



NDPIII HUMAN CAPITAL DEVELOPMENT
PROGRAMME IMPLEMENTATION ACTION PLAN



18 November 2020



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Detailed Action Plan FY2020/21-2024/25

Introduction

This Programme Implementation Action Plan (PIAP) outlines the key outputs together with their actions that will be delivered by participating institutions in response to NDP III outcomes under Programme 18 - Development Plan Implementation (DPI) over the period 2020/21 to 2024/25. The PIAP consists of the following 5 key sections;

- (i) Background of Human Capital Development Program
- (ii) Programme Summary
- (iii) Programme Governance Framework
- (iv) Programme Monitoring Framework
- (v) Programme Action Plan
- (vi) Programme Financing Framework

NDPIII Objectives

The goal of the NDP III (2020/12 to 2024/25) recently approved is **to Increase Average Household Incomes and Improve the Quality of Life of Ugandans**

The NDP III has identified the following 5 Strategic Objectives are:

- (i) Enhance value addition in key growth opportunities;
- (ii) Strengthen the private sector capacity to drive growth and create jobs;
- (iii) Consolidate and increase the stock and quality of productive infrastructure;
- (iv) Enhance the productivity and social wellbeing of the population; and
- (v) Strengthen the role of the state in guiding and facilitating development

The Human Capital Development Program Context

A country that invests in its human capital secures its future. Well educated, skilled and healthy human resources are essential to facilitate development. In particular, adequate investment in science, technology and innovation (is critical for a country to industrialize and achieve sustainable development. The availability of appropriate and adequate human capital facilitates increase in production, productivity and technological growth. Investing in population health; nutrition, early childhood development, sanitation and hygiene basic education and tackling vulnerabilities helps set the foundation for the required human capital.

Ultimately, human capital development contributes to the NDPIII goal of increased household incomes and quality of life through increasing productivity, inclusiveness and wellbeing of the population.

The aspiration of Agenda 2030, 2063 and EAC Vision 2050 is to have a holistic approach to achieving sustainable development for all. SDG 1 calls for poverty reduction and enhancing resilience through social protection, and equitable access to basic services and resource. SDG 2 calls for ending hunger, achieving food security and improved nutrition. SDG 3 and Goal 3 of Agenda 2063 call for ensuring healthy lives and promoting the well being for all at all ages. SDG4 emphasizes equitable quality education, promotion of lifelong learning opportunities and skills revolution underpinned by science, technology and innovation. SDG 5 provides for gender equality and empowerment of all women and girls, while SDG 6 and Africa Agenda 2063 (goal 1) call for provision of clean water and sanitation for all. Furthermore, SDG8 provides for full and productive employment and decent work for all, while SDG 10 calls for reduced inequalities. The Uganda Vision 2040 identifies human capital development as one of the fundamentals that need to be strengthened to accelerate the country's transformation and harnessing the demographic dividend.

However, Uganda's human capital is characterized by low labour productivity (38 percent low human development (HDI at 0.516) and fewer STEI graduates (2 out of 5 are STEI graduates). This is mainly attributed to: (i) weak foundation for human capital; (ii) lack of appropriate knowledge skills and attitudes; (iii) weak talent and sports nurturing; (iv) high youth unemployment (v) poor population health and safety; (vi) food and nutrition insecurity (vii) inadequate population management including child marriages, teenage and unwanted pregnancies; limited information on Sexual and Reproductive Health (viii) insufficient coverage of social protection; (ix) gender and other inequalities and (x) lack of institutionalized and integrated human resource planning and development.

Therefore, the goal of the Human Capital Development Programme *is improving productivity of labour for increased competitiveness and better quality of life for all.*

3. The Human Capital Programme Summary

The Human Capital Development Program (HCDP) primarily contributes to the NDPIII objective four which is to: *enhance the productivity and social wellbeing of the population.* Nonetheless, the programme as well contributes to objectives (1), which is to: Enhance value addition in Key Growth Opportunities and (2) which is to: Strengthen private sector capacity to drive growth and create jobs

The programme goal is to *improve productivity of labour for increased competitiveness and better quality of life for all.* Specifically, the programme contributes to the following NDPIII key strategic results:

- (i) Increased youth employment
- (ii) Increased employer satisfaction with the TVET training
- (iii) Increased ratio of STEI/STEM graduates to Humanities
- (iv) Increased proportion of training institutions meeting the basic requirements and minimum standards
- (v) Increased life expectancy
- (vi) Reduced neonatal, infant, under 5 and maternal mortality rates

- (vii) Reduced fertility rate
- (viii) Increased primary and secondary school survival and transition rates
- (ix) Increased quality adjusted years of schooling
- (x) Increased literacy rate
- (xi) Increased proportion of the population participating in sports and physical exercises

Table 1: Mapping of HCD programme Results to Objectives

NDPIII Objective 4: Enhance the productivity and social wellbeing of the population	
Programme Results over the next 5 years	HCDP Objectives
i. Increased proportion of labour force transitioning into decent employment from 34.5 percent to 55 percent;	Objective 2: Produce appropriate knowledgeable, skilled, and ethical labour force (with strong emphasis on science and technology, TVET and Sports)
ii. Increased ratio of Science and Technology graduates to Arts graduates from 2:5 to 3:5;	
ii. Increased percentage of employers satisfied with the training provided by the TVET institutions from 40 percent to 65 percent;	Objective 3: Streamline STEI/STEM in the education system
iv. Increased average years of schooling from 6.1 to 11 years;	
v. Increased learning adjusted years of schooling from 4.5 to 7 years;	Objective 1: Improve the foundations for human capital development
vi. Reduced prevalence of under 5 stunting from 28.9percent to 19percent;	
ii. Reduce neonatal mortality rate from 27/1,000 live births to 19/1,000;	
ii. Reduced under 5 mortality from 64/1000 live births to 42/1000;	
ix. Reduced Maternal Mortality Rate from 336/100,000 to 211/100,000;	
x. Reduced unmet need of family planning from 28 to 10 percent and increase CPR from 35 to 50 percent;	Objective 4: Improve population health, safety and management
xi. Reduced mortality due to NCDs from 40 to 30	

	percent;	
ii.	Reduced Mortality due to high risk Communicable Diseases (Malaria, TB & HIV/AIDS) (percent) from 60 percent in 2017 to 30 percent;	
ii.	Reduce teenage pregnancy rate from 25 percent in 2016 to 15 percent;	
iv.	Reduce gender gap index from 0.523 in 2017 to 0.8;	Objective 5: Reduce vulnerability and gender inequality along the lifecycle
v.	Increased access to safe water supply from 70 to 85 percent (rural) and from 74 percent to 100 percent (urban);	Objective 4: Improve population health, safety and management
vi.	Increased access to basic sanitation from (improved toilet) 19 to 40 percent and hand washing from 34 to 50 percent;	
ii.	Increased proportion of the population accessing universal health care from 44 to 65 percent;	
ii.	Increased percentage of vulnerable people with access to social insurance from 7 to 15 percent;	Objective 5: Reduce vulnerability and gender inequality along the lifecycle
x.	Improvement in the world sports ranking in niche sports: football (77th to 70th); netball (6th to 4th); athletics (9th to 4th).	Objective 6: Promote Sports, recreation and physical education

The Indicators listed in the table below will be used to measure progress towards the outcomes under the Programme;

Table 3: HCD Programme Outcome Indicators

Sub-programme 1:	
Programme Objective (s) contributed to by sub-programme:	
Outcome	Indicators
Objective 1: Improve the foundations for human capital development	
-	1.1 Gross Enrolment Ratio
	1.2 Net Enrolment Ratio

	1.3	Proficiency in Literacy, %
	1.4	Proficiency in Numeracy, %
	1.5	Survival rates, %
	1.6	Proportion of schools/ training institutions and programmes attaining the BRMS , %
	1.7	Transition from P.7 to S.1
	1.8	Science pass rates (O-level)
	1.9	Quality adjusted years of schooling
	1.10	Average years of schooling
Child development in learning health and psychological wellbeing improved	1.11	Proportion of children with age -appropriate development
	1.12	Child poverty rate, %
	1.13	Proportion of children protected from abuse and violence, %
	1.14	Percentage of children aged 5 17 years engaged in child labour
	1.15	Prevalence of under 5 Stunting, %
	1.16	Proportion of children able to learn, play and grow up in safe, clean and stimulating environment
	1.17	Prevalence of Violence Against Children (VAC), %
	1.18	Proportion of primary school children accessing a school meal, %
Objective 2: Produce appropriate knowledgeable, skilled, and ethical labour force (with strong emphasis on science and technology, TVET and Sports)		
Increased Labour force in decent employment	2.1	Employment to population ratio (EPR)
	2.2	Proportion of Labour force in the informal sector (%)
	2.3	Employment elasticity of growth
	2.4	Unemployment rate, %
	2.5	Unionization density, %
Increased employability of the labor force	2.6	Proportion of labour force transitioning into decent employment, %
	2.7	Transition period to stable employment (months)
	2.8	School to work transition rate (%)
	2.9	TVET to work transition rate (%)
	2.10	Employers satisfied with the training provided by the TVET institutions, %
Improved Skills Mix	2.11	Ratio of TVET graduates to University graduates, %
	2.12	Ratio of STEI/ STEM graduates to Humanities
	2.13	Ratio of Technicians to Engineers
	2.14	Number of health workers (doctors, midwives, nurses) per 10,000 population

	2.15	Number of physicians per 10,000 population
Lifelong Learning	2.16	Proportion of youths accessing Non-Formal Education (NFE) and training
Work Culture and Ethics promoted	2.17	Average hours lost at work
Objective 3: Streamline STEI/STEM in the education system		
Increased innovativeness of labour force	3.1	Proportion of commercialized science-based innovations, %
	3.2	Ratio of innovation as measured by patents registered per year
Objective 4: Improve population health, safety and management		
Reduced Morbidity and Mortality of the population	Morbidity	
	4.1	Number of new HIV infections per 1,000 susceptible population
	4.2	Tuberculosis incidence per 100,000 population
	4.3	Malaria incidence per 1,000 population
	4.4	Hepatitis B incidence per 100,000 population
	4.5	Annual Cancer Incident Cases
	4.6	Annual Cardiovascular Incident cases
	4.7	Incidence of Road accidents per 1,000
	4.8	Under 5 illnesses attributed to Diarrheal diseases, %
	Mortality	
	4.9	Maternal Mortality ratio (per 100,000)
	4.10	Neonatal Mortality Rate (per 1,000)
	4.11	Under Five Mortality Rate (Per 1,000)
	4.12	Reduce NCDs Rates
4.13	Reduce mortality due to Malaria, AIDS and TB	
4.14	Mortality rate Attributed to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000)	
Improvement in the social determinants of health and safety	4.15	Prevalence of teenage Pregnancy
	4.16	Prevalence of Child Marriage
	4.17	Prevalence of Malnutrition in the population, %
	4.18	Mortality attributed to Injuries (%)
	4.19	Prevalence of overweight/ obesity, %
	4.20	Housing floors made of cement screed (%)
	4.21	Alcohol abuse Rate
	4.22	Access to safe water supply
	4.23	Access to basic sanitation

	4.24	Prevalence of child disability
Reduced fertility and dependence ratio	4.25	Total Fertility Rate
	4.26	Adolescent fertility rate (Birth rate per 1,000 adolescent women aged 10 – 14 years, aged 15-19 years)
	4.27	Age related dependence ratio
	4.28	Unmet need for Family Planning
Universal Health Coverage	4.29	Proportion of the population accessing health Insurance
	4.30	Out of pocket health expenditure (financial protection for ill health)
	4.31	% readiness capacity of health facilities to provide general services
Occupational safety and health management improved	4.32	Time lost per occupational injury
	4.33	Proportion of workplaces with occupational health services
	4.34	Occupational injury rate
	4.35	Occupational disease rate
Sub-programme 3:		
Programme Objective (s) contributed to by sub-programme:		
Outcome	Indicators	
Objective 5: Reduce vulnerability and gender inequality along the lifecycle		
Increased human resilience to shocks	4.1	Proportion of population that is food secure
All key forms of inequalities reduced	4.2	Gender gap index
	4.3	Gender inequality index
	4.4	Compliance to the gender & equity certificate
	4.5	Proportion of vulnerable groups accessing justice
	4.6	GBV prevalence
	4.7	Proportion of the population accessing Universal health care, (Universal Health Coverage Index), %
Increased coverage of social protection	4.8	Proportion of the population with access to social care services, %
	4.9	Proportion of the population with access to Direct income support, %
	4.10	Proportion of population with access to social insurance, %
Objective 6: Promote Sports, recreation and physical education		
Improved health, income and national image	6.1	Uganda's ranking in niche sports (football, athletics, netball, boxing, etc.)
	6.2	Sports related employment, %
	6.3	Economic Contribution of Sports (% GDP)
	6.4	Proportion of workplaces with health wellness programme, %
Improved gains from culture and creative industries	6.5	Economic Contribution of Creative Industry (% GDP)

	6.6 Percentage of persons employed in the creative industry
	6.7 Percentage of artists accessing affordable training and empowerment to improve on their skilling and talents

Programme Financing Framework

The tables here below provided the summary annualized costs for implementing the PIAP by Objectives and by lead MDA. Detailed costs by Interventions are provided in Annex 3.

Table 4: Summary PIAP Annualised Costs by Objective

Objectives	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25	Total
Objective 1: Improve the foundations for human capital development	748.11	872.56	844.52	829.10	825.11	4,119.41
Objective 2: Produce appropriate knowledgeable, skilled, and ethical labour force (with strong emphasis on science and technology, TVET and Sports)	375.43	1,441.81	1,568.06	1,584.49	1,601.46	6,571.25
Objective 3: Streamline STEI/STEM in the education system	97.48	788.12	4,595.45	4,901.33	661.38	11,043.76
Objective 4: Improve population health, safety and management	9,086.85	10,745.39	11,598.68	12,957.33	13,378.04	57,766.28
Objective 5: Reduce vulnerability and gender inequality along the lifecycle	702.51	948.29	1,323.73	1,499.12	1,806.85	6,280.50
Objective 6: Promote Sports, recreation and physical education	41.14	51.86	53.23	56.38	50.64	253.26
Total	11,051.52	14,848.02	19,983.67	21,827.75	18,323.50	86,034.46

Table 5: Summary PIAP Annualized Costs by lead MDA

Lead Agency /MDA	FY2020/21	FY2021/22	FY2022/23	FY2023/24	FY2024/25	Total
MoES	809.84	1,967.84	5,910.89	6,289.48	2,187.49	17,165.54
NCDC	3.00	13.80	8.10	6.80	6.70	38.40
MoGLSD	1,031.04	1,731.69	2,144.07	2,262.26	2,398.74	9,567.81
LGs	71.19	105.16	52.07	56.78	66.50	351.71
MoH	2,638.49	2,571.28	2,773.67	3,356.48	3,284.45	14,624.36
UNBS	0.30	0.30	0.30	0.30	0.30	1.50
NMS	0.10	0.10	0.10	0.10	0.10	0.50
Referral Hospitals	3.60	3.60	3.60	3.60	3.60	18.00
MoICT	0.20	0.20	0.20	0.20	0.20	1.00
UNEB	1.35	-	1.35	0.80	11.35	14.85
NPA	0.10	2.00	1.50	1.50	2.00	7.10
UBOS	-	2.00	-	2.00	-	4.00
Universities	0.50	204.00	171.35	212.35	217.35	805.55
MoFPED	-	0.72	20.72	30.72	45.72	97.88
State House	9.90	10.00	12.00	12.00	15.00	58.90
NCHE	28.76	50.12	58.11	62.26	63.71	262.96
UAC	1,108.63	1,265.05	1,401.91	1,530.81	1,694.65	7,001.05
HSC	0.10	0.20	0.30	0.40	0.50	1.50

UBTS	11.70	11.70	12.00	12.00	12.50	59.90
NDA	120.01	110.01	120.01	125.01	130.01	605.05
All hospitals and health centres	210.00	230.00	250.00	260.00	280.00	1,230.00
MWE	4,064.63	5,643.00	6,458.00	7,116.00	7,608.00	30,889.63
NWSC	923.20	892.00	551.00	452.00	259.00	3,077.20
NPC	2.89	3.21	2.97	2.95	3.00	15.02
EOC	11.99	30.04	29.45	30.95	32.63	135.05
Total (Billions UGX)	11,051.52	14,848.02	19,983.67	21,827.75	18,323.50	86,034.46

4. Implementation Coordination of the HCDP

The implementation of the human capital development programme will involve: (i) program planning; (ii) Budgeting; (iii) Implementation and (iv) Monitoring and Evaluation. Successful implementation of the plan will require participation of various stakeholders and the key roles are highlighted below:

a. Program Planning

The Ministry of Education and Sports as programme lead and Ministry of Health as the co-programme lead will be responsible for planning. Through the Program Working Group (PWG) coordinated by a technical secretariat appointed by the lead Ministers, all stakeholders will be convened to set the priorities for implementation, identify the key policy and project requirements, identify key implementation bottlenecks to be resolved, among others. The priorities for the subsequent financial year will be set during the second quarter (August – October) of the running financial year. The priorities identified must be in line with the Sector and MDA priorities. They must also be aligned to the NDPIII.

The agreed outputs and priorities will translate into Program action plans for each implementing entity. The action plans will be submitted annually to the Office of the Prime Minister for approval.

b. Budgeting

Action plans should be drawn up with the MTEF and be linked to the national budgetary processes, to feed into annual budget preparation and oversight. If financing gaps are identified when costing the plan, it will be necessary to decide whether to revise, postpone or cancel lower priority activities. The action plan development process will therefore accompany and facilitate the prioritization among activities and involve trade-offs.

Based on the targets to be attained in a given FY, the information is harnessed to estimate annual costs. By checking against the yearly financial projections for the MDA in the action plan, the distribution of outputs over time can be adjusted to match the funds available each year.

c. Implementation

The implementation of the Human Capital Development Program will be led and coordinated by the Ministry of Education and Sports. As the lead Ministry, it will coordinate all actions and the delivery of the outputs of this action plan.

d. Monitoring, Reporting and Evaluation

Quarterly and annual programme progress reports will be produced. The technical secretariat at the lead Ministries will coordinate the production of the reports among the various programme stakeholders for submission to OPM and NPA. These reports will be synthesized into the Government Annual Performance Report (GAPR) by the OPM technical secretariat. Table 1 gives an overview of planned activities during the implementation coordination of the program.

Table 1.0 Schedule of Key Planned Activities for Implementation Coordination

No	Activity and Purpose	Output	Responsible Agency	Other Agencies	Date of the Planned activity
1	Planning: All Program players meet annually to set priorities for the next FY	Planned Priorities for the next FY	Ministry of Education (lead) and Sports and Ministry of Health (co-lead)	All MDAs in the Program, Industry, Development Partners	Q2 of the running FY
2	Approval of Priorities: The Program working group will submit their action plans for approval to OPM as the overseer of implementation of government programs	Approved priorities	OPM	Implementing partners	Sept – October of running FY
3	Budgeting: Harmonizing the program priorities and the indicative planning figures (IPFs). Each MDA prepares a work plan with costed activities. The Final budget will entail the actions for that particular year	MDA BFPs MPS	All Agencies	All Agencies including industry	Nov of the running FY Feb-April
4	Implementation: Each MDA sets out to implement the actions detailed in this action plan. Ministry of Education and Sports as Lead technical coordinator of the program is expected supervise the implementation while OPM will oversee the overall implementation	Progress Reports on the implemented actions	Ministry of Education and Sports and Ministry of Health and OPM	All Implementing Agencies	Quarterly
5	Monitoring and Evaluation: Performance monitoring and reporting will be supervised by OPM (program coordinator at OPM) reporting. NPA will also be involved at this stage.	Program Performance Reports	OPM and NPA	All implementing Agencies	Annually

5. Implementation Reforms

The following are the required reforms intended to catalyze the attainment of the desired results of the HCDP.

