



A HANDBOOK FOR IMPLEMENTATION OF NDPIII GENDER AND EQUITY COMMITMENTS

HUMAN CAPITAL DEVELOPMENT PROGRAMME





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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
HIV	Antiretroviral Treatment
BRMS	Basic Requirements and Minimum Standards
BTVET	Business, Technical and Vocational Training
CCTs	Centre Coordinating Tutors
CBRNe	Chemical Biological, Radiological, Nuclear and Explosives
CSO	Civil Society Organizations
CDOs	Community Development Officers
CHEWS	Community Health Extension Workers
CPD	Continuous Professional Development
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
EGM	Early Grade Mathematics
EGR	Early Grade Reading
EMTC	Elimination of Mother to Child Transmission
EMS	Emergency Medical Services
EOC	Equal Opportunities Commission
EPI	Expanded Programme for Immunisation
GEB	Gender and Equity Budgeting
GBV	Gender Based Violence
GMIS	Gender Management Information System
HCIII	Health Centre III
HCIV	Health Centre IV
HDU	High Dependency Unit
HEI	Higher Education Institution
HPV	Human Papilloma Virus
ICT	Information Communication Technology
IEC	Information Education Communication
ICCM	Integrated Community Case Management
ICU	Intensive Care Unit
KYU	Kyambogo University
LIMS	Labour Information Management System
LG	Local Government
MUK	Makerere University Kampala
MOUs	Memorandum of Understanding
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
LLINs	Mosquito Net Impregnated with Insecticides
MARPS	Most at Risk Populations
NDP	National Development Plan
NHIS	National Health Insurance Scheme
NIECD	National Integrated Early Childhood Development
NCDs	Non Communicable Diseases
OWC	Operation Wealth Creation

OVCs	Orphans and Vulnerable Children
PWDs	Persons with Disability
PEP	Post –exposure Prophylaxis
PrEP	Pre-exposure Prophylaxis
PSWO	Probation and Social Welfare Officer
PIAP	Programme Implementation Action Plan
RRHS	Regional Referral Hospitals
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
STI	Science Technology and Innovation
STEI	Science Technology, Engineering and Innovation
STEM	Science, Technology, Engineering and Mathematics
SGBV	Sexual Gender Based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
SBCC	Social and Behavior Change Communication
SAGE	Social Assistance Grant for Empowerment
SNE	Special Needs Education
TVET	Technical Vocational Education Training
TV	Television
TB	Tuberculosis
UGP	Uganda Gender Policy
UNMHCP	Uganda National Minimum Health Care
UHPA	Universal Health Policy Advocacy
VHTS	Village Health Teams
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
WASH	Water and Sanitation Hygiene

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FOREWORD

It is mandatory for Ministries, Departments, Agencies (MDAs) and Local Government (LGs) to address gender and equity issues in formulation of Budget Framework Papers and Ministerial Policy Statements. However, there are still issues of capacity to effectively achieve this objective. The last five consecutive assessments of compliance for Gender and Equity Budgeting, by the Equal Opportunities Commission revealed persistent limited capacity of MDAs to discern gender and equity issues. It was also noted that the gender and equity issues being addressed were not necessarily aligned to the commitments in the National Development Plans.

A lot of effort was put into mainstreaming gender and equity commitments in the third National Development Plan (NDPIII). These were integrated at the strategic level, as well as in the 20 programmatic areas. In order to mobilise the MDAs and LGs to ensure effective implementation of the NDPIII gender and equity commitments, programmatic handbooks have been developed.

These Handbooks spell out the gender and equity issues under each programme; the proposed interventions in NDPIII, the related actions in the Programme Implementation Action Plan, and performance indicators. In addition, there are emerging gender and equity issues resulting from COVID-19 effects that were agreed on during the dialogue with all programme stakeholders.

I urge you to use this tool, to prioritise interventions that will foster inclusive growth and development which the country is pursuing.



Ramathan Ggoobi

Permanent Secretary/Secretary to the Treasury

KEY DEFINITIONS

Gender

Socially constructed roles and responsibilities assigned to men/women, girls/boys in a given culture or location.

Equity

Fairness and justice in the; treatment of individuals or groups of people; distribution of resources; provision of opportunities and services; and protection under the law. It takes into account, varying abilities/capacities, geographical disparities, demographical and social economic differences.

Gender Issue

This is a state/condition/situation of inequality/imbalance between males and females because of gender roles; discrimination/ neglect and/or marginalisation within society.

Equity Issue

Unfair and unjust situations that put lives of the vulnerable in dire poverty, limited access to services and state of hopelessness.

Gender and Equity Responsive

This is the ability of an individual or agency to consider the needs of women, men, boys and girls in light of their age, disability, or geographical location and take appropriate action.

Gender and Equity Budgeting

Gender and Equity budgeting is an approach of allocating and utilising government resources and programs taking into consideration of the different needs, interests and constraints of the various categories of people without any discrimination and addressing any imbalances that exist.

Programme

A group of related interventions/outputs that are intended to achieve common outcomes within a specified timeframe.

Sub-Programme

A group of related interventions/outputs contributing to programme outcomes at MDA level.

Programme Implementation Action Plan (PIAP)

A detailed description of the activities, targets and resources required to deliver a programme within a given timeframe. The PIAP operationalises the NDPIII Programme and is it from the PIAPs that MDAs are expected to draw their strategic plans.

Indicators

This is a quantitative (calculable) or qualitative (perception) factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance.

Commitments

These are pledges/obligations to be fulfilled in terms of outputs and outcomes.

Interventions

These are actions to be undertaken to solve an identified problem/issue.



1.0 Introduction

This Handbook spells out the gender and equity issues as well as planned interventions/actions in the Human Capital Development Programme during the third National Development Plan (2020/21 to 2024/25) period.

1.1 Background

The Third National Development Plan (NDP III) comes at a time when Uganda, like the rest of the world, is confronted with the COVID-19 pandemic. Now more than ever, the slogan of the Sustainable Development Goals (SDGs) of leaving none behind is critical. Fairness of treatment to the needs of people in all walks of life is vital for development. Gender equity is required in all aspects of life including education, health, nutrition, decent employment, access to economic assets and resources, political opportunities and freedom from coercion and violence for men and women, boys and girls and the elderly. Gender and equity is crucial to ensure that gender issues are integrated into all national policies, plans and programs for development.

It is mandatory for Ministries, Departments, Agencies (MDAs) and Local Government (LGs) to address gender and equity issues in formulation of Budget Framework Paper (BFP) and Ministerial Policy Statements (MPSs). However, there are still issues of capacity to effectively achieve this objective. The Equal Opportunities Commission's last five consecutive assessments of Gender and Equity Budgeting (GEB) compliance of Budget Framework Papers and Ministerial Policy Statements revealed persistent limited capacity of MDAs to discern gender and equity issues. It was also noted that the gender and equity issues being addressed were not necessarily aligned to commitments in the National Development Plans.

Challenges and lessons from NDPI and NDP II¹, showed seven (7) persistent gender and equity sensitive concerns. These include:

- The large proportion of households still stuck in the subsistence economy,
- High cost of electricity,
- Persistent vulnerabilities and wide-regional disparities in attaining required poverty reduction targets,
- Low investment in social protection systems,
- The poor quality of education characterized by the low levels of literacy and numeracy, coupled with the high rate of school dropout,
- High burden of disease amidst low functionality of health facilities, and
- Undernutrition among children and women remains high.

A lot of effort was made to mainstream the gender and equity commitments in NDPIII. These were integrated at the strategic level as well as 20 programmatic areas. There is need to ensure effective implementation of these gender and equity commitments by MDAs and LGs.

¹ These are listed in the NDPII background

1.2 Justification for the Handbook

To avoid the slow implementation of the gender and equity responsive interventions, this time round, there is need to mobilise MDAs and LGs. This necessitates development of a mobilisation tool. This Handbook to facilitate the mobilisation, spells out the gender and equity issues; proposed interventions and performance indicators.

The Handbook will simplify integration of gender and equity responsive interventions into the Budget Framework Paper and Ministerial Policy Statements. This will strengthen capacity of MDAs and LGs that has been inadequate.

1.3 Intended Users of the Handbook

This Handbook is intended for officials involved in planning, budgeting and monitoring at Central and Local Government levels, however, other stakeholders can also use it.

1.3.1 Primary Users

The primary users of the Handbook are the Programme Leadership Committee; Programme Technical Committee, Programme Working Group, and Programme Technical Working Group Sub-committees; Specifically, decision makers (Ministers, Permanent Secretaries, Directors, Commissioners, Programme/Project Managers). Technical officers and politicians in charge of planning, budgeting, implementation, monitoring and evaluation can also use the Handbook.

1.3.2 Secondary Users

These will include Civil Society Organisations, Researchers, Development Partners, Academia, Gender and Equity Trainers plus Assessors.

2.0 How to use the Handbook

The Handbook shall be used in preparation of Budget Framework Papers for MDAs and Local Governments, and Ministerial Policy Statements for MDAs and Missions. The BFPs and MPSs are policy documents structured for both reporting and planning purposes. The users should ensure integration of gender and equity outcomes, interventions, outputs and their respective indicators across all the section.

Users should clearly highlight how intended target population has accessed, participated, benefited from the interventions as well as their disaggregation in terms of; location (rural, urban, hard-to-reach); equity (children, youth, elderly, persons with disability, chronically sick and other vulnerable groups); gender (women/girls, men/boys), and inclusiveness of the interventions. These parameters should also be given priority during annual and quarterly workplan development and reporting at all levels.

Table 1: How to use the Handbook during the Planning and Budgeting Process

Section of the BFP	Section of MPS	Application of the Handbook	Example
Overview	Overview	Indicate desired gender and equity outcomes, objectives, spent budget, medium term allocations and projections	The programme intended to increase enrollment in early childhood education and spent 100m in training pre-primary teachers.
Past Performance	Achievement at Half Year	<p>These should be drawn from the outcome performance indicators – the change desired when gender and equity issues are addressed.</p> <p>Indicate the gender and equity issues among the key performance issues to be addressed by the sector. Select these from the list of gender and equity issues.</p> <p>Indicate whether any gender and equity issues were addressed in the previous FY.</p> <p>List the outputs derived from the interventions that you carried out. These can be picked from the gender and equity issues and proposed strategies/interventions.</p>	<p>Outcome Improved learning outcomes</p> <p>Outcome indicators</p> <ul style="list-style-type: none"> • Net enrolment ratio • Proficiency in numeracy, % • Survival rates, % <p>Outputs completed A total of 100 ECD caregiver trained on state sponsorship in public PTCs</p> <p>Output indicator No. of ECD caregiver trainees on state sponsorship in public PTCs</p>
Medium Term Plans	Medium Term Plans	Indicate Medium term plans by listing which interventions shall be carried out in accordance with the planning framework i.e., NDP III.	Medium Term Plans Equip and support all lagging primary, secondary schools and higher education institutions to meet Basic Requirements and Minimum Standards (BRMS)
	Current Year Plans	Indicate key sector output and outcome performance indicators to show that gender and equity issues have been addressed.	Planned outputs Admit and provide state sponsorship to ECD caregivers in public PTCs. With a parity level of 50:50
Outcome, intermediate outcome indicators	Outcome, intermediate outcome indicators		<p>Intermediate outcome Improved learning outcomes</p> <p>Intermediate outcome indicators</p> <ul style="list-style-type: none"> • Gross enrolment ratio • Net enrolment ratio • Proficiency in numeracy, % • Survival rates, % • Proportion of schools/ training institutions and programmes attaining the BRMS, %

3.0 Gender and Equity Responsiveness in the Human Capital Development Programme

Budgeting is the tool through which Government translates its priorities into public services. Government has also prioritised gender and equity as best approach to inclusive national development and equitable distribution of resources, opportunities, and wealth. Therefore, Gender and Equity Planning and Budgeting is an approach of allocating and utilising resources taking into consideration the different needs, interests, and constraints of the various categories of people without any discrimination and addressing any imbalances that exist.

Human Capital Development is one of the 20 programmes of the NDP III and it operationalises objective four: **“Enhance the productivity and social wellbeing of the population”**. The programme aims to increase productivity of the population for increased competitiveness and better quality of life for all.

Key expected results include: increased proportion of 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 population to social protection.

