisition bottlenecks, and weak project readiness; poor sequencing of activities that slowed the start of critical works; and severe staffing shortfalls in public universities, where average staffing levels stood at only 29.57%, overstressing existing personnel and undermining teaching, research, and supervision. Addressing these constraints is essential to sustain momentum and unlock the full potential of the sub-programme.

## 4.6 Sub-programme Recommendations

1. The MoES, in collaboration with the NPA and MoFPED, should enforce mandatory project readiness assessments, set realistic project designs and timelines, and implement phased sequencing for large projects to reduce resource strain and delays.
2. MoPS, MoFPED, and the MoES should expand the wage bill to enable phased recruitment of academic staff. Furthermore, University Councils should strengthen retention by implementing performance-based incentives, promoting career development, and enhancing staff welfare to build institutional capacity.



## CHAPTER 5: LABOUR AND EMPLOYMENT SERVICES SUB-PROGRAMME

### 5.1 Introduction

The Labour and Employment Services Sub-programme contributes to Programme Objective 3 of the NDP III, which seeks to develop a knowledgeable, skilled, and ethical labour force, with emphasis on science, technology, Technical and Vocational Education and Training (TVET), and sports.

The sub-programme's expected outcomes include promoting decent and productive employment, enhancing labour standards, and improving working conditions across sector institutions. Key performance indicators include increasing the proportion of the labour force engaged in decent employment from 34.5% to 55%, and improving the ratio of Science and Technology graduates to Arts graduates from 2:5 to 3:5.

It is anchored in 11 interventions (detailed in Annex 2), implemented through the MGLSD, the MoES, Local Governments (LGs), public universities, State House, the Uganda Manufacturers Association (UMA), the Private Sector Foundation Uganda (PSFU), and the Uganda Business and Technical Examinations Board (UBTEB). Complementary institutions include the National Information Technology Authority-Uganda (NITA-U), the National Planning Authority (NPA), and the MoFPED.

### 5.2 Sub-programme Financial Performance

The sub-programme budget for FY 2024/25 was US\$ 399.56 billion, of which US\$ 248.87 billion (62.3%) was released by mid-year. Out of this, only US\$ 196.18 billion (78.8% of releases) was spent, indicating significant underperformance in absorption, mainly on externally financed projects. The wage recurrent category accounted for 25.2% of the total budget, non-wage recurrent accounted for 23.4%, while external financing held the largest share, at 51.4%. (Table 5.1).

**Table 5.1: Labour and Employment Services Sub-Programme financial performance as at 30th June 2025**

Budget Category	Approved Budget (US\$) Bn	Released (US\$) Bn	Spent (US\$) Bn
Wage Recurrent	100,619,302,674	100,619,302,674	100,481,326,103
Non-Wage	93,607,625,164	93,249,867,566	93,216,618,020
GoU Dev't	-	-	-
Ext Fin. Dev't	205,337,592,375	54,997,007,594	2,478,774,958
GoU Total	194,226,927,838	193,869,170,240	193,697,944,123
<b>Total GoU+Ext Fin (MTEF)</b>	<b>399,564,520,213</b>	<b>248,866,177,834</b>	<b>196,176,719,081</b>

*Source: Programme-Based Budgeting System, IFMS.*

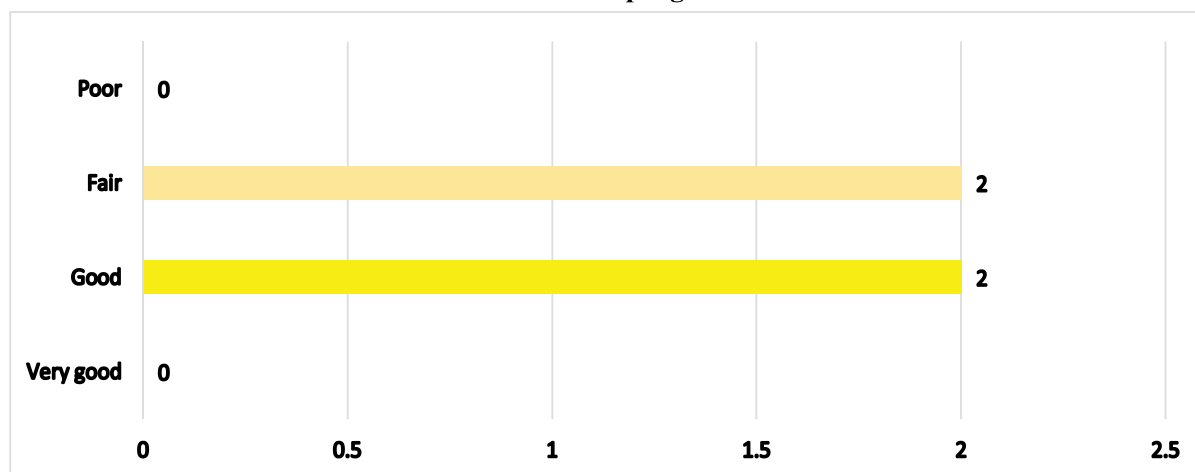
The wage recurrent category accounted for 25.2% of the total budget, non-wage recurrent for 23.4%, while external financing had the largest share at 51.4%. By the end of the financial year, 100% of the wage budget, 99.6% of the non-wage budget, and only 26.8% of the external financing budget had been released. Absorption rates were high under both wage (99.9%) and non-wage (99.9%) categories, but extremely low for external financing, at just 4.5%, primarily due to delayed procurement processes, rigid donor disbursement conditions, and weak project readiness.



### 5.3 Sub-Programme Physical Performance

Overall, sub-programme performance was good, at 77.4%, across all interventions. Of the four interventions assessed, 50% showed good performance, ranging from 70% to 86%, while the remaining 50% were rated as fair, with an average of 59.4%. This distribution reflects steady progress in skills development reforms, while also highlighting persistent gaps in modularisation, funding, and the availability of sector experts, which limited full achievement (Figure 5.1).

**Figure 5.1: Distribution of intervention performance ratings based on total number of interventions reviewed under the Education Sub-programme**



Source: Author's Compilation.

A summary of the sampled interventions' performance is presented in Table 5.2.

**Table 5.2: Overview of the interventions performance by 30th June 2025**

S/No	Intervention	Performance Rating	Remarks
1	Roll out the modularised TVET curricula for all formal TVET programmes to attain a flexible demand-driven TVET system in Uganda.	Fair	Fair performance, at 53.3% overall; MoES registered 36.4%, UVTAB 75%. Foundations for TVET reform were laid, but modularisation and assessor training lagged behind.
2	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle.	Good	Performance was good, at 74.9%. Student assessments surpassed targets, tutors and instructors received retooling, and key events, including the skills competition and annual conference, were successfully delivered. Policy development progressed with the preparation of a draft health policy and a Cabinet memorandum. Infrastructure development, however, underperformed owing to funding shortfalls and weak contractor performance.



S/No	Intervention	Performance Rating	Remarks
3	Implement an incentive structure for the recruitment, training, and retention of the best brains in the teaching profession across the entire education system.		Overall performance was good, averaging 72%, with notable progress in curriculum retooling, monitoring, and teacher competence development. However, gaps remained in the rollout and dissemination of the LSC policy frameworks.
4	Accelerate the acquisition of urgently needed skills in key growth areas.		Fair performance, at 65.5%, with strong delivery in vocational assessments, assessor deployment, curriculum mapping, ISO quality validation, and near-completion of its Assessment Centre, but underperformance in technical candidate enrolment, certification issuance, tracer studies, ATP development, and instructor retooling due to delayed results, funding gaps, and a shortage of sector experts.

*Source: Author's Compilation.*

The physical performance of sampled interventions is detailed hereafter:

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

The intervention was jointly implemented by the Ministry of Education and Sports (MoES) through the TVET Operations and Management Department (TVET O&M) and the Uganda Business and Technical Examinations Board (UBTEB), now reconstituted as the Uganda Vocational and Technical Assessments Board (UVTAB).

Key planned outputs included: i) Development and dissemination of TVET operating procedures and standards, benefitting all accredited training institutions; ii) Inspection of private TVET providers for accreditation, with 55 institutions assessed; iii) Public awareness drives on modular programmes, reaching over 1,200 trainees and instructors; v) Transfer of grants for 4,800 trainees to support access and retention; iv) Facilitation of the TVET Council and Boards, enabling governance and coordination of 120 members; vi) Modularisation of 30 programmes for assessment, supporting curriculum alignment across institutions; and vii) Retooling and certification of 240 assessors to strengthen quality assurance in training and examinations.

### **Performance**

The overall performance was fair, at 53.3%. The MoES underperformed, with 36.4%, despite completing basic activities such as delivering awareness workshops, conducting supervision visits, providing grants to 15 colleges, and undertaking preparatory work for governance structures. UBTEB performed better at 75%, progressing in programme modularisation and assessor retooling. Despite some successes, the overall delivery of TVET reform lagged, particularly in the areas of modularisation and training efforts. Details of the performance of planned outs are presented below:



**i) TVET operating procedures and standards were developed and distributed:** Four regional workshops were held to raise awareness among TVET providers about the TVET Act 2025 and the draft TVET Qualifications Framework, including admissions guidelines. This effort aimed to standardise TVET operations and enhance institutional alignment with the new regulatory framework.

**ii) Public awareness campaigns about modular programs were carried out through extensive media outreach:** These included TV shows on TV West and Bukedde TV, radio advertisements across regions such as Elgon, Lango, Ankole, and Buganda, as well as social media initiatives. Additionally, TVET programme ads were placed on billboards in Rwebikooka (Mbarara) and Jinja City; these efforts aimed to boost enrolment and visibility, especially in preparation for the August 2025 diploma intake.

**iii) Grants for 4,800 trainees were transferred to 15 colleges:** These include Nakawa Vocational Training Institute, five UTCs (Elgon, Lira, Bushenyi, Kichwamba, and Kyema), five UCCs (Soroti, Tororo, Pakwach, Aduku, and Kabale), two Co-operative Colleges (Kigumba and Tororo), Nsamizi Institute for Social Development (ISD), and the Institute for Standards and Leadership Management (ISLM). These grants aimed to improve access and retention in TVET programmes.

**iv) TVET Council preparatory activities facilitated:** To strengthen governance and oversight in the sector, the MoES also helped with the induction and operationalisation of the TVET Council, UVTAB, and the Uganda Health Professions Assessment Board (UHPAB). Members participated in the 20th East African Community Sectoral Council meetings held in Arusha and Nairobi, and attended induction workshops in Uganda.

**v) Programmes modularised for assessment:** UBTEB advanced in modularising 10 out of 30 programmes to align with industry and competency-based education standards. These include diplomas and certificates in Integrated Aquaculture and Agriculture, Fisheries Production, Software Development with AI, Multimedia Design, Computer Science, Computer Engineering, and Computing and Information Systems.

**vi) Assessors retooled and certified:** Additionally, UBTEB retooled 93 assessors, including instructors, examiners, and practitioners from Business and Humanities programmes, by providing them with updated skills through training at the Uganda Industrial Research Institute (UIRI), Namanve. This effort is part of a broader plan to retool a total of 240 assessors, with 55% being female and 45% male.

### **5.3.2: Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle**

The intervention is primarily implemented by the Department of Health Education and Training under the MoES. It aims to expand access to quality training for health professionals and improve institutional capacity for health workforce development.

Key planned outputs included: i) Students assessed (44,000 under UAHEB and 105,806 under UNMEB); ii) A National Education and Training for Health Policy developed; iii) Five diploma curricula revised; iv) An Annual Health Education Training and Healthcare



Conference held; v) Mentors and clinical preceptors for 20 Health Training Institutions (HTIs) facilitated; and vi) Construction of HTIs under infrastructure development (Project 1803).

## Performance

Overall performance was good, averaging 74.9% across the planned outputs. Student assessments exceeded targets under both UAHEB and UNMEB, and tutors and instructors benefitted from skills upgrades. The National Skills Competition and Annual Conference were successfully carried out. Policy development advanced, with the draft National Education and Training for Health Policy approved by top management and a Cabinet Memorandum prepared for submission. However, infrastructure development significantly underperformed, with most projects stalled or incomplete owing to funding shortfalls and weak contractor performance.

### Uganda Health Professions Assessment Board (UHPAB)

A significant development during the year was the merger of the Uganda Allied Health Examinations Board (UAHEB) and the Uganda Nurses and Midwives Examinations Board (UNMEB) into the Uganda Health Professions Assessment Board (UHPAB), in line with the TVET Act. The Board, officially inaugurated in July 2025, brought together 81 staff members on short-term contracts. It developed essential governance and operational documents, including a Strategic Plan, Board Charter, Human Resource Manual, Finance and Administration Manual, Client Charter, IT Policy, Records Management Policy, and Quality Assurance Policy.

Details of the performance of planned outs are presented below:

**i) Students assessed:** A total of 160,259 students were assessed, including 44,249 under UAHEB (100.6% of the target) and 116,010 under UNMEB (109.6% of the target). The examinations were conducted smoothly, ensuring continuity in health workforce training.

**ii) The National Education and Training for Health Policy developed:** The policy has reached the draft stage, following approval from top management and is accompanied by a Cabinet Memorandum prepared for submission. It is expected to offer a comprehensive framework for strengthening health education and training, standardising practices across institutions, and guiding investments in human resources for health to meet emerging national and global health challenges.

**iii) Diploma curricula revised:** The revision of five diploma curricula (Pharmacy, Environmental Health, Medical Laboratory, Nursing, and Psychiatric Nursing) was completed up to the validation stage, although final approval and implementation are still pending.

**iv) Annual Health Education Training and Healthcare Conference:** In line with the annual calendar, one national conference was planned and successfully conducted. This created a platform for knowledge sharing, policy dialogue, and professional networking among health educators, practitioners, and policymakers, thereby contributing to the strengthening of the training and practice environment.

**v) Mentors and clinical preceptors for 20 Health Training Institutions (HTIs) facilitated:** Mentors and clinical preceptors were effectively supported, with all 20 Health Training Institutions involved. This initiative helped improve clinical training and supervision, thereby boosting the quality of hands-on learning for healthcare trainees nationwide.



**vi) Construction of HTIs under Infrastructure Development (Project 1803):** Progress varied significantly across institutions. At Jinja Medical Laboratory School, work reached 35%, with the first-floor suspended slab completed. At Hoima School of Nursing and Midwifery, the girls' hostel was fully completed. However, at Public Nurses College, Kyambogo, the staff quarters remained unfinished, while work at Mbale School of Hygiene had not yet started.

The construction of Rt. Hon. Wapakhabulo Memorial College of Nursing and Midwifery only advanced to 15%, with Memoranda of Understanding (MoUs) signed and work assignments given to the UPDF Engineering Brigade. However, during monitoring, no visible progress was observed on site despite the UPDF having received funds upfront. Delays in project implementation were mainly caused by the UPDF Engineering Brigade being overwhelmed by multiple construction sites across both the education and health sectors, which has negatively affected timely service delivery.

### Challenge

- i) The government subsidy per candidate was insufficient to cover the high costs of health-related examinations, leading to funding gaps and cash-flow issues. This affected timely delivery and quality assurance, despite increasing enrolments.

### Recommendations

- i.) The MoES and MoFPED should implement a phased increase in government subsidies to cover the actual costs of health-related examinations.
- ii.) The Uganda Health Professions Admission Board (UHPAB) should carry out a fair and gradual review of student fees. To promote equitable access, any fee adjustments must be accompanied by targeted financial support for vulnerable candidates, ensuring both accessibility and the long-term financial sustainability of examination delivery.

## 5.3.3 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 primarily implemented by the Ministry of Education and Sports (MoES) through the Teacher Education Training and Development (TETD) Department, and the Ministry of Gender, Labour and Social Development (MGLSD). In line with the National Development Plan III (NDP III), the intervention focuses on strengthening teacher education and professional development, promoting innovative pedagogy, and ensuring that institutions meet the basic requirements and minimum standards for quality learning outcomes.

The MoES was monitored, and its key planned outputs were: i) Training 25 TETD staff on operations of diploma-awarding institutions; ii) Retooling 100 pre-primary teacher educators on the Early Childhood Development (ECD) Curriculum; iii) Training 50 tutors on pedagogical skills, ICT, and 21st century skills; and iv) Building the capacity of 25 TETD staff on the Lower Secondary Curriculum (LSC).





Others included: v) Training 500 teachers on the LSC; vi) Printing and disseminating 500 copies of the Teachers Act; vii) Monitoring and support-supervision of 28 Teacher Training Institutions and 50 SESEMAT centres; viii) Reviewing Teacher Competence Profiles; ix) Facilitating SESEMAT staff with transport and lunch allowances; and x) The Uganda National Institute of Teacher Education (UNITE) operationalised.

## Performance

Overall performance was good, averaging 72% across the planned outputs, with notable progress in curriculum redesign, monitoring, and teacher skill development. However, gaps remained in the rollout and dissemination of policy frameworks in LSC. Details of the performance of the planned outputs are provided below:

**i) Training of 25 TETD staff on diploma-awarding institutions:** Operations were not carried out, leaving staff without essential skills to manage and oversee these institutions effectively. This gap weakened the ability of institutions to enforce standards.

**ii) Retooling of 100 pre-primary teacher educators on the ECD teacher training curriculum:** The target was fully achieved, with all 100 pre-primary teacher educators successfully retooled. This effort enhanced the quality of early childhood education by providing educators with updated knowledge and practical skills for foundational learning.

**iii) Training of 50 tutors on pedagogical skills, ICT, and 21st-century skills:** A total of 50 tutors were trained at Kabale Bukinda in July 2025. The training enhanced their competence in modern teaching methods, digital literacy, and interactive techniques, thereby improving the delivery of learner-centred education.

**iv) Capacity building of 25 TETD staff on the Lower Secondary Curriculum (LSC):** The planned training of TETD staff was not realised because of funding shortfalls.

**v) Training of 500 teachers on the LSC:** Only 109 teachers were trained out of the planned 500, which is less than a quarter of the target. This large shortfall slowed the nationwide rollout of the new curriculum and limited its reach. The training at Burera Core PTC helped with classroom implementation, but did not fully achieve the goal of preparing a critical mass of teachers.

**vi) Printing and dissemination of 500 copies of the Teachers Act:** The printing and dissemination of the Teachers Act did not take place, restricting access to a key policy document meant to guide teacher professionalism and accountability.

**vii) Monitoring and support supervision of 28 Teacher Training Institutions and 50 SESEMAT centres:** Performance exceeded the target by monitoring 30 Teacher Training Institutions instead of 28. Additionally, 120 secondary schools were included in the LSC implementation, and 30 schools were involved in science and mathematics teaching under the SESEMAT programme. This broader coverage enhanced oversight and provided valuable feedback for quality improvement.

**viii) Review of Teacher Competence Profiles:** The Teacher Competence Profiles were successfully reviewed, and a draft was created. This provides a framework for enhancing professional standards, promoting ongoing professional development, and evaluating teacher performance.



**ix) Facilitation of SESEMAT staff with transportation and lunch allowances:** SESEMAT staff received transportation and lunch allowances as planned, allowing them to effectively carry out training, monitoring, and supervision activities across different regions.

**x) Uganda National Institute of Teacher Education (UNITE) operationalised:**

UNITE was operationalised on 3rd September 2024, taking over the former National Teachers' Colleges of Muni, Kaliro, Mubende, Kabale, Shimoni, and Unyama, with the first cohort of students already enrolled.

The establishment of the National Teacher Council remained in progress, pending parliamentary consideration at the second reading stage.



**Uganda National Institute of Teacher Education (UNITE), Muni Campus, Arua City operationalised.**

### 5.3.4 Accelerate the acquisition of urgently needed skills in key growth areas

The intervention was implemented by the Uganda Vocational and Technical Assessments Board (UVTAB), established through the merger of UBTEB and DIT under the TVET Act No. 3 of 2025. It aimed to accelerate skilling by strengthening assessment and certification systems, developing demand-driven curricula, and improving quality assurance in vocational and technical training.

The planned activities and corresponding achievements under the thematic areas of Technical Assessments, Vocational Assessments, Curriculum Development, Quality Standards and Accreditation, Certification and Transcripts, and Infrastructure Development are summarised in Table 5.3.

#### Performance

The Uganda Vocational and Technical Assessments Board (UVTAB) performed fairly, with 65.5% of its targets achieved in FY 2024/25.

**i) Technical Assessments:** A total of 23,336 diploma-level candidates were assessed against a target of 54,000, primarily owing to the delayed release of the November–December 2024 results, which limited registration for higher levels. Nonetheless, 1,900 assessment managers were fully deployed, 1,615 papers were printed, practical item testing was conducted, and 110 Special Needs Education (SNE) candidates were supported. This reflects strong operational delivery but also highlights enrolment gaps.

**ii) Vocational Assessments:** Performance surpassed targets, with 42,675 candidates assessed compared to 35,000 planned. Over 1,254 assessors were deployed, 570,400 booklets procured, and both formal and modular assessments were conducted. Practical and real-life project assessments further improved competency-based testing, while 91 SNE candidates received

tailored support. However, the planned development of Barista and Mixologist Assessment and Training Packages (ATPs) was halted due to a shortage of sector experts.

**iii) Curriculum Development:** Progress was made in mapping curricula, consulting 214 practitioners, and developing a roadmap for future reviews. Existing programmes previously assessed by UBTEB and DIT were identified. However, the retooling of 147 instructors and planned industry practice was not achieved owing to a lack of technical experts, limiting the advancement of specialised occupational standards.

**iv) Quality Standards and Accreditation:** Key milestones included validation of the ISO 9001:2015 Quality Management System in partnership with UNBS, updating the Assessment Information Management System, and orienting 1,254 assessment professionals. Yet, activities such as the stakeholder feedback workshop, tracer study, and inspections of skilling centres were not implemented, reflecting gaps in the rollout of quality assurance.