- i. Fast-tracking the legal and policy reforms required for curriculum synchronization and implementation as well as assessment/examination across the entire education system.
- ii. Waiving of entry requirements and training costs for basic vocational courses (certificate) to attract particularly poor out-of-school youths to enrol in TVET training.

- iii. Introduction of a minimum of one year of compulsory TVET training immediately after A'level before enrolling for further education to be delivered through a compulsory National Service programme framework.
- iv. Recentralization of some of the critical cadres in the health sector such as specialists, anaesthetists, hospital managers, DHOs.
- v. Government internal scholarships and the students' loan scheme to be strictly targeted to addressing skills gaps as identified in the National Human Resource Development Planning. While foreign scholarships shall be provided in areas that address staffing gaps where training is not available in the country.
- vi. In line with the National Human Resource Development Plan, the Government issuance of work permits must be based on human resource gaps identified by the plan. In this regard, work permits should be provided in only the areas where the country is facing staffing shortages.
- vii. Establishment and implementation of a National Central Admission System for higher education and link higher education admissions and financing to the critical skill needs identified in the Plan
- viii. Put in place a mechanism that provides opportunities for short working visits to the country's highly specialized professionals abroad to address the acute staffing needs.
- ix. Mainstream off-budget financing into budgets.

6. Implementation Actions/ Activities

Table 2. 1: Human Capital Development Program Implementation Plan

Objective	Intervention	Outputs	Indicators	Actions	Planned Targets and Costs										Lead Agency /MDA	
					FY2020/21		FY2021/22		FY2022/23		FY2023/24		FY2024/25			
					Target	Budget (Bn)	Target	Budget (Bn)	Target	Budget (Bn)	Target	Budget (Bn)	Target	Budget (Bn)		
1. Improve the foundations for human capital development	1.1. Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	a. ECD caregiver trainees on state sponsorship in public PTCs	No. of ECD caregiver trainees on state sponsorship in public PTCs	Admit and provide state sponsorship to ECD caregivers in public PTCs With a parity level of 50:50	-	0	500	1.7	1000	3.2	1000	3.2	1000	0.6	MoES	
			Proportion of Public PTCs training ECD caregivers, %	Review the ECD training curriculum to address Gender & Equity concerns												NCDC
			Implement the ECD training Curriculum			Draft copy	0.2	Revise d copy in placed	0.5	Printed copies	0.2	copies dessem inated	0.1	MoES		
		b. In-service ECD caregiver and pre-primary teachers trained on the ECCE national training framework	Proportion of in-service care givers and pre-primary teachers trained	b. Train in-service pre-primary teachers and ECD caregivers on the ECCE national training framework.	20	0	40%	1.5	45%	2	50%	2	60%	2	MoES	
			Percentage of Pre-school teachers and caregivers who are qualified		48		55		60		65		70		MoES	
			ECD centres registered	Register all ECD centres in accordance with the BRMS	20		40	0.05	60	0.05	80	0.05	100	0.05	MoES	
Program Outcomes: Increased average years of schooling from 6.1 to 11 years; Increased learning adjusted years of schooling from 4.5 to 7 years; Reduced prevalence of under 5 stunting from			% of ECD centres registered	Review and develop a licencing system for ECCEs				0.03		0		0		0	MoES	
				Review guidelines on the establishment and management of ECCE centres including integration of coordinated services under the NIECD service delivery framework				0.03		0		0		0		
																MoEs

28.9percent to
19percen

		Sensitize private players to spread to the under-served areas	68		70	0.0375	73	0.0375	76	0.0375	78	0.0375	MoES
		Regularize and regulate the ECCEs that have been established within the public primary schools											
	Proportion of children 0-8 years accessing ECD services (Nutrition, PHC, Sanitation, Child protection, Family strengthening and support), %	Roll out Integrated Early Childhood Development Service Delivery Framework	68	2.9	70	3.5	73	2.9	76	2.9	78	1.9	MoGLSD,
		Roll out the National Integrated Communication and Advocacy Strategy		2.9		3.5		2.9		2.9		1.9	MoGLSD,
		Monitor delivery of integrated ECD services in Local Governments		0.075		0.165		0.24		0.315		0.365	MoGLSD,
		Strengthen coordination of ECD service providers at National and Local Government levels. (FBOs, Private setcor, CSOs & MDAs)		0.264		0.441		0.588		0.715		0	MoGLSD,
		Develop and implement The Employment (Breastfeeding and Child Care Facilities at Workplaces) Regulations		1.5		7.2		7.4		8.1		4.4	MGLSD
ECD Inspection reports	Percentage of ECD centers inspected at least once a term.	Inspect all ECD centers at least once a term	51	0	54	5	57	5	61	5	65	5	LGs
		Carryout Quality Assurance on Inspections				0.125		0.125		0.125		0.125	MoES
	Proportion of ECD centers implementing standardized learning framework, %.	Train Centre Management Committees (CMCs) to enhance school level inspections.	45		46	0.125	50	0.125	55	0.125	65	0.125	LGs

1.2 Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition practices														
a. Strengthen the enabling environment for scaling up nutrition at all levels	Child and maternal nutrition enhanced	% of work places with breastfeeding corners	Amend the Employment Act to provide for Child care facilities at work place	1	0.4	0	0.4		0.4	0		0		MoGLSD
			Develop standards and guidelines for Child care facilities at Formal work places.	0	0	1	0.4	1	0.1	1	0.05	1	0.05	MoH
			Promote Breast Feeding/ baby care corners in public & private institutions	5%	0.4	5%	0.4	5%	0.4	5%	0.4	5%	0.4	MoH,
			Promote Establishment breast feeding/baby care corners in public & private institutions	5%	1.5	5%	1.5	5%	1.5	5%	1.5	5%	1.5	MoGLSD
		Vitamin A second dose coverage for under-fives (%)	Provide Routine Vitamin A supplementation to all children U5 years during Integrated Child Health Days in April and October (children receiving Vit A)	50%	1.8	60%	2.1	65%	2.3	70%	2.5	75%	2.7	LGs
		% of pregnant women receiving iron/folate supplement	Educate and provide all pregnant women attending ANC for uptake of iron and folate supplementation (women receiving iron/folate)	90%	2	90%	2	90%	2	90%	2	90%	2	LGs
		Number of Exclusive breastfeeding promotion activities	promote Exclusive breastfeeding for the first six months	1	0.3	1	0.3	1	0.3	1	0.3	1	0.3	MOH
		% of commercial outlets and	Promote and Monitor implementation of the code of	40	0.3	40	0.3	40	0.3	40	0.3	40	0.3	MoH,

		health facilities monitored conforming to the code of marketing	Marketing of Breast milk substitutes in Health Facilities and Commercial outlets											
		No. of peer mothers trained	Train Peer mothers to mobilise & sensitize breastfeeding mothers to adopt optimal breastfeeding & complimentary feeding practices (sensitization activities)	100	2	150	2.2	200	2.3	200	2.3	200	2.3	LGs
		% of Day-school going Children having atleast a healthy meal a day.	Mobilize parents to provide meals to school going children	40	0.4	44	0.4	50	0.4	56	0.4	64	0.4	LGs
			Promote establishment of Schools Gardens		0.8		0.8		0.8		0.8		0.8	LGs
b. Promote consumption of fortified foods especially in schools with focus on beans, rice, sweet potatoes, cooking oil, maize.	Nutritious meals provided at schools	Number of schools (primary and secondary) providing safe and fortified foods to children	Promote and enforce mandatory consumption of safe and fortified foods in schools	10	2	15	2	20	2	25	2	30	2	MOH
c. Promote dietary diversification	Balanced diet consumed in households	Number of households with access to diverse nutritious foods	Mobilise and sensitize communities on production & consumption of nutritious foods											MAAIF
d. Develop the national food fortification policy and law	National food fortification policy and law developed	National food fortification policy and law in place	Develop the National food fortification policy and law	0	0.05	1 (policy)	0.2	1(Law)	0.2	-		-		MoH
1.3 Increase access to immunization against childhood diseases	Target population fully immunized	% of Children Under One Year Fully Immunized	Mobilise and sensitize communities to increase uptake for child immunisation services in all LGs with focus on hard to reach areas	96	60	97	60	97		98		98		LGs

		% Availability of vaccines (zero stock outs)	Procure and distribute adequate vaccines (<i>budget for procurement is Part of the medical supplies Budget</i>)	100%	0.1	100%	0.1	100%	0.1	100%	0.1	100%	0.1	NMS
		% of functional EPI fridges	Maintenance of the District Vaccine Stores and EPI Fridges in all health facilities	100%	0.12	100%	0.12	100%	0.12	100%	0.12	100%	0.12	LGs
		% of health facilities providing immunization services by level	Carry out childhood immunization for all the approved childhood vaccines in all health facilities	80%	2	82%	2	84%	2	85%	2	86%	2	LGs and Referral Hospitals
1.4 Improve adolescent and youth health														
a. Provide adolescent friendly health services	Health facilities providing adolescent friendly services	% of health facilities providing adolescent friendly service package including information on positive health and development and risk factors	Establishment of youth friendly corners and provision of youth friendly services in all public & private health facilities	50	1	55	1	60	1	65	1	70	1	LGs and Referral Hospitals
		No. of health workers re-oriented in Adolescent and youth friendly Health services	Re-Orient Health Workers to provide Adolescent and youth friendly services	200		200		200		200		200		MoH,
		No. of peer educators trained and recruited to support provision of Adolescent friendly services	Recruit and train peer educators for the Adolescent friendly corners in hospitals and HC IVs	100	0.6	150	0.6	150	0.6	150	0.6	150	0.6	LGs and Referral Hospitals
		Number of youths mobilized for uptake of Health services	Mobilise Youth for uptake of services	50	0.5	55	0.5	60	0.5	65	0.5	70	0.5	LGs

b. Establish community adolescent and youth friendly spaces at sub county level	Community adolescent and youth friendly spaces at sub county level	No. of sub counties with adolescent and youth friendly spaces	Establish, resource & functionalise community adolscent & youth resource centres	100	1	250	2	500	3	750	4	1000	5	LGs
c. Include youth among the Village Health Teams	VHT membership revised to include the youth	% of VHTs with youth members	Review and disseminate the VHT guidelines to provide for youth inclusion with emphasis on gender parity	0	0	1	0.3	0	0	0	0	0	0	MoH
			Orient the new VHTs on their roles and responsibilities	0	0.4	0	0.4	1	0	0	0	0	0	LGs
			Retooling of the VHTs	30	0.5	50	0.5	75	0.5	80	0.5	100	0.5	MoH
1.5 Strengthen the family unit to reduce domestic violence, child deprivation, abuse and child labour	Parenting initiatives implemented	No (%) of active fathers (male caretakers) involved	Identify and establish male champions to promote male participation in parenting	10	0.3	15	0.3	20	0.3	25	0.3	30	0.3	LGs
	<u>Paternal responsibility enhanced</u> [1]		Create parenting forums at village level for sensitisation of communities on positive parenting	10	0.3	15	0.3	20	0.3	25	0.3	30	0.3	LGs
	-		Design programs to check influence of Social Media on Parenting											
	Reduced Child violence and child labor	Incidence rate of child violence (sexual, Physical and emotional violence), %	Sensitize communities on child up-bringing, abuse and violence; enforce child laws against violence & abuse	40	1.0	50	1.0	60	1.0	70	1.0	80	1.0	LGs
			Provide operational funds for the maintenance of the Uganda Child Helpline to enable it receive and handle child abuse cases	40	3.0	50	3.0	60	3.0	70	3.0	80	3.0	MGLSD
Family support institutions strengthened	Number of active family support institutions per district		Strengthen Functionality of probation and social welfare office in districts	146	0.2	146	0.2	146	0.2	146	0.2	146	0.2	LGs

		Percentage of vulnerable households accessing family support	Provide counselling & vulnerable family support services at village, parish, sub-county & district levels	15	0.5	25	0.5	35	0.5	45	0.5	50	0.5	LGs
	LC Village Registers established	Number of Villages with LC Registers	Operationalize LC1 family courts across the country	100	0.3	100	0.3	100	0.3	100	0.3	100	0.3	MoLGSD
	Capacity Building of Local Government Authorities in child protection issues strengthened	No. of LG Authorities whose capacity have been built in child protection issues	Induct the LG Authorities in child protection issues	140	0.5	140	0.5	140	0.5	140	0.5	140	0.5	MGLSD
		No. of LGs monitored on the implementation of Parenting Guidelines	Monitor the implementation of the Guidelines	50	0.1	50	0.1	50	0.1	50	0.1	50	0.1	MoGLSD
1.6. Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards	Basic Requirements and Minimum standards met by schools and training institutions	50% of Pre-primary schools meeting the BRMS by 2025	Develop & disseminate ECCE specific BRMS	22		30	0.25	35	0.25	40	0.25	50	0.25	MoES
			Enforce the BRMS in ECCEs through regular inspections				5.04		5.04		5.04		5.04	MoES
			Facilitate CCTs to provide support supervision of ECCEs				0.25		0.25		0.25		0.25	MoES
			Enforce construction of age and disability appropriate WASH facilities in selected ECCEs through regular inspection and adherence to the BRMS before licencing and registration of ECCE centres				0.1		0.1		0.1		0.1	MoES
		70% of Primary schools meeting the BRMS by 2025	Construct additional classrooms to ensure that each primary school achieves a pupil-to-classroom ratio not exceeding 50:1 by 2025	54	4.67	58	5.02	62	5.36	66	5.71	70	6.05	MoES

		Establish 300 Public Primary Schools in Parishes without a public primary school			0	0	0	0	MoES
		Pilot a double shift teaching system to address congestion in classrooms in urban schools.			0	0	0	0	MoES
		Construct Gender & disability sensitive and climate resilient Emptyable VIP Latrines to ensure that each Public primary school achieves a pupil-to-toilet stance ratio not exceeding 60:1	0.00		0.00	0	0	0	MoES
		Recruit teachers to ensure that each primary school achieves pupil-to-teacher ratio not exceeding 50:1	0		0.00	0	0	0	LGs
		Construct teachers' houses (Target) to ensure that each rural primary school has atleast 4 teachers accommodated at school (4 unit teacher's house)			0	0	0	0	LGs
		Procure classroom furniture to ensure that 100% of primary school pupils have where to sit and write by 2025			12	18	24	30	LGs
		Procure textbooks and other instructional materials to ensure that each primary school achieves a pupil-to-textbook ratio not exceeding 3:1 by 2025			7.6	7.6	7.6	7.6	MoES

		Inspect all primary schools atleast once a term								LGs
		Monitor the inspection of primary schools by the local government inspectors to ensure adherence to the gudelines of inspecting each primary school atleast once a term			0.3	0.3	N/A	N/A		
		Develop and implement school improvement plans in primary schools arising from inspection reports. Training the District inspectors to train the headteachers on the process of developing school improvement plans			0.1	0.2				MoES
		Provide SMART Phones/Tablets to Inspectors of schools and primary schools to implement integrated ICT-enabled inspection of schools (intergrated inspection System)			7.112	7.204	0	0		MoES
		Install solar energy in the schools (IIS)			3.2					MoES
		Maintenance of IT Infrastructure for IIS (in server room)			1.26					MoES
		Train District Inspectors of schools and Associate Assessors on Intergrated Inspection System and Head teachers, Deputy head teachers and ICT teachers (IIS)			1.72					MoES
		Print Training materials for e-			0.24					MoES

		Inspection and user manuals for schools (IIS)											
		Review training materials and manuals (IIS)				0.1							MoES
		Formulate an Inspection and Quality Assurance policy for education and sports				0.1	0.2		0.2				MoES
		Designate senior-teachers as mentors to provide school support supervision in 60% of the primary schools by 2025											LGs
		Conduct regular National Assessment of Progress in Education (NAPE) in numeracy and literacy at P.3 and P.6 once in every 2 years, in order to effectively track learner achievements	1.35			0	1.35		0		1.35		UNEB
		Document and disseminate the UPE policy	0.3			0.3	0.3		0.3		0.3		MoES
		Develop a policy to guide Curriculum development, Assessment and placement	0.3			0.3	0.3		0.3		0.3		MoES
		Develop a textbook policy	0.3			0.3	0.3		0.3		0.3		MoES
		Review the selection criteria of school management committees				0.1							MoES
		Develop a strategy to increase parental participation in the education of their children				0.1	0.1						MoES
	60% of Secondary schools meeting	Construct 300 new secondary schools in subcounties without	47	108.1	50	115	53	121.9	55	126.5	60		MoES

	the BRMS by 2025	Construct additional classrooms (TARGET) to ensure that each Secondary school achieves a student-to-classroom ratio not exceeding 50:1		0	0	0	0	MoES
		Rehabilitate and renovate (TARGET) existing public secondary schools to ensure they are disability friendly with a special focus on traditional schools	1.9	0	0	0	0	
		Construct toilets that are disability friendly & gender sensitive and to ensure that each Secondary school achieves a pupil-to-toilet stance ratio not exceeding 60:1		0.00	0	0	0	
		Recruit teachers to ensure that each secondary school achieves student-to-teacher ratio not exceeding 50:1	0	0	0	0	0	
		Construct teachers' houses to ensure that each rural secondary school has atleast 4 teachers accommodated at school	0	0	0	0	0	
		-Procure textbooks to ensure that each secondary school achieves a pupil-to-textbook ratio not exceeding 3:1 by 2025	20	38.27	38.27	38.27	38.27	
		-Procure units of furniture to ensure that all secondary school students have where to sit and write by 2025						

	taking into account learners SNCs.												
	Conduct a study to inform capitation grant to secondary schools in light of the cost of educational inputs												
	Enhance capitation grant to secondary schools in light of the cost of educational inputs												
	Retool secondary schools and lower secondary school teachers to enable them implement the new lower secondary curriculum (CPDS)	18.28	20	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	20.0	
65% of TVET institutions meeting the BRMS by 2025	Construct lecture theatres/teaching facilities in TVET institutions to conform to NCHE standards	44	38	48.4	45	52.6	67	58	82	65	95	95	MoES
	Equip existing TVET institutions with appropriate infrastructure, Equipment and materials	6.5	12	12	12	12	12	12	12	12	12	12	
	Recruit industry-based practioners as TVET instructors to ensure that each TVET institution achieves 100% staffing levels	0	4	4.5	5	5	5	5	5	5	5	5	
	Inspect and monitor TVET inputs, processes and learning outcomes atleast once a term	0.34	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	1.42	
75% of universities meeting the NCHE BRMS by 2025	Construct inclusive lecture theatres/teaching facilities in Higher Education Institutions (HEIs) to conform to NCHE standard	47.3	39	53.5	350	59.7	370	65.9	380	75	400	400	MoES

			Establish NCHE approved quality assurance systems in all HEIs	0		0.5		0.5		0.5		0.5		
			Mainstream Open, Distance and eLearning (ODeL)			85		75		70		75		
			Establish digital libraries in HEIs that are accessible to all categories of learners including those with Special Needs	3.8		6.5		8.5		11		14		
			Inspect and monitor HEIs' inputs, processes and learning outcomes	5.4		6.4		7.4		8.4		9.4		
			Establish a central digital repository for all education resources for all subsectors	0						1		1		
1.7 Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy	a. Trained teachers in EGRA and EGMA methodologies b. Primary teacher training curriculum revised	a. 50% of primary school teachers trained in EGRA and EGMA methodologies by 2025	Mainstream EGR and EGM in the primary teacher curriculum.	10	0	20	1	30	1	45	0	50	0	NCDC
		b. Revised Primary teacher training curriculum in place	Train primary school teachers in EGRA and EGMA methodologies taking into consideration gender parity.		0		2		1		1		1	
	Primary schools implementing EGRA and EGMA methodologies	65% of primary schools implementing EGRA and EGMA methodologies by 2025	Roll-out EGRA and EGMA in all schools. Enforce the implementation of EGR and EGMA in at least 50% of primary schools	40	0	50	0.3	55	0.3	60	0.3	65	0.3	
			Enforce the requirement for local language medium of instruction in lower primary		0		0.3		0.3		0.3		0.3	
	EGRA primers	% of schools with EGMA and EGR primers	Procure and distribute accessible EGRA and EGMA primers to ensure that each primary	40	3	50	10	55	5	60	5	65	5	

			school achieves a pupil-to-primer ratio not exceeding 3:1												
1.8. Implement an integrated ICT enabled teaching	ICT enabled teaching undertaken	ICT in education policy developed	Formulate an ICT policy for education and sports												MoES
		30% of schools and HEIs using ICT enabled teaching and learning by 2025	Connect 30% of rural-based primary and secondary schools to power supply by 2025	10	1.11	15	1.17	25	1.23	27	1.29	30	1.35	MoES,NIT A,UCC,NC HE, MEMD	
			Connect 30% of rural-based primary and secondary schools to internet Options such as google loon should be explored for remote schools												
			Provide campus wi-fi to 80% of HEIs by 2025												
			Equip existing computer laboratories with computers and tablets in 1100 secondary schools, 1266 primary schools and 176 BTVET institutions												
			-Establish accessible computer/tablet labs in: 10% of primary schools, 20% of secondary schools, 100% of HEIs by 2025												
			-Provide 60% of primary and secondary schools with TV sets for learning purposes by 2025												
			-Provide 100% of primary and secondary schools with radiosets for learning purposes by 2025												

