



Human Capital Development Programme

Semi-Annual Budget Monitoring Report

Financial Year 2021/22

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Budget Monitoring and Accountability Unit
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ACRONYMS AND ABBREVIATIONS

ART	Ante retroviral Therapy
BRMS	Basic Requirements and Minimum Standards
BTVET	Business and Technical Vocational Education Training
CDC	Centre for Disease Control
CEMRS	Comprehensive Electronic Medical Records System
CERC	Contingency Emergency Response Component
CLTS	Community Led Total Sanitation
CLTS	Community Led Total Sanitation
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organization
DES	Directorate of Education Standards
DHI	District Health Inspector
DLG	District Local Government
DPT3	Diphtheria –Pertussis –Tetanus Third Dose
DWO	District Water Office
E. Coli	Escherichia Coli
ECD	Early Childhood Development
EGM	Early Grade Math (EGM)
EGP	Electronic Government Procurement
EGR	Early Grade Reading
EMIS	Education Management Information System
EMS	Emergency Medical Services
EPI	Expanded Programme for Immunization
ESA	Education Service Agency
GAVI	Global Alliance for Vaccine Initiative
GFF	Global Financing Facility
GFS	Gravity Flow Scheme
GoU	Government of Uganda
HC	Health Centre
HCDP	Human Capital Development Project
HEIs	Higher Education Institutions
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HPMA	Hand Pump Mechanics Association
HPV	Human Papilloma-Virus
HSC	Health Service Commission
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
LGs	Local Governments
MFPED	Ministry of Finance, Planning and Economic Development
MHM	Menstrual Health Management
MoH	Ministry of Health
MoPS	Ministry of Public Services
MoSTI	Ministry of Science Technology and Innovations

MRC	Medical Research Council
MSTI	Ministry of Science, Technology and Innovation
MWE	Ministry of Water and Environment
NACME	National Advisory Committee on Medical Equipment
NCDs	Non- Communicable Diseases
NCHE	National Council for Higher Education
NDPIII	National Development Plan III
NICU	Neonatal Intensive Care Unit
NMS	National Medical Stores
ODF	Open Defecation Free
OPD	Out-Patients Department
OSH	Occupational Safety and Health
P/S	Primary School
PIAP	Programme Implementation Action Plan
PPA	Programme Planning Approach
PRESIDE	Presidential Initiative on Epidemics
PSP	Public Stand Post
PSPs	Public Stand Posts
PWD	Person with Disability
RBB	Regional Blood Banks
RBF	Results Based Financing
REA	Regulatory Impact Assessment
RGC	Rural Growth Center
RMNCAH	Reproductive Maternal Newborn Child and Adolescent health
RRH	Regional referral Hospitals
RRHs	Regional Referral Hospitals
RTRR	Reporting, Tracking Referral and Response
RWHTs	Rainwater Harvesting Tank
SFG	School facilities' Grant
SRH	Sexual Reproductive Health
STEI	Science, Technology, Engineering and Innovation
STEM	Science, Technology, Engineering and Mathematics
TB	Tuberculosis
TC	Town Council
TG	Transitional Grant.
TTI	Transfusion Transmissible Infections
TVET	Technical Vocational and educational Training Institutions
UAHEB	Uganda Allied Health Examinations Board
UBTEB	Uganda Business and Technical Examination Board
UBTS	Uganda Blood Transfusing Services
UCC	Uganda College of Commerce
UCI	Uganda Cancer institute
Ug Shs	Uganda Shillings
UgIFT	Uganda Intergovernmental Fiscal Transfer
UHI	Uganda Heart Institute
UNBS	Uganda National Bureau of Standards
UNCST	Uganda National Council for Science and Technology

UNHRO	Uganda National Health Research Organization
UNICEF	United Nations International Children's Emergency Fund
UNMEB	Uganda Nurses and Midwives Examinations Board
UPOLET	Universal Post-O Level Education and Training Program
URMCHIP	Uganda Reproductive Maternal and Child Health
URMCHIP	Uganda Reproductive Maternal and Child Health Service Improvement Project
USD	United States Dollars
USDP	Uganda Skills Development Project
USEEP	Uganda Secondary Education Expansion project
UVRI	Uganda Virus Research Institute
VACiS	Violence Against Children in Schools
VTC	Vocational Training College
VTIs	Vocational Training Institutes
WASH	Water Sanitation and Hygiene
WB-GPE	World Bank- Global Partners of Education
WSS	Water Supply and Sanitation

FOREWORD

The Government is implementing programmatic planning and budgeting which harnesses synergies from a number of previously independent sectors and avoids duplication of resources, thus enabling us attain efficiency in our development investments.

The Budget Monitoring and Accountability Unit (BMAU) is now undertaking Programme-Based Monitoring to assess performance of the targets and outcomes set in the Programme Implementation Action Plans (PIAPs) of the third National Development Plan (NDPIII), Ministerial Policy Statements, plus the Programme and Sub-Programme work plans.

These BMAU findings are the first Programme assessments we have conducted and I urge you to embrace the findings therein, and fully adopt the recommendations as we strive to ensure compliance to Programme-Based Budgeting.

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right.

Ramathan Ggoobi

Permanent Secretary/Secretary to the Treasury

EXECUTIVE SUMMARY

Introduction

This Human Capital Development (HCD) Programme report reviews selected interventions within the three sampled sub-programmes of: i) Education, Sports and Skills Development, ii) Labour and Employment Services, and iii) Population, Health, Safety and Management based on approved plans and significance of budget allocations. The interventions, sub-sub programmes and projects selected were based on regional representation, level of capital investment, planned annual outputs and value of releases by 31st December 2021.

The methodology adopted for monitoring included: literature review of semi-annual progress and performance reports, interviews with the respective responsible officers or representatives, and observations or physical verification of reported outputs. Physical performance was rated using weighted achievement of the set output targets by 31st December 2021.

Findings

Financial Performance

The Human Capital Development Programme budget for FY 2021/22 including external financing is Ug shs 7,459.17 billion (bn), of which Ug shs 4,150.25bn (55.6%) was released and Ug shs 3,125.01bn (75.2%) expended by 31st December 2021. Overall release and absorption was good at 75.2% however at sub-programme level, absorption rates varied with the Education, Sports and Skills sub-programme having the highest absorption (93.2%), while the Population, Health and Safety had the least absorption rate (60.7%).

The high absorption rates were on account of the Wage and Non-Wage Recurrent budgets that performed well while the low absorption was attributed to delayed procurements and low releases. This affected the timely attainment of set targets. In some instances, there were discrepancies between the Integrated Financial Management System (IFMS) release figures and the beneficiary heads of departments and implementing entities. Whereas the analysis of budget performance is in line with the NDP III interventions, budgeting was based on the old sector budgeting approach therefore, some interventions budgets overlapped.

Overall Performance

The programme performance was fair 68.4% with the Education, Sports and Skills Sub-Programme achieving 74.9% of its half year targets; Population Health, Safety and Management Sub-Programme achieving 71% of its half year targets; and Labor and Employment Services achieved 59.4%. The programme was on track in line with its goal of ensuring increased productivity of the population through strategic investment in people, however there was weak focus on programme-based planning and implementation. Most spending entities were operating in silo mode with funds spent on outputs or projects that do not fully contribute to the achievement of the interventions and programme objectives. In some instances, contribution of other sub-programmes towards an intervention could not be traced.

Programme performance was negatively impacted by key interventions that registered fair and poor performance and yet are critical in the foundations of Human Capital Development to enable

them work productively, competitively and achieve a rising quality of life. These included; i) improve functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services(65.3%); ii) Equipping and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards (61.7%); iii) Promotion of health research, innovation and technology uptake (37%) and; iv) Roll out of Early Grade Reading and Early Grade Mathematics in all primary schools to enhance proficiency in literacy and numeracy(10.8%). The poor performance was mainly on account of delayed issuance of guidelines on usage of funds and modalities of operations; low/intermittent releases and delayed procurements.

Performance highlights

Key achievements under the programme by half year included: appointment of personnel in the health and education sub-programmes; provision of instructional materials, equipment and installation; distribution of pharmaceutical medical supplies, support to sports activities; provision of safe water, sanitation and hygiene services as highlighted hereafter:

Appointment of education and health personnel into service: A total of 482 health workers (against 1,200 planned) and 656 temporary health workers to support in COVID-19 emergency treatment and care were recruited; 1,718 secondary school teachers (1,022 males, 696 females) were recruited against 1,150 planned and recruitment of critical education and health personnel was ongoing by the District Service Commissions. The good performance on the appointment of teachers was attributed to recruitments in Uganda Intergovernmental Fiscal Transfers (UgIFT) schools.

Provision of instructional materials, equipment and installation: Procurement of instructional materials in the primary sub-sector was ongoing and assorted textbooks (7,704,658) were distributed to 157 secondary schools, including specialised teaching technology and instructional materials for the special needs learners. Equipment for the Intensive Care Units (ICUs) in the Regional Referral Hospitals (RRHs) was procured, although installation was not complete as remodeling of some ICU Units was underway for example in Masaka and Mbale. Such equipment included: assorted orthopedic equipment, nuclear medicine equipment, critical care equipment, laboratory and surgical equipment, imaging equipment, and medical and hospital furniture. Furthermore, the four Technical Vocational Education and Training (TVET) centers of excellence of Uganda Technical College-Lira, Bushenyi, Elgon and Bukalasa and 12 Vocational Training Institutions received equipment to support teaching and training of TVET.

Distribution of pharmaceutical medical supplies: The programme facilitated distribution of pharmaceutical medical supplies worth Ug shs 290bn to 3,247 health institutions and prioritised procurement and distribution of COVID-19 vaccines. The polio vaccination campaign under the theme, “*Keep Uganda Polio Free*” that targeted the under-five (5) year olds was successful with an achievement of over 100% of the target population immunised. The good performance was attributed to effective stakeholder collaborations within the programme who mobilised and sensitised communities about the uptake of immunisation services and ensured that all children in their respective jurisdictions were fully immunised.

Support to sports activities: The programme facilitated athletes to participate in the Tokyo 2020 Olympic and Paralympic Games where Uganda attained 13 medals overall and continued to

provide support to different sports associations to prepare and participate in upcoming six international sports championships. Civil works to upgrade and renovate the Mandela National Stadium-Namboole commenced with the construction of the perimeter wall around the stadium land.

Access to safe water, sanitation and hygiene: To increase access to inclusive safe water, sanitation and hygiene, construction was ongoing four of 10 large piped water supply systems in rural areas (Rwengkureiju-Kanyabwanga (95%), Kahama II (75%), Lukalu-Kabasanda (94%), and Orom (94%). The construction of three (3) piped systems was complete in Lwemiyaga, Bigando and Igorora and ongoing in nine (9) urban centers,¹ while a total of 2,005 yard taps were made. A total of 29 schools (primary and secondary), 11 health centers and four religious institutions were supplied with safe water. Construction of public sanitation facilities was ongoing in seven towns of Kayunga-Busana, Kyenjojo-Katooke, Nakasongola, Buikwe, Bundibugyo, Kapchorwa and Busia, and in four Local Governments of Oyam, Tororo, Busia and Kumi.

Support to educational institutions re-opening: The programme facilitated activities of re-opening all the 75,455 government education institutions with strict adherence to Standard Operating Procedures (SOPs) to mitigate the spread of COVID-19. However, the two years of lockdown due to COVID-19 restrictions exacerbated the situation of overcrowding especially in lower primary levels and as a result some learners were studying under trees. On average, the pupil classroom ratio was 1:100 in lower primary school, against a national recommended standard of 1:53 at primary level.

Gender and equity mainstreaming: The programme integrated gender and equity issues in almost all the activities implemented such as provision of ramps and other assistive accessories for persons with disabilities (PWDs) except in a few construction projects. For example, male and female dormitory blocks constructed at Uganda Petroleum Institute-Kigumba (UPIK) lacked a ramp, and the inpatient toilets at the newly constructed RRH in Yumbe lacked separate washroom facilities for male and female. Through the water and sanitation pro-poor initiatives, 47 public stand posts with lower tariff charges, 11 solar powered mini piped systems which addressed issues of distance travelled and time spent at water points. Schools were supported to register cases of violence against children, in addition, 234 teachers (133 females, and 101 males) were trained on sexual maturation and menstrual health in seven districts.

The above achievements notwithstanding, most construction projects in the programme were behind schedule and this was attributed to the Presidential Directive that required all health and school facilities to be constructed by the UPDF Engineering Brigade which delayed procurement processes.

Challenges

i) **Poor alignment of the Programme Implementation Action Plan (PIAP) commitments into the Annualised Budgets** to ensure attainment of programme objectives, whereas the NDPIII aimed at eliminating duplication and redundancies to facilitate efficiency in service delivery, programme implementation was delivered through the silo sector approach as the budgets in the

¹ Namalu WSS (Nakapiripirit), Alerek WSS (Abim), Morulem WSS (Abim), Binyiny WSS (Kween), Padibe WSS (Lamwo), Dokolo WSS (Dokolo), Butemba-Kyankwanzi WSS (Kyankwanzi), Kagadi WSS (Kagadi), Kambuga WSS (Kanungu)

Ministerial Policy Statements were aligned to the old sector budgeting approach, and not the programme interventions as indicated in the PIAP.

ii) **Delayed issuance of implementation guidelines:** Following the Presidential Directive that required all constructions to be handled by the UPDF Engineering Brigade, there was a delay in issuance of implementation guidelines leading to late procurement and poor absorption of funds.

iii) **Poor planning, prioritisation and sequencing of outputs:** The programme committed to a number of projects amidst the inadequate resources which leaves many facilities incomplete several years after the start of implementation.

iii) **Staffing shortages** across all the health and education institutions which negatively impacts service delivery.

iv) **Poor absorption of funds** specifically for the externally funded projects, especially within the Population, Health and Safety Sub-programme

Recommendations

i) The National Planning Authority, MFPED through the Desk Officers, and all sub-programme votes should align the NDP interventions and PIAPs with the annualised budgets and work plans to attainment of Uganda's development objectives.

ii) The HCD Programme Working Group should ensure that all agencies within the programme prioritise and sequence projects that are critical to the attainment of the programme outcomes in a phased manner, and ensure that they are fully funded to completion in the medium term.

iii) The Ministry of Public Service, Ministry of Health and Ministry of Education and Sports should fast-track the review of the staffing structure in Health and Education institutions, and thereafter recruit the required personnel to improve service delivery.

CHAPTER 1: INTRODUCTION

1.1 Background

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

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

Starting FY2021/22, the BMAU is undertaking Programme-Based Monitoring to assess performance against targets and outcomes in the Programme Implementation Action Plans (PIAPs) of the third National Development Plan (NDPIII). Semi-Annual and Annual field monitoring of government programmes and projects is undertaken to verify receipt and application of funds by the user entities and beneficiaries, the outputs and intermediate outcomes achieved, and level of gender and equity compliance in the budget execution processes. The monitoring also reviews the coherency in implementing the PIAP interventions; the level of cohesion between sub-programmes; and challenges of implementation.

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

This report therefore, presents findings from monitoring the Human Capital Development Programme for the budget execution period 1st July to 31st December 2021.

1.2 Human Capital Development Programme

The Programme primarily contributes to objective four of the NDP-III. i.e. *enhancing the productivity and social wellbeing of the population.*

The Lead agencies for this programme are: Ministry of Education (MoES), Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MoGLSD), Ministry of Water and Environment (MWE), Public Universities and Local Governments (LGs). While other partner/complimentary agencies are Ministry of Finance, Planning and Economic Development (MFPED), Ministry of Public Service (MoPS), National Planning Authority (NPA), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Information, Communication Technology and National Guidance (MoICT&NG), Uganda Bureau of Statistics(UBOS), and the Private Sector among others.

1.3 Programme Goal and Objectives

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

1.4 Key Programme Outcomes

The key expected results include; increased proportion of the labour force transiting to gainful employment; increased years of schooling; improved child and maternal outcomes; increased life expectancy; increased access to safe and clean water and sanitation; and increased access by the population to social protection.

1.5 Programme Priorities and Implementation

Over the five-year period of the NDP III, the Government of Uganda will focus on addressing the challenge of low labor productivity by improving the health of the labor force, focusing on massive skills training programs targeting the rapid build-up of skills among the youthful labor force. To address the gaps, short, medium and long term interventions will be implemented. The envisaged change will be achieved through integral stakeholder collaborations in the implementation of interventions.

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

1.6 Structure of the Report

The report presents information related to this Programme in the subsequent chapters as follows: Methodology; Overall Programme Performance; Education, Sports and Skills; Labour and Employment Services; Population Health, Safety and Management Sub-Programmes; Conclusions and Recommendations.

CHAPTER 2: METHODOLOGY

2.1. Scope

This monitoring report presents progress on the implementation of selected Human Capital Development Programme interventions under the three sub-programmes of Education, Sports and Skills; Population, Health, Safety and Management; and Labour and Employment Services. A total of 29 of the 59 interventions were monitored (details in Annex 1).

2.2. Sampling

Purposive sampling method was used in selecting interventions from the Programme Implementation Action Plans (PIAPs), Ministerial Policy Statements and progress reports of the respective Sub-programmes. Priority was given to interventions/outputs that had budgets and contributed directly to the NDP III objectives and were physically verifiable under each sub-programme. In some instances, multi-stage sampling was undertaken at three levels: i) at vote level, ii) Local Government and iii) project beneficiaries. The selection of districts that were monitored took into account the aspect of regional representativeness.

2.3 Data Collection

Data was collected by three monitoring teams from various sources through a combination of approaches. Both primary and secondary data was collected from the sources through:

- Consultations and key informant interviews with project managers in implementing agencies both at the Central and Local Government level.
- Review of the PIAPs, Ministerial Policy Statements for FY 2021/22; National and Sector Budget Framework Papers; Sector project documents and Quarterly Performance Reports, Sector Work Plans, District Performance Reports, Budget Speech, Public Investment Plans, Approved Estimates of Revenue and Expenditure, and data from the Budget Website.
- Review and analysis of data from the Integrated Financial Management System (IFMS); Programme Budgeting System (PBS); Budget Website; and bank statements from some implementing agencies.
- Field visits to project areas for primary data collection, observation and photography.
- Call-backs in some cases to triangulate information.

2.4 Data Analysis

The data was analysed using both qualitative and quantitative approaches. Comparative analysis was done using the relative importance of the interventions/outputs and the overall weighted scores. Relative importance (weight) of an intervention/output monitored was based on the amount of budget attached to it, thus the higher the budget the higher the contribution of the intervention/output to the sub program performance.

Qualitative data was examined and classified in terms of constructs, themes or patterns to explain events among the beneficiaries (interpretation analysis) and reflective analysis where the monitoring teams provided an objective interpretation of the field events.

Quantitative data on the other hand was analysed using advanced excel tools to aid interpretation. Presentation took various forms including histograms, bar charts, pie charts, curves, tables and graphs among others.

The overall programme performance is an average of individual sub programme performances assessed. The performance of the programme and sub-programme was rated on the basis of the criterion in Table 2.1. Based on the rating assigned, a traffic light colour coded system was used to alert the policy makers and implementers on whether the interventions were achieved or very good performance (Green), on track or good (Dark yellow2) Some few outputs achieved (Umber) or off track (Red) to aid decision making.

Table 2.1: Assessment Guide to Measure Performance in FY 2021/22

Score	Comment	Performance Rating
90% and above	Very Good (Achieved at least 90% of outputs)	Achieved
70%-89%	Good (Achieved at least 70% of outputs)	On Track
50%- 69%	Fair (Achieved at least 50% of outputs)	Few outputs achieved
49% and below	Poor (Achieved below 50% of outputs)	Off Track

Source: Author's Compilation

Limitations

The preparation of this report was constrained by a number of factors:

- i) Misalignment of budgets to PIAP interventions as the work plans, and MPS FY 2021/2022 were prepared in sector mode. Therefore, matching of interventions/outputs to their respective budgets was a challenge. In some instances, interventions planned for did not have a corresponding budget and therefore most of them were not assessed.
- ii) High dependency on the secondary data for the programme outcomes.
- iii) Lack of reliable and real time financial data on donor financing as this aspect is not accessible on the IFMS. Relatedly some of the implementing agencies were operating manual accounting systems which limited access to credible expenditure data.

CHAPTER 3: PROGRAMME PERFORMANCE

3.1. Financial Performance

The Programme budget for FY 2021/2022 including external financing is Ug shs 7,460bn against the NDP III projected budget of Ug shs 10,358bn which translates to 72%% of the budget financed. By 31st December 2021, Ug shs 4,150bn (55.6%) was released and Ug shs 3,125.01bn (75.2%) expended (refer to table 3.1 for details). The budget deficit negatively impacted on the performance of a number of interventions under the programme.

Table 3.1: Financial performance of the Human Capital Development Programme by 31st December 2021

Sub-Programme	Budget (Ug shs Bn)	Releases	Expenditure	% of releases spent
Education Sports and Skills	3,732.83	1,757.771	1,640.127	93.3
Labour and Employment Services	134.128	62.089	55.383	89.1
Population Health, Safety and Management	3,355.901	2,162.159	1,313.293	60.7
Gender and Social Protection	225.537	160.638	109.412	68.1
Total	7,459.17	4,142.657	3,118.215	75.2

Source: IFMS

Overall release and absorption was good at 75.2%. However, at sub-programme level, absorption rates varied with the Labour and Employment Services Sub-Programme having the highest absorption at 98.4%, while the Population, Health and Safety Sub-Programme had the least absorption rate (60.7%). The high absorption rates were on account of the wage and non-wage recurrent budgets that performed well, while the low absorption in the programme, was mainly attributed to delayed procurements as a result of the presidential directive that required all construction sites under the Population and Safety as well as Education, Sports and Skills sub-programmes to be handed over UPDF Engineering Brigade.

The absorption levels affected the timely attainment of set targets. In some instances, discrepancies were noted between the reported Integrated Financial Management release figures and the beneficiary heads of departments and implementing entities. Whereas the analysis/assessment of budget performance is in line with the NDP III interventions, budgeting was based on the old sector budgeting approach therefore, some interventions budgets overlapped.

3.2 Overall Performance

The programme performance was fair at 68.4% with the two sub-programmes of Education, Sports and Skills; Population, Health, Safety and Management registering good performance while Labour and Employment Services registered fair performance. (59.4%). Refer to table 3.2 for details.

Table 3.2: Performance of the Human Capital Development Programme by 31st December 2021

Sub-Programme	Physical Performance (%)	Performance Status/Remark
Education Sports and Skills	74.9	Good performance
Labour and Employment Services	59.4	Fair performance
Population Health, Safety and Management	71	Good performance
Overall	68.4	Fair performance

Source: Field findings

Key achievements under the programme by half year included: appointment of personnel in the health and education sub-programmes; provision of instructional materials, equipment and installation; distribution of pharmaceutical medical supplies, support to sports activities; provision of safe water, sanitation and hygiene services as highlighted below:

Appointment of personnel into service: 482 health workers (against 1,200 planned) and 656 temporary health workers to support in COVID-19 emergency treatment and care were recruited; 1,718 secondary school teachers (1,022 males, 696 females) were recruited against 1,150 planned and recruitment of critical Education and Health personnel was ongoing by the District Service Commissions. The good performance on the appointment of teachers was attributed to recruitments in Inter-Governmental Fiscal Transfers (UgIFT) schools.

Provision of instructional materials, equipment and installation: Procurement of instructional materials in the primary sub-sector was ongoing and assorted textbooks (7,704,658) were distributed to 157 secondary schools, including specialised teaching technology and instructional materials for the special needs learners.

Equipment for the Intensive Care Units' (ICU) in the Regional Referral Hospitals (RRHs) was procured although installation was not complete as remodeling of some of the ICU units was underway for example in Masaka and Mbale. Such equipment included: assorted orthopedic equipment, nuclear medicine equipment, critical care equipment, laboratory and surgical equipment, imaging equipment, and medical and hospital furniture.

In Yumbe and Kayunga Regional Referral Hospitals; critical care, laboratory, surgical and imaging equipment were procured and installed however usage of some of the equipment awaited the approvals by the National Advisory Committee on Medical Equipment. Furthermore, the four Technical Vocational Education and Training (TVET) centers of excellence of Uganda Technical College-Lira, Bushenyi, Elgon and Bukalasa and 12 Vocational Training Institutions received equipment to support teaching and training of TVET. For example, UTC Lira received road construction equipment.

Distribution of pharmaceutical medical supplies: The programme facilitated distribution of pharmaceutical medical supplies worth Ug shs 290bn to 3,247 health institutions and prioritized procurement and distribution of COVID-19 Vaccines. The polio vaccination

campaign under the theme, “*Keep Uganda Polio Free*” that targeted the under-five (5) year olds was successful with an achievement of over 100% of the target population immunised. The good performance was attributed to effective stakeholder collaborations within the programme leading to good mobilisation and sensitisation of communities about the uptake of immunisation services and ensured that all children in their respective jurisdictions were fully immunised. The above performance notwithstanding, the National Vaccination Campaign against COVID-19 was poor, with only 17% of 45% target population immunised.

Support to sports activities: The programme facilitated athletes to participate in the Tokyo 2020 Olympic and Paralympic Games where Uganda attained 13 medals overall and continued to provide support to different sports associations to prepare and participate in upcoming six international sports championships. Civil works to up-grade and renovate the Mandela National Stadium-Namboole commenced with the construction of the perimeter wall around the stadium land.

Access to safe water, sanitation and hygiene: The programme continued to increase access to inclusive safe water, sanitation and hygiene, by construction of five piped water supply systems in rural areas including Rwenkureju-Kanyabwanga (95%), Kahama II (75%), Nyabuhikye-Kikyenkya (77%), Lukalu-Kabasanda (94%), and Orom (94%). A total of 2,005 yard taps were made; 29 schools (primary and secondary), 11 health centers and four religious institutions were supplied with safe water. Physical progress for the 40 solar mini piped schemes was at 82%. Construction of new point water sources was at 34.8% in the District Local Governments; drilling of boreholes and rehabilitation of water had just started. At least 60.8% of districts commenced water quality surveillance to ensure provision of safe water supply.