The programme seeks to address key challenges in Human Capital Development:

- i. Weak foundation for human capital
- ii. Lack of appropriate knowledge skills and attitudes
- iii. Weak talent and sports nurturing
- iv. High youth unemployment
- v. Poor population health and safety
- vi. Food and nutrition insecurity
- vii. Inadequate population management including child marriages, teenage and unwanted pregnancies; limited information on Sexual and Reproductive Health (SRH)
- viii. Insufficient coverage of social protection
- ix. Gender and other inequalities and
- x. Lack of institutionalised and integrated human resource planning and development

Most of these challenges are part of the gender and equity issues which when addressed shall improve the livelihood of Ugandans, especially the vulnerable persons.

Therefore, the objectives of the programme are to:

- i. Strengthen the foundation for human capital
- ii. Improve quality of education at all levels
- iii. Develop competences possessed by labour
- iv. Improve population health and safety
- v. Improve food and nutrition security
- vi. Improve population management
- vii. Expand social protection
- viii. Increase application and uptake of modern and appropriate technology
- ix. Institutionalise and integrate human resource planning and development and
- x. Develop a functional labour market information system
- xi. Promote sports, recreation and physical education; and
- xii. Support refugee-hosting communities to meet increasing service delivery demands.

3.1 Gender and Equity Issues and their Responsive Interventions in the Human Capital Development Programme

This section elaborates the gender and equity issues in Human Capital Development and how they affect programming for inclusive development. It is intended to guide users to effectively implement gender and equity responsive interventions. Table two (2) highlights gender and equity issues, and their justifications, related interventions, outputs and corresponding actions in the Programme Implementation Action Plan (PIAP).

Table 2: Gender and Equity Issues and their Responsive Interventions in the NDP/III/PIAP

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP	
<p>Education, Sports and Skills</p>	<p>Few care givers in Early Childhood Care and Education (ECCE) services</p>	<p>Absence of caregivers to provide early childhood care and education leads to children missing learning opportunities, leading to some negative consequences.</p>	<p>Institutionalise training of ECD caregivers at Public Primary Teachers' College (PTCs) and enforce the regulatory and quality assurance system of ECD standards</p>	<p>ECD caregiver trainees on state sponsorship in public PTCs</p>	<p>Admit and provide state sponsorship to ECD caregivers in public PTCs. With a parity level of 50:50</p>	
	<p>Absence of comprehensive Early Childhood Development (ECD) curriculum</p>	<p>The absence of a curriculum affects teaching, learning, and the health of learners at their early stages of education.</p>		<p>In-service ECD caregiver and pre-primary teachers trained on the ECCE national training framework</p>	<p>Review and disseminate the ECD training curriculum</p>	
	<p>In-service pre-primary teachers and caregivers are not oriented about national ECD curriculum</p>	<p>Inadequate knowledge and skills among pre-primary teachers affects delivery of the ECD curriculum and leads to negative consequences on the quality of learning for the children.</p>		<p>ECD centres registered</p>	<p>Train in-service pre-primary teachers and ECD caregivers on the ECCE national training framework</p>	
	<p>Limited compliance of ECD centres to BRMS</p>	<p>Non-adherence to basic requirements and minimum standards affects the quality of ECD service delivery leading to negative outcomes for the children.</p>		<p>ECD centres registered</p>	<ul style="list-style-type: none"> • Register all ECD centres in accordance with the BRMS • Review guidelines on the establishment and management of ECCE centres including integration of coordinated services under the National Integrated Early Childhood Development (NIECD) service delivery framework 	
						<p>Roll out Integrated Early Childhood Development Service Delivery</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
	Unequal distribution of ECD centres	Absence of ECD centres in under-served areas especially the rural countryside constrains access to ECCE for children.			Framework
	High cases of malnutrition among children	Absence of clear legal provisions for establishment of childcare facilities at workplaces makes it difficult for working mothers to breastfeed their children in the critical early stages of their lives leading to negative consequences.	Strengthen the enabling environment for scaling up nutrition at all levels	Child and maternal nutrition enhanced	Amend the Employment Act to provide for childcare facilities at workplace
		Absence of breastfeeding corners in both public and private institutions makes it difficult for mothers to continue breastfeeding their children leading to a negative impact on the children's nutrition.			Promote Breast Feeding/ baby care corners in public & private institutions
		Limited provision of Vitamin A supplements to all children under five years affects their nutrition especially for those in rural and hard-to-reach areas.			Provide Routine Vitamin A supplementation to all children U5 years during Integrated Child Health Days in April and October (children receiving Vit A)
		Limited access to antenatal services and iron supplements affects proper support to pregnant mothers leading to negative effects on maternal and child health.			Educate and provide all pregnant women attending ANC for uptake of iron and folate supplementation (women receiving iron/folate)

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP III	Outputs in the PIAP	Corresponding Actions in the PIAP
		<p>Inadequate information on the benefits of exclusive breastfeeding by mothers especially those within the teenage age group affects proper feeding for children leading to high cases of malnutrition.</p> <p>Limited information among mothers, especially the younger ones on proper breastfeeding affects nutrition among children.</p> <p>Inadequate provision of meals to school going children affects their concentration thus constraining learning.</p> <p>Absence of school gardens affects availability of food for learners and constrains their concentration in class.</p> <p>Inadequate provision of nutritious food to learners in school affects their nutrition and concentration in class.</p> <p>Lack of immunisation against the preventable diseases leads to high morbidity rates.</p>			<p>Promote exclusive breastfeeding for the first six months</p> <p>Train peer mothers to mobilise & sensitise breastfeeding mothers to adopt optimal breastfeeding & complimentary feeding practices (sensitisation activities)</p> <p>Mobilise parents to provide meals to school going children</p> <p>Promote establishment of schools gardens for food</p> <p>Promote and enforce mandatory consumption of safe and fortified foods in schools</p> <p>Mobilise and sensitise communities to increase uptake for child immunisation services in all LGs with focus on hard-</p>
	<p>Limited uptake of child immunisation among communities especially those in hard-to-reach areas</p>		<p>Promote consumption of fortified foods especially in schools with focus on beans, rice, sweet potatoes, cooking oil, maize.</p> <p>Increase access to immunisation against childhood diseases</p>	<p>Nutritious meals provided at schools</p> <p>Target population fully immunised</p>	

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
		<p>Inaccessible vaccines make it difficult for children to uptake immunisation services with increased risk to their health.</p> <p>Absence of vaccine stores in all health facilities, makes access to immunisation by children especially in hard-to-reach areas difficult, thus compromising their protection against the killer diseases.</p>			<p>to-reach areas</p> <p>Procure and distribute adequate vaccines (budget for procurement is part of the medical supplies budget)</p> <p>Maintenance of the District Vaccine Stores and EPI Fridges in all health facilities</p>
	<p>Limited availability of youth friendly services</p> <p>Limited uptake of health services by the youth</p>	<p>Absence of youth friendly corners and services affects uptake of health services by the youth which threatens their Sexual and Reproductive Health and Rights (SRHR).</p> <p>Limited knowledge of health workers and peer educators in the provision of adolescent and youth friendly services affects their uptake by the youth. Reluctance among the adolescents to take-up health services affects their health and ability to protect themselves.</p> <p>Failure by the youth to uptake health services affects their SRHR outcomes.</p> <p>The long distance to health centres affects the health-seeking behavior of youth /adolescents.</p>	<p>Provide adolescent friendly health services</p>	<p>Health facilities providing adolescent friendly services</p>	<p>Establish and provide youth friendly corners and services in all public & private health facilities</p> <p>Re-orient health workers to provide adolescent and youth friendly services</p> <p>Recruit and train peer educators for adolescent friendly corners in hospitals and HC IVs</p> <p>Mobilise youth for uptake of services</p>
	<p>Limited availability of adolescent services at sub-county level</p>		<p>Establish community adolescent and youth friendly spaces at</p>	<p>Community adolescent and youth friendly spaces at sub-county level</p>	<p>Establish, resource & functionalise community adolescent & youth</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
		Absence of services at sub-county level limits youth uptake of the health services.	sub-county level		resource centers
		Limited involvement of youth as Village Health Teams (VHTs) limits their engagement and uptake of health services.	Include youth among the Village Health Teams	VHT membership revised to include the youth	Review and disseminate the VHT guidelines to provide for youth inclusion with emphasis on gender parity
	High cases of unreported child abuse within the communities	Absence of response mechanisms exacerbates cases of child abuse, delays response and limits child safety and protection.	Strengthen the family unit to reduce domestic violence, child deprivation, abuse, and child labour	Reduced child violence and child labour	Provide operational funds for the maintenance of the Uganda Child Helpline to enable it to receive and handle child abuse cases
	Inadequate support to the Probation and Social Welfare Office	Inadequate support to probation and social welfare offices limits follow up for reported cases.			Strengthen functionality of probation and social welfare office in districts
High school dropout due to factors such as early marriage, and teenage pregnancies	Lack of counselling services especially to the poor increases cases of school dropout. Parents should be counselled to empower them to appreciate the need to retain children in school and avoid marrying the girls off to raise money. These vulnerable families are mainly single mothers, women from poor households, older persons and PWDs.				Provide counselling & vulnerable family support services at village, parish, sub-county & district levels
Limited availability of age and disability appropriate Water, Sanitation and Hygiene (WASH) facilities in education institutions	Absence of age and disability appropriate WASH facilities discourages children with disabilities and girls from attending school, leading to high	Equip and support all lagging primary, secondary schools and higher education institutions to meet	Basic Requirements and Minimum Standards met by schools and training institutions	Enforce construction of age and disability appropriate WASH facilities in selected ECCs through regular	

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>school dropouts.</p> <p>Low coverage of public primary schools in some parishes</p>	<p>Absence of public schools within walkable distances limits access to education for learners, especially girls and children with disabilities. This puts these learners at risk of exposure to gender-based violence on the way to school.</p>	<p>the basic requirements and minimum standards</p>		<p>inspection and adherence to the BRMS before licensing and registration of ECCE centers</p>
	<p>High pupil stance ratio</p> <p>Unfriendly and inaccessible sanitation facilities for girls and Special Needs Learners (SNE) learners</p>	<p>Absence of climate resilient emptyable VIP latrines discourages girls and children with disabilities from accessing education.</p>			<p>Establish 400 Public Primary Schools in Parishes without a public primary school</p>
	<p>High pupil teacher ratio</p>	<p>High teacher to pupil ratio affects delivery of education to learners. Having to attend to large numbers of students leads to fatigue and stress among the teachers.</p>			<p>Construct 5,500 additional gender & disability sensitive and climate resilient emptyable VIP latrines to ensure that each public primary school achieves a pupil-to-toilet stance ratio not exceeding 60:1</p>
	<p>Inadequate accommodation for teachers especially in rural areas</p>	<p>Absence of teachers' houses in rural areas encourages absenteeism which affects learning. In many cases teachers who are transferred from far places refuse to report to some of these schools with no housing.</p>			<p>Recruit teachers to ensure that each primary school achieves pupil-to-teacher ratio not exceeding 50:1</p> <p>Construct teachers' houses 2,300 (4-unit blocks) to ensure that each rural primary school has at least four teachers accommodated at school</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
<p>Low parent involvement in the education of their children</p>	<p>Limited participation of parents in the education of their children affects school attendance especially for children from poor households.</p>	<p>Limited coverage of secondary schools</p>	<p>Lack of secondary schools in some sub-counties discourages children from advancing with their education and exposes girls to sexual exploitation on their way to school.</p>	<p>Under the parish model, train CDOs to increase parental participation in the education of their children</p>	<p>Construct new secondary schools in sub counties without</p>
<p>Most public secondary schools lack disability friendly facilities</p>	<p>A number of public secondary schools are inaccessible for learners with disabilities and this discourages them from accessing education.</p>	<p>Inaccessible facilities like laboratories and toilets discourage students with disabilities from attending school leading to high school dropouts.</p>	<p>Rehabilitate and renovate existing public secondary schools to ensure they are disability friendly with a special focus on traditional schools</p>	<p>Construct toilets that are disability friendly & gender sensitive and to ensure that each Secondary school achieves a pupil-toilet stance ratio not exceeding 60:1</p>	<p>Rehabilitate and renovate existing public secondary schools to ensure they are disability friendly with a special focus on traditional schools</p>
<p>High student desk ratio especially in rural areas</p>	<p>Absence of sitting facilities discourages children from attending school leading to high dropout rates, especially for girls in rural areas.</p>	<p>Equip and support all lagging primary, secondary schools and higher education institutions to meet the basic requirements and minimum standards</p>	<p>Basic Requirements and Minimum Standards (BRMS) met by schools and training institutions</p>	<p>Procure units of furniture to ensure that all secondary school students have where to sit and write by 2025 considering learners SNCs.</p>	<p>Procure units of furniture to ensure that all secondary school students have where to sit and write by 2025 considering learners SNCs.</p>
<p>Unfriendly facilities for special needs learners and staff</p>	<p>Absence of special facilities for learners and staff with special needs disproportionately affects them compared to their</p>	<p>Construct inclusive teaching facilities & office space starting with MUK & KYU to conform to NCHE</p>			