			-Provide updatable offline servers to primary and secondary schools										
			-Design local learning platforms in liaison with HEIs, telecom coies and entrepreneurs										
			Design local learning platforms in liaison with HEIs, telecom coies and entrepreneurs										
		55% of teachers/lecturers with ICT proficiency.	Train 55% of all teachers, tutors, instructors and lecturers in ICT skills by 2025 taking into consideration the gender parity.	15	0	25	1.5	30	1	40	1	55	1
		3570 ICT Teachers Recruited	Recruit 3,570 ICT Teachers for Secondary schools by 2025 taking into consideration the gender parity.	-	0.00	657		714		971		1,228	
							7.66		8.33		11.32		14.32

1.9. Develop and implement a distance learning strategy														MoES,NP A MoIG,MoF PED, NITA-U
a.Develop and implement a distance learning strategy	Distance learning strategy	Distance learning strategy in place	Develop a distance learning policy and strategy	-		1		-		-		-		
			Develop a distance learning strategy	-		1		-		-		-		
b.Invest in basic remote ICT-enabled learning infrastructure	Remote ICT-enabled learning infrastructure installed	30% of education institutions with remote ICT-enabled learning infrastructure installed	undertake actions highlighted in intervention 1.8	10		15		25		27		30		
	Locally designed remote learning platforms	No. of locally designed remote learning platforms												
c. Liaise with Higher Education Institutions, and Technology Companies and	Locally designed remote learning platforms	No. of locally designed remote learning platforms	Constitute and operationalize a working group including Higher Education Institutions, and				5	3	7.5	5		5		

Entrepreneurs to design and roll-out remote learning platforms/software with greater penetration in marginalized communities			Technology Companies and Entrepreneurs to design and roll-out remote learning platforms/software										
d. Procure and distribute solar powered radio sets for all households in the country to support distance learning and community mobilisation	Radio sets provided to households to support distance learning and community mobilisation	9million households which received radio sets from GoU by 2025	Provide solar powered radio sets to all households in the country for distance learning and community mobilization	9million radio sets	342	-	-	-	-	-	-	-	-
e. Procure and distribute two solar powered TV sets to each village in the country to support distance learning and community mobilisation. This should be first piloted before full roll-out	TV sets provided to households to support distance learning and community mobilisation	140,000 Solar powered TV sets% of villages that have received 2 TV sets	Provide two solar powered TV sets to each village in the country for distance learning and community mobilization.	140000 TV sets	119	-	-	-	-	-	-	-	-
f. Establish a national Radio and TV station dedicated to education and distance learning	National Radio and TV station for education	A national radio and TV station for education established	Establish a national TV and Radio station dedicated to education and distance learning	-	-	-	-	-	-	-	-	TV established while preparations for Radio start	0.3
1.10. Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and	Revamped EMIS	Revamped and functional EMIS in place by 2025	a. Undertake a comprehensive review of the existing legal and policy frame for EMIS. b. Design new EMIS solution architecture, functionalities and features.			Revamped EMIS in place	3		5		5		5

uniquely identify learners, teachers, and institutions			SEPARATE c. Automate key statistical operations particularly data collection, transmission, analysis, reporting and feedback. d. Strengthen the human resource base of EMIS by recruiting additional statisticians and ICT specialists											
1.11. Integrate Education for Sustainable Development (ESD) into the school curriculum	Approved Education for Sustainable Development policy in place.	Approved Education for Sustainable Development policy in place	Approve the Education for Sustainable Development policy	-	0.03	Approved policy	0.03	-	0.03	-	0.03	-	0.03	MoES
	School curricular aligned to ESD policy	Aligned school curricular to the ESD policy	Align the school curricular to ESD policy	-		-		Alignment process starts		Alignment process continues		Alignment process continues		
1.12. Implement a National Strategy against Child Marriage and Teenage Pregnancy	National Strategy on girl child education implemented.	Reduced child marriage and teenage pregnancy prevalence rates to 14% by 2025	Identify key stakeholders and adopt a multisectoral implementation of the strategy	22	0.92	20	0.97	18	1.01	16	1.07	14	1.12	MoGLSD, MoES
1.13. Develop mechanisms to prevent incidences of child labour	National Elimination of Child Policy, 2006 implemented	National Elimination of Child Policy, 2006 reviewed	Review the National Elimination of Child Labour Policy, 2006	1	0.5	0	0	0	0	0	0	0	0	MGLSD
		National Action Plan on Child Labour implemented	Implement the National Action Plan on Child Labour	1	2.5	1	3.2	1	3.1	1	3.8	1	2.9	MGLSD
		No of children withdrawn from child labour that are integrated into the school system	Integrate children from Child labour into school system	70,000	17	120,000	21	200,000	27	105000	10.5	50,000	6.8	MGLSD/M OES
		No of transit and drop centres constructed and equiped	Construct and equip transit and drop centres for children withdrawn from child labour	0	0	2	11	2	11	1	6.5	1	7	MGLSD
2.1.a. Establish a functional labour market	Labour market information	A functional web portal LMIS in place	Design and operationalize a web-based LMIS	1	1.5	1	1.5		0.5		0.3		0.3	MoGLSD,

system established	Internal employment MIS in place	Develop & operationalise digital job matching tool			1	2.5							
	Labour analysis report	Undertake Labour Market analysis, skills profiling and audit	0		1	1	1	1	1	1	1	1	NPA
	No. of stakeholders trained on utilisation of LMIS	Conduct capacity building of stakeholders on utilisation on LMIS	50	1	500	1.5	1500	1.5	2000	1.5	2500	1.5	
		Undertake Labour Market research & employment diagnostic studies											MGLSD
	No of studies & surveys	Undertake Labour Market surveys			1	2			1	2			UBOS
	Skills audit report	Undertake skills audit	1	0.1	1	0.1	1	0.1	1	0.1	1	0.1	NPA
		Undertake tracer studies			1	0.4	1	0.4	1	0.4	1	0.4	NPA
	Sectoral employment diagnostic analysis report	Conduct sectoral employment diagnostic analysis & studies (UNDER RESEARCH)			1	0.5					1	0.5	
		Exchange information and coordinate different actors and institutions to produce, utilise labour market information	30		100		200		300		400		
	Decent & productive employment increased	Number of migrant workers placed in jobs abroad	Conduct awareness raising on safe labour migration to increase uptake of decent employment abroad	12,000	198.004	12500	429.116	13000	431.894	13500	385.77	14000	247.282
Number of companies licensed for externalisation of labour		Licence private recruitment companies for internal & external employment	0		40	0.02	40	0.02	40	0.02	40	0.02	MGLSD
No of companies licenced for internal recruitment		Licence private recruitment Agencies for internal employment	4	0.005	40	0.005	40	0.005	40	0.005	40	0.005	MGLSD

No of pre-departure training companies accredited	Accredit pre-departure training companies	5	0.01	5	0.01			5	0.01			MGLSD
No. of BLAS Signed	Negotiate, sign & implement BLAs & MoUs with destination countries for expansion of external decent employment opportunities	2	0.2	2	0.2	2	0.2	2	0.2	2	0.2	MGLSD
No. of Labour attachees deployed	Deploy Labour attachees in major host countries	0		1	1	2	2.3	2	2.6	1	4	MGLSD
No of companies inspected	Conduct inspection of Labour recruitment companies for compliance to pre departure regulations (under licencing)	50		180		180		180		200		MGLSD
No of migrant workers provided with counseling	Provide psychosocial counseling to migrant & returnee workers	250		280		290		310		320		MGLSD
A functional National Employment Council	Establish National Employment Council (ALREADY IN PLACE)	0		1		0		0		0		MGLSD
Employment planning framework in place	Develop and operationalise employment planning framework	0		1		1		1		1		MGLSD
No of reports	Develop a tool to mainstream employment in government policies, programs & projects(under the framework)			1	1							MGLSD
No of impact assessments conducted	Conduct employment impact assessment on private & public investments (research)			1	1							MGLSD
No of legal frameworks on	Review & develop legal, policy &	8		8		6		6		6		MGLSD

Uganda National Labour Productivity Policy developed and approved	Develop and implement national labour productivity policy (policy framework)	0		0		1	1		2		2	MoGLSD
A functional National Productivity Centre	Construct & equip a National Productivity Centre	0	0	0	0.5	1	50	0	0	0	0	MGLSD
National Productivity Centre Bill developed and approved	Develop a National Productivity Centre Bill	0	0	1	1	0	1	0	0	0	0	MGLSD
No of workers & jua kalis trained	Conduct training of workers & jua kalis on productivity enhancement, invention & innovation, work culture and ethics (Under other interventions on skilling)	500	0.3	1,000	0.6	2,000	1.2	3,000	1.8	4,000	2.4	MGLSD
National Strategy and Plan on Work Culture and Ethics in place	Develop a National Strategy and Plan on the Work Culture & Ethics (under policy frameworks)	0		1	0.4	0		0		0		MGLSD
No of workplaces monitored	Conduct monitoring of labour productivity in workplaces (Under research)	100	0.4	120	0.5	120	0.5	130	0.5	130	0.5	MGLSD
	Develop and implement National Strategy and Plan on Technology uptake in the world of work (1	0.4					MGLSD
National Strategy and Plan on the Invention, Creativity and Innovation in the World of Work in place	Develop and implement a National Strategy and Plan on the Invention, Creativity and Innovation in the World of Work			1	0.4							MGLSD
No of functional common user facilities	Construct and equip common user production facilities	0		1	100	1	100	1	100	1	100	MGLSD
		0		2,000		4,000		6,000		6,000		MGLSD

No of youth utilising the common user facilities	Develop and implement National Strategy and Plan on the increasing access of vulnerable groups (PWDs, Minorities, Youth and Women) to common user facilities	0	0	0	0	1	0.8		0.4		0.4	MGLSD
	Develop and implement Sustainability Strategy and Plan on the operationalisation of Common-user facilities		1	0.4		0.5	0.5	1	0.5		0.5	MGLSD
Number of Jua Gali groups, cottage industries, Micro & Small enterprises accessing toolkits and green technology	Conduct Jua Kali needs assessment	1	0.05	1	0.05	1	0.05	1	0.05	1	0.05	MGLSD
	Provide business startup toolkits and green technology to jua kali women and youth	100	0.7	11,620	56	11,620	56	11,620	56	11,620	56	MGLSD
	Conduct exposure tours for Jua Kalis to learn from best practices			1	0.2	2	0.4	2	0.4	2	0.4	MGLSD
	Upgrade and operationalize Jua-Kali Management Information System	1	0.3	1	0.3	1	0.2	1	0.2	1	0.2	MGLSD
National Green Jobs strategy & plan developed & implemented	Complete and implement Uganda National Green Jobs Creation Strategy and Plan	10,000		11,000		12,000		13,000		14,000		MGLSD
	Conduct workplace green skills needs assessment	1	0.2	1	0.2	1	0.2	1	0.2	1	0.2	MGLSD
No of packages developed	Develop workplace green skills development packages	1	0.2	2	0.4	2	0.4	2	0.4	2	0.4	MGLSD
No of trainers	Identify a pool of trainers & develop their capacity on green skills interventions			30	0.3	50	0.5	50	0.5	50	0.5	MGLSD
No of employees (public &	Roll out green skills development packages	200	0.2	500	0.5	1000	1	2000	2	3,000	3	MGLSD

		private sectors) trained in green skills												
		No of awareness campaigns	5	0.5	10	1	10	1	10	1	10	1	MGLSD	
		No of green incubation centres established	2	24	3	36	4	48	4	48	3	36	MGLSD	
			Develop and implement the Sustainability and Marketing Strategy and Plan for UGIP-Songhai Model Centres			1	1						4	MGLSD
			Develop and implement Uganda National Strategy and Plan on Green Skills			1	0.4							MGLSD
			Upgrade and operationalise Labour Market Returns and Statistics MIS	1	0.4	1	0.4	1	0.3	1	0.2	1	0.2	MGLSD
			Relief mechanisms for vulnerable workers affected by COVID-19 pandemic in place	1		1		1		1		1		MGLSD
Industrial peace and harmony created		Number of labour complaints and disputes registered and settled	4	2.908	5	3.438	7	3.458	10	3.435	7	3.435	MGLSD	
		Functional Medical Advisory Board	1	2.908	1	3.438	1	3.458	1	3.435	1	3.435	MGLSD	
		A functional Labour Adviosry Board	1	2.908	1	3.438	1	3.458	1	3.424	1	3.435	MGLSD	
		No of members of staff recruited	12	6	20	6	20	6	20	6	20	6	MGLSD	

	Relations and Productivity												
Number of labour complaints and disputes registered and settled	Conduct mediation and arbitration meetings to resolve labour disputes	600	0.03	600	0.03	600	0.03	600	0.03	600	0.03	MGLSD	
	Undertake salaries and wages surveys and reporting					1	0.6					MGLSD	
	Develop and implement National Guidelines on the computation and award of compensation to workers injured or diseased at work	1	0.3	0		0		0		0		MGLSD	
	Review and implement Tripartite Charter	1	0.3	0		0		0		0		MGLSD	
	Establish a Minimum Wage for Uganda	0		1	0.5	0		0		0		MGLSD	
	No. of labour unions & employers' organisations in collective bargaining and negotiations	5		5		5		5		5		MGLSD	
No. of Labour Unions registered	Undertake the Registration and Regulation of the labour unions	12		12		12		12		12		MGLSD	
No. of investigations conducted	Carry out investigation of labour disputes and complaints	100		100		100		100		100		MGLSD	
No of Labour Officers trained	Conduct training of employers on industrial relations	120		120		120		120		120			
No of workers trained	Conduct training of workers on industrial relations	240		240		240		240		240		MGLSD	
No of Labour Offices rehabilitated and equiped	Equip Labour Offices to be able to effectively handle labour disputes	40		40		40		40		40		MGLSD	
No of Regional Labour Resource Centres constructed	Construct and equip a National and 5 Regional Labour Resource Centre			1		2		2		1		MGLSD	

	National Labour Institute in place	Construct and equip a National Labour Institute	0		1		0		0		0		MGLSD
	No of Regional Industrial Court constructed	Construct and equip 10 Regional Industrial Court Centres and Registries for Labour complaints and disputes settlement	0		2		2		2		4		MGLSD
	No of offices rehabilitated and equipped	Rehabilitate and equip District and Municipality Labour Offices as quasi-courts of 1st Instance	67		30		30		30		30		MGLSD
	No of persons prosecuted	Conduct prosecution of non-compliant employers & workers	10		10		10		10		10		MGLSD
	% of eligible workers accessing timely compensation	Provide compensation to eligible government workers	60		70		80		90		100		MGLSD
Labour standards enforcement mechanisms strenghtned	No of workplaces complying with labour standards	Enforce labour standards	600	56.29	600	47.502	600	28.112	600	23..174	600	18.067	MGLSD
	National Strategy and Plan for Elimination of modern slavery and forced labour in place	Develop and implement the National Strategy and Plan for Elimination of modern slavery and forced labour	1		0		0		0		0		MGLSD
	% decrease in the number of workers being discriminated	Develop and implement National Strategy and Plan on the Elimination of discrimination at workplaces	2		2		2		2		2		MGLSD
	No of domestic workers in good working conditions	Develop and implement The Employment (Domestic Workers) Regulations	0		1		0		0		0		MGLSD
	Conference communique	Convene annual Labour Conference	1		1		1		1		1		MGLSD
	Annual Labour Inspection Report and	Compile and disseminate Annual	1		1		1		1		1		MGLSD

			Conference undertaken	Labour Inspection Report											
			No of reports submitted to ILO as requirement for mandatory reports	Compile and submit mandatory ILO reports	1	1	1	1	1	1				MGLSD	
			Survey report	Undertake a survey on casual employment	1	0	0	0	0	1				MGLSD	
			Number of stakeholders sensitised	Conduct awareness and sensitisation of stakeholders on labour standards	500	500	500	500	500	500				MGLSD	
- Increased proportion of labour force transitioning into decent employment from 34.5 percent to 55 percent;	b. Develop and implement an apprenticeship and job placement policy and programme (work-based learning)	Apprenticeship, Internship, and job placement policy	Approved work-based learning policy	Finalise the work based learning policy	-		Policy approved							MoGLSD,	
		University, TVET students and graduates benefiting from work-based learning	No. of university graduates benefiting from apprenticeship,	Identify and or create the relevant institutions to be given various responsibilities for implementing the work-based learning policy Monitor, review and regularly report on the progress of implementation of the work-based learning policy	10	15	25	35	40					MoGLSD	
			No. of university graduates benefiting from job placement (Volunteer scheme) programme												MoGLSD
			No. of university students and graduates benefiting from internship												Universities
- Increased ratio of Science and Technology graduates to			No. of TVET graduates benefiting from apprenticeship		15	20	35	44	50				MoLGSD		

Arts graduates from 2:5 to 3:5;

	No. of TVET students and graduates benefiting from internship														MoES
	No. of TVET graduates benefiting from job placement (Volunteer scheme) programme														MoLGSD
	No of assessments	Identify skills needs in priority sectors of the economy		1		1		1		1				1	
	No of trades with apprenticeship curricula	Facilitate development of occupational profiles & apprenticeship curricula	2	1.2	2	1.2	2	1.2	0.2	1.2	2	1.2			
	No of workplaces accredited	Asses & accredit workplaces for providing apprenticeships	50	0.2	100	0.4	200	0.7	300	0.85	400		1		
	No of trainers trained	Conduct training of trainers for in company trainers	50	0.15	80	0.24	120	0.36	120	0.36	120		0.36		
	No of awareness campaigns	Conduct awareness raising to make apprenticeships attractive to the youth & enterprises	4	0.8	8	1.4	12	2	12	2	12		2		
		Identify & implement apprenticeship assessment & accreditation system													
		Establish apprenticeship MIS			1										
	No of apprentices matched	Conduct job matching of apprentices and employers	200	0.1	300	0.1	500	0.15	700	0.2	1,000		0.23		
		Monitor implementation of work based learning in workplaces		0.3		0.5		0.6		0.6			0.7		
	No of work-based learning centres constructed & equipped	Construct & equip work-based learning centres			1	30	1	30	1	30	1	30			