Construction of public sanitation facilities was ongoing in the seven towns of Kayunga-Busana, Kyenjojo-Katooke, Nakasongola, Buikwe, Bundibugyo, Kapchorwa and Busia, and in four LGs of Oyam, Tororo, Busia and Kumi. In addition, two schools of Padibe Boys P/S and Padibe P.7 School under Padibe Water Supply and Sanitation project received three gender separated toilet blocks inclusive of People with Disability (PWD) assistive accessories and an incinerator to cater for girls’ sanitary needs. Social behavior change communication for promotion of sanitation and hygiene at household level was ongoing through Community Led Total Sanitation and Home Improvement Campaign approaches.

Support to Educational Institutions re-opening: The programme facilitated activities of re-opening all the 75,455 government education institutions with strict adherence to Standard Operating Procedures (SOPs) to mitigate the spread of COVID-19. However, the two years of lockdown due to COVID-19 restrictions exacerbated the situation of overcrowding especially in lower primary levels and as a result some learners were still studying under trees. This was partly attributed to closure of many private schools during lockdown. In some schools, the pupil classroom ratio was 1:100 in lower primary school against a national recommended standard of 1:53 at primary level.

Gender and equity mainstreaming; The programme integrated gender and equity issues in almost all the activities implemented such as provision of ramps and other PWD assistive accessories except in a few construction projects. For example, male and female dormitory blocks constructed at Uganda Petroleum Institute-Kigumba (UPIK) lacked a ramp and the in-patient toilets at the newly constructed RRH in Yumbe lacked separate washroom facilities for

male and female. Through the water and sanitation pro-poor initiatives, 47 public stand posts with lower tariff charges, 11 solar powered mini piped systems which addressed issues of distance travelled and time spent at water points, and public sanitation facilities were constructed in seven districts. The inclusion of women in key positions on the water source committees was prioritised as guided by the Water and Sanitation (WASH) gender guidelines.

Deliberate initiatives were made by the National Council of Higher Education (NCHE) to address gender and equity mainstreaming issues in Higher Education Institutions through the Institutional Licensing and Accreditation processes. The National Strategy against Child Marriages and Teenage Pregnancy guidelines were disseminated to 2,405 participants in 37 districts and “**Go back to school campaigns**” were successfully organised in the Central and Eastern regions. Schools were supported to register cases of violence against children, in addition, 234 teachers (133 females, 101 males) were trained on sexual maturation and menstrual health in seven districts. Despite the interventions, menstruation hygiene continues to be one of the key factors associated with school absenteeism among young adolescent girls because less than 50% of school’s have washrooms, changing rooms and hand washing facilities.

The above achievements notwithstanding, most construction projects in the programme were behind schedule, and this was attributed to the Presidential Directive that required all health and school facilities to be constructed by the UPDF Engineering Brigade which delayed procurement processes.

Challenges

- i) Poor alignment of the PIAP commitments into the Annualised Budgets to ensure attainment of programme objectives; whereas the NDPIII aimed at weeding out duplication and redundancies to facilitate efficiency in service delivery, programme implementation was delivered through the silo sector approach as the budgets in the Ministerial Policy Statements were aligned to the old sector budgeting approach, not the programme interventions as indicated in the PIAP.
- ii) Delayed issuance of implementation guidelines; following the presidential directive that required all constructions to be handled by the UPDF Engineering Brigade, there was a delay in issuance of implementation guidelines leading to late procurement and poor absorption of funds.

Recommendations

- i) The National Planning Authority, MFPED through the Desk Officers and all sub-programme votes should align the NDPIII interventions and PIAPs with the Annualised budgets and work plans to attainment of Uganda’s development objectives.
- ii) The HCD Programme Working Group should ensure that all its agencies prioritise and sequence projects that are critical to the attainment of the programme outcomes in a phased manner and ensure that they are fully funded to completion in the medium term.
- iii) The Ministry of Public Service together with the Ministry of Health, and Ministry of Education and Sports should fast track the review of the staffing structure in Health and Education and thereafter recruit the required personnel to improve service delivery.

CHAPTER 4: EDUCATION, SPORTS AND SKILLS SUB-PROGRAMME

4.1 Introduction

In line with the National Development Plan III objectives, the sub-programme aims at; improving the foundations for human capital development; ii) streamlining Science, Technology, Engineering and Innovation (STEI)/ Science, Technology, Engineering and Mathematics (STEM) in the education system, iii) promoting Sports, recreation, and physical education, and; iv) producing appropriate knowledgeable, skilled and ethical labour force (with strong emphasis on The analysis science and technology, TVET and Sports). The expected outcomes are; i) increased quality adjusted years of schooling and increased average years of schooling; ii) increased ratio of Science and Technology graduates to Arts graduates from 2:5 to 3:5, and; iii) improvement in the world sports ranking in niche sports: football (77th to 70th); netball (6th to 4th); athletics (9th to 4th).

The sub-programme interventions are implemented under various agencies including: Ministry of Education and Sports (MoES), Uganda National Examinations Board (UNEB), National Council for Higher Education, Uganda Business and Technical Examinations Board (UBTEB), Education Service Commission (ESC), Public Universities, National Curriculum Development Center (NCDC) and Local Governments (LGs). The other partner agencies include the Ministry of Health (MoH), Ministry of Gender, Labour and Social Development (MGLSD), Ministry of ICT and National Guidance (MoICT&NG), Ministry of Water and Environment (MWE) among others.

4.1.1 Overview of the Education and Sports Sub-Programmes Financial Performance

The overall Education and Sports Sub-Programme budget for FY 2021/22 including external financing is Ug shs 3,732.832bn, of which Ug shs 1,757.771 (47.1%) was released and Ug shs 1,640.127bn (93.3%) spent by 31st December 2021. Overall release and expenditure performance was good (47.1% and 93.3% respectively). Specifically, the recurrent budget is Ug shs 3,320bn, of which Ug shs 1,571bn (47%) was released and Ug shs 1,478bn (94.0%) expended by 31st December 2021. On the other hand, the development budget is Ug shs 546.207bn, of which Ug shs 248.092bn (45.42%) was released and Ug shs 217.331bn (87.6%) expended by 31st December, 2021.

4.1.2 Sub-Programme Performance

As outlined in the NDPIII, the sub-programme has 23 interventions, of which 18 were partially budgeted for in FY 2021/22. Of these 13 were monitored. Overall performance of the Education, Sports and Skills sub-programme was good (76.15%).

Table 4.1: Overview of the Interventions Performance by February 2022

a	Intervention	Performance Rating	Remarks
1	Institutionalise training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards		Only 4.8% of the budget released and less than 30% of half year targets achieved with support from UNICEF and other partners.
2	Increase access to immunisation against childhood diseases		Achieved with over 100% target population immunised
3	Improve adolescent and youth health		On-track with additional support from UNFPA, GIZ FAWA.
4	Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards		Construction delays attributed to the Presidential directive.
5	Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy		No funds released for the Implementation of planned outputs
6	Implement a National Strategy against Child Marriage and Teenage Pregnancy		On track
8	Provide early exposure of STEM/STEI to children (e.g. introduction of innovative science projects to primary schools)		Procurement of Science Kits was at Contract Award level
9	Prioritize investment in STEI/STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing		Implementation of planned activities was delayed by inadequate release of funds and COVID-19 disruptions
10	Develop and implement a framework for institutionalising talent identification, development, and professionalisation		Procurement for a consultant for talent identification process and nurturing framework had commenced.
11	Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials		Most of the activities were not done due to inadequate release of funds and COVID restrictions.
12	Maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, local government and schools in line with the country's niche' sports (i.e. football, netball, athletics, and boxing)		Construction of the perimeter wall at Namboole National Stadium by the UPDF was on-going.

a	Intervention	Performance Rating	Remarks
13	Develop and implement professional sports club structures to promote formal sports participation		NCS disbursed statutory funds to sports federations including FUFA.

Source: Author's Compilation

At intervention level, physical performance was largely fair although there was delayed issuance of guidelines on usage of funds to beneficiary entities; low/intermittent releases and delayed procurements. Whereas the analysis/assessment of budget performance is in line with the NDP III interventions, budgeting was based on the old sector budgeting approach which caused overlaps in some interventions' budgets. Details of performance of the 13 interventions are presented hereafter.

4.2: Institutionalise training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards

Early Childhood Development (ECD) is part of the transformative agendas of NDP III that emphasises the need to; i) improve access to ECD services, ii) enroll ECD caregiver trainees on state sponsorship in public Primary Teachers Colleges (PTCs); and In-service ECD caregivers and Pre-Primary teachers trained on the ECCE national Training framework, ii) register ECD centers, and; iii) produce ECD Inspection Reports.

The lead implementing agencies are the MGLSD, MoES, NCDC, LGs, and Private School Proprietors. The MoES, which is mandated by the ECD Policy (2007), to have an oversight role over the ECD centers was monitored and activities were largely planned and implemented under the Basic Education Department. These included: licensing of 1,000 ECD centers, registering 500 Centers through training, monitoring of 1,000 ECD Centers, popularising the Early Childhood Care and Education (ECCE) Policy; and, strengthening capacity of focal persons, District/Municipal/City Education Officers, District /Municipal Inspectors of Schools, Foundation bodies, Representatives of Preprimary and Primary Head Teachers on ECCE Service Delivery in the districts of Gulu, Amuru, Dokolo, Sheema, Ntungamo, Kazo, Kamwenge and Bushenyi.

The intervention approved budget in FY 2021/22 is Ug shs 0.377bn, of which Ug shs 0.018bn (4.8%) was released and spent by 31st December, 2021. The intervention's performance was poor as less than 30% of the half year set targets were achieved. This was mainly attributed to the inadequate release of funds at 4.8%. The un-accomplished outputs included: roll out of the ECD delivery framework, monitoring delivery of integrated ECD services in LGs, strengthening coordination of ECD service providers at National and Local Governments levels, and training of Center Management Committees (CMCs) to enhance school level inspections.

However, with support from the United Nations Children's Education Fund (UNICEF), Save the Children's Fund and World Vision, the MoES in partnership with the Technical Working Groups engaged over sixty-five (65) proprietors on licensing and registration of ECD centres in Gulu, Amuru, Kazo and Kiruhura district and monitored 20 centers in Gulu and Amuru LGs.

In light of the financial performance at half year with only 4.8% of the budget released, the existing challenges such as limited access to ECCE services, ineffective regulation of ECCE

delivery, limited awareness of the importance of ECCE, inconsistent levels of family and community engagement, uncoordinated efforts in ECCE delivery among others will persistently continue to affect the quality of ECD service delivery.

The MoES should prioritise funding of ECD activities because of its critical importance of building the foundations for human capital development.

4.3: Increase access to immunisation against childhood diseases

Schools have the target population (age-groups) and are key partners that offer an effective platform for reaching children and adolescents with vaccination services, as well as an opportunity to catch-up with children who may not have received all age-appropriate vaccines. The under five year children are vaccinated against the eight immunisable diseases, the 10-year-old girls are immunised against Human Papilloma-Virus (HPV) while the 15-year-olds and above adolescent girls are immunised against Tetanus.

The intervention aims at reducing child mortality, improving child survival and building a strong foundation for Human Capital Development. The key implementing agencies for the intervention are: MoH, National Medical Stores (NMS) and LGs in collaboration with MoES, World Health Organisation (WHO), Global Alliance for Vaccines and Immunization (GAVI), UNICEF, Center for Diseases Control (CDC), Bill and Melinda Gates Foundation. The objective of the intervention is to ensure that the target population is fully immunised.

In FY 2021/22, the MoH through the Expanded Programme for Immunization (EPI) planned to immunise 33,740 ten-year-old girls against the Human Papilloma-Virus (HPV) and continue with other supplemental and routine immunisation campaigns in schools in partnership with the MoES and the LGs (*detailed financing of the intervention refer to chapter 6, intervention 6.2 and 6.3*). By February 2022, 88% of girls targeted for the first dose of the HPV- vaccine (HPV-1) and 50.1% of girls targeted for the second dose (HPV-II) were immunised. Additionally, the polio vaccination campaign under the theme, “*Keep Uganda Polio Free*” was launched and children under the age of five years targeting especially the pre-primary school section were successfully immunised with an achievement of over 100% performance.

The good performance was attributed to collaborations with the MoES in partnership with the school head teachers, administrators, management committees and teachers who mobilised and sensitised communities about the uptake of immunisation services and ensured that all children in their respective schools were fully immunized. Furthermore, school managements displayed Information, Education and Communication (IEC) materials provided by the District Health Officers to inform and educate pupils about the immunisation and incorporated health related information such as health talks into the school activities. Messages encouraging immunisation continued to be displayed on school compounds in what is known as “*Talking compounds*”.

Despite the above performance, overall vaccination completion rate is 48.6% (<https://bmchealthservres.biomedcentral>) against the overall national target of 90% for all vaccines while the dropout rate for the HPV-II alone is 43.1%. This explains the repeated outbreaks of vaccine preventable diseases especially measles. The low uptake of immunisation is mainly attributed to parents’ (especially maternal) education levels, cultural and religious beliefs and inadequate awareness among parents due to limited exposure to media and the situation was exacerbated by the COVID-19 lockdown restrictions.

Continued sensitisation and routine immunisation strategies emphasizing the benefits of complete childhood immunisation should be strengthened especially at school level to fully incorporate the target groups.

4.4: Improve Adolescent and Youth Health

In line with Vision 2040 goals, the GoU has prioritised investment in adolescent health initiatives with the aim of improving access to adolescent health friendly services, establishing community adolescent and youth-friendly spaces at sub-county level and including the youth on Village Health Teams. The lead implementing agencies for this intervention are MoH, RRHs, LGs and MGLSD and are complemented by the MoES.

This FY, the sub-programme planned to conduct key stakeholder consultations for the development of the National School Health Policy in Western Uganda, and joint support supervision and mentorship on school health programmes in Mbale for the Eastern Region and build capacity for 1,000 teachers, instructors and tutors on adolescent health, disseminate guidelines for senior women and male teachers in four districts of Kapchorwa, Kween, Kasese Ntoroko and in the six districts of Karamoja. *(For details on Adolescent Health refer to Chapter six: 6.1- Improve maternal, adolescent and child health services at all levels of care).*

Whereas the approved budget for the implementation of the intervention was not disaggregated, activities were also funded off-budget with additional support from the United Nations Population Fund (UNFPA), The German Agency for International Cooperation (GIZ) and Forum for African Women Educationalists (FAWE).

By half year, the performance of the intervention was fair. The sub-programme with support from UNFPA developed the costed implementation plan for the school health policy, held key stakeholder consultations on the National School Health Policy and with extra funding from GIZ and FAWE, the Senior Women and Male Teachers Guidelines were disseminated in the districts of Kapchorwa, Kasese, Ntoroko, Kasanda, Mubende, Mukono, Namayingo, Namutumba, Mayuge and Lamwo in the refugee host areas. However, due to non-release of funds the joint support supervision and mentorship on school health programs was not conducted.

The above intervention performance notwithstanding, a number of barriers continue to undermine effective provision of key adolescent and youth health services both in schools and in the health care systems. Adolescents continue to face hostile and judgmental reception from teachers and health workers, limited privacy and confidentiality of services attributed to inadequate specific training of health workers and teachers on how to relate appropriately with adolescents, an adolescent non-responsive infrastructure and an expensive health care system often leaves them a forgotten target group of health programs.

Fast tracking the development and dissemination of the National School Health and Adolescent Health Policies will improve health service delivery and safe school environment for adolescents and scaling up the peer approach, by having specially trained young health workers to attend to adolescents and youth will help to win their trust to seek health care services.

4.5: Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards

Basic requirements are minimum necessities for the provision of quality education and training in education institutions such as classroom facilities, instructional/reading materials and staff organisation and development. While minimum standards on the other hand refer to the basic set measures or benchmarks of expected performance and achievement for effective teaching, learning and institutional management. For instance, the national minimum standard for classroom pupil ratio is 1:53 at primary level and 1:60 at secondary. Latrine stance; pupil ratio is 1:40; pupil book ratio 1:1, and pupil teacher ratio is 53:1 at primary and 40:1 at secondary level.

The MoES, LGs, Uganda National Examinations Board, NCHE, Education Service Commission and the NCDC contribute to the intervention.

The planned outputs FY 2021/22, include: provision of capitation grants to 75,444 education institutions, monitoring and supervision of all education institutions; provision of instructional materials; construction and rehabilitation of 1,325 classrooms, 13 administration blocks, 4 multi-purpose blocks 2,137 latrine stances; 186 teachers'/staff houses, procurement of over 11,226 desks; recruitment of 1,150 education personnel; conducting of examinations and certification, curriculum development; accreditation and quality assurance. The approved intervention budget FY 2021/2022 is Ug shs 904.087bn, of which Ug shs 339.764bn (37.5%) was released and Ug shs 261.170bn spent by 31st December 2021.

Overall performance of the intervention was fair (65.1 %). Implementation of most planned outputs was on track except for the construction and rehabilitation of learning facilities where some procurements had not been concluded by February 2022, and some projects had stalled works. Presented below is a status of implementation of the different planned outputs by February, 2022.

Provision of Capitation Grant

The programme provided capitation grants to all levels of education. The purpose of the grant is to cater for operational costs, provision of scholastic materials, facilitation of co-curricular activities and payment of salary to support staff. This FY, the annual capitation rates were revised upwards for Universal Primary Education (UPE) schools from Ug shs 15,000 to Ug shs 17,000, Universal Secondary Education (USE) “O” Level to Ug shs 174,000 “A” level is Ug shs 255,000, Special Needs Education at Ug shs 400,000 while Technical Colleges are at Ug shs 163,800. The Vocational Technical Colleges (VTCs) however do not have a standard rate.

By February 2022, all institutions of learning in the 39 districts monitored had received capitation except Busano SSS in Mbale District.

Following guidelines from the MoES, all the districts utilised the funds to procure SOP consumables that included foot operated hand washing facilities, temperature guns, soap and disinfectants, and renovation/refurbishment of schools in preparation of school re-opening.

There was evidence of painting and minor repairs in some schools monitored. However, in other districts, the Accounting Officers went into full procurement processes to have the schools rehabilitated and works had not started. For example; districts such as Arua, Kasanda, Mityana, had conducted needs assessments for the schools and generated bills of quantities;

Lwengo and Mukono districts finalised procurement while in Rukungiri District, a contract was signed for rehabilitation of schools at a cost of Ug shs 900 million.



Left- Right: Interior and exterior painting done in one of the classrooms at Kitembo Primary School in Kalungu District and Wairaka Primarv School in Jinia District respectively

Despite an increase in nominal UPE capitation grant rate, it is still inadequate to deliver meaningful equitable education outcomes as each pupil is calculated at a rate of Ug shs 87 per day.

b) Monitoring, Inspection and Support Supervision

All the education institutions were monitored in preparation for school re-opening, compliance to standards, pedagogy and usage of instructional materials as per the plan. The Education Standards Agency (ESA) for example, inspected 620 secondary schools, 250 BTVET institutions and 23 core Primary Teachers Colleges on implementation of the inspection recommendations.

Out of the monitoring and inspection reports, the primary head teachers submitted their school improvement plans which included; maintenance of daily pupil attendance, provision of midday meals to pupils, monitoring of daily teachers' attendance and punctuality and rewarding pupils and teachers who are punctual and attend school regularly.

The teacher and learner attendance averaged at 80% and 60% respectively during the first week; however, attendance improved in the second and third weeks of the term. Peri-urban schools had more attendance than rural ones and there were more learners in the lower classes than in the upper classes. Over 60% of the schools monitored did not register any pregnant or breastfeeding mothers upon school re-opening however some challenges were noted and these included;

i) Increased enrolment in public schools as a result of the closure of private schools during lockdown leading to overcrowding in schools and worsening of the pupil; teacher ratios. For example, in Rakai District 67 private primary schools closed, while 62 closed in Kagadi District. Budaka District reported an increase from 56,000 to 70,000 learners, while in Kagadi District learners increased from 68,000 to 80,000 after the lockdown.

ii) Inadequate classroom space made observance of SOPs such as social distancing unachievable and many schools in various districts resorted to conducting lessons under trees.

Kagadi District, for instance, had over 30 primary P.7 schools with only two permanent classrooms.

iii) Vandalism of school property especially the electrical and doors to classrooms and latrines. This was especially experienced in Eastern part of the country.

iv) Inadequate Inspection Grant limited the districts' coverage of private schools as priority was given to Government schools. This led to mushrooming of many illegal schools that did not meet the basic requirements and minimum standards.



L-R: A teacher conducting lessons for a P.3 class at Ragem P/S-Arua Districts under trees with an enrollment of 206 pupils (80 boys, 126 girls), while on the right a private school- Yelusalemi Primary in Butandiga Sub-County, Sironko District operating without a license

c) Provision of Instructional Materials

Procurement of instructional materials was ongoing for the primary and special needs pupils. For example, the contracts committee approved procurement of 400 science kits, metallic storage cabinets and bids were evaluated for specialised equipment for learners with special needs. These included: 100 talking calculators, 100 teller frames and types, 100 cube frames and cubes, four translators DBT, three scanners, three optelec clear readers. The contract was awarded for the adaptation of Mathematics and English for Lower Secondary Curriculum into accessible formats.

Assorted textbooks (7,704,658) were distributed to 157 secondary schools and distribution of 19,377,177 copies of home study materials was ongoing. In a bid to improve teaching of practical sciences at secondary level, 50,000 copies of laboratory materials and teacher's guides for Physics, Chemistry and Biology were procured and distributed.

Whereas the intervention is to improve pupil/student: book ratio, some schools did not receive the text books while others received fewer copies compared to the pupil/student population. For example, Kinuma PS in Bigando Parish Masindi District received three teacher's guides without textbooks, 12 primary schools in Jinja District did not receive teachers' guides and Kyeterechera Parents School in Kagadi District did not get the materials.

Furthermore, the home study materials for P.1 - P.4 were supposed to be distributed to learners during the lockdown to facilitate continuity of learning, however the activity was delayed in many districts. Some districts received the materials in December 2021 and distribution was ongoing during February 2022.

The late distribution of these materials in most districts defeated the intended purpose as many learners did not access them during the lockdown period. Despite head teachers mobilising learners to come to schools and pick the materials, there was evidence of home learning materials lying in offices of District Education Officers and Head Teachers in many schools monitored. *“Very few learners accessed them and even fewer parents/guardians could help learners in homes using these materials. Yet for some subjects we received very few copies, in many schools, books are lying in the Head Teachers’ offices,”* DEO Budaka District.

e) Construction/ Rehabilitation of Physical Infrastructure under the Sub-Programme

Construction and rehabilitation of facilities under the sub-programme was ongoing in over 60% of the sampled education institutions. However, implementation varied across the institutions with some registering good progress, while others were behind schedule. In other instances, procurements were ongoing for contractors by February 2022 and some projects had stalled works (see table 4.2).

Table 4.2: Status of Construction of Selected Infrastructure Projects/Grants by February 2022

Ongoing		Lagging/Behind Schedule	
Project	Remark	Project	Remark
Sector Development Grants (SFG, DDEG)	Construction in all the 33 District LGs at completion level	Emergency Construction of Primary Schools Phase II	Eleven out of 72 schools received funds for construction. Three of the 11 schools did not start construction.
UgIFT Phase II	Bids evaluated the 115 Seed Secondary Schools	Development of Secondary Education II Project	New construction works did not commence.
Uganda Petroleum Institute -Kigumba (UPIK)	Overall progress- 86.6%.	Uganda Intergovernmental Fiscal Transfers (UgIFT) Phase I	Targets for phase 1 were missed and this was attributed to initial delays in procurement at the start of the project
Infrastructure Development in Public Universities	Civil works in the Universities of Busitema, Muni, Makerere, Mbarara, Gulu and Kabale were ongoing	The Technical Vocational Education and Training Project(TVET-LEAD)	Facilities not in use, several years after construction started. For example Administration block at UTC Bushenyi, facilities at Bamunanika TI were incomplete due intermittent release of funds

Source: Field Findings



L-R: A two-classroom block constructed at Kitembo Primary School, Kalungu District under the SFG, and a two-classroom block constructed at Kasheshe Primary, Rukungiri District under the Transitional Grant

The good construction progress observed in LGs was associated with timely guidance from the MoES, procurement and disbursement of funds. For instance; the budget deficit of 45.7%, negatively impacted the performance of a number of interventions under the programme. Construction of the male dormitory block at Uganda Petroleum Institute Kigumba (UPIK) was completed, while the female dormitory block was 87% complete, the lecture, library and ICT block was at 73% complete.



L-R: A rear view of the ongoing construction of the lecture hall, library and ICT blocks with overall progress at 73% and; a ramp provision for PWDs on the same block

The slow progress on the other hand was attributed to; the Presidential Directive that required all construction sites to be handed over to the National Enterprise Company (NEC) under Uganda Peoples' Defense Forces (UPDF); poor planning of project implementers, and; inadequate release of funds. For example, under the Emergency Construction of Primary Schools Project Phase II, only 11 schools out of the 72 planned in the FY, received funds and three of the 11 schools had not started civil works by January 2022 (i.e. Aciro Corner P/S

Kaberaido Nakanyonyi CU P/s in Mukono and Nkogooro P/S in Ntungamo. Civil works under Development of Secondary Education II Project had not commenced for most of the planned sites. However, bills of quantities were prepared for 37 out of the 65 planned schools

The construction delays affected the learning of pupils especially in schools that urgently needed the classroom facilities like Maziba Primary School, Kabale District where an eight classroom block was swept away by a landslide. The two-year lockdown exacerbated the situation of overcrowding especially in lower primary levels as a number of schools had dilapidated or inadequate facilities.

Furthermore, the percentage of the grant allocated to the operation and maintenance of school infrastructure remained inadequate to allow schools to effectively plan for maintaining their infrastructure. An attempt to address the challenges of teacher accommodation and provision of gender and disability inclusive emptyable VIP latrines was limited due to inadequate financing. In Mbale District, 7 out of 65 government aided primary schools had a stance ratio of 1:43, the rest had an average ratio of 1:100 with Jewa Primary School in Mbale District having the highest ratio of 1:40.



L-R: A crowded P.I Class of 124 pupils at Wairaka Primary School, Jinja District, and; remains of the eight classroom block that was swept away by a landslide at Maziba Primary School, Kabale District

f) Examination Assessment and Certification

The common mandate of the national assessment bodies is to streamline, regulate, coordinate and conduct credible national examinations and award at different education levels in line with the NDP III interventions. These included the Uganda National Examinations Board (for Primary and Secondary levels), the Uganda Nurses and Midwives Examinations Board (for Nurses and Midwives), and; Uganda Allied Health Examinations Board (for Allied Health). The Uganda National Examinations Board was assessed and below are the findings;

The Uganda National Examinations Board (UNEB) planned to: register 730,582 candidates for PLE; 457,549 candidates for UCE and UACE; train 600 new examiners for PLE, prepare 12 sets of papers; hire 60,000 officers for exams management; train 1,100 examiners; hire 33,000

officers and 400 SNE officers, set 252 papers; procure 600 braille and print 9,050 booklets. Additionally, the Board planned to complete the Kyambogo Storage Facility; procure and install the surveillance system, hire a consultant for the digital center, and extend the Ntinda Annex office block.