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
		counterparts. Inaccessible teaching facilities excludes them from attaining learning.			standard
	Limited ICT infrastructure and connectivity in rural areas	Absence of power in schools affects the ability of learners to access and utilise ICT services especially in rural schools. Limited availability of internet connectivity in rural based primary and secondary schools affects online learning and research for among the children and teachers.			Connect 30% of rural-based primary and secondary schools to power supply by 2025
		Limited access to Wi-Fi in higher institutions of learning affects students from poor families disproportionately.			Connect 30% of rural-based primary and secondary schools to internet options such as google loon should be explored for remote schools
		Lack of computers and tablets limits access to ICT and online learning for the youth especially those from poor and vulnerable households			Provide campus Wi-Fi to 80% of Higher Education Institutions (HEIs) by 2025
		Lack of television sets constrains access to learning through distance and online teaching which affects mainly children from rural and hard-to-reach areas.			Equip existing computer laboratories with computers and tablets in 1,100 secondary schools, 1,266 primary schools, and 176 BTVET institutions
	Limited access to online and distance learning services for children especially in rural and hard-to-reach areas	Absence of electricity in rural areas limits availability and functionality of online learning for children in such areas.			Provide 60% of primary and secondary schools with TV sets for learning purposes by 2025
	Limited availability of electricity especially in rural areas to support ICT equipment				Provide updatable offline servers to primary and secondary schools

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP	
	Limited ICT infrastructure in rural and hard-to-reach areas	Absence of local learning platforms affects learners in rural and hard-to-reach areas and excludes them from education opportunities.			Design local learning platforms in liaison with HEIs, telecom companies and entrepreneurs	
	Limited capacity of teachers in ICT skills	Absence of competent ICT teachers effective transfer of knowledge to students.			Train 55% of all teachers, tutors, instructors, and lecturers in ICT skills by 2025 taking into consideration the gender parity.	
	High prevalence of child marriage and teenage pregnancy	Child marriages and teenage pregnancies affects girls and leads to high school dropouts and consequently illiteracy.	Implement a National Strategy against Child Marriage and Teenage Pregnancy	National Strategy on girl child education implemented	Identify key stakeholders and adopt a multi-sectoral implementation of the strategy	
	Child labour	Child labour mainly affects children from poor households especially the girls. It leads to high school dropouts and consequently early marriage and illiteracy in the long run.	Develop mechanisms to prevent incidences of child labour		Review the National Elimination of Child Labour Policy, 2006	
		Lack of school re-integration programmes for children leads to high school dropout due to child labour, owing to early marriages and teenage pregnancies.				Implement the National Action Plan on Child Labour
	Limited innovations among poor learners	Lack of innovation at an early stage leads to low motivation among the children to engage in science-based interventions and limits development of self-employment skills in the future.		Provide early exposure of STEM/STEI to children (e.g., introduction of innovative science	Innovative pupil-led science projects in primary schools	Integrate children from child labour into school system
					Initiate pupil-led innovative science-based projects	

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outcomes in the PIAP	Corresponding Actions in the PIAP	
Gender and Social Protection	Limited availability of science laboratories especially in rural areas	Absence of science laboratories affects effective delivery of science subjects leading to poor performance in these subjects.	Provide the critical physical and virtual science infrastructure in all secondary schools and training institutions	Science laboratories constructed	Construct science laboratories in secondary schools	
	Limited affordability of higher education especially for the poor	Students from poor families cannot afford school fees for science subjects due to the attendant high costs. Failure to get financial support excludes them from learning.	Prioritise STEI/STEM admissions and financing at Higher Education Institutions	Students admitted in STEM/STEI in HEI	Provide more scholarships and bursaries that target STEM/STEI	
	Limited support to children with disabilities	Caring for children with disabilities is costly, thus some parents/caregivers fail to give them the necessary support to attain their education.	Expand scope and coverage of care, support and social protection services of the most vulnerable groups and disaster-prone communities	Child disability benefits provided	Child disability grant Programme	Develop and implement child disability grant Programme
	Limited data on children with special needs	Inadequate data on children with disabilities affects targeting and programming by duty bearers.				
	Limited access to social services by Orphans and Vulnerable Children (OVCs)	The OVCs lack support, which affects their access, participation, and benefit from social services such as education and health care.				
	Inadequate allocation and coverage of special grants for PWDs	The PWDs are excluded from economic empowerment programmes, whilst their special grants are inadequate to guarantee benefit by all.	Child benefits provided	Child disability benefits provided	Register all children with disabilities	<ul style="list-style-type: none"> Develop & implement schemes to provide child benefits targeting OVC Review & implement the OVC program plan of action

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>Inadequate knowledge and skills among service providers on economic empowerment of PWDs. This is in addition to their negative attitude towards the PWDs</p> <p>Limited coordination of social care programmes</p>	<p>Poor service provision to PWDs limits their access, utilisation, and benefit from the available various services.</p> <p>Lack of a comprehensive framework for coordinating social care service providers leads to duplication of care services and undermines equity in social care service delivery.</p>		<p>Service providers trained in provision of economic empowerment programs for PWDs.</p>	<p>Train service providers on disability</p>
	<p>Poor state of infrastructure of social care and support institutions</p>	<p>The existing social care institutions do not have good infrastructure to provide a conducive environment to the inhabitants (older persons, gender-based violence (GBV) survivors, and PWDs.</p>		<p>Social care programs implemented</p>	<p>Develop & implement an operational framework for social care and support system</p> <p>social care and support institutions rehabilitated (Older person, PWDs, GBV survivors, OVCs, Drug addicts)</p>
	<p>Inadequate provision of food for the vulnerable persons in social care institutions</p>	<p>Inadequate provision of food (with dietary value) to social care institutions compromises the welfare of vulnerable persons therein.</p>			<p>Provide food to Social Care institutions</p>
	<p>Increasing number of illegal care institutions in the country especially for children and PWDs. This is in addition to non-compliance by some care institutions</p>	<p>Some care institutions do not meet the standards required to provide quality care to the vulnerable groups. For example, some lack sanitary facilities, adequate staffing, and knowledge about good service provision, so the services they provide are detrimental to the health of the</p>			<p>Social care and support institutions regulated and certified</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	Non-integrated information, management and follow up system for GBV and child protection	children and PWDs. Non-integrated case management affects reporting by the community and survivors of GBV, thus limiting access to remedies and support.			The case management system on GBV & child abuse, neglect and exploitation strengthened (Case clinics, assault toll free helpline, GBV MIS)
	Inadequate capacity of the social care workforce to deliver quality care	Limited capacity of social workforce affects the coverage and quality of care offered to vulnerable persons. The most affected are children, older persons, and PWDs.		Enhanced capacity of social work force to deliver social care and support to the most vulnerable	Conduct capacity building of social workforce (Probation officers, DCDOs, Youth Officers, Rehabilitation officers)
	Limited monitoring of social protection programmes	Inadequate monitoring of social protection interventions affects identification of gaps in programming thus undermining effective delivery of services to vulnerable groups.			Put in place a social care and support MIS system to monitor all social protection programmes
	Inadequate legal and policy framework for social protection	Lack of effective laws and policies limits compliance to social protection service delivery, which affects vulnerable persons such as women, PWDs and older persons.		Policy and legal framework on social protection strengthened/developed	<ul style="list-style-type: none"> Review social protection policies and laws. Develop new policies and laws on social protection
	Limited access to assistive devices	The high cost of assistive devices limits their availability for PWDs. This affects mobility, access to education among these vulnerable groups.		Assistive devices procured	Procure assistive devices
	Limited capacity of MDAs to mainstream disability in programming	Lack of disability programming by MDAs affects access to services by PWDs. This exposes them to		MDAs trained	Train MDAs on disability rights, mainstreaming and inclusion

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	discrimination, marginalisation, and poverty.	The limited capacity of OPDs, CSOs, caregivers & PWD support groups affects the coverage and quality of services provided to PWDs.		The OPDs, CSOs, caregivers PWDs support groups trained	Build capacity of OPDs, CSOs, caregivers & PWD support groups
	Limited coverage of habilitation and rehabilitation services to PWDs	The PWDs have minimal access to habilitation and rehabilitation programmes which minimises opportunity for them to recover and cope with effects of disability.		Habitation & rehabilitation programs scaled up	Scale up habilitation & rehabilitation programs for PWDs
	High cost of importation of assistive technologies and devices	Most PWDs lack access to assistive devices because of their high costs. Absence of these devices affects mobility and limits uptake of services like, education, health, and information by the PWDs.		Assistive technologies & devices produced locally	Provide assistive devices
	Inadequate knowledge about the mandate, structure and members of the Older Persons Council	Limited knowledge of the council members affects their performance in carrying out advocacy for protection and respect of rights of the older persons.		Newly elected chairpersons Council for Older Persons at City, District and Municipalities induced on the older Persons Council Structure and mandate	Newly elected chairpersons Council for older persons at City, District and Municipalities induced on the Older Persons Council, Structure and Mandate
	Inadequate early warning systems for prevention of disaster	Disasters have negative effects on vulnerable groups such as women, PWDs, older persons and children who experience mobility challenges when they have to escape from such emergencies.	Establish early warning systems for disaster preparedness including risk reduction and management of	Early warning systems for disaster preparedness	Develop early warning centers

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	Inadequate knowledge among communities about disaster preparedness	Insufficient knowledge among the community (women, older persons and PWDs) affects their preparedness and response to disasters.	national and global health risks	Early warning systems for disaster preparedness	Sensitise communities of disaster preparedness
	Lack of a relief fund for risk mitigation	Absence of a relief fund increases the risk of exposure for the vulnerable groups (women, PWDs, older persons and children) to suffer the negative consequences of a disaster.		Early warning systems for disaster preparedness	Put in place a fund for relief for risk mitigation
	High prevalence of poverty among the vulnerable persons in urban centres	Poverty limits affordability of basic needs and accessibility to social services by the vulnerable groups (women, youth, and PWDs).	Expand livelihood support, public works, and labour market programs to promote green and resilient growth	Labour Intensive Public Works Programme implemented	Develop and implement an urban cash for work program
	Limited access to capital by the youth	Most youth lack capital, collateral or cannot afford the requirements to access funds from financial institutions, thus limiting their participation in economic activities.		Youth Livelihood Programme strengthened Youth Venture Capital Fund strengthened	<ul style="list-style-type: none"> Provide revolving funds to youth groups Continuously review the performance of the YLP & other livelihood programmes Youth groups supported with start-up capital under Youth Venture Capital Fund
	Inadequate entrepreneurship skills and funding for women entrepreneurs	The high level of illiteracy among women, and limited financing for women groups limits their participation in economic activities.		Women entrepreneurship Programme strengthened	<ul style="list-style-type: none"> Support women groups engaged in different enterprises Train & monitor the different women groups
	Limited access to social security for informal sector workers	Majority of the informal sector workers lack access to social security. This sector is dominated		Increased resilience of workforce	Develop & implement a strategy for extending social security to informal

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		by women, youth, older persons and PWDs. Lack of social security limits the capacity of the vulnerable groups to respond to shocks such as disability, loss of jobs and old age.			sector workers.
	Low representation of women at various levels of the development process	Limited participation of women in leadership and decision-making affects prioritisation of their issues in development initiatives. Their participation is limited by factors such as patriarchy, illiteracy, and stereotypes in communities.	Promote women's economic empowerment, leadership and participation in decision making through investment in entrepreneurship programs, business centres	Women participation in development processes increased	Promote women representation at various structures
	Limited participation of women in leadership and decision making. This is coupled with inadequate leadership skills among the women.	Limited empowerment of women to take up leadership positions affects their participation in decision making especially on matters that affect them. Absence of a communication strategy limits proper delivery of capacity building for women in leadership.		Women participation in development processes increased	<ul style="list-style-type: none"> • Train and empower women in leadership • Develop and implement a communication strategy women participation in decision making
	Limited data on women-owned business	Without data on women owned-businesses, it is difficult to target them for support to improve their performance in business.		Women participation in development processes increased	Profile women owned business.
	Inadequate business management skills among women	Most women lack skills to manage businesses, thus limiting their growth and benefit from economic activities.			Train women in business management
	Inadequate information for GBV programming (prevention, mitigation and responses)	Limited data on GBV affects programming for prevention and response especially in view of hardships brought about by the	Scale up GBV interventions at all levels	Gender Based Violence prevention and response system strengthened	Develop and rollout a monitoring program for GBV cases