		Incentive schemes created	No. of incentives schemes created for employers to provide apprenticeships and placements.	Create incentives schemes including tax rebates and exemptions and subsidies for employers to provide work-based training	2		4		4		4		4			
- Increased percent of employers satisfied with the training provided by the TVET institutions from 40 percent to 65 percent;	c. Extend internship programme to out-of-school youths	Out-of-school youths benefiting from apprenticeship	No. of out-of-school youths benefiting from apprenticeship	-Create work-based learning opportunities for the out-of-school youths			10,000	0.76	20,000	1.51	-	-	30,000	1.71	MoGLSD	
				-Create awareness about the available work-based learning opportunities for the out-of-school youths to participate												
				-Mobilise out-of-school youths to participate in work-based learning												
				-Certify skills acquired by out-of-school youths through work-based learning												MoES
				-Develop a complete National Vocational Qualifications Framework												MoES
				Number of youth benefiting from the skilling programme	3,526	9.9	4,500	10	4,800	12	4,800	12	5,000	15	State House	
			Identify youth interested in the skilling programme, Conduct a 6 months skilling programme Graduate the groups													
	d. Conduct regular tracer studies	Tracer study reports	No. of tracer studies undertaken by universities, MoES, and NCHE	Enforce the requirement for all HEIs to undertake regular tracer studies	-	-	9	11	-	-	9	11	-	-	Universities , NCHE	
	e. Establish centers of excellence in	Centers of excellence in	No. of centres of excellence established	Establish and enhance centres of excellence in	0	0	11	115	11	120	11	150	11	200	Universities	

excellence in Universities	Universities established	commissioned and functional	Universities and link them with the industry												
2.2. Roll out the modularised TVET curricula for all formal TVET programmes as to attain a flexible demand driven TVET system in Uganda	Modularized TVET programmes	No. of TVET training programs modularised and used in training	Constitute a working group including TVET staff, Employers, and Entrepreneurs to undertake modularization and implementation of modular TVET programmes	preparations to modularise	0.15	50	0.16	65	0.17	80	0.17	100	0.18	MoES	
		No. of of TVET institutions implementing demand driven modular curriculum.	Enforce the requirement for TVET institutions to rollout a modularized curricular			15		40		50		100		MoES	
	TVET trainees meeting employer demands	No. of TVET graduates meeting employer demands.	Undertake employer satisfaction survey of TVET graduates	44		48.4		52.6		58		65		MoES	
2.3 Support the TVET institutions that have the minimum requisite standards to acquire International accreditation Status	Internationally accredited TVET training providers	No. of internationally accredited TVET training providers by 2025	Equip the selected TVET institutions for international accreditation by providing the necessary Infrastructure, Equipment and materials	4	0.03	4	50	4	50	5	50	6	50	MoES	
			Identify and apply to international accrediting bodies/institutions to accredit locally selected institutions											MoES	
	Internationally accredited programmes	No. of TVET programmes internationally accredited	Identify TVET programmes for international accreditation	4		4		5		8		10	MoES		
	Students with international certification	No. of students/graduates of internationally accredited TVET programmes	Register students on internationally accredited programmes and provide international certification											MoES	
2.4 Refocus and support Vocational	Restructured TVET and University	No. of TVET training programmes	Earmark and restructure 10 TVET programmes for	4	16.8	4	17.65	7	18.53	7	19.46	10	20.43	MoES	

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 (ie 40 percent training in industry and 60 percent training in institution).	training programmes in light of dual system	restructured for dual mode delivery by 2025	phased delivery through a defined dual mode											
		No. of University programmes restructured for dual mode delivery by 2025	Earmark and restructure 10 university programmes for phased delivery through a defined dual mode		4	4	7	10						Universities
			Identify employers willing to provide opportunities for work-based training to TVET and University students											MoFPED
	Incentives for employers to provide TVET Institutions and work-based training	No. of incentives created for employers to provide places for TVET Institutions and work-based training.	Create incentives schemes including tax rebates and exemptions and subsidies for employers to TVET Institutions provide work-based training		2	4	4	4	4					MoFPED
			No. of TVET trainees and graduates with access to relevant on-job training opportunities	Establish an accessible and transparent student recruitment system for work-based training	30	30	40	45	50					MoGLSD
				Assess and certify skills acquired from TVET Institutions and work-based training										MoES
Signed MoUs between Employer-Training institution	No. of MoUs signed between employers providing work-based training and training institutions	Sign MoUs with employers and training institutions		15	25	30	40	50					MoES	
2.5 Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently	Increased TVET enrolment ('000s)	Increased TVET related enrolment to 200,000 by 2025	-Waive entry requirements and training costs for basic vocational courses (certificate) to attract particularly poor out-of-school youths to enrol	120	12.47		44.3	160	62.57	180	43.4	200	80.3	MoES

inverted skills triangle		Rebrand TVET to attract youths through Community Engagements and media campaigns for communicating returns to TVET education		0.5		0.7		0.7		1		1.5	MoES
		Construct 22 TVET institutions by 2025				22.62		22.62		22.62		15.08	MoES
		Equip and, Rehabilitate and expand 60 TVET Institutions by 2025 to increase enrolment capacity of TVET institute				116		116		116		116	MoES
		Create attractive career opportunities (jobs and upgrading) advertised relating to TVET											MoGLSD
		Provide relevant career guidance to O and A-level students to increase transition rates from secondary to TVET				0.35		0.35		0.4		0.45	MoES
		Expand the students loans scheme to 16,000 TVET students by 2025				82.33		164.67		247.00		329.33	MoES
		Implement the approved legal and institutional reforms for better TVET delivery		1.35		3		3		3		3	
	Scarce-skills TVET scholarships.	No of TVET students enrolled on skill-scarce TVET programme who are on state scholarships	Expand the students loans scheme to specifically target students enrolling on scarce skills programmes	20		45		50		65		80	
TVET students admitted in accordance with the NHRDP	No of TVET students admitted in accordance with NHRDP	Link TVET admissions to the NHRDP	20	0.2	45	2.25	50	4.75	65	10.25	80	21.25	0.6
Strengthened Competence-	No. of ATPs and Modules for	Develop assessment and training	5	0	10	15	10	1	10		10		

	Based Training for Agriculture	Agriculture and fisheries developed	packages and Modules for agriculture and fisheries institutions.											
2.6. Implement the National Strategy for Girls Education, by among others strengthening affirmative action for enrolment of girls and PWDs in BTVET	Affirmative action for increased enrolment of girls and PWDs in BTVET in place.	No of girls enrolled in BTVET education.	i) Review and operationalize a National Strategy for Girls Education	40	0.81	42	0.85	45	0.89	48	0.94	50	0.98	MoES
		No increase in no. of PWDs enrolled on skills training programmes	ii) Provide state scholarships and bursaries specifically targeting females and PWDs on TVET programmes	10		20		30		50		50		
2.7. Accelerate the acquisition of urgently needed skills in key growth areas														
a. Develop comprehensive national and MDA Human Resource Development Plans (HRDP)	National and sectoral Human Resource Development Plans developed	Comprehensive National Human Resource Devt Plan	Complete and disseminate the NHRDP	-	-	1	-	-	-	-	-	-	-	NPA
		Proportion of Sectoral Human Resource Plans developed (19)	Backstop the development of the sectoral and MDA HRDPs			80		100		100		100		sector Agencies
b. Consolidate and centralize capacity building initiatives in the public service in line with the HRDP	Consolidate and centralize capacity building initiatives in the public service in line with the HRDP	Capacity Building scheme for public servants in place.	Establish and align a central capacity building scheme for public servants to the NHRDP	-	-		-	-	-	-	-	-	-	MoPS
		No. of public servants benefiting from the national capacity building scheme	Provide in-service training opportunities and funding for public servants to build better their capacities			1000		1750		2000		3500		MoPS
c. Operationalise the Skills Development Fund as	Skills development fund operationalize	40% of the skills devt fund contributed by Industry/Employers by 2025	Engage with employers as beneficiaries of TVET to co-finance it					40		40		40		MoES

provided for by the TVET Policy and incentivise the private sector to offer training of their employees in the scarce skills areas		40% of the skills devt fund contributed by Govt by 2025	Engage with the MoFPED to commit on behalf of Govt to contribute to the SDF					30		30		40		MoFPED, MoES
		20% of the skills devt fund contributed by Devt partners by 2025	Engage with Devt partners to commit resources to SDF					20		20		20		MoES, EDPs
		Training Levy Operationalised	operationalise the training levy as provided for in the laws					Levy operational						MoFPED
d. Align the issuance of work permits in line with the HRDP	Guidelines on issuance of work permits in line with HRDP in place.	Proportion of work permits issued in line with the HRDP	Develop and implement guidelines on issuance of work permits in alignment with the NHRDP					80		100		100		MoIA
e. Establish and implement a National Central Admission System for higher education and link higher education admissions and financing to the critical skill needs identified in the plan	Reconstituted Joint Admissions Board	% of HE students centrally admitted	undertake legal and institutional review and reforms to provide for centralised admission of HE students	preparations for centralised admissions	preparations for centralised admissions			100		100		100		MoES,
	Catalogue of skill-scarce HE academic programs in place	Catalogue of skill-scarce HE academic programs in place	Reconstitute the Joint Admissions Board and its mandate	preparations for reconstitution of the JAB	preparations for reconstitution of the JAB									MoES,
			Develop and disseminate a catalogue of skill-scarce HE programmes		Start the Devt of catalogue									NPA
f. Introduce a minimum of one year of compulsory TVET training immediately after A-level before enrolling for further education	Guidelines for compulsory TVET training immediately after A-level in place	Guidelines for compulsory TVET training immediately after A-level in place.	Develop and implement policy guidelines for compulsory TVET training immediately after A-level.											MoES
	2000 A-Level students undergoing compulsory	No. of A-level students undergoing	Recruit students into the National Service Scheme through which the TVET					1000		1500		2000		MoDVA

	TVET training by 2025	compulsory TVET training,	training is to take place Assess and Certify skills acquired by A-level students through the scheme					Assessment and Certification exercise undertaken		Assessment and Certification exercise undertaken		Assessment and Certification exercise undertaken		MoES	
g. Link allocation of scholarships and loan financing to critical skill needs identified in the plan	Criterion for financing critical skills established.	Criterion for financing critical skills.	Develop and implement a criterion for financing critical skills identified in the NHRDP			Criterion in place								MoES	
	State funded Students in critical skills training	75% of state scholarships and loans allocated towards critical skills training identified in the NHRDP by 2025	Align the state scholarships to the critical skills identified in the NHRDP			70		75		75		75		State House & MoES	
h. Assess and certify the competencies acquired by trainee beneficiaries during apprenticeship, traineeship, indenture training, and further training and or upgrading in order to foster promote the relevancy of skills training and lifelong learning	Nationally assessed and certified beneficiaries of work-based training	No. of nationally assessed and certified beneficiaries of apprenticeships, traineeships, indenture training ('000s).	Develop occupation, training and assessment standards for work-based training/learning			5		7		8		12		MoES	
			Accredit work-based training providers												MoES
			Assess and certify skills acquired through work-based training												MoES
2.8. Provide the required physical infrastructure, instruction materials and human	NCHE's Basic Requirements and Minimum Standards in HEIs enforced	75% of HEIs meeting the BRMS by 2025	Provide necessary support and enforce the requirement for HEIs to have in place institutional governance as per the NCHE standards	47.3	8.26	53.5	8.67	59.7	9.11	65.9	9.56	75	10.4	MoES NCHE	

resources for Higher Education Institutions including Special Needs Education			Provide necessary support and enforce the requirement for HEIs to have infrastructure (land ownership, physical facilities) as per the NCHE standards											NCHE
			Provide necessary support and enforce the requirement for HEIs to be in a financial position as per the NCHE standards											NCHE
			Provide necessary support and enforce the requirement for HEIs to have staffing levels as per the NCHE standards	20		40		47		50		50		NCHE
			Provide necessary support and enforce the requirement for HEIs to undertake research and innovation as per the NCHE standards											NCHE
2.9. Implement an incentive structure for the recruitment, training, and retention of the best brains into the teaching profession across the entire education system	Teacher incentive scheme implemented	Teacher incentive scheme operational. the implementation of teacher scheme of service, streamline teacher's payroll management system among others will be implemented.	Operationalise the teacher incentive scheme		0	Teacher incentive scheme operationalised	0.6		0.5		0.5		0.5	MoES
	Targeted continuous professional development programme in place	No. of primary schools benefiting from professional support on-site('000s),	Implement school-based support supervision and professional development	10		11	1	12	1.5	14	1.5	16	1.5	MoES
		No. of secondary schools benefiting from		1		1	0.5	2	1	2	1	2	1	

	professional support on-site('000s)													
CCTs Recruited	CCT-to -School Ratio of 1:18 by 2025	Recruit CCTs to achieve a CCT-to-school ratio of 1:18 by 2025	01:35		01:30		01:24		01:20		01:18			MoES
Zonal CPD's held	CPD Training held per term	Conduct regular and relevant CPD training in schools and zones			1	0.5	1	0.5	1	0.5	1	0.5		MoES
Senior-Teacher mentors in school	Proportion of schools with senior-teacher /peer mentors, %	Designate senior teachers as peer mentors and enablers of school-based support supervision			50		50		60		60			MoES
Guidelines to increase school autonomy in place and enforced.	No. of functions previously played by LGs and central govt decentralized to schools (ie Tr recruitment and Mgt; Procurement of school materials & assets; and support supervision)	Decentralise further the functions previously played by LGs and central govt to schools (Procurement of school materials & assets; and support supervision)					1		2		3			LG
National Institute of Teacher Education and Professional Development established	National Institute of Teacher Education and Professional Development established. Shimon PTC will be elevated into a National Institute of Teacher Education to implement the CPD framework and programmes for all teachers..	1.Transform Shimoni PTC into a National Institute of Teacher Education and Professionalism. 2.Develop a CPD framework for all teachers 3. Phase out the exiting PTCs		0.50		20.00		20.00		20		20		MoES
Enhanced daily outreach capitation grant	Increase in daily outreach capitation grant (UGX)	Enhance the daily outreach capitation grant to facilitate CPD for more	188	0	564	1.00	658	1.2	752	1.5	806	1.8		

			teachers(capitation in UGX)											
	School fees/tuition regulation enforced	% increase in school fees/tuition charged restricted to atmost 10% in 5 years to 2025	Enforce school fees/tuition regulations in schools;	0	0	10%		0		0				
	Parish-based school retention strategy in place	Parish-based school retention strategy in place	Develop and implement a parish-based school retention strategy;			Parish-based school retention strategy in place								MoGLSD
		50% of parishes reporting school-age going children in parishes who have been out of school at least for a term					20	30	50					
	Parents & learners provided with information on the returns to education	Existence of a programme providing information to parents and learners on returns to education	Establish a Guidance & careers office in each school to provide parents & learners with careers information on careers choices and returns to education;		1	0.875								MoES
	New All-Through-Schools with primary and secondary sections established in one place	200 All-Through-Schools established in subcounties without a secondary school by 2025	Establish All-through-schools as a strategy to alleviate school dropout and low transition from primary to secondary;		50	125	50	125	50	125	50	125		MoES
	Double-shift secondary schools in place	No. of Double-shift secondary schools in place	Turn some of the existing secondary schools into double shift to increase enrolment at secondary			0.5	Double shift policy in place							MoES
2.11. Develop digital learning materials and operationalize Digital Repository	Digital repository developed for all education resource materials	Established education resources repository	Establish a digital repository of all education resource materials			0.5	1							MoES

3. Streamline STEI/ STEM in the education system	3.1 Provide early exposure of STEM/STEI to children (eg introduction of innovative science projects primary schools)	Innovative pupil-led science projects in primary schools	No. of schools undertaking innovative pupil-led science-based projects	Initiate pupil-led innovative science-based projects	-		135	0.04	270	0.08	540	0.16	1080	0.32	MoES	
				Undertake innovative science fairs to showcase application of science in real life			1	0.5	1	0.5	1	0.5	1	0.5	MoES	
	3.2 Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions	Science laboratories constructed	No. of science labs constructed in secondary schools	Construct science laboratories in secondary schools	70	24.5	75	26.25	80	28.0	88	30.8	90	31.5	MoES	
Programme Outcomes:		Virtual Laboratories in place	No. of secondary schools with virtual science labs	Establish virtual labs in secondary schools as an alternative to physical labs	-	-			135	6.75	270	13.5	500	25.0	MoES	
		Science-based equipment and instruction materials in place	No. of secondary schools with basic science-based equipment and instruction materials	Provide basic science-based instruction materials to facilitate the teaching and learning of science	47	3.807	50	4.05	53	4.293	55	4.455	60	4.86	MoES	
- Increased ratio of Science and Technology graduates from 2:5 to 3:5;		Science teachers Recruited	Science teachers to pupil ratio (secondary)	Recruit more science teachers to lower the ratio of science teacher-to pupil ratio	01:53	35.47	01:50	33.83	01:48	40.97	01:43	76.37	01:40	285.24	MoES, ESC	
	3.3 Adopt science project-based assessment in the education curricular	Guidelines for project-based assessment in place	Guidelines for project-based assessment in place	Develop and implement a practical project-based assessment methodology particularly for science-based subjects	-	-						project-based assessment for science subjects in place	0.8	-	10.0	UNEB
	3.4 Promote STEM/STEI focused strategic alliances between schools, training institutions, high calibre scientists and industry															

a. Prioritize STEI/STEM for programme and institutional accreditation	Reviewed institutional and programmes accreditation criterion	Reviewed institutional and programmes accreditation criterion	Review and amend the related policies and laws	-	-	1	0.1	-	0.1	-	0.1	-	0.06	NCHE, MoES, HEIs
	Increased number of STEM/STEI programmes accredited	Number of programmes accredited that are STEM/STEI (%)	Revise and implement the criterion for licensing HEIs and accrediting programmes for HEIs that prioritises STEM/STEI	50	0.5	65	0.65	70	0.7	80	0.8	80	0.8	
b. Prioritize STEI/STEM admissions and financing at Higher Education Institutions	Students admitted in STEM/STEI in HEI	Ratio of STEI/STEM students to Arts students	Link HEI admissions and HE financing to the NHRDP	02:05	0.2	03:05	259.3	03:05	302.5	03:05	0.2	03:05	0.2	MoES
			Provide more scholarships and bursaries that target STEM/STEI			3,000	259.3	3,500	4,000	345.7	4,500	389		MoES
			Conduct careers guidance to primary and O-level students to interest them in pursuing STEM/STEI careers			200	0.4	250	0.5	250	0.5	300	0.6	MoES
	Catalogue of priority STEM/STEI programmes	Catalogue of priority STEM/STEI programmes	Develop and disseminate a catalogue of STEM/STEI programmes	-		1	0.1							NCHE
	Budget for STEI/STEM programmes	% increase in budget for STEM/STEI programmes	Lobby for extra funding and conduct fundraising initiatives of STEM/STEI programmes	10	2.5	20	5	30	7.5	40	10	50	12.5	MoES
c. Prioritize investment in STEI/STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing	Research and Innovation fund established in public universities	No. of public universities with a Research and Innovation Fund	Expand the scope of the Research and Innovation Fund to cover Centres of Excellence in Universities.	1	30	4	120	5	150	7	210	9	270	MoES
	STEM/STEI PhD staff trained/recruited	% of STEM/STEI programmes with atleast 60% PhD staff levels (only universities)	Establish a National PhD fund in order to increase the number of academic staff required in Higher Education and Training institutions in Uganda	25		60	0.6	60	1.2	60	1.80	65	2.45	NCHE

		STEM/STEI Incubation Centres established in universities	No. of STEM/STEI incubation centres	Establish additional STEM/STEI incubation centres in public universities	1	0.5	8	78	5	50	5	50	2	16	Universities
	3.5 Link primary and secondary schools to existing science-based innovation hubs	Programme to link primary and secondary schools to existing science-based innovation hubs in place	Programme to link primary and secondary schools to existing science-based innovation hubs	Develop and implement a programme that links primary and secondary schools to science intensive universities and hubs	-		-		1	1					MOES, Universities
		Linked schools (primary and secondary) to existing science-based innovation hubs	No. of linked schools (primary and secondary) to existing science-based innovation hubs		-		-		270	1.35	270	1.35	270	1.35	Universities, MoLG, MoSTI
4. Improve population health, safety and management	4.1 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach	Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases	Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 finalised and disseminated to all stakeholders	Development and dissemination of the Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 at all levels		364.297	1	277.529	0	330.9339	0	596.2971	0	451.3515101	MOH,
			% of the population with knowledge, and utilize and practice correct malaria prevention, control and management measures.	Strengthen community-based behavioural change actions to harness and sustain positive malaria practices	1		65%		70%		75%		80%		LGs
					60%										