By February 2022, a total of 620 new examiners were trained; 12 sets of test papers developed and moderated; 749,761 PLE result slips printed; report on work of candidates developed and sent to portals for all sitting centers, 86 centers validated of which 71 were approved as new PLE sitting centers. At the secondary level, 650 UCE and 380 UACE new examiners trained; 136 UCE and 116 UACE examination question papers set and moderated; procured result slip print materials for 351,225 UCE and 106,324 UACE candidates, 408 new secondary examination centers validated; seven new storage stations validated out of which two were approved and continuous assessment tools and frameworks developed for UCE sciences and languages.

To improve safety of examination materials, the Board under the UNEB Infrastructure Development Project, continued with the construction of the storage facility at Kyambogo. Phase I that included the construction of the six level facility was completed in September 2021. Phase II of the project that included construction of the third and fourth floors had progressed to 68% (roofing level) and the contractor was on schedule. Plumbing works, electrical works and earthworks were ongoing. The generator was delivered pending installation.

Due to the 80% freeze on the retooling budget, the board could not implement activities such as digitising the certificates, procurement of scanners and metallic boxes and roofing the storage containers. In addition, the staggered re-opening of the institutions disrupted the examination cycle.

h) Recruitment and Confirmation of Education Personnel

The Education Service Commission (ESC) is mandated to appoint, confirm and validate Education Personnel for secondary, BT/VET and other tertiary institutions while for primary schools the role was decentralised to District Service Commissions (DSC). The ESC planned outputs include: appointment of 1,150, confirmation of 1,150, validation of 1,500 personnel, regularisation of appointments for 24 officers, while 24 personnel were to be granted study leave and carry out disciplinary actions. Additionally, the MFPED provided additional resources to LGs to facilitate the recruitment of critical staff in the Education, Health, Water and Environment sectors. Priority of recruitment in the Education sector is the least staffed districts, refugee hosting districts, newly constructed seed schools and schools with insufficient inspectors. Status of performance is detailed below;

The ESC appointed 1,718 personnel (1,022 males, 696 females), confirmed 1,186 personnel (809 males, 377 females) and granted study leave to 11 personnel (7 males, 4 females). The ESC overachieved on the appointment targets because of the recruitments in UgIFT schools. A country-wide validation exercise was planned for Q3 to establish the number of teachers who have returned to schools after the lockdown and also to weed out ghost teachers.

Recruitments by the DSCs was ongoing at different levels in the districts monitored. Most districts had concluded the exercise, while others were conducting interviews or had placed adverts in the media. Personnel recruited included the Inspectors of Schools, Head Teachers, Deputy Head teachers, Senior Education Assistants, and Education Assistants. Some districts complained about a lack of approved structures which affected their recruitment plans and the changing number of teachers on the payroll.



Induction session of the six newly recruited Inspectors of Schools in Rakai District being facilitated by the retired DEO

i) Accreditation and Quality Assurance

The provisions of the Universities and Other Tertiary Institutions' Act, (2001), empowers the National Council of Higher Education (NCHE) to make regulations and ensure provision of quality higher education. The Council regulates 247 Higher Education Institutions. In line with NDP III interventions, the council planned to monitor institutions for compliance, build capacity for management and owners of institutions, train institutional and programme assessors, accredit programmes and institutions, among others.

By 31st December, 2021 the Council had monitored 30 institutions for compliance to the set Open Distance e-Learning (ODEL) standards, accredited and/or re-accredited 157 programmes, verified and approved physical facilities that were compliant to the set standards that will accommodate 43 academic programmes.

The Council also granted a letter of interim authority to Africa Women's University of Science and Technology, and recommended a grant of charter to Victoria University. In terms of capacity building, training was conducted for the NCHE management, programme assessors, 40 peer assessors and owners of institutions to enhance their abilities while executing their mandate of quality assurance. Deliberate initiatives were made by the Council to support gender and equity mainstreaming by creating the Gender and Equity Unit under the Directorate of Institutional Licensing and Accreditation to address the gender and equity issues in Higher Education Institutions.

Despite the Council's critical role of Institutional and Programme accreditation, it has only 54 staff out of the approved staff establishment of 124. This translates into 43.6% which is below the minimum recommended staff level of at least 65%. This understaffing challenge overstretched the available staff beyond their capacity which negatively affected execution of planned activities. This coupled with inadequate vehicles to support monitoring compliance and audit activities, explains the high rise of non-compliance of some institutions because of limited mobility to Higher Education Institutions.

With a funding wage bill gap of Ug shs 1.000bn required to recruit the required staff, the Council should continuously engage the Ministry of Public Service and Ministry of Finance,

Planning and Economic Development to address the matter so as to effectively execute its mandate of Quality Assurance and Accreditation.

4.6: Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy

The Sub-programme under the MoES adopted the EGR and EGM approach to expose learners to the basic skills of reading and understanding maths at an early age. This is intended to build a firm foundation for the eventual literacy and numeracy comprehension.

This FY, the sub-programme planned to follow-up P1 to P3 teachers who were trained on EGR and EGM in 300 schools; conduct support supervision activities in the districts of Kalaki, Kaberamaido, Amudat, Yumbe and Madi Okollo print and distribute 1,000,000 EGR materials in English and local languages through the Instructional Materials Unit.

The approved budget for FY 2021/22 is Ug shs 700,000,000, however no funds were released by 31st December, 2021. It should however, be noted that the budget for printing instructional materials is integrated under the Instructional Materials Unit budget (for financial details refer to Chapter Four, section 4.5, the intervention of “*Equipping and supporting all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards intervention*”).

Performance of the intervention was poor as over 80% of the planned output targets had not been achieved by February 2022. Training teachers was not conducted, support supervision not done and procurement of printing materials was at bid evaluation stage.

Despite the gains attained over the years especially in terms of accessibility to EGRA and EGMA primers and with a number of public primary schools rolled on EGRA and EGMA, there are still wide disparities in both proficiencies of numeracy and reading between the urban and rural schools; and the privately owned and public primary schools (NAPE Reports).

4.7: Implement a National Strategy against Child Marriage and Teenage Pregnancy

The National Strategy against Child Marriage and Teenage Pregnancy is a holistic, comprehensive framework that reflects the commitment of Government of Uganda to end child marriages and other forms of violence against girls. The key strategic focus areas are; improved policy and legal environment to protect children; promotion of the girl child’s rights; improved access to quality sexual and reproductive health services, education, child protection services coordination, monitoring and evaluation mechanisms for the effective implementation of the strategy which demands coordinated efforts of all stakeholders.

The key stakeholders in the implementation of the intervention are MoES, MGLSD and National Population Council (NPC). The MoES (Gender Unit) was monitored and this FY, it planned to disseminate and popularise the Teenage Pregnancy Management and Prevention Guidelines in Western and Central regions, review the National Strategy for Violence against Children in Schools, develop and implement the abridged popular versions for Reporting, Tracking, Referral and Response (RTRR) guidelines. To implement the interventions, the sub-programme had a budget of Ug shs 144,792,000 of which Ug shs 111,540,750 (77%) was released and spent.

Overall performance of the intervention was good as over 80% of the half year targets were achieved. The National Strategy against Child Marriage and Teenage Pregnancy Guidelines were disseminated to 2,405 participants in 37 districts across the country. The Terms of Reference (ToRs) for the review of the National Strategy for Violence against Children were also presented and approved by the Monitoring and Evaluation Working Group. The procurement process of the lead consultant for this activity was under way.

Schools were also supported to register cases of Violence Against Children (VAC) through the establishment of Case Registers in the districts of Kibaale, Kiboga, Kween, Pallisa, Apac and Dokolo and cases were followed up with the Community Development Office and the Police. The Reporting, Tracking Referral and Response (RTRR) Guidelines were also shared with schools.

Cases of violence were monitored and followed up in the districts of Kalungu, Rakai, Lyantonde, Bugiri, Pallisa, Butaleja, Ntungamo, Rukungiri, Kanungu, Kasanda, Mubende, Mukono, Namayingo, Namutumba and Mayuge. The monitoring team engaged with the pregnant girls and child mothers through the school clubs and they were encouraged to return to school in reference to the guidelines for prevention and management of teenage pregnancy.

Go-back-to-school campaigns were successfully organised in the central and eastern regions in the districts of Kasanda, Mubende, Mukono, Namayingo, Namutumba and Mayuge. The campaigns were intended to increase enrollment and reduce VAC incidences in these districts.

Whereas statistical evidence showed a declining trend of teenage pregnancies before COVID, the lockdown exacerbated the vice. According to UNFP (Fact Sheet on Teenage Pregnancy, 2021), a total of 290,219 teenage pregnancies were recorded from January to September 2021, translating to over 32,000 monthly teenage pregnancies).

Additionally, despite the existing laws and policies on child marriage, inefficiencies in government institutions especially the justice systems still hamper effective enforcement of the laws as over 15% of the young girls still get married by the age of 15 and 49% are married before 18 years (UNICEF- Report, 2015). This inhibits girls' general personal capabilities and career development as many are trapped in a cycle of poverty due to limited opportunities for employment.

Moving forward, to mitigate the multifaceted drivers of child marriage and teenage pregnancy, there should be an integrated holistic approach that focuses on livelihoods, empowerment (economic and knowledge/skills), employment, and policy and legal enforcement. In addition, strengthen the existing Local Government structures such as the District Education Department, Police, Probation Officers and Community Development Office for implementation of the laws and programs of ending child marriage through continuous capacity-building and monitoring.

4.8: Provide early exposure of STEM/STEI to children (e.g. introduction of innovative science projects to primary schools)

Providing children/pupils with access to early exposure to STEM has positive impacts across the entire spectrum of learning. However, recent UNEB-NAPE reports underscore the need to strengthen the practical ways of teaching science which the intervention is addressing. The intervention is exclusively implemented under the MoES.

This FY the sub-programme under the Instructional Materials Unit planned to procure 400 Science Kits for practical science application in Government Aided Primary Schools. Each school is to receive one science kit. The objective of the intervention is to; create an interest in science right from the primary level; promote practical teaching and learning of science in primary schools; cultivate the learning of essential life skills; promote innovation and skills development, and; to promote girl's interest in science subjects.

The budget for this intervention was integrated under the overall Instructional Materials budget captured under 3.5, the intervention of "Equipping and supporting all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards intervention". By 31st December, 2021 procurement of the science kits was at the stage of approval by the Ministry Contracts Committee. However, the conclusion of the process awaits release of funds.

Despite the Government's efforts to adopt a learner-centered and new practical approach to teaching science, instructional/reading materials that promote the practical teaching and learning of science remain inadequate in primary schools. There is therefore a need to prioritise resources that will facilitate timely availability of the kits and other science instructional materials to enable learners to apply classroom knowledge and acquire skills that will help them in their daily life at home, school, and after they finish or leave school.

4.9: Prioritise investment in STEI/STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing

Uganda's development aspirations require Research and Innovation as a catalyst for the realization of Vision 2040 and to address the emerging global challenges. Government continues to demonstrate its commitment to this agenda by channeling resources through Research and Innovation Fund under Makerere University, the African Centers of Excellence (ACE II), Support to Research Institutions in Public Universities under Higher Education Department, and through the Research and Graduate Studies output in Public Universities.

The total intervention budget is Ug shs 41,629,775,032 of which Ug shs 11,328,770,247 (27%) was released and Ug shs 10,736,170,882 spent by half year. The biggest proportion of the budget being under the Research and Innovation Fund (RIF) of Makerere University.

The performance of the intervention was 57.2% and this was attributed to the inadequate release of funds and COVID-19 disruptions that affected the implementation of research and innovation activities in Public Universities. Detailed performance of the sampled institutions is presented hereafter.

Makerere University Research and Innovation Fund: Started in FY2019/20 with the main objective of supporting local generation of translatable research and scalable innovations that address key gaps required to drive Uganda's development agenda. The Fund is open to only researchers from all academic Colleges of Makerere University and thematic areas of research include: Agriculture, Animal Husbandry, Education, Business, Medicine, Tourism, Petroleum and Gas, among others. By 31st December, only 45% of the Researchers had received the funds to facilitate their research activities.

Since inception of RIF, a total of 172 major research projects have been accomplished including the COVID-19 Special Call Research Projects. Some of the tangible products that are at the point of commercialisation include:

- i) Five Pedal Foot Operated Seed Cleaners developed and distributed to five farmer groups active in grain crop production in Butansi and Namasagali sub-counties in Kamuli District. At least 450 farmers had access and used the machines since they were piloted.
- ii) Designed and constructed a Hybrid Solar Dryer (HSD) with a loading capacity of 300kg of fresh and sliced fruits (approximately 450 pineapples each weighing 1kg on average). The HSD was adapted to other produce by entrepreneurs involved in cassava, amaranth seeds, ginger, and vegetable drying. The project implementers partnered with Lutheran World Relief (LWR) an international NGO to pilot construction and testing of the hybrid dryers among Arabica coffee farmers in Kasese District.
- iii) Under the COVID-19 Special Call Research, a single unit device able to conduct all the specifications of neural network assisted predictive diagnosis and conversational artificial intelligence with emotional structures was produced. The device was equipped with: a) intelligent robot-driven, UV disinfectant; b) pill /water dispensing module; c) smart camera-enhanced dual-channel video communication module; d) remote sensing feature for fall detection, and e) a component to hold food for up to two/three patients. These features present significant abilities to reduce nurses' workload, freeing up their time for other critical duties in the hospitals and reducing infection, especially in quarantine centers, hospices, and hospital wards.

The African Centers of Excellence- phase II (ACE II) is a World Bank funded initiative being implemented in four (4) Centers of Excellence in Uganda: These include; i) Makerere University Regional Center for Crop Improvement (MaRCCI) in Makerere University; ii) The African Centre of Excellence in Agro-Ecology and Livelihood Systems (ACALISE) in Uganda Martyrs University-Nkozi; iii) The Centre of Materials, Product Development and Nanotechnology (MAPRONANO) in Makerere University, and; iv) Pharm-Biotechnology and Traditional Medicine Centre (PHARMBIOTRAC) in Mbarara University.

The project aims to strengthen the capacities of participating higher education institutions to deliver high quality post-graduate training and collaborative applied research as well as meet the demand for skills required for Uganda's development.

In terms of planned outputs, the selected ACEs are to enroll more than 3,500 graduate students in the regional development priority areas, of which at least 700 would be PhD students and more than 1,000 females over the project's five-year duration. They also planned to facilitate publication of at least 1,500 journal articles, launch more than 300 research collaborations with the private sector and other institutions, and generate about US\$30 million in external revenue. Presented below are some of the project achievements:

A number of research projects were launched with private sector and other partner Universities which enabled the transition of research, indigenous and technical knowledge into viable products and services. For example, at PharmBioTrac, ongoing product innovations include; incubation of traditional medicine, natural cosmetics, nutraceuticals and health beverages among others.



Some of the products on display at the PHARMBIOTRAC Incubation Center and PHARMBIOTRAC Laboratory at Mbarara University

On enrollment of national and regional students in Master's and PhDs programmes; the project expected target was met with over 1,000 students accessing higher education in specialised fields. The project had so far funded 127 students (40 females) on PhD programmes while 918 (244 females) are Master's students. The 20% enrollment design in compliance with the World Bank disbursement linked indicator requirement supported female enrollment on the programmes and promoted mainstreaming of gender into the training.

The project also funded improvement of physical infrastructure in some Centres to support learning and research. For example, at MaRCCI, classrooms were renovated and furnished, rehabilitated research fields, screen houses and control growth chambers. Construction of a brand-new classroom and staff office building is to be fully equipped with video conferencing capabilities and other amenities to support growing number of students and quality of learning.

The above progress notwithstanding, the overall project implementation is behind schedule and was extended to December 2023. This was mainly attributed to the slow verification process and lack of a regional accreditation body that made it too expensive for the centers to be internationally accredited.



**Field Emission Electron Microscope (FE-SEM)
procured through support from PRESIDE**

Support to Research Institutions in Public Universities: The MoES under the Higher Education Department, planned to hold a research dissemination conference, pay top up allowance to 362 students on scholarship and support the Commonwealth scheme. By half year, stipend was paid to 305 students on studies in China 40 (37males and 03 females); India 11 (9 males 2 females); Egypt 17 (9 males and 8 females); Cuba and Algeria 209 (148 males 61 females) Hungary 19(14 males 5 females).

Research and Graduate Studies under different Public Universities: Planned activities included publication of the research articles, funding research projects and research collaborations, development of research grants, facilitation of Graduate defenses and workshops among others.

Under-performance was noted across universities due to inadequate release of funds for the planned activities and the disruptions caused by COVID-19 especially in the period when institutions of learning were closed. Nonetheless, those that implemented continued to publish in various recognised peer reviewed international journals. For example, Kabale University published 32 articles in peer reviewed journals, continued to facilitate PhD defense sessions with Makerere having the biggest number of students at 50, taught and trained graduate students.

In Gulu University; four staff members were supported under the staff development scheme with tuition fees, while in Lira University a local conference was organised to evaluate the impact of COVID-19 pandemic on the performance of higher education in Lira University: other activities implemented included conducting of academic writing seminars, conducted proposal defense for graduate students among others.

Despite the initiatives, the proportion of Research and Innovation funding is still low at an average of 0.5% compared to the African Union recommended standard of 1% for African Countries. The achievement of Research and Innovation largely depends on the funding mechanisms however, the financing of research is severely constrained by competing demands as the biggest budget is skewed to staff salaries, maintenance of buildings and purchasing of instructional consumables. There is need to consider research and Innovation as one of the funding priorities and also roll the research fund to other public universities to enhance their research capacity and improve their institutional ratings.

4.10: Develop and implement a framework for institutionalising talent identification, development, and professionalisation

In FY 2021/22, the programme through the National Council of Sports (NCS) planned to identify talent, develop and promote sports through development of talent identification and nurturing framework for early identification of talent; procurement of 2,000 balls and 20 trophies to support grassroots initiatives. The approved budget FY 2021/22 is Ug shs 0.23bn, of which Ug shs 0.15bn (65.2%) was released and Ug shs 0.12bn (80%) expended by 31st December 2021.

Overall performance of the intervention was fair (51.4%). By February 2022, the procurement process was ongoing to hire a consultant for the Talent Identification and Nurturing Framework. The framework will inform the council on the requirements needed for sports promotion at the grassroots.

In a bid to support grassroots community outreach, talent identification and development; the NCS distributed 1,235 balls, 10 trophies, 50 pairs of boxing gloves, 10 jerseys (football), 180 pairs of shocking, 200 polo shirts, 200 caps and 40 pairs of boxing punching pads to communities and institutions. For instance, the Honorable Minister of State for Sports handed over various sports equipment to Teso Ateker Cup officials and Kayunga District, while the General Secretary-NCS presented footballs to some selected communities in Lira. In addition to procurement of sports equipment by NCS, it was noted that international sports federations

and donors often donate to national associations/federations to aid development of their respective sports and for use at both community and national level. However, the high tax on sports equipment limits sports development as the funds could be put to other use for the promotion of sports.

Additionally, the NCS undertook a district sports tour of the Karamoja sub-region with the objective of planning and promotion of sports activities within the District up to national level in conjunction with District Associations.

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

The planned outputs FY 2021/22 include: development of a curriculum, assessment and placement policy; orientation of 100 secondary school teachers in teaching Physical Education (PE); development of accredited sports coach and administrator training programmes and certify skills acquired (60% sports administrators and technical officials and 77% qualified sports coaches trained); and staff facilitated for regional and international sports events. These outputs are being implemented in the MoES and NCS votes.

The MoES developed the Regulatory Impact Assessment (REA) the previous FY for the curriculum and placement policy; however due to the non-release of funds by Q2FY 2021/22, consultations with stakeholders to enable policy development were not done.

The NCS trained sports administrators and technical officials (40%) and through the Department of Sports and PE, the sub-programme carried out a PE master training orientation of teachers on lower secondary competence based curriculum. The orientation was carried out at Kibuli SS in December 2021. However due to restrictions on SOPs, staff were not facilitated for regional and international sports events.

Despite the interventions, effective implementation of the national sports activities has been significantly inhibited by the inadequate legal framework. The process to review the NCS Act 1964 has dragged on since the principles for the review were approved by the Cabinet in 2013. This has been complicated by the absence of a National Sports Policy which should provide the basis for the Act. The obsolete Act is oblivious to the modern development trends in sports.

The NCS should engage stakeholders to fast track the review of the National Sports Policy and NCS Act.

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

In line with NDP III interventions, the planned outputs FY 2021/22 include: eight sports facilities maintained at NCS, phase I upgrade and renovation of Mandela National Stadium facilities carried out (renovation of its structure, dressing rooms, halls, track pitches, installation of electronic gate management, firefighting and security system) to meet accreditation; operationalisation of National High Altitude Training Center (NHATC) upon partial completion of phase 1 and one basketball court constructed in one sports school. These

outputs are being implemented under the NCS and MoES (Retooling Project, and Sports and PE Department).

The approved budget FY 2021/22 is Ug shs 103.743bn, of which Ug shs 12.660bn (12.6%) was released and Ug shs 3.851bn (30.4%) expended by 31st December 2021. Overall intervention performance was fair (60.8%) and below are the findings:

Maintenance of the sports facilities: The NCS planned to maintain eight sports facilities namely; the MTN Arena, Hockey pitch, Cricket Oval, hostel, tennis court, Gym, main NCS building and Copper Chimney and a total of Ug shs 165,000,000 was provided for the output. By February 2022, a total of Ug shs 37,675,222 had been released and utilised on repairs and maintenance of the 8 facilities.

Upgrade and Renovation of Mandela National Stadium: The upgrade and renovation of the stadium entails refurbishment of the pitches, dressing rooms, fixing new chairs, installation of surveillance system, installation of floodlights, electrical and lighting refurbishment of the stadium, plumbing system, renovation of the Bowl (structure), installation of access control system, turnstiles, perimeter wall, the media and conference rooms, running track, renovation of the hostel, boundary wall for the entire land and venue operations.

A Memorandum of Understanding (MoU) was signed in January 2022 by three parties - Ministry of Defense, MoES and Mandela Stadium for fencing of the stadium covering 4.2km at a sum of Ug shs 3,851,438,587. Works are expected to be complete in four months. By 7th March 2022, works were ongoing and Ug shs 3.851bn had been advanced to the UPDF Engineering Brigade.

Civil works for the upgrade and renovation of the stadium had not started by 7th March 2022, however and MoU was signed between the Ministry of Defense, MoES and Mandela National Stadium, and it was cleared by the Solicitor General.



L-R: Ongoing construction of the perimeter wall around Mandela National Stadium-Namboole by the UPDF-Engineering Brigade

The management of the stadium noted that it is critical that funds are released in time if the stadium is to host international games and athletes need to prepare for the Commonwealth Games which require standards the stadium does not currently meet.

Completion of an Indoor Stadium in Makerere University: Civil works for the indoor stadium started in July 2018 and construction was segmented into phases. Completion of civil works under phase I included the expansion of the indoor stadium and this was executed by the UPDF Engineering Brigade at a cost of Ug shs 5.578bn which ended last FY2020/21. Completion of the Indoor Stadium-Phase II (A) entails concrete and masonry works for the tank structure, sun shading vents, wall and floor finishes (terrazzo and tiles) sprung floor for the play area, fixing of doors and windows, and painting. By February, 2022 procurement of the contractor had progressed to contract signing at projected cost of Ug shs 0.846bn.

The interventions notwithstanding, the quality and number of sports facilities available is still inadequate. The country has only one standard indoor facility which is in dire need of refurbishment. In addition, the NCS tennis courts and hockey pitch require major refurbishment and yet the Council doesn't have the resources to undertake the needed renovations.

4.13: Develop and implement professional sports club structures to promote formal sports participation

The NCS planned to support; 23 national sports teams to prepare and participate in qualifiers for major international sports championships; three national teams supported to participate in major international sports championships (Commonwealth Games, All Africa Games, Olympic Games, Paralympic Games, East African Community Games and Islamic Solidarity Games) and 51 national sports associations supported to implement sports activities. The approved budget FY 2021/22 is Ug shs 6.947bn which was released and expended by 31st December, 2021.

Overall intervention performance was good at 81%. During the period under review, the NCS disbursed funds (Ug shs 5bn) to Federation of Uganda Football Association (FUFA) for operations; Tokyo 2020 Olympic and Paralympic games expenses paid (transport, PCR COVID-19 testes for Olympic travelers, accommodation and feeding for athletes from Tokyo 2020 Olympic games); supported Uganda Badminton Team to all Africa Junior under 19 championships (24th-1st September 2021) and the Uganda Netball Federation to attend Africa Male Netball championships.

In addition, the NCS facilitated Team Uganda to the Tokyo 2020 Olympic and Paralympic dinner organised by the Parliament of Uganda; paid return air tickets expenses for Uganda Table Tennis Association from Yaoundé (Cameroon) for the 2021 ITTF Africa Championships; supported the Uganda Swimming Federation to participate in the XIV Cana Junior and Senior Championships, and the National team of the Uganda Lacrosse Association to participate in a four-day budget camp for women and Under 21 men. The council facilitated Komakech Innocent to attend a Federation of International Volleyball Referee course in Durango, Mexico; facilitated Richard Mc Asimwe to participate in the 54th World Archery Congress in Hyundai World Archery; facilitated the Uganda Weightlifting Federation and paid return air tickets for Kizza Ibrahim to Saudi Arabia Jeddah for the Youth World Championships.

The council supported; the Association of Uganda University Sports in the second Kings of Africa University Rugby 7 and the 2nd FASU Tennis Slam; Uganda Badminton Association to organise and host the all Africa senior Badminton championships; Uganda Tennis Association to host the 12 and under African team championships; Uganda Sports Climbing Federation and Onac Samuel to participate in the Africa Continental Cup in Johannesburg and Pretoria; facilitated the Uganda Rugby Union and Kasumba James to participate in RWC and Commonwealth Games. Lastly 51 National Sports Federations/Associations were registered and gazetted in the Uganda Gazette; and the NCS supported other 50 National Sports associations to carry out their sports activities.