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	Limited awareness on GBV prevention, mitigation, and response	COVID-19 pandemic. Inadequate information on GBV in communities limits reporting and access to justice for the victims, especially women.			<ul style="list-style-type: none"> Support and sensitise GBV victims Creating awareness and strengthening sensitisation on positive social norms and attitudes within the community
	Low utilisation of the GBV database	Low utilisation of the GBV database for programming by the CSOs and LGs affects prevention and response at the grass roots.		National GBV Database strengthened	Conduct capacity building training with LG stakeholders (LGs and CSOs) on NGBVD management
	Poor reporting and response to GBV cases	Limited reporting and response to GBV affects access to justice for the victims especially women and children.		Helpline strengthened	Strengthen Helpline
	Lack of comprehensive compacts to guide MDAs in gender and equity planning and budgeting	Inadequate knowledge within the MDAs on G&E issues creates gaps in addressing the concerns of vulnerable groups (women, children, older persons, PWDs, the poor and those in hard-to-reach areas)	Support Gender equality and Equity Responsive Budgeting in all sectors and LGs	Gender compacts developed	Conduct reviews with MDAs to develop gender compacts.
	Inadequate adherence to gender and equity planning and budgeting	Local Government BFPs which do not respond to needs of vulnerable persons like women, children and youth undermine inclusive development.		Gender and equity compliance assessments conducted	Carry out annual assessment of LG BFPs on gender and equity responsive planning & budgeting
	Inadequate implementation of gender and equity commitments in budgets	Inadequate prioritisation and mainstreaming of issues of vulnerable groups excludes them		Gender and equity compliance assessments conducted	Tracking implementation of G&E commitments of the respective Votes.

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	MDA and LG budgets do not adequately prioritise G&E issues	from enjoying benefits of development. Non-prioritisation of the needs and issues of the vulnerable persons limits their access, participation and benefit from the development programmes.		Gender and equity compliance assessments conducted	<ul style="list-style-type: none"> Carry out annual assessment on MDAs/MPS on gender and equity planning & budgeting Assess National & Sector BFPs
	Lack of a Gender Disaggregated Data (GDD) compliant Management Information System (MIS) for planning	Lack of a GDD compliant MIS hinders strategic decision making by policy makers to improve service delivery for women, men, boys and girls.		Gender Management Information System (GMIS) for GDD developed	GMIS for GDD developed
	Inadequate capacity of some MDAs and LGs to conduct Gender and Equity Budgeting (GEB)	Limited knowledge of MDAs about the needs, concerns and aspirations of the vulnerable groups affects planning and budgeting for inclusive development.		Capacity of MDAs and LGs in Gender mainstreaming and gender responsive budgeting built	Conducting GEB training in LGs and MDAs with capacity gaps
	Limited awareness of communities about the functions of the Equal Opportunities Commission (EOC) tribunal	Lack of information among the communities on rights of all categories of persons limits their access to social justice.		Complaints resolution mechanisms strengthened	Conduct EOC Pre-Tribunal sessions
	High incidents of marginalisation and discrimination in communities	Some disadvantaged members of the community such as women, youth, older persons, and PWDs continue to face discrimination and marginalisation. This affects their level of access, participation, and benefit from development initiatives.			Conduct Tribunal Hearings
	Limited access to justice for	Most vulnerable groups are poor			Conduct Mobile Legal Aid

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	<p>the vulnerable</p> <p>Laws are usually gender neutral</p> <p>Non-compliance to G&E in public and private enterprises</p> <p>Limited compliance with regional and international laws</p> <p>Limited evidence to ascertain the State of Equal Opportunities</p> <p>Limited accessibility to EOC services at regional level</p>	<p>therefore cannot afford the costs involved in accessing justice such as transport expenses.</p> <p>Some laws have gaps in addressing specific issues affecting the welfare and rights of the vulnerable groups such as women, children, and older persons.</p> <p>Discriminatory practices harbor inequality thus affecting the vulnerable persons such as ethnic minorities, PWDs and the poor.</p> <p>Non-alignment of domestic laws to regional and international instruments derails adoption of good practices for inclusive development.</p> <p>Limited evidence on the State of Equal Opportunities leads to poor programming for equitable service delivery.</p> <p>Increasing cases of discrimination and marginalisation in communities affects access, participation and benefit of vulnerable groups from development processes.</p>	<p>Support gender equality and equity responsive budgeting in all sectors and LGs</p>	<p>Compliance to G & E enhanced</p> <p>Increased public awareness and understanding of equal opportunities, affirmative action</p>	<p>Clinics in the four regions of the country</p> <p>Review and assessment of bills, laws for compliance with equal opportunities</p> <p>Periodic audit of systems, practices and programmes in selected public and private enterprises</p> <p>Analysis of Regional and International Instruments on Equal Opportunities</p> <p>Conduct research in thematic areas to identify the State of Equal Opportunities in order to improve access and quality of social services</p> <p>Produce and disseminate the Annual Report on the State of Equal Opportunities in Uganda</p> <p>Acquire office space for regional offices</p> <p>Establish and equip regional offices with office equipment</p>

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	Inadequate standards to streamline programming for protection of rights of the children	Inadequate guidelines on protection and promotion of child rights affects programming for enhancing welfare of the child.		Standard guidelines on child rights responsive planning and budgeting developed	<ul style="list-style-type: none"> Develop standard guidelines on child rights responsive planning and budgeting Disseminate the guidelines
	Inadequate knowledge among duty bearers about child responsive programming	Failure to adequately programme for the promotion of the welfare of children exposes them to violations and limits their access to social services like education.			Assess Local Governments performance in fulfilling children rights
	Limited male involvement in promotion of gender equality	Lack of knowledge on the rights of child affects programming for fulfillment of their rights.	Implement a National Male Involvement Strategies in promotion of gender equality	National Male Involvement Strategies in promotion of gender equality implemented	<p>Conduct capacity building of duty bearers on child rights responsive planning and budgeting</p> <p>Implement National Male Involvement strategy on gender and equity</p>
		Limited male involvement affects sustainability of interventions for empowerment of women especially in homes.			Mobilise & train male change agents on GBV prevention & response
		Inadequate knowledge of men and boys on GBV affects their participation in prevention and response.			Conduct social behavioral change communication
	Lack of a Gender Policy	Limited behavioral change by men and boys for gender equality slows down efforts to support women's emancipation.	Implement the Uganda Gender Policy Action Plan	Uganda Gender Policy reviewed	Finalise & fast track approval the Uganda Gender Policy along with the Action Plan
		Absence of a Gender Policy leaves the stakeholders without a strategic direction to address gender concerns in the development process.			Dissemination of the UGP

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Labour and Employment Services	Lack of skills for economic empowerment of the out-of-school youth	The youth who are out of formal education lack vocational, entrepreneurial and life skills training for wealth creation hence remaining in poverty.	Reduce vulnerability and gender inequality along the lifecycle	Tailored non-formal vocational, entrepreneurial and life skills training provided to out of school youth	Provide non-formal vocational, entrepreneurial and life skills training to out of school youth for wealth creation
	Limited access to labour market information	Lack of information on demand for labour affects job search by the youth especially for those with disabilities and others living in rural areas. Inadequate information on the available jobs limits access to matching jobs especially for the female youth, and others with disabilities. Limited data affects designing of appropriate interventions to address unemployment in the country mainly affecting women and youth. Inadequate capacity of the stakeholders to utilise the LMIS undermines the achievement of the intended effects such as linking job seekers to available job offers. Inadequate information on labour affects planning for employment creation and skills development.	Establish a functional labour market	Labour Market Information System (LMIS) established	Design and operationalise a web-based LMIS Develop & operationalise digital job matching tool Undertake labour market analysis, skills profiling and audit Conduct capacity building of stakeholders on utilisation of LMIS
	Weak regulatory framework for governing employment	Poor coordination of employment planning leads to malfunctioning of labour management thus			Undertake labour market research & employment diagnostic studies Develop and operationalise employment planning framework

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		<p>increasing the unemployment rate.</p> <p>The weak regulatory framework affects access to descent employment opportunities particularly for the disadvantaged groups like youth, women and PWDs.</p>			<p>Review & develop legal, policy & institutional frameworks on employment</p>
	<p>Exploitation of women and youth through illegal recruitment</p>	<p>Increasing cases of violations such as charging exorbitant fees, sexual harassment and trafficking in persons limits access to jobs by the vulnerable groups.</p> <p>Inadequate knowledge among migrant workers on cultural practices of the destination countries exposes them to exploitation.</p> <p>The increasing cases of human rights violations against the migrant workers particularly those engaged in unskilled labour affects their wellbeing. Most victims are women and youth.</p> <p>Migrant workers are exposed to human rights abuses such as underpayment, torture, confiscation of travel documents and sexual exploitation. The situation is worse among the vulnerable persons such as women in unskilled labour and youth.</p> <p>Bad experiences of returnee</p>		<p>Decent & productive employment increased</p>	<p>License private recruitment companies for internal & external employment</p> <p>Accredit pre-departure training companies</p>
	<p>Increased number of returnees and migrants suffering from trauma</p>				<p>Negotiate, sign & implement BLAs & MoUs with destination countries for expansion of external decent employment opportunities</p> <p>Deploy labour attachés in major host countries</p> <p>Provide psychosocial</p>

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	women and youth affects their mental and emotional wellbeing.	women and youth affects their mental and emotional wellbeing.			counseling to migrant & returnee workers
	Low productivity among men	Inadequate information affects productivity of vulnerable persons especially for youth, women and persons with disabilities.			Conduct labour productivity promotion campaigns
	Lack of capital among the poor individuals	Lack of information on the specific needs of the <i>Jua Kali</i> affects their response to issues pertinent to their development.			Construct and equip common user production facilities
	Limited information on the operations of the <i>Jua Kali</i> to inform programming for them	Whereas the <i>Jua Kali</i> groups are common especially in urban centres, there is limited data to support effective targeting and mainstreaming their involvement in the development process.			Conduct Jua Kali needs assessment
	Lack of startup capital for business development by women and youth engaged in <i>Jua Kali</i> work	The <i>Jua Kali</i> workers, especially women and youth do not own productive assets. This limits their participation in economic activities.			Upgrade and operationalize Jua-Kali Management Information System
	Lack of regional green incubation centres to facilitate innovation	The limited coverage of skills development centres affects equity in developing expertise and employment opportunities for the youth.			Provide business startup toolkits and green technology to jua kali women and youth
	Increased vulnerability of workers due to the COVID-19 pandemic	Many workers have lost jobs and experienced adverse impact of the pandemic, therefore requiring livelihood support (youth, women, PWDs and older persons).			Establish sub-regional Uganda Green Incubation Centres-Songhai model centres
	Increased number of labour	Failure to resolve industrial			Develop & roll out relief mechanisms for vulnerable workers, creative industries actors and youth affected by COVID-19 pandemic
				Industrial peace and harmony	Conduct mediation and

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	disputes	<p>disputes increases vulnerability of workers. Most victims are youth, women and PWDs.</p> <p>Inadequate knowledge on industrial relations affects participation of workers in negotiations and securing labor rights. The situation largely affects vulnerable workers in unskilled labour.</p> <p>Inadequate facilitation to labour officers affects enforcement of labour standards. Most victims are women, youth and persons with disabilities.</p>		created	<p>arbitration meetings to resolve labour disputes</p> <p>Conduct training of employers on industrial relations</p> <p>Equip labour offices to be able to effectively handle labour disputes</p>
	Delayed and low compensation rates for government workers	Inadequate compensation affects access to effective remedy for the workers. The situation is worse among low cadre workers who are at higher risks per the nature of their jobs.			Review and update provisions for compensation of government workers
	Non-compliance with labour standards	<p>Non-adherence of employers to labour standards such as occupational safety and health requirements results in violations of rights of the workers.</p> <p>Some employers subject workers to poor working conditions such as long work hours, working without protective gear, unfair terminations, nonpayment of salaries among others. Most victims of these violations are the poor, women, youth, older</p>		Labour standards enforcement mechanisms strengthened	<p>Conduct workplace inspection for compliance to labour standards</p> <p>Prosecute employers for non-compliance to labour laws and standards</p>