**v) Certification and Transcripts:** Only 6,905 transcripts and 3,017 certificates were issued out of a planned 20,870, because results from November–December 2024 were not released. This bottleneck delayed candidate progression to higher levels and reduced the credibility of certification timelines.

**vi) Infrastructure Development:** The UVTAB Assessment Centre reached 99% completion, supported by regular inspections and monitoring. This infrastructure, once completed, will serve as a modern hub for assessments and boost institutional capacity to deliver demand-driven skills development.



Substantially completed UVTAB Headquarters at Kyambogo, Kampala.

**Table 4.3: Performance of UVTAB planned activities as of 30th June 2025**

Planned Output	Improved Achievement Statement	Performance Status
<b>Technical Assessments</b>		
Register 54,000 technical candidates (40%F, 60%M).	Only 23,336 candidates (8,199 F; 15,137 M) were assessed, representing 43.2% of the target. The shortfall was primarily due to the delayed results for November and December 2024.	Partially achieved
Engage 1,900 technical assessment managers.	All 1,900 managers (100%) were deployed (56% F; 44% M) to conduct, supervise, and manage assessments nationwide.	Achieved
Print and distribute exam papers for 54,000 candidates.	Examination papers were produced for 23,336 candidates (43.2%); the balance was deferred to Aug. 2025 owing to pending results.	Partially achieved
Deploy assessors, verifiers, monitors.	A total of 305 reconnoitres were deployed across 219 centres and 67 police stations, although coverage fell short of the original plan.	Partially achieved
Mark and process scripts for 54,000 candidates.	Scripts for 23,336 candidates (43.2%) were marked and processed, reflecting the reduced number of registrations.	Partially achieved
Conduct practical tests for 54,000 candidates.	Practical assessments were administered to 23,336 candidates (43.2%) using 96 test item sets.	Partially achieved
Support SNE candidates (technical).	A total of 110 SNE candidates were supported with tailored arrangements for dyslexia, physical, visual, and hearing impairments.	Achieved
<b>Vocational Assessments</b>		
Register 35,000 vocational candidates.	A total of 42,675 candidates were assessed (18,902 Level I–III; 23,773 workers PAS and modular), equivalent to 121.9% of the target.	Achieved
Engage 882 vocational assessment managers.	All 882 managers (100%) were deployed (56% F; 44% M) to oversee vocational assessments.	Achieved
Print and distribute 89,000 vocational papers.	Only 66,011 papers (74.2%) were printed (25,394 informal; 40,617 formal), ensuring adequate coverage for candidates.	Achieved
Deploy 1,254 vocational assessors.	A total of 1,254 assessors (100%) were deployed across 263 centres.	Achieved
Mark and process 35,000 vocational scripts.	Approximately 40,617 scripts (116.0%) were marked and processed, surpassing the planned target.	Achieved
Support SNE candidates (vocational).	About 91 SNE candidates were supported with inclusive arrangements.	Achieved
Develop Barista & Mixologist ATPs.	Planned 2 ATPs were not developed owing to the limited availability of sector experts.	Not achieved
Conduct real-life project assessments.	Approximately 8,739 candidates from 29 institutions were assessed through real-life projects, supported by 46 practitioners.	Achieved
Conduct product & service exhibition assessments.	770 candidates were assessed at 17 centres under the guidance of 33 practitioners.	Achieved
<b>Curriculum Development</b>		
Map curriculum processes & stakeholders.	Mapping was completed, with 214 practitioners consulted across the construction, hospitality, and livestock sectors.	Achieved
Identify existing ATPs (DIT & UBTEB).	All existing ATPs previously assessed by DIT and UBTEB were identified and documented.	Achieved
Develop a curriculum roadmap.	A roadmap was finalised to guide curriculum development and review processes.	Achieved
Retool 147 instructors/assessors.	Planned retooling of 147 instructors and assessors was not undertaken due to a shortage of sector experts.	Not achieved
Conduct industry practice attachments.	No industry practice attachments were conducted during the period.	Not achieved



Planned Output	Improved Achievement Statement	Performance Status
<b>Quality Standards and Accreditation</b>		
Update Assessment Information Management System (AIMS).	Updates were undertaken for informal assessments, though the process remains ongoing.	Partially achieved
Validate ISO 9001:2015 QMS with UNBS.	Validation of ISO 9001:2015 QMS was completed in June 2025 in line with the TVET Act.	Achieved
Update the list of assessment centres.	The list of assessment centres was updated, integrating former UBTEB and DIT centres.	Achieved
Update standards database.	The database of standards was updated, but final Board approval is still pending.	Partially achieved
Conduct a stakeholders' feedback workshop.	No feedback workshop was held due to delays in related processes.	Not achieved
Inspect 9 centres for skilling boy & girl child.	Planned inspections for nine centres were not conducted as guidelines were still under development.	Not achieved
Inspect 19 presidential industrial hubs.	No inspections of the planned nineteen industrial hubs were undertaken.	Not achieved
<b>Certification and Transcripts</b>		
Issue 20,870 transcripts & certificates.	Only 9,922 credentials (47.5%) were issued (6,905 transcripts; 3,017 certificates); delays were caused by the pending release of Nov.–Dec. 2024 results.	Partially achieved
Orient 1,200 assessment professionals.	Orientation was provided to 1,254 professionals (104.5%), slightly above the target.	Achieved
Conduct a tracer study.	A tracer study was planned but not implemented; only the concept was approved.	Not achieved

*Source: Field Findings.*

## 5.4 Sub-programme Challenges

- Weak institutional-industry linkages:** Limited collaboration between educational institutions and industries restricts students' access to practical training opportunities. This gap hinders the development of hands-on skills, reducing the employability of graduates in a competitive and evolving job market.
- High cost of training:** The high financial demands of BTVET programmes, including tuition and training materials, create barriers for many potential trainees, particularly those from low-income backgrounds, leading to reduced enrolment and inequitable access to skills development.

## 5.5 Sub-programme Conclusion

The Labour and Employment Services Sub-programme achieved good performance in FY 2024/25, with an overall score of 77.4%. Half of the interventions scored between 70% and 86%, while the rest were rated fair at around 59.4%, with no intervention classified as poor, reflecting generally consistent service delivery.

However, performance was constrained by key inefficiencies, including delays in releasing examination results, a shortage of sector experts, and funding shortfalls. These challenges hindered candidate progression, slowed the development of new Assessment and Training Packages (ATPs), and limited infrastructure and quality assurance efforts. Addressing these



bottlenecks is critical to advancing ongoing reforms and achieving the sub-programme's objectives under NDP III.

## 5.6 Sub-programme Recommendations

1. **Public-Private Partnerships (PPPs):** The MoES, in collaboration with the Private Sector Foundation Uganda (PSFU) and relevant industry associations, should establish structured PPPs that formalise internships, apprenticeships, and joint curriculum development between training institutions and industries.
2. **Introduce targeted scholarships and bursary schemes:** The MoES, in partnership with MoFPED, should offer financial support for low-income learners in priority BTVET programmes to enhance access and promote equity.



## CHAPTER 6: POPULATION HEALTH, SAFETY AND MANAGEMENT SUB-PROGRAMME

### 6.1 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 16 interventions (Annex 2), reprioritised during the mid-term review of NDP III, are implemented across various votes, including the Ministry of Health (MoH), National Referral Hospitals, Regional Referral Hospitals (RRHs), Local Governments (LGs), the Ministry of Water and Environment (MWE), the National Planning Authority (NPA), the Ministry of Education and Sports (MoES), Uganda Bureau of Statistics (UBOS), and the Ministry of Gender, Labour and Social Development (MGLSD).

### Sub-programme Key Result Areas

According to the NDP III Results Framework (Table 6.1), the following were expected to be achieved in FY 2024/25, which marked the final year of NDP III implementation.

**Table 6.1: Population Health and Safety Key Result Areas FY 2024/25**

Indicators	FY 2024/25
Life expectancy at birth (years)	70
Infant mortality rate/1,000	34
Maternal mortality rate/100,000	211
Neonatal mortality rate (per 1,000)	19
Total fertility rate	4.5
Under-5 mortality ratio/1,000	30
Population growth rate (percent)	2.5
Increased access to safe water supply (rural)	85
Increased access to safe water supply (urban)	100
Sanitation coverage (improved toilet)	45
Hygiene (hand washing)	50
Health insurance	25

Source: NDP III 2020/21 – 2024/25.

Annual monitoring focused on 10 of the 16 interventions, and a summary of performance is presented in Table 6.4.

- 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, emphasising the Primary Healthcare Approach.
- Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative, and palliative healthcare services.



- iii) Reduce the burden of the HIV epidemic and its impact on the social development of communities, using the multi-sectoral approach.
- iv) Prevent and control non-communicable diseases (NCDs) with a specific focus on cancer, cardiovascular diseases, and trauma.
- v) Improve maternal, adolescent, and child health services at all levels of care.
- vi) Increase access to sexual reproductive health and rights with a special focus on family planning services.
- vii) Promote health research, innovation, and technology uptake.
- viii) Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme.
- ix) Increase access to inclusive safe water, sanitation, and hygiene with emphasis on increasing coverage of improved toilet facilities and handwashing practices.
- x) Improving Occupational Safety and Health (OSH) management.

## 6.2 Financial Performance

Public Health Services and Primary Healthcare (PHC) dominated budget allocations under the Population Health, Safety, and Management Sub-programme (Table 6.2). This was mainly driven by significant investments in the UgIFT Programme, salary increases for healthcare workers through PHC, and support from key development partners such as the Global Fund (for malaria, HIV/AIDS, and TB), GAVI, and the Uganda COVID-19 Response and Emergency Preparedness Project (UCREPP) Project. These resources were primarily allocated to public health interventions focused on improving service delivery and strengthening the resilience of the health system.

The Pharmaceutical and Medical Supplies, Cancer Services, and Primary Healthcare Sub-sub-programmes fully utilised their funds, supporting the distribution of medicine, cancer care, and health worker salaries. Meanwhile, the Directorate of Water Development, Public Health Services, and District Natural Resources Sub-sub-programmes showed poor absorption due to unpreparedness and procurement delays, especially in managing external financing.

**Table 6.2: Performance of sub-sub-programmes in the Population Health, Safety and Management Sub-programme for FY 2024/25 as of 30th June 2025**

Sub-sub-programme	Revised Budget	Release	Expenditure	% Releases	% Spent
Public Health Services	1,156,898,454,010	1,144,281,454,006	657,002,952,281	98.91	57
Primary Health Care	1,110,788,542,669	278,990,423,070	278,990,423,070	25.12	100
Pharmaceutical and Medical Supplies	721,037,806,311	721,037,806,309	721,037,793,331	100.00	100
Directorate of Water Development	556,096,327,190	820,737,344,542	455,120,693,574	147.59	55
Regional Referral Hospital Services	306,122,696,605	305,798,879,679	293,788,528,928	99.89	96
Heart Services	147,650,881,823	54,467,185,364	54,319,674,255	36.89	100
Cancer Services	139,296,474,614	82,077,156,880	82,077,156,023	58.92	100
District Natural Resources	136,096,873,706	126,632,356,004	98,550,381,193	93.05	78
National Referral Hospital Services	125,214,938,607	117,609,842,594	117,571,774,395	93.93	100
Curative Services	97,626,160,605	96,776,160,605	96,755,092,661	99.13	100



Sub-sub-programme	Revised Budget	Release	Expenditure	% Releases	% Spent
Strategy, Policy and Development	87,822,484,919	87,652,484,917	76,539,807,623	99.81	87
Mulago Specialised Women and Neonatal Hospital Services	33,158,627,954	33,158,627,950	31,231,557,008	100.00	94
Safe Blood Provision	31,672,197,808	31,672,197,807	28,342,893,592	100.00	89
Support Services	21,914,042,510	21,664,442,510	21,631,000,898	98.86	100
Provision of Specialised Mental Health Services	21,229,326,041	21,229,325,665	20,489,347,423	100.00	97
National HIV&AIDS Response Coordination	18,793,453,455	18,793,453,453	16,858,197,748	100.00	90
Community Health Management	15,452,708,460	15,452,708,460	15,442,667,111	100.00	100
Human Resource Management for Health	11,216,628,385	11,216,628,382	10,199,870,697	100.00	91
Development Planning	7,596,130,600	7,596,130,600	7,598,936,955	100.00	100
Virus Research	7,212,257,304	7,212,257,302	6,993,264,840	100.00	97
Technical Vocational Education and Training	7,002,211,760	7,002,211,760	6,998,341,359	100.00	100
Policy, Planning and Support Services	5,036,122,000	17,220,000	17,219,496	0.34	100
Health Governance and Regulation	4,180,067,044	4,170,067,042	4,165,771,670	99.76	100
Labour and Employment Services	2,450,000,000	2,450,000,000	2,408,992,000	100.00	98
Population Advocacy, Family Health and Communication	2,181,278,223	550,501,750	491,291,959	25.24	89
General Administration and support Services	143,680,000	143,680,000	143,679,582	100.00	100
<b>Grand Total</b>	<b>4,773,890,372,603</b>	<b>4,018,390,546,651</b>	<b>3,104,767,309,672</b>	<b>84.17</b>	<b>77</b>

Source: Approved Estimates of Revenue and Expenditure Vol. 1 & IFMS.

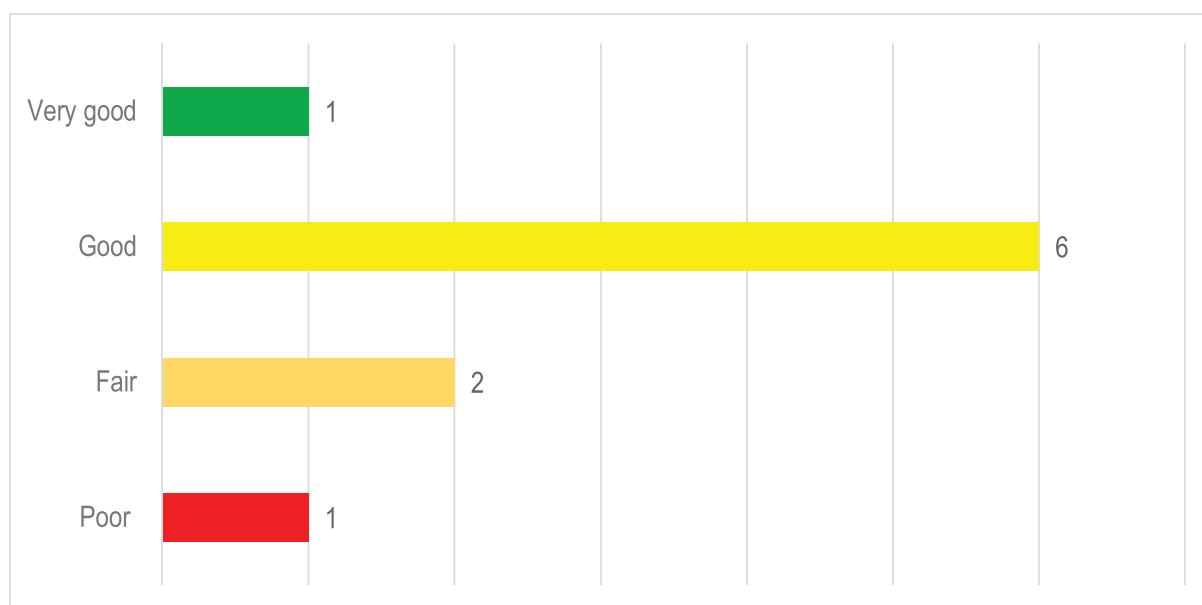
### 6.3 Physical Performance

The performance of the Population Health, Safety, and Management Sub-programme was good, achieving 80% of its targets, with stronger results in outcomes (87%) than in outputs (76%). Key successes included reducing maternal mortality to 189 per 100,000 live births, surpassing the NDP III target of 236, and achieving an infant mortality rate of 36 per 1,000 live births, which closely met the target of 35.8. However, the targets for under-five mortality (52 vs. 33 per 1,000) and neonatal mortality (22 vs. 20 per 1,000) were not reached.

The improved performance was primarily due to cumulative NDP III investments, the completion of multi-year projects, increased funding for essential medicines, timely access to funds by the National Medical Stores (NMS), and the completion of retooling projects. Compared to the fair performance in FY 2023/24, the sub-programme showed clear improvement. Most interventions performed well, although the intervention aimed at expanding financial risk protection through a National Health Insurance Scheme lagged.



In terms of intervention performance, the majority (six) recorded good performance, followed by the fair-performing interventions. The poorly performing intervention was “to increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme” (Figure 6.1 and Table 6.4). Detailed performance by intervention and outputs is presented hereafter.



**Figure 6.1: Performance of interventions in the Population Health, Safety and Management Sub-programme by 30th June 2025 (number)**

*Source: Field Findings.*

Detailed performance by intervention and associated outputs is outlined in the following sections:

**Table 6.3: Summary performance of interventions in the Population Health, Safety and Management Sub-programme as of 30th June 2025**

Intervention	Colour code	Remark
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, emphasising the Primary Healthcare Approach.		Achieved 79% of the targets.
Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative, and palliative healthcare services.		Achieved 67% of the targets.
Reduce the burden of the HIV epidemic and its impact on the social development of communities, using a multi-sectoral approach.		Achieved 88% of the targets.
Prevent and control non-communicable diseases (NCDs) with a specific focus on cancer, cardiovascular diseases, and trauma.		Achieved 89% of the target.
Improve maternal, adolescent, and child health services at all levels of care.		Achieved 92% of the targets.
Increase access to sexual reproductive health and rights with a special focus on family planning services.		Achieved 82% of the targets.



Intervention	Colour code	Remark
Promote health research, innovation, and the adoption of technology.		70% of the set targets.
Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme.		Achieved 35% of the targets.
Increase access to inclusive, safe water, sanitation, and hygiene, with an emphasis on expanding coverage of improved toilet facilities and handwashing practices.		Achieved 63% of the targets.
Improving Occupational Safety and Health (OSH) management.		Achieved 80% of the targets.

*Source: Field Findings.*

The detailed performance by intervention and outputs is presented hereafter:

### 6.3.1 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 outcomes related to the intervention, as outlined in the National Development Plan 2020–2025 (NDP III), target a reduction in Infant Mortality Rate (IMR) from 41 to 34, Under-Five Mortality Rate (U5MR) from 62.2 to 30, Neonatal Mortality Rate (NMR) (per 1,000) from 27 to 19, and Maternal Mortality Rate (MMR) from 311 to 211 by 2025. The intervention was carried out by the following parties: MoH, NRHs, RRHS, MGLSD, UBOS, and Local Governments.

The planned outputs for FY 2024/25 are broadly categorised into: (i) Adolescent policy development and dissemination; and (ii) A funded plan for Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH). The planned sub-outputs included:

- Monthly National Adolescent and School Technical Working Group meetings to coordinate and streamline adolescent and school health services.
- Quarterly integrated outreach sessions for adolescent and youth-friendly health services conducted in 20 high-burden districts.
- Mentorship for health service providers from 10 tertiary institutions to improve the provision of adolescent and youth-friendly responsive services.
- Child Health Survival (CHS) strategy and Paediatric Death Audit (PDA), whose guidelines were finalised and disseminated.
- On-site mentorship and support supervision of health workers in providing Integrated Management of Newborn and Childhood Illnesses (IMNCI) services were conducted in eight health regions.
- Quarterly technical support, supervision, and on-site mentorship of health workers in delivering Kangaroo Mother Care were carried out in eight health regions.

### Performance

The overall performance of the intervention was very good, with 92% achievement of outputs and outcomes. Comparatively, the Institutional Maternal Mortality Rate (IMMR) decreased from 83 in FY 2023/24 to 66 in FY 2024/25 per 100,000 deliveries. Regarding health outcomes, maternal mortality decreased to 189 per 100,000 live births, surpassing the NDP III target of 236, and the IMR reached 36 per 1,000 live births, closely matching the target of 35.8 per 1,000 live births. However, some targets were not met; the under-five mortality rate was 52 per 1,000



live births, missing the target of 33 per 1,000, and neonatal mortality was 22 per 1,000 live births, against the NDP III target of 20.

The positive outcome was mainly due to mothers accessing healthcare promptly and completing the Health Centre III under the UgiFT and URMCHIP Projects. According to the Uganda Household Survey 2025, 78% of people who fell ill were able to reach their first consultation within a 3 km radius.

Additionally, recruiting staff in completed facilities within Local Governments and referral hospitals helped boost the performance of this indicator. Under the UCREP Project, numerous on-site mentorship sessions were conducted for health workers in maternal care. The project also supported the procurement of drugs, commodities, and other supplies for Reproductive, Maternal, new-born, Child, and Adolescent Health (RMNCAH). Detailed performance by output is provided below:

**Adolescent Health Policy developed and disseminated:** Monthly meetings of the National Adolescent and School Health Technical Working Group were held to coordinate and improve services for adolescents and schools. Technical support, supervision, and on-site mentorship for health workers in providing Kangaroo Mother Care (KMC) and Integrated Management of New-born and Childhood Illnesses (IMNCI) were conducted. Health service providers from eight targeted tertiary institutions (KYU, MUK, MUBS, Gulu University, Busitema, Kabale, MUST, and KIU) received mentorship in delivering adolescent- and youth-friendly and responsive services.

**RMNCAH Sharpened Plan funded:** The Child Health Survival (CHS) Strategy was approved by the Senior Management Committee (SMC) and shared at the national stakeholder meeting. The Paediatric Death Audit (PDA) Guidelines, however, were presented to the Maternal and Child Health Technical Working Group and await approval from the SMC.