However, despite timely statutory remittances to the sports federations/associations/clubs, many are faced with inadequate sports technical capacity attributed to lack of personnel with adequate technical sports skills to qualify for international accreditation which has continued to affect the promotion and development across the different sports disciplines. In addition, sports federations/associations/clubs activities are hampered by inadequate staffing as limited attention has been given to recruitment, training and mentoring of staff and this has resulted in management and administrative challenges in the associations. Out of the 51 registered federations/associations, only 12 have fully functional secretariats.

The NCS should continuously engage the national federations through technical capacity building meetings to enhance their skills.

4.14 Sub-Programme Challenges

Uncoordinated implementation of interventions affects the attainment of programme objectives. A number of PIAP interventions planned for in the FY were not budgeted for in the work plans of various entities and in some instances contribution of other sub-programmes towards an intervention could not be traced.

ii) Delayed procurements for development projects across the programme impacted the implementation and attainment of set targets. This was mainly due to delayed issuance of guidelines on usage of funds to beneficiary entities.

iii) Inadequate funds for the operation and maintenance of equipment and education facilities by beneficiary institutions.

4.15 Sub-Programme Conclusion

Overall performance of the Education, Sports and Skills Sub-Programme was good (74.9%). At intervention level, physical performance varied largely on account of delayed issuance of guidelines on usage of funds to beneficiary entities, low/intermittent releases and delayed procurements.

Interventions that registered good performance included: Provision of adolescent friendly health services; Development and implementation of professional sports club structures to promote formal sports participation and Implementation of the National Strategy against Child Marriage and Teenage Pregnancy. Fair performance was registered for the equipping and support to all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards intervention that had the biggest share of the sub-programme budget. On the other hand, interventions that had poor performance included; Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to

enhance proficiency in literacy and numeracy and provision of early exposure of STEM/STEI to children.

As the sub-programme embraces the programme planning approach and in light of the available resources, the MoES should prioritise and sequence interventions in a phased manner to ensure that they are fully funded to completion in the medium term, ensure timely issuance of implementing guidelines and fast track the revamping of the EMIS to ensure effective planning and better service delivery.

CHAPTER 5: LABOUR AND EMPLOYMENT SERVICES SUB-PROGRAMME

5.1: Introduction

The Labour and Employment Services Sub-Programme aims to: enhance the private sector capacity to drive growth and create jobs; strengthen the role of state in development and promote labor productivity and decent employment. The expected outcomes are; i) decent and productive employment promoted; (ii) promotion of labour standards and fundamental principles and rights at work; strengthened sector for human resources and capacity development and improved working conditions of sector institutions.

The Sub-Programme interventions are implemented under various MDAs. These include: MGLSD, MoES, LGs, Public Universities, State House, Uganda Manufacturers Association (UMA), Private Sector Foundation-Uganda (PSFU), Uganda Business and Technical Examinations Board (UBTEB), NCHE, NCDC while complementary agencies are NITA-U, NPA and MFPED.

As outlined in the NDPIII, the Sub-Programme has 11 interventions of which five under the implementing agencies of UBTEB, MoES (Directorate of Industrial Training), and seven Public Universities were monitored. These included: i) Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status; ii) Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle; iii) 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 relevance of skills training and lifelong learning; iv) Roll out the modularized TVET curricula for all formal TVET programmes as to attain a flexible demand driven TVET system in Uganda; and; v) Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education. Presented hereafter are details of performance:

5.1.1 Overview of Sub-Programme Financial Performance

The Sub-Programme budget for the sampled interventions is Ug shs 134.128bn, of which Ug shs 62.089bn (46.3%) was released and Ug shs 55.383bn (89.1%) expended by 31st December 2021. Overall release and expenditure performance was at 98.4% (details in Annex 3). Good absorption performance was attributed to implementation of DIT planned outputs under MoES by 31st December 2022.

5.1.2 Sub-Programme Performance

Overall sub-programme performance was at 59.4% attributed to delayed procurement processes, stalled works on construction projects and inadequate funds disbursed during the first half of the financial year.

Table 5.1: Overview of Sampled Interventions Performance by February 2022

Intervention	Performance Rating	Remark
Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status		Equipment and furniture supplied to Uganda Technical Colleges of Lira, Bushenyi, Bukalasa Agricultural College and their VTIs.

Intervention	Performance Rating	Remark
Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education		Construction projects and procurement of equipment in Public Universities was slow due to inadequate release of funds for the development budget. Only 20% was released for procurement of equipment.
Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle		Facilities completed at UTC Lira, Bukalasa however works were behind schedule at UTC Elgon and stalled at UTC Bushenyi, Nyamitanga TI.
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		The Directorate of Industrial Training (DIT) and UBTEB assessed, marked and graded candidates.
Roll out the modularised TVET curricula for all formal TVET programmes as to attain a flexible demand driven TVET system in Uganda		UBTEB modularised assessment syllabi.

Source: Author's Compilation

Physical performance of sampled interventions is detailed below:

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

The minimum requisite standards according to the TVET Policy 2019, are quality standard components that include relevant curriculum, infrastructure, equipment, qualified instructors and a conducive environment for instruction and learning among others. Government continues to channel significant resources towards improving standards in TVET institutions to support acquisition of international accreditation status.

The sub-programme through the MoES, the lead implementing Ministry, planned to procure and install technical education machinery and equipment in four centers of excellence (UTC Lira, Bushenyi, Elgon and Bukalasa Agricultural College) and 12 Vocational Technical Institutes (VTIs) and for 12 community polytechnics and nine Technical Institutes (These are presidential pledges).

The approved budget FY 2021/22 was Ug shs 22.353bn, of which Ug shs 4.955bn (22.1%) was released and Ug shs 4.830bn expended by 31st December 2021. Two projects under the sub-programme namely: Skills Development Project and the TVET-LEAD projects were monitored and the findings are presented hereafter:

By February 2022, the sub-programme under MoES-Skills Development Project procured, delivered and installed equipment and furniture in Uganda Technical Colleges of Lira, Bushenyi, Bukalasa Agricultural College and their VTIs. Nyamitanga Technical Institute for instance received a double cabin and a 30 seater bus which were already under use; UTC Lira got road construction equipment which included a wheel loader, motor grader, roller, an excavator, two bitumen sprayers.



L-R: Road construction equipment at UTC Lira

Procurement of machinery and equipment for 12 community polytechnics and nine technical institutes under the TVET-LEAD project was not accomplished mainly due to very inadequate release of only 1.2% of the budget. The planned output will be implemented in quarter 3.

Continued Government support to Uganda Petroleum Institute-Kigumba (UPIK) over the years already facilitated acquisition of international accreditation of the Institute by City and Guilds in 2018 for some of the Oil and Gas training courses.

5.3: Roll out the modularised TVET curricula for all formal TVET programmes as to attain a flexible demand driven TVET system in Uganda

In line with the NDP III, the intervention entails modularisation and implementation of modular TVET programmes, and enforce the requirement for TVET institutions to rollout a modularised curricular.

However, there were no specific planned outputs aligned with the actions in the NDPIII apart from UBTEB that planned to modularise 14 assessments. By February 2022, six modularised assessment syllabi had been presented and discussed with TVET stakeholders. It was noted that there was no specific budget allocation for the action however there was a combined budget with examination and assessment of Ug shs 10.71bn, of which Ug shs 3.91bn was released and expended by 31st December 2021.

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

In line with the NDP III actions, the MoES planned to upgrade six BTVET institutions of Kichwamba, Kigumba, Elgon, Bukalasa into centers of excellence; rebrand TVET to attract youths through community engagements and media; develop assessment and training packages and modules for agriculture and fisheries institutions; equip, rehabilitate and expand 60 TVET institutions by 2025 to increase enrolment capacity of TVET institute.

The approved budget for FY 2021/22 is Ug shs 36.165bn, of which Ug shs 24.353bn (67.3%) was released and expended by 31st December 2021. Two actions were followed up and below are the findings;

Upgrade six BTVET institutions: The sub-programme through MoES-Uganda Skills Development Project (USDP) planned to upgrade and expand infrastructure at the Uganda Technical Colleges of Bushenyi, Elgon, Lira and Bukalasa Agricultural College, and upgrade and expand infrastructure at 12 public training institutes.

Overall performance by February 2022, was fair as some of the facilities were completed and handed over, while civil works at other facilities had stalled despite being granted an extension of up to December 2022 to complete. At Lira UTC, the classroom block, materials testing laboratory and administration block were completed and handed over. The storied male and female dormitory blocks had progressed to finishing level and quality of work was good.

Civil works for the new facilities at Bukalasa Agricultural College were 90% complete with most of them in the Defects Liability Period (DLP). These included the feed mill unit, broiler unit, layer unit, pullet barn unit, piggery unit, milk processing unit, zero grazing unit, toilet and laundry blocks, incinerators, generator house and generator. In addition, the rehabilitation works for the agro processing unit (pending installation of equipment and user training), the calf and steer pen (pending putting calves), 3 laboratories for soil, chemistry, biology and pathology (pending delivery of equipment), 5 classroom blocks, and a horticulture toilet block were completed and external works were at 80%.

For UTC Elgon, construction of the curriculum-based buildings that include the soils laboratory, plumbing, brick laying, concrete welding, fabrications workshops and electrical demonstration rooms and the non-curriculum buildings that include the administration block and a female accommodation facility had commenced.

By February 2022, works on the curriculum-based buildings had progressed to 25%, while the non-curriculum buildings works had progressed to 15%. Overall the constructions were behind schedule. This was attributed to delays in commencement due to the College's inability to secure a twinning partner in time and project administrative review on the Vambeco sites due to variation on the foundation attributed to inadequate Geo-Technical Survey.

All structures at Kaberamaido TI were completed and were under DLP. Two cameras, a projector, one speaker and 20 computers were delivered but not installed. At UTC Bushenyi, the civil works contracted to M/s Prism for the construction of a multi-purpose hall, a metal fabrication workshop, a plant maintenance workshop, a manufacturing workshop, a generator house and a changing room had stalled. No progress had been registered since August 2021 and the contract had expired.



Renovation of the feed mill completed at Bukalasa Agricultural College



Renovation of a pullet barn completed at Bukalasa Agricultural College

Rebranding TVET to attract youths through community engagements and media: The DIT planned to hold 10 TV shows, 10 radio shows, 5 press conferences and place seven newspaper adverts. By February 2022, the Directorate had carried out 15 TV shows on NTV (2), BBS (1), Gugude TV (1), Salt TV (1), NBS (2), KTV (1), UBC TV (5), Top TV (1) and held 21 radio shows on the Beat FM (2), CBS (4), UBC (6), Capital (1), Top Radio (1), Rupiny (1), Arua One (1), Etop (1), Radio West (1), Akaboozi (1), Rhino FM (1) and Baba FM (1).

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

Government continues to provide funding to the 11 Higher Education Institutions (HEIs) (Public Universities) to have institutional governance structures and physical infrastructure required by the National Council of Higher Education (NCHE) standards so as to facilitate quality physical learning environments, instructional materials (Digital Libraries) and recruitment of qualified lecturers to improve learning outcomes.

The lead agencies for the implementation of this intervention are the 9 Public Universities and two Degree Awarding Institutions. Seven of these were monitored and they included; Gulu, Lira, Makerere, Mbarara, Kabale, Soroti and Muni Universities.

Cumulatively, planned activities under the intervention included: procurement of over 8,000 title text book copies, e-books (including payment of subscription for different e-resources) and journals in different fields, continue with the different infrastructure development projects and procure equipment in the universities of Lira Muni, Makerere, Mbarara, Gulu, Soroti and Kabale.

The Consolidated intervention budget for the seven sampled universities is Ug shs 42.005bn, of which Ug shs 12.062bn (28.7%) was released and Ug shs 5.480bn (45.4%) spent. Details of physical performance by 31st December, 2021 are presented hereafter:

Procurement of textbooks and e-resources: The process for procurement of assorted textbooks and journals had commenced in Gulu, and Lira universities and no payments were

made to this effect. Makerere and Mbarara Universities had not commenced procurement, while Kabale, Soroti and Muni procured and delivered part of the textbook copies planned for. Kabale procured 100 books titles out of 322 copies planned, Muni procured 150 titles books out of 270 copies planned, and received a donation of 233 textbooks for multidisciplinary subjects from Book Aid International.

In regard to the e-library; Kabale University acquired one e-library medical database, Makerere University paid subscription fees for six electronic resources (Emerald Publishing, LexisNexis, Silda Enterprises - My LOFT, Semper Tool and Innovative Interfaces for access to e-books databases while Mbarara University subscribed to 30 online book sites. Lira University, on the other hand, conducted training of 20 staff and a selected group of students (200 undergraduates and 100 postgraduate) on access to electronic library and reference tools.

Whereas digital library usage is steadily growing in Public Universities with students and staff increasingly being dependent on digital information and the Internet as a medium for gaining and exchanging information, challenges such as usability, infrastructure, language barrier, technology barriers and the cost of internet inhibit full adoption of digital libraries especially in relatively new and rural based universities.

Development Projects in Public Universities: Infrastructure development projects in the universities of Busitema, Muni, Makerere, Mbarara, Gulu and Kabale were at different levels but implementation was slow. This was attributed to low/inadequate and intermittent release of funds for the development budget.

Muni University had received only Ug shs 290 million (4%) of the development budget by half year and could not pay outstanding arrears on the running contracts. As a result, civil works on the Multi-Purpose Health Science Laboratory had stalled at 36% progress. The procurement process for purchase of the planned office and residential furniture could not proceed to the award level due to lack of funds.

In Kabale University, 80% of civil works progress of phase III of the science lecture hall were completed, while in Makerere University; the School of Dentistry was completed, works at the School of Public Health building phase 1A and School of Law building progressed to 75% and 34% respectively

Despite the low releases on the development budget, Makerere University re-allocated over Ug shs 100million to procure uniport materials for the establishment of a Police Post on the disputed Katanga land. The emergency need notwithstanding, there was no evidence of authorisation from MFPED to re-allocate funds to an activity that was not planned for this FY.

Procurement of equipment across the universities under-performed due to inadequate release of funds. Cumulatively, only 20% of the budget was released for all the monitored universities by half year.



L-R: Ongoing construction of the School of Law (SOL) at Makerere University; Phase III construction of the Science Lecture Hall building at Kabale University

5.6 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

In line with the NDP III actions, the MoES through the DIT and the UBTEB planned to assess and certify skills acquired from TVET institutions and work-based training. The combined budget FY 2021/22 for assessment bodies is Ug shs 33,605,220,000 of which Ug shs 20,718,822,005 was released and expended by 31st December 2021. The Directorate of Industrial Training and UBTEB were assessed and below are the findings:

The DIT assesses and profiles industrial skills. The DIT is a quality assurance institution offering nationally, regionally and internationally recognised quality assurance services for the BTNET.

In FY 2021/22, the Directorate planned to: assess and certify 41,000 candidates under modular and full UVQF levels in 61 occupations; complete development of Assessment and Training Packages (ATPs) in 78 different occupations; print and distribute Assessment Training Packages to secondary schools; develop 40 Assessment and Training Packages (ATPs) for the Lower Secondary Curriculum in line with standards of world of work, and 100 Assessment Centers accredited.

By half year, a total of 25,957 candidates were assessed, marked and graded under modular and full UVQF 1-3 levels in 63 occupations. Of these, 78 were people with special needs (mostly hearing and physical impairment). Assessment centers included: Help Disabled Children Kisoboka Skilling Program, Abim Technical, ESOM School of Music, Cosmess Uganda, Mukisa Foundation, Kaberamaido Technical, and Uganda Small Scales Industries Association. Details presented in table 5.2.

Table 5.2: Directorate of Industrial Training Assessments Conducted by December 2021

Assessment	Assessed		Total
	Male	Female	
Modular(Non-Formal)	7,730	9,899	17,629
Level 1 Occupational	528	302	830
Level 2 Occupational	331	382	713
Level 3-Occupational	139	122	261
Workers PAS	2907	3,617	6,524

Source: DIT

The Directorate also completed development of 78 of ATPs; 40 Assessment and Training Packages (ATPs) were developed for the Lower Secondary Curriculum in line with standards of world of work; 66 new centers inspected and accredited as DIT assessment centers; 50 DITTE instructors/DTIMM managers assessed and certified; nine labour market scans were conducted in the districts of Jinja, Luwero, Kampala, Mbale, Hoima, Gulu, Arua, Moroto, Mbarara, and Mukono. The labor market scans are carried out to identify new occupations and or gaps in existing occupations to meet the changing requisite and standards for the world of work.

The occupations identified for development included; tipper truck driver; bulldozer operator; wheel loader operator; compactor; grader; vibratory; trampling roller; smooth wheel roller and pneumatic roller to meet the changing requisite and standards for the World of Work.

The UBTEB planned to assess and examine 106,000 candidates and issue certificates and academic transcript to 38,500 candidates. The Board assessed 24,569 (6,274 females & 18,295 males) candidates for November/December 2021 series; 125 assessors and 478 registrars trained; 1,450 examiners deployed to mark the December 2021 practical examinations; 188 area coordinators, 350 reconnoiters and 695 supervisor sessions were deployed to manage 351 institutions during Dec 2021 examinations; and 9,766 transcripts were printed and issued.

Furthermore, 292 registrars/directors of studies were trained in online submission of coursework results; 29 TVET institutions were inspected for center and program accreditation of which 23 were accredited.

The performance was however affected by the staggered opening of institutions which meant that fewer candidates were assessed and restriction of staff numbers at workplaces that led to lagging of candidates' industrial training.

5.7 Sub-Programme Conclusion

Overall performance of the Labour and Social Services Sub-programme was fair (59.4%) and this was majorly attributed to delayed procurement processes, stalled works on construction projects and inadequate funds disbursed during the first half of the FY. These challenges notwithstanding, the sub-programme registered good performance in respect to support of TVET institutions to acquire international accreditation status, certification and assessment of competencies acquired by trainee beneficiaries. In line with the programme planning approach

and the NDP III objective, the sub-programme should ensure that procurements are initiated in time and acquire competent construction firms to avoid stalled works.

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

6.0 Introduction

The Sub-programme contributes to objective four of the third National Development Plan (NDP III) which is to: Improve population health, safety and management in Uganda. It is premised on 16 interventions undertaken under various votes including Ministry of Health (MoH), National Referral Hospitals, Regional Referral Hospitals, Local Governments (LGs), Ministry of Water and Environment (MWE), National Planning Authority (NPA), Ministry of Education and Sports (MoES), Uganda Bureau of Statistics (UBOS), and Ministry of Gender, Labour and Social Development (MGLSD) among others.

Sub-Programme Key Result Areas

The sub-programme directly contributes to the following result areas in the NDPIII implementation period:

- Reduced prevalence of under 5 stunting from 28.9percent to 19 percent
- Reduce neonatal mortality rate from 27/1,000 live births to 19/1,000
- Reduced under 5 mortality from 64/1000 live births to 30/1000
- Reduced Maternal Mortality Rate from 336/100,000 to 211/100,000
- Reduced unmet need of family planning from 28 to 10 percent and increase CPR from 35 to 50 percent
- Reduced mortality due to Non-Communicable Diseases (NCDs) from 40 to 30 percent
- Reduced Mortality due to high risk Communicable Diseases (Malaria, TB & HIV/AIDS) (percent) from 60 percent in 2017 to 30 percent
- Reduce teenage pregnancy rate from 25 percent in 2016 to 15 percent
- Increased access to safe water supply from 70 to 85 percent (rural) and from 74 percent to 100 percent (Urban).
- Increased access to basic sanitation from (improved toilet) 19 to 40 percent and hand washing from 34 to 50 percent
- Increased proportion of the population accessing universal health care from 44 to 65 percent.

Planned Interventions (FY 2021/22)

In order to achieve the fourth objective of the NDP III, 16 interventions were to be implemented under various sub-programmes in FY 2021/22. The interventions were to:

1. *Improve maternal, adolescent and child health services at all levels of care.*
2. *Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services.*

3. *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.*
4. *Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma.*
5. *Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices.*
6. *Increase access to Sexual Reproductive Health (SRH) and Rights with special focus on family planning services and harmonized information.*
7. Increase financial risk protection for health with emphasis on implementing the national health insurance scheme.
8. *Promote health research, innovation and technology uptake*
9. Establish and operationalise mechanisms for effective collaboration and partnership for health at all levels.
10. Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups.
11. Improving Occupational Safety and Health (OSH) management.
12. Promote physical health activities and behavioral change across all categories of the population
13. Promote delivery of disability friendly health services including physical accessibility and appropriate equipment.
14. Strengthen population planning and development including civil registration, vital statistics registration and population data bank at National and Sub national levels.
15. Establish and operationalize a multi-sectoral home-grown school feeding initiative.
16. Reduce the burden of HIV epidemic and its impact on the socio-development of communities, using the multi-sectoral approach.

Semi-annual monitoring purposively selected and focused on seven interventions (italicized in the above list).

6.1 Sub-Programme Performance

Financial Performance

In FY 2021/22, the sub-programme was allocated a total of Ug shs 3.3trillion, of which Ug shs 2.1 trillion (64%) was released and Ug shs 1.3trillion spent by 31st December 2021. The absorption of released funds was fair with 60.7% of the half year release spent. Poor absorption was recorded under external financing with only 15% of the released funds absorbed. The cause of this anomaly was threefold:

- Delayed initiation of procurement processes by implementing votes.
- Slow implementation or progress of works under various projects.
- Delayed release of supplementary fund by MFPED. All these did not only affect budget credibility, but also affected timely attainment of the half year set targets.

The financial performance of the interventions monitored is highlighted in Table 6.1

Table 6.1: Financial Performance of the Sampled Interventions by 31st December 2021

Intervention	Budget (Ug shs, bn)	Release (Ug shs, bn)	Expenditure (Ug shs, bn)
Improve maternal, adolescent and child health services at all levels of care	917.334	362.614	78.013
Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services	1561.888	789.020	292.621
Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma	187.344	47.437	40.737
Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices	273.210	125.610	116.270
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	292.540	248.177	176.361
Promote health research, innovation and technology uptake	19.277	8.369	4.111
Increase access to sexual reproductive health and rights with special focus to family planning services	10.994	6.444	5.648
Total	3262.588	1587.671	713.760

Source: Field findings, IFMS

Physical Performance

The sub-programme has 16 interventions of which seven (07) were sampled and monitored. The selected interventions cover over 90% of the sub-programme priorities and investments. Overall performance of the Population Health Safety and Management Sub-Programme was good achieving 71% of the semi-annual targets.

Table 6.2: Overview of the Interventions Performance by 31st December 2021

Intervention	Performance Rating	Remarks
Improve maternal, adolescent and child health services at all levels of care		On track
Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services		Delayed procurements of service provider affected achievement of planned outputs
Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma		On track

Intervention	Performance Rating	Remarks
Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices		On track
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		On track
Promote health research, innovation and technology uptake		Off track mainly due to disbandment of MoSTI
Increase access to sexual reproductive health and rights with special focus to family planning services		On track

Source: Field findings

At intervention level; reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasising Primary Health Care (PHC) Approach performed better than all intervention. Whereas assessment of the sub-programme was in line with the NDP III interventions, planning and budgeting of these interventions was based on the old sector budgeting approach therefore was no collective inter agency mechanism to achieve the sub programme objectives.

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

The intervention aims to improve maternal and child health through investment in appropriate guidelines, health care packages, infrastructure development, technologies and human resource for maternal and neonatal services at all levels of health care.

The planned outputs to achieve the intervention were: Neonatal Intensive Care Units established in all hospitals, Adolescent Health Policy developed and disseminated, and Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Sharpened Plan funded. The overall performance of the intervention by 31st December was 60% (Annex 4). The performance of the outputs is highlighted below.

Neonatal Intensive Care Units (NICUs) established in all hospitals: Four actions were planned under this output. They are: Equip and functionalise neonatology units in the hospitals, build capacity of health workers to manage neonates in the health care facilities, train newborn care specialists (fellowship program), develop/review and disseminate neonatology guidelines and standard operating procedures.

Under equipping and functionalising neonatology units, during the period under review, only Gulu Regional Referral Hospital got a new neonatal unit under the JICA project. The MoH under the Uganda Reproductive Maternal and Child Health Improvement Project (URMCHIP) awarded contracts for supply of assorted medical equipment for various health facilities including the 81 maternity units under construction. Deliveries of the equipment had not yet been made. The MoH was undertaking the repair of Neonatal Intensive Care equipment (54

Incubators, 16 Phototherapy machines and 21 Radiant warmers). By 31st December 2021, the country had only four functional NICUs, while the rest of the hospitals did not have functional neonatal units. These lacked adequate equipment and personnel. Most of the 17RRHs had Special Baby Care Units.

In terms of building the capacity of health workers to manage neonates in health facilities. The MoH and stakeholders through the URMCHIP Mentorship Programme contracted Seven Civil Society Organisations/ firms to offer clinical mentorship to health workers in RMNCAH. The targeted health workers were midwives, nurses, obstetricians, pediatricians, neonatologists, obstetric/neonatal/pediatric nurses, clinical officers, anesthesiologists, and pharmacists. The scope of the mentorship covered reproductive, maternal newborn, child and adolescent health as well as Maternal, Neonatal and Child Health (MNCH) quality of care, aspects of leadership and accountability.

The goal of the mentorship was to improve clinical skills and competence of health workers to provide high quality clinical care in RMNCAH. A total of 192 master mentors were trained and these included: 38 Obstetricians, 28 Pediatricians, 26 Anesthetists, 55 Nurse/Midwives. Cumulatively, a total of 1,354 health workers have been mentored by the CSOs at HCIII (229), HCIV (482), General Hospital (444) and Regional Referral Hospital (199). Refresher training on Adolescent Health to improve the quality of services were conducted in nine districts and 182 health workers among other initiatives.

Train newborn care specialists (fellowship program): Ten scholarships were awarded in Fellowships in Neonatology. None of the health workers enrolled under this programme has completed their studies.