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		<p>persons, and PWDs.</p> <p>Inadequate knowledge of the stakeholders on labour standards affects compliance. For example, workers especially those in unskilled labour lack information about the existing standards thus do not report cases of violations. While some employers are not aware of the existing labour standards hence non-compliance.</p> <p>Some youth lack skills which limits their access to employment opportunities thus subjecting them to living in poverty.</p> <p>Limited spaces for skills exchange affects improvement of the expertise of the vulnerable youth and women.</p> <p>The existing youth apprenticeship programme is not well coordinated, and mainly favors youth in urban areas and with specific prior job skills thus</p>	<p>Develop and implement an apprenticeship and job placement policy and programme (work-based learning)</p>	<p>Apprenticeship, Internship, and volunteer placement policy</p> <p>Centers of excellence in universities established</p> <p>University, TVET students and graduates benefiting from work-based learning</p>	<p>Conduct awareness and sensitisation of stakeholders on labour standards</p> <p>Finalise the work-based learning policy</p> <p>Establish and enhance centres of excellence in Universities (MUK, MUST & UMLU) and link them with the industry</p> <p>Streamline & operationalise apprenticeship programme for the youth</p>

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	<p>increasing inequality in job market.</p> <p>Out of school youth do not possess adequate skills to compete in the job market thus affecting their access to employment opportunities.</p> <p>Lack of certification of out-of-school youth that have acquired skills limits their employment opportunities since employers require evidence of certification before hiring labour.</p> <p>Limited enrolment of out-of-school youth for skilling programmes hinders employment opportunities for these youth. This mostly affects youth with disabilities and girls.</p> <p>Lack of career guidance affects transitioning of students from secondary schools to technical, vocation education and training (TVET), especially among the youth with disabilities and girls.</p> <p>Absence of financial support to students in TVET affects enrolment specifically for youth from poor families, girls and PWDs.</p> <p>Lack of financial support leads to low enrolment and completion rates among students in scarce skills programmes.</p>	<p>increasing inequality in job market.</p> <p>Out of school youth do not possess adequate skills to compete in the job market thus affecting their access to employment opportunities.</p> <p>Lack of certification of out-of-school youth that have acquired skills limits their employment opportunities since employers require evidence of certification before hiring labour.</p> <p>Limited enrolment of out-of-school youth for skilling programmes hinders employment opportunities for these youth. This mostly affects youth with disabilities and girls.</p> <p>Lack of career guidance affects transitioning of students from secondary schools to technical, vocation education and training (TVET), especially among the youth with disabilities and girls.</p> <p>Absence of financial support to students in TVET affects enrolment specifically for youth from poor families, girls and PWDs.</p> <p>Lack of financial support leads to low enrolment and completion rates among students in scarce skills programmes.</p>		<p>Out-of-school youth (early school leavers) benefiting from internship, apprenticeship</p>	<p>Create internship & apprenticeship opportunities for the out-of-school youth (early school leavers)</p> <p>Certify skills acquired by out-of-school youth through work-based learning</p> <p>Enroll out-of-school youth interested in the skilling programmes,</p> <p>Provide relevant career guidance to O and A-level students to increase transition rates from secondary to TVET</p> <p>Expand the students' loans scheme for TVET students</p> <p>Expand the students' loans scheme to specifically target students enrolling on scarce skills</p>

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	High school dropout rates	Barriers such as negative cultural practices, burden of care work and sexual harassment affects participation of girls in accessing education.		Affirmative action for increased enrolment of girls and PWDs in BTVET in place	programmes Review and operationalise a National Strategy for Girls Education
	Low enrolment of females and PWDs on TVET programmes	Absence of financial support to girls and PWDs affects their participation in TVET programmes.			Provide state scholarships and bursaries specifically targeting females and PWDs on TVET programmes
	Limited access to information about skill-scarce Higher Education (HE) programmes	Absence of tailored courses to suit the skills demanded on the market increases youth unemployment.			Develop and disseminate a catalogue of skill scarce HE programmes
	Limited incentives to attract and retain teachers especially in hard-to-reach areas	Teachers in hard-to-reach areas lack incentives for effective service delivery, which demoralises many of them limiting their ability to provide quality education to the learners.		Teacher incentive scheme implemented	Operationalise the teacher incentive scheme
	Limited involvement of schools in decision making	Inadequate participation of schools in decision making affects implementation of educational programmes. The situation is worse for schools in hard-to-reach areas.		Guidelines to increase school autonomy in place and enforced	Decentralise further the functions previously played by LGs and central government to schools (procurement of school materials & assets; and support supervision)
	High dropout rates and low transition from primary to secondary school	Failure to complete education limits skills development and access to employment opportunities for the children in the long run.		New All-Through-Schools with primary and secondary sections established in one place	Establish All-through schools as a strategy to alleviate school dropout and low transition from primary to secondary

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	Lack of one-stop education resource centres	The high cost of educational and research materials affects access to education resources and undermines learning especially for girls, and children with disabilities.		Digital repository developed for all education resource materials	Establish a digital repository of all education resource materials
Population Health, Safety and Management	High disease burden	The burden of looking after the sick is mainly borne by women and girls. This affects their productivity and negatively impacts on their quality of life.	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 emphasising Primary Health Care Approach	Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases	Development and dissemination of the Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 at all levels
	Negative attitude/behavior of community in malaria prevention and management especially in rural areas	Poor/non-compliance to the use of treated mosquito nets by the communities leading to high prevalence of malaria especially among pregnant mothers, HIV infected persons and children leading to high mortality.			Strengthen community-based behavioral change actions to harness and sustain positive malaria practices
	Inadequate access to condoms	Shortage of condoms has led to increased sexually transmitted diseases (STIs) and HIV infections as well as unwanted pregnancies especially among the youth and rural poor.			Carry out mass LLIN campaign and distribution
Lack of information about MARPS (most at risk population)	Lack of information leads to poor planning for programs/interventions that targets them for the services that meet their specific needs example; fishermen and	Increase availability of and access to quality condoms through targeted distribution of free condoms, improved social marketing approaches, and adoption of the total market approach.	Mapping and size estimation and determine HIV prevalence among all key populations and scale-up comprehensive interventions targeting key		

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>Limited innovative HIV prevention programs for children and the youth</p>	<p>commercial sex workers, hence the high mortality and morbidity.</p>	<p>There is a need to develop innovative ways of reaching the youth and children with information on HIV, SRH education, SGBV. Innovative preventive approaches will reduce infection rates among the youth and children.</p>		<p>populations including drop-in centers in regional referral and general hospitals as well as outside hospital settings</p> <p>i. Design and implement/scale up innovative HIV prevention programs to improve comprehensive HIV knowledge, impart life skills, reduce risky sexual behaviour, address gender-based violence and improve sexual and reproductive health status among in and out-of-school children and youth.</p> <p>ii. Design and implement youth-led HIV prevention programs utilizing innovative approaches such as adaptive leadership and human centered design and diversify SBCC channels to predominantly include media-based outreach platforms and other technology based-approaches to reach young people with HIV</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>Limited access to safe male circumcision centres</p>	<p>Safe voluntary medical male circumcision services are only offered in Health Centre IVs (HCIVs), Regional Referral Hospitals (RRHs), and general hospitals. This denies youth and adults in rural and hard-to-reach areas access to the services.</p>			<p>prevention messages.</p> <p>Expand coverage and access to quality voluntary medical male circumcision targeting males of all age groups, with priority given to adolescents and adults; and move towards a systems approach to sustain VMCC services.</p>
	<p>Limited access to universal HIV counselling and testing services</p>	<p>HIV counselling and testing is critical in the prevention of transmission to negative partners, prevention of acquisition and early/appropriate uptake of services. This reduces transmission and improves the quality of life of the infected persons especially among MARPS and youth in hard-to-reach locations.</p> <p>Failure to provide voluntary counselling and testing (VCT) services leads to increased new infections.</p>			<p>Scale-up coverage of universal HIV counseling and testing services to the general population and differentiated HIV testing services to high-risk groups (such as pregnant women, HIV&TB co-infected persons, HIV-discordant couples, most-at-risk populations, and children <15 years of age)</p> <p>Forecast, procure, and distribute HIV Testing kits and ARVs</p>
	<p>Limited access to PrEP and PEP</p>	<p>PrEP and PEP are lifesaving drugs in prevention of HIV transmission. Failure to access</p>			<p>Expand coverage and eliminate all barriers to accessing PrEP and PEP</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
		<p>them denies vulnerable adolescent girls, young women, victims of sexual violence and commercial sex workers opportunity to prevent infection, and decreases their gender agency/power in their hands to prevent HIV infections.</p>			<p>for those at high risk of exposure to HIV infection.</p>
	<p>Community stigma against persons infected with HIV</p>	<p>Many HIV infected persons fail to access treatment and adherence to their medications due to the stigma they face from communities as a result of their sero status. This negatively impacts the uptake of HIV services leading to high mortality rates.</p>			<p>Community empowerment to keep clients engaged in care and help them access treatment, adhere to their medications and prevent the transmission of HIV</p>
	<p>Limited expertise of CSOs in managing sexual gender-based violence (SGBV)</p>	<p>Most of SGBV activities are supported by CSOs. It is therefore important that they have the expertise to offer the services that meet the needs of women and youth especially.</p>			<p>Build capacity of CSOs and service providers to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services that include prevention of GBV and address health</p>
	<p>Men have poor health seeking behavior</p>	<p>Delay in seeking health care services by men limits usage of HIV prevention and care services thereby increasing the HIV transmission and care burden.</p>			<p>Create male-friendly interventions (e.g., workplace programs; mobile HIV testing, etc.) to attract men to use HIV prevention and care services.</p>
	<p>Late detection of Non-Communicable Diseases</p>	<p>Limited diagnostic services increase the risk of NCD cases</p>	<p>Establish centres of excellence in</p>	<p>Preventive programs for NCDs</p>	<p>Carryout screening of the most common cancers</p>

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	(NCDs)	e.g cervical, breast and prostate cancers among women/girls and men. This leads to increased mortality and morbidities due to late presentation of cancer cases at the health facilities.	provision of oncology, cardiovascular and trauma services at both national and regional levels and foster regional integration	implemented	<p>like: cervical cancer screening in women aged 30-49 years; breast cancer screening in women aged 30-49 years; prostate cancer screening in men above 40 years (cost captured under immunization)</p> <p>HPV vaccination for girls at 10 years (Cost Captured under immunisation)</p> <p>Training and equipping of lower-level health facilities (HC IVs and IIs) in screening and care continuation of chronic NCDs and home-based care including linkages of patients to community resources</p>
	Limited awareness of the Emergency Medical Policy (EMS) among health professionals	Poor provision of emergency services affects the lives of women, children, men, PWDS and older persons.	Improve functionality of the health service system	Nationally coordinated ambulance services in place	Dissemination of the EMS Policy and Strategic Plan 2020/21 - 24/25

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	Lack of regional emergency call centres and ambulance hubs	Lack of regional emergency call centres leads to slow emergency response to critical medical conditions putting the lives of Ugandans at risk especially the poor who cannot afford private facilities.	Strengthen emergency medical service and referral system	Nationally coordinated ambulance services in place	Establish and functionalize the EMS Call Centre and Regional Ambulance Hubs
	Inadequate intensive care units/high dependency units (ICUs/HDUs) in most RRHs	The absence of specialised services and equipment e.g ICUs leads to increased death in health care facilities. This commonly happens in obstetrics, post pediatrics, infectious disease and trauma related illnesses. The most affected are children below five and HIV patients who need critical care.	Expand geographical access	Functional Intensive Care Units (ICUs) at all Regional Referral Hospitals (RRHs)	Establish and functionalize ICUs and High Dependency Units in all the RRRHs
	Lack of HCIV in 66 constituencies	HCIVs offers broad medical services, and their absence translates into limited access to specialised medical care and services such emergency surgery for pregnant mothers who fail to deliver normally. This breeds inequities in access to health care services for the rural population, mainly the women, children, PWDs and older persons.		HC IVs constructed in 66 Constituencies without HC IVs	Construct and equip HC IVs
	Lack of HCIIIs in 132 sub-counties	Lack of HCIIIs limits access to basic health care services. Many expectant mothers are most likely not able to attend the required		Health Center IIIs constructed in the 132 sub-counties without any health facility	Construct and equip HC IIIs