Supervision of technical support and on-site mentorship for health workers in providing Kangaroo Mother Care (KMC) and Integrated Management of New-born and Childhood Illnesses (IMNCI) was conducted across seven health regions.

At Mulago Specialised Women and Neonatal Hospital, a total of 13,965 (92%) specialised inpatients were attended to, 970 (80.8%) referrals were handled, 2,297 surgeries were performed, and 3,397 (93.9%) deliveries occurred. Other achievements included attending to all their specialised outpatients, including 71% of their family planning clients.

Kawempe NRH medical services performed very well, exceeding all targets in Outpatient Department (OPD) services, Neonatal Intensive Care Unit (NICU) admissions, paediatric admissions, gynaecological emergency admissions, inpatient services, antenatal care, family planning services, and diagnostic services. Despite these achievements, the hospital continues to face challenges, including rising utility bills resulting from high patient volumes. This strain is worsened by the Government of Uganda's (GoU's) insufficient funding for operations and maintenance, which has not kept pace with the rising patient load and the demands of newly acquired medical equipment.

**Mulago Specialised Women and Neonatal Hospital retooled:** The hospital acquired a steel space optimiser, 10 foetal monitors, an analytical weighing scale, three cameras for the in vitro fertilisation (IVF) laboratory, laparoscopic tower equipment, an automatic voltage stabiliser, two photocopiers, and three air coolers for the operating theatres, among other items.



**Neonatal Intensive Care Units established:** During the review period, the MoH, with support from the Uganda COVID-19 Response and Emergency Preparedness Project (UCREPP), continued building the Neonatal Intensive Care Unit (NICU) at Mbarara Regional Referral Hospital, reaching 75% completion. The MoH also purchased neonatal resuscitation equipment for selected health facilities, along with 2,200 foetal Doppler units for regional referral hospitals, general hospitals, and Health Centre IVs.



*Top-Bottom: The Neonatal Intensive Care Unit at Mbarara Regional Referral Hospital at 75% completion as of June 2025.*

### **6.3.2 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, emphasising the Primary Healthcare Approach**

The intervention aims to reduce mortality from communicable diseases such as malaria, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), tuberculosis (TB), and other infectious diseases. It is mainly implemented through the HIV, Malaria, and Tuberculosis Programmes managed by the Ministry of Health (MoH) and the Uganda AIDS Commission. The outcomes of these interventions are implemented by various departments, including Surveillance, Public Health, Outpatient, Inpatient, and Prevention and Rehabilitation Departments, in national and regional referral hospitals. These efforts address neglected tropical diseases, hepatitis, epidemic diseases, and malnutrition.



The planned outputs for FY 2024/25 included: i) Reducing morbidity and mortality caused by HIV/AIDS, TB, and malaria, as well as other communicable diseases; ii) Achieving full immunisation of the target population; and iii) Ensuring epidemics are detected and controlled promptly.

## Performance

Performance was good, with 79% of targets achieved. Communicable diseases such as malaria, HIV/AIDS, TB, neglected tropical diseases, and hepatitis were managed effectively. Immunisation coverage was high, with some vaccines surpassing the targets. The details of each output performance are provided below:

**Morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases reduced:** Communicable diseases such as malaria, HIV/AIDS, TB, neglected tropical diseases, and hepatitis, as well as epidemic-prone diseases, were effectively addressed during FY 2024/25. Most targets related to diagnostics and inpatient and outpatient services at national and regional referral hospitals were met during the review period. There were notable decreases in malaria and TB deaths during the fiscal year. However, mortality due to HIV/AIDS slightly increased by 5% compared to FY 2023/24. Detailed performance for each sub-output is presented below:

**Malaria response interventions undertaken:** At the national level, malaria cases decreased by 17%, and malaria-related deaths also fell by 14%, from 4,119 to 3,535 deaths. The malaria incidence per 1,000 people declined from 332 in FY 2023/24 to 274 in FY 2024/25.

The MoH conducted indoor residual spraying (IRS) in 20 districts of West Nile, Mid-North, and Eastern Uganda. A total of 1120,000 houses were sprayed, protecting 3,504,929 people from malaria. This led to a decrease in malaria cases in the intervention districts by June 2025, indicating the intervention was effective in reducing cases. A total of 5,821 personnel were trained to conduct indoor residual spraying in the intervention districts.

In addition, the MoH, with support from partners, conducted mosquito larviciding in 12 malaria-endemic Local Governments: Katakwi, Alebtong, Otuke, Namutumba, Kibuku, Pallisa, Kabale, Rubanda, Kisoro, Mitooma, and Lira City. The MoH also carried out technical support visits, and post-larviciding monitoring was conducted in the intervention districts. Furthermore, the MoH evaluated the previous larviciding activities and assessed their impact, effectiveness, and efficiency in malaria control using Bactivev larvicide.

In terms of prevention, the MoH, with support from development partners, rolled out the Malaria Vaccination Programme in 107 districts with high malaria prevalence. As a result, the malaria vaccine was added to the list of routine antigens in the Government's immunisation schedule. In preparation for the rollout, stakeholder engagement with cultural leaders in Teso, Alur, and Bugisu sub-regions was conducted. Capacity-building sessions for District Health Educators and their assistants from the Eastern Region on health promotion programmes were held. Additionally, 6,788 health workers, against a target of 3,750, were trained in the immunisation service package that integrates malaria vaccine introduction.

**TB response interventions undertaken:** As of June 2025, over 95% of TB cases were successfully treated, and over 95% of TB contact cases were initiated on preventive therapy. A total of 82,694 patients (98% of the target) were diagnosed with TB. TB-related mortality



decreased by 18% compared to FY 2023/24. This improvement was attributed to better patient monitoring and the integration of TB activities within community-based interventions. The TB incidence rate also slightly declined from 199 in FY 2023/24 to 197 in FY 2024/25.

A total of 82,694 TB cases, including new and relapse, were diagnosed and notified. Over 90% of TB cases were successfully treated. Additionally, funds were transferred to the Joint Medical Store to supply essential medicines and TB commodities to private not-for-profit (PNFP) health facilities. Furthermore, 100 health workers were trained in TB management in the Lango sub-region. However, TB treatment coverage decreased from 92% in FY 2023/24 to 85.3% in FY 2024/25, mainly due to a decline in TB notifications caused by disruptions in partner support.

**HIV response interventions undertaken:** As of June 2025, the target for the number of new HIV infections per 1,000 uninfected population by sex and age was achieved, with 320 million (88%) condoms procured and distributed. A total of 200 community service providers from selected high HIV burden districts were trained in new consolidated HIV guidelines. The HIV incidence rate declined from 0.16 in FY 2023/24 to 0.14 in FY 2024/25. The targets for ART coverage were surpassed, with 98% achievement. There was a slight increase in HIV/AIDS mortalities, from 19,000 cases in FY 2023/24 to 20,000 in FY 2024/25. This increase was attributed to other causes of death among HIV-positive people not related to AIDS.

**Target population fully immunised:** As of June 2025, 88% of children under one year were fully immunised, falling short of the 95% goal. A total of 146 Local Governments received outreach funds to support integrated Child Health Day services. Integrated support supervision was carried out in 50 priority districts for measles and rubella vaccination to reduce vaccination defaulters. This led to improved coverage for measles and rubella, reaching 91% in the intervention districts. All vaccines co-financed by the Government of Uganda were procured, warehoused, and distributed as planned.

Additionally, the Uganda National Expanded Programme on Immunisation (UNEPI), in collaboration with the GAVI Project, successfully carried out the “Big Catch-up” and the Malaria Vaccine Introduction Campaign in 107 districts, achieving 100% vaccine coverage. Other accomplishments included 98% for the measles and rubella first dose (MR1) coverage and 53% for the measles and rubella second dose (MR2) coverage. The underperformance in MR2 was linked to caregivers’ reluctance to seek the second dose during the second year of vaccination.

Regarding routine immunisation, a yellow fever reactive campaign was carried out in the regions of Busoga (two districts), Bukedi, and Bugisu, achieving 91% coverage. The country showed excellent performance with Inactivated Polio Vaccine (IPV-1), polio zero, DPT1, PCV3, and DPT3, all surpassing 95% of the set targets. Low coverage was observed for HPV, attributed to changes in vaccine administration; the MoH switched from two doses of HPV to one dose in November 2024, and since January 2025 (six months), the antigen has been out of stock (Table 6.4).

There were improvements in coverage for BCG, DPT3, MR2, and IPV2 for FY2024/25 compared to FY 2023/24. This was due to mass campaigns for these antigens carried out during the financial year. Achievements in routine immunisation were driven by increased mobilisation of people through Village Health Teams (VHTs) and Community Health Extension Workers (CHEWs). These groups supported both outreach activities and static



immunisation clinics. Despite the overall good performance, new vaccines continued to underperform relative to targets, with MR2 at 61%, Heb B Birth dose at 44%, and Rota 3 at 59%, among others.

**Table 6.4: Selected co-financed vaccine immunisation coverage by 30th June 2025**

VACCINE	Coverage (%)
DPT3	95
BCG	84
Human Papilloma Vaccine (HPV) 1	13
Human Papilloma Vaccine (HPV) 2	6
Pneumococcal Conjugate Vaccine (PCV) 3	94
Inactivated Polio Vaccine (IPV) 1	117
Inactivated Polio Vaccine (IPV) 2	73
Measles Rubella (MR) 1	91
Measles Rubella (MR) 2	61
TD2+pregnant women	21
Polio 3	91

*Source: UNEPI-MoH.*

**Support supervision and mentorships on IDRS, prevention, and control of public health emergencies in 100 districts were conducted:** This effort involved 146 Local Governments, with 23 districts supported to prevent and control zoonotic diseases, and 24 refugee and transit districts receiving RRT mentorships.

**Developed, disseminated, and trained eight public health emergencies policies, plans, and guidelines in 146 districts:** The MoH updated and reviewed nine public health emergencies policies, plans, and guidelines. These included: The National Alert Management Framework for Preparedness and Response; the National Cholera Technical Guidelines; the National Action Plan for Health Security II (NAPHS II 2024/25 – 2028/29); Early After-Action Review (EAR) Guidelines; the REOC Mpox Operational Plan; a SIMEX Toolkit for Marburg; IDSR Clinical Guidelines; the Mpox Preparedness and Response Plan; and a One Health Memorandum of Understanding; and also disseminated CBS Guidelines to 54 districts.

**Refrigerators in health facilities assessed for functionality:** By June 2025, 98% of the refrigerators for the cold chain were found to be functional, while those that were faulty had been reported to the MoH.

**Epidemics timely detected:** Several epidemic diseases were detected and controlled in various districts. These included anthrax, measles, Crimean-Congo haemorrhagic fever, cholera in Adjumani, Lamwo, and Kiryandongo; Rift Valley fever, rabies, yellow fever, Zika virus, meningitis in Nebbi, food poisoning, floods, Ebola virus, among others. Landslides, floods, anthrax, and measles registered the highest number of deaths. No deaths were recorded due to



the Zika virus, yellow fever virus, and influenza flu; this points to the timely response of the MoH and its partners towards these epidemics (Table 6.5).

**Table 6.5: Response to epidemic diseases in FY 2024/25**

Epidemic	Number Reported	Cases Confirmed	Deaths	Number of Districts Affected
Measles	1,092	300	12	53
Anthrax	330	84	18	12
Cholera	174	93	3	5
Crimean Congo haemorrhagic fever (CCHF)	43	10	4	11
Ebola virus disease	14	0	2	Multi-stage
Landslides	328	328	35	1
Flood	10,125		31	Kasese and multi-district
Food poisoning	181	27	13	8
Rabies	39	0	4	Multi-district
Influenza H1N1 flue	149	4	0	1
Meningitis	0	8	3	1
Mpox	8,001	0	4	Multi-district
Yellow fever virus	93	34	0	2
Rift Valley fever	2	1	1	1
Zika virus	1	1	0	1

*Source: MoH*

**Epidemic response strengthened with support from Uganda COVID-19 Response and Emergency Preparedness Project (UCREPP).** The MoH, with support from UCREPP, completed the construction and equipping of the laboratories at Fort Portal and Lira Regional Referral Hospitals.

UCREPP also supported various infrastructure projects at different health facilities. For example, at Kisoro General Hospital, the construction of the isolation unit and OPD was 95% complete, and the operating theatre was largely finished. Construction of the isolation unit at Rwenkubo HC IV was 80% complete. The quality of work was generally good, although some sites experienced weak supervision, as evidenced by the lack of a clerk of works or the presence of the consultant.

At Kisoro General Hospital, the external works were not completed, causing stormwater to enter the operating theatre whenever it rained. The contractor handed over the facility while it was still incomplete. Additionally, the contractor used louvres in the operating theatre, contrary to MoH guidelines. Furthermore, no port health facilities were constructed during FY 2024/25, the Epidemic Response Financing Mechanism was not established, and the National Action Plan for Health Security 2020–2025 was not disseminated.





L-R: Isolation unit and operating theatre at Kisoro General Hospital.

**Border health services at 24 Points of Entry (PoEs) strengthened for enhanced surveillance:** The MoH conducted support supervisions and mentorships on border health services at nine PoEs and carried out capacity building for improved cross-border surveillance at 10 PoEs. The MoH also performed capacity assessments at 12 PoEs, including Arua Airfield, Bunagana, Lwakhakha, Suam, Kamwezi, Busanza, and Ebola virus disease (EVD) training for border stakeholders, screeners, and VHTs at five PoEs. Additionally, on-site mentorship and orientation on EVD screening, standard case definitions, and Rapid Identification of Notifiable Genetic diseases (RING) training were provided at high-volume PoEs.

### Challenge

- i) **Inadequate local funding for epidemic response and NTDs:** Most interventions are funded by development partners, which raises concerns about sustainability.

### Recommendation

- i.) MoFPED and the MoH should enhance government funding for activities aimed at managing epidemics and neglected tropical diseases.

### 6.3.3 Prevent and control non-communicable diseases (NCDs) with a specific focus on cancer, cardiovascular diseases, and trauma

The intervention contributed to four outcome indicators in NDP III, namely: i) To reduce NCD rates with cancer by 1.5; ii) To reduce NCD rates with hypertension by 3/1,000; iii) To reduce NCD rates with diabetes by 2.3; and iv) To reduce alcohol abuse by 5.4. This intervention is implemented by the Uganda Cancer Institute (UCI), the Uganda Heart Institute (UHI), and Naguru National Referral Hospital, Kiruddu, for responses to cancer, cardiovascular diseases, trauma, and kidney diseases, respectively.

During FY 2024/25, the planned outputs included: i) Regional satellite dialysis units established in selected regional hospitals; ii) Centre of Excellence (Cancer, Heart, National Trauma Centre) established, including Centres of Excellence in Biomedical Sciences, and radiotherapy bunkers requirements delivered; iii) Auxiliary building requirements met; iv) Medical equipment maintained; v) Regional Oncology Centres established in Mbarara and



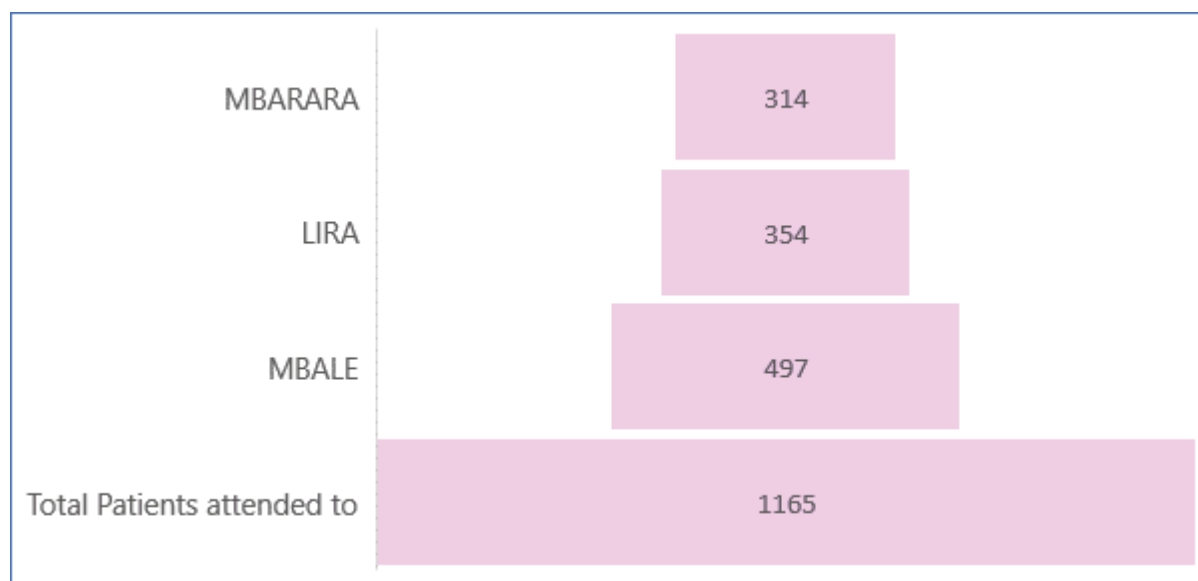
Arua; vi) Cancer services provided; vii) Centres of Excellence in heart established through the provision of heart services and infrastructure; viii) Centres of Excellence established through equipping the UHI; ix) Health research and innovation promoted; x) Super-specialised human resources trained and recruited; and xi) Naguru National Referral Hospital transformed into a National Hospital Referral for trauma.

## Performance

Performance was good, at 89%, primarily driven by service delivery at the Uganda Heart Institute, Uganda Cancer Institute, and the Naguru and Kiruddu National Referral Hospitals, which surpassed most of their targets in diagnostic, inpatient, and outpatient services for cancer, cardiovascular diseases, and trauma care. Detailed performance is presented hereafter.

**Regional satellite dialysis units established in selected regional hospitals:** By June 2025, dialysis centres in Lira, Mbale, and Mbarara were operational, while the Hoima centre was established but not yet functional. Mbale registered the most patients, but Lira delivered more treatment sessions owing to supply gaps at Mbale. Overall, the centres effectively provided services with training and supervision from Kiruddu National Centre.

**Figure 6.2: Number of patients attended to by the regional satellite dialysis centre as of June 2025.**



*Source: Field findings*

Relatedly, the newly established satellite centres at Hoima Regional Referral Hospital and Kawempe National Referral Hospital commenced service provision in August 2025. Although satellite centres were operational, little impact was realised in terms of reducing congestion at the Kiruddu National Referral Hospital. The numbers have remained high and, in some cases, increased, just as it was at the regional centres. The existence of high numbers at both the regional and national levels underscores the need to strengthen the capacity of dialysis centres to at least 30 machines at the national level and 90 machines at the regional level.



**Centres for Cancer, Cardiovascular Diseases, and Trauma<sup>6</sup> equipped or minor renovation works undertaken through the retooling projects:** Sixteen (16) laptops were procured for core management. A comprehensive ICT Policy, Disaster Recovery Plan, and Data Management Policy were developed. Two portable ultrasound scans, four reporting workstation monitors, two pick-up trucks, and one ambulance, along with assorted theatre equipment (including two instrument racks, one autoclave table top, one operating table, four instrument trolleys, two nasal pharyngeal scopes, four operating loops, and two laryngoscope sets), were procured, delivered, and installed for the Uganda Cancer Institute.

At the Uganda Heart Institute, three echocardiogram (ECHO) machines, three electrocardiogram (ECG) machines, one laboratory freezer, one Artery Clearance Therapy (ACT) machine, one diagnostic van, one storage container, 11 air conditioners, seven trolley-mounted computers, and ICT software were procured. Additionally, the UHI undertook repairs of the Cath Lab building. At Naguru Hospital, toilet leakages were repaired, plumbing maintenance was conducted, woodwork repairs were performed, carpentry services were undertaken, the Strategic Plan for FY2024/25 was finalised, and light ICT equipment was acquired.

**Centres of Excellence (Cancer, Heart, and National Trauma Centre) established, including Centres of Excellence in Biomedical Sciences:** By June 2025, the overall performance of the Cancer Centre of Excellence project remained at 69%, unchanged from December 2024. The only agreement for additional financing was executed on 15th May 2025, with implementation expected to occur two months later. By August 2025, the major pending work for completing the Multipurpose Building for Cancer Treatment and Research, as well as the procurement, delivery, and installation of outstanding equipment, had not yet begun.

**Radiotherapy bunkers requirements delivered:** All equipment was received, installed, and tested. This included two linear accelerators, two brachytherapy machines, and a Computerized Tomography (CT) simulator, among others. All radiotherapy bunkers are fully equipped and operational.

**Auxiliary building requirements met:** The installation of equipment for conventional nuclear medicine, including Single Photon Emission Computed Tomography (SPECT-CT) scans, hot labs, and a Treatment Holding Unit, was substantially completed.

**Housing for PET-CT and cyclotron:** The detailed designs for the Cold Kit Production Unit, Treatment Holding Unit, including the Building Engineering File—Specifications and Scope of Turnkey Work, Presidential Suites, interventional radiology housing, and endoscopy housing, were completed. Other related activities for the establishing the new Positron Emission Tomography (PET) Centre, also called the Molecular Therapy Centre (MTC), for advanced cancer diagnosis and treatment, were at various stages of completion. The relocation of the water tanks currently serving Mulago National Referral Hospital was approximately 45% complete, while the construction of the new tank house was about 65% complete.

**Medical equipment was maintained** by regularly servicing and repairing the brachytherapy machine at Upper Radiology, as well as the oxygen concentrator, suction machine, autoclave, CT scan machine, and digital X-ray machine, among others.

<sup>6</sup> It should be noted that the processes for upgrading Naguru National Referral Hospital into National Trauma Centre continue to remain at preliminary stages without a clear roadmap.