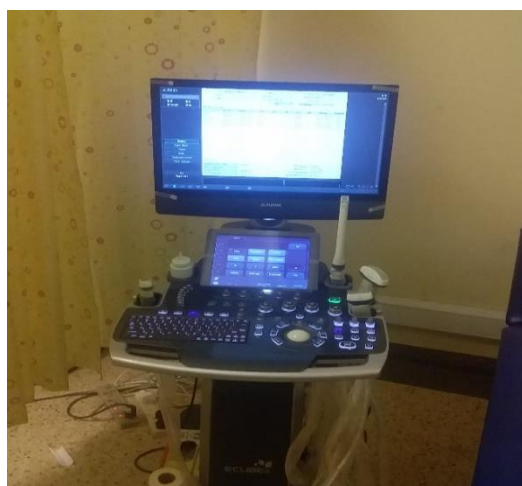
Develop/Review and disseminate Neonatology Guidelines and Standard Operating Procedures - the neonatology guidelines were not reviewed

Adolescent Health Policy developed and disseminated: This was developed by the MoH with support from development partners. It had however not been disseminated because MoH awaited a Certificate of Financial Implication from the MFPED.

Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Sharpened Plan funded: This was on track and funded as an investment case under various sub-sub programmes including the UMCHIP project. The project supported construction of 81 maternity units in various districts and progress was at various levels. It is also supporting the Result Financing Based (RBF) Model in 1,304 health facilities and 108 hospitals across 131 of the 135 districts in the country.

Other sub sub-programmes that contributed to improvement of maternal, adolescent and child health services were - Pharmaceuticals and Health Supplies under the National Medical Stores (NMS), and the Global Alliance for Vaccine Initiative (GAVI) Project under the MoH. Immunisation Supplies and Reproductive Health Items worth Ug shs 25bn were procured and distributed to various health facilities by the NMS. These included Safe Delivery Kits (Maternity), Misoprostol 200 mcg Tablets, Family Planning supplies-contraceptives and vaccines. However, analysis of the stock levels of the reproductive health commodities on the HMIS in the last three months indicated they were grossly stocked out with Misoprostol 200mcg tablet at 37%, Oxytocin injection at 35% while Mama Kits were stocked out at 29%.

The investment partly contributed to improvement of some of the immunisation coverage indicators. These included: to Diphtheria-Pertussis-Tetanus Third Dose (DPT3) increased to 93% coverage by 31st December 2021, while Pneumococcal Vaccine coverage was 93.5%. Among the RRHs, childhood vaccination indicators performed fairly at 60.4%. This was attributed to the COVID-19 restrictions and the preference to seek the same service from the lower health facilities which were closer to communities.



L-R: Ultra sound bought with part of the RBF money at Mbarara RRH; and women waiting to receive antenatal care services at Yumbe RRH

Implementation challenges

- i. Stock out of vaccines like the Bacille Calmette-Guérin (BCG) antigen for over two months within the FY under review.
- ii. Shortage of gas cylinders in districts like Lira affected the immunization targets. In Jinja, more than 40 cylinders were missing and an investigation had commenced.
- iii. Misalignment of the Reproductive and Child Health Department budget and expenditures towards programme outputs and the NDPIII objectives. For example, 43% of the budget was spent salaries; the rest was shared among Payment Pay as You Earn tax (PAYE), welfare, procurement of office items for various offices in the MoH, funeral assistance, and garden tools among others. The anomaly is attributed to over dependence on development partners to support Maternal and Child Health initiatives in Uganda
- iv. Sluggish implementation of the UMCHIP's project's result chain affecting timely improvements in maternal and child health indicators.
- v. Delayed disbursements and verification of Result Based Financing (RBF) outputs among beneficiary facilities demotivated health workers, timely monitoring and supervision of activities by the district teams.
- vi. Inadequate neonatal infrastructure, equipment and human resource including consultants at RRH level.

Conclusion

The overall performance of the intervention was fair at 60%. The sub sub-programmes contributing to the intervention's targets were on track to achieving the set objectives as reflected in the number of achievements registered by end of the first half of FY 2021/22. These included reduction in Facility-based Maternal Deaths from 660 in June 2021 to 631 in December 2021; Increase in Facility-based Deliveries; and reduction in Neonatal (8-28days) deaths among others indicated positive trends towards attainment of set targets.

Recommendations

- i. There is need to fast track the implementation of the planned activities under the URMCHIP in order to benefit from the synergies of the different project components and achievement of the project objectives.
- ii. There is need for deliberate effort to support establishment of Neonatal Care Units in RRHs by the MoH. Fast track recruitment and retention of human resources as well as procurement of equipment under the UMCHIP is paramount in attainment of maternal and Child Health targets in the medium term.
- iii. The MoH should fast track rolling out of the newly designed invoicing or digitalized RBF system to all beneficiary entities to enable timely verifications, disbursements and ultimately absorption of funds.
- iv. The MoH should clearly align activities of all its departments including Reproductive and Child Health towards attainment of the NDPIII and Programme Implementation Action Plans (PIAP) interventions through a well-articulated result chain.

6.3: Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services

This intervention aims at improving functionality of the health systems through recruitment of health workers, procurement of medicines, construction of staff accommodation, increasing geographical coverage and equipping of health facilities. The overall performance of the sub intervention was fair at 54% (Annex 4) of the set semiannual targets. This was mainly on account of delayed procurements for the infrastructure investments

During semi-annual monitoring, five out the six planned sub-interventions were monitored and these include: Ensure adequate human resources for health at all levels, with special focus on specialised and super-specialised human resources; Strengthen an Emergency Medical Service and Referral System; Expand geographical access; Avail affordable medicine and health supplies including promoting local production of medicines (including complementary medicine) and, support towards\continuous training and capacity building for in-service health workers.

Ensure adequate human resources for health at all levels, with special focus on specialised and super-specialised human resources sub intervention

The planned outputs were : Integrated authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established; Human resources recruited to fill vacant posts; Health workforce restructured; Schemes of service developed; E-personnel performance management, monitoring and reporting system

developed; Multi-sectoral plan for training of health workforce in appropriate skills and numbers; Community Health Workforce established; Health facilities at all levels equipped with appropriate and modern medical equipment. Performance was as follows:

a) Human resources recruited to fill vacant posts. During the period under review 482 health workers against the planned of the target 1,200 were recruited by the Health Service Commission (HSC) for the MoH, National Referral Hospitals, specialised entities and RRHs. A total of 656 health workers of various cadres were recruited on contract basis to support various health facilities in handling COVID-19 emergencies. Most of the LGs visited had just advertised for vacant positions by 31st December 2021.

b) E-personnel performance management, monitoring and reporting system developed: The Comprehensive Electronic Medical Record System (CEMRS) was developed, and efforts to have it rolled out to various RRHs were underway.

c) Multi-Sectoral Plan for training of health workforce in appropriate skills and numbers: The process to develop a multi-sectoral plan for training of health workforce in appropriate skills and numbers was underway; the MoH together with NPA developed a 10-year training plan for health workers. The draft schemes of service were developed and presented to MoH Top Management for approval. A final copy was expected by end of April 2022.

d) Health worker force restructured: The new structure for the Human Resources for Health was developed and has been shared with various stakeholders for review before being finalised.

Strengthening Emergency Medical Services and Referral System

The planned outputs under the sub-intervention included: Nationally coordinated ambulance services in place; Emergency Medical Services (EMS) critical cadre trained and recruited; Functional Intensive Care Units (ICUs) at all Regional Referral Hospitals (RRHs). These were achieved as follows:

- **Nationally coordinated Ambulance Services in place.** During the period under review, MoH issued out 146 Motor Vehicle Ambulances and 14 Boat Ambulances. The National Emergency Policy, the National Emergency Medical Services Strategic Plan 2018/19 – 2024/25 and the National Ambulance Standards and Norms were launched in November 2021.

An Ambulance Call Centre was launched at Naguru Hospital and plans to have the same launched in other hospitals were underway. Kawempe RRH was connected to an ambulance toll free line. The Kawempe toll free line of 0800 1000 66 serves all health facilities in Mukono, Kampala, Bombo Hospital, and Wakiso districts among others. Procurement of ambulances for Kayunga and Yumbe hospitals was under way. Fourteen Regional Coordinators were trained in the Regionalised Emergency Medical services agenda.

Emergency Medical Services critical cadre trained and recruited: The MoH made tremendous efforts to train a number of health workers in Emergency Medical Care - 544 out of the planned 500 health workers trained in Emergency Care Principles and their application in COVID-19 case management across all health regions.

A total of 1,810 health workers were enrolled onto the health facilities cascaded training program. Trained 30 health workers in Pediatric Emergency Care in Lwengo District. In addition, seven students were supported in undertaking Masters in Emergency Care under the URMCHIP.

- **Functional Intensive Care Units (ICUs) at all RRHs:** Temporary ICUs in all RRHs were setup as part of the emergency response to the 2019 Coronavirus Disease (COVID-19) pandemic. The MoH procured ICU equipment to enable health workers deliver critical care to patients who needed it, especially critical COVID-19 patients. Installation of ICU equipment delayed especially in Gulu RRH due to lack of supportive infrastructure.

Renovation and remodeling of the antenatal unit into an ICU at Gulu RRH was completed, but installation of the ICU equipment had not started. Gulu RRH received a five bed ICU under the Strengthening the Capacity of Regional Referral Hospitals with support from Japanese International Cooperation Agency (JICA). Pendants were installed at Naguru, Arua, and Entebbe RRHs, installation of Pendants in Mbarara RRH was halted because the ICU cubicles were too small. Four facilities didn't have necessary structural requirements to enable installation of pendants. They include Bombo Military General Hospital, St. Mary's Hospital- Lacor, Jinja RRH and Lira RRH.



L-R: EMS ambulances at Mbale RRH; and construction of the ICU at the maternity complex Masaka RRH was underway

Expand geographical access

The planned outputs under the sub-intervention were: Health Centre IIIs constructed in the 12 sub-counties without any health facility; HCIVs constructed in 66 constituencies without HCIVs; HC IIs upgraded to HCIII in sub-counties without any HCIII; hospitals and health centres rehabilitated/expanded; increased coverage of health worker's accommodation and health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment. Five out of the six outputs were monitored. The output relating to HC IVs being constructed in 66 constituencies without HCIVs was dropped from UMCHIP's planned activities due to budget limitations.

Health Centre IIIs constructed in the 12 sub-counties without any health facility and HC IIs upgraded in sub counties without HCIII: The planned upgrading of HCIIIs to HCIIIs for the FY 2021/22 had not started. All works were still under procurement. The guidance from MoH on the Presidential Directive regarding the use of the UPDF Engineering Brigade for civil works delayed initiation of procurement and related processes. However, the MoH and LGs

continued with completion of upgrading works for the facilities that were started in the previous financial years.

Construction of maternity units in HCIIIs without maternity units was ongoing under the URMCHIP sub sub-programme. By 31st December 2021, physical progress was estimated at 30% against the planned progress of 48%. This decimal performance was attributed to the contractors under Lot 1, 2 and 6 whose works were grossly behind schedule for various reasons ranging from water scarcity during the dry periods in Eastern Uganda to inadequate capacity of the contractor in West Nile region.



Maternity/general ward at Aber HCIII Lira District under UgIFT, and maternity ward construction under URMCHIP at Igayaza HCIII, in Kakumiro District

Hospitals and health centres rehabilitated/expanded: This was undertaken through various sub sub-programmes, this output was achieved at 44% of the set targets. The detailed performance is highlighted in table 6.3.

Table 6.3: Performance of Hospitals and HCs Rehabilitated/Expanded Output

Sub Sub-Programme	Performance Rating	Remarks
National Referral Hospitals		Mulago NRH completed renovation of Paediatric Ward 16 and Ward 6 (Imaging Centre). At Butabika NRH construction of the perimeter wall phase III was at 30%, while construction of Kireka Ward was at 25%. Rehabilitation of Kirinya C had not commenced. Renovation works at Kiruddu and Kawempe referral hospitals had not started.
Regional Referral Hospitals		Mbale RRH construction of surgical ward was at 87% overall progress, construction of the Maternity and Child Health Complex, at Masaka RRH was at 90% overall progress with delays being caused by change of designs to accommodate the new ICU as directed by MoH. Renovation works at the stores was complete while renovation of OPD roof at Entebbe RRH was ongoing.
Rehabilitation and Construction of General Hospitals		Construction works at Busolwe Hospital had not started
Renovation and Equipping of Kayunga and Yumbe General Hospitals		The contractors were attending to the identified defects at the facilities.

Source: Field findings

Increased coverage of health worker's accommodation: The sub-sub programme implementing this output include; National Referral Hospitals, RRHs, Rehabilitation and Construction of General Hospitals, and Uganda Virus Research Institute (UVRI).

Overall, the output achieved 29% of the set targets, this poor performance was attributed to delayed start of civil works under the Uganda Intergovernmental Fiscal Transfers (UgIFT) sub-programme. The physical performance is highlighted in table 6.4.

Table 6.4: Performance of Increased Coverage of Health Worker's Accommodation

Project	Performance Ratings	Remarks
National Referral Hospitals		Construction of the 150 staff house at Mulago NRH was cumulatively at 18%.
Regional Referral Hospitals		Physical progress for half year at Jinja RRH was at 10%, Kabale RRH intern mess achieved 13% of this year's targets, cumulatively the construction of the intern's mess was at 84.2%, Arua RRH at 20%, Gulu RRH at 30%, Mbarara RRH at 20%. The construction of staff quarters at Masaka RRH stalled at 40%. .
Rehabilitation and Construction of General Hospitals		Gombe hospital staff house construction achieved 30% of this year's targets. Cumulatively the physical progress was at 95%
Uganda Virus Research Institute (UVRI)		30% physical progress of the staff house being constructed
UgIFT Sub Programme		Under procurement

Source: Field findings



Construction of staff quarters at Mbarara RRH and Arua RRH

Improving functionality of Health facilities at all levels through equipping with appropriate and modern medical and diagnostic equipment

This output was contributed to by various entities through the different sub sub-programmes including the URMCHIP, NRH and RRH's retooling projects, RRHs, UgIFT, Strengthening the Capacity of RRH, Kayunga, Yumbe Project (KAYUP) among others.

During the period under review, the output achieved 53% of its set targets. This dismal performance was attributed to delayed procurements under the URMCHIP and UgIFT sub sub-programme. Most RRHs had just started their procurements for the planned equipment save for Mbarara, Lira and Kabale. Arua RRH reallocated the funds to procurement of closed circuit

television cameras for the new JICA OPD, while Masaka used to complement UNICEF support in installation of an oxygen plant.

At Yumbe Hospital, laboratory equipment was procured under the KAYUP Project. Deliveries were up to 80% and installation was ongoing by the time of monitoring in January 2022. Some equipment (20%) had not yet been verified by National Advisory Committee on Medical Equipment (NACME), testing and user training had also not yet been done.



Medical equipment procured and delivered to functionalise Yumbe Hospital

Some of the benefits arising from the investment included “Improved efficiency in provision of quality services, due to availability specialised equipment. The recovery rates have improved and reduced referrals to Arua Hospital. These were often caused by lack of specialised equipment, power challenges. Apparently, the hospital has three stable sources (WANRECO, solar and a generator) enabled by the project. Water is also stable. Clinical staff are motivated to do their work. Despite having a few staff, they are well motivated. *“We have so many referrals requests from health workers from other districts including Moyo, Yumbe, and Koboko among others. The project has also improved security at the hospital premises due to installation of CCTV cameras at the medical side of the hospital. It has enabled Continuous Professional Medical Education and Continuous Professional Development (CPMEs/CPD) enabled by computers and a public address (PA) system,”* Yumbe Hospital Management.

However, the hospitals still had some technical hitches in use of the supplied and installed equipment. The solar system at the administration block failed to charge. Electrical sockets had not been installed in the water pump building; two air conditioners in the theatre and laboratory respectively were not working. Fuel leakages on the incinerators and sterilisers. The generator supplied often overheated and often stopped working after 10 minutes of being powered.

It was also noted that some of the equipment was still controlled by suppliers yet their response time was very slow in case of a malfunction. The beneficiaries further noted that there was need to have total control of these equipment including internet, sterilisers, software packages among others. *“All (four) sterilisers supplied by NSG in theatre and laboratory have software problems and not working, efforts to have the supplier respond to our calls and requests have been futile”* Yumbe Hospital Management. Detailed performance of the output is highlighted in table 6.5.

Table 6.5: Performance of the Equipping Output

Project	Performance Rating	Remarks
National Referral Hospitals		Mulago and Butabika NRH procured assorted equipment. Procurement of equipment for Kiruddu and Kawempe NRH was ongoing.
Regional Referral Hospitals		Assorted medical equipment was procured and delivered to various RRHs. No equipment was procured for Gulu and Fort portal RRHs.
Renovation and Equipping of Kayunga and Yumbe General Hospitals		Equipment for Lot 1C to 3 was all supplied and installed. These included; laboratory, surgical and critical care equipment, general medical, furniture. Lot 2 and Lot 1 didn't carry out user training. All suppliers were paid except Alltrade-Allengers Consortium (NSG). Supply of the laboratory equipment (outright purchase) was at 62% complete.
Uganda Reproductive Maternal and Child Health Services Improvement Project-URMCHIP		Four (4) out of the six (6) contracts had been signed and delivery of the equipment was awaiting. Medical furniture for 81 URMCHIP Facilities procured and distributed.

Source: Field findings

Avail affordable medicine and health supplies including promoting local production of medicines (including complementary medicine) sub-intervention

The planned outputs included blood products available; basket of 41 essential medicines availed; quality medicines and health products on the market. Two outputs were sampled and the following was established:

Blood products available: This output was executed by Uganda Blood Transfusion Services (UBTS) and its Regional Blood Banks (RBBs). By 31st December 2021, the UBTS had collected 144,750 units against a target of 300,000 (48%). The failure to fully achieve the semi-annual targets was attributed to under performance at the regional banks of Arua, Gulu and Mbarara.

Good blood collection performance was noted for Nakasero, Fort Portal and Mbale RRBs this was attributed to new blood collection strategies, availability of reagents and other supplies to facilitate timely screening of Transfusion Transmissible Infections (TTIs).

Out of the 144,750 units of blood collected, the UBTS issued 123,008 units to various health facilities. According to the HMIS, the availability of blood products for all reporting facilities was at 20%, while health facilities reported stock out of blood products at 26%.

Monitoring findings indicated that in some cases, the blood, reagents and supplies to RBBs and health facilities were transported using public means. This affected timely deliveries and caused quality concerns among stakeholders. The order fulfilment was at 50.1%, Fort Portal RBB had the highest order fulfilment of 89.76%, while Gulu RBB had the lowest order fulfilment. The poor performance at Gulu RBB was attributed to the poor attitude of blood donors in the region towards blood donation and the inadequate human resources to traverse the region and collect blood.

Basket of 41 essential medicines availed: These were procured and distributed to 1,718 HCIIIs, 1,261 HCIIIs, 190 HCIVs, 53 General Hospitals, 18 RRHs, five National Referral Hospitals and two Specialised Institutes by the NMS. During the last three months of quarter two, the 41 Tracer Medicines were stocked at 70%, the rest of the facilities 30% reported stock outs.

The NMS distributed medicines for only two cycles during the period under review. This was partly attributed to NMS focusing more on the distribution of the COVID-19 vaccines during the mass COVID-19 vaccination campaigns. Medicine availability for all health facilities in the last three months as reported on the HMIS was at 19%, Lira RRH received medical supplies worth 30% of their annual budget allocation, Hoima RRH 32%; Fort Portal 33%, Gulu RRH 35%; Kabale RRH at 47%; Mbarara 50%; Jinja RRH at 61%; Mulago Specialised Women and Neonatal Hospital at 64%. The most stocked out tracer medicine was artemether/lumefantrine 120/20mg and stock outs of up to 41% were reported.

Undertake continuous training and capacity building for in-service health workers sub-intervention

Health workers trained: Under the Uganda Reproductive Maternal and Child Health Services Improvement Project-(URMCHIP), scholarships were awarded to 1,031 health workers to undertake various courses. Approximately, 46% of the scholarships were certificate awards, 35% were diplomas, 12% Master's degrees, and 7% in Bachelor's degrees.

Only 487 (47%) of the health workers awarded scholarships had completed their courses by 31st Decemehr 2021. Highest completion levels were recorded under Certificate awards at 58%, followed by Diplomas at 38%, Master's degree at 3% while none completed their Bachelors programme.

In terms of regional representation 43% of health workers that completed their studies were from the Western Uganda, followed by 20% from Central region, 15% from Eastern and Northern Uganda respectively, and 3% from West Nile and Karamoja respectively.

6.4 Prevent and control Non-Communicable Diseases with specific focus on Cancer, Cardiovascular Diseases and Trauma

The intervention is concerned with: the establishment of centers of excellence through infrastructure development, addressing the crucial labour market shortages in highly specialized services; and prevention and control of non-communicable diseases such as cancer and heart diseases.

There are four planned outputs under the intervention and these are: Centers of Excellence for Cardiovascular Services, Cancer and the National Trauma established; Specialised Cancer, Heart and Trauma Medical Services provided; Super-specialised human resources trained and recruited; Preventive programs for NCDs implemented; specialised and super specialised hospitals established.

The semi-annual monitoring focused on three out of the four planned outputs, the fourth output regarding establishment of specialised and super specialised hospitals did not appear in annual work plans of MoH. The overall performance of the intervention was good with only 70.6% (Annex 4) of the planned targets achieved by 31st December 2021 and is highlighted as follows:

6.4.1: Centers of Excellence in Cancer, Heart Diseases and Trauma Established and Equipped

a) The planned targets under this output were construction of various infrastructures at the three Centres of Excellence. Performances highlighted in table 6.6.

Table 6.6: Performance of Selected Sub Outputs as at 31st December 2021

Planned outputs	Performance Rating	Remarks
Feasibility studies for Arua and Mbale Regional Cancer Centers submitted		Completed and submitted to Uganda Cancer Institute (UCI)
Designs for the patient hostel and pediatric hospital developed at UCI		Designs were developed, procurement of the contractor to construct the pediatric hospital was initiated
Construction of the Multipurpose building at UCI		Behind schedule, delayed due to the inadequate capacity of the ROKO, the main project contractor
Establishment of the Oncology Center in Northern Uganda		Ongoing
Residence of the Senior Hospital Administrator -Mulago relocated-UCI		Achieved
Rehabilitation of Ward 1c at the UHI		Works were expected to be completed by end of third quarter FY 2021/22/
Construction of the Heart Institute Home.		The land was secured and a loan proposal to fund the infrastructure development was laid before Parliament for approval

Source: Field findings

b) Equipping the Centers of Excellence under this component, the progress is categorized into two i.e. equipment procured and delivered, and equipment under procurement. Detailed performance is highlighted in table 6.7.

Table 6.7: Equipping the Centres of Excellence

Action	Status of Implementation
Equipment procured and delivered	<p>Eight patient vital monitors, two transport stretchers, 10 pieces of heavy base for hook IV fluids, four pieces of mechanical personal floor scale, and weighing scales under the Uganda cancer Institute.</p> <p>Under the Uganda Heart Institute, purchase of five Laptops, procedure trolleys, portable echo machine, laryngoscopes, stethoscopes, immunoassay analyser, oxygen heads, laboratory fridges, BP machines, rotablator, assorted bedpans, urinals, sputum mugs, drums, patient bedside lockers among others.</p> <p>Under the National Trauma Centre, the X-ray system and computerised radiography were procured to improve diagnosis of the accident victims.</p>
Equipment under procurement	Nuclear medicine equipment, ICU and theater suites, SPECT CT, flow cytometer under the UCI. Heavy duty wheel chairs, two ventilators, ECG patient analyser, syringe pumps, infusion pumps, critical care beds among others at the UHI.

Source: Field findings

c) Establishing a Centre of Excellence through provision of specialised medical services. The provision of specialised medical services at the proposed Center of Excellence performed as follows:

Cancer Research achieved 74% of the set targets, six out of ten collaborative research projects were undertaken, ten out of fifteen research manuscripts published, six out of ten epidemiological research projects were initiated among others. The UCI attained 111% of the cancer outreach targets and 64% of the radiotherapy services target. The UCI also achieved 55% of the planned annual inpatient stay targets, 52% Cancer investigations were undertaken, Outpatient visits registered 54%, the new cancer cases registered were 57% and 100% of the planned medical supplies were procured.

The provision of medical services under the Heart Institute achieved 88% of the set targets. Poor performance was noted under the inpatient and OPD services which were mainly attributed to the restrictions arising from the COVID-19 pandemic and the ongoing renovation of ward 1C intensive care unit.

The proposed National Trauma Center (NTC) achieved 98% of the set targets. Efforts to have the hospital concentrate on Trauma Services were underway as engagements with Kampala Capital City Authority (KCCA) and its health facilities continued regarding taking over provision of medical services that were initially undertaken by the hospital prior to being elevated to a National Trauma Center.

6.4.2 Preventive programme for Non-Communicable Diseases implemented

Under the output, it was planned to carry out screening of the most common cancers and HPV vaccinations for girls 10-years-old and above by MoH and RRHs. The output was achieved and the physical progress is highlighted hereafter:

a) Carryout screening for the most common cancers: The UCI screened 33,234 clients against an annual target of 60,000 clients (55%); 31 cancer cases (cervical, breast cancer, and prostate cancer) and 1,498 cases (five common cancers) presented at Stage one and two. A total of 1,582 cancer cases presented at stage three and four.

b) HPV Vaccination for 10-years-old girls by MoH and RRHs: The MoH implemented this action through its decentralised structures in health care services delivery. A total of 33,739 doses of the HPV vaccines were administered to 10-year-old girls against cervical cancer during the period under review. The MoH registered an 88% HPV1 vaccination coverage, and a 50.1% HPV2 vaccination coverage. The HPV1 to HPV2 dropout rate was 43.1%. A total of 284,834 HPV1 doses were given and 162,126 HPV2 doses given during the period under review.

As part of the preventive health care at UHI, 44 television and radio talk shows on heart health were conducted; eight (08) newspaper publications on heart health were released. At the National Trauma Centre no activities were taken in relation to prevention of trauma however, the facility provided immunisation services to both children and adults (all vaccination doses)

The training and equipping of lower level facilities (HCIVs-IIs) in screening and care of chronic non communicable diseases and home based care including linkages of patients to community resources was not undertaken.

6.4.3 Super-Specialised human resources trained and recruited

The trainings were planned and implemented through sponsorships of students and study grants at different cost centers i.e. MoH, UCI, and UHI. The second sub output was concerned with recruitment of trained super specialists.