		Mass LLIN campaigns held every 3 years	Carry out mass LLIN campaign and distribution	1		0		0		1		0		MoH,
		No. of LLINs distributed through Expanded Program on Immunization; ANC; schools; community groups; social marketing; and subsidized sales through the private sector	Routine LLIN distribution undertaken using different channels											MoH,
		Number of High transmission Districts implementing Indoor Residual Spraying (IRS)	Carry out IRS in high transmission districts in West Nile, Acholi, Lango, Teso, Bukedi, and Busoga regions	50%		60%		70%		75%		75%		MoH
		No. of Local Governrnts undertaking Larval Source Management (LSM)	Carry out LSM (larviciding habitat modification, habitat manipulation and biological control) for urban cities and the cattle corridor	2		5		5		5		5		MoH
		% of Malaria patients treated with a laboratory diagnosis	Implementation of parasite-based diagnosis with microscopy or Rapid Diagnostic Tests (mRDTs) before treatment in all health facilities including in the private sector and at community level.	95%		100%		100%		100%		100%		Referral, Hospitals, LGs,
		No. of health workers in the public and private sector trained in integrated management of malaria	Comprehensive trainings and mentorships through clinical audits and supportive supervision for health workers in the public and private sector in integrated malaria management	250		500		500		500		500		MoH, Referral, Hospitals, LGs, Private Health providers, NMS
		HIV/AIDS Strategic Plan	Develop National and District	1	1081.6 27	1	1236.7 01	1	1372.1 4	1	1499.5 53	1	1661.827 19	UAC,

		2020 -2025 developed and disseminated	HIV/AIDS Strategic Plans 2020 -2025										
		UPHIA 2020 conducted and results disseminated	Conduct the UPHIA 2020	1	1	0	0	0	0				MoH
		Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (incidence rate)	Design and implement/ scale up innovative HIV prevention programs to improve comprehensive HIV knowledge, impart life skills, reduce risky sexual behaviours, address gender-based violence and improve sexual and reproductive health status among in and out-of-school children and youth.	3.5	3.5	2.5	2.5	2.5	2				MoH,
		No. of youth-led HIV prevention programs designed and implemented	Design and implement youth-led HIV prevention programs utilizing innovative approaches such as adaptive leadership and human centered design and diversify SBCC channels to predominantly include media-based outreach platforms and other technology based-approaches to reach young people with HIV prevention messages	5	5	5	5	5	5				LGs
		No. of condoms procured and distributed	Increase availability of and access to quality condoms through targeted distribution of free condoms, improved social marketing approaches, and adoption of the total market approach.	365 million	385 million	398 million	415 million	433 million					MoH, NMS

		% of key populations accessing HIV prevention interventions	Mapping and size estimation and determine HIV prevalence among all key populations and scale-up comprehensive interventions targeting key populations including drop-in centers in regional referral and general hospitals as well as outside hospital settings	25%	30%	35%	40%	45%	LGs
		No. of voluntary medical male circumcisions done	Expand coverage and access to quality voluntary medical male circumcision targeting males of all age groups, with priority given to adolescents and adults; and move towards a systems approach to sustain VMMC services.	852,213	852,213	216,709	222,588	228,515	Referral Hospitals, LGs
		% of Hospitals, HC IVs and IIs conducting routine HIV counseling and testing	Scale-up coverage of universal HIV counseling and testing services to the general population and differentiated HIV testing services to high-risk groups (such as pregnant women, HIV&TB co-infected persons, HIV-discordant couples, most-at-risk populations and children <15 years of age)	100%	100%	100%	100%	100%	Referral Hospitals, LGs
		No. of HIV test kits procured and distributed	Forecast, procure and distribute HIV testing kits	##### ##	##### ##	##### ###	##### ##	##### ##	MoH, Referral Hospitals, LGs
		% of HIV positive pregnant women initiated	Revitalize the four-pronged EMTCT approach and optimize EMTCT	95%	95%	95%	95%	95%	Referral Hospitals, LGs

		on ARVs for EMTCT	services by addressing EMTCT program coverage and quality of services, retention of Mother-Baby pairs, access of HIV-exposed infants to PCR and final diagnosis at 18 months.										
		% of HIV-exposed infants with PCR test		95%	95%	95%	95%	95%	95%	95%			Referral Hospitals, LGs
		% of high risk population receiving PrEP and PEP	Expand coverage and eliminate all barriers to accessing PrEP and PEP for those at high risk of exposure to HIV infection.	95%	95%	95%	95%	95%	95%	95%			Referral Hospitals, LGs
		Availability of ARVs (%)	Forecast, procure and distribute HIV Testing kits and ARVs	100%	100%	100%	100%	100%	100%	100%			MoH, NMS
		ART Coverage (%)	Initiate all those who test positive on treatment	95%	95%	95%	95%	95%	95%	95%			Referral Hospitals, LGs
		ART Adherence (%)	Community empowerment to keep clients engaged in care and help them access treatment, adhere to their medications and prevent the transmission of HIV	80%	85%	90%	90%	90%	90%	90%			Referral Hospitals, LGs
		Differentiated service delivery models rolled out to all ART sites	Scale up differentiated service delivery models to reach 100% of accredited ART sites.	89%	100%	100%	100%	100%	100%	100%			Referral Hospitals, LGs
		Viral Load suppression (%)	Viral load monitoring, Adherence counselling and appropriate allocation of drugs	89%	91%	93%	94%	94%	95%	95%			Referral Hospitals, LGs
		% of priority programs integrating HIV care and	Integration of HIV care and treatment across programs	70%	75%	78%	80%	80%	85%	85%			MoH, Referral Hospitals, LGs

		treatment (TB, Nutrition, Family Planning, Cancer of the cervix screening, Hepatitis B & C screening, HPV Vaccination for girls, Sexual and Reproductive Health, SGBV)											
		No. of stakeholder engagements in the HIV prevention effort to address the socio-cultural, gender and other structural factors that drive the HIV epidemic	Strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort	12		12		12			12		MoH, MoGLSD, UAC, LG
		No. of CSOs and service providers trained	Build capacity of CSOs and service providers to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services that include prevention of GBV and address health worker-stigma	250		250		250			250		MoH, MoGLSD, UAC, LG
		No. of workplaces with male-friendly interventions to attract men to use HIV prevention and care services	Create male-friendly interventions (e.g. work-place programs; mobile HIV testing, etc.) to attract men to use HIV prevention and care services.	10		20		30		40		50	MoGLSD, MoH
		No. of health workers trained to deliver KP friendly services	Build capacity of service providers in delivery of KP-friendly services and address health worker-stigma for effective utilization of health facility-	50		100		100		100		100	MoH, LG

			based services and scale out peer-led community outreaches											
		Number of Target population vaccinated against Hepatitis B	Carryout Hepatitis B vaccination											LGs
		Number of Hepatitis B Patients Treated	Undertake Treatment of Hepatitis B patients											LGs
Reduced morbidity and mortality due to Neglected Tropical Diseases	NTD Control and Elimination Plan revised	Revise the NTD Control and Elimination Plan		224.2939	Plan revised	243.9362	0	260.8518	0	274.612	0	283.8631453	MoH	
	Proportion of people accessing interventions against the target Population	Implementation of the National NTD control and elimination plan towards intensified and integrated vector control programming and NTD case management		196	139	99	70	50					MoH	
Epidemic diseases timely detected and controlled	% of epidemics detected timely and controlled	Epidemics detected and controlled timely		100%	5	100%	5	100%	5.5	100%	5.5	100%	6	MoH,
	National Action Plan for Health Security 2020 - 2025 developed and disseminated	Develop and disseminate the National Action Plan for Health Security 2020 - 2025		1	0	0	0	0	0	0	0	0	0	MoH,
	% of epidemics detected timely and controlled	Implement the National Action Plan for Health Security 2020 - 2025		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	MoH, MAIFF, MoIA, MoD, MoEAC
	Port Health Facilities established	Establish Port Health Facilities for enhanced surveillance		4	7.5	4	7.5	4	7.5	3	3	3	3	MoH,
	Epidemic Response Financing	Establish an emergency fund readily accessible to support all relevant		0	10	1	15	1	15	1	20	1	20	MoH

		Mechanism established	sectors to carry out immediate investigation of outbreaks											
4.2 Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma														
a. Establish centres of excellence in provision of oncology, cardiovascular and trauma services at both national and regional levels and foster regional integration	Centres of excellence (Heart, Cancer) established	No. of centres of excellence established and functional	Establish and functionalize centers of excellence for Heart national and regional levels.	1	100	1	100	1	100	1	100	1	100	MoH
			Establish and functionalize centers of excellence for Cancer at national and regional levels.	1	100	1	100	1	100	2	200	3	300	
			Establish and functionalize centers of excellence for trauma at national level.	0	0	0.2	0	0.2	0	0	0.2	1	1.43	
	Super-specialised human resources trained and recruited	No. of super-specialized HR trained	Support training of super-specialists through sponsorships and study grants	20	1.6	20	1.6	20	1.6	20	1.6	20	1.6	MOH
		No. of super-specialized HR recruited	Recruit the trained super- specialists	20	0.1	20	0.2	20	0.3	20	0.4	20	0.5	HSC
	Preventive programs for NCDs implemented	% of eligible population screened	Carryout Screening of the most common cancers like: Cervical Cancer Screening in women aged 30-49 years;	16%	0	24%	0	33%	0	41%	0	50%	0	UCI/ Hospitals

			Breast Cancer Screening in women aged 30-49 years; Prostate Cancer Screening in Men above 40 years (Cost Captured under immunization)												
		No. of girls immunized against cervical cancer by 10 years (%)	HPV Vaccination for girls at 10 years (Cost Captured under immunization)	40%		50%		60%		70%		80%		LGs and Referral Hospitals	
		% of lower level health facilities (HC IVs and IIIs) routinely screening for NCDs	Training and equipping of lower level health facilities (HC IVs and IIs) in screening and care continuation of chronic NCDs and home based care including linkages of patients to community resources	5%	0.05	15%	0.1	30%	0.1	35%	0.1	40%	0.1	LGs	
b. Position Uganda as a medical tourism destination in the region	Establishment of specialized and super specialized hospitals	No. of functional specialized and super specialized hospitals	Upgrade specialized services to international standards	4	300	3	200	4	300	4	300	4	200	MoH	
		Number of specialized and super specialized hospitals Accredited by international standards	Establish a quality management system for international accreditation	0	0.3	0	0.3	1	0.3	1	0.3	1	0.3	MoH	
			Construction and operationalization of the International Specialized Hospital (Lubowa) - Public Private Partnership Project -PPP	1	0	1	0	1	0	1	0	1	0	MoH	
4.3 Improve the functionality of the health															

system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:															
a. Ensure adequate human resources for health at all levels, with special focus on specialized and super specialized human resources	Integrated Authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established.	Joint Health Professionals Authority in place.	Submission of the Draft Bill for the Uganda Health Professions Authority bill to Cabinet for legislation	0	5	UHPA law enacted	5.5	0	6	0	6.5	0	7	MoH,	
			Development of Regulations for the UHPA	0			0	1		0		0		MoH, Professional Councils	
			Establish and functionalize a JHP Authority to regulate and coordinate activities of the health professions	0			0	0		UHPA in place		0		MoH, UHPA	
		No. of Health Professionals registered	Registration of Health Professionals	9,000		9,500		10,000		11,000		11,500		Professional Councils	
		No. of private health facilities inspected	Inspection and licensing of private health providers	2,500		2,750		3,000		3,250		3,500		Professional Councils	
		% of HTIs accredited	Accreditation of Health Training Institutions (HTIs)	100%		100%		100%		100%		100%		Professional Councils,	
		No. of HTIs accredited and supervised	Supervision of Health Training Institutions	100%		100%		100%		100%		100%		Professional	
		% of disciplinary cases presented were handled	Handle Professional code of conduct issues presented to the Councils	100%		100%		100%		100%		100%		Professional Councils	
	Human resources recruited to fill vacant posts	Approved post filled (%)	Recruitment of health workers to fill the gaps	80%	191	82%	200	84%	210	85%	220	86%	230	MOH, MoPS, HSC, MoLG, MoFPED	

		% of salaries paid	Salaries paid	100%		100%		100%		100%		100%		MOH,
		% Pension and Gratuity paid	Pension and gratuity paid	100%		100%		100%		100%		100%		MOH,
	Health workforce restructured.	Levels restructured	Review staffing norms for all levels	LGs		RRHs		NRH		-		-		MOH,
	Schemes of service developed	% of health cadres with Up-to-date schemes of service and standards of practice	Develop schemes of service, standards of practice and job descriptions for all health cadres	50%	0.025	75%	0.025	100%	0.025	100%	0	100%	0	MOH,
	E-personnel performance management, monitoring and reporting system developed	Annual performance analysis for all staff	Establish the E-performance management system linked to the iHRIS	0	0	1	0.15	0	0.05	0	0.05	0	0.06	MOH,
			Roll-out and operationalize the E-performance management system at all levels			10		30		40		50		MOH,
	Multi-sectoral plan for training of health workforce in appropriate skills and numbers	Health training Multisectoral plan developed	Develop Multisectoral Training Plan	0	0	1	0.05	1	0	1	0	1	0	MOH,
	Community Health Workforce established	CHEW policy and strategy approved and operationalized	Establishment and operationalization of the CHEWs	0	1	1	5	1	6	1	7	1	8	MoH,
b. Strengthen an emergency medical service and referral system	Nationally coordinated ambulance services in place	National ES Policy and Strategic Plan in place.	Dissemination of the EMS Policy and strategic Plan 2020/21 - 24/25	1		1		0	0	0	0	0	0	MoH
		Number of Regional Ambulance Hubs established	Establish and functionalize the EMS Call Centre and Regional Ambulance Hubs	2		2		2		2		2		MoH
	Emergency Medical Services critical cadre trained and recruited	No. of EMS cadre trained (in-service)	Sponsorship and training of EMS cadres	200	4.34	200	4.56	200	4.79	200	5.03	200	5.28	MoH

	Functional Intensive Care Units (ICUs) at all Regional Referral Hospitals (RRHs)	No. of RRHs with functional ICUs & HDUs	Establish and functionalize ICUs and High Dependency Units in all the RRHs	14	7	14	7	14	7	14	7	14	7	14	7	MoH
c. Expand geographical access	Planned expansion of health infrastructure linked to overall urban, roads and transport, electricity and water development plans	National Master Plan for establishment, expansion and maintenance of public health infrastructure developed	Develop a National Master Plan for establishment, expansion and maintenance of public health infrastructure linked to overall urban, roads and transport, electricity and water development plans	0	0	Master Plan developed	0.2	0	0	0	0	0	0	0	0	MoH
	Health Center IIIs constructed in the 132 sub counties without any health facility	Number of HC IIIs constructed and equipped	Construct and equip HC IIIs	0	0	25	37.5	30	45	40	60	37	55.5		MoH	
	HC IVs constructed in 66 Constituencies without HC IVs	Number of HC IVs constructed and equipped	Construct and equip HC IVs	0	0	0	0	5	10	10	100	10	100		MoH	
	HC IIs upgraded in subcounties without	No. of HC IIs upgraded to HC IIIs and equipped	Upgrade HC IIs to IIIs and equip them	62	55.1	28	24	0	0	0	0	0	0	0	MoH	
	Hospitals and HCs rehabilitated/expanded	% of allocated funds utilized	Rehabilitation and expansion of hospitals and HCs in all RRHs and LGs	100%	800	100%	850	100%	850	100%	900	100%	900		MoH, Health Institutions, LGs	
	Increased coverage of health workers accommodations	No. of public health sector staff houses constructed	Construction of public health sector staff houses	62	0.93	53	0.795	35	0.825	50	0.65	47	0.705		MoH, LGs	
	Health facilities at all levels equipped with appropriate and modern	% recommended medical and diagnostic equipment available and	Procure and equip health facilities with the appropriate medical and diagnostic equipment to	50	5	55	15	60	20	70	20	75	25		MoH, Referral, Hospitals, COE, LGs	

	medical and diagnostic equipment.	functional by level	provide the range of services at that level											
		No. of fully equipped and adequately funded equipment maintenance workshops	Operationalise the Regional Equipment Maintenance Workshops to ensure equipment maintenance	15	3	15	6	15	6	15	7	15	7	MoH, Referral Hospitals,
		Medical Equipment Policy developed	Develop the Medical Equipment Policy	0	0	1	0.05	0	0	0	0	0	0	MoH, Central levels Health Institutions, LGs
		Medical Equipment list and specifications reviewed	Review of the Medical Equipment list and specifications	0	0	1	0.05	0	0	0	0	0	0	MoH, Central levels Health Institutions, LGs
		No. of health workers trained	Conduct ME User training	100	0.05	200	0.05	200	0.05	200	0.05	200	0.05	MoH
		Medical equipment inventory maintained and updated	Maintain and update the Annual equipment inventory	1	0	1	0	1	0	1	0	1	0	MoH, Central levels Health Institutions, LGs
d. Avail affordable medicine and health supplies including promoting local production of medicines (including complementary medicine)	Basket of 41 essential medicines availed.	% of health facilities with 95% availability of 41 basket of EMHS	Procure and distribute essential medicines and health supplies	80	387.5	78	400	75	420	70	450	65	500	MoH, MoFPED, Private Sector, Development Partners
		No. of local manufacturers supported with low cost credit facilities	Support local pharmaceutical industries with low cost credit facilities targeting first Antimalarial & Anti-HIV/AIDS medicines.	2		3		3		3		3		MoTI, MoFPED
		Pharmaceutical Industrial Park developed	Develop a Pharmaceutical Industrial Park	0	0	1	PPP	1	PPP	1	PPP	1	PPP	MoTI, MoFPED, MoH,

														Private Sector	
		Development of the regulations for the implementation of the traditional and complementary medicines and Practitioners (TCMP) law	Development of the regulations for the implementation of the TCMP Law	1	0.05	0	0	0	0	0	0	0	0	0	MoH, UNCRI
		No. of health workers trained in Supply Chain Management	Train health workers on quantification, procurement, storage and distribution of health commodities, cold chain infrastructures and waste management	50	0.03	150	0.09	200	0.12	200	0.12	200	0.12	200	Moh, NMS
		% SPARS score for all LGs	Implement the Supervision Performance Assessment and Recognition Strategy (SPARS) in all LGs	90%	0.648	90%	0.7	90%	0.7	90%	0.72	90%	0.72	90%	MoH, LGs
		% of health facilities utilizing the e-LIMIS (LICS)	Expand the roll out of e-LIMIS (LICS) from RRHs to lower level health facilities	0.3	7	0.5	7	0.7	6	0.7	6	0.8	5	5	MoH, Referral hospitals, Partners, LGs
	Blood products available	% availability of blood supplies	Blood collection, screening, storage and distribution	1	11.7	1	11.7	1	12	1	12	1	12.5	12.5	UBTS, URCS
		No. of Regional Blood Banks constructed	Construction of Regional Blood Banks in Masaka, Moroto and Arua	0	0	1	5	1	5	1	5	0	0	0	MoH, UBTS
	Quality medicines and health products on the market	NDA Quality Laboratory constructed	Construct a Quality Laboratory for National Drug Authority	50%	20	100%	10	0	0	0	0	0	0	0	NDA
		% medicines and commodities on the market meeting the approved standards	Implement the National Drug Authority Strategic Plan	100%	100	100%	100	100%	120	100%	125	100%	130	130	NDA

e. Undertake continuous training and capacity building for in-service health workers	Health workers trained	% of facilities with Annual Training plans based on the TNA	Conduct training needs assessment and develop annual training plan at all levels	0.5	0	0.6	0	0.7	0	0.8	0	0.9	0	MoH, RHs, LGs, Private Sector, DPs
		No. of health workers trained	Carry out In-service training for Health workers	500	2	500	2	500	2	500	2	500	2	MoH, RHs, LGs, Private Sector, DPs
		HMDC and Regional hubs Functional	Strengthen and support the functionality of the Health Manpower Development Centre and establish regional hubs for operational and mid-level health managers' training	1		3		4		5		6		MoH, RHs, DPs, Professional Councils
		Training database updated at all levels	Maintain a Training Data base for health workers at all levels	1	0	1	0	1	0	1	0	1	0	MoH, LGs, Referral Hospitals
f. Develop and implement service and service delivery standards targeting lower middle-income standards	Service Delivery Standards disseminated and implemented.	Service availability and readiness index (%)	Conduct Service Availability and Readiness Assessment	60	0.25	-	0	68	0.3	-	0	72	0.35	MoH
		Service standards and service delivery standards for health reviewed and disseminated	Review and disseminate the service standards and service delivery standards for health	1	0.1	3	0.3	2	0.2	2	0.2	2	0.2	MoH
	Uganda National Minimum Health Care Package (UMNHCP) implemented in all health facilities based on the level	UMNHCP implemented at all health facilities	Implement the Uganda National Minimum Health Care Package (UMNHCP) with focus on high impact intervention packages for each life stage	100%	210	100%	230	100%	250	100%	260	100%	280	All hospitals and health centres