**The establishment of Uganda Heart Institute:** The works were at 12.7% physical progress, although slightly behind schedule after seven months. The contractor was on-site and committed to recovering the lost time due to additional excavation work beyond the original scope, which was caused by the unstable soil profile and heavy rains that affected the pace of progress. Although geotechnical investigations were conducted, they did not entirely accurately guide proper infrastructure planning. Consequently, the consultants made some improvements to the designs, mainly to enhance structural stability. These issues were related to poor ground conditions, which led to extensive excavations at Clinical Block A.



*Clockwise: Block A (Clinical Block), Block B (Administration Block), Block C (Two views of Staff Quarters)*

The initial physical plan lacked access roads, electricity, and other infrastructure. KCCA later developed the Physical Planning Master Plan (Neighbourhood Plan) for the Naguru Medical Hub. By 25th August 2025, implementation was still incomplete. Boundary setting and new plot layouts had begun, but work for the UHI was still ongoing. Urgent action is needed to finalise the plan and secure US\$ 20 billion, and build access roads, the power supply, and ICT infrastructure to ensure the hospital is operational and accessible.

Water supply works under the June 2024 MoU between UHI and the National Water and Sewerage Corporation (NWSC) were substantially completed, with only booster pump installation remaining, to be done after building completion. Equipment procurement for the new UHI facility was initiated, and the list submitted to the National Advisory Committee on Medical Equipment (NACAME) for usability approval.

**Naguru National Referral Hospital transformed into a National Hospital Referral for Trauma:** This was not achieved. The preparatory steps remained at the initial stage without clear timelines for transforming this hospital into a National Trauma Centre with support from China. There was no indication of financial commitment from the GoU towards the transformation process. The hospital, however, provided 9,769 trauma and emergency services, exceeding the target of 2,000; treated 107,480 patients with a specialised healthcare package,



surpassing the target of 80,000; and served 174,046 general outpatients, also exceeding the target of 80,000.

**Regional Oncology Centres established in Mbale, Mbarara, Arua, and Gulu:** Only the Regional Cancer Centre in Gulu was operational, while the others remained in the preparatory phases. The operation of the Gulu Regional Cancer Centre helped reduce congestion at the Uganda Cancer Institute headquarters. Although the Gulu Regional Centre was providing services to patients, the service quality was subpar owing to a lack of essential diagnostic tools. For example, no CT scans were performed during FY 2024/25, following advice from the Atomic Energy Council due to radiation leakages and malfunctioning UPS. Regarding infrastructure development at the Gulu Regional Centre, the construction of the wall fence and the installation of the gate structure, including the ancillary gatehouse, were completed.

**Cancer services provided:** The UCI conducted 259 radiation therapy education sessions for patients, resulting in a total of 62,853 treatment sessions performed on the Linear Accelerator (LINAC) machine. Additionally, 2,745 new patients were attended to, surpassing the target of 2,000, and 22,470 on-treatment patients were reviewed, also exceeding the goal of 2,000. Additionally, the Uganda Cancer Institute (UCI) inaugurated the Division of Molecular Imaging and Therapy (PET Centre) radio-pharmacy hot labs and was scheduled to begin offering these services. The UCI also introduced advanced technologies designed to enhance molecular oncology care.

At the Gulu Regional Cancer Centre, a total of 4,471 clients received oncology services from the OPD, comprising 2,852 (64%) new cases and the remainder as re-attendances. Up to 2,262 (50%) came for cancer screening, mainly for the cervix, breast, and prostate. Of the 2,209 suspected clients reviewed in the OPD, 678 (30%) were confirmed to have cancer. The most common cancers were cervical and breast in females, prostate in males, and oesophagus and liver in both sexes. The common childhood cancers are lymphomas (BL), leukaemias, nephroblastoma, and sarcomas.

By regional distribution, most patients, 42%, came from the Acholi sub-region; 38% from Lango; 7% from West Nile; 6% from Teso; and 5% from Karamoja. In FY 2024/2025, up to 92% of patients received oncology care, including clinical consultation and evaluation, chemotherapy, radiotherapy, and surgical oncology. Enhancing the histopathology diagnostic capacity of Gulu Regional Cancer Centre and operationalising the CT scan are expected to improve the detection of suspected cases, leading to better performance of the regional cancer centre.

Regarding inpatient services, a total of 402 patients were admitted during FY 2024/25, with 1,571 chemotherapy infusions, of which 216 (13%) were for paediatric oncology. Overall, inpatient mortality was 21%. Major causes of death include severe anaemia, sepsis, organ failure, and O<sub>2</sub> desaturation. The lack of emergency medicines, ambulance services, and oxygen plants has complicated mortality rates at the regional cancer centre.

Regarding palliative care, a total of 1,349 clients received palliative services, including psychosocial support through cash handouts from well-wishers, food donations, accommodation, and sanitary kits. More psychosocial support is needed to reduce barriers to oncology care caused by psychosocial challenges, especially given the poverty levels in Northern Uganda at about 20% and over 70% in Karamoja, according to UBOS (2024)



statistics. Other satellite centres, such as those of Arua, Mbarara, Mbale, and Jinja, provided some services, including basic screening.

**Super-specialised human resources trained and recruited:** The UHI trained 22 instead of the 20 staff members planned for training. The 110% performance was attributed to the affordability of the courses, resulting in significant savings.

**Cardiovascular services at UHI enhanced; a National Cardiovascular Disease Prevention Programme undertaken:** By June 2025, 27 out of the targeted 40 talk shows (radio and television) had been held at various media outlets, including UBC TV and Radio, NTV, Star TV, Prime Radio, and Radio Maria. Additionally, the UHI provided support and supervision at all 16 regional referral hospitals. The UHI also participated in 26 out of the targeted 42 health camps. Five newspaper articles on cardiovascular disease were published.

**Number of support supervision visits to RRHs carried out, and visits to schools, training institutions, and workplaces conducted:** Support supervision was completed at 100% across various RRHs, including Mbarara, Mbale, Gulu, Mubende, Lira, and Hoima. The visited schools and institutions included the Mulago School of the Deaf in Kampala, Pioneer Primary School in Soroti, Hoima Public Primary School in Hoima, Mary's Primary School in Mubende, and the Nursing Department at Mbarara University. Lira was not visited because the visits took place during school holidays.

**Health camps participated in by UHI:** These were held in Lira, Hoima, Mbale, and Gulu RRHs. The other health camps included Lyantonde and Namulonge Community Health Camps (CHP), supported by the Rotary Club. Health camps were also held in Kiwenda, Gayaza, Kasangati, Mukono, Kisaasi, and Ssemuto (CHPs) to celebrate H.E. President Museveni's 80th birthday.

**Cardiovascular services at UHI, and outpatient services enhanced:** At the Uganda Heart Institute, outpatient visits increased by 19.5% in FY 2024/2025 compared to the previous FY 2023/24; this was partly due to the rising burden of heart diseases, which led to higher demand for heart care services. The number of cardiac interventions performed rose from 560 to 710, including open-heart surgeries, closed-heart surgeries, vascular surgeries, and catheterisation procedures. This was driven by additional operating days and the installation of a new cardiac catheterisation laboratory.

The Institute attended to 28,442 outpatients, surpassing the target of 25,000; provided critical care to 2,314 admitted patients, exceeding the target of 2,000; and had 1,675 general ward admissions, surpassing the target of 1,500. The UHI performed 149 open-heart surgeries, nearly matching the target of 150; undertook 217 closed-heart surgeries, exceeding the targeted 200; and conducted 344 catheterisation procedures, falling short of the target of 650. The low performance (52%) was attributed to the halting of procedures during the installation of a new catheterisation laboratory, leading to fewer procedures being performed.

## Challenges

- i) **Staffing shortages:** Despite rising patient volumes, the Uganda Heart Institute (UHI) still faces severe staffing shortages.
- ii) **Budgetary constraints:** Insufficient funding continues to be a major obstacle, impacting the completion of certain activities like specialised training and mass media health talks.



- iii) **Space limitations:** The Uganda Heart Institute (UHI) continues to operate with limited physical space, especially in the theatre and outpatient departments.

### 6.3.4 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative, and palliative healthcare 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, the Health Service Commission (HSC), the National Medical Stores (NMS), Uganda Investment Authority (UIA), Uganda Blood Transfusion Service (UBTS), National Referral Hospitals (NRHs), RRHs, LGs, professional councils, the Ministry of Public Service (MoPS), and the National Drug Authority (NDA), among others.

The planned outputs included: i) Medicine stores established in 26 health facilities; ii) Essential medicines and health supplies procured, warehoused, and distributed; iii) NMS retooled; iv) Intensive Care Units (ICUs) at all Regional Referral Hospitals (RRHs) operationalised; v) Hospitals and HCs rehabilitated/expanded; vi) Blood banks at selected Regional Referral Hospitals constructed; vii) Human resources for health recruited; viii) The health workforce restructured; ix) Emergency medical services provided; and x) Blood transfusion services provided.

#### Performance

The performance of the intervention was fair, with 67% of the targets achieved. This was partly attributed to the delayed completion of some procurements, the UPDF's failure to commence work, and the inadequate capacity of contractors, who were unable to complete the works promptly. The details of the intervention performance by output are discussed hereafter.

**Medicine stores established in 26 health facilities:** The MoH, with support from the Global Fund, undertook the construction of medicine stores at 26 health facilities. This work was progressing at various stages across different sites. The overall physical progress was estimated to be 40% complete for all sites.

At Apac General Hospital, physical progress was estimated at 45%, while the projected time progress was 83%. This discrepancy was due to site constraints where the contractor encountered rocky ground during excavation, which affected the progress of the work.



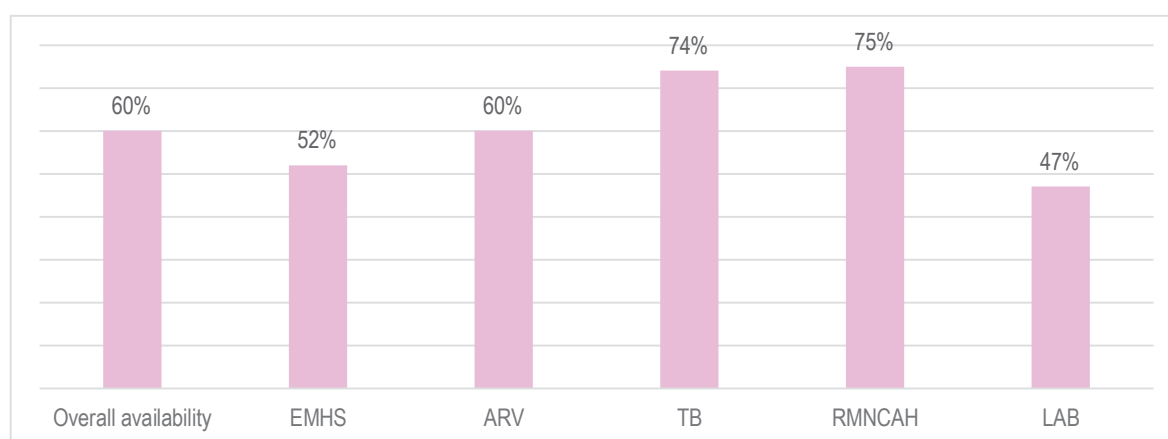
**Medicine store at Apac General Hospital under construction.**

**National Medical Stores are equipped:** ICT equipment worth US\$ 0.713 billion was procured and installed. The NMS also procured lab equipment valued at US\$ 3.898 billion to support



quality assurance of the procured medicines. Assorted office furniture and fittings worth US\$ 0.23 billion were procured and installed.

**Medicines and health supplies:** The NMS procured, warehoused, and distributed medicines and essential health supplies to facilities nationwide. Overall availability of essential medicines and health supplies, including laboratory and 41 tracer medicines, was estimated at 60%. The highest availability was noted in reproductive, maternal, neonatal, child, and adolescent health, while the lowest was in laboratory supplies (Figure 6.3). There was a noticeable improvement in medicine delivery after a deliberate effort by MoFPED to release operational funds to the NMS for timely distribution to facilities.



**Figure 6.3: Availability of medicines, Health, and Lab supplies as of 30<sup>th</sup> June 2025**

*Source: MoH HMIS*

### **Intensive Care Units (ICUs) and Neonatal Intensive Care Units (NICUs) at selected Regional Referral Hospitals (RRHs) renovated, constructed, or remodelled:**

The contracts were signed on 28th October 2022, for 15 months. The total contract value for all facilities is USD 6,933,050. The work at Arua and Kabale RRHs was awarded to M/s Haso Engineers Company Limited, amounting to USD 2,202,485 and USD 2,385,047, respectively, while M/s Excel Construction Limited was contracted for the Hoima RRH at USD 2,385,047. By June 2025, the construction and renovation of ICUs at Arua, Hoima, and Kabale Hospitals, supported by the UCREPP Project, showed varying levels of progress. The physical progress at Kabale ICU was 90%, compared to the target of 100%; at Arua, it was at 95%, against the target of 100%, while the ICU at Hoima was completed and commissioned.



**L-R: Intensive Care Units at Arua and Kabale Regional Referral Hospital**

**Health equipment maintained:** The procurement of a service provider to maintain non-Philips ultrasound scanners and X-ray equipment in RRHs, GHs, and HC IVs was finalised at the end of the fiscal year. This indicates that no maintenance was performed on the equipment during that period. Additionally, hospitals with Philips equipment continue to lack service contracts for their maintenance. Only the MRI and CT machines recently supplied by M/s Elsmmed East Africa Limited were serviced, as they were still under warranty.

**Equipment procured, utilised, or installed:** Procurement of assorted spare parts for medical equipment in the Central Region, solar system parts, and assorted medical equipment for upgraded HC IIs and newly constructed HC IIIs under UgIFT 2024/2025 were finalised, and equipment was delivered. There were, however, cases of partial deliveries at 5% of the upgraded facilities visited, while at some facilities (5%), the delivered equipment broke during transit or assembly, and the suppliers had not provided replacements.

**National and Regional Referral Hospitals retooled to support service provision:** The majority (97%) of the facilities monitored had completed the procurement of medical equipment, furniture, and ICT equipment. Similarly, the entities that used part of the retooling funds for civil works showed varied completion levels. Some facilities completed the planned civil works, while others undertook works within the available funds. The performance of the hospitals is highlighted in Table 6.6.

**Table 6.6: Performance of Retooling Project at selected NRHs and RRHs by 30<sup>th</sup> June 2025**

Facilities	Total Cost US\$ (Bn)	Planned Outputs	Status
Mulago NRH	4.734	Construction of 150 staff units continued; Accident and Emergency Ward – Block G remodelled; assorted medical equipment procured; temporary business centres set up; office furniture and fittings procured.	Staff house construction progressed to 57%. All medical equipment was delivered and installed, except for some parts required for the repair of the Dräger anaesthesia machine, which were not fully completed. Furniture was delivered and installed.
Butabika NMRH	1.873	Supply and delivery of UPSs and printers. Procurement of computers, supply, and delivery of two ACs, and a generator.	The digital X-ray generator and ACs were delivered and installed. Other equipment was delivered and installed.

Facilities	Total Cost USh (Bn)	Planned Outputs	Status
		Procurement of an ambulance and supply, delivery of a digital X-ray machine.	
Kiruddu NRH	1.377	Construction of a biomedical store. Bills of Quantities and the requisitions for the renovation of the ward on Level 7. Payment of retention for the ICU expansion and solar installation. Procurement of medical equipment.	Achieved.
Gulu RRH	0.108	Spare parts for assorted medical equipment, and extinguishers procured.	Delivered and used the spare parts to repair the ophthalmology and dental equipment, among others.
Lira RRH	0.108	Procurement of medical equipment.	Not achieved.
Mbale RRH	0.109	Procurement of physiotherapy lumbar traction heads and neurosurgery equipment.	One piece of physiotherapy equipment was pending delivery.
Mbarara RRH	0.108	Procurement of assorted medical equipment.	Delivered and installed. These included delivery beds, patient screens, trolleys among others.
Hoima	0.108	Procurement of assorted medical equipment and furniture.	The benches and equipment were delivered and distributed to various wards.
Masaka RRH	0.108	Assorted medical equipment and furniture procured; minor renovation works for male and female medical surgical wards; minor renovations undertaken at patients' kitchen, paediatric ward, oxygen plant, and hospital stores.	Equipment delivered and installed. In addition, the renovation works were substantially complete.
Kabale RRH	0.108	Assorted medical equipment procured.	Equipment delivered and installed.

*Source: Field Findings.*



**L-R: Newly installed digital X-ray machine at Butabika NMRH; and completed and fully functional oxygen plant installed at Fort Portal RRH.**

**Blood banks at selected RRHs constructed and equipped:** The construction of the regional blood banks in Soroti, Arua, and Hoima, along with their associated housing units, were completed and they are now operational. The Hoima Blood Bank was commissioned, while

those of Arua and Soroti were awaiting commissioning. Recruitment of the necessary staff to fully operationalise the blood banks remains incomplete. This was partly due to inefficiencies in the recruitment process and delays in appointing a new Health Service Commission (HSC) Board, whose term expired in November 2024.

In addition, construction work for the Lira Regional Blood Bank commenced in April 2025 and was 40% complete for Phase 1, which involved construction up to roofing level.



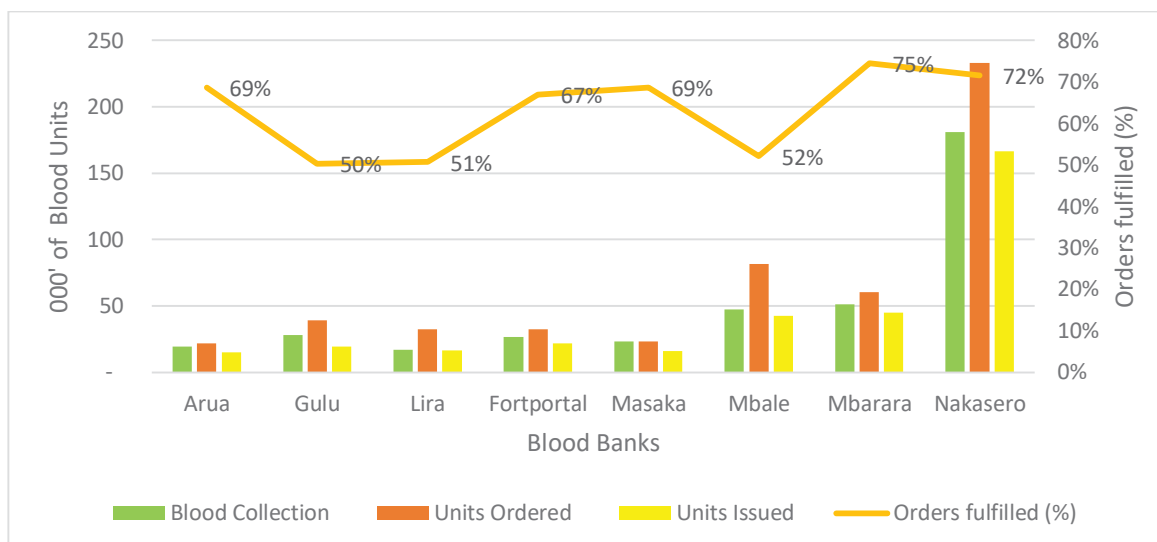
**L-R: Hoima Blood Bank; Selected blood donation equipment at Hoima Regional Blood Bank.**

**Blood and blood products collected and issued:** The UBTS collected 420,000 units of blood, against a target of 481,500 units, and issued 378,000 units of safe blood, against a target of 433,350 units to blood transfusing facilities across the country. The overall average national order fulfilment rate for blood products during FY 2024/25 was 63%.



**L-R: Completed Soroti RBB and Lira Blood Bank under construction.**





**Figure: 6.4 Performance of the blood banks as of June 2025.**

*Source: UBTS Nakasero.*

Gulu, Lira, and Mbale Regional Blood Banks had the lowest order fulfilment rates of 50%, 51%, and 52%, respectively. Mbarara Blood Bank had the highest order fulfilment rate at 75%, followed by Nakasero at 72%. Generally, more units of blood are ordered than collected, indicating a need to increase blood collections at regional blood banks (Figure 6.4). Despite an 87% collection rate, blood transfusing facilities experienced stockouts of blood components at 50% of the facilities. The main reasons for the transfusion were as follows: severe malaria (25%), followed by iron deficiency (20%) and sickle cell anaemia (12%). Mbale District had the highest number of cases of severe malaria, followed by Soroti City. In terms of gender, females (62%) received more transfusions compared to males (38%).

**Human resources for health recruited:** Recruitment for FY 2024/25 by the Health Service Commission has not been finalised. The Commission is currently conducting oral interviews. The delay in completing new recruitments for FY 2024/25 is due to inefficiencies in the recruitment process and delays in appointing a new Health Service Commission Board, whose term expired in November 2024. At the local government level, however, most Local Governments that received funds for recruitment have completed their hiring process, especially for upgraded health facilities.

Despite the HSC's failure to complete the recruitments started in FY 2024/25, the Commission finalised recruitments initiated in previous fiscal years. As of 30th June 2025, nine recommendations were made to H.E. the President for appointment, and a total of 1,134 health workers were recruited for health institutions under the Commission's jurisdiction.

**Human resource decisions handled:** A total of 1,258 Human Resources for Health decisions were processed. The HSC also provided support supervision in 94 District Local Governments (DLGs), six (6) cities, one (1) Regional Referral Hospital (RRH), 12 Central Health Institutions, and eight (8) health centres in the Central Region.