During the period under review, as part of its contribution to the output, the MoH under the URMCHIP trained 400 students in Intensive Care Nursing, paid tuition for 721 students who had earlier been awarded scholarships. A total of 197 out of the planned target of 142 (139%) were awarded scholarships in various disciplines at the Uganda Cancer Institute; of these, only 128 students had completed their studies by 31st December, 2021. Most of the students on long study courses lost time due to the COVID-19 pandemic. The increase in the number of scholarships awarded at UCI was as a result of savings realised during the implementation of the output. The majority of those trained were within the public health facilities.

Three out of the ten staff at the Uganda Heart Institute were undergoing training in advanced fellowship in Adult Cardiology, Management and Biomedical Engineering. There were no scholarships awarded at the National Trauma Center.

In terms of recruitment, it was noted that only one specialist was recruited at UCI by the Health Service Commission as at 31st December 2021. The UHI did not have a wage provision to allow recruitment, while recruitment requirements for the National Trauma Centre and MoH were submitted to the Health Service Commission for onward processing.

Implementation and service delivery challenges

- i. Inadequate staffing at UHI, NTC, UCI and Regional Centres, for example Jinja Cancer Centre has no permanent staff, this constrains service delivery at the centres of excellence.

The situation is exacerbated by the inadequate wage bill and failure to attract and retain specialists at all levels.

- ii. Inadequate prioritisation of trauma, it was noted that only Ug shs 300m of Naguru Hospital Budget was directly allocated to the establishment of a trauma centre, this constrains plans to turn the facility into a Center of Excellence for Trauma.
- iii. Congestion and lack of adequate medical supplies at UCI and UHI facilities. The available infrastructures at both facilities are inadequate to address the increasing demand for oncological and cardiovascular diseases.
- iv. Inadequate commitment towards prevention services characterised by delays in training lower facilities in screening and prevention of NCDS.
- v. Mischarges on various budget entities, for example the UCI mischarged over Ug shs 120 million from Uganda Cancer Institute Project, a development project towards office operations, a recurrent activity in nature.

Conclusion

The intervention registered good performance with 70.6% of the set targets achieved. Efforts to establish the Centers of Excellence were slow and affected by a number of challenges causing enormous delays to towards their establishment. These include: delays in completion of the multipurpose building at UCI, and completion of the loan proposal processes for the establishment of the UHI home. Inadequate prioritisation of the National Trauma Centre, issues related to staffing structure, wage bill and inadequate equipment continue to affect effective establishment and utilisation of the Centers of Excellence.

Recommendations

- i. The Specialised entities (UCI, UHI and NTC) together with MoH should embrace a programmatic approach to preventive health care, early screening as a sustainable measure towards response to NCDs. This will translate into decongestion of these centers, reduce burden on health workers and medical supplies budget in the long run.
- ii. A holistic approach towards staffing challenges needs to be taken into consideration. These include: fast tracking the completion and dissemination of the revised staffing structure by MoPS, revision of the Wage Bill through a deliberate action by both Parliament and MFPED, timely recruitments by the HSC as well as deployments by the MoH.
- iii. The MoH, the RRRHs, and specialised Institutions should roll out a training plan for the lower level health facilities in the screening and management of NCDs.

6.5 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices

The lead implementing institutions of this intervention are the Ministry of Water and Environment (MWE) and the Ministry of Education and Sports (MoES). Other key actors include National Water and Sewerage Corporation (NWSC) and Local Governments (LGs). The intervention aims to increase the percentage of people accessing safe and clean water supply, sanitation and hygiene services without discrimination in relation to gender, disability, geographical location and age among others. The intervention intends to achieve its objective through implementing several outputs and actions namely: construction/rehabilitation/extension of water and sanitation structures, water quality

surveillance, and advocacy for social behavior change communication for use of sanitation facilities and hand washing with water and soap. The overall performance of the intervention good at 74%(see Annex 4) of the set targets.

Ten outputs were planned for in the PIAP of which seven (7) were assessed to establish performance. The other three (3) outputs not monitored i.e. (1. Support to improved water and sanitation infrastructure in industrial parks; 2. Improved energy efficiency in the water supply system; and 3. Improve nutrition and food safety with emphasis on children aged under five) were not budgeted for, and some actions are covered under other outputs. The status of outputs monitored are presented hereafter:

Increased access to inclusive safe water supply in rural areas

Construction of piped water systems: In the FY 2021/22, a total of 151 piped Water Supply Systems (WSS) were planned to be constructed to various completion levels. These include nine (9) large systems, 16 Rural Growth Center (RGC) systems, 17 medium to large systems, and 111 schemes to be implemented by LGs. By 31st December 2021, five of the nine (9) large systems were under construction and progress as follows: Rwenkureiju-Kanyabwanga (95%), Kahama II (75%), Nyabuhikye-Kikyenkye (77%), Lukalu-Kabasanda (94%), and Orom (94%). The rest i.e. Mpugu-Nyakazinga, Bitsya, and Nyamugasani were still under design. Assessment of sites for the 16 RGC systems, and the 17 medium to large systems was ongoing. Construction of piped systems under Local Government (LGs) was planned in a phased manner of two-three years due to limited financial resources. The centralised nature of the Electronic Procurement System led to delayed procurements. Four large systems were monitored (Orom, Kahama II, Kanyabwanga, and Lukalu-Kabasanda) and the findings are shared hereafter:

The Orom WSS is made up of six independent water schemes located in Pader (1), Agago (1) and Kitgum (4). The construction of the system commenced on 23rd July, 2019, and the expected completion date was 23rd July 2021. However, by 31st December 2021 the overall physical progress was at 94% against the financial progress of 80.8%. The works' delays were due to land acquisition problems, difficulty in importing materials from China during the COVID-19 pandemic lockdowns; and delayed payment of the contractor's certified works which affected his cash flows. A total of 431 yard connections and 15 Public Stand Posts (PSPs) were constructed. The yard connections had surpassed the target of 300 due to increased demand. Pump testing of the system was ongoing, and the service connections were receiving water.



A yard tap of Orom WSS of Acholibur supply area in Pader District

Construction of Kahama II WSS in Ntungamo District was at 75% completion level. Assessment of the applications for connection was ongoing. Remaining was the completion of a second pump station, installation of a 150m³ steel reservoir tank, 1km of transmission main and service connections which were in progress. The contract was extended from 15months to 38months. The general progress of works was affected by land conflicts and delayed payments to the contractor.

Construction of Rwenkureiju- Kanyabwanga WSS in Mitooma District was at 95% progress. The scheme serves seven (7) villages with 20 PSPs and no yard connections. Testing of the pipeline network was ongoing.

Lukalu–Kabasanda Water Supply and Sanitation System in Kalamba Sub-County (S/C), Butambala District was at 94% completion level. The project has 550 connections, of which nine (9) are institutional, three (3) kiosks and 538 yard taps. The project has stalled for over two years due to delayed payment to the contractor and COVID-19 which affected importation of materials and the general sluggishness of the contractor. A case of vandalism of the main pipe was noted which affected the flow of water to the reservoir tanks.

The status of construction of piped water systems in 23 DLGs visited was as follows: 60.8% of the 23 districts planned for either new, expansion or rehabilitation of piped systems. The rehabilitation of Kisiita in Kyenjojo LG was completed. The system has five (5) PSPs and serves two villages. The extension of Mayangayanga Piped Water System in Buikwe to Kimenyedde and Nagojje S/Cs was completed and yard taps connection was ongoing. The construction of Mushunga- Nkinga piped water supply scheme phase I in Mitooma was at 60% completion with no payment to the contractor while the solar mini piped system in Ndagwe S/C (Lwengo) was at 80% progress. Construction of Namungo-Mpirigwa WSS had just commenced.

The contracts for Kateramo Water Supply in Kateramo Rukungiri, Namungo Mpirigwa WSS in Kagadi and Imara WSS in Kibale had just been awarded. Mogo phase II in Najja S/C in Buikwe had not commenced yet. One (1) piped system (Kyabakazi) planned in Nakaseke (Kikamulo S/C) was still under procurement. Kapchorwa had just finished procurement and award of contracts for construction of Shanga-Kapsinda WSS and extension of two old systems of Serinda-Kaptenga and Kabeywa/Kyeperich had not started at the time of visitation. In Nwoya District, completion of phase II for the Owee solar mini scheme had commenced. The pump station and transmission main are to be constructed in the FY. Kumi District was extending piped water to Dr. Aporu Okol memorial seed SS, which was 80% complete. However, the districts continued to face challenges of inadequate monitoring and supervision of ongoing activities owing to old vehicles that frequently broke down or sometimes no vehicle at all like in Kapalebyong.

The management of the piped systems is entrusted in the Central Management Committee (CMC) before being passed on to the Umbrella Organisations or National Water and Sewerage Corporation after construction. The CMC membership comprise of both men and women to ensure all issues pertaining to gender are catered for. Even after handing over management to the Umbrella organisation or NWSC the committee continues to oversee operation on behalf of the beneficiaries.

Construction of solar/wind powered water supply systems: Construction of 49 solar powered systems was planned in the FY. Forty of these were centrally implemented, whereas nine (9) were under the DLGs. A total of 11 centrally implemented schemes were monitored to assess performance. Contracts for construction of the 40 schemes became effective in August 2019 and September 2019 for LOT I and LOT II respectively. The substantial completion date was 3rd January 2022 which was extended to 23rd April 2022.



L-R: Reservoir tank of Nsanga Solar Mini Scheme in Budaka District, and a Public Stand Post of Kiduuma Solar Mini Piped System in Kiduuma Parish, Kagadi District

By December 2021, the overall average physical progress for the 40 schemes was at 82.5%. Given the two months' extension and the overall physical progress at the time of monitoring in February 2022, it was envisaged that the schemes would not be completed on time. None of the schemes was completed and handed over. The major civil works on the pump and guard houses plus installation of the reservoir tanks were completed. Pending works included: the installation of solar arrays, pumps and electro-mechanicals; the remote monitoring equipment and alarm systems; Service connections (PSPs) and fencing of most sites. Access to some sites was not provided for and generally the wages for site guards were unpaid at the time of visitation.

Construction of new point water sources: Construction of 1,662 new point water sources (production wells, protected springs, deep boreholes) were planned countrywide at both central and DLG levels. By December 2021, 50 new point water sources had been drilled although not yet installed (18 by MWE and 32 by DLGs). At least 34.8% of the districts monitored had started drilling boreholes and construction of other point water sources. The rest of the districts monitored were finalising the procurement processes. The districts received funds under the Uganda Intergovernmental Fiscal Transfers (UgIFT) for implementation. However, most District Water Officers (DWO) were not given a clear breakdown of the funds and specific outputs to be implemented.

The status of works in the LGs visited was as follows: Construction of eight (8) boreholes was completed in Kayunga District. Drilling was ongoing of seven (7) boreholes in Kagadi, three (3) in Ssi and Ngogwe S/Cs (Buikwe) and 15/25 planned in Kyenjojo. Protection of seven (7) springs was at 90% completion in Kanungu. In Abim District, 7/8 while in Busia 9/21 boreholes were drilled. Siting of 11 boreholes was completed in Tororo District. The drilling of one borehole in Kiseka S/C and two (2) valley tanks in Lwengo District was ongoing. Works for 13 boreholes in Kyankwanzi, eight (8) in Kayunga and three (3) boreholes in Kibale had not commenced while procurement of drilling of six (6) boreholes in Nakaseke and three (3) in Rukungiri was in final stages. Oyam, Gulu, Nwoya, Sironko, Kapalebyong, and Kumi districts had just awarded contracts for works.

The formation and training of WMCs considers the membership composition of both men and women. The women are encouraged to take up key positions on the WMC. This was noticed in all the 23 districts visited.

Provision of communal or institutional rainwater harvesting systems: The planned number of Rainwater Harvesting Tanks (RWHTs) was 94. The status of communal or institutional rainwater harvesting systems monitored was as follows: Two masonry 10m³ Public RWHTs were completed in Mitooma District (The tanks connect water to PSPs for better hygiene and easy usage by the public); Four (4) 10m³ plastic tanks were supplied and installed in Rukungiri; Construction of three (3) tanks of capacity 30m³ in Mitooma was at 70% completion level. Works for four (4) 50m³ and two (2) 30m³ Masonry Tanks in Kyenjojo had not commenced.



L-R: A 10m³ Rain Water Harvesting Tank and its connecting Public Stand Post at Kyakahimbi P/S in Mitooma Town Council, Mitooma District

It was noted that water stressed districts like Kyankwanzi and Lwengo planned construction of valley tanks for domestic use which is not considered under access to safe water supply. Kyankwanzi District had finished construction of the planned three (2) valley tanks, whereas Lwengo District was completing construction of the two (2) valley tanks.

Rehabilitation of existing point water sources: The planned number of boreholes for rehabilitation was 1,749. By 31st December, 2021, 154 boreholes were rehabilitated by the districts. Most of the LGs rehabilitation works were done by Hand Pump Mechanic Associations (HPMAs) using Force on Account. The HPMs provided the labor, whereas the spare parts and construction materials were procured by the districts. For example, Nwoya District procured sand and aggregates for casting of aprons.

At least 21.7% of the districts visited had started rehabilitation works. Rehabilitation of 17 boreholes in Kagadi, and 32 boreholes in Mukono and 10 boreholes in Abim districts was completed; 4/20 boreholes (in Kyenjojo) and 2/9 in Kibale were completed. Assessment was ongoing for identification of spare parts in Buikwe. Works had not commenced for rehabilitation of 10 boreholes each in Lwengo, Kayunga, Mitooma, Kyenjojo and Kyankwazi and six (6) in Nakaseke. Procurement for rehabilitation of four (4) boreholes and eight (8) shallow wells in Rukungiri District was ongoing. Oyam, Gulu, Nwoya, Tororo and Busia districts had just awarded contracts for the supply of pump parts. The poor quality of materials especially water pipes in the market continued to



Nyamugusa rehabilitated borehole in Kabasekende Parish, Kibaale District

affect the lifespan of water points since they frequently breakdown, resulting in high maintenance costs by the communities.

During rehabilitation, the existing Water Management Committees (WMCs) are either revitalised or new ones are formed. The WMCs are by policy supposed to have a woman in a key position of the WMC. The key position in that aspect is that is a Chairperson/Vice Chairperson, Secretary and Treasurer. This was noted in all the 23 districts that were monitored.

Increased access to inclusive sanitation and hygiene services in rural areas

Social behavior change communication for construction and use of improved sanitation facilities: The DLGs promote social behavior change for improvement of sanitation and hygiene through the transitional development grant for sanitation. Each district monitored received between Ug shs 18m to Ug shs 20m for the same.

All districts monitored had received this grant except Kumi. This activity is spearheaded by the District Health Inspector (DHI). Two sub-counties were selected in each district (on average 20 villages) where sanitation promotional activities are conducted. Two approaches were used i.e. Open Defecation Free (ODF) using the Community Led Total Sanitation (CLTS) and in a few cases Home Improvement Campaigns. At the time of monitoring in January 2022 most of the districts had created rapport with the sub-counties, identified villages where implementation was going to take place and finished triggering the communities. Follow-ups were on-going to ensure community sanitation improvements to achieve ODF villages. To note however, was the inadequate funds allocated to carry out all software activities as required.

Other sanitation and hygiene promotional activities were done within communities meant to receive water sources. These included fulfillment of the sanitation critical requirements prior construction of the water source. The construction of three (3) highway sanitation facilities was planned along three highways in the country (Kampala-Mbale-Tororo, Kampala-Mityana-Kasese, and Kampala-Mbarara). The Kampala-Mbale-Tororo, and Kampala-Mityana-Kasese works had not commenced due to limited funding. These were deferred to the FY 2022/23.

The Kampala-Mbarara Highway Sanitation Facility constructed in Kiruhura was ongoing at 90% overall physical progress by 31st December 2021. However, there was slow progress of works due to change of site, land settlements and delays in payments. The highway facility has a toilet of 11 stances for male, female, children and disabled plus three washrooms and 10 urinals; an attendant's house, a mini supermarket, a restaurant and a kitchen.



A highway Sanitation Facility in Kiruhura District

Construction of sanitation facilities in LGs visited was at various levels: 34.8% of the districts visited had planned for construction of sanitation facilities. A 4-stance latrine was constructed in Mpirigwa at Mpirigwa playground while a 3-stance fully lined pit latrine was ongoing in Kasaba TC, Kigoyera S/C Kyenjojo District. In Lwengo works for construction of

a 5-Stance Toilet at Katindo in Ndagwe S/C and a 3- Stance Toilet at the District Headquarters, a 5-stance public latrine at Kitwe RGC in Kayunga had not commenced. Construction of a 4-stance VIP lined latrine in Watuba TC in Kyankwanzi and another four (4) stance latrine at Ibanda P/S in Nyarushanje S/C (Rukungiri District) were still under procurement. The construction of 3 toilet facilities in Tororo District was at floor slab level. In Oyam District the planned construction of a facility at min Akullu main market was under procurement. No sanitation hardware was planned in Kagadi and Mukono, Gulu, Nwoya, Sironko, Kapalebyong, Abim and Kumi districts.

Increased stock of appropriate technologies and innovations to improve water supply and sanitation services

New water supply, sanitation and environment protection technologies and innovations piloted: Studying and vetting of technologies was ongoing before they could be captured as new technologies.

District Local Governments supported in ensuring compliance to the Sector guidelines and standards: All the districts monitored reported to have been supported by the regional centers of the MWE to comply with sector guidelines in regard to planning, budgeting and implementation of water and sanitation activities. Support included guidance during formulation of work plans and reporting, guidance during attendance of coordination meetings, dissemination of sector guidelines and tools among others.

Support to improved WASH services in institutions

Construction/extension of water supply infrastructure targeting institutions (schools, prisons, Barracks, Religious establishment, health facilities, etc.): The DLGs planned to provide water to different institutions. Most districts monitored had within their plans targeted provision of water to various institutions i.e 29 schools (both primary and secondary), health units (11) and four (4) religious units. In the Karamoja region the barracks were among the targeted institutions; for example, three (3) new boreholes and one (1) rehabilitated were provided for the barracks in Abim District.

During the construction of piped water supply systems, institutions within the supply area are prioritised for connections. Some schools benefit from institutional sanitation facilities (toilets) too e.g. in Lamwo District, during the construction of Padibe WSS, toilets were constructed in two schools - Padibe Boys P/S and Padibe P.7 School. Three blocks of toilets were provided in each school i.e. for girls, boys, and teachers. An incinerator was attached to the girls' toilets for disposal of sanitary towels. One of the stances in each block was constructed to take care of the People with Disability needs.

Improved water quality supplied

Water Quality Monitoring: The DLGs planned to monitor the quality of water supplied by conducting water quality testing of old water sources. Most districts carried out the tests using their own testing kits. However, there were some districts that did not have the testing kits such as Mitooma, Tororo, Kapchorwa, and Kapelebyong. As a result, they had to take their samples to other laboratories such as that of NWSC or those at the MWE regional centers. Taking the samples to outside laboratories costs the districts more.

By December 2021, 60.8% of the districts monitored had started conducting the water quality tests. The key parameter tested was the presence of E. coli in water samples, which indicates fecal contamination that can result in water borne diseases mainly cholera or typhoid. Districts reported a few incidents of contamination. Communities with contaminated water sources were advised to take precautionary measures such as boiling their drinking water, and source protection measures among others.

Water quality surveillance and testing of large piped systems for both rural and urban water supplies and borehole is planned under construction. Under piped systems, providing a chlorine dosing unit, or a water treatment plant - depending on the type of water source provides for the water quality improvement. Findings at the water systems indicated that there were delays in delivering and installation of the chlorine dosing units e.g. in Padibe WSS where the system was completed but supplying untreated water.

Catchment and water source protection measures in rural and urban areas: During the FY, the MWE planned to carry out water source protection measures for the catchments of Bitsya and Nyamugasani Gravity Flow Schemes (GFS). By 31st December 2021, this activity had not yet commenced, pending construction of the schemes. Other activities planned were the development and dissemination of catchment and source protection plans for various schemes. By 31st December 2021, catchment and source protection plans for Nakasongola, Kyenjojo, Katooke WSS, that are under the Strategic Towns Water Supply and Sanitation Project were developed.

During the monitoring of the various water systems, it was observed that there were efforts to ensure catchment and source protection measures for the schemes under construction. Source protection activities observed included fencing the source area, planting grass and trees, digging drainage channels to protect the source, etc. However, in most cases landlords limit catchment management measures by refusing to avail land. Case in point was the small catchment made for Kisiita Piped System in Kyenjojo District. The effects of climate change have equally had negative outcomes on the quantity and quality of water resources. Hence more effort has to be made in ensuring the protection of catchments.

Increased access to inclusive safe water supply in urban areas

The MWE through the Urban Water Supply and Sanitation Sub Sub-Programme planned to increase access to safe water supply in urban areas through construction of new systems, upgrade of existing systems, and expansion of the water piped network in large towns among others. There were 20 water systems under construction out of 55 planned. Twelve of the ongoing systems were monitored: Namalu WSS (Nakapiripirit), Alerek WSS (Abim), Morulem WSS (Abim), Binyiny WSS (Kween), Padibe WSS (Lamwo), Dokolo WSS (Dokolo). Others were: Bigando WSS (Kasese), Butemba-Kyankwanzi WSS (Kyankwanzi), Kagadi WSS (Kagadi), Lwemiyaga WSS (Sembabule), Kambuga WSS (Kanungu), and Igorora WSS (Ibanda).

Construction and commissioning were completed for Bigando WSS with 13 PSPs, serving 8 villages; Lwemyaga WSS with 13 PSPs and 450 yard taps and Igorora with five (5) PSPs serving 17,152 people. Namalu, Alerek, Morulem, Padibe, and Dokolo were substantially complete with good quality works. Namalu and Dokolo were constructed to augment the production capacity of existing systems. The management of the water and sanitation facilities

are entrusted in both men and women in increase of access. The WMCs comprise of at least a woman in a key leadership position.



A 350m³ reservoir tank at Kiraba Hill in Kagadi Town Council, Kagadi District and PSP of Karusandara Mini Piped System in Kasese District

Population using safely managed sanitation services

New fecal sludge treatment plants constructed: The MWE planned to complete the detailed designs and commence construction of fecal sludge treatment facilities in the towns of Dokolo, Buikwe, Kyenjojo-Katooke, Buliisa, Buvuma, Kibaale, Yumbe, and Amuru-Pabbo cluster. By 31st December 2021, the status was as follows: Detailed design for Buliisa was completed; contract for construction of Yumbe was at the Solicitor General for approval; detailed designs for Buvuma and Kibaale were affected by budget cuts hence they did not commence. The rest of the towns are under design.

Public toilets: The MWE planned to construct 23, design three (3), and acquire land for two (2) institutional/public toilets, in urban centres. Note however that the constructions of public toilets were done hand-in-hand with their respective piped systems in the various towns. By 31st December 2021, the status of implementation was as follows:

The completed WSS of Lwemiyaga has a public sanitation facility. The construction of public toilets was ongoing in seven towns - Kayunga-Busana, Kyenjojo-Katooke, Nakasongola, Buikwe, Bundibugyo, Kapchorwa, and Busia. It was noted that there were no sanitation facilities in Bigando, Igorora, Dokolo Town Council and Kambuga WSS; Padibe WSS had institutional sanitation facilities in two primary schools - Padibe Boys P/S, and Padibe P.7 School. The construction of public toilets takes into consideration the male and female stances, a urinal and a wash room.

Challenges

- i. Climate change effects on both quantity and quality of water resources thus making it difficult to get adequate water sources and some existing shallow wells and springs dry up.
- ii. Lengthy land acquisition processes interrupted smooth progress of works due to communities disputing the Chief Government Valuer's figures, and some absentee landlords.

- iii. Poor quality of construction materials in the market, which are prone to frequent breakdown, shortens the lifespan of the water supply facilities.
- iv. Delays in procurement due to the Electronic Government Procurement (EGP) system that centralised everything with one committee at the centre to do all the work.

Conclusion

The performance of the intervention was good at 74%. The intervention is on track towards increasing access to WASH services. This was attributed to most of the works that were ongoing as planned in the FY, for example in urban areas at least 20 out of the planned construction of 55 water schemes was in progress. Thus the intervention is likely to achieve its annual targets by the end of the FY.

Recommendations

- i. The MWE should entirely practice policy initiation of construction works where land for project components has been acquired in advance.
- ii. The MWE should initiate works where the land clearance for project components has been achieved.
- iii. The UNBS should strengthen monitoring and enforcement of quality construction materials with both the manufacturers and importers.
- iv. The MFPED should decentralise the EGP system process to allow access by sub accounting officers and regional procurement offices.

6.6: Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and Hepatitis), Epidemic prone diseases and malnutrition across all age groups emphasising Primary Health Care Approach

Intervention aims at controlling communicable diseases in Uganda which are ranked among the top 20 causes of death in Uganda. During FY 2021/22, the following outputs were planned: Morbidity and mortality due to HIV/AIDS, Tuberculosis (TB) and Malaria, and Neglected Tropical Diseases reduced; target population fully immunised; and epidemic diseases timely detected and controlled.

The intervention was achieved at 58.76% (Annex 4) of the set targets, this performance was attributed to the poor performance of the immunisation and timely detection of epidemics outputs.

- a) Reduced morbidity and mortality due to HIV/AIDS, TB and Malaria the output was implemented by several sub-programmes. These included: The Global Fund to fight AIDS, Tuberculosis and Malaria, and Curative and Preventive Medical Services provided at both NRH and RRHs. The output was achieved at 63%. The TB Programme outputs were achieved at 90%, HIV/AIDS at 38% and Malaria achieved 61% of the set targets.

During the review period, the percentage of people on Anti-Retroviral Therapy (ART) among all the people living with HIV was at 98%, the percentage of HIV-positive women who received ART during pregnancy and or labour was 107%, intermittent preventive treatment for pregnant mothers was undertaken. The MoH and partners conducted Malaria

in pregnancy operation research, quantifications reviews for HIV, and malaria was undertaken. Other achievements are TB case detection and diagnosis, laboratory support supervision and mentorship.

Under the Malaria Grant, the MoH distributed 1,190,032 bed nets to 3,140 health facilities under the routine net distribution channels country wide. These were intended to be given to pregnant mothers who attended antenatal care services and children less than five years for the purposes of preventing/controlling malaria during pregnancy and in children. The MoH further conducted a training of trainers for the integrated management of Malaria to 60 health workers across the country. The MoH and partners conducted Malaria in Pregnancy (MIP) mentorships in the Central, West Nile, Rwenzori, Hoima, Kampala and Wakiso regions targeting all health workers at the facilities and a total of 3,362 Health Workers in 338 HFs were reached.