	Laboratory quality management system in place	% of target laboratories accredited	Implementation of laboratory quality management System	50%	0.5	60%	0.6	70%	0.7	75%	0.75	80%	0.8	MoH
	Functional Quality of Care Assessment program and CQI Committees at all levels	% of functional CQI Committees at district and health facility level	Organisational capacity building for continuous quality improvement at all levels	20%	0.3	35%	0.5	50%	0.73	75%	0.75	80%	0.75	MoH, RRHs, LGs
	Client satisfaction surveys undertaken	Client satisfaction index	Conduct client satisfaction surveys	1	0.23	0	0	1	0.25	0	0	1	0.3	MoH
Strengthen governance, management and effectiveness of the health sector at all levels	Governance and management structures reformed and functional	% of functional governance and management structures at all levels (Top Management, HPAC, TWGs, District Health Management Teams, Hospital Management Boards, Health Unit Management Committees, Hospital Core Management Teams)	Institutional analysis of governance structures to generate evidence for innovative governance reforms Dissemination and orientation on the guidelines for governance and management structures in all RRHs and LGs	50%	0.6	50%	0.4	0	0.1	0	0.1	0	0.05	MoH
		Number of Governance structures re-structured % of meetings held	Hold scheduled meetings for the governance structures	50%	0.1	75%	0.1	100%	0.1	100%	0.1	100%	0.1	MoH
	Partnerships and multi-sectoral networks established and strengthened	Annual stakeholder analysis and mapping undertaken	Update of stakeholder analysis and mapping to identify the roles and influence of stakeholders in health	1	0.6	1	0.6	1	0.6	1	0.6	1	0.6	MoH, Central levels Health Institutions, LGs
		No. of stakeholder engagement meetings / workshops held	Hold quarterly stakeholder engagement meetings /	4	0.8	4	0.8	4	0.8	4	0.8	4	0.8	MoH, Central levels Health

			workshops at all levels											Institutions, LGs
		Proportion of key stakeholders that contribute to non Health UHC indicators engaged.	i) Disseminate and support Implementation of the Multi-sectoral framework for UHC ii) Health impact assessments of investments in the 18 programmes (to be undertaken in Y5) iii) Annual documentation of non-state actor contribution to health system investments	50%	0.3	60%	0.35	70%	0.4	75%	0.45	78%	0.3	MoH,
	Strategic plans developed	% health sector institutions and intervention areas with strategic and operational plans aligned to the NDP III	Support Development of MDA Strategic Plans aligned to PIAP and NDPIII	100%	0.2	0%	0	0%	0	0%	0	0%	0	MoH, Central levels Health Institutions
			Support preparation of Operational plans aligned to the PIAP	100%	0.2	100%	0.2	100%	0.2	100%	0.2	100%	0.2	
	Comprehensive District Health Plans developed	% of districts implementing evidence based plans	Capacity building and support to LGs in District Health management, evidence based planning and budgeting for population health	100%	0.9	100%	0.9	100%	0.9	100%	0.9	100%	0.9	MoH,
	Laws, regulations, policies, byelaws and ordinances reviewed/developed/amended/repealed.	No. of laws, regulations, policies, byelaws, ordinances and guidelines reviewed/developed/amended/repealed.	Review, amend or repeal existing laws, regulations, policies, byelaws and ordinances relevant to health, enact new ones and monitor their implementation	4	0.02	5	0.02	5	0.02	5	0.02	5	0.02	MoH
	Guidelines and SOPs reviewed/developed	No. of guidelines and SOPs	Review/ develop and disseminate guidelines and SOPs	10	1	5	0.35	5	0.3	5	0.35	5	0.4	MoH, LGs

	veloped, disseminated	reviewed/developed and disseminated	for health service delivery											
	Drug outlets accredited	No. of drug outlets accredited	Strengthen mechanism for regulation and accreditation of drug outlets within the overall district health system	100%	0.01	100%	0.01	100%	0.01	100%	0.01	100%	0.01	NDA
	Regional Technical Supervisory Structures established	No. of Regional Supervisory Structures	Establish the Regional Technical Supervisory Structure to support District Health Service delivery.	4	2	6	2.6	8	3.5	14	6	14	6	MoH, Referral Hospitals, Partners
	Service delivery monitored	% quarterly supervision visits undertaken	Quarterly Support supervision undertaken at all levels	4	0.3	4	0.3	4	0.3	4	0.3	4	0.3	MoH, RRHs, LGs
	National accreditation mechanisms for health providers and laboratories developed and operational	Health providers and laboratories accreditation mechanisms developed	Establish a national accreditation mechanism for public and private health providers and health laboratories	0	0	Health Provider Accreditation system developed	0.25	Laboratory Accreditation system developed	0	0	0	0	0	MoH, Professional Councils
	Resources mobilized and utilized efficiently	No. of funding proposals developed and approved	Develop Grant and project proposals for resource mobilization	4	0.7	5	0.5	4	0.7	4	0.5	4	0.7	MoH, Central levels Health Institutions
		Annual MPS, BFP, and Operational Workplans developed	Prepare annual MPS, BFP, workplans and budgets	100%		100%		100%		100%		100%		MoH, Central levels Health Institutions
		% of budget performance reports submitted	Strengthen financial (allocations, disbursements, expenditures) and programmatic accountability against set targets on a quarterly and annual basis	100%		100%		100%		100%		100%		MoH, Central levels Health Institutions
		Annual resource mapping and efficiency report produced	Institutionalize resource tracking mechanisms to enhance monitoring of the utilization,	1		1		1		1		1		MoH, Central levels Health Institutions

		and disseminated	efficiency and effectiveness of resources for health											
		No. of Annual National Health Accounts studies undertaken	Undertake Annual National Health Accounts Studies	1		0	1		0		1			MoH
		% of quarterly financial audits undertaken	Financial Audits	4		4	4		4		4			MoH, Central levels Health Institutions
	Data collection, quality and use at facility and community levels strengthened	Health Information Strategy developed and disseminated	Develop & disseminate the Health Information Strategy 2020 - 2025	1	0.5	1	0.5	0	0.5	0	0.5	0	0.5	MoH
		No. of health workers trained in data analysis and use	Mentorship and training of health workers in data analysis, interpretation and dissemination to ensure collected data is well utilised	50		150	150		150		150			MoH, RRHs
		Availability of HMIS tools at all health facilities	Printing and distribution of HMIS tools at all health facilities	60%		65%	70%		75%		80%			MoH, NMS
		% of monthly HMIS reports	Compile and submit monthly HMIS reports	100%		100%	100%		100%		100%			MoH, Central levels Health Institutions
		Information products developed and shared at all levels quarterly	Develop and share health information products including dashboards, bulletins / newsletters	4		4	4		4		44			MoH
		% of hospitals and HC IVs with a functional EMRS	Establish and scale up a national Electronic Medical Records System in all public and private hospitals, HC IVs and high volume HC IIIs with access to internet.	10%		20%	30%		40%		50%			MoH, NMS, NITA-U

		% of VHTs submitting quarterly reports timely	Operationalization and scale up of the Community Health Information System.	22%		30%		35%		40%		45%		MoH, LGs
		Comprehensive Health Information System functional	Integrating the electronic information systems within the health sector (HMIS, HRIS, CHIS, EMRS, WAOS, ERP, RX Solution, NDAMIS, HPRIS, e-Recruitment, CRVS, etc).	10%		30%		50%		75%		100%		MoH
		% of health facilities with an error-to-data ratio of less than 5% (95% correctness based on selected health facilities and data elements)	Conduct regular Data Quality Assurance and Assessments	40%		44%		49%		54%		60%		MoH, RRHs, LGs
		Health Master Facility List updated	Update the Health Master Facility List with GIS coding	1		0		0		1		0		MoH, LGs
		Health Facility Atlas developed	Develop A Health Facility Atlas	0		1		0		1		0		MoH
		National Health Data Repository functional and up to date	Update and maintain the National Health Data Repository	100%		100%		100%		100%		100%		MoH, RRHs, LGs, Private Sector s
		No. of health surveys conducted	Conduct population health surveys (UPHIA, MIS)	1	10	1	0.5	0	0	0	0	0	0	MoH, UBOS, Partners
	Sector performance monitored and evaluated	M&E Plans and performance indicators in place at all levels	Develop M&E plans and performance indicators at all levels	100%	0.3	100%	0.3	100%	0.3	100%	0.3	100%	0.3	MoH, Central levels Health Institutions
		% of quarterly and annual performance reports disseminated	Compile and disseminate performance reports	100%		100%		100%		100%		100%		MoH, Central levels Health Institutions
		% of quarterly review meetings held at all levels	Conduct progress review meetings at national, regional and district level focusing on	100%		100%		100%		100%		100%		MoH, RRHs, LGs

			achievements, challenges, lessons learnt and actions for improvement.													
		Mid and end term evaluation of Strategic plans and selected interventions undertaken	Conduct mid-term review and end-term evaluation of strategic plans and health interventions and disseminate findings	0%		0%		100%		0%		100%				MoH, Central levels Health Institutions
	MoH Management and Leadership function supported	Proportion of Departments supported	Support logistical needs of all departments	100%	0.7	100%	0.7	100%	0.7	100%	0.7	100%	0.7			
		Number of Political Oversight visits undertaken	Facilitate Top and Senior Top Management to accomplish oversight roles in the Health Sub-programs	4		4		4		4		4				
4.4 Improve maternal, adolescent and child health services at all levels of care																
a. Invest in appropriate guidelines, health care package, infrastructure, technologies and human resource capacity for neonatal services at all levels of health care	Neonatal Intensive Care Units established in all hospitals	% of hospitals with functional NICUs and High Volume HC IVs	Equip and functionalize neonatology units in the hospitals	45	2	50	2.1	55	2.15	65	2.2	75	2.2			MoH
		No. of Primary Health workers trained in Newborn Care	Build capacity of health workers to manage neonates in the health care facilities,	300		300		300		300		300				MoH
		No. of Newborn care specialists trained	Train newborn care Specialists (fellowship program)	0		10		15		15		15				

		Guidelines, SOPs/manuals developed	Develop/Review and disseminate neonatology guidelines and SoPs	1		1		1		1		1		
b. Develop and implement a comprehensive set of interventions to reduce teenage pregnancies, with a special focus on hot spot districts	Adolescent Health Policy developed and disseminated	% of young people in school accessing age appropriate information	Finalize and disseminate the Adolescent Health policy	1	0.1	0	0	0	0	0	0	0	0	MoH, MOES
			Develop and disseminate information packages for Adolescent health	75	0.86	85	0.91	90	0.95	95	1	98	1	MoH, MOES, MoLG, MoGLSD
			Map hot spot teenage pregnancy district											
		% of young people outside school accessing RH services	Establish and functionalize youth community centers for the provision of information to out of school youth	50	1	53	1	55	1	58	1	60	1	MoGLSD
c. Increase investment in child and maternal health services at all levels of care	RMNCAH Sharpened Plan funded	% increase in financial support to MCH services	Hold quarterly RMNCAH Parliamentary Forum Advocacy meetings for increased funding to child and maternal health services	4	1	4	0.5	4	0.5	4	0.5	4	0.5	MoH
		Costed RMNCAH roadmap 2020 - 25 disseminated	Develop and disseminate the Costed RMNCAH Sharpened Plan 2020 - 25	1		1		0		0		0		MoH
		% of subcounties with functional HC IIIs	Scale up implementation of the Maternal and Newborn Health package of evidence based high impact interventions at HC IIIs	87%		90%		92%		95%		100%		MoH, LGs
		% of HC IVs providing CeMNOc	Scale up implementation of the Maternal and	56%		62%		70%		72%		74%		MoH, LGs

			Newborn Health package of evidence based high impact interventions at at HC IVs											
		% of districts with ADHOs and Health Facility Managers in RMNCAH Leadership	Train and mentor District and Health Facility Managers in RMNCAH leadership	0%		10%		30%		50%		60%		MoH, LGs
		No. of health workers trained in IMCI	Train Health workers Integrated Management of Childhood Illnesses (IMCI) in all HC IIIs and IVs											
		% of targeted villages with ICCM providers	Scale up ICCM in targeted villages	22%										
		Integrated Community Case Management (iCCM) coverage increased	Expansion of iCCM from the current 73 (54.5%) districts	60%		62%		65%		68%		70%		MoH, Partners, LGs
		% of functional VHTs (trained, tooled and reporting)	Training VHTs in ICCM; supplying VHTs with required medicines, supplies and tools.	22%		30%		35%		40%		45%		MoH, Partners, LGs
		% of VHTs supervised quarterly	Conduct ICCM supervision by HC IIIs and IIs	22%		30%		35%		40%		45%		LGs
		% of pregnant women protected with quality malaria prevention interventions	Implement Malaria in pregnancy interventions (IPTp, use of LLINs and MIP diagnosis and treatment)	85%		85%		85%		85%		85%		MoH, Referral, Hospitals, LGs, Private Health providers
4.5 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet	Increased access to inclusive safe water supply in rural areas	% of people accessing safe and clean water sources in rural areas	1. Construction of Piped Water Systems	20	600	40	1,200	50	1,500	60	1,800	70	2,100	MWE

facilities and handwashing practices															
			2. Construction of Solar/Wind Powered Water Supply Systems	70	210	140	360	200	500	260	640	320	780	MWE	
			3. Construction of New Point Water Sources	3000	120	4000	160	5000	200	6000	240	10,000	400	MWE	
		% of villages with access to safe and clean water supply	1. Construction of an improved water point per village	3,880	155.2	3,880	155	3,880	156	3,880	155	3,880	155	MWE	
			2. Provision of communal or institutional rainwater harvesting systems	10,000	50	20,000	100	30,000	150	40,000	200	50,000	250	MWE	
		% of functional rural water systems	1. Rehabilitation of existing point water sources	3,880	155.2	3,880	155	3,880	156	3,880	155	3,880	155	MWE	
			2. Rehabilitation, upgrade and expansion of existing Piped Water Systems	10	50	20	100	30	150	40	200	50	250		
(b) . Invest in effective management of the entire WASH value chain segments such as containment, emptying, transportation, treatment, safe reuse or disposal	Increased access to inclusive sanitation and hygiene services in rural areas	% of population with access to basic sanitation (Improved toilet not shared with other households)	Social behavior change communication for construction and use of improved sanitation facilities, (number of Villages)	298	800	298	800	298	800	298	800	298	800	MWE	
		% of population using safely managed sanitation services	Faecal Sludge Management promotion in rural areas (Districts / No. of villages in districts)	298	852.65	298	895	298	940	298	987	298	1,036	MWE	
		% of population with hand washing facilities with soap and water at home	Social behavior change communication for use of hand washing with water, investment in public hand washing	298	1	298	2	298	2	298	2	298	2	MWE	

			facilities in rural and urban areas (number of households)											
	Increased Stock of Appropriate Technologies and Innovations to Improve water Supply and Sanitation Services	No. of innovations / new technologies developed	Development of efficient and effective new technologies	2	0.5	2	1	2	1	2	1	2	1	MWE
			Innovative approaches developed and promoted	2	0.5	2	1	2	1	2	1	2	1	MWE
			New water supply, sanitation and environment protection technologies and Innovations Piloted	2	0.5	2	1	2	1	2	1	2	1	MWE
		No. of sector professionals adapting new technologies and innovations	Training manuals, guidelines and materials developed	2	0.2	2	0	2	0	2	0	2	0	MWE
			Training of community groups in new water supply, sanitation and environment protection technologies and approaches	50	0.2	60	0	70	0	80	1	90	1	MWE
			Training of sector professionals in new water supply and sanitation technologies and approaches (Districts, Regional Centres, MWE, NGOs etc.)	50	0.2	60	0	70	0	80	1	90	1	MWE
		No. of practical research studies conducted to improve water supply and sanitation	Innovation /Appropriate Technology Research concepts/project proposals written	2	0.05	3	0	3	0	3	0	3	0	MWE

		service provision												
			Innovative/Applied research conducted and documented/published	2	0.05	3	0	3	0	3	0	3	0	MWE
		Rural Water and Sanitation Regional Centres (RWSRCs) operationalized	Improved knowledge and technology management in regional centers	134	1	134	1	134	1	134	1	134	1	MWE
			District Local Governments supported in ensuring compliance to the Sector guidelines and standards	134	10	134	12	134	14	134	16	134	18	MWE
	Increased access to inclusive safe water supply in urban areas	% of urban population within access of an improved water source (200 m)	Construct new piped water supply systems using regional and integrated national approaches in Small Towns (number)	20	180	127	254	127	254	127	254	127	254	MWE
			Upgrade water supply systems in Large towns (number)	5,200	825.6	11,000	775	160,000	423	48,190	328	110,064	121	NWSC
		No. of people having access to pro-poor facilities (where people pay less or equal to the house connection Tariff)	Construction of pro-poor public stand posts in Small Towns (number)	100	0.9	1,905	1	1,905	1	1,905	1	1,905	1	MWE
			Construction of pro-poor public stand posts in Large Towns (number)	3,000	3	3600	4	3600	4	4000	5	4400	5	NWSC
		% of functionality rates of water system	Rehabilitation/ Upgrade of existing water supply system in Small Towns (number)	0	0	300	270	300	270	300	270	101	91	MWE
			Rehabilitation/ Upgrade of existing water supply system in Large Towns (number)	265	33.6	280	37	295	37	330	31	365	41	NWSC

			Expansion of the Water Pipe Network (Kms) in Large Towns	2,500	45	2,500	47	2,500	50	2,500	52	2,500	55	NWSC
		% of population using safely managed drinking water services located on premises	Increased number of household connection in Small Towns (number)	20,000	10	127,000	64	127,000	64	127,000	64	127,000	64	MWE
			Increased number of household connection in Large Towns (number)	50,000	14.5	50,000	14	50,000	14	50,000	13	50,000	12	NWSC
			Safe Water Supply and Sanitation Improvement Master Plan inclusive of Enhancing M&E, Commercial Services, Visibility in the six Regions for Rural Water, Small Towns and Large Towns	0	0	1	5	0	0	0	0	0	0	MoES/ MWE
	Increased access to inclusive sanitation and hygiene services in urban areas	% of population with access to basic sanitation in urban areas (Improved toilet not shared with other households)	Social behavior change communication for construction and use of improved sanitation facilities in urban areas (number of urban Centres)	218	2.18	218	2	218	2	218	2	218	2	MWE
		% of population using safely managed sanitation services	To construct Faecal Sludge Management processes, transport and appropriate sewerage infrastructure in Small Towns (number of urban centres)	50	852.65	50	895	50	940	50	987	50	1,036	MWE
			To construct / Development/improvement of sewerage infrastructure, support to transport equipment (emptiers) and transfer stations in											NWSC