**Technical support and guidance provided:** The HSC offered technical assistance and guidance on recruitment to 44 District Service Commissions (DSCs), including Kamwenge, Kyenjojo, Pallisa, Busia, Rwampara, Wakiso, Lyantonde, Namayingo, Mukono, Mpigi, Butaleja, Luweero, Kumi, Kaberamaido, Kikuube, Bulambuli, Bugweri, Kitgum, Sheema, Namisindwa, Mubende, Yumbe, Hoima, Kamuli, Arua, Kazo, Kassanda, Buyende, Bugiri, Bududa, Bushenyi, Sironko, Masindi, Buikwe, Bukomansimbi, Bunyangabu, and others.





**Health workers' staff structure was reviewed and reorganised:** The restructuring was completed, and implementation was underway. Existing staff have been re-designated according to the new structure. However, filling the positions in the new structure has been limited by the constrained wage bill allocated to health institutions.

**E-personnel performance management, monitoring, and reporting system developed:** By June 2025, three schemes of service for the MoH were created. The revision of the cold chain technician job descriptions included adding a diploma in cold chain storage and instrumentation as an additional qualification requirement for eligible applicants. Support supervision on records management in registries was undertaken in 11 Regional Referral Hospitals (RRHs).

**Community Health Extension Workforce established and trained:** A total of 3,136 were trained and oriented, against the target of 1,250 Community Health Workers (CHEWs), on the electronic Community Health Information System (eCHIS) (Table 6.7). This exercise was completed in the districts of Amudat, Arua, Buliisa, Butaleja, Kalangala, Kazo, Kitgum, Koboko, Kwanja, Kween, Kyenjojo, Kyotera, Lira City, Lira District, Luweero, Lwengo, Maracha, Mayuge, Nakaseke, Nakasongola, Namutumba, Ngora, and Rubirizi. The eCHIS aims to improve community health reporting by CHEWs who have been onboarded, in addition to serving as a job aid for the delivery of community health services. The MoH also carried out rapid assessment and mentorship on Occupational Safety and Health (OSH) practices in seven RRHs of Jinja, Mbale, Soroti, Lira, Gulu, Arua, and Kayunga.

**Table 6.7: Status of establishment and training of CHEWs as of 30th June 2025**

Status	Number of CHEWs
Completed	3,136
Ongoing	792
Starting January 2026	308
Starting January 2026	720
Starting September 2025	1,362
<b>Grand Total</b>	<b>6,318</b>

Source: MoH, Field Findings.

**Nationally coordinated ambulance services in place:** By June 2025, 255 road ambulances and 14 boat ambulances were fuelled to enhance pre-hospital emergency care and referrals. National EMS teams responded to emergencies during events such as Independence Day in Busia. The MoH upgraded the in-house ambulance garage with an automatic power inverter and OBD scan tool software. All ambulances were serviced, disinfected, and equipped with necessary items, including tyres, batteries, sirens, docking ropes, and operational imprints. However, the lack of emergency care providers, namely, paramedics, EMTs, dispatchers, emergency nurses, and physicians, remains a significant barrier to efficient EMS delivery.

**Call and dispatch centres established:** The UCREPP Project supported the construction of call and dispatch centres at Mbale, Mbarara, and Lira RRHs, achieving an average physical progress of 80%, against the planned 100%. The Lira centre was substantially complete, with equipment installation ongoing, while the Mbale and Mbarara centres were at 75% completion.



*L-R: Call and dispatch centres at Lira and Mbale.*

The project also supported satellite laboratories in Lira and Fort Portal, which have been completed and commissioned.

**Emergency medical services critical cadre recruited and trained:** In the Acholi sub-region, 21 providers, including nurses, clinical officers, and medical officers from RRHs, GHs, and HC IVs, were trained in Basic Emergency Care (BEC), with 15 trained in Advanced Life Support (ALS) and six in Basic Life Support (BLS). Additionally, 60 emergency workers in the Lango sub-region were trained in BEC and data management. A technical supervision and mentorship visit assessed the functionality and challenges of the ambulance system during emergency responses.

**A laboratory quality management system is in place:** The National Microbiology Reference Laboratory (NMRL) responded to suspected cholera cases in Kiryandongo, Namayingo, and Nakivale Refugee Settlement, testing 20 samples, none of which were confirmed. The National Health Laboratories and Diagnostic Services supported Mpox outbreak management, performing 2,151 tests: CERSL conducted the most, UVRI 623, and Bwera Mobile Lab 225, with at least 23% positive. The laboratory system remained fully operational.

**Client satisfaction surveys undertaken:** The MoH completed and launched the Client Satisfaction and Feedback Initiative (ROSAF) Implementation Guidelines (FY 2024/25). Surveys were conducted in six districts and two cities in the Busoga and Tooro sub-regions, as well as in selected HCs III and IV across Karamoja, Lango, West Nile, Ankole, Bunyoro, Tooro, and Buganda Regions. Hospital board memberships were reviewed and updated, covering all RRHs except Moroto.

**UgiFT facilities constructed (upgrade HCIIIs to IIIs):** Out of 373 facilities, 344 (92%) were completed by 30th June 2025, while 29 (8%) remained under construction. The completed facilities provided several benefits, including reduced distance to health services, the ability to deliver mothers and offer other primary healthcare services, increased access to adolescent-focused services such as family planning, and improved availability of health workers in facilities with staff accommodation.



*Left-Right: Medical building and staff house at Mwongyera HC III in Rubirizi District.*

**Equipping of the health centres:** To operationalise the newly built health centres, the project equipped them with cold chain, laboratory, and maternity equipment, and upgraded the HC III drug kits. Out of the 344 completed centres, 280 received cold chain equipment, 293 received maternity equipment, and 279 received laboratory equipment, with most facilities getting upgraded drug kits. This provision has enhanced service delivery, as indicated by the increase in maternal deliveries at centres such as Kabahango, Rubona, and Katebwa HC III. However, in some cases, equipment was not installed owing to incomplete structures, highlighting the need to expedite the completion of supporting infrastructure.

**Staff for the 250 upgraded health centres recruited and attendant increase in non-wage completed:** The project aimed to fund the recruitment of additional health workers for understaffed Local Governments, including 10 staff for each HC II upgraded to HC III and 19 staff for 15 refugee-serving health centres. In FY 2024/25, US\$ 30.9 billion was allocated for upgraded facilities and US\$ 5.9 billion for 20 transitioned refugee-serving facilities. By 30th June 2025, recruitment was completed, resulting in some unspent wages. Additionally, the GoU provided US\$ 15.7 billion for primary healthcare non-wage costs (including result-based financing) and US\$ 33.5 billion to NMS for essential medicines and health supplies, with delivery ongoing to upgraded and existing facilities. All monitored facilities received increased non-wage support in line with their upgraded HC III status.



*Left-Right: Neonatal units and medical beds in the maternity ward at Busolwe General Hospital.*

**Functionalisation of oxygen plants, installation of transformers and other ancillary components completed:** Oxygen plants, transformers, and ancillary components were completed and functional in 11 hospitals, while six hospitals (Masaka, Kabale, Moroto, Kapchorwa, Soroti, and Butabika NRH) remain incomplete owing to funding shortfalls. Transformers and stabilisers were installed at major hospitals, with installations ongoing at Arua, Yumbe, and the PSA plant. The Global Fund supported PSA plants in Lira, Mbarara, Hoima, and Mbale, which are fully operational, delivering piped oxygen. Savings from COVID-19 funding are earmarked to expand oxygen piping in other hospitals.

**General hospitals were rehabilitated:** At Busolwe General Hospital, Phase I rehabilitation was 99% complete, pending the installation of an X-ray machine, while Phase II works (refurbishing staff houses and external works, such as the access road, solar plant, and gas stoves) were ongoing. At Kambuga GH, construction of the theatre was 94% complete, and the twin 16-staff housing units stood at 65%.

The construction of the theatre at Kapchorwa General Hospital (GH) was 50% complete, while at Kisoro GH, the theatre and isolation unit were 90% and 95% complete, respectively. Work at Masindi, Kambuga, Luweero, and Itojo was in early stages, whereas in hospitals such as Bugiri, Amuria, Apac, Kamwenge, Katakwi, Kitgum, and Koboko, work had not yet started. Most rehabilitation contracts were recently signed, with implementation expected in FY 2025/26.

Theatre construction at Kapchorwa GH was 50% complete, while at Kisoro GH, the theatre and isolation unit stood at 90% and 95%, respectively. Works at Masindi, Kambuga, Luweero, and Itojo were still in early stages, whereas in Bugiri, Amuria, Apac, Kamwenge, Katakwi, Kitgum, Koboko, and others, they had not commenced. Most rehabilitation contracts were recently signed, with implementation expected in FY 2025/26.

**Regional incinerators established:** Civil works for the incinerator facilities (waste management facilities) in Fort Portal, Mbarara, Lira, Gulu, and Mukono, managed by KCCA, were substantially completed. Equipment installation had progressed to 95% in Mbarara, 99% in Lira, and 50% in KCCA-Mukono, while installation in Gulu had not yet commenced. However, the incinerators require a stable power supply, yet the host regions frequently experience power outages. To ensure testing, commissioning, and eventual operationalisation,



standby generators are necessary. In addition, the Global Fund supported the procurement of trucks for waste transportation, while recruitment of personnel to operate the facilities was still ongoing.



*Incinerator and installation work ongoing at KCCA-Mukono, at 50% completion.*

### **6.3.5 Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme**

This involves interventions aimed at reducing the burden of out-of-pocket health expenses, which currently stand at 38%. The MoH primarily carries out the intervention.

#### **Performance**

By June 2025, the National Health Insurance Scheme had still not been implemented. The supporting documents for the National Health Insurance (NHIS) Bill, which were prepared and submitted to Cabinet in the previous fiscal year 2024/25, had not been discussed. Consequently, high out-of-pocket health expenses persist.

### **6.3.6 Reduce the burden of the HIV epidemic and its impact on the socio-economic development of communities, using the multi-sectoral approach**

The intervention aims at reducing the burden of the HIV epidemic and its social and economic impact on the population. The overarching goal of the global AIDS response is to reduce the number of people newly infected to less than 200,000 by 2030. The Uganda Aids Commission (UAC) implemented the intervention. The planned outputs and achievements as of 30th June 2025 are presented hereafter.

#### **Performance**

The performance of the intervention was good, with 88% attainment of the set targets. For instance, there was an increase in patients starting Antiretroviral Therapy (ART) at 59,095,





against a target of 50,000; the overall coverage of viral load testing amongst People Living with Human Immunodeficiency Virus (PLHIVs) was at 96%, and the suppression rate was at 96%. The active patients achieving viral load suppression coverage were 2,400,987, against a target of 3,000,000 patients active on ART in FY 2024/25. The details of the performance of the planned outputs are discussed hereafter:

**Communities reached with HIV and AIDS prevention and control messages:** Over 20 million people were reached with HIV messages during the commemoration of Philly Lutaaya Memorial Day, Partnership Forum, World AIDS Day and Candlelight Day events. A total of 600 out of 1,000 leaders from the districts of Masaka, Kampala, Gulu, and Mukono were engaged in HIV prevention, and over 6,000 student leaders from Kyambogo, Makerere, and Gulu Universities, Uganda Christian University (UCU), Ndejje University, Ankole and Teso sub-regions were reached with HIV/AIDS messages. The commission developed and launched the HIV and AIDS Action Plan for the Cultural Institution and provided technical support to four cultural institutions of Lango, Busoga, Teso, and Bugwere on HIV mainstreaming and messaging.

**Members of Parliament (MPs) and technical staff engaged to undertake oversight and monitor the HIV response:** The MPs conducted oversight visits to Fort Portal and Gulu City, which have high HIV prevalence rates, and the districts of Buyende and Buvuma to assess the HIV services for the key population. In addition, MPs on the Committees of HIV/AIDS and Presidential Affairs were oriented on HIV prevention.

**HIV Coordination Guidelines published:** The Local Government HIV Coordination Guidelines were updated and were pending publishing.

**Joint AIDS Review (JAR) Report meeting held:** The JAR meeting was held successfully, and the report was disseminated and discussed by a panel of experts during the National HIV and AIDS Scientific Symposium attended by over 400 participants.

**HIV prevention messages developed and disseminated:** Two sets of HIV messages were disseminated through 12 radio stations and five television talk shows during the *Empuuno* Marathon in Mbarara. On the other hand, 20 million people were reached with the Presidential Fast Track Initiative (PFTI) across the country.

**Capacity building for Resident District Commissioners (RDCs) and Resident City Commissioners (RCCs):** The agency completed training of RDCs, RCCs, and security officers of 15 districts in the Greater Masaka sub-region on HIV prevention and control messaging.

**The annual HIV and AIDS Scientific Conference for FY 2024/25 was held:** The UAC convened the National HIV Scientific Symposium, which was attended by over 400 participants, and over 30 scientific abstracts were presented.

On the other hand, the UAC organised and provided HIV and AIDS counselling and testing services, food and non-food items for the teenage children in Naguru Remand Home in conjunction with Uganda Cares. The agency conducted oversight visits in Buvuma Island to assess access to health services and the availability of essential medicine supplies, including condoms.

**Uganda Aids Commission retooled:** Procurement of 15 computers, one heavy-duty printer, five heavy-duty filing cabinets, 15 CCTV cameras, and eight tools and accessories for smoke



detectors, 18 executive desks with drawers, six air conditioners, five printers for the zonal offices was accomplished. The UAC also used part of the funds for the retooling project to repair the roof of the quadrangle at the commission offices.

### **6.3.7 Increase access to sexual reproductive health and rights with a 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 key planned output was: Access to sexual and reproductive health services and age-appropriate information increased. This was broken down into sub-outputs such as: Procurement and distribution of RMNCAH health commodities; on-site mentorships and support supervision; quarterly technical support supervision conducted; integrated adolescent- and youth-friendly services outreach activities conducted in five high-burden districts; and key stakeholders' meetings to finalise the Child Health Survival Strategy and paediatric death audit guidelines held.

#### **Performance**

The intervention achieved 83% of the set targets, and detailed output performance is presented hereafter.

**Access to sexual and reproductive health services and age-appropriate information increased:** As of 30<sup>th</sup> June 2025, reproductive health products worth US\$ 32.504 billion were procured and distributed during the financial year. These included family planning and safe delivery kits – Maama Kits – and this enabled access to these commodities in the hard-to-reach areas like Namayingo, Kalangala, Zombo, Kapelebyong, among others. During the period under review, availability of RMNCAH health commodities was 72.3% on average over the last three months of the year.

In relation to provision of the age-appropriate information sexual and reproductive health services, on-site mentorships and technical support supervision of health workers in the provision of method mix family planning was conducted in West Nile, Greater Mubende and in Lango sub-region. In addition, 180 health workers from Karamoja, West Nile, Acholi, Teso, South Central, Greater Mubende, Lango and Bunyoro were mentored in the provision of the method mix for family planning.

**On-site mentorship and technical support supervision of health service providers in provision of comprehensive Emergency Obstetric Newborn Care (EONC) services conducted:** A total of 420 health service providers from the 14 health regions of South Central, North Central, Busoga, Teso, Bugisu, Ankole, Kigezi, West Nile, Lango, Acholi, and Karamoja were mentored in the provision of comprehensive Emergency Obstetric Newborn Care (EONC) services.

**Monthly National Maternal and Child Health Technical Working Group coordination meetings held:** These were held as planned, the meetings enhanced partner coordination and facilitated the exchange and facilitated the exchange of innovations and learnings. The Technical Working Groups tracked the monthly RMNCAH commodity availability and redistribution, reinforcing accountability and timely follow ups.



**Health service providers from tertiary institution mentored in the provision of adolescent- and youth-friendly response services:** A total of 60 health service providers from 10 tertiary institutions were mentored in the provision of adolescent- and youth-friendly response services.

### 6.3.8 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 broadly grouped into: i) Health research and innovation promoted; and ii) High-quality scientific and operational health research conducted. These outputs were implemented by various entities, including the MoH, Uganda Virus Research Institute (UVRI), Uganda National Health Science Research Organisation (UNHRO), Uganda National Council for Science and Technology (UNCST), research and academic institutions, the Ministry of Health, Office of the President (PRESIDE). The annual monitoring for FY 2024/25 focused on outputs undertaken by UVRI.

#### Performance

The performance was good, with 70% of set targets achieved. The detailed performance by output is presented hereafter.

**Viral disease epidemics investigated:** UVRI recruited survivors of Ebola, Marburg and Mpox virus infections and processed their Peripheral Blood Mononuclear Cells (PBMCs) for cryopreservation in preparation for downstream detailed immunological analyses. The plan was to optimise assays, screen these survivors for potent neutralising antibodies against the viruses, and perform single cell sorting to isolate B cells with high specificity and assess their neutralisation potential. In addition, surveillance for ticks and mosquito vectors of viral diseases among children, female and male, and laboratory surveillance of Acute Flaccid Paralysis (AFP), measles and rubella among children, female and male, were conducted

**Health research and innovation undertaken:** UVRI undertook the development of two COVID-19 vaccines – the COVID-19 inactivated vaccine and the adeno-vector COVID-19 vaccine. In vitro antiviral therapeutic studies were also undertaken. (For detailed information on vaccine development, refer to the BMAU Annual Programme Report on Innovation, Technology Development and Transfer (ITDT) FY 2024/25.)

**Virus isolation results reported within 14 days from receipt of stool specimens:** Under laboratory surveillance, a total of 1,580 Acute Flaccid Paralysis (AFP) stool samples were received, of which 1,465 (92.7%) were from AFP cases, while 108 (6.8%) were from AFP contacts and seven (7) (0.4%) from the community. These samples were received from Burundi, South Sudan, Rwanda, Tanzania, and Uganda.

**Surveillance for respiratory illness undertaken:** Continued COVID-19 surveillance was conducted at 14 Influenza Like Illnesses (ILI) sites and 9 Severe Acute Respiratory Infections (SARI) sites in Kiswa, Kitebi, Nsambya, Entebbe, Tororo, Fort Portal, Mukono, Kibuli, Ludara, Kiryandongo, Koboko, Arua, and Mbarara Hospitals. Other samples were also referred from different hospitals; 603 samples were from ILI and 201 were SARI. The results were 11 samples being positive for COVID-19, one positive for influenza A (H3), 16 cases of the A(H1N1) pandemic 2009, and 32 positives for influenza B (Victoria). RSV was detected in 12 cases in under-five children. In addition, UVRI conducted assessments for functional and broadly cross-reactive immune responses. Infected human specimens were tested for their



ability to neutralise currently circulating global SARS-CoV-2 strains, generating essential data to inform and guide vaccine strain updates.

**Malaria surveillance undertaken:** Mosquito surveillance was conducted in Malaba, Tororo, Busia and Kapchorwa Towns for the malaria vector, *Anopheles stephensi*, to evaluate the potential transboundary mosquito migration from Kenya to Uganda.

**Surveillance for viral disease outbreak undertaken:** As of 30th June 2025, UVRI undertook surveillance for viral disease outbreaks with a keen eye on the anthrax outbreak. Seventy-five human samples were tested, and 25 samples turned out to be positive for anthrax, and these were from Amudat (1), Kanungu (3), Kiruhura (1), Kazo (12), Ibanda (1), and Ssembabule (7) Districts. More samples were received from South Sudan but were negative.

**COVID-19 and influenza surveillance among the public carried out:** Two quarterly COVID-19 and influenza surveillance interventions were carried out in 14 ILI sites and 9 SARI sites, including Kisumu, Kawaala, Kitebi, Nsambya, Entebbe, Tororo, Fort Portal, Mukono, Kibuli, Ludara, Kiryandongo, Koboko, Arua, and Mbarara Hospitals. Other samples were also referred from different hospitals. Of the 1,268 samples received, 937 were ILI samples and 328 were SARI samples.

**Four laboratory surveillance interventions involving Acute Flaccid Paralysis (AFP), measles and rubella among children, female and male, carried out:** Two laboratory surveillance interventions involving AFP, measles and rubella among children, female and male, were carried out. While 735 measles samples were received, those for AFP were 3,365.

**Four field mosquito sampling excursions in each region of the country to establish arboviral and malaria vector species conducted:** Two field mosquito sampling excursions, each in two regions of the country to establish arboviral and malaria vector species, were conducted.

**Four surveillance enhancement drives across the country for *Anopheles stephensi* invasive malaria species that is in Kenya:** Two surveillance enhancement exercises were carried out across the country for the *Anopheles stephensi* invasive malaria species that is in Kenya.

**Assessments for functional and broadly cross-reactive immune responses (antibodies) to SARS-CoV-2, and impact conducted:** Four assessments for functional and broadly cross-reactive immune responses were carried out. Available infected human specimens tested for their ability to neutralise currently circulating global SARS-CoV-2 strains, generating essential data to inform and guide vaccine strain updates, including neutralising antibody responses, were assessed in samples from Ugandans who received the Pfizer, Sinovac, and Johnson & Johnson COVID-19 (SARS-CoV-2) vaccines, and is still ongoing.

**Viral disease epidemics investigated to identify immune markers of protection relevant for designing interventions in at least 40 cases per epidemic (yellow fever, Rift Valley fever, and other viral diseases):** Four surveillance interventions on viral disease epidemics investigated to identify immune markers of protection relevant for designing interventions, including surveillance in infected human specimens by testing for their ability to neutralise currently circulating global SARS-CoV-2 strains, generating essential data to inform and guide vaccine strain updates.

## Implementation Challenges

- i) Inadequate staffing and funding to undertake high-quality specialised research at UVRI, as well as at regional and academic institutions.
- ii) There was slow uptake of research findings and utilisation, partly due to lengthy and bureaucratic approval and uptake procedures.

## Recommendations

- i) MoFPED, MoPS, the MoH, and the HSC should prioritise filling staffing gaps at all research institutions and hospitals to enhance health research at various levels.
- ii) The MoH and research institutions should support capacity building of Research Committees at all RRHs to boost their interest in medical research.
- iii) The MoH should reward medical workers who exhibit high-quality research products to boost morale and interest in research in health institutions.