The HIV Program focused on targeted HIV testing, Assisted Partner Notification (APN), HIV self-testing (HIVST) and Index Testing which were implemented to ensure that all people are given options to enable them to Test for HIV and ascertain their HIV Status. Differentiated Service Delivery (DSD) models were used for the provision of HIV services especially to those who are active on ART. There was continuous engagement and sensitisation of the general population about the HIV provide new updates and also to scale-up HIV prevention services.

A total of 1,330,088 clients were tested for HIV during the period under review and those found HIV positive were initiated on ART. Pre Exposure Prophylaxis (PrEP) interventions were provided to those at risk of getting new HIV infections. The procurement of the film van had not commenced.

- b) **Neglected Tropical Diseases reduced:** Under this output, it was planned to conduct technical support supervision for the vector borne and neglected tropical disease. By 31st December 2021, Technical support supervision activities were conducted in the districts of Toboko, Terego, Obongi, Madi-okollo, Amudat, Nabilatuk, Bundibugyo, Bunyangabo, Busia, Namutumba, Mbale, Kween, Moyo, Pakwach, Masindi, Kiryandongo, Buikwe, Kayunga, Ibanda, Kamwenge, Wakiso, Kalungu, Abim, Moroto, Kanungu, Rukungiri, Mubende, Kyenjojo, Kisoro, Ntungamo, and Agago,
- c) **Target population fully immunised:** Under this, sub sub-programmes contributed to this output. These were GAVI Vaccines and Health Sector Development Plan Support and Pharmaceutical and Medical Supplies (Immunisation Supplies) under the National Medical Stores (NMS). Analysis focused on COVID-19 vaccination under the NMS and immunisation of children under one year. The output was achieved at 37.8% of the set targets.

The Mass COVID-19 Vaccination Programme was rolled out and 17% of the target population was fully vaccinated against COVID-19 by 26th December, 2021 against the target of 45%. The poor performance of COVID-19 vaccination coverage was attributed to the slow pace at which immunisation data was being captured into system. Some health

workers were demotivated by the facilitation provided under COVID-19 vaccination and affected effective implementation of the programme.

The Ministry of Health however, performed well in other vaccination programmes surpassing the target of 60% vaccination coverage for the children under one year. Coverage by half year was 93% while Pneumococcal Vaccine coverage was 93.5%.

- d) **Epidemic diseases timely detected and controlled:** By 31st December 2021, the MoH had conducted an Integrated Disease Surveillance technical support supervision in 16 reporting LGs; launched the National Guidelines of Integrated Disease Surveillance and response (IDSR) 3rd Edition and rolled it out in 22 districts; trained the cross-border women traders and market vendors in Tororo, Busia and Malaba on Safe Trade Zones (STZ), Infection and Prevention Control (IPC) and Home Based Care (HBC); shared a Regional Data Collection Survey; piloting of proposed activities aimed for the Prevention of Infectious Disease at Border Posts (BPs) in the East African Community (EAC) at five (05) Uganda Points of Entry of Mutukula, Elegu, Malaba, Busia and Mpondwe.

Developed and reviewed Integrated Epidemiology, Surveillance, and Public Health Emergencies departmental strategic plan including integration of border health services, and developed and reviewed the Border Health Services Implementation Plan, conducted support supervision and mentorships to 13 Ports-of-Entry of Busia, Malaba, Entebbe, Kikagata, Mpondwe and Milama Hill.

Under the Public Health Emergencies, 264 cases of different conditions were reported, of which 173 cases were responded to and 40 cases confirmed, of the confirmed cases 6 resulted into human deaths. Cumulatively, the MoH had detected 1,786,359 cases of COVID-19 of which 146,030 cases were confirmed and 3,306 human deaths recorded. Ten cases of undiagnosed illness were reported which resulted in five deaths. There were 57 cases of rabies reported, of which 30 were confirmed. In Isingiro District, 173 cases of Cholera were reported and seven confirmed. Three cases of Yellow Fever were detected and confirmed in Nebbi and Wakiso districts.

Under the output, the MoH contracted M/s Modul House Engineering and Construction Co Ltd; the port health facilities included Elegu, Katuna, Malaba Miramahills, Mutukula and Mpondwe (Namboole). The average physical progress of works was 52% against 100% completion target. Works at Mpondwe (Namboole) were completed, while the planned works for Mirama Hills had not started due to failure by the MoH and Ntungamao LG to identify land upon which the facility would be constructed. Failure to complete these port health facilities is affecting the timely detection and control of epidemic diseases at these points of entry. In addition, construction of health facilities at Cyanika and Vura border posts was under way.

During the implementation, some districts which have water points of entry were left out such as Kalangala and Namayingo which could jeopardize the detection and control of epidemics coming from other countries through these points. The positivity rate on the islands in Namayingo District was twice that on the main land owing to the porous water

border posts. This was attributed to Namayingo being a border district, but the MoH does not consider it so, making the cross-border spread of infections easier. The ultimate impact is that such epidemics from other countries through this point cannot be timely detected and controlled.

Construction of the Entebbe RRH Isolation Unit was almost complete. The wards were furnished, equipped with a 10-bed ICU, and the contractor was finalising the 24-unit staff quarters. The Isolation Unit can accommodate 80 patients when put to full capacity but these can be scaled up to 120 patients.



L-R: Entebbe RRH Isolation Centre and the 24-unit staff quarters

Challenges in the implementation of the intervention

- Poor facilitation of health workers was hindering the mass COVID-19 vaccination drives. The allowances provided by MoH under COVID-19 vaccination is lower than that provided under other vaccination programmes which limits the number of health workers willing to participate in exercise.
- Inadequate capacity of the contractor undertaking the construction of Port Health Facilities coupled with lack of land for some sites affected their completion of; this resulted into unrealistic project extension of eighteen and half months from the original contract duration of three months.
- Inadequate human resources especially specialists affected provision of medical services especially at the RRHs. As most of the specialised clinics could not be operated.
- Inadequate support by GoU in detecting and responding to public health emergencies. Activities are largely supported by health partners threatening sustainability of the intervention.

Conclusion

The intervention performance was good achieving 87.8% of the set targets and was on track in achieving its intended objectives. Poor performance was noted under the immunisation output and detention and control of epidemics. Slow pace at which the construction of border health facilities to foster quick response to epidemics was noted. The intervention performance was good under the reduced morbidity and mortality due to HIV/AIDS, Tuberculosis (TB) and Malaria. There is need to undertake holistic approaches by the key sub programme players in addressing the constraints affecting successful implementation of the interventions.

Recommendations

- There is need for the MoH, NMS and partners to carry out proper vaccine planning and forecasting to ensure that vaccines are readily available to all health facilities all year long.
- The MoH should review the facilitation for the COVID-19 vaccinators with a view of matching it with other vaccination campaigns given risks involved to ensure that the exercise runs without any hindrance.
- The Health Service Commission, RRH, MoPS and MOH should harmonise all the recruitment processes to ensure that recruitments are started and completed in time. An effort to align the recruitment exercise with the budget cycle should be considered.

6.7: Promote health research, innovation and technology uptake

The intervention aims to increase the uptake of health research, innovation and technology among health institutions. Under the intervention, only one output was planned i.e. health research and innovation promoted.

The planned sub-outputs were: National Health, Research and Innovation Strategy developed; Annual National Health Research and Innovation Agenda developed and disseminated; High quality scientific and operational health research conducted; National Health Innovation Cluster and specific sub-clusters developed; enhanced capacity of RRHs to conduct operational research and disseminate findings.

The above outputs were implemented by various entities including: MoH, Uganda Virus Research Institute (UVRI), Uganda National Health Science Research Organisation (UNHRO), and Uganda National Council for Science Technology (UNCST), Research and Academic Institutions, Ministry of Science, Technology and Innovations (MoSTI). Semi-annual monitoring for FY 2021/22, focused on actions undertaken by UVRI, MoH and MoSTI, and academic institutions (Makerere University).

Performance

The intervention registered fair performance of 67% (Annex 4). Much of the intervention's outputs were attained by UVRI (63%), MoH attained only 5% of the planned targets under Research. The three actions under MoH and MoSTI stalled and this was attributed to disbandment of the latter.

The average performance regarding utilisation of medical technologies by various entities was 33%. Capacity enhancement of hospitals to conduct operational research and disseminate findings was ongoing in various RRHs, however, targets were not clear and could not be measured. Detailed performance is highlighted in table 6.8.

Table 6.8: Physical Performance of Promote Health Research, Innovation and Technology Uptake Intervention Actions

Action	Lead MDA	Level of Performance and Remarks
Develop the National Health, Research and Innovation Strategy	MoH	All activities stalled. The National Research Innovation Cluster was formed in 2019 with support from World Health Organisation (WHO) and United Kingdom Government, with the national focal person for the coordination being the Minister of Science, Technology and Innovation. The (WHO) and MoSTI, UNHRO, developed a road map to support COVID-19 innovations. The project stalled when the MoSTI was disbanded and the research agenda could therefore not be determined by 31 st December 2021. Although the MoH was indicated as the lead agency to spearhead the two actions, a number of key activities were expected to be undertaken by the MoSTI. This affected progress.
Develop and disseminate the annual national health research and innovation agenda	MoH	
Establish the National Health innovation cluster and specific sub-clusters	MoSTI	
Conduct high quality scientific and operational health research	UVRI	The UVRI achieved 62% of the semi-annual planned targets. Research on Arbovirology, Emerging and Reemerging Disease, Ecology / Zoology, Immunology, General Virology, Entomology, Epidemiology, Data Management Research activities and development of COVID 19 Vaccine were ongoing. The UVRI did not achieve all their planned targets under the development grant.
Enhance capacity of hospitals to conduct operational research and disseminate findings	MoH	Activities had commenced and were ongoing in various hospitals. All directors of RRHs were trained by the UNCTST to establish Research Committees. They were further trained in approval of Research Protocols. However, most of the research activities were not funded by GoU, these were individually funded by interested health workers or rely on development partners like the Medical Research Council (MRC)/UVRI, Center for Disease Control (CDC) among others. The Hospitals noted that they required Institutional Review Boards (IRBs) and funding to foster high quality research.
Adapt and build capacity for utilisation of new medical technologies. Medical technologies transferred and adopted	MoH	The average performance regarding utilisation of medical technologies was 33%. Of the medical research and innovations undertaken, it was established that 15% of the research products/policies were adopted. Some steps were taken to adopt research recommendations or produce products for 54% of all research done while 31% the recommendations and products had not been undertaken.

Source: Field findings

The sub sub-programme achieved 62% of the planned outputs under the Health Research and Innovation promoted. Arbovirology, Emerging and Reemerging Disease, Ecology/Zoology, Immunology, General Virology, Entomology, Epidemiology and Data Management Research

activities were undertaken by the UVRI. Detailed performance of promotion of Health Research and Innovation is highlighted hereafter sub output by sub output.

Arbovirology, Emerging and Reemerging Disease Research: The UVRI undertook Arboviruses surveillance activities in Mbarara, Fort-Portal, Tororo, Kiryandongo, Arua and Koboko. Supplies for Polymerase Chain Reaction (PCR) testing COVID-19 Eliza Kits, Architect Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2) Calibrators, SARS-Cov-2 and reagents were procured. Various samples received from hospitals for testing against COVID and Influenza. On the average 350 samples tested daily. Mosquito collections in the districts of Pader and Kotido was undertaken, and surveillance activities were undertaken.

Ecology/Zoology Research: Virus isolation samples from confirmed measles and rubella outbreaks were collected, Acute Flaccid paralysis (AFP) and Measles/Rubella cases were verified. Scistomiasis field activities in Bullisa were facilitated. Arboviruses surveillance in Kisube, Nkokonjeru, Kiziba, Bukakata, Masaka districts. Mbarara, Fort-Portal, Tororo, Kiryandongo, Arua and Koboko districts.

Immunology Research: The UVRI conducted Schistosomiasis field activities in Buliisa and Hoima districts, data collection on HIV related behavioral was undertaken in Rakai District, follow ups on COVID-19 convalescent and vaccinated volunteers were conducted in Masaka, Entebbe, and Lugazi districts. Epidemic outbreaks through tracking COVID-19 cases, support supervision of field laboratories processing samples were conducted. Approximately 395 COVID-19 study participants were enrolled with 280 males and 115 females; immune profiling for the participants was done with samples collected from 130 COVID-19 PCR Negative vaccines.

Entomology Research: Presence of the four (4) main arboviral vector species (Aedes vectors, Ae.simpsoni, Ae. Africanus and Ae. Viattatus) studied. Malaria vector population sizes and dispersal carried out. Analysis for malaria vectors is still in progress. Complete attainment of sampling targets in: Kapchorwa, Moroto, Nakapiripit. Facilitation for entomology activities in the North and Eastern districts of Uganda, laboratory reagents, research samples for the Entomology Department procured.

Epidemiology and Data Management Research: The UVRI conducted field trips to Masaka RRH and Rakai Community Surveillance for data gathering and analysis under HIV, COVID-19. Five staff were trained in data management and statistical techniques involving data programming and administration covering COVID tables, COVID work analysis and data table development, COVID RDT kit evaluation and ensuring Laboratory Information Management System (LIMS) link all UVRI Laboratories to CPHL and to the Incident Command for COVID-19 reporting. However, the initiative is limited by inadequate funds to procure software and licenses.

Novel Adeno–Vector COVID-19 vaccine developed: During the period under review, the activity had not received funds. Activities undertaken were supported by funds (Ug shs 454m received (November 2020- 30th June 2021). The UVRI worked closely with Makerere University (College of Veterinary Medicine, Animal Resources and BioSecurity - COVAB). The duo was developing a vaccine formulation for three different variants (Omicron, Delta and A23) and another vaccine that combined all the three variants.

Purification of the vaccine was awaiting reagents which were still under procurement by 31st December 2021. It is upon purification that the amount of viruses will be quantified and pre-clinical tests undertaken in the humanised mice thereafter. The activity was greatly affected by delays in procurement of reagents from the global market, for instance the order for the purification kits was placed on 18th October 2021, these had not been received by 31st December 2021.

COVID-19 Inactivated Vaccine: The UVRI in collaboration with COVAB-Makerere University is developing the vaccine. The UVRI supported growth of 16 viruses, named and isolated them including the Delta, Bitter-South African Strain.

The UVRI focused on growing enough stocks as it awaits availability of the Purifying reagent-Bita Propunctor which were obtained through State House. The virus inactivation process was tested and demonstrated that there is no growth. The collaboration is expected to start Humanized Mice trails by February 2022. A number of vaccines were expected to be developed including the one against the new variant OMICRON Vaccine along with others by February 2022.

The UVRI was also expected to develop a test that detects development of COVID-19 antibodies against COVID-19 upon vaccination. Volunteers from Entebbe and Masaka Hospitals were enrolled onto the study programme. The studies were ongoing and expected to inform vaccination strategies in Uganda.

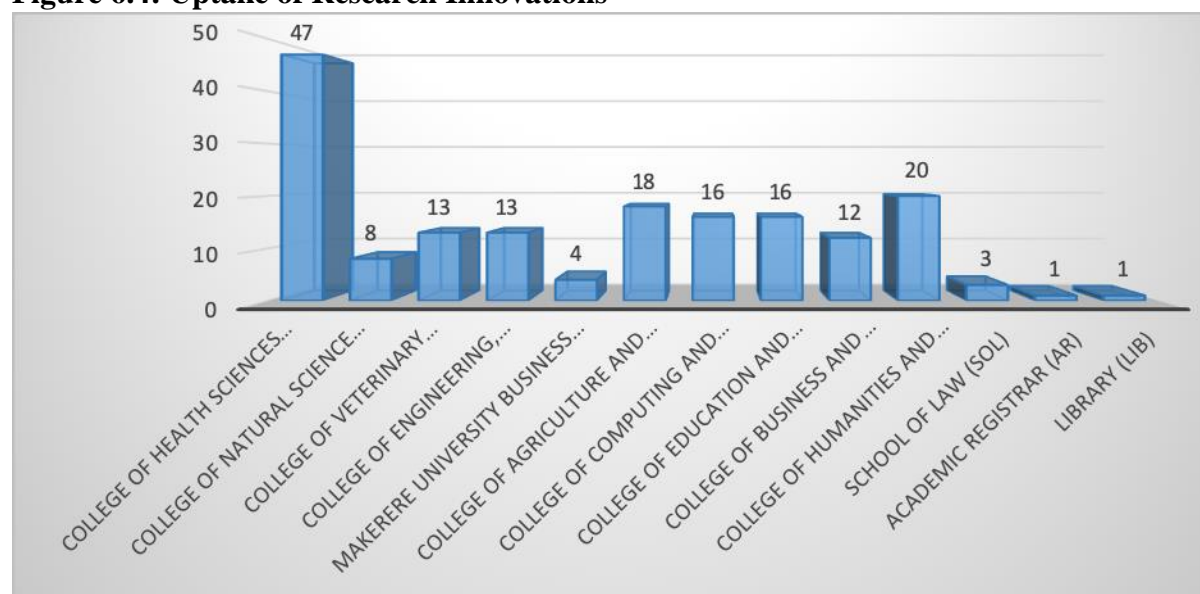
Assessment of anti-viral capacity of different Natural Therapeutic Products: The work progressed to 70%, the rest of the activities were expected to be completed by November 2021, however, these were majorly delayed by procurement processes. Administrative and operational costs were not planned, the project therefore lacked simple equipment like microscopes, hence documentation of cell growth rates could not be undertaken to allow timely analysis of samples.

Medical technologies transferred and adopted: The planned sub output was to adapt and build capacity for utilisation of new medical technologies developed by various research institutions. During the period under review, medical technologies were developed by various academic institutions and these were supported by UVRI, MoSTI-Presidential Scientific Initiative on Epidemics (PRESIDE), MoH, Makerere University-various colleges and departments.

The Makerere University Research and Innovations Fund (Mak-RIF) supported 200 medical research activities. The BMAU followed up on adoption of 172 medical research findings, recommendations and impact of COVID-19 studies done and completed in 2020 up to December 2021. The following was established:

Most of the studies were undertaken by the College of Health Sciences (CHS) at 27%, followed by the College of Humanities and Social Sciences (CHUSS) at 12% (**Figure 6.4**)

Figure 6.4: Uptake of Research Innovations



Of the innovations undertaken, 15% of the policies/products were adopted and implemented. Efforts had been taken to adopt and implement another 54% of the products, while 31% the recommendations and products had not been undertaken. Examples of technologies undertaken include:

- Cytokines as novel therapeutic agents in the management of late stage Trypanosoma brucei rhodesiense sleeping sickness- a preclinical trial.
- College of Engineering, Design, Art and Technology (CEDAT) developed and evaluated Nanobody Based Point of Care Diagnostic kit for detection of COVID-19 in saliva. A low cost rapid antigen based test kit for detection of active COVID-19 in saliva in 5 -10 minutes is expected to be developed as a primary product.
- Other intermediate potential products included an antibody based ELISA assay for detecting antibodies to SARS CoV-2 in patients, targeted antibody based receptor blockers for COVID-19 treatment.
- Humanised mice trials had commenced and the entities were on track in attaining the set targets. Makerere University in partnership with Nanobits developed a contact-tracing application for surveillance and real-time detection of COVID-19 positive cases named “WeTrace”.
- Research and innovations funding: TRIALS have already been adopted by MUK and not adopted by MoH. The PRESIDE-COVID-19 supported CEDAT to undertake evaluation of Nano scale materials as candidate adjuvants and delivery systems for SARS CoV-2 sub-unit vaccine (Year 1) ongoing developed, mice trials had started. Nanobody based point of care diagnostic test for detection of COVID in saliva same- and another one for cervical cancer on going-PHD, supported by Makerere University Research and Innovation Fund. Plans for commercialisation of these Research Innovations including Therapeutics, Vaccine delivery systems (Adjuvants) were underway.

Implementation Challenges

- Inadequate staffing at various research entities including the UVRI, RRHs and academic institutions to undertake specialised research.
- Inadequate motivation to undertake high quality research due to limitations in funding especially in RRHs.
- Limited uptake of research findings by both government and other stakeholders. This was attributed to the lack of adequate availability of necessary or complementary logistics to uptake products and implement recommended research actions. In addition, there was stalled research activities due to disbandment of the MoSTI, as a result the COVID-19 vaccine development project had not received funding since its disbandment.
- Mischarging research budget line by the UVRI: Some of the expenditures were not related to the research sub-programmes objectives. These included procurement of corporate wear, burial expenses, development of indicators, work plans, among others.
- Global politics and demand for COVID-19 vaccine development reagents and related supplies affected acquisition of reagents and progress towards humanised mice trials.

Conclusion

The intervention registered fair performance, with 67% of the planned targets achieved. This was attributed to poor coordination of investments in research funded by development partners. Health Research and Innovation were undertaken by various entities including UVRI and academic institutions. In terms of uptake, only 15% of the medical research technologies developed by Makerere University were adopted by 31st December 2021. Disbandment of the MoSTI greatly affected development of the National Health, Research and Innovation Strategy and clusters among other research activities.

Recommendations

- The GoU through MoH and Research Institutions should support capacity building of Research Committees at all RRHs to boost their interest towards medical research. Tokens of appreciation should be awarded to medical workers that exhibit high quality research products to boost morale and interest towards research in health institutions.
- The Innovations Fund should support uptake of medical research products at various levels. More efforts in publicising these products are paramount for utilisation and uptake by various entities.
- The MoH, UNCST and other stakeholders should fast track development of the National Health, Research and Innovation Strategy to enable attainment of the NDPIII objectives on Research.

6.8: Increase Access to Sexual Reproductive Health and Rights with special focus to Family Planning Services

The planned output for FY 2021/22 was increased access to Sexual and Reproductive Health services and age appropriate information through development and implementation of the Family Planning Implementation Plan.

The output was funded by the GoU and United Nations Population Fund through Marie Stopes Uganda. By 31st December 2021, the draft Family Planning Plan had been developed and was awaiting dissemination by MoH.

The numbers of family planning contraceptives dispensed were 13,809,130, and the number of mothers who received family planning in postpartum period (timing) were 348,435. The performance of the intervention was very good achieving 98% of the set targets.

6.9: Summary of COVID-19 Supplementary Budget findings under Population Health and Safety Sub-Programme

The MoH received a total of Ug shs 243.6bn as supplementary budget towards COVID-19 resurgence, recovery and response plan.

Approximately, 50.5% of the expenditure was on development activities including procurement of oxygen plants, construction of border port health facilities, Non-Residential Buildings, Machinery and Equipment among others. The rest 49% of the investment was towards recurrent activities including allowances, procurement of vaccines, staff training, maintenance of vehicles and equipment among others.

As part of the supplementary, the MoH allocated Ug shs 98bn towards procurement of oxygen facilities, supplies, concentrators, Pressure Swing Adsorption (PSA) facilities and delivery accessories among others. A total of Ug shs 85.6bn was spent by 31st December 2021. Approximately 98% of the expenditure (Ug shs 83.5bn) was uploaded onto Letters of Credit in Bank of Uganda (BoU) to secure payments for M/s Global Gases Group FZE, the contractor for oxygen facilities and supplies, concentrators, Pressure Swing Adsorption (PSA) plants, cryogenic storage tanks among others.

The MoH signed contracts signed worth Ug shs 80.4bn with M/s Global Gases Group FZE however, Letters of Credit worth Ug shs 83.5bn were opened in the Bank of Uganda (BoU). The variance was noted to be 1% service charged on foreign LCs, by BoU, exchange losses and any other related un anticipated charges on the investment. There is need to prior planning and clear forecasts on such investments guided by BoU and related banks to avoid redundancy of extra funds in light of the sector needs and priorities.

Four oxygen related contracts were awarded to M/s Global Gases Group FZE. These include:

Eighteen PSA plants to produce 4,750 cylinders of oxygen worth Ug shs 67,078,383,240 (US\$ 18,948,000) were expected to be delivered in March 2022.

Cryogenic Storage Tanks (liquid oxygen infrastructure) with cylinder filling stations worth Ug shs 7,668,475,500 (US\$ 2,169,300) were expected on 15th November 2021 at both NMS and Mulago NRH. These had not been delivered by 31st December 2021. The delivery date was revised to 30th January 2022, but by 22nd February 2022, the equipment had not been received by beneficiary facilities. The need to fast track this investment is paramount to attain value on the investment in a timely manner.

The need to have a Memorandum of Understanding between partners (MoH, NMS, and UPDF) indicating clear obligations related to running the oxygen plants, costs involved, maintenance,

use of excess oxygen generated among others to foster effective use of the plants, transparency and accountability.

Cylinders (5,000) with oxygen and 2,500 regulators: Deliveries were expected by 23rd November 2021 but this had not been achieved by 31st December 2021. There is need to fast track this investment in order to attend to the country's oxygen needs in a timely manner.

Cylinders were expected to be cleared and shipped to Uganda by April 2022 at a sum of 748,020,000 (US\$ 210,000). Payments were expected to be made upon 100% presentation of the Bill of Lading. There is need to align this contract with the procurement contract of 5,000 cylinders with oxygen to avoid any further delays.

The procurement process of 2,000 oxygen cylinder trolleys, 2,000 spindle keys, 2,000 spanners and 3,000 finger-tip pulse oximeters had just been initiated and an advert published by 31st December 2021. Patient monitors worth Ug shs 3.6bn were under procurement.

Sleeper tents functionalised at various RRHs: The MoH received Ug shs 1.5bn to enable completion of additional works and functionalisation of the sleeper tents. Ten RRH received a total of Ug shs 1bn to undertake works on the sleeper tents to enable functionalisation. These included floors works, electrical and lighting works, plumbing water and sanitation works.



L-R: Sleepers tent at Soroti RRH and Jinja RRH

During the first half of FY 2021/22, none of the tents had been functionalised with all of them erected in facilities visited. Works at Jinja RRH could not continue as the delivered tent missed a number of items.