			Large Towns (number of towns)											
			New Faecal sludge treatment plants	0	0	2	3	5	8	5	8	5	8	NWSC
			Upgrade Waste Water Treatment Plants	0	0	1	2	2	5	2	5	2	5	NWSC
			Emptier trucks	0	0	5	3	5	3	5	3	8	5	NWSC
			Small trucks	0	0	10	1	10	1	10	1	11	1	NWSC
			Transfer Stations/Collection points constructed	0	0	10	1	10	1	12	1	12	1	NWSC
			Construction of public toilets	0	0	140	4	140	4	140	4	137	4	NWSC
			Expansion of the Sewerage Pipe Network (Kms Laid)	30	1.2	30	1	30	1	30	1	30	1	NWSC
			Connection of new sewer customers to increase access to Sewerage Services (New sewer connections)	300	0.3	300	0	300	0	300	0	300	0	NWSC
		% of population with hand washing facilities with soap and water at home in urban areas	Social behavior change communication for use of hand washing with water, investment in public hand washing facilities in urban areas (number of urban Centres)	218	4.2	218	4	218	4	218	4	218	4	MWE
	Support to improved water and sanitation infrastructure in industrial parks	Number of industrial parks with safe water supply and sewerage services	Water supply system development/expans ion targeting industrial parks (number)	0	0	5	60	9	108	8	96	5	60	MWE/ NWSC
			Sewerage /Waste water treatment systems development/expans ion targeting industrial parks (number)	0	0	5	30	9	54	8	48	5	30	MWE
	Improved water quality supplied	% of water samples taken that comply with national standards	Water quality monitoring (number of samples)	250	0.05	5,000	1	5,000	1	5,000	1	5,000	1	MWE/ NWSC

			Catchment and water source protection measures in rural and urban areas (number)	20	5.4	127	34	127	34	127	34	127	34	MWE/NWSC
	Improved energy efficiency in water supply system	% of water supply systems installed with solar energy packages	Construction of solar energy packages to improve energy efficiency of existing schemes (number of schemes)	11	2	22	4	44	6	44	6	22	4	MWE/NWSC
	Support to improved WASH services in institutions	% of institutions with an improved water source	Construction/extension of water supply infrastructure targeting institutions (schools, prisons, Barracks, Religious establishment, health facilities, etc) – number of institutions	0	0	60	72	120	144	120	144	60	72	MoES/MWE
		% of pupils enrolled in schools provided with basic sanitation and hand washing facilities	Social behavior change communication for use of sanitation facilities and hand washing with water in schools (number of schools)	218	4.2	218	4	218	4	218	4	218	4	MoES/MWE
		Water Supply and Sanitation Master Plan Developed	Safe Water Supply and Sanitation Improvement Master Plan inclusive of Enhancing M&E, Commercial Services, Visibility in the six Regions for Rural Water, Small Towns and Large Towns	0	0	1	5	0	0	0	0	0	0	MoES/MWE
	Improve nutrition and food safety with emphasis on children aged under 5, school	Increase household use of safe water (Number of Households)	Sensitize and Monitor and Evaluate for Water Usage and hand washing practices at household level	0	0	12,000	4	12,000	4	12,000	4	12,000	3	MWE/NWSC
4.6 Increase access to Sexual Reproductive	Increased access to Sexual and	FP Implementation Plan developed	Develop and disseminate the	1	8	0	8.2	0	8.4	0	8.6		8.8	MoH

Health (SRH) and Rights with special focus to family planning services and harmonised information	Reproductive Health services and age appropriate information		Family Planning Implementation Plan											
		Availability of FP Commodities (%)	Forecast and procure family planning commodities for use by the community	100%	100%	100%	100%	100%	100%	100%	100%			MoH, NMS
		No. of health workers trained in FP counselling and provision	Train health workers in provision and counselling for family planning	300	300	300	300	300	300	300	300			MoH, Partners, LGs
		% of new acceptors of all user to modern contraception	Promote and and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to prevent unintended pregnancies.	5%	10%	12%	14%	15%						MoH, MoGLSD, LGs
		% of health facilities providing SRH services	Provide age-appropriate quality SRH information and services to all age groups as part of the Minimum Health Care Package	100%	100%	100%	100%	100%	100%	100%	100%			MoH, LGs
		No. of obstetric fistula repairs done	Improving services for prevention, treatment and management of obstetric fistula in Uganda	1,800	2,000	2,200	2,300	2,400						MoH, Referral Hospitals, Private Sector
		No. of health facilities providing specialised infertility care	Promote and increase access to the management of infertility by integrating the management of infertility into existing SRHR services	3	3	4	4	5						MoH

		% of health facilities providing an integrated package including services for menopause / andropause	Integrate appropriate services for menopause/andropause into the existing sexual and reproductive health service delivery	1%		3%		10%		15%		20%		MoH
		% of districts with District Male Engagement Plans	Roll out the National Male Engagement strategy in health in all LGs	20%		40%		50%		75%		100%		MoH, LGs
4.7 Increase financial risk protection for health with emphasis on implementing the national health insurance scheme	Prepayment mechanisms for health insurance promoted	% of the population accessing health insurance	Roll out Health Insurance Scheme	2	0.5	3	1.5	5	2.5	10	3.5	15	5	MoH
		NHIS Regulations and Strategic Plan developed	Develop NHIS Regulations and Strategic Plan	0		1		0		0		0		MoH, MoFPED
		NHIS established	Establishment of the NHIS	0		1		0		0		0		MoH, MoFPED
		% of population aware about health insurance and its benefits	Community sensitization about Health Insurance											
		% of population enrolled under CHIS	Promotion of prepayment mechanisms like Community Health Insurance Schemes	0.60%	-	1%	-	5%	-	10%	-	15%	-	Private
	Increased local financing for HIV/AIDS	Aids Trust Fund established and operational	Establish and operationalize the AIDS Trust Fund	0	0	1	0	1	10	1	15	1	15	MoFPED, MoH, UAC
	Increased local financing for immunization	Immunization Fund established and operational	Establish and operationalize the Immunization Fund	0	0	0	0	0	0	1	0	1	10	MoFPED, MoH
	Equity and efficiency in resource mobilization	% of the government funding to lower level health facilities transferred	Expand coverage of Results Based Financing mechanism across the key health sector outputs	0%	0	0%	0	10%	10	15	15	20	20	MoFPED, MoH

		using the RBF mechanism												
	Private Health Sector financing enhanced	Medical Credit Fund provided	Provision of a Medical Credit Fund to fill critical gaps in health care provision	0	0	MCF in place	0.72	MCF in place	0.72	MCF in place	0.72	MCF in place	0.72	MoFPED, MoH
4.8	Promote health research, innovation and technology uptake	Health research & innovation promoted	National Health, Research and Innovation strategy developed	1	15	1	15	0	13	0	13	0	14	MoH, MOSTI, UNHRO, UNCST, Research Institutions, Academia, MoST
		National health research, and innovation agenda in place.	Develop and disseminate the annual national health research and innovation agenda	1		1		1		1		1		UNHRO, MoH, MOSTI, Research Institutions, Academia
		Number of IPRs generated.	Conduct high quality scientific and operational health research	15		20		20		20		20		UNHRO, MoH, MOSTI, Research Institutions, Academia
		No. of Health innovations and technologies developed and supported	Establish the national health innovation cluster and specific sub-clusters	5		10		15		20		25		MOSTI, MOH
		Number of hospitals supported	Enhance capacity of hospitals to conduct operational research and disseminate findings											MOH
	Medical technologies transferred and adopted	No. of medical technologies adopted	Adapt and build capacity for utilization of new medical technologies	4		4		4		4		4		MoH,
4.9	Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels	Functional multi-sectoral framework, compact and accountability framework developed	Multi-sectoral framework, compact and accountability framework developed	1	0.05	0	0	0	0	0	0	0	0	MoH
			Develop a multi-sectoral framework, compact and accountability framework for joint planning, coordination, common deliverables and performance indicators for UHC.											

	Intersectoral health promotion and prevention structures (Parish, LC, Sub County Chiefs, VHT, and Health Assistants, extension workers) and schools in place	% of sub counties & TCs with functional intersectoral health promotion and prevention structures Number of annual interministerial fora on health	Capacity building for intersectoral health promotion and prevention for LGs and community level structures (Parish, LC, Sub County Chiefs, VHT, and Health Assistants, extension workers) and schools	10	0.5	20%	1	40%	1.5	50%	2	60%	2	MoH, MoGLSD, MoES, LGs
		Increased health literacy on priority health interventions, health seeking behaviour and effective engagement with health providers	Scale up health education and promotion activities at all levels to improve health literacy and facilitate informed decisions about health care, behaviours and more effective engagement with health providers.											
		Community Health Policy and Strategy developed and implemented at all levels	Develop and implement the Community Health Policy and Strategy	Policy & Strategy Developed	0.1	0%								
	Urban Health improved	% of functional Urban Health Teams	Implementation of the Urban Health Policy	0	0	5%	2	10%	4	20%	6	30%	8	MoH, MoLG
4.10 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	Hunger and malnutrition reduced	Regulations on sweetened beverages and alcohol developed	Develop legislature and regulation to regulate production & consumption of sweetened beverages		1.06		1.11		1.17		1.23		1.29	MoH
		Public food procurement policy for schools and	Establish forum for the development of multisectoral teams to develop the		0.1		0.08		0.06		0.04		0.02	MoH

		institutions developed	schools and institutional policy											
		% of people with access to improved sanitation.	Support use of hand washing facilities in public places like markets											
		% Stunting among children under 5	Develop and disseminate school feeding programs to all schools in Uganda		1.4		1		0.9		0.5		MoES	
	Food safety improved	% population obese	Social behaviour change communication on feeding habits and behaviors 2. screening for obesity and over nutrition		2		1.5		1		1		1	
4.11 Improve Occupational Safety and Health (OSH) management	Workplace injuries, accidents and health hazards reduced	No of frameworks developed/reviewed & enforced	Develop, review & enforce OSH legal & regulatory framework to reduce workplace injuries and health hazards	6		6		5		4	63	0	52.24	MGLSD
			Coordinate implementation of OSH Act, regulations and policies											
			Review regulations & guidelines for inspection of workplaces											
		No of workplaces inspected	Inspect work places & enforce standards	1200		1400		1600		1800		2000		MGLSD
		No. of specialised machinery and equipment procured	Procure specialised machinery & equipment for detection of hazardous substances	10		10		10		10		10		MGLSD
		No of OSH Inspectors trained	Train and skill OSH Inspectors	-		50		10		10		10		MGLSD
		No. of regional OSH centres established	Regional OSH centres constructed & equipped	-		1		1		1		1		MGLSD
		OSH Analytical laboratory in place	Construct & equip OSH analytical laboratory (Mbale,	-		-		1		-		-		MGLSD

			Gulu, Mbarara & Hoima)											
		No of occupational accidents investigated	Investigate occupational accidents	10	0.1	12	0.12	15	0.15	15	0.15	18	0.18	MGLSD
		No of workplaces registered	Undertake Registration of workplaces	1100		1300		1500		1700		1900		MGLSD
		No of occupational diseases diagnosed	Undertake study of impact of occupational hazards on health of workers	-		20		20		20		20		MGLSD
		No of workers monitored on health exposure limits	Carry out health surveillance of workers exposed to harzadous work environment	5		20		20		20		20		MGLSD
		No. of statutory equipment certified	Certify statutory equipments for workplaces	850		1050		1200		1250		1300		MGLSD
		OHS guidelines for the health sector revised and disseminated to all LGs	1. Establish a multisectoral forum to lead to the development of OHS		2.21	1	2.32		2.44		2.56		2.69	MoH
		Annual number of deaths and injuries due to road traffic accidents per 100,000 population	1. Implement traffic regulations and policies 2. train traffic officers on first Aid in handling road traffic accidents											MoH, UPF
		Annual number of injuries due to domestic violence	1. community social mobilization for prevention of domestic violence											MoGLSD
	Oil & Gas QHSSE system & standards developed & implemented	QHSSE system & standards in place	Develop & disseminate the QHSSE standards 2. Enforce the standards	1		1		1		1		1		MGLSD
	Chemical safety & security management strengthened	CBRNe policy developed	Develop & disseminate the CBRNe Policy	-	-	1		1		1		1		MGLSD, MoD
		No of specialised machinery for	Procure specialised machinery for for workplace chemical	1		1		1		1		1		MGLSD

		for workplace chemical detection procured	detection & handling											
		No of people trained	Train workers, employers & Labour Officers on chemical handling	500	1	1,000	2	1,100	2	1,200	2	1,300	2.3	MGLSD
		Study conducted	Conduct research on silicosis in construction, chemical poisoning in agriculture, Musleskeletal disorders, occupational stress	0		1		0		0		0		MGLSD
		No of awareness campaigns	Conduct awareness campaigns on chemical safety	16	0.2	16	0.2	16	0.2	16	0.2	16	0.2	MGLSD
		No of equipment	Procure ICT equipment			10	0.4	10	0.6					MGLSD
		No of workplaces inspected	Inspect work places for chemical safety	240	0.5	280	0.6	320	0.8	400	1.2	600	1.4	MGLSD
		CBRNe command centre in place	Establish a CBRNe command centre			1	6		1		1		1	MGLSD
	Social safety and health safeguards integrated in infrastructure projects	Social Safety & Health guidelines in place	Develop Social Safety & Health Safeguards guidelines	0		1		0		0		0		MGLSD
		No of infrastructure projects & workplaces monitored	Conduct monitoring of infrastructure projects & workplaces for compliance to social safeguards standards	500		600		700		800		900		MGLSD
		No of stakeholders trained	Conduct training of employers, Safety & Health Committees, workers , CDOs & Labour Officers on Socail Safeguards standards & compliance	600		800		1000		1200		1400		MGLSD
	GBV at workplaces reduced	GBV and ChildHelpline Toll free line operational	Strengthen systems reporting & management of GBV at workplaces	1		1		1		1		1		MGLSD
		No of GBV cases at	Conduct Behavioural change	500		600		700		800		900		MGLSD

		workplace reported	communication on GBV at workplaces											
4.12 Promote physical health activities and behavioural change across all categories of the population	Physical fitness increased	National Physical exercise day in place	1. Have a national physical exercise day	1		1		1		1		1		MOES, MoH, MoGLSD
		No of workplaces with physical exercise initiatives	Conduct sensitisation of employers and workers on workplace physical activities for staff	100		130		160		190		220		MoH
			Assess workers health (BMI, Diabetes, Hypertension,)											
			Procure assessment and health fitness equipment.											
4.13 Promote delivery of disability friendly health services including physical accessibility and appropriate equipment	Inclusive HCs and equipment	No of PWDs accessing friendly health services	1. Review construction design of health facilities to ensure they cater for disability issues											MoH
		No. of PWDS provided with assistive and rehabilitative devices	Provide assistive & rehabilitative equipment for PWDS	300	0.2	300	0.2	300	0.2	300	0.2	300	0.2	MGLSD
		No. of staff trained on Special Needs Education	Train staff in special needs communication	150	0.3	150	0.3	150	0.3	150	0.3	150	0.3	MGLSD
4.14 Strengthen population planning and development including civil registration, vital statistics registration and population data bank at National and Sub national levels	Population Policy actions mainstreamed in institutional strategic plans and budgets	No. of policy and decision makers sensitized and appreciating the impact of population on harnessing the DD	Popularise and disseminate the NPP 2020 through national and regional policy dialogues with emphasis on harnessing the DD	2000	0.42	2500	0.42	3000	0.504	3500	0.504	4000	0.546	NPC

	Demographic dividend priorities mainstreamed at all development levels.	No. of LGs that have integrated DD priorities in development plans and budgets	Build capacity of LGs to integrate DD priorities in development planning and budgeting processes including projections	135	0.42	146	0.42	146	0.504	146	0.504	146	0.546	NPC
	Indepth analytical reports on DD mainstreaming generated	% of LGs assessed and complying to DD	Assess compliance of LGs on integration of demographic dividend priorities in development plans	50	0.55	60	0.55	70	0.605	80	0.605	90	0.605	NPC
	Women and young people are empowered to make informed choices and utilize high quality, integrated, sexual and reproductive health and rights, information, and services	No. Parish Pregnancy Committees established and empowered.	Establish Community (Parish) Pregnancy Prevention Committees (parish model) and support them to create awareness on the negative implications of child marriages, teenage pregnancies, school drop out and youth unemployment on development	200	0.5	250	0.51	300	0.53	350	0.57	400	0.6	NPC
	Knowledge and skills for better health, reduced poverty and capacity to sustainably manage natural resources increased	No. of PHEE model homes established and supported	Advocate for integrated population interventions that provide social, health, environmental and economic (PHEE) empowerment for vulnerable groups of the society who have a major role in the population and poverty	200	0.5	250	0.51	300	0.53	350	0.57	400	0.6	NPC
	Population data systems to address development inequalities and accountability established	A National Population Data Bank in place	Establish a National Population Data Bank providing for socio-economic and demographic relationships at sub national levels	1	0.5	1	0.8	1	0.3	1	0.2	1	0.1	NPC

4.15 Establish and operationalize a multisectoral home-grown school feeding initiative														
4.16 Reduce the burden of HIV epidemic and its impact on the socio-development of communities, using the multisectoral approach	HIV and AIDS, strategies, and guidelines, developed and disseminated to MDAs, DLGs and non-state actors	Proportion of MDAs/DLGs with institutional HIV and AIDS strategic plans aligned to NSP	HIV/AIDS National Strategic Plan developed & disseminated, institutional HIV/AIDS Action plans developed & implemented; communication & national advocacy programmes implemented Monitoring implementation and compliance	75%	27	80%	28.35	85%	29.77	90%	31.26	100%	32.82	UAC NPA MoLG MoH
	HIV and AIDS mainstreaming guidelines rolled out to MDAs and DLGs	Proportion of MDAs/DLGs with HIV and AIDS Mainstreamed in their development Plans	Technical Support provided to MDAs/DLGs on Mainstreaming of HIV interventions Regular assessments, monitoring/mentoring to MDAs/DLGs Performance review meetings	70% MDAs 60% DLGs		80%		90%		100%		100%		UAC, OPM MoFPED
	Capacity of DLGs and MDAs AIDS Committees built to monitor HIV and AIDS services in their sectors/districts	Proportion of MDAs/DLGs with functional HIV and AIDS structures (DACs & PHA Networks)	Capacity assessment of coordination structures Training and Technical support of Coordination Committee members Equipping of Coordination Committees to improve timely reporting	60%		70%		80%		90%		100%		UAC NPA MoLG MoH
	Resources for HIV and AIDS mobilized and their management streamlined	Percentage of HIV and AIDS budget that is funded, disaggregated	Regularly track resources allocated to HIV and AIDS services, by source	60%		60%		65%		70%		70%		MoFPED, UAC, MoH

		for efficient utilization and accountability	by funding source												
		UAC regulations operationalized to ensure non-state actors' compliance with policies, guidelines and laws	Proportion of Non state actors that are accredited to offer HIV and AIDS services	Regulate and regularize AIDS service providers	30%		50%		60%		70%		70%		UAC MDAs/DLGs
5. Reduce vulnerability and gender inequality along the lifecycle	5.1 Expand scope and coverage of care, support and social protection services of the most vulnerable groups and disaster-prone communities	Senior citizens grant expanded to all aged above 65years	No. of eligible older persons accessing the Senior citizens grant ('000s)	1. Progressively lower eligibility age for SAGE from 80 to 65 yrs 2. Conduct National ID registration & verification for all older persons 3. Provide regular & predictable SAGE grants to beneficiaries	305	202.88	946	430.38	977	512.88	1008	685.88	1041	990.18	MoGLSD
		Child disability benefits provided	No. of eligible children accessing disability benefit ('000s)	1. Register all children with disabilities 2. Develop and implement child disability grant Programme	0		156		321		493		505		MoGLSD, MoES
		Adult disability benefits provided	No. of eligible adults accessing disability benefit ('000s)	Review & implement Adult disability grant Programme							140		291		MoGLSD
		Child benefits provided	No. of eligible children accessing child benefit ('000s)	1. Develop & implement Schemes to provide child benefits targeting OVC 2. Review & implement the OVC program plan of action							1666		2237		MoGLSD
		Special Grants for Persons with Disabilities enhanced	No of PWDs benefitting from the grant	Increase special grants for PWDs	800		1200		1600		2000		2400		MGLSD
		Service providers trained in	No of service providers trained	Train service providers on disability	200		200		200		200		200		MGLSD