### 6.3.9 Increase access to inclusive safe water, sanitation, and hygiene with emphasis on increasing coverage of improved toilet facilities and handwashing practices

The Ministry of Water and Environment (MWE) continued with the development of piped water supply systems and sanitation facilities in both rural and urban areas across the country, with the aim of attaining the following outcome indicator targets: Access to safe water coverage – rural (85%), and urban (100%); Improved toilet coverage (45%); and Improved hygiene/handwashing facility (50%). The following outputs were planned and assessed under the intervention:

- i) Access to inclusive safe water supply, sanitation and hygiene services increased in rural areas;
- ii) Access to inclusive safe water supply, sanitation and hygiene services increased in urban areas

## Physical Performance

The intervention performance during the review period was fair, at 65.6%, based on the achievement of output targets. All outcome indicator targets for the period were missed. Rural water access stagnated at 67%, toilet coverage was at 31.1%, while handwashing facility was 32.4% by June 2025. Implementation of piped water supply systems (WSSs) included the provision of sanitation facilities, and hygiene promotion campaigns across both rural and urban areas. Strong emphasis was put on gender inclusion. Key achievements under the construction of rural piped water systems included Bitsya (80%), Nyamugasani (47%), and Isingiro (38.5%), while 13 out of 15 solar-powered systems for Rural Growth Centres were completed. Under Nexus Green implementation, 203 rural sites progressed, with 72 substantially completed.

In urban areas, systems in Buikwe, Bundibugyo, Kapchorwa, Kamuli, and Busia were finalised, while Namasale (99%), Butaleja-Busolwe (86%), and Budaka-Kadama-Tirinyi-Kibuku (80%) made significant advances. Nexus Green also implemented 29 urban sites that were substantially completed, and 28 remained ongoing. The Kagera Water Treatment Plant (98%), Masulita Urban Water and Supply System (UWSS), and Nalukolongo Faecal Sludge Treatment Plant (FSTP) had been commissioned. Sanitation improvements included the completion of 64 public toilets in Kampala, and the Busukuma FSTP reached 70%.

Detailed performance for both rural and urban water and sanitation access is presented below:





### **Access to inclusive safe water supply, sanitation and hygiene services increased in rural areas**

The construction of water supply and sanitation systems exhibited varying levels of progress. The Bitsya Water Supply System (WSS) advanced to 80% completion, with pipe works at 74%, staff housing and water offices at 53%, and sanitation facilities serving five schools, two hospitals, and one market at 40%. At Ala-Ora WSS, progress varied across the four lots: Lot 1 (Nyagak in Nebbi and Madi-Okollo Districts) was at 4%, Lot 2 (Nyagak-Goli, Baribu, Ogoko, and Pawor in Madi-Okollo District) at 20%, Lot 3 (Enyau in Terego District) at 12%, and Lot 4 (Enyau in Yumbe and Terego Districts) at 25%.

The Nyamugasani Gravity Flow Scheme progressed to 39% in Lot 1 and Lot 2, with 47% completion. The Isingiro Water Supply System (WSS) achieved 38.5% completion, with 80 km of pipeline laid out of a total 480 km, and procurement of an additional 206 km of plastic pipelines was ongoing.

Construction of 20 solar-powered piped systems for Rural Growth Centres (RGCs) progressed to varying levels: Lugala and Bukizibu-Bumwena (Namayingo and Mayuge) reached 25%, Kitenga (Kaliro) 45%, Bugomolwa and Kikonge-Nakasero (Kyankwanzi) 42%, and Lubaali and Kikooge (Kassanda and Nakasongola) 50%. Bugwara and Kabamba (Kagadi) were at 80%, Kasese and Lwentulege (Rakai) at 90%, Kidera and Igwaya (Buyende) at 91%, and Kikoora and Mwitanzige (Kakumiro) at 99%. In refugee-hosting districts, Goboro, Lobe, and Lomunga (Yumbe) had progressed to 8.52%, Gulinya and Arinyapi (Adjumani) to 14%, and Akoro, Pangila, and Padible West (Lamwo) to 4%. The Moyo RGC contract was signed in April 2025, with works not yet commenced. Mutundwa, Gaspa, and Nyakabaale WSS (Kiryandongo) were at the contract award stage. Overall, out of 20 targeted systems, 13 had achieved 100% completion, while the remaining seven (7) were at various stages of implementation.

Under Nexus Green (rural), a total of 203 sites were under construction. Out of these, 72 systems were completed in various districts<sup>7</sup> across the country. Construction was ongoing in 59 sites, while three sites in Pader, Abim, and Kikuube were handed over, but construction had not yet started. Additionally, 69 systems were under feasibility study.

Other rural 48 solar-powered piped water systems were implemented in 22 districts with safe water coverage below 50% (under the Support to Rural Water Supply and Sanitation Project). Their overall physical progress reached 65%. Out of these, 22 systems<sup>8</sup> were completed, while construction was ongoing for 38 schemes in 13 districts<sup>9</sup>.

<sup>7</sup> Agago, Otukey, Alebtong, Amudat, Amuria, Budaka, Buikwe, Bukedea, Busia, Butebo, Buyende, Gomba, Gulu, Jinja, Kabarole, Kaberamaido, Kamuli, Kamwenge, Kassanda, Kayunga, Kitgum, Kwana, Lyantonde, Mityana, Moyo, Mukono, Namutumba, Nebbi, Nwoya, Obongi, Pader, Zombo, Wakiso, Soroti, Serere, Sembabule, Pallisa, Katakwi, Kibuku, Nakaseke, Kiboga, Kyegegwa, Kiruhura, Mbarara, Rukungiri, Kitagwenda, and Luweero.

<sup>8</sup> Nkandwa and Kiryanongo (Kyankwanzi), Kyabarungu and Kizzi (Buliisa), Kalangalo and Kyamusisi (Mityana), Lamingonen, Lakwa, Labima and Lomoi (Agago), Mijikita and Kerwa extension (Yumbe), Lotim and Morukoli (Kaabong), Tingas, Loro and Abiliyep (Amudat), Birembo, Kakindo-B, Kikwaya and Igayaza (Kakumiro), and Bukhalu (Bulambuli).

<sup>9</sup> Kasese, Sembabule, Kisoro, Rubanda, Bulambuli, Kyankwanzi, Mubende, Kyegegwa, Buyende, Nakaseke, Namayingo, Rakai, and Buvuma.

Sanitation facilities were developed alongside the water supply systems to ensure safe and hygienic services. These included institutional and public facilities, such as toilets for schools, hospitals, and markets, with separate blocks and stances for males and females. In some larger systems, additional facilities for staff or teachers were provided. For the solar-powered RGC systems, ecosan toilets were provided for caretakers at the pumping stations.

Hygiene promotion campaigns were conducted before and during construction, targeting communities benefitting from the Bitsya, Nyamugasani, Ala-Ora, refugee-hosting districts, and RGC systems. The campaigns emphasised gender inclusion and mainstreaming, with training sessions and community engagement to ensure proper operation and maintenance of the facilities.

Regarding land acquisition and compensation, 54% of Project-Affected Persons (PAPs) in Bitsya had been paid, while 46% remained pending. In Ala-Ora, 598 PAPs had given their consent, with 126 still unresolved. In Nyamugasani, seven (7) follow-up engagements were conducted to address land access issues affecting 102 PAPs. Gender and social inclusion were emphasised across campaigns and stakeholder engagements. The Operation and Maintenance (O&M) frameworks were popularised in 135 districts, and ecosans were provided at solar pumping stations.

Detailed progress of rural water systems monitored is presented below:

#### **a) Nongo Rural Water Supply system in Luweero District**

The Nongo Rural Water Supply System in Nongo Sub-county, Luweero District was completed and served the villages of Nongo and Nsawo. The system had a pumphouse, a solar system with 36 panels (475 watts each), an 80 m<sup>3</sup> circular reservoir, distribution and transmission lines, as well as 10 Public Stand Posts (PSPs) and yard taps. The system had a pump yield of 4.08 m<sup>3</sup>/hr, treated through chlorine dosing, and its functionality was good. Overall, physical progress had reached 100%, although not yet technically commissioned. Key challenges included illegal community connections, causing difficulties in enforcing connection fee payments.



**A functional yard tap for Nongo Rural Water Supply System in Busaale Parish, Luweero District.**

#### **b) Bulangira Water Supply System**

The overall physical progress of the project had reached 43%, with the distribution network at 35%. Approximately 13 km of distribution pipelines had been delivered to the site, of which 3.4 km was already laid and backfilled on distribution mains 1, 5, and 6. By June 2025, the project had utilised 25% of its contract time. Machinery and hand tools had been mobilised, and both skilled and semi-skilled personnel were present on-site. Progress was hindered in some sections by hard and rocky ground conditions, which required additional excavation

work. Regarding health and safety, the site had been regularly cleaned, staff were provided with Personal Protective Equipment (PPE) such as safety boots, reflective jackets, and overalls, and no accidents had been reported. The system was designed to serve approximately 4,571 people across seven villages.

### c) Katikamu Rural Water Supply System

The Katikamu Rural Water Supply System in Katikamu Village, Masulita Town Council, Wakiso District, was completed at 100% and officially commissioned. The system was powered by 18 solar panels (each rated at 475 watts), with a borehole yield of 4.5 m<sup>3</sup>/hr, treated using chlorine dosing. It included a 20 m<sup>3</sup> reservoir, two 10 m<sup>3</sup> tanks, eight-yard taps, and one Public Stand Post (PSP). The pumping system was operational, and water was distributed through the installed taps and PSP. However, several functionality issues were identified, such as two taps damaged during road works, one solar panel cracked, and decreased reliability on rainy days due to low solar output. The community actively participated in the operation and maintenance of the system through payment of water user fees.



**L: Reservoir tanks; R: Pumping station, Katikamu Rural Water Supply System in Katikamu Village, Masulita Town Council, Wakiso District.**

### d) Mawanda Water Supply Scheme and Small-Scale Irrigation

Mawanda RWSS and SSI in Mawanda-Kyengeza Village, Kakindu Sub-county, Vvumbe Parish, Mityana District, started operations in February 2024 and were commissioned in February 2025. The dual-purpose system, serving domestic water and irrigation, used 36 solar panels (475Watts) to produce 5 m<sup>3</sup>/hr over six hours daily. Physical works, including two 20 m<sup>3</sup> reservoirs, were completed, sourcing water from a borehole with sanitation facilities for operators. The system had two PSPs and two-yard taps serving two villages and two schools. The irrigation component covered 2.5 hectares of maize but was underutilised. A paper-based billing system charged US\$ 3,000 per unit, with the operator paid by the district and an average monthly collection of US\$ 350,000. Challenges included collection defaults and poor billing records.





**L: Pumphouse; R: Maize garden at Mawanda RWSS and SSI, in Mawanda-Kyengeza Village, Kakindu S/C, Vvumbe Parish, Mityana District.**

### **Access to inclusive safe water supply, sanitation and hygiene services increased in urban areas**

Significant progress was achieved in urban piped water systems. The systems in Buikwe, Bundibugyo, Kapchorwa, and Kamuli were fully completed (100%). The Busia system was completed and entered the test-running phase, while Namasale (99%), Butaleja-Busolwe (86%), Budaka-Kadama-Tirinyi-Kibuku (80%), and Kaliro-Namungalwe (69%) also progressed steadily. Mbale progressed at 53% for Lot 1 and 36% for Lot 2.

The Kagera Water Treatment Plant supplying Mbarara registered 98% completion, with intake works, the treatment plant, reservoirs at Kaberebere and Kajaho, the Kabingo booster, and the Bihunya reservoir finalised (100%). Transmission mains were at 99% completion. In contrast, no progress was made on the Mbarara water supply and sanitation improvements and expansion owing to funding constraints. Meanwhile, the Masaka project advanced with a works contract signed in February 2025, supported by USD 13 million for mobilisation.

For Nexus Green, substantial completion of solar package installations was achieved in 29 towns. Meanwhile, installation works were ongoing at 78% completion in 28 towns, including Kibaale, Kigoroby, Kabuyanda, Buyanja, Masafu, Nawandala, Losilang, Kashongi, Kakooga, and Kabingo. Design reviews were also in progress for systems in Kiryokya, Kiwoko, Gambe, Karenganyambi, Busunju, Maracha, Bethlehem-Nabigasa, Nkoni, and Mpumudde-Lyakajjura.

Public and institutional sanitation facilities were completed in Kumi, Rukungiri, and Koboko, while institutional toilet construction in Rubaya commenced and reached 10% completion. The facilities included separate blocks and stances for males and females, with some sites also providing dedicated facilities for teachers. Progress on Faecal Sludge Treatment Facilities (FSTFs) was also recorded. For instance, Busukuma advanced to 70% completion, Kyenjojo procurement was finalised, and contracts for Kiboga, Kasali-Kyotera, Moroto, and Dokolo

were cleared by the Solicitor General and awaiting signature. Other FSTFs were substantially completed in Kumi, Busia, and Koboko, while Buliisa reached 20%, and Nalukolongo entered the Defects Liability Period (DLP). Hygiene promotion campaigns were conducted alongside construction activities, with an emphasis on gender mainstreaming.

Despite these achievements, some funding constraints persisted. Construction of the Bugadde Piped Water Supply System and drilling of boreholes in Greater Rakai/Luanda did not commence owing to financial limitations. Nevertheless, the development of engineering designs for Kalungu (Lwabenge) progressed, and Environmental and Social Impact Assessments (ESIAs) for Greater Rakai, Greater Gomba, and Greater Bugadde were prepared and are due for submission to NEMA.

Detailed progress of urban water systems monitored is presented below:

#### **a) Mbale Water Supply System**

By the end of July 2025, progress for Lot 1 was 52.98%, with project duration at 75.90% and financial progress at 67.61%. Delays persisted owing to shortages of critical pipeline materials, slow mobilisation, and pending design approvals. Notable advancements included earthworks at the Namatala intake and raw water transmission mains, with intake concrete works at 50%. Wastewater facilities showed mixed progress: the Doko Wastewater Treatment Ponds were 88.6% complete, and sludge drying beds at 83.88%, while inlet works lagged at 17.78%. Similarly, the Namatala Wastewater Treatment Ponds were nearly 50% complete, with inlet works at 33.7%. The Islamic University in Uganda (IUIU) /Northern Cluster Sewerage System made significant headway, with 94.8% of pipeline laid, geomembrane installation at 80%, and sludge drying beds at 96.3%. Other works included the Manafwa Water Treatment Plant, with the flocculation chamber 95% complete, and transmission mains showing progress between 51.3% and 71.8%.

For Lot 2, progress stood at 36.24%, compared to 60.31% of the elapsed project duration and a similar financial performance. Delays were mainly due to halted construction of ablution blocks since May 2025 and low contractor mobilisation. The Mbale Distribution Network was 57.9% complete, covering 25.6 km of pipelines, with varying completion rates across different zones. Rehabilitation of reservoirs had not yet begun, and the Nyondo Pump Station remained at the design stage. Progress on ablution blocks varied, with Namabere at 70%, Nakaloke at 80%, and Namunsi at 50%, though some components like septic tanks and soak pits had not yet been fully developed in all sites.



**The intake works**



### b) Masulita Urban Water Supply System

As of July 2025, the Masulita Urban Water Supply System in Masulita Town Council, Wakiso District was 100% completed and technically commissioned. The water supplied was 35 m<sup>3</sup>/hr. The system included a solar package with 90 panels (475 watts each), a pumphouse, and a distribution network. Existing reservoirs of 200 m<sup>3</sup> and 80 m<sup>3</sup>, not part of the upgrade, remained in use. The design allowed operation on solar, grid, and generator power. Although the quality of construction was good, overall system reliability was still low, primarily due to insufficient storage capacity of the reservoir. Household connections were pending, as application processing was ongoing under the project's extended scope. The completed system was handed over to the Umbrella for operation.



**L: Functional PSP; R: 200m<sup>3</sup> reservoir tank at Masulita Urban Water Supply System in Masulita Town Council, Wakiso District.**

### c) Iruhura Urban WSS

Construction of Iruhura Solar-Powered Water Supply Scheme located in Rweraza Village, Rweraza Parish, Kabarole District, was at 98% physical completion. The scheme was designed to serve two villages, Rweraza A and B, with 12-yard tap connections. It included a 20 m<sup>3</sup> reservoir (comprising two 10 m<sup>3</sup> tanks), elevated to a height of 6 m. The scope of work covered a 1.1 km transmission pipeline, a pumping station (including a pumphouse and guard house), and a 2.2 km distribution network.

The solar system comprised 18 panels rated at 475 Wp, with a production yield of approximately 3.5 m<sup>3</sup>/hr. Pumping occurred approximately every two days. Water treatment facilities were still under construction, with chambers under development at the time of the site visit. The scheme faced technical challenges, specifically with the water tank which had to be elevated to ensure adequate water supply. Other challenges encountered included delays in land acquisition.



**Two 10m<sup>3</sup> reservoir tanks for Iruhura Solar-powered Water Supply Scheme in Rweraza village, Rweraza Parish in Kabarole District.**

#### d) Ishaka Adventist Hospital WSS

The Ishaka Adventist Hospital Water Supply Scheme in Bushenyi District was 100% completed and handed over to the hospital for proper operation, maintenance and management. The scheme serves an estimated 36,100 people within one cell, providing water through two Public Stand Pipes (PSPs) and no yard connections. A total of 0.385 km of pipelines had been installed. The system benefits six institutions, including the hospital, with beneficiaries expressing satisfaction with the service provided.



L: PSP; R: 10,000 m<sup>3</sup> reservoir tank at Ishaka Adventist Hospital in Ishaka, Bushenyi District.

#### e) Kampala Water – Lake Victoria Water and Sanitation Project

The project had achieved 12% overall progress. The construction of Component A – Nalukolongo Faecal Sludge Treatment Facility (FSTP), with a capacity of 400 m<sup>3</sup>/day, was completed and the Defects Liability Period (DLP) started in October 2024. The plant was fully operational under Kampala Water management. The major works included laying 53 km, with diameters of up to 200 mm to meet existing demand. Additionally, the prepaid water metering programme was adjusted from 2,600 to 1,440 meters, with 1,420 meters installed and the remaining 20 scheduled for completion soon. The remaining 1,160 prepaid metering points will be handed over to NWSC, whose teams have been trained in installation and maintenance. A total of 64 public toilets had been completed and 39 of them handed over to Kampala Capital City Authority (KCCA) for management of use at various locations. The remaining 25 were transferred to institutions like schools and Uganda Police.

#### Intervention Challenges

- 1) Delayed compensation of Project-Affected Persons (PAPs), amounting to US\$ 8.3 billion under the Integrated Water Management and Development Project (IWMDP), caused significant disruptions. These delays hampered progress along transmission mains and led to stalled activities in multiple project sites.
- 2) Inadequate and unpredictable cash flows resulted in procurement delays, stalled site activities, and limited mobilisation efforts. This adversely affected several projects, including Nexus Green, SCAP, and IWMDP.
- 3) The occurrence of failed boreholes and non-viable drilling sites, especially within the Nexus and Urban Water components, resulted in resource wastage and delays in providing safe water access in targeted regions.



- 4) Delays in procurement and contract approvals, such as pending signatures from the Solicitor General and slow bid evaluations, postponed project initiation and construction timelines across various interventions.

### 6.3.10 Improving Occupational Safety and Health (OSH) management

The Occupational Safety and Health (OSH) intervention implemented by the Ministry of Gender, Labour, and Social Development (MGLSD) aims to improve working conditions across various workplaces. This intervention contributes to three key outcome indicators: i) An increased proportion of workplaces with health and wellness programmes; ii) A reduction in the prevalence of gender-based violence (GBV); and iii) An increased proportion of workplaces offering occupational health services.

During FY 2024/25, the Ministry prioritised activities in inspection and monitoring, as well as the strengthening of chemical safety and security management systems, to enhance compliance and reduce occupational hazards.

Under the Inspection and Monitoring priority area, the planned outputs included: i) Development of the National Occupational Safety and Health (OSH) Profile; ii) Development of guidelines for managing OSH in cotton ginning industries; iii) Inspection of 400 workplaces nationwide for compliance with OSH standards; iv) Examination and certification of 600 statutory equipment units; and v) Capacity building of 100 employers and employees on OSH management across the Central, Western, Northern, and Eastern Regions.

Under the strengthened Chemical Safety and Security Management area, the planned outputs included: i) Inspection of 120 workplaces handling toxic chemicals for safe handling and management practices; ii) Chemical risk assessments conducted in 20 cosmetics and personal care industries; iii) Capacity building for 600 workers on handling toxic chemicals; and iv) Training of 400 employers on the use and management of the Occupational Safety and Health Management Information System (OSH-MIS). The detailed performance results by output are presented in the sections that follow.

#### Performance

The performance of the intervention was good, at 80% attainment of the annual targets. Significant progress was attained in the key priority areas of inspection and monitoring, as well as strengthening chemical safety and security management systems, to improve compliance and reduce occupational hazards. For instance, significant progress was made in strengthening the national Occupational Safety and Health (OSH) framework. In addition, a total of 81 workplaces handling toxic chemicals had been inspected, representing approximately 68% of the annual goal. The chemical risk assessment was conducted in 20 cosmetics and personal care industries. Detailed performance is presented as follows:

The Ministry of Gender, Labour, and Social Development (MGLSD) has made notable progress in implementing the Occupational Health and Safety (OHS) intervention, focusing on inspection, compliance, capacity building, and chemical safety management. The National Occupational Safety and Health Profile was developed, with a zero draft of Terms of Reference (ToR) completed. Additionally, draft guidelines for managing OSH in the cotton ginning industry were finalised to guide future sector-specific policies.