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
		four ante-natal care (ANC) visits thereby contributing to high maternal and infant mortality.			
	Lack of appropriate equipment in some health facilities	To treat and prevent illness, it imperative to have appropriate medical and diagnostic equipment and infrastructure in health facilities such laboratories and radiography that contribute to provision of the required care and services patients need.		Health facilities at all levels equipped with appropriate and modern medical diagnostic equipment.	Procure and equip health facilities with the appropriate medical and diagnostic equipment to provide the range of services at that level
	Inadequate essential medicines and health supplies	Stock out of essential medicines and supplies increases the health risk to patient. Lack of drugs to manage NCDs, preventable and curable diseases, PrEP, PEP, and emergency contraceptives for victims of sexual violence exposes them to higher risks of suffering from illnesses, which increases their vulnerability, causing low productivity.	Avail affordable medicine and health supplies including local production of medicines (including complementary medicine)	Basket of 41 essential medicines availed	Procure and distribute essential medicines and health supplies
	Limited participation of local companies in the pharmaceutical industries	Inadequate supply of essential drugs increases the cost of medicines due to importation, which limits access to vital anti-malarial and Anti-HIV/AIDS drugs by the high-risk population such youth, pregnant mothers and older persons.			Support local pharmaceutical industries with low-cost credit facilities targeting first Anti-malarial & Anti-HIV/AIDS medicines.
	High prevalence of malaria in	Limited usage of treated mosquito			Expand the roll out of e-

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	targeted areas	nets has increased malaria prevalence in some districts owing to the low coverage of the distribution exercise which focused on the RRHs. There was limited access for the rural population and urban poor.			LIMIS (LICS) from RRHs to lower-level health facilities
	Limited availability of a comprehensive age specific health package	Some health facilities lack adequate age specific medicines and supplies to treat and manage NCDs among older persons and common illness for children, thus increasing the risk of death or vulnerability.	Develop and implement service delivery standards targeting lower middle-income standards	Uganda National Minimum Health Care Package (UMNHCP) implemented in all health facilities based on the level	Implement the Uganda National Minimum Health Care Package (UMNHCP) with focus on high impact intervention packages for each life stage
	High rates of neonatal deaths	Inadequate/lack of neonatal intensive care units in health facilities increases the neonatal mortality rates. In addition, limited skills of health care workers to manage and care for neonates and newborns.	Invest in appropriate guidelines, health care package, infrastructure, technologies, and human resource capacity for neonatal services at all levels of health care	Neonatal Intensive Care Units established in all hospitals	<ul style="list-style-type: none"> Equip and functionalise neonatology units in the hospitals Build capacity of health workers to manage neonates in the health care facilities
	High rates of teenage pregnancies Inadequate attention given to menstrual health that affects the wellbeing of girls both in	Adolescent/teenage mothers aged 10-19 years face a higher risk of eclampsia. This is in addition to the unsafe abortions conducted by many young girls leading to maternal mortality, morbidity and lasting health challenges. Furthermore, such girls face long-term socio-	Develop and implement a comprehensive set of interventions to reduce teenage pregnancies, with a special focus on hot spot districts	Adolescent Health Policy developed and disseminated	Finalize and disseminate the Adolescent Health Policy

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	and out of school	economic disadvantage as many of them drop out school and are not supported by the guardians and parents.			
	Absence of youth community centres	Limited information among the youth and adolescents on SRHR leading to risky sexual behavior and high rates of teenage pregnancies.			Establish and functionalise youth community centers for the provision of information to out of school youth
	High numbers of girls dropping out of school	When girls drop out of school because of pregnancies, they miss education thereby affecting their completion abilities. This limits their possibility to gain employment or entrepreneurship skills thus ultimately leading them to poverty and economic deprivation. This is most prevalent in Northern and Eastern Uganda.			Map hot spot teenage pregnancy district
	Inadequate child and maternal health services	This has led to increased maternal and child mortality and morbidity rates in Uganda as a result poor health service. The most affected are teenage pregnant girls who are exposed to pre-eclampsia. Reproductive health and adolescent issues are not adequately catered for in the RMNCAH routine outreach package thereby denying youth	Increase investment in child and maternal health services at all levels of care	RMNCAH Sharpened Plan funded	Develop and disseminate information packages for adolescent health

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
		<p>relevant information.</p> <p>The budget for RMNCAH is not sufficient to address the issues of child and maternal health.</p>			<p>Hold quarterly RMNCAH Parliamentary Forum Advocacy meetings for increased funding to child and maternal health services</p>
	High maternal and infant mortality rates	Increase in maternal and infant mortality especially among teenage mothers with complications due to inadequate emergency care.			<p>Scale up implementation of the Maternal and Newborn Health package of evidence based high impact interventions at HC Ills & HC IVs</p> <p>Train Health Workers Integrated Management of Childhood Illnesses (IMCI) in all HC Ills and IVs</p>
	Limited emergency health service delivery for children	Life threatening illnesses for children such as pneumonia, diarrhea and malaria require emergency response. The absence of trained village health teams (VHTs) to implement ICCM affects delivery of services to children from poor families.			<ul style="list-style-type: none"> • Scale up ICCM in targeted villages • Training VHTs in ICCM; supplying VHTs with required medicines, supplies and tools.
	Increased malaria prevalence	Limited use of LLINs leads to an increase in malaria infections, high cost of treatment and often results in death especially for pregnant women, children and			<p>Implement Malaria in pregnancy interventions (IPTp, use of LLINs and MIP diagnosis and treatment)</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDP/III	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>Very expensive health care services for majority of Ugandans limits access to health care uptake</p> <p>Owing to the high incidents of poverty, majority of the Ugandans cannot afford to save for medical services</p>	<p>older persons.</p> <p>Private health facilities are very expensive so their services cannot be afforded by many Ugandans, with the most affected being women, children and older persons who are financially challenged and yet the public facilities may not have the services they need.</p> <p>In addition, public facilities may not be accessible in terms of distance like in rural areas.</p>	<p>Increase financial risk protection for health with emphasis on implementing the national health insurance scheme</p>	<p>Prepayment mechanisms for health insurance promoted</p>	<ul style="list-style-type: none"> Roll out Health Insurance Scheme Develop Regulations and Strategic Plan Establishment of the NHIS Community sensitisation about Health Insurance Promotion of prepayment mechanisms like Community Health Insurance Schemes
	<p>Limited HIV drugs and services</p>	<p>Health facilities often run out of HIV drugs, leaving patients in desperation as their adherence to drugs is affected ultimately lowering their immunity. The most affected are pregnant women and children affected by the virus.</p>		<p>Increased local financing for HIV/AIDs</p>	<p>Establish and operationalise the AIDS Trust Fund</p>
	<p>Low uptake of immunisation</p>	<p>This affects the wellbeing of children mostly due to limited access to immunisation services.</p> <p>Other immunisation services for adults are expensive for the majority of the population.</p>		<p>Increased local financing for immunisation</p>	<p>Establish and operationalise the Immunisation Fund</p>
	<p>Inadequate health care services and medical supplies for medical workers</p>	<p>This affects the uptake of health care services especially in hard-to-reach and rural areas where</p>		<p>Equity and efficiency in resource mobilisation</p>	<p>Expand coverage of Results Based Financing mechanism across the key</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	and service providers	medical personnel are limited and sometimes absent. Most affected are children, youth, pregnant women, persons with chronic illnesses, and the elderly.			health sector outputs
	Private health facilities are expensive	Many patients cannot afford private health facilities due to the high costs and therefore cannot access specialised treatment that are not available/limited in public facilities such ICUs, HDUs and neonates services among others. Most affected are newborns, older persons, and pregnant mothers.		Private Health Sector financing enhanced	Provision of a Medical Credit Fund to fill critical gaps in health care provision
	Inadequate access to safe water and sanitation	Consumption of unsafe water exposes communities to a high risk of water borne diseases with their attendant negative consequences which mostly affect women and children. For instance, the occasional outbreaks of cholera and typhoid mainly affect the children and the urban poor living in slums.	Invest in effective management of the entire WASH value chain segments such as containment, emptying, transportation, treatment, safe reuse, or disposal	Increased access to inclusive sanitation and hygiene services in rural areas	Social behavior change communication for use of hand washing with water, investment in public hand washing facilities in rural and urban areas (number of households) (Covered above in social behavioral change) Training of community groups in new water supply, sanitation and environment protection technologies and approaches
				Increased access to inclusive safe water supply in urban	Construction of pro-poor public stand posts in small

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
				<p>areas</p>	<p>towns (number) (already costed under small towns)</p> <p>Construction of pro-poor public stand posts in large towns (number) (already costed under large towns)</p> <p>Rehabilitation/ upgrade of existing water supply system in large towns (number of towns)(cost covered under construction and upgrade in large towns)</p> <p>Social behavior change communication for construction and use of improved sanitation facilities in urban areas (number of urban Centres)</p>
	<p>Inadequate provision of Sexual and Reproductive Health Services and age-appropriate information</p>	<p>Limited information on SRHR health limits uptake of family planning services leading to exposure to risks of unwanted pregnancies.</p> <p>Most women and female youth lack access to FP services which leads to increased risk of early and unwanted pregnancies.</p>	<p>Increase access to Sexual Reproductive Health (SRH) and Rights with special focus to family planning services and harmonized information</p>	<p>Increased access to Sexual and Reproductive Health services and age-appropriate information</p>	<ul style="list-style-type: none"> Develop and implement the Family Planning Implementation Plan Forecast and procure family planning commodities for use by the community

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
		<p>Unskilled medical workers that fail to adequately provide FP services to women and youth limits their access and usage leading to increased unwanted and early pregnancies.</p> <p>Lack of age appropriate SRH information limits consumption and usage.</p> <p>Women suffering from fistula lack access to care and treatment especially in rural and hard-to-reach locations.</p> <p>Infertility among couples has become a silent cause of gender based violence in families.</p> <p>Negative attitudes towards FP limits usage of the services hence increasing unwanted pregnancies.</p>			<p>Train health workers in provision and counselling for family planning</p> <p>Provide age-appropriate quality SRH information and services to all age groups as part of the Minimum Health Care Package</p> <p>Improving services for prevention, treatment, and management of obstetric fistula in Uganda</p> <p>Promote and increase access to the management of infertility by integrating the management of infertility into existing SRHR services</p> <p>Promote and nurture change in social and individual behaviour to address myths, misconceptions, and side effects and improve acceptance and continued use of family planning to</p>

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
		Majority of the men have left the burden of family health to the women who in most cases might be unable to adequately address this owing to their low literacy levels or poverty among other reasons.			prevent unintended pregnancies. i. Roll out the National Male Engagement strategy in health in all LGs ii. Integrate appropriate services for menopause/andropause into the existing sexual and reproductive health service delivery
	High rate of malnutrition among children under five years, vulnerable groups, pregnant and lactating mothers	Poor hygiene poses a risk to infections such as: diarrhea, cholera that has negative health consequences to children under five years. Hunger among children affects learning abilities, leads to stunting, maternal and neonatal mortality. This is more prevalent rural areas and poor communities.	Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	Hunger and malnutrition reduced Food safety improved	Support use of hand washing facilities in public places like markets Develop and disseminate school feeding programs to all schools in Uganda
	Increased cases of GBV at workplaces	This creates a high risk work environment that reduces the productivity of women, especially the young females which ultimately reduces their employment opportunities.	Improve Occupational Safety and Health (OSH) management	Workplace injuries, accidents and health hazards reduced	community social mobilisation for prevention of domestic violence Strengthen systems reporting & management of GBV at workplaces Conduct behavioral change communication on

Sub-Programme	Gender and Equity Issues	Justification/Impact of the Gender and Equity Issues	Interventions in the NDPIII	Outputs in the PIAP	Corresponding Actions in the PIAP
	<p>Limited access to health services for PWDs</p>	<p>Lack of ramps and other disability friendly infrastructure in some health facilities hinders access for PWDs and older persons.</p> <p>Women with disability have challenges during delivery at health facilities due to lack of adjustable beds and other assistive devices.</p>	<p>Promote delivery of disability friendly health services including physical and accessibility appropriate equipment</p>	<p>Inclusive HCs and equipment</p>	<p>GBV at workplaces</p> <p>Review construction design of health facilities to ensure they cater for disability issues</p> <p>Provide assistive & rehabilitative equipment for PWDs</p>
	<p>The absence of health care staff trained in special needs communication limits patients access to services hence promoting inequities.</p>	<p>The absence of health care staff trained in special needs communication limits patients access to services hence promoting inequities.</p>			<p>Train staff in special needs communication</p>
	<p>Limited information on sexual reproductive health and rights for adolescents</p>	<p>Increased teenage pregnancies, leading to high population growth and its negative impacts.</p> <p>Environmental degradation and climate change affects women/girls since they mostly suffer their adverse effects.</p>	<p>Strengthen population planning and development including civil registration, vital statistics registration, and population data bank at National and Sub-national levels</p>	<p>Women and young people are empowered to make informed choices and utilise high quality, integrated, sexual and reproductive health and rights, information, and services</p> <p>Knowledge and skills for better health, reduced poverty and capacity to sustainably manage natural resources increased</p>	<p>Establish Community Pregnancy Committees (parish model) and support them to create awareness on the negative implications of child marriages, teenage pregnancies, school dropout and youth unemployment on development.</p> <p>Advocate for integrated population interventions that provide social, health, environmental and economic empowerment for vulnerable groups of the society who have a major role in the population and poverty.</p>



4.0 Programme Gender and Equity Performance Assessment

The Human Capital Development Programme aims at achieving several outcomes namely;

- i. Increased proportion of labour force transiting to gainful employment;
- ii. Increased years of schooling;
- iii. Improved child and maternal outcomes
- iv. Increased life expectancy;
- v. Increased access to safe and clean water and sanitation; and
- vi. Increased access by population to social protection.