	provision of economic empowerment programs for PWDs												
	Chronic Poverty reduced	Incidence rate of chronic poverty											MoGLSD
	Social care programs implemented	Functional social care and support system in place	Develop & implement an operational framework for Social care and support system	1	1	1		1		1			MoGLSD
		No of Social care and support institutions constructed	Social care and support institutions constructed	2	2	2		2		2			MGLSD
		No of Social care and support institutions rehabilitated	Social care and support institutions rehabilitated (Older person, PWDs, GBV survivors, OVCs, Drug addicts)	4	4	4		4		4			MGLSD
		No of Social care and support institutions equipped	Equip Social Care Institutions	5	5	5		4					MGLSD
		No. of Social Care Institutions provided food to feed the vulnerable	Provide food to Social Care Institutions	17	17	17		17		17			MGLSD
		Number of Social Care and support institutions registered and inspected	Social care and support institutions regulated and certified	155	180	210		265		325			MGLSD
		No of vulnerable persons provided with comprehensive care and support services	Case management system on GBV & Child abuse, neglect and exploitation strengthened (Case clinics, sauti toll free helpline, GBV MIS)	4000	5000	6000		7000		8000			MGLSD
		Number of children rescued, rehabilitated	Rescue, rehabilitate and resettle street children	350	300	250		200		150			MGLSD

		and resettled from the streets												
		Alternative care framework in place	1. Amend the probation & welfare Act 2. Implement the alternative care framework	0		1		1		1		1		MGLSD
	Enhanced capacity of social work force to deliver social care and support to the most vulnerable	No. of staff trained	Conduct capacity building of Social workforce (Probation officers, DCDOs, Youth Officers, Rehabilitation officers)	450		450		450		450		450		MGLSD
	A functional social care and support MIS developed	A functional social care and support MIS in place	1. Put in place a social care and support MIS system to monitor all social protection programmes	1										MoGLSD, NITA-U
	Policy and legal framework on social protection strengthened/developed	Number of laws, policies, frameworks on social protection, care and support developed/reviewed	Review social protection policies and laws. 2 Develop new policies and laws on social protection	5	0.750	5	0.750	7	1.050	2	0.300	1	0.150	MGLSD
	Assistive devices procured	No of devices procured	Procure assistive devices	100,000	30	100000	30	100000	30.00	100000	30.00	100000	30.00	
	MDAs trained	No of persons trained	Train MDAs on disability rights, mainstreaming and inclusion	2000	2	2000	2	2000	2.00	2000	2.00	2000	2.00	
	OPDs, CSOs, care-givers PWDs support groups trained	No of persons trained	Build capacity of OPDs, CSOs, care-givers & PWD support groups	2000	2	2000	2	2000	2.00	2000	2.00	2000	2.00	
	Habitation & rehabilitation programs scaled up	No of administrative units	Scale up habitation & rehabilitation programs for PWDs	180	3.6	180	3.6	180	3.60	180	3.60	180	3.60	
	PWDs rehabilitation centres renovated & equipped	No of rehabilitation centres	Renovate PWDs rehabilitation centres	2	3	2	2	2	2.00	2	2.00	2	2.00	

	Assistive technologies & devices produced locally	No of assistive devices	Local production of assistive technologies & devices	5000	1	5000	1	5000	1.00	5000	1.00	5000	1.00	
	Social Protection Single Registry developed and Operationalised	Functional Social Protection Single Registry in place	Design and Operationalise Single Registry for social protection	1	0.63	1	0.45	1	0.30	1	0.30	1	0.30	MGLSD
	16 Newly elected/ appointed members of the National Council for older Persons inducted on the mandate of the National Council	No. of Newly elected/ appointed members of the National Council for older Persons inducted on the mandate of the National Council	Induct the newly elected/ appointed members of the National Council for Older Persons	0	0	16	0.04	0	0	0	0	0	0	MLSD/ NCOP
	490 Newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate	No. of Newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate	Induct newly elected Chairpersons of Councils for older persons including; 11 chairpersons of City Councils for older persons, 41 Chairperson of Municipality Councils, and 146 Chairpersons of District Councils for older persons to orient them in their roles and responsibilities.	0	0	490	0.3	0	0	0	0	0	0	MLSD/ NCOP
5.2 Establish early warning systems for disaster preparedness including risk reduction and management of national and global health risks	Early warning systems for disaster preparedness	Early warning systems and centres for disaster preparedness established	1. Develop early warning centres 2. Sensitize communities of disaster preparedness. 3. Put in place a fund for relief for risk mitigation		0.92		0.97		1.01		1.07		1.12	MoGLSD

- Increased percentage of vulnerable people with access to social insurance from 7 to 15 percent;	5.3 Expand livelihood support, public works, and labour market programs to promote green and resilient growth	Labour Intensive Public Works Programme implemented		Develop & implement an Urban cash for work program	500000	371.65	500000	371.65	500000	663.65	500000	663.65	500000	663.65	MoGLSD
				Implement Labour Intensive Public Works Programme	25234		26234		27234		28234		29234		MoGLSD
		Youth livelihood Programme strengthened		1. Provide revolving funds to youth groups 2. Train and mentor youth beneficiarie	0.66		0.68		0.7		0.72		0.74		MoGLSD
				1. Identify the youth programs in place 2. put in place a monitoring system for all youth programmes 3. provide youth incentive schemes for both those in formal and informal sector	30		35		40		45		50		MoGLSD
				1. Mobilize fund to support youth 2. Train and mentor youth on financial management	22660		26434		29077		31984		38380		MGLSD,MoFPED
		Youth Venture Capital Fund strengthened		Youth groups supported with start-up capital under Youth Venture Capital Fund	21506		24506		27506		30506		33506		MoGLSD
		Women entrepreneurs hip Programme strengthened		1. Support women groups engaged in different enterprises 2. Train & monitor the different woment groups	0.017		0.024		0.022		0.024		0.025		
		Enterprise Fund for older persons developed		Design and develop enterprise fund for older persons	0		400		400		500		600		MoGLSD
		National Youth Service Scheme developed		1. Encourage youth to joining service scheme 2. Provide incentives for the youth who	0		805.2		1600640		3221280		4474000		MGLSD,MoLVA,MoLG

			completed service scheme											
5.4 Expand and reform contributory social security schemes to the informal sector to cover more risks and provide wider range of benefits	Increased resilience of workforce		Develop & implement a strategy for extending social security to informal sector workers	1	0.282	0	0.366	0	0.251	0	0.213	0	0.169	MoGLSD
			Establish Social security schemes for the infromal sector	65		75		85		95		100		
			Sensitize the masses on benefits of the schemes and mobilise people to save	2000		4000		6000		8000		10000		MoGLSD
	Social Security reforms carried out		Fast track the ammendment of the NSSF Bill and approval	1		0		0		0		0		MoGLSD
5.5 Promote Women's economic empowerment, leadership and participation in decision making through investment in entrepreneurship programs, business centres	Women participation in development processes increased		1. Promote women representation at various structures 2. Train and empower women in leadership		4.34		4.56		4.79		5.03		5.28	MoGLSD
			1. Identify and develop other women livelihood programmes 2. Provide incentives for the programmes											MoGLSD
			develop and implement women skilling and productivity program	5000		10000		15000		20000		25000		
			Conduct Capacity building of 50 newly elected women councils on leadership skills	5	0.2	10	0.25	20	0.48	10	0.25	5	0.2	MGLSD/ NWC

			develop and roll out Household model for socio economic empowerment	200	4.24	1200	4.24	2200	4.24	3200	4.24	4200	4.24	MGLSD/NWC
			Profile women owned business and train women in basic procurement	20		30		50		50		50		MGLSD/NWC
	Communication strategy on women participation in decision making in place		Develop and implement a communication strategy women participation in decision making in place	1	0.632	1	0.41	1	0.41	1	0.41	1	0.41	MGLSD
5.6	Scale up Gender Based Violence (GBV) interventions at all levels	Gender Based Violence prevention and response system strengthened	Develop and rollout a monitoring program for GBV cases	1	29.2	1	30.66	1	32.19	1	33.8	1	35.49	MoGLSD, MoES
			Support and sensitize GBV victims	5000		5000		5000		5000		5000		
			Creating awareness and strengthening sensitization on positive social norms and attitudes within the community.	10000		10000		10000		10000		10000		MGLSD
			Mainstream GBV issues in legislation, sectoral policies, programmes and strategic plans.	16		16		16		16		16		MGLSD
			1. Identify cases for support and resettlement 2. Provide a fund to support GBV victims 3. Enhancing access to essential services for survivors/victims taking into account their unique needs. 4. Building a coherent and common system for GBV data for ease of monitoring and	30		40		50		60		70		MoGLSD, MoES

			evaluations of the Policy interventions.											
			1. Develop shelters for GBV cases	18		18		18		18		18		MoGLSD
			Provide psychological support to the GBV victims	0	0	50	0.93	50	0.93	50	0.93	50	0.93	MGLSD/ NWC
	National GBV Database strengthened		Conduct capacity building training with LG stakeholders (LGs and CSOs) on NGBVD management	50	1	50	1	50	1	5050	1	50	1	MGLSD
	Helpline strengthened		Strengthen Helpline	5000	1.8	6000	1.4	6000	1.4	7000	1.4	8000	1.4	MGLSD
Commemoratio n of GEWE advocacy and networking days	GEWE advocacy and networking days marked and commemorate d		Commemorating the International Women's Day	1	0.1	1	0.1	1	0.1	1	0.1	1	0.1	MGLSD
			Marking the 16 days of Activism against GBV	1	0.01	1	0.01	1	0.01	1	0.01	1	0.01	MGLSD
			Commision on the Status of Women held	1	0.5	1	0.5	1	0.5	1	0.5	1	0.5	MGLSD
5.7 Support Gender equality and Equity Responsive Budgeting in all sectors and LGs	Gender compacts developed		1. Conduct reviews with MDAs to develop gender compacts	3	0.68	3	0.2	6	0.12	3	0.14	3	0.17	EOC
	Gender and equity compliance assessments conducted		Carry out annual assessment of LG BFPs on gender and equity responsive planning & budgeting	175	0.247.6	176	0.3	176	0.24	176	0.14	176	0.35	EOC
			Carry out annual assessment on MDAs/MPS on gender and equity planning & budgeing 2. Assess national & sector BFPs	148		148	0.23	148	0.22	148	0.26	148	0.31	EOC
			Tracking implementation of G&E commitments	18	0	18	0.2	18	0.18	18	0.22	18	0.26	EOC

			of the respective Votes.											
			1.Development and implement a Statistics Strategy on GEWE 2. F	1	0.9	0	0.3	0	0	0	0	0	0	EOC
	Gender Management Information System (GMIS) for GDD developed		1. Develop the GMIS 2. Implement the GMIS	1	0.6	1	0.41	1	0.41	1	0.41	1	0.41	EOC
	Capacity of MDAs and LGs in Gender mainstreaming and gender responsive budgeting is built		Conducting GEB training in LGs and MDAs with capacity gaps	30	0.08	30	0.5	30	0.08	30	0.08	30	0.08	EOC
			Conduct technical backstopping in LGs on Gender and Equity mainstreaming	20	0.023	20	0.15	20	0.023	20	0.023	20	0.023	EOC
	Complaints resolution mechanisms strengthened		Conduct EOC Pre-Tribunal sessions	80	0.2	100	0.3	104	0.2	108	0.2	116	0.21	EOC
			Conduct Tribunal Hearings	40	0.8	40	1.2	40	0.8	40	0.8	40	0.8	EOC
	Access to social justice enhanced		Undertake complaints investigation	200	0.4	205	0.5	210	0.4	215	0.4	220	0.4	EOC
			Conduct Mobile Legal Aid Clinics in the four regions of the country	4	0.4	4	0.32	8	0.4	8	0.4	8	0.4	EOC
			Periodic audit of Systems, Practices and programmes in selected public and private enterprises	10	0.02	15	0.2	20	0.02	25	0.25	30	0.3	EOC
			Review and assessment of bills, laws for compliance with Equal Opportunities	8	0.1	10	0.2	12	0.1	14	0.1	14	0.1	EOC
			Analysis of Regional and International	8	0.1	10	0.1	12	0.1	14	0.1	14	0.1	EOC

			Instruments on Equal Opportunities											
	Compliance to G&E enhanced		Conduct research in thematic areas to identify the State identify of Equal Opportunities in order to improve access and quality of social services	4	0.29	4	0.35	4	0.41	4	0.5	4	0.6	EOC
			Conduct audits in thematic areas to identify the State identify of Equal Opportunities in order to improve access and quality of social services	8	0.22	8	0.32	8	0.38	8	0.46	8	0.55	EOC
			Produce and disseminate the Annual Report on the State of Equal Opportunities in Uganda	1	0.6	1	0.7	1	0.8	1	0.9	1	1	EOC
	Increased public awareness and understanding of equal opportunities, affirmative action		Acquire office space for regional offices	0	0	1	2	1	2	1	2	1	2	EOC
			Establish and equip regional offices with office equipment	0	0	1	1.2	1	1.2	1	1.2	1	1.2	EOC
	Human resource and physical infrastructure managed		Administration support services provided and Institutional capacity building undertaken	1	6.579	1	20.362	1	21.362	1	22.362	1	23.362	EOC
	Standard guidelines on child rights responsive planning and budgeting developed		1. Develop standard guidelines on child rights responsive planning and budgeting, 2. Disseminate the Guidelines	2	0.2	2	0.04	1	0.01	1	0.01	1	0.01	MGLSD/NCA
			Assess Local Governments performance in	1	0.07	1	0.07	1	0.07	1	0.07	1	0.07	MGLSD/NCA

			fulfilling children rights											
			Conduct capacity building of Duty bearers on child rights responsive planning and budgeting	100	0.1	100	0.1	100	0.1	100	0.1	100	0.1	MGLSD/ NCA
5.8 Implement a National Male Involvement Strategies in promotion of gender equality	National Male Involvement Strategies in promotion of gender equality implemented		Implement National Male involvement strategy on GE	1	0.236	1	0.236	1	0.236	1	0.236	1	0.236	MoGLSD, EOC
			Mobilise & train male change agents on GBV prevention & response	1370		1370		1370		1370		1370		MGLSD
			Conduct Social behavioural change communication	50		50		50		50		50		MGLSD
5.9 Implement the Uganda Gender Policy Action Plan	Uganda Gender Policy reviewed		1. Finalise & fast track approval the Uganda Gender Policy along with the Action Plan 2. Dissemination of the UGP & implement the Action plan	1	0.09	1	0.09	1	0.1	1	0.1	1	0.11	MoGLSD
5.10 Reform and strengthen youth employment policies and programmes towards a demand driven approach	National Action Plan on Youth Employment developed		Develop & implement the National Action Plan on Youth employment	1	0.228	1	0.342	1	0.169	1	0.169	1	0.169	MoGLSD
	National Youth Service Scheme developed		Develop & implement the National Youth Service Scheme	1	18.5666	1	17.6966	1	17.6966	1	17.6966	1	17.6966	
			Mobilise Youth to participate in the scheme	0		805200		1600640		3221280		4474000		
	Tailored non-formal vocational, entrepreneurial and life		Provide non-formal vocational, entrepreneurial and life skills trainings	1580	3.76	1580	3.76	1580	3.76	1580	3.76	1580	3.76	

		skills training provided to out of school youth		to out of school youth											
		Youth training institutions rehabilitated and equipped		Renovate and equip youth training institutions	1	3	2	3	3	3	2	3	1	3	
		Youth service work professionalised		Develop Youth service work curriculum	1		0		0		0		0		
				Conduct capacity building of youth workers at all levels	130	3.5286	130	3.3486	130	3.3486	130	3.3486	130	3.3486	
		Commonwealth youth programs implemented													
6. Promote Sports, recreation, and physical education	6.1 Develop a framework for talent identification in Sports, Performing and creative Arts	Framework for institutionalizing talent identification and nurturing	Existence of talent identification and nurturing framework	Establish and implement criteria for early identification of talent		1	Criteria for early talent identification in place	0	-	0	-	0	-	0.04	MoES
		Grassroot Sports and Performing Arts Competitions Organised	No. of Local Govt holding atleast 3 grassroots competitions	-Organize grassroots sports competitions in all the regions of Uganda			528	4.4	528	4.4	528	4.4	528	4.4	LGs
Programme Outcomes:		Talent academies	No of Govt Talent academies	Establish govt talent academies	-		-		-		1	1.0	1	1.0	MoES
		Framework for talent identification in performing and creative arts developed	No. of Govt performing and creative art academies	-Establish govt performing and creative art academies	-		-		-		1	0.7	1	0.7	MoGLSD
- Improvement in the world sports ranking in niche sports: football (77th to 70th); netball (6th to 4th); athletics (9th to 4th).	6.2 Introduce accredited sports and physical education as stand-alone curricular subject(s) in	Sports and physical education added on examinable subjects	Sports and PE subjects examined (Primary)	Develop and implement a curriculum, assessment and placement policy that recognizes PE and sports as examinable	0	0	0	6.3	Curriculum, assessment and placement policy	6.62		6.95			MoES, Uneb, NCDC
		Sports and PE subjects examined (secondary)	0		0										

schools and for sports coaches, administrators, and technical officials	Qualified sports coaches	Number of qualified sports coaches	Develop accredited sports coach and administrator training programmes and certify skills acquired	70		77		in place 85		90		100		HEIs	
	Qualified sports administrators and technical officials	Number of qualified sports administrators and technical officials	Provide Sponsorships for trainings in sports	70		77		85		90		100		MoES	
6.3 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	Regional Sports focused schools (sports centres of excellence) established and supported	Number of Regional Sports focused schools (centers of excellence) established and supported	Earmark and support regional sports focused schools	8	3.44	16	3.62	20	3.8	28	3.99	32	4.19	MoES	
	Regional Sports academies established	Number of Regional Sports academies established	Establish regional sports academies.	-		-		1		1		1			
	schools/institutional sports teams supported to participate in regional, national and international sports competitions	Number of schools/institutions participating in district and regional sports competitions	Support schools/institutional sports teams to participate in regional, national and international sports competitions												
		Number of international school/institutional sports competitions participated in													
Schools participating in district and regional competitions	Number of schools(primary and secondary) participating in zonal,district and regional MDD competitions	Support schools to participate in zonal, district and regional MDD competitions												LGs	
6.4 Maintain existing facilities and construct appropriate and	Sports and recreation infrastructure standards in place	Sports and recreation infrastructure standards	Develop and implement standards for sports and recreation infrastructure	-	11.56	-	12.14	1	12.74		13.38		14.05	MoES	

standardized recreation and sports infrastructure at national, regional, local government and schools in line with the country's niche' sports (ie football, netball, athletics, and boxing)	Sports and recreation infrastructure established at national, regional, local and school	No. of standard sports stadia/grounds established at national, regional level	Process land titles for all public sports and recreational facilities	0		1		1		0		1		MoES	
		Number of regional based sports stadia constructed/rehabilitated	Construct/rehabilitate standard regional based sports stadia in accordance with the developed infrastructure standards												MoES
		Number of schools with standard sports grounds(Secondary).	Construct/rehabilitate standard sports grounds in accordance with the developed infrastructure standards												MoES
		Number of schools with standard sports grounds.	Enforce the requirement for all schools to have a sports ground	47	0.223	50	0.24	53	0.25	55	0.26	60	0.283		LGs
6.5 Leverage public private partnerships for funding of sports and recreation programmes	PPP MoU's signed	No of PPP MoU's signed	Identify, engage, and sign MoUs with prospective sponsors for sports		2.46	5	2.58	5	2.71	10	2.85	10	2.99	MoES	
6.6 Develop and implement professional sports club structures to promote formal sports participation	Professional sports club structures established	Number of sports clubs with formal structures	Enforce the requirement for all sports clubs and associations to have approved formal structures	50	2.46	65	2.58	70	2.71	70	2.85	75	2.99	MoES	
	International sports competitions participated in.	Number of international sports competitions participated in by the national professional teams	Support professional(s) and national teams to prepare and participate in international competitions											MoES	