During the period under review, 214 workplaces were inspected for compliance with OSH standards, achieving 53.5% of the annual target of 400 inspections. A total of 758 workplaces



were registered under the OSH Act of 2006, generating US\$ 845 million in non-tax revenue (NTR), indicating increased formalisation and regulatory adherence within the labour market. Six occupational accidents were formally investigated at key industrial and construction sites, including locations in Busabala, Virat Alloys Ltd (Kampala), GM Sugar (Buikwe), Landy Industries Ltd (Mukono), Leeko (U) Ltd, and Pramukh Steel Ltd (Jinja). Furthermore, 123 Environment and Social Impact Assessments (ESIAs) and audit projects were reviewed to ensure integration of OSH safeguards into project planning and implementation. Sixteen inspections were conducted under the Uganda Institution of Professional Engineers OSH Awards initiative, promoting best practices in workplace safety.

In terms of equipment compliance, 336 statutory equipment units were examined and certified, representing 56% of the annual target of 600 inspections and mobilising US\$ 238 million in NTR. Capacity-building efforts involved the training of 406 employers and employees on the OSH management system, surpassing the annual target of 100 and enhancing data-driven compliance tracking by the Parliament of Uganda. An additional 389 stakeholders received training on labour laws, principles of decent work, and OSH across various regions, including Fort Portal, Hoima, Kibaale, Kasese Municipality, Masindi, Kiryandongo, and Kagadi. Moreover, 165 employers and their representatives were trained on OSH and labour regulations within the industrial parks located in Mbale, Namanve, Luzira, and Mbalala, focusing on areas with high employment density.

Occupational Safety and Health Inspectors received continuous professional development through specialised training in diverse thematic areas such as results-based management, women in leadership, and waste management. Eight inspectors were trained as Trainers of Trainers (ToTs) to integrate OSH elements into the National Labour Inspection Checklist, National Guidelines, and the Code of Conduct for Labour Inspectors, expected to standardise inspection practices and strengthen compliance monitoring. A total of 113 Labour Officers from the Eastern, Northern, and Western Regions were trained on critical components of OSH enforcement, including harmonisation of inspection standards and improvement of field-level compliance monitoring. Additionally, 18 Labour Officers were equipped as ToTs focusing on developing strategic compliance plans within Uganda's coffee and tea supply chains. Six inspectors also received ToT training to support compliance planning in these agro-industrial sectors.

Regarding chemical safety and security, 81 workplaces handling toxic chemicals were inspected, reaching 68% of the annual target. Chemical risk assessments were conducted in 20 cosmetics and personal care industries. Training was provided to 200 employers in using the OSH Management Information System, achieving 50% of the yearly target. Thirty employers and supervisors working in gold mining were trained on the safe handling of toxic chemicals, representing 25% of the annual target. OSH Inspectors raised chemical safety concerns during stakeholder meetings and workshops covering emergency response planning, ESIA consultations, waste management, water and sanitation, and minerals and extractives sectors. Regional capacity-building efforts advanced through the training of 35 first responders – including 10 Ugandans and 25 participants from other East African Community partner states – during the 7th Operational Training session held in Jinja. Furthermore, the annual subscription to the Organisation for the Prohibition of Chemical Weapons (OPCW) was paid.

Two outputs planned for the third quarter of the fiscal year were not yet implemented. These included the World Day for Occupational Safety and Health, commemorated on 28th April 2025, and the upgrading of the National Chemical Database.

Despite the progress made, the intervention faces ongoing challenges, including limited funding that delays inspections and training, which negatively affects follow-up. A significant



portion of the labour force operates in the informal sector, which often lacks adequate OSH measures and oversight. Moreover, data collection and analysis mechanisms for occupational injuries and diseases remain limited, hindering evidence-based policy formulation and intervention efforts.

Overall, the OHS intervention has demonstrated steady progress in strengthening regulatory compliance, inspection capacity, and chemical safety management. Addressing funding constraints and expanding OSH coverage within the informal sector remain critical to achieving full impact.

#### 6.4 Sub-programme Challenges

- i.) **Low pace of mobilisation and subsequent execution of works by the Uganda People's Defence Forces (UPDF) Engineering Brigade**, despite transfer of all the required funds for works execution.
- ii.) **Low prioritisation and underfunding of medical equipment maintenance**, worsened by limited biomedical engineering capacity and supplier-controlled systems, leave many facilities with non-functional diagnostic equipment like X-ray, ultrasound, and Computerised Tomography (CT) scans.
- iii.) **Poor planning**, demonstrated by the exclusion of key components such as piped oxygen, medical air, ramps, mosquito nets in modern health infrastructure, and inadequate preparation in the education, sports and skills sector, which delayed commencement of Uganda Secondary Education Expansion Project (USEEP) and Business, Technical and Vocational Education and Training (BTJET) construction works.
- iv.) **Inadequate staffing across all levels of care occasioned by inadequate wage provision and/or recruitment delays**, constrained service delivery. The recruitment on a replacement basis creates a generational knowledge gap as senior consultants retire without transferring tacit and, in some cases, explicit knowledge.
- v.) **Land acquisition challenges** led to the stalling of project activities, especially under the development of water and sanitation systems.
- vi.) **Inadequate technical and financial capacity of contractors** affected timely completion of works and contributed to the use of substandard materials, especially in the development of water supply and sanitation systems. While the Buy Uganda Build Uganda (BUBU) initiative supports local contractor capacity development, overemphasis on this approach risks awarding contracts to low-capacity contractors.

#### 6.5 Sub-programme Conclusion

The performance of the Population Health, Safety and Management Sub-programme for FY 2024/25 was good, improving from the fair performance category in the previous financial year, 2023/24. Service provision improved compared to the previous financial year, driven by better delivery of essential medicines and health supplies due to increased budgets and timely access to operational funds. In relation to health outcomes, maternal mortality reduced and even surpassed the NDP III target, and infant mortality achieved closely aligned with the NDP III targets. However, some targets were not met such as under-five mortality, and neonatal mortality. The key barriers to performance were: i) Low pace of mobilisation and consequent execution of works by the UPDF Engineering Brigade; ii) Low prioritisation of medical equipment maintenance; iii) Poor planning, and inadequate staffing across all levels of care; and iv) Inadequate technical capacity of contractors to execute the works in a timely manner.





## 6.6 Sub-programme Recommendations

- i.) The MoH and MoFPED should engage the Ministry of Defence and Veteran Affairs (MODVA) to identify the root causes of the delayed implementation of works. This should guide the determination of a lasting solution to this constraint to project implementation.
- ii.) The MoH should prioritise the acquisition of maintenance contracts for all medical equipment and, where feasible, the sub-programme votes should train their biomedical engineers in maintenance skills for such key equipment to further reduce the expenditure on maintenance.
- iii.) The MoH, in collaboration with the sub-programme votes, should offer tailored training to the existing architects and engineers in health infrastructure designs and hospital planning. In addition, MoFPED and the MoES should strengthen project preparation and planning.
- iv.) MoFPED and the Parliament of Uganda should systematically allocate resources for recruitment of human resources for HCD in a phased manner. Efforts to align the recruitment process with the budgeting process should be explored.
- v.) The MWE should prioritise land acquisition prior to commencement of works.
- vi.) The MWE and other sub-programme players should strengthen procurement management, including strict due diligence during the identification of contractors.

## CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

### 7.1 Programme Performance

#### Financial Performance

By 30th June 2025, the programme received US\$ 10,472 billion (104% of the approved budget), reflecting supplementary allocations of US\$ 524.5 billion. Expenditure was US\$ 9,118 billion, translating into an overall absorption rate of 87.1%.

Performance across budget categories was mixed. The wage budget increased by US\$ 24.3 billion relative to the previous financial year, although funds utilisation was estimated at 98.6%, leaving US\$ 53.5 billion unutilised. Failure to fully absorb the funds was attributed to delays in recruitment, posting and deployment, particularly under UgIFT and in public universities. Non-wage recurrent received a supplementary of US\$ 251.4 billion and was fully absorbed. GoU development expenditure was very good, with 99.8% absorption and only US\$ 1.7 billion unspent.

However, externally financed projects underperformed, absorbing only 43.2% of the released funds. The low absorption was attributed to poor planning and sequencing of project activities, inadequate readiness of some votes to implement works, procurement delays, lengthy “no objection” processes from funders, administrative reviews requiring re-tendering, and inadequate financial capacity among contractors. Consequently, US\$ 1,314 billion of external resources remained unutilised, significantly lowering overall programme absorption despite the good performance of GoU-funded components.

#### Physical Performance

**The overall programme performance for FY 2024/25 was good, rated at 78% achievement of outputs and outcomes.** The Population Health, Safety and Management Sub-programme performed better than their counterparts in the programme. This was attributed to rolled over projects, and enhanced service provision. The performance of the Education, Sports and Skills Sub-programme nearly aligned with that of Labour and Employment Services.

In relation to attainment of outcomes, the Human Capital Development Programme attained the several indicators as of end of the Third National Development Plan (NDP III). These were: maternal mortality which reduced to 189 per 100,000 live births, surpassing the NDP III target of 236; and infant mortality achieved was at 36 per 1,000 live births, closely aligning with the 35.8 per 1,000 targets. Other achieved outcomes were the Gross Enrolment Ratio (GER)<sup>10</sup> (pre-primary) at 100%, the Net Enrolment Ratio (NER)<sup>11</sup> (pre-primary) at 100%, and Uganda’s international ranking in rugby at 100%. Well performing indicators included the GER (primary) at 86%, the Gross Enrolment Ratio (secondary) at 89%, the Net Enrolment Ratio (secondary) at 95%, literacy proficiency at Primary Three at 97%, numeracy proficiency at Primary Six at 86%, compliance with the Basic Requirements and Minimum Standards (BRMS) at primary at 77% and secondary at 87%, university programme accreditation at 83%, survival rate at primary at 90%, and international sports rankings in athletics at 86%, football

<sup>10</sup> GER is the total enrolment in a specific level of education (regardless of age), expressed as a percentage of the official school-age population for that level.

<sup>11</sup> NER is the enrolment of children of the official school-age for a given level, expressed as a percentage of the corresponding population.



at 75%, and netball at 71%. These highlight achievements in enrolment, early grade literacy, and sports performance.

The missed indicators, on the other hand, included under-five mortality, which stood at 52 per 1,000 live births compared to the target of 33 per 1,000, and neonatal mortality at 22 per 1,000 live births, against the NDP III target of 20. Access to basic sanitation remained low, with handwashing facilities at 32.4%, against the 50% target, and toilet coverage at 31.1%, compared to the 45% target. Rural access to safe water supply was 67%, falling short of the 85% target. Other missed indicators included literacy proficiency at Primary Six, numeracy proficiency at Primary Three, and O-Level science pass rates. Compliance with the BRMS at pre-primary was only 25%. Additional underperforming outcomes were the survival rate at secondary level, transition from Primary Seven to Senior One, school feeding coverage, which remained low, at 45%, and the contribution of sports to GDP at 33%. The education outcomes highlight persistent weaknesses in learning achievement, school quality, retention, and child welfare.

In relation to intervention performance, 14% of the interventions in the programme recorded very good performance, 52% were good, 28% were fair, while 7% was categorised under the poor performance category. The outstanding performing interventions were those involving improving adolescent and youth health, providing early exposure to STEM/STEI to children (e.g. introduction of innovative science projects to primary schools), and leveraging Public-Private Partnerships (PPPs) for funding of sports and recreation programmes under the Education, Sports and Skills Development Sub-programme. The Population Health, Safety and Management Sub-programme also recorded one outstanding intervention of improving maternal, adolescent, and child health services at all levels of care.

This achievement demonstrates expanded access to youth-friendly services, government commitment to deepen STEI and revive sports and recreation programmes, strengthened institutional health systems to support the health and well-being of adolescents and young people. The achievement further underscores synergies of the programme agencies as two of the four very well performing interventions were jointly implemented by the different programme entities.

The Population Health, Safety and Management, and Education, Sports and Skills Development sub-programmes each contributed one intervention to the poorly performing category. The poorly performing interventions were increasing financial risk protection for health, with emphasis on implementing the National Health Insurance Scheme; establishing 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. These were contributed by Population Health, Safety and Management, and Education, Sports and Skills Development, respectively.

## 7.2 Programme Challenges

- i) **Low pace of mobilisation and consequent execution of works by the UPDF Engineering Brigade**, although the MoH and other institutions transferred all the funds required for execution of works.
- ii) **Human resource shortages**: Public universities and health institutions in Uganda face critical staffing shortages, with the majority of them operating below 30% of the approved staffing structure. These gaps have overstretched existing staff, compromised

- teaching and research, as well as student supervision, and affected health service delivery. Additionally, there is inadequate support for super-specialised training and research personnel, further limiting the institutional capacity to meet their mandates.
- iii) **Low absorption and underperformance of development projects:** Persistent low absorption of funds, particularly under externally financed projects, continues to hinder the delivery of critical education infrastructure. Flagship projects such as USEEP and BTNET-II registered absorption rates below 35% and physical progress of less than 30%, mainly due to delayed procurements, land acquisition disputes, and weak operational planning.
  - iv) **Weak partnerships and high training costs:** Weak partnerships between educational institutions and industries limit practical training opportunities for students. This disconnect makes it challenging for graduates to acquire hands-on experience and hinders their employability in a rapidly evolving job market. Additionally, the high associated with BTNET training discourage potential candidates, particularly those from economically disadvantaged backgrounds, from enrolling on these programmes.
  - v) **Poor planning, demonstrated** by the initial exclusion of key components required in modern health infrastructure. At most of the health infrastructure visited, requests for scope revisions were common, even for components that would be obvious in designing health infrastructure, such as piped oxygen, medical air, and vacuum air for theatres, ramps for universal access, and mosquito nets, among others.
  - vi) **Inadequate funding and resource constraints:** The programme experiences inadequate local funding for epidemic response, neglected tropical diseases, infrastructure and research. The majority of these interventions rely heavily on development partners, posing sustainability risks.
  - vii) **Limited research utilisation:** There is poor uptake of research findings due to lengthy and bureaucratic approval processes hindering timely adoption and implementation of research outcomes.
  - viii) **Land acquisition challenges:** These led to the stalling of project activities, especially those related to the development of water and sanitation systems.
  - ix) **Inadequate technical and financial capacity of contractors:** This affected timely completion of works and contributed to the use of substandard materials, especially in the development of water and sanitation supply systems. It should be noted that whereas Buy Uganda Build Uganda (BUBU) supports the development of the capacity of local contractors, over-emphasizing it carries the danger of low-capacity bidders obtaining contracts.

### 7.3 Programme Conclusion

The overall programme performance for FY 2024/25 was good, rated at 78% achievement of outputs and outcomes. The Population Health, Safety and Management Sub-programme performed better than their counterparts in the programme. This was attributed to rolled over projects, and enhanced service provision. The performance of the Education, Sports and Skills Sub-programme nearly aligned with that of Labour and Employment Services. Largely, the programme performed better in the attainment of outcomes compared to outputs. The better achievement of outcomes was attributed to the cumulative contribution of investments during the implementation of the Third National Development Plan (NDP III). Generally, for the Human Capital Development Programme, the performance improved from the fair performance category in the previous financial year, 2023/24. Despite the improvement, the full attainment of programme results was constrained by delays in the commencement of works, particularly by the UPDF Engineering Brigade, poor prioritisation of operation and maintenance of programme assets, poor planning, and inadequate staffing



among programme votes. The identified constraints are surmountable and should be addressed to support the attainment of the programme.

## 7.4 Programme Recommendations

- i) The MoH and MoFPED should engage the Ministry of Defence and Veteran Affairs (MODVA) to identify the root causes of the delayed implementation of works assigned to the UPDF Engineering Brigade. This should guide the determination of a lasting solution to this constraint to project implementation.
- ii) **Strengthen Human Resources:** MoFPED, MoPS, the MoH, the MoES and the Service Commissions should prioritise recruitment to fill critical staffing gaps across institutions and all levels of care. Efforts to align the recruitment process with the budgeting process should be explored. University Councils should strengthen retention strategies through performance-based incentives, career development, and staff welfare improvements to reduce staff turnover and enhance institutional capacity.
- iii) **Strengthen gate-keeping:** MoFPED, in collaboration with the NPA, should enforce mandatory project readiness assessments prior to approval, ensure project designs incorporate realistic timelines and cost estimates, and implement phased sequencing of large projects to prevent resource strain and minimise implementation delays.
- iv) The MoH, in collaboration with the sub-programme votes, should offer tailored training to the existing architects and engineers in health infrastructure designs and hospital planning. In addition, MoFPED and the MoES should strengthen project preparation and planning.
- v) **Increase government funding:** The Parliament of Uganda, MoFPED and the MoH should scale up domestic financing for epidemics response, neglected tropical diseases, research, and health infrastructure.
- vi) **Promote research and innovation:** The MoH should support and incentivise high-quality research, strengthen regional research committees, and streamline uptake of research findings. Efforts to recognise and reward medical workers who produce impactful research should be adopted.
- vii) The MWE should prioritise land acquisition prior to commencement of works.
- viii) The MWE and other sub-programme players should strengthen procurement management, including strict due diligence during the identification of contractors.





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## ANNEXES

### Annex 1: Interventions monitored for FY 2024/25 under the Human Capital Development Programme

Lead MDA	Monitored Intervention	Sub-programme	Institutions/ Locations Visited and Coverage
013: Ministry of Education and Sports	Institutionalise training of ECD caregivers at public PTCs and enforce the regulatory and quality assurance system of ECD standards.	Basic and Secondary Education	MoES Headquarters Basic Education (Pre-Primary)
111: NCDC		Curriculum and Instructional Materials Development, Orientation and Research	NCDC Headquarters Kyambogo
013 Ministry of Education and Sports	Improve adolescent and youth health.	Basic and Secondary Education	MoES Headquarters, Kampala – Basic Education Department. Gender Unit
013: Ministry of Education and Sports	Equip and support all lagging primary, secondary schools, and higher education institutions to meet the Basic Requirements and Minimum Standards (BRMS).		MoES Headquarters, Kampala – Pre-Primary and Primary Education Instructional Materials Unit
122: KCCA		Education and Social Services	KCCA Headquarters – Directorate of Education and Social Services
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.	Basic and Secondary Education Basic and Secondary Education	MoES Headquarters – Pre-Primary and Primary Education Department
013: Ministry of Education and Sports	Upgrade the Education Management Information System to include functions for tracking enrolment, dropout, retention, and uniquely identify learners, teachers, and institutions	Policy, Planning and Support Services	MoES Headquarters – Planning Unit
013: Ministry of Education and Sports	Provide early exposure of STEM/STEI to children.	Basic and Secondary Education	MoES Headquarters – Pre-Primary and Primary Education Department
013: Ministry of Education and Sports	Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions.	Basic and Secondary Education	Project Coordination Unit – Rwenzori Courts; The Uganda Secondary Education Expansion Project (USEEP)
			MoES Headquarters – Arab Funded Projects Coordination Unit The OPEC Fund for International Development (OFID) Projects



Lead MDA	Monitored Intervention	Sub-sub-programme	Institutions/ Locations Visited and Coverage
013: MoES, MoFPED, Local Governments			MoFPED – Budget Policy and Evaluation Department (BPED), Local Governments
301: Makerere 302: MUST 306: Muni 313: MoM 308: Soroti 310: Lira 309: Gulu Kyambogo:304305: Busitema		Support Services Programme	The Uganda Intergovernmental Fiscal Transfers (UgIFT) Makerere, MUST, Muni, MoM, Soroti, Lira, Gulu, Kyambogo and Busitema Support to Universities' Infrastructural Development and Retooling Projects
013: Ministry of Education and Sports	Prioritise investment in STEI/STEM research and incubation to transform it into goods and services for national growth and societal well-being.	Higher Education	MoES – Higher Education Department. Support to Research Institutions in Public Universities
301: Makerere 302: MUST 306: Muni 313: MoM 308: Soroti 310: Lira 309: Gulu Kyambogo:304305: Busitema		Support Services Programme	Makerere, MUST, Muni, MoM, Soroti, Lira, Gulu, Kyambogo and Busitema Research and Innovation Fund
166: National Council of Sports	Leverage Public-Private Partnerships (PPPs) for funding of sports and recreation programmes.	Delivery of Sports Services	National Council of Sports – Lugogo
166: National Council of Sports	Develop a framework for talent identification in sports, as well as the performing and creative arts.	Delivery of Sports Services	National Council of Sports – Lugogo
013: Ministry of Education and Sports			MoES Headquarters – Physical Education and Sports Department
013: Ministry of Education and Sports	Maintain existing facilities and construct appropriate and standardised recreation and sports infrastructure at national, regional, LGs	Sports and PE	MoES Headquarters – PES Department. Phase I construction of the National High-Altitude Training Centre (NHATC)

Lead MDA	Monitored Intervention	Sub-sub-programme	Institutions/ Locations Visited and Coverage
166: National Council of Sports	and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing).	Delivery of Sports Services	KCCA – Lugogo Redevelopment of the KCCA Phillip Omondi Stadium-Phase 2 Lugogo and Hoima City The construction of Hoima City Stadium Lugogo and Kyambogo University Upgrading of training grounds at Kyambogo University
018: Ministry of Gender, Labour, and Social Development	Establish a functional labour market.	Promotion of Decent Employment	Kampala Labour and Industrial Relations and Employment Services
165: Uganda Business and Technical Examination Board	Roll out the modularised TVET curricula for all formal TVET programmes to attain a flexible demand-driven TVET system in Uganda.	Technical and Vocational Examination Assessment and Certification	Ministry of Education and Sports Headquarters – Legacy Towers and UBTEB Ntinda Offices The MoES (TVET Trainers' Training Research and Innovation Department) and UBTEB
165: Uganda Business and Technical Examination Board	Support the TVET institutions that have the minimum requisite standards to acquire international accreditation status.	Technical and Vocational Examination Assessment and Certification	UBTEB Ntinda Offices Examination Management
013: Ministry of Education and Sports	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle.	Technical Vocational Education and Training	Ministry of Education and Sports Headquarters – Legacy Towers Health Education and Training Department
165: Uganda Business and Technical Examination Board	Accelerate the acquisition of urgently needed skills in key growth areas.	Technical and Vocational Examination Assessment and Certification	UBTEB Ntinda Offices/Kyambogo construction site Examination Management; General Administration and Support Services; Administrative and Support Services; 1792