These outcomes are gender and equity responsive and are measured for five (5) years of the NDP III against their respective indicators here below;

- i. Increased proportion of labour force transitioning into decent employment from 34.5 percent to 55 percent;
- ii. Increased average years of schooling from 6.1 to 11 years;
- iii. Increased learning adjusted years of schooling from 4.5 to 7 years;
- iv. Reduced prevalence of under 5 stunting from 28.9 percent to 19 percent;
- v. Reduce neonatal mortality rate from 27/1,000 live births to 19/1,000;
- vi. Reduced under 5 mortalities from 64/1,000 live births to 30/1000;
- vii. Reduced Maternal Mortality Rate from 336/100,000 to 211/100,000;
- viii. Reduced unmet need of family planning from 28 to 10 percent and increase CPR from 35 to 50 percent;
- ix. Reduced Mortality due to high risk Communicable Diseases (Malaria, TB & HIV/AIDS) (percent) from 60 percent in 2017 to 30 percent;
- x. Reduce teenage pregnancy rate from 25 percent in 2016 to 15 percent;
- xi. Reduce gender gap index from 0.523 in 2017 to 0.8;
- xii. Increased access to safe water supply from 70 to 85 percent (rural) and from 74 percent to 100 percent (urban);
- xiii. Increased access to basic sanitation from (improved toilet) 19 to 40 percent and hand washing from 34 to 50 percent;
- xiv. Increased proportion of the population accessing universal health care from 44 to 65 percent;
- xv. Increased percentage of vulnerable people with access to social insurance from 7 to 15 percent.

Table 3: Selected Gender and Equity Output Performance Indicators

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
Programme: Human Capital Development										
1. Improve the Foundations for human capital development	1.1 Institutionalise training of ECD caregivers at	ECD caregiver trainees on state sponsorship in	No. of ECD caregiver trainees on state sponsorship in public PTCs	-	500	1,000	1,000	1,000	1,000	MoES
	Public PTCs and enforce the regulatory and quality assurance system of ECD standards	Public PTCs	ECD training curriculum reviewed and disseminated	0	Draft	Revised copy	Printed	0 ²	NCDC	
			Proportion of in-service care givers and pre-primary teachers trained, %	90,742	30	30	30	10	MoES	
			Proportion of Public PTCs training ECD caregivers, %	15	20	30	40	40	MoES, DPs	
			% of Pre-school teachers and caregivers who are qualified	46	55	60	65	70	MoES	
		ECD centres registered	% of ECD centres registered in accordance with the BRMS	-	40	60	80	100	MoES	
			% of private players sensitised to spread to the under-served areas	44	70	73	76	78	MoES, Proprietors	
			Proportion of children 0-8 years accessing ECD services	16	70	73	76	78	MGLSD, MoH, MoES	

² Copies disseminated

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			(Nutrition, Sanitation, Child protection, Family strengthening and support), %								
			Proportion of ECD centers implementing standardised learning framework, %.		45	46	50	55	65		LGs
			1.2 Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition practices								
	a. Strengthen the enabling environment for scaling up nutrition at all levels	Child and maternal nutrition enhanced	Employment Act to provide for Child care facilities at work place amended	-	1	0	0	0	0		MGLSD
			Proportion of work places with breastfeeding corners, %	NA	10	20	30	40	50		MoH MGLSD
			Vitamin A second dose coverage for under-fives (%)	62	60	65	70	75	80		MoH, LGs
			% of pregnant women	23	90	90	90	90	90		MoH, LGs
			Receiving iron/folate supplement								
			% of health facilities designated mother-friendly (Hospitals, HC IVs and IIs)	2	10	11	13	15	17		MoH
			Prevalence of stunting among	29	27	25	23	21	19		MoH OPM

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			children under 5years (%)								
			% of children exclusively breastfed for 6 months	66	72	75	78	80		MoH, MGLSD	
			No. of peer mothers trained	-	150	200	200	200		LGs	
			% of day-school going children having at least a healthy meal a day	36	44	50	56	64		MoES, LGs	
			% of schools (primary and secondary) providing safe and fortified foods to children	NA	15	20	25	30		MoH, MoES	
			% of children under one year fully Immunised	96	97	97	98	98		MoH	
			% availability of vaccines (zero stock outs)		100	100	100	100		NMS	
			% of functional EPI fridges		100	100	100	100		LGs	
			% of health facilities providing immunisation services by level		82	84	85	86		LGs, RRH	
			1.4 Improve adolescent and youth health								

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
a.	Provide adolescent friendly health services	Health facilities providing adolescent friendly services	% of health facilities providing adolescent friendly service package including information on positive health and development and risk factors	30	50	55	60	65	70	MoH	
			No. of health workers re-oriented in adolescent and youth friendly health services	-	200	200	200	200	200	MoH	
			No. of peer educators trained and recruited to support provision of adolescent friendly services	-	100	150	150	150	150	MoH	
b.	Establish community adolescent and youth friendly spaces at sub-county level	Community adolescent and youth friendly spaces at sub-county level	No. of youth mobilised for uptake of health services	-	50	55	60	65	70	LGs	
			No. of sub-counties with adolescent and youth friendly spaces	50	100	150	250	250	250	250	LGs, MGLSD, MoH, MoLG
			% of VHTs with youth members	NA	30	50	75	80	100	100	MoH, MoLG
c.	Include youth among the Village Health Teams	VHT membership revised to include the youth	% of VHTs with youth members	NA	30	50	75	80	100	MoH, MoLG	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Reduced child violence and child labor	Incidence rate of child violence (sexual, physical and emotional violence), %	35	40	50	60	70	80	MGLSD
1.6 Equip support lagging secondary schools and higher institutions to meet Requirements and Standards (BRMS) ³ and all primary, and to Basic Minimum		Basic Requirements and Minimum Standards met at pre-primary	% of Pre-primary schools meeting the BRMS	-	22	30	35	40	50	MoES
			No. of public primary schools established in Parishes without a public primary school	-		100	100	100	100	MoES
			No. (5,500) of additional Gender & disability sensitive and climate resilient emplaceable VIP Latrines constructed to ensure that each Public primary school achieves a pupil-to-toilet stance ratio not exceeding 60:1	-	0	1,261	1,356	1,423	1,459	LGs
			No. of teachers recruited to achieve pupil-to-teacher ratio not exceeding 45:1	-	0	7,720	7,720	7,720	7,720	LGs

³ These include a threshold of high impact inputs and processes expected to be possessed or practiced in each respective institution.

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of teachers' houses (2300) constructed (4 unit blocks) to ensure that each rural primary school has at least 4 teachers accommodated at school	-	635	617	544	416	LGs	
			No. of classroom furniture procured to ensure that 100% of primary school pupils have where to sit and write by 2025	-	281,250	281,250	281,250	281,250	LGs	
			No. of textbooks and other instructional materials procured to ensure that each primary school achieves a pupil-to-textbook ratio not exceeding 3:1 by 2025	-	898,154	898,154	898,154	898,154	MoES	
			No. of schools installed with solar energy (IIS)	-	375	625	675	750	MoES	
		60% of Secondary schools meeting the BRMS	No. of new secondary schools (300) constructed in sub counties without	-	50	53	70	80	MoES	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of additional classrooms constructed to ensure that each Secondary school achieves a student-to-classroom ratio not exceeding 50:1	-	500	500	500	500	500	MoES
			No. of existing public secondary schools rehabilitated and renovated to ensure they are disability friendly with a special focus on traditional schools	-	13	13	13	13	13	MoES
			No. of toilets that are disability friendly & gender sensitive constructed to achieve a pupil-to toilet stance ratio not exceeding 60:1	-	1,000	1,085	1,138	1,167	1,167	MoES
			No. of teachers recruited to ensure that each secondary school achieves student-to-teacher ratio not exceeding 50:1	-	1,426	1,426	1,426	1,426	1,426	MoES

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of teachers' houses constructed to ensure that each rural secondary school has at least 4 teachers accommodated at school		630	618	545	417	MoES	
			No. of textbooks procured to ensure that each secondary school achieves a pupil-to-textbook ratio not exceeding 3:1 (Millions)	-	1,949	1,949	1,949	1,949	MoES	
			No. of units of furniture procured to ensure that all secondary school students have where to sit and write by 2025 taking into account learners SNCs.	-	112,460	112,460	112,460	112,460	MoES	
		75% of universities meeting the NCHE BRMS	No. of inclusive lecture theatres/teaching facilities constructed in Higher Education Institutions (HEIs) to conform to NCHE standards	-	39	370	380	800	MoES	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			Digital libraries established in HEIs that are accessible to all categories of learners including those with Special Needs	-	2	3	4	5	MoES	
			No. of rural-based primary and secondary schools (30% of schools connected) to power supply	1	3,750	6,250	6,750	7,000	MoES, NITA, UCC, NCHE, MEMD	
			No. of rural-based primary and secondary schools (30% connected) to internet	-	3,750	6,250	6,750	7,000	MoES	
			Options such as google loon should be explored for remote schools							
			80% of HEIs provided with campus Wi-Fi	-	11	11	11	11	MoES	
			No. of existing computer laboratories equipped with computers and tablets (1100 secondary schools, 1266 primary schools and 176 BTVET institutions)	-	-	845	845	845	MoES, MoICT	
			No. of primary and secondary schools (60%) provided with	-	500	2,863	2,863	2,863	MoES	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			TV sets for learning purposes								
			No. of primary and secondary schools provided with radio sets for learning	-	6,000	10,000	10,000	10,000	10,000	10,000	MoES
			No. of updatable offline servers provided to primary and secondary schools	-	500	2,863	2,863	2,863	2,863	2,863	MoES
			No. of learning platforms designed in liaison with HEIs, telecom companies and entrepreneurs	-	-	-	-	2	2	2	MoES
			55% of all teachers, tutors, instructors and lecturers trained in ICT skills	-	51,767	62,121	82,828	82,828	113,888	113,888	MoES
			1.9 Develop and implement a distance learning strategy								

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
b.	Liaise with Higher Education Institutions, and Technology Companies and Entrepreneurs to design and rollout remote learning platforms with greater penetration in marginalised communities	Locally designed remote learning platforms	No. of locally designed remote learning platforms	-	-	3	5	5	5	MoES, Telecoms HEIs, ICT Entrepreneurs
	Learning and community mobilisation									
	1.12 Implement a National Strategy against Child Marriage and Teenage Pregnancy	National Strategy on girl child education implemented.	Child marriage and teenage pregnancy prevalence rates.	25	20	18	16	14	14	MoES, MGLSD, NPC
2. Produce appropriate knowledgeable, skilled and ethical labour force (with strong emphasis on science and technology, TVET and Sports)	2.1 Establish a functional labour market									
	a. Establish a functional labour market information system	Labour Market Information System (LMIS) established	Functional web-based Market Information	0	1	-	-	-	-	MGLSD, NPA, MoES