Through the Emergency Services Department, the MoH built the capacity of 500 health workers in Emergency care with emphasis on COVID-19 response across the country. The MoH also responded to and evacuated 578 COVID-19. The MoH also strengthened emergency responses to COVID -19 for both facilities based and pre-hospital emergency

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

7.1 Programme Performance

The Programme Performance was fair 68.4% with the Education, Sports and Skills Sub-Programme achieving 74.9% of its half year targets; Population Health, Safety and Management Sub-Programme achieved 71% of its half year targets; and Labour and Employment Services got 59.4%. The programme was on track in line with its goal of ensuring increased productivity of the population through strategic investment in people however there was weak focus on program based planning and implementation. Most spending entities were operating in silo mode with funds spent on outputs or projects that did not fully contribute to the achievement of the interventions and programme objectives. In some instances, contribution of other sub-programmes towards an intervention could not be traced.

Interventions that registered fair and poor performance, had overall negative impact on the Programme performance yet are very critical in the foundations of Human Capital Development. These included; i) Improve functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services (65.3%); ii) Equipping and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards (61.7%); iii) Promotion of health research, innovation and technology uptake (37%) and; iv) Roll out of Early Grade Reading and Early Grade Maths in all primary schools to enhance proficiency in literacy and numeracy(10.8%). The poor performance was mainly on account of delayed issuance of guidelines on usage of funds and modalities of operations; low/intermittent releases and delayed procurements.

7.2: Programme Challenges

i) **Poor alignment of the PIAP commitments into the Annualised Budgets** to ensure attainment of programme objectives; whereas the NDPIII aimed at weeding out duplication and redundancies to facilitate efficiency in service delivery, programme implementation was delivered through the silo sector approach as the budgets in the Ministerial Policy Statements were aligned to the old sector budgeting approach and not programme interventions as indicated in the PIAP.

ii) **Delayed issuance of implementation guidelines:** Following the Presidential Directive that required all constructions to be handled by the UPDF Engineering Brigade, there was a delay in issuance of implementation guidelines leading to late procurement and poor absorption of funds.

iii) **Poor planning, prioritisation and sequencing of outputs** which leads to over commitment and inadequate funding. The programme committed to a number of projects amidst the inadequate resources which leaves many facilities incomplete several years after the start of implementation.

iii) **Staffing shortages** across all the health and education institutions which negatively impacts service delivery.

iv) **Poor absorption of funds** specifically for the externally funded projects, for instance those within the Population, Health and Safety Sub-Programme.

7.3 Conclusion

Overall Programme performance was fair, with better performance registered for the sub-programmes of Education, Sports and Skills; and Population, Health, Safety and Management compared to Labour and Employment Services. With the level of attainment and given that this is the second year of the NDPIII implementation, timely attainment of set targets remains uncertain, unless deliberate actions are taken by Accounting Officers under the relevant sub-programmes. Some of the actions include fast-tracking procurements, recruitments, deployments, and implementation of planned outputs as highlighted in the work plans.

7.4 Recommendations

- i) The NPA, MFPED through the Desk Officers and all sub-programme votes should align the NDP interventions and PIAPs with the annualised budgets and work plans to attainment of Uganda's development objectives.
- ii) The HCD Programme Working Group should ensure that all agencies within the programme prioritise and sequence projects that are critical to the attainment of the programme outcomes in a phased manner and ensure that they are fully funded to completion in the medium term.
- iii) The MoPS, MoH and MoES should fast track the review of the staffing structure in Health and Education and thereafter recruit the required personnel to improve service delivery.
- iv) During the second half of the FY, more focus/emphasis should be put on the key and critical interventions that did not register good performance during the first half of the year in order for the HCD Programme to achieve the set targets.

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ANNEXES

Annex 1: Interventions monitored for FY 2021/22 under the Human Capital Development Programme

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
013 Ministry of Education and Sports	Institutionalize training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	Pre-Primary and Primary Education	Basic Education (Pre-Primary)	MoES Headquarters
		Quality and Standards	Education Standards Agency	DES Headquarters
MoH NMS Local Governments	Increase access to immunization against childhood diseases	Pharmaceutical and Medical Supplies	NMS Headquarters, District Health Departments	MoH, Headquarters, NMS-Entebbe, Kalungu, Lyantonde, Rakai, Ntungamo, Kabale, Rukungiri, Mbale, Jinja, Iganga, Masindi
013 Ministry of Education and Sports	Provide adolescent friendly health service	Pre-Primary and Primary Education	Basic Education(Gender Unit	MoES Headquarters
013 Ministry of Education and Sports. Local Governments	Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards	Pre-Primary and Primary Education	-Pre-Primary and Primary Education -1339-Emergency Construction of Primary Schools Phase II -Instructional Materials Unit -District Education Office and District Inspector of Schools -Education Standards Agency -1540- Development of Secondary Education Phase I -1308- Development and Improvement of Special Needs Education (SNE) Secondary Education -Headquarters -1241- Development of Uganda Petroleum Institute Kigumba -BTNET	MoES Headquarters-Kampala- Basic Education, Department Secondary Department, BTNET-Department Kampala- Arua, Arua City Budaka, Bugiri ,Bushenyi, Butambala, Dokolo, Gomba, Gulu, Ibanda, Iganga, Jinja, Kabale, Kabarole, Kaberamaido, Kakumiro, Kalaki, Kaliro, Kalungu, Kasanda, Kibaale, Kibuku, Lira, Luwero, Lwengo, Lyantonde, Masaka, Masindi, Mbale, Mbarara Mitooma, Mityana, Mpigi, Namayingo, Ntungamo, Omoro, Rakia, Rukungiri Soroti, Kagadi
Local Governments		Pre-Primary and Primary Education, Secondary Education Skills Development	-Classroom construction and rehabilitation -Latrine construction and rehabilitation -Monitoring and Supervision of Primary and Secondary Education	Arua, Arua City Budaka, Bugiri ,Bushenyi, Butambala, Dokolo, Gomba, Gulu, Ibanda, Iganga, Jinja, Kabale, Kabarole,

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
		Education & Sports Management and Inspection	Tertiary Education -Services - Primary Secondary Capitation Primary Teaching Services -Sports Development services	Kaberamaido, Kakumiro, Kalaki, Kaliro, Kalungu, Kasanda, Kibaale, Kibuku, Lira, Luwero, Lwengo, Lyantonde, Masaka, Masindi, Mbale, Mbarara Mitooma, Mityana, Mpigi, Namayingo, Ntungamo, Omoro, Rakia, Rukungiri Soroti.
319 National Council for Higher Education		Higher Education Quality, Standard and Accreditation	Quality and Accreditation	Kampala- National Council of Higher Education Headquarters-Kyambogo
013 Ministry of Education and Sports. Local Governments	Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy	Pre-Primary and Primary Education	Instructional Materials Unit- Primary MoEs Headquarters	MoEs Headquarters- Instructional Materials Unit
013 Ministry of Education and Sports	Upgrade the Education Management Information System to include functions for tracking enrolment, drop-out, retention, and uniquely identify learners, teachers, and institutions	Policy, Planning and Support Services	Planning	MoEs Headquarters- Planning Unit
013 Ministry of Education and Sports	Implement a National Strategy against Child Marriage and Teenage Pregnancy	Pre-Primary and Primary Education	Basic Education-Gender Unit	MoEs Headquarters- Gender Unit Local governments
013 Ministry of Education and Sports	Prioritize investment in STEI/STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing	Higher Education	Support to Research Institutions in Public Universities,	MoES-Higher Education Department. Research and Innovation Fund,
			1491-The African Centers of Excellence- phase II (ACE II) project	MAPRONANO, MARCCI PHARMBIOTRAC
136:Makerere University		Support Services Programme	Research and Innovation Fund,	Makerere University
136: Makerere 137: Mbarara 127: Muni		Delivery of Tertiary Education	071402 -Research and Graduate Studies Out-put	The Universities of: Makerere Mbarara Muni Kabale Lira Gulu Soroti

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
307:Kabale 301:Lira 149:Gulu 308:Soroti				
321:National Council of Sports	Develop and implement a framework for institutionalizing talent identification, development, and professionalization	Delivery of Sports Services	Headquarters	NCS-Lugogo
013 Ministry of Education and Sports 321: National Council of Sports	Introduce accredited sports and physical education as stand-alone curricular subject(s) in schools and for sports coaches, administrators, and technical officials.	Pre-Primary and Primary Education	Basic Education	MoES Headquarters
321: National Council of Sports		Delivery of Sports Services	Headquarters	NCS-Lugogo
321: National Council of Sports	Maintain existing facilities and construct appropriate and standardized recreation and sports infrastructure at national, regional, local government and schools in line with the country's niche' sports (i.e. football, netball, athletics, and boxing)	Delivery of Sports Services	Headquarters Sports and PE	NCS-Lugogo
013 Ministry of Education and Sports		Policy, Planning and Support Services	1601 Retooling of Ministry of Education and Sports	MoES Headquarters Mandela National Stadium Namboole
321: National Council of Sports	Develop and implement professional sports club structures to promote formal sports participation	Delivery of Sports Services	Headquarters	NCS- Lugogo
013 Ministry of Education and Sports	Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status	Skills Development	1338- Skills Development Project-Construction and rehabilitation of learning facilities (BTNET)	The Four Centres of excellency (Bukalasa Agricultural College, UTC Elgon, Lira, and Bushenyi + 12 Vocational Training Institutions)
			1412- The Technical Vocational Education and Training (TVET-LEAD)	UTC Bushenyi Nakawa Vocational Training College Eriya Kategaya, Maumbe

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
			(Purchase of Specialised Machinery & Equipment- Construction and rehabilitation of learning facilities (BTEVET))	Mukhwana Bamunanika TI
	Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle	Skills Development	070553- Assessment and Profiling of Industrial Skills (DIT, Industrial Training Council) Rebranding TVET to attract youths through community engagements and media	DIT- Headquarters Lugogo
013 Ministry of Education and Sports	Assess and certify the competencies acquired by trainee beneficiaries during apprenticeship, traineeship, indenture training, and further training and or upgrading in order to foster, promote the relevancy of skills training and lifelong learning	Skills Development	070553- Assessment and Profiling of Industrial Skills (DIT, Industrial Training Council)	DIT- Headquarters Lugogo
320 Uganda Business and Technical Examinations Board (UBTEB)		Technical and Vocational Examination Assessment and Certification	-Headquarters -Examination and Assessment	UBTEB- Headquarters- Ntinda
320 Uganda Business and Technical Examinations	Roll out the modularized TVET curricula for all formal TVET programmes as to attain a flexible demand driven TVET system in Uganda	Technical and Vocational Examination Assessment and Certification	Headquarters -Examination and Assessment	UBTEB- Headquarters- Ntinda
	Improve maternal, adolescent and child health services at all levels of care.	Health infrastructure and equipment, Clinical services,	URMCHIP, GAVI, Pharmaceutical, Mulago specialized women neonatal	MoH, Local Governments, NMS
	Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services	Health infrastructure and equipment , Blood Services Clinical services	Rehabilitation and construction of general hospitals, Renovation and equipping of Kayunga and Yumbe general hospitals, Strengthening capacity of RRH, Regional Blood Banks, UBTS	MoH, Local Governments, NRHs, RRHs, Local Governments, RRBs, UBTS
	Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, and	Primary Health care development, Regional Referral Hospitals, National	Global Fund for HIV/AIDS	NRHs, RRHs and Local Governments

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
	Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach.	Referral Hospitals,		
	Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma.	Cancer services, Heart services,	Uganda Cancer Institute Project, ADB support to Cancer Institute, Establishment of Oncology centre in northern Uganda Uganda Heart Institute Project	UCI UHI Naguru Trauma Centre
MWE	Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices.	Rural Water Supply and Sanitation	Project 1347: Solar Powered Mini-Piped Water Schemes in rural Areas	Abim, Budaka, Buikwe, Busia, Butambala, Gulu, Isingiro, Kagadi, Kagadi, Kanungu, Kapchorwa, Kapelebyong, Kasese, Kayunga, Kibaale, Kibaale, Kikuube, Kiruhura, Koboko, Kumi, Kyankwanzi, Kyegegwa, Kyenjojo, Lwengo, Mitooma, Mukono, Mukono, MWE Headquarters Kampala, Nakaseke, Nakaseke, Ntungamo, Nwoya, Omoro, Oyam, Pakwach, Pader, Rukungiri, Sironko, Tororo, and Zombo.
			Project 1359: Piped Water in Rural Areas	
			Votes 501 – 850: Local Governments	
		Urban Water Supply and Sanitation	Project 1399: Karamoja Small Town and Rural growth Centers Water Supply and Sanitation	Abim, Dokolo, Ibanda, Kagadi, Kanungu, Kasese, Kween, Kyankwanzi, Lamwo, MWE Headquarters Kampala, MWE regional office Lira, MWE regional office Mbarara, MWE regional office Moroto, MWE regional Office Wakiso, Nakapiripiri, Sembabule
			Project 1524: Water and Sanitation Development Facility - East-Phase II	
			Project 1525: Water and Sanitation Development Facility – South Western-Phase II	
			Project 1529: Strategic Towns Water Supply and Sanitation Project (STWSSP)	
			Project 1533: Water and Sanitation Development Facility Central - Phase II	

Lead MDA	Monitored Intervention	Sub-sub programme	Coverage	Institutions/ locations Visited
			Project 1534: Water and Sanitation Development Facility North - Phase II	
	Increase access to Sexual Reproductive Health (SRH) and Rights with special focus on family planning services and harmonized information.	Pharmaceuticals Clinical services	Referral hospital services National referral hospitals Primary Health Care development	NRHs, RRHs and Local Governments
	Promote health research, innovation and technology uptake	Virus Research	UVRI Infrastructure Development UVRI retooling project	UVRI, MoH

Annex 2: Education, Sports and Skills Sub-Programme Financial Performance of the Sampled Interventions by 31st December 2021

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards	Monitoring Inspection, and support supervision	25.108	39.8	82	100	35.00	2.13	Monitored, inspected and support-supervised institutions under their respective jurisdictions as planned however the grant does not cover private schools.
	Provision of Instructional Materials (MOES)	64.012	87.2	50	100	37.00	2.62	77% of the funds was a supplementary budget meant for distribution of Home Study Materials. Procurement for the other material was ongoing.
	Constructions Projects under (MoES)	268.407	39.3	59	100	15.50	10.22	Poor performance of the construction projects attributed to the Presidential Directive that required all construction projects handed over to the UPDF-Engineering Brigade.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
	Examination Assessment and Certification (UNEB)	146.445	22.5	100	100	35.80	14.13	Due to the budget cuts the Board could not implement a number of planned activities that included digitising the certificates, procurement of scanners and metallic boxes, roofing the containers.
	Recruitment and Confirmation of Education Personnel (ESC)	9.226	59.4	92	100.00	38.00	0.57	Recruitments by the DSCs were ongoing at different levels, while the ESC had overachieved on the appointment targets because of UgIFT schools recruitments and validation is planned for Q3.
	Accreditation and Quality Assurance (NCHE)	0.400	62.5	88	100.00	30.00	0.02	Implementation was affected by inadequate staff with only 43.6% of the staff against a recommended standard of 65%, coupled with inadequate release of funds in Q1.
	Provision of Capitation Grant	362.248	33.1	100	100.00	40.00	34.94	33% of the capitation grant were released and all institutions of learning had received the funds except Busano SSS in Mbale District.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Institutionalise training of ECD caregivers at Public PTCs and enforce the regulatory and quality assurance system of ECD standards	1), 1000, ECD centres Licensed and 500, ECD Centres registered through training. 2). ECD Centres in 8 LGs monitored and the ECCE policy popularised in the Acholi and western region.	0.018	100.0	100	100.00	16.60	0.00	Planned outputs implemented were through off-budget funding, while some activities awaited approval of the ECCE Policy by Cabinet. Most of the unaccomplished output were affected by low releases especially in Q1.
Roll out Early Grade Reading (EGR) and Early Grade Maths (EGM) in all primary schools to enhance proficiency in literacy and numeracy	i) Follow-up on P1 to P3 teachers who were trained on EGR and EGM in 300 schools, and conduct support supervision activities in the districts of Kalaki, Kaberamaido, Amudat, Yumbe and Madi Okollo. ii) Print and distribute 1,000,000 EGR materials in English	0.700	0.0	100	100.00	10.80	0.01	No funds released for the implementation of the planned activities by 31 st December, 2021.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
	and Local Languages							
Implement a National Strategy against Child Marriage and Teenage Pregnancy	I) Disseminate and popularise Teenage Pregnancy Management and Prevention Guidelines in Western and Central regions. ii) Review the National Strategy for Violence against Children in schools. iii) Develop and implement the abridged popular versions for Reporting, Tracking, Referral and Response (RTRR) guidelines.	0.145	77.0	100	100.00	45.30	0.01	Planned activities were implemented as planned such as the dissemination of the National Strategy Against Child Marriage and Teenage Pregnancy guidelines.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Prioritise investment in STEI/STEM Research and incubation to transform it into goods and services for national growth and societal wellbeing.	-The Research and Innovation Fund - Makerere University -African Centers of Excellence ACE III activities -Higher Education- - Support to Research Institutions in Public Universities Public Universities- Research and Graduate Studies	41.630	27.2	95	100.00	28.60	1.21	Under-performance was noted across universities due to inadequate release of funds on the output and the disruptions caused by COVID-19.
Develop and implement a framework for institutionalizing talent identification, development, and professionalisation	National Council of Sports- identify talent, develop and promote sports through development of a talent identification and nurturing framework for early identification of talent; procurement of 2000 balls and 20 trophies to support grassroots initiatives	0.023	65.2	80	100.00	25.70	0.00	The procurement process was ongoing to hire a consultant for the talent identification and nurturing framework.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Maintain existing facilities and construct appropriate and standardised recreation and sports infrastructure at national, regional, local government and schools in line with the country's niche sports (i.e. football, netball, athletics, and boxing)	<ul style="list-style-type: none"> - Maintain eight sports facilities at NCS -Upgrade and renovation of Mandela National Stadium facilities - Operationalisation of National High Altitude Training Center (NHATC) 	103.743	12.2	30	100.00	25.20	8.29	<ul style="list-style-type: none"> -Repairs and maintenance of the 8 facilities at NCS was ongoing. -Fencing of Mandela National Stadium covering 4.2km commenced.
Develop and implement professional sports club structures to promote formal sports participation	<ul style="list-style-type: none"> -Support to 23 national sports teams to prepare and participate in qualifiers for major international sports championship -Three national teams supported to participate in major international sports championship(commo nwealth games, all Africa games, Olympic games, 	6.948	100.0	100	100.00	39.00	0.26	<ul style="list-style-type: none"> Facilitated Team Uganda to the Tokyo 2020 Olympics and Paralympics. Disbursed statutory remittances to the sports federations/associations/clubs.

Intervention	Output	Annual Budget (Ug shs) bn	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
	Paralympic games, East African Community games and Islamic Solidarity games) and -51 national sports associations supported to implement sports activities							

Annex 3: Labour and Employment Sub-Programme Financial Performance of the sampled interventions by 31st December 2021

Intervention	Output	Annual Budget (Ug shs)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Support the TVET institutions that have the minimum requisite standards to acquire International Accreditation Status	Through the Skills Development Project; the MoES planned to procure and install Technical Education machinery and equipment in four Centers of Excellence (UTC Lira, Bushenyi, Elgon and Bukalasa Agricultural College) and 12 VTIs.	22.353	22.2	97	100	35.50	6.07	Equipment and furniture supplied to Uganda Technical Colleges of Lira, Bushenyi, Bukalasa Agricultural College and their VTIs. UTC Lira received road construction equipment.

Intervention	Output	Annual Budget (Ug shs)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
Provide incentives to increase enrolment in skills-scarce TVET programmes to reverse the currently inverted skills triangle	Through the Skills Development Project and the TVET LEAD Project the MoES planned to equip selected TVET institutions by providing the necessary Infrastructure, equipment and materials.	36.165	67.3	100	100.00	30.00	12.01	Lira UTC, the classroom block, materials testing laboratory and administration block were completed and handed over, Bukalasa Agricultural College was at 90%, UTC Elgon was behind schedule due to the college's inability to secure a twinning partner in time and administrative review on one of the sites.
Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education	NCHE's Basic Requirements and Minimum Standards in HEIs enforced	42.005	28.7	45	100.00	23.00	25.08	Construction projects and procurement of equipment in public universities was slow due to inadequate release of funds for the development budget.

Intervention	Output	Annual Budget (Ug shs)	% of Budget Received	% of Budget Spent	Annual Target	Cum. Achieved Quantity	Physical Performance Score (%)	Remark
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	The Directorate of Industrial Training(DIT) and the Uganda Business and Technical Examinations Board planned to assess and certify skills acquired from TVET institutions and work based training	33.605	61.7	100	100.00	40.00	16.26	i) The Directorate of Industrial Training assessed, marked and graded candidates under modular and full UVQF 1-3 levels in 63 occupations. ii) UBTEB assessed candidates for Nov/Dec 2021 series; trained assessors and registrars, deployed to mark the December 2021 practical examinations.

Annex 4: Performance of Population Health Safety and Management Interventions by 31st December 2021

Intervention	Output	Annual Budget (billion Ug shs)	Cum. Receipts (Billion Ug shs)	Cum Exp (Billion Ug shs)	Annual Target	Cum. Achieved	Weighted Physical Performance (%)	Remarks
Improve maternal, adolescent and child health services at all levels of care	Maternity Units constructed in 81 selected Health facilities, equipment, furniture procured and distributed, supervision activities undertaken. Maternal Audits undertaken, training and mentorship programmes undertaken, sixty-two (62) HC IVs implementing Results -Based Financing Remodeled. Blood refrigerators for HC IV procured and distributed	734	273	25	100%	20%	12.1	Works on going and procurement processes on going for some equipment and medical supplies.
	UNEPI Office block constructed, Preventive and curative Medical Supplies (including immunisation) procured, Strengthening Capacity of Health Facility Managers activities undertaken, Monitoring and Evaluation Capacity Improvement activities undertaken. Transfer to Autonomous Health Institutions in support of ICHD and other immunisation activities	100	33	9	100%	30%	2.8	Delayed by procurement processes.
	Performance reviews and data validation of Reproductive Health (RH) Indicators undertaken.	1	1	0	100%	36%	0.0	Most of the works were supported by development partners.

Intervention	Output	Annual Budget (billion Ug shs)	Cum. Receipts (Billion Ug shs)	Cum Exp (Billion Ug shs)	Annual Target	Cum. Achieved	Weighted Physical Performance (%)	Remarks
	Scripts for talk shows, school debates, quizzes, youth groups, peer mother groups and home visits designed. Support clinical mentorships for RMNCAH at 14 RRHs. Capacity building for district community Health workers to reach communities supported							Misalignment between work plan and expenditure.
	Value of Reproductive health commodities distributed to health Facilities	33	26	25	100%	96%	1.0	Achieved half year targets
	Mulago Specialised Women and Neonatal Hospital Services provided	26	16	9	100%	81%	0.8	delayed procurement affected works
	Health Regulation Services provided	1	0	0	100%	40%	0.0	target not met
	Human Resource Management services provided under MoH	15	9	6	100%	35%	0.3	Target not met
	Recruitment of health workers by the Health Service Commission	8	4	3	100%	40%	0.2	partially achieved
Improve the functionality of the health system to deliver quality	Value of health commodities distributed to health Facilities	478	242	224	100%	94%	14.7	partially achieved
	Capital purchases under National Referral Hospitals	16	11	5	100%	68%	0.5	partially achieved

Intervention	Output	Annual Budget (billion Ug shs)	Cum. Receipts (Billion Ug shs)	Cum Exp (Billion Ug shs)	Annual Target	Cum. Achieved	Weighted Physical Performance (%)	Remarks
and affordable preventive, promotive, curative and palliative health care services	Capital purchases under Regional Referral Hospitals	21	16	8	100%	63%	0.5	partially achieved
	Safe blood collection	18	11	9	50%	48%	0.6	poor performance
	Upgrading of HCIIIs to HCIIIs	191	95	-	100%	0%	0.0	off target
	Emergency Health Services provided	8	7	7	100%	65%	0.2	partially achieved
	Health infrastructure and equipment procured	830	406	41	100%	23%	12.0	Delayed by procurement processes
Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma	Centers of excellence (Cancer, Heart) and national trauma center established	186	47	40	100%	72%	5.7	partially achieved
	Super-specialized human resources trained and recruited	1	0	0	100%	68%	0.0	partially achieved
	Preventive programs for NCDs implemented	0	0	0	100%	72%	0.0	partially achieved
	Establishment of specialized and super specialized hospitals	-	-	-	0%	0%	0.0	off target
Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of	Increased access to inclusive safe water supply in rural areas	73	38	30	10000%	2614%	1.1	Only five WSS ongoing against seven planned. Others schemes had not commenced.
	Increased access to inclusive sanitation and hygiene services in rural areas	1	1	0	10000%	3300%	0.0	The planned highway sanitation facilities had not commenced.

Intervention	Output	Annual Budget (billion Ug shs)	Cum. Receipts (Billion Ug shs)	Cum Exp (Billion Ug shs)	Annual Target	Cum. Achieved	Weighted Physical Performance (%)	Remarks
improved toilet facilities and hand washing practices	Increased access to inclusive safe water supply in urban areas	191	84	83	10000%	3636%	4.8	At least 20 WSS ongoing construction against 55 planned.
	Population using safely managed sanitation services	9	3	3	10000%	3043%	0.2	Few sanitation facilities being constructed (7/23). Planned construction of faecal sludge facilities had not commenced.
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	Target population fully immunized	112	103	88	60%	85%	3.4	Target achieved
	Reduce morbidity and mortality due to HIV/AIDS, TB and Malaria and other communicable diseases	81	53	35	50%	69%	2.5	Target achieved
	Epidemic diseases timely detected and controlled	99	92	54	100%	59%	1.9	Target not achieved

Intervention	Output	Annual Budget (billion Ug shs)	Cum. Receipts (Billion Ug shs)	Cum Exp (Billion Ug shs)	Annual Target	Cum. Achieved	Weighted Physical Performance (%)	Remarks
Promote health research, innovation and technology uptake	Health Research supported by MoH	1	0	0	100%	5%	0.0	Target not achieved
	Virus Research Undertaken by UVRI	16	8	4	100%	62%	0.5	Target not achieved
	Health Research and innovations supported by MoSTI	3	-	-	100%	0%	0.000	slow progress
Increase access to sexual reproductive health and rights with special focus to family planning services	Family Planning contacts RRHs	10	6	5	4518000 %	2483400%	0.3	on truck
	Reproductive Health items provided	1	1	0	100%	54%	0.016	Targets not achieved
	Total	3,263	1,588	714	0%	0%	71	