Lead MDA	Monitored Intervention	Sub-sub-programme	Institutions/ Locations Visited and Coverage
			Uganda Business and Technical Examinations Board Infrastructure Development Project
014: Ministry of Health	Improve maternal, adolescent and child health services at all levels of care.	Public Health	MoH, RRHs, Kawempe RH, Mulago Specialised Maternal, Neonatal Hospital
014: Ministry of Health	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, emphasising Primary Healthcare Approach.	Public Health Services	MoH, NRHs, RRHs, UBTS, and LGs
014: Ministry of Health	Prevent and control non-communicable diseases with a specific focus on cancer, cardiovascular diseases and trauma.	Public Health Services	MOH, UHI, UCI and RRHs, Gulu Regional Cancer Centre
014: Ministry of Health	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative, and palliative healthcare services.	Public Health Services	MoH, Health Service Commission (HSC), NMS, Uganda Blood Transfusion Service (UBTS), National Referral Hospitals (NRHs), RRHs, LGs, and professional councils, Uganda Virus Research Institute
014: Ministry of Health	Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme.	Public Health Services	MoH
014: Ministry of Health	Increase access to Sexual Reproductive Health (SRH) and rights with a special focus to family planning.	Population Advocacy, Family Health and Communication	MoH, NRHs, RRHs, and LGs
014: Ministry of Health	Reduce the burden of the HIV epidemic and its impact on the socio-economic development of communities, using the multi-sectoral approach.	Public Health Services	MoH, UAC, NRH, RRHs and LGs
014: Ministry of Health	Promote health research, innovation, and technology uptake.	Virus Research	Uganda Virus Research Institute, UHI, UCI and NRHs

Lead MDA	Monitored Intervention	Sub-sub-programme	Institutions/ Locations Visited and Coverage
018 Ministry of Gender, Labour and Social Development	Improve Occupational Safety and Health (OSH) management.	Labour and Employment services	MGLSD, LGs
019 Ministry of Water and Environment	Increase access to inclusive safe Water, Sanitation and Hygiene (WASH), with emphasis on increasing coverage.	Directorate of Water Development	MWE, NWSC, Nongo WSS, Mawanda WSS, Mbale WSS, Bulangira WSS, Katikamu WSS, Masulita WSS, Iruhura WSS, Ishaka Adventist Hospital WSS, Kampala Water – Lake Victoria Water and Sanitation Project, Bitsya Water Supply System, Adwong Solar-Powered Water Supply, construction of Tirinyi, Kibuku, Kadama and Budaka Water Supply and Sanitation Systems



## Annex 2: Interventions under the Human Capital Development Programme

No.	INTERVENTIONS
	<b>EDUCATION SPORTS AND SKILLS</b>
1	Institutionalise 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 immunisation 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, dropout, 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, as well as the 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 standardised 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).



No.	INTERVENTIONS
22	Leverage public-private partnerships for funding sports and recreation programmes.
23	Develop and implement professional sports club structures to promote formal sports participation.
	<b>LABOUR AND EMPLOYMENT SERVICES SUB-PROGRAMME</b>
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.
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 the 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 BTET.
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 operationalise Digital Repository.
	<b>POPULATION HEALTH, SAFETY AND MANAGEMENT</b>
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 emphasising the Primary Healthcare 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 healthcare 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-economic development of communities, using the multi-sectoral approach.



No.	INTERVENTIONS
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 handwashing practices.
10	Establish and operationalise mechanisms for effective collaboration and partnership for UHC at all levels was not monitored.
11	Establish and operationalise a multisectoral home-grown school feeding initiative.
12	Establish and operationalise mechanisms for effective collaboration and partnership for UHC at all levels.
13	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women, and vulnerable groups.
14	Promote the delivery of disability-friendly health services, including physical accessibility and appropriate equipment.
15	Promote physical health activities and behavioural change across all categories of the population.
16	Strengthen population planning and development, including civil registration, vital statistics registration, and population data bank at national and sub-national levels.
	<b>EDUCATION SPORTS AND SKILLS =23</b>
	<b>Labour and Employment Services =11</b>
	<b>Population Health, Safety and Management =16</b>
	<b>TOTAL NUMBER OF INTERVENTIONS 50</b>



### Annex 3: Performance of Education, Sports, and Skills Development Sub-programme by 30th June 2025

Outputs Performance								Remark
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (US\$) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	
Institutionalise training of ECD caregivers at public PTCs and enforce the regulatory and quality assurance system of ECD standards.	MoES: i) Dialogue on the licensing, registration of ECCE held; ii) Orientation of ECCE teachers on parenting education in 4 LGs carried out; iii) ECCE centres mapped out and profiled.	0.286	100	100	100	57.00	57.00	Targets Partially achieved
	NCDC: i) Delivery of quality ECCE services, i.e. Learning Framework finalised to support teaching of finalised; ii) Handwriting guidelines and handbooks (cursive) developed; and iii) Teachers/instructors oriented on the reviewed Learning Framework.	0.185	100	99	100	99.00	99	Fully achieved
	Provision of capitation	371.184	96.6	96	100	93.30	96.62	Fully achieved
	Monitoring, inspection and support supervision	1.489	100	98	100	87.30	87.30	Largely achieved
	Provision of instructional materials	9.548	100	100	100	57.60	57.60	Partially achieved
	Examination assessment and certification	129.146	80.7	100	100	72.50	89.81	Fully achieved
Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standard.	Recruitment and confirmation of education personnel	12.520	100	95	100	98.00	98.00	Fully achieved
	Curriculum and instructional materials development; Curriculum development	30.634	100	96	100	80.60	80.60	Largely achieved
	Accreditation and quality assurance	17.227	100	82	100	99.00	99.00	Fully achieved



Outputs Performance										Remark
Intervention	Output	Financial Performance			Physical Performance			Physical Performance Score (%)		
		Annual Budget (US\$) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity				
Roll out Early Grade Reading and Early Grade Maths in all primary schools to enhance proficiency in literacy and numeracy.	MoES planned; Teachers in LGs trained in EGRA and EGMA methodologies; UPE schools in least-performing DLGs monitored and support supervised.	0.441	100	100	100	56.60	56.60	Partially achieved		
Upgrade the Education Management Information System to include functions for tracking enrolment, dropout, retention, and uniquely identify learners, teachers, and institutions.	Education Data and Information Management Services: i) Capacity building for EMIS users conducted; ii) Monitoring and evaluation of EMIS conducted; iii) EMIS system regularly monitored and maintained; iv) Data validation/verification exercises undertaken; and v) ICT equipment to support EMIS rollout procured.	2.987	98.1	99	100	80	81.53	Largely achieved		
Provide early exposure to STEM/STEI to children (e.g. introduction of innovative science projects in primary schools).	Sets of mini-laboratories procured and distributed; and one National Science Fair in secondary schools facilitated.	2.082	100	100	100	98	98	Fully achieved		
Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions.	Uganda Secondary Education Expansion Project (USEEP)	358.961	100	12	100	30	30.	Poor performance		
	OPEC Fund for International Development (OFID) (Arab-funded Projects	113.070	99.7	40	100	59	59.17	Poor performance		



Outputs Performance									Remark
Intervention	Output	Financial Performance			Physical Performance				
		Annual Budget (USh) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)		
Promote STEM/STEI- focused strategic alliances between schools, training institutions, high-calibre scientists, and industry. Leverage Public-Private Partnerships (PPPs) for funding of sports and recreation programmes	Mbarara University of Science and Technology	1.913	100	100	100	70	70.	Moderately achieved	
	Makerere University.	4.553	100	100	100	78	78	Largely achieved	
	Lira University	3.321	100	99	100	67	67	Moderately Achieved	
	Mountains of the Moon University	2.006	100	100	100	89	89	Largely achieved	
	Busitema University	5.384	100	100	100	67	67	Moderately achieved	
	Kabale University	7.328	100	100	100	70	70	Moderately achieved	
	Gulu University	7.043	100	100	100	50	50	Partially achieved	
	Muni University	4.277	100	100	100	50	79	Moderately achieved	
	Soroti University	10.128	100	99	100	79	79	Largely achieved	
	Research, innovation and technology transfer; eight universities of Makerere, MUST, Muni, Lira, Soroti and Mountains of the Moon, Busitema, Kabale, and Gulu.	33.603	100	100	100	84	84	Largely achieved	
i) National Sports Federations and Associations supported to subscribe to international sports bodies; ii) 51 National Sports Federations/Associations supported to implement sports activities.	29.164	100	100	100	75	75	Largely achieved		



Outputs Performance									Remark
Intervention	Output	Financial Performance			Physical Performance				
		Annual Budget (US\$) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)		
Develop a framework for talent identification in sports, as well as the performing and creative arts.	MoES (PES) Department): i) National and regional sports competition held; ii) National Physical Education and Sports Policy (NPESP) printed and distributed/ disseminated; iii) Guidelines for streamlining organisation and management of Physical Education in educational institutions reviewed; iv) Assorted balls procured and distributed.	0.697	100	98	100	67	67	Moderately achieved	
	National Council of Sports: i) International games facilitated; and ii) Assorted sports equipment procured and distributed.	6.970	69.1	93	100	62.	89.67	Largely achieved	
Maintain existing facilities and construct appropriate and standardised 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).	The construction of Hoima City Stadium and Akii-Bua Olympic Stadium; Upgrading of training grounds at Kyambogo University, Muteesa II Stadium, FUFA Kadiba Ground, and KISU.	289.610	100	100	100	60	60	Moderately achieved	



Outputs Performance								Remark
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (USh) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	
Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials.	Sports development and oversight	8.795	100	100	100	82	82.	Largely achieved
	Total	1,070.938	203.1	80				
Average Outputs Performance					75.76			
Outcomes Performance								
Outcome Indicator		Annual Target	Achieved	Score (%)	Remark			
Gross Enrolment Ratio – Pre-Primary		35	35	100				
Gross Enrolment Ratio – Primary		116.9	100	86				
Gross Enrolment Ratio – Secondary		45.75	40.5	89				
Net Enrolment Ratio – Pre-Primary		24	24	100				
Net Enrolment Ratio – Primary		96.3	86	89				
Net Enrolment Ratio – Secondary		37	35	95				
Proficiency in Literacy – P.3		0.62	0.6	97				
Proficiency in Literacy – P.6		0.67	0.45	67				
Proficiency in Numeracy – P.3		0.717	0.501	70				
Proficiency in Numeracy – P.6		0.7	0.6	86				
Schools attaining BRMS – Pre-Primary (registered)		0.4	0.1	25				
Schools attaining BRMS – Primary (SACMEQ)		0.65	0.5	77				





Outputs Performance							Remark	
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (US\$) Billion	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity		Physical Performance Score (%)
Schools attaining BRMS – Secondary (DES)							87	
Universities attaining BRMS (accredited programmes)							83	
Science pass rates (O-level)							60	
Survival rates – Primary							90	
Survival rates – Secondary							76	
Transition from P.7 to S.1							71	
Prevalence of Violence against Children (VAC)							1	
Primary school children accessing a school meal							82	
Economic contribution of Sports to GDP							33	
Uganda's ranking – Athletics							86	
Uganda's ranking – Football							75	
Uganda's ranking – Netball							71	
Uganda's ranking – Rugby							100	
Average Outcomes Performance							90.2	
Overall Sub-programme Performance							78.0	Overall Performance of Sub-programme

#### Annex 4: Performance of Labour and Employment Sub-programme by 30th June 2025

Outputs Performance								Remark
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (USh)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	
Implement an incentive structure for the recruitment, training, and retention of the best brains into the teaching profession across the entire education system.	The MoES was monitored, and its key planned outputs were: i) Training 25 TETD staff on operations of diploma-awarding institutions, ii) Retooling 100 pre-primary teacher educators on the Early Childhood Development (ECD) curriculum; iii) Training 50 tutors on pedagogical skills, ICT, and 21st century skills; iv) Building the capacity of 25 TETD staff on the Lower Secondary Curriculum (LSC); v) Training 500 teachers on the LSC; vi) Printing and disseminating 500 copies of the Teachers Act; vii) Monitoring and support supervision of 28 Teacher Training Institutions and 50 SESEMAT centres; viii) Reviewing Teacher Competence Profiles; ix) Facilitating SESEMAT staff with transport and lunch allowances; and x) The Uganda National Institute of Teacher Education (UNITE) operationalised.	17.131	17.131	17.131	100	100	100	Poor performance
Roll out the modularised TVET curricula for all formal TVET programmes to attain a flexible	a) TVET-OM data collection and survey conducted; b) TVET Council preparatory activities facilitated; c) 72 TVET institutions monitored and support supervised; d) Consultative meetings and conferences on TVET Policy Operating Guidelines and	37	36	35	99	97	100	



Outputs Performance								Remark
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (USh)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	
demand-driven TVET system in Uganda.	Standards; e) Public awareness drives on modular programmes conducted; f) Modularised curricula printed and disseminated. Requirements for implementation inspected and enforced; g) Public awareness drives on modular programmes conducted; h) TVET operating procedures and standards developed and disseminated; i) 142 public and 60 private institutions support supervised.							
Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle.	Key planned outputs included: i) Students assessed (44,000 under UAHEB and 105,806 under UNMEB); ii) National Education and Training for Health Policy developed; iii) Five diploma curricula revised; iv) Annual Health Education Training and Healthcare Conference held; v) Mentors and clinical preceptors for 20 HTIs facilitated; and vi) Construction of HTIs under infrastructure development (Project 1803).	54	100.0	100	100.00	72.00	72.00	
Accelerate the acquisition of urgently needed skills in key growth areas.	Quality, Standard, and Accreditation, Examinations and Assessments, Construction Management (Construction of the five-story UBTEB Assessment Centre Project).	42,229	100.0	98	100.00	74.90	74.90	
Total		408,655,205,856	82.6	96				
Average Outputs Performance								86.73



Outputs Performance							Remark
Intervention	Output	Financial Performance			Physical Performance		
		Annual Budget (USh)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	
Outcomes Performance							Remark
Outcome Indicator				Annual Target	Achieved	Score (%)	
Proportion of labour force transitioning into decent employment				0.34	25	100	
Ratio of STEI/STEM graduates to Humanities				0.128472222	0.045138889	35	
Employment-to-Population Ratio (EPR)				78	40	51	
Employers satisfied with TVET training				0.65	0.35	54	
Average Outcomes Performance							60.1
Overall Sub-programme Performance							77.4
Overall Performance of Sub-programme							



### Annex 5: Performance of Population Health Safety and Management Sub-programme 30th June 2025

Outputs Performance									Remark
Intervention	Output	Financial Performance			Physical Performance				
		Annual Budget (USh)	% Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)		
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 emphasising Primary Healthcare Approach.	Target population fully immunised.	253,394,332,839	99.0	99	0.90	0.78	87.54	Good progress	
	Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases	33,584,736,814	99.0	99	1.00	0.80	80.84	Good progress	
	Epidemics detected in a timely manner.	4,388,577,619	100.0	100	100.00	90.00	70.00	Good progress	
Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative healthcare services.	Health workers recruited to fill vacant posts	274,881,672,974	100.0	100	0.90	0.50	55.58	Fair progress	
	Emergency medical services.	6,021,816,732	100.0	100	1.00	0.78	78.00	Good progress	
	Functional Intensive Care Units (ICUs) construction.	8,126,554,061	100.0	100	0.75	0.57	76.00	Good progress	
	Hospitals and HCs rehabilitated/expanded.	47,466,942,063	100.0	100	1.00	0.80	80.00	Good progress	
	Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.	6,483,902,125	18.9	19	1.00	0.15	79.48	Good progress	
	Essential medicines and health supplies provided to health facilities.	216,315,388,664	100.0	100	1.00	0.65	65.00	Fair progress	
	Blood and blood products provided.	25,756,986,834	100.0	100	1.00	0.80	80.00	Good progress	





Outputs Performance									Remark
Intervention	Output	Financial Performance			Physical Performance				
		Annual Budget (USh)	% Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)		
Reduce the burden of the HIV epidemic and its impact on the socio-economic development of communities, using the multi-sectoral approach.	Community health extension workers established.	1,444,483,622	94.5	94	43.00	29.00	71.40	Good progress	
	E-personnel management system established.	12,406,269,060	99.8	100	0.50	0.26	52.12	Fair progress	
	Laboratory quality management services in place.	8,415,875,383	100.0	100	1.00	0.81	81.00	Good progress	
	Client satisfaction survey conducted.	455,268,455	100.0	100	1.00	0.26	26.00	Poor progress	
	UAC retooled.	557,369,999	100.0	100	100.00	100.00	100.00	Very good progress	
	HIV/AIDS mainstreaming	1,430,000,000	100.0	100	100.00	85.00	85.00	Good progress	
	Administrative and support services	2,324,478,722	100.0	100	100.00	80.00	80.00	Good progress	
	Monitoring and evaluation	675,876,800	100.0	100	100.00	75.00	100.00	Very good progress	
	HIV&AIDS research, advocacy & communication	886,060,000	100.0	100	100.00	75.00	75.00	Good progress	
	Mainstreaming, outreach & compliance	1,830,000,000	100.0	100	100.00	80.00	80.00	Good progress	
National policies and programming	230,000,000	100.0	100	100.00	75.00	100.00	Very good progress		



Outputs Performance										Remark
Intervention	Output	Financial Performance			Physical Performance					
		Annual Budget (USh)	% Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)			
Prevent and control non-communicable diseases with specific focus on cancer, cardiovascular diseases and trauma.	Heart care services provided.	147,492,018,685	95.0	95	1.00	0.85	89.47	Good progress		
0	Cancer care services provided.	139,296,474,614	100.0	100	1.00	0.90	90.00	Very good progress		
0	Medical services provided – Trauma Centre under establishment.	12,905,603,334	100.0	100	1.00	0.90	90.00	Very good progress		
Improve maternal, adolescent and child health services at all levels of care.	Adolescent Health Policy developed and disseminated.	256,017,443	100.0	100	1.00	0.86	86.00	Good progress		
0	RMNCAH-sharpened plan funded.	145,528,058,483	60.2	60	1.00	0.60	99.60	Very good progress		
Increase access to sexual reproductive health and rights with special focus on family planning services.	Increased access to sexual and reproductive health services and age-appropriate information.	2,623,964,289	97.7	98	1.00	0.81	82.90	Good progress		
Increase financial risk protection for health with emphasis on implementing the National Health Insurance Scheme.	Equity and efficiency in resource mobilisation	1,747,000,000	78.1	78	1.00	0.30	38.42	Poor progress		
Promote health research, innovation, and technology uptake.	Virus research, innovation, technology, surveillance undertaken.	4,796,000,000	100.0	100	100.00	27.50	70.50	Good progress		
Increase access to inclusive safe water, sanitation and hygiene with	Access to inclusive safe water supply and sanitation in rural areas	229,863,000,000	83.6	84	100.00	55.00	65.78	Fair progress		



Outputs Performance									Remark
Intervention	Output	Financial Performance			Physical Performance				
		Annual Budget (US\$)	% Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)		
emphasis on increasing coverage of improved toilet facilities and handwashing practices	increased (piped water supply systems, point water sources, and sanitation facilities constructed).								
	Access to inclusive safe water supply and sanitation in urban areas increased (piped water supply systems, Faecal Sludge Treatment Plants, and public and institutional sanitation facilities constructed).	468,438,550,000	100.0	100	100.00	65.00	65.00	Fair progress	
	Support to improved WASH services in institutions (sanitation and hygiene promotional campaigns, advocacy, contract staff salaries, among others).	130,675,750,000	119.1	119	100.00	70.60	59.30	Fair progress	
Improving Occupational Safety and Health (OSH) management	Workplace injuries, accidents and health hazards reduced.	80,000,000	100.0	100	100.00	80.00	80.00	Good progress	
	Chemical safety & security management strengthened.	65,688,500	100.0	100	100.00	75.00	75.00	Good progress	
	CBRNe Policy developed.	79,160,000	100.0	100	100.00	85.00	85.00	Good progress	
Average Outputs Performance							76.56	Good performance	
Outcomes Performance									
Outcome Indicator				Annual Target	Achieved		Score (%)	Remark	
Maternal Mortality Ratio (per 100,000)				211	0.9		100		



Outputs Performance								Remark
Intervention	Output	Financial Performance			Physical Performance			
		Annual Budget (USh)	% Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	
Infant Mortality Rate (per 1,000)				34	0.9		94	
Infant Mortality Rate (per 1,000)				34	0.9		58	
Under-Five Mortality per 1,000)				30	0.98		86	
Neonatal Mortality Rate (per 1,000)				19	0.68		85	
Malaria incidence per 1,000 population				37.00	28.4		77	
Number of new HIV infections per 1,000 susceptible population				0.79	0.6		76	
Reduce mortality due to malaria				7248.00	3428		100	
Reduce mortality due to TB				197.40	160		100	
Tuberculosis incidence per 100,000 population				179	176		98	
Average Outcomes Performance								Good performance
Overall Sub-programme Performance								Overall Performance of Sub-programme









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