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			System (LMIS) in place								PSFU, UMA, FUE, MFPED
		Digital job matching tool	Digital job matching tool developed and operationalised	0	1	-	-	-	-		MGLSD
		Decent & productive employment increased	No. of awareness campaigns on safe labour migration to increase uptake of decent employment abroad	12	12	12	12	12	12		MGLSD
			No. of companies licensed for externalisation of labour	209	40	40	40	40	40		MGLSD
			No of pre-departure training companies accredited	17	5	5	5	5	5		MGLSD
			No. of BLAs & MoUs Negotiated, signed & implemented with destination countries for expansion of external decent employment opportunities	3	2	2	2	2	2		MGLSD
			No. of labour attachés deployed	0	1	3	6	10	10		MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of migrant workers provided with counseling	250	280	280	290	310	320	MGLSD
			No. of Labour Productivity promotional campaigns	0	10	10	10	10	10	MGLSD
			No. of common user production facilities constructed and equipped	0	1	1	1	1	1	MGLSD
			No. of jua Kali groups, cottage industries, Micro & Small Enterprises accessing toolkits and green technology	12,600	10,000	10,000	10,000	10,000	10,000	MGLSD
			No. of business startup toolkits and green technology provided to jua kali women and youth	277	100	11,620	11,620	11,620	11,620	MGLSD
			Jua-Kali Management Information System upgraded and operationalised	0	1	1	1	1	1	MGLSD
			No. of initiatives in the Uganda National Green Jobs Creation Strategy and Plan implemented	4	6	6	50	5	5	MGLSD
			Relief mechanisms for vulnerable	0	1	1	1	1	1	MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			workers affected by COVID-19 pandemic in place								
		Industrial peace and harmony created	No. of labour disputes registered and settled	583	600	600	600	600	600		MGLSD
			No. of labour unions & employers' organisations trained in collective bargaining and negotiations	3	5	5	5	5	5		MGLSD
			No. of labour unions registered	43	12	12	12	12	12		MGLSD
			No. of labour officers trained	52	120	120	120	120	120		MGLSD
			No. of workers trained	164	240	240	240	240	240		MGLSD
			No. of labour offices rehabilitated and equipped	0	40	40	40	40	40		LGs
			No. of Regional Labour Resource Centres constructed								MGLSD
			No. of eligible workers accessing timely compensation	52	60	60	60	60	60		MGLSD
		Labour standards enforcement mechanisms strengthened	No. of workplaces inspected	1,076	2,592	2,592	2,592	2,592	2,592		MGLSD
			No. of non-compliant employers prosecuted	NA	10	10	10	10	15		MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			Conference communicate	NA	1	1	1	1	1	MGLSD
			No. of stakeholders sensitised	432	1,000	1,000	1,000	1,000	1,000	MGLSD
	b. Develop and implement an apprenticeship and job placement policy programme	Apprenticeship, Internship, and job placement policy	Approved work-based learning policy	0	1	Policy approved	-	-	-	MGLSD
		University, TVET students and graduates benefiting from work-based learning	No. of university graduates benefiting from internships, apprenticeships and volunteer placement schemes	NA	32,000	42,000	47,000	48,000	48,000	MGLSD
			No. of awareness campaigns conducted		4	8	12	12	12	MGLSD
	c. Extend apprenticeship program to out-of-school youths	Out-of-school youth (early school leavers) benefiting from internship, apprenticeships	No. of out-of-school youth (early school leavers) benefiting from internship, apprenticeships	NA	10,000	10,000	20,000	20,000	30,000	LGs
		Apprenticeship program to out-of-school youths	No. of Institutions conducting formal apprenticeship programmes to out of school youth	34	100	100	100	100	100	MGLSD
			No. of awareness campaigns conducted about the available internship opportunities for the	6	15	20	20	20	20	MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			out-of-school youths to participate								
			No. of youth benefiting from short term skilling programme	3,526	4,500	4,500	4,800	5,000	State House		
		TVET trainees meeting employer demands	% of TVET graduates meeting employer demands.	44	48.4	52.6	58	65			
	2.4 Refocus and support Vocational Training Institutions (schools, institutes and colleges) to deliver a dual training system for TVET (i.e. 80 percent training in industry and 20 percent learning in the institution) and Universities (ie 40 percent training in industry and 60 percent training in institution).	Restructured training programmes in light of dual system	No. of TVET programmes restructured for dual mode delivery	N/A	4	7	7	10	MoES, TVET Institutions, DIT, UBTEB, NCDC		
		Incentive system for employer based training developed	No. of incentives created for employers to provide places for TVET Institutions and work-based training.	-	4	4	4	4	MFPEd		
			No. of TVET trainees and graduates with access to relevant on-job training opportunities	30	30	40	45	50	MGLSD, UMA, FUE		
		TVET institutions constructed	22 TVET institutions constructed	-	-	5	7	5	MoES		
		TVET Institutions equipped rehabilitated and expanded	60 TVET Institutions equipped rehabilitated and expanded	-	15	15	15	15	MoES		

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
	2.6 Implement the National Strategy for Girls Education, by among others strengthening affirmative action for enrolment of girls and PWDs in BTVET	Affirmative action for increased enrolment of girls and PWDs in BTVET in place	% of girls enrolled in BTVET education	40	42	45	48	50	MoES	
			% of PWDs completing skills training programmes and assessed and certified	20	100	100	100	100	MoES, MGLSD, NUDIPU, EOC	
			Criterion for financing critical skills established	0	1	-	-	-	MoES, HESFEB, NPA	
	2.8 Provide the required physical infrastructure, instruction materials and human resources for Higher Education Institutions including Special Needs Education	State funded students in critical skills training	Proportion of state scholarship and loan scheme allocated toward critical skills training, %	-	70	75	75	75	MoES, HESFEB,	
			% of HEIs meeting the BRMS in HEIs enforced	41.1	53.5	59.7	65.9	75	MoES, NCHE, Universities	
	2.9 Implement an incentive scheme	Teacher incentive scheme implemented	Teacher incentive scheme operational	-	1	1	1	1	MoES	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)				MDA	
					2020/21	2021/22	2022/23	2023/24		2024/25
	incentive structure for the recruitment, training, and retention of the best brains into the teaching profession across the entire education system	CCTs Recruited	No. of CCTs recruited to achieve a CCT-to-school ratio of 1:18	-	100	132	158	159	105	MoES
			CCT to School Ratio	1:35	1:35	1:30	1:24	1:20	1:18	MoES
	2.10 Introduce initiatives for retaining children in formal for at least 1 year	Guidelines to increase school autonomy in place and enforced	No. of functions previously played by LGs and central govt decentralised to schools (ie Tr recruitment and Mgt; Procurement of school materials & assets; and support supervision)	-	-	-	1	2	3	MoES, MoLG
			School feeding enforced	36	40	44	50	56	64	MoES, DPs
		School fees/tuition regulation enforced	% increase in school fees/tuition charged	-	0	0	10	0	0	MoES
			Parish-based school retention strategy in place	-	-	1	-	-	-	-
			% of parishes reporting school-age going children in parishes who have been out of school at least for a term	-	-	-	20	30	50	Parish Chief, LGs, MoES

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
3. To streamline STEI/ STEM in the education system		Parents & learners provided with information on the returns to education	Existence of a programme providing information to parents and learners on returns to education	-	1	-	-	-	-	MoES, MGLSD, MoICT
		New All-Through-Schools with primary and secondary sections established in one place	200 All-Through-Schools established in sub counties without a secondary school	-	50	50	50	50	MoES	
		Double-shift secondary schools in place	No. of double-shift secondary schools in place			Double shift policy in place			MoES	
	2.11 Develop learning materials operationaliz Digital Repository	Digital repository developed for all education resource materials	Established education resources repository	-	-	1	-	-	NCDC, MoES, MoICT	
	3.1 Provide early exposure of STEM/STEI to children (e.g introduction of innovative science projects primary schools)	Innovative pupil-led science projects in primary schools	No. of schools undertaking innovative pupil-led science-based projects	-	135	270	540	1,080	MoES, MoSTI	
	3.2 Provide the critical physical and virtual science	Science laboratories constructed	Proportion of secondary schools with science labs		70	80	88	90	MoES	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
	Infrastructure in all secondary schools and training institutions	Virtual laboratories in place	No. of secondary schools with virtual science labs	-	-	135	270	500	MoES	
		Science-based equipment and instruction materials in place	% secondary schools with basic science-based equipment and instruction materials	45.8	50	53	55	60	MoES	
		Science teachers Recruited	Science teachers to pupil ratio (secondary)	N/A	1:50	1:48	1:43	1:40	ESC, MoLG, MoES	
	3.4	Promote STEM/STEI focused strategic alliances between schools, training institutions, high caliber scientists and industry								
	b.	Prioritise STEI/STEM admissions and financing at Higher Education Institutions	Students admitted in STEM/STEI HEI	Ratio of STEI/STEM students to Arts students	2.5	3:5	3:5	3:5	NCHE, HESFEB, MoES	
			No. of more scholarships and bursaries that target STEM/STEI provided	-	3,000	6,500	10,500	14,500	MoES	
		STEM/STEI Incubation Centres established in universities	No. of STEM/STEI incubation centres	N/A	1	5	5	2	MoES, MoSTI, HEIs	
4. Improve population health, safety and management	4.1	Reduce the burden of communicable diseases with focus on high burden diseases (Malaria,	Uganda Malaria Reduction and Elimination Strategic Plan 2020 - 25 finalised and disseminated to all stakeholders	0	1	0	0	0	MOH	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
	HIV/AIDS, TB, Neglected Tropical diseases, hepatitis) epidemic prone diseases and malnutrition across all age groups emphasising Primary Health Care (PHC) approach		% of the population with knowledge, and utilise and practice correct malaria prevention, control and management measures.		60%	65%	70%	75%	80%	LGs
			Mass LLIN campaigns held every 3 years	1	0	0	1	0	MoH	
			No. of Local Governments undertaking Larval Source Management (LSM)		2	5	5	5	5	MoH
			No. of health workers in the public and private sector trained in integrated management of malaria		250	500	500	500	500	MoH, NMS
			UPHIA 2020 conducted and results disseminated		1	1	0	0	0	MoH
			No. of new HIV infections per 1,000 uninfected population, by sex, age and key populations (incidence rate)		3.5	3.5	2.5	2.5	2	MoH
			No. of youth-led HIV prevention programs designed and implemented			5	5	5	5	LGs

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of condoms procured and distributed (Millions)		365	385	398	415	433	MoH, NMS
			% of key populations accessing HIV prevention interventions		25%	30%	35%	40%	45%	LGs
			No. of voluntary medical male circumcisions done		852,213	852,213	216,709	222,588	228,515	Referral Hospitals, LGs
			% of Hospitals, HC IVs and Ills conducting routine HIV counseling and testing		100	100	100	100	100	Referral Hospitals, LGs
			No. of HIV test kits procured and distributed							MoH, RRH
			% of HIV positive pregnant women initiated on ARVs for EMTCT		95	95	95	95	95	Referral Hospitals, LGs
			No. of stakeholder engagements in the HIV prevention effort to address the socio-cultural, gender and other structural factors that drive the HIV epidemic		12	12	12	12	12	MoH, MGLSD, UAC, LG
			No. of CSOs and service providers trained		250	250	250	250	250	MoH, MGLSD, UAC, LG

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			No. of workplaces with male friendly interventions to attract men to use HIV prevention and care services		10	20	30	40	50	MGLSD, MoH	
			No. of health workers trained to deliver KP friendly services		50	100	100	100	100	MoH, LG	
			Proportion of people accessing interventions against the target Population		196	139	99	70	50	MoH	
		Target population fully immunised	% of children under one year fully immunised		60	63	66	68	70	MoH	
		Reduced morbidity and mortality due to HIV/AIDS, TB and malaria	TB incidence rate per 1,000 Malaria incidence rate (cases per 1,000 population)		204	174	144	104	77	MoH	
			Malaria prevalence rate (%)		11	10	8	7	6	MoH	
			HIV incidence rate		0.35	0.35	0.25	0.25	0.2	MoH	
			HIV prevalence Rate (%)		5.2	5	4.8	4.6	4.4	MoH	
			ART Coverage (%)		87	88	89	90	91	MoH	
			Viral Load suppression (%)		89	91	93	94	95	MoH	
			4.2 Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma								
	a. Establish centres of excellence in provision of	Centres of excellence established	No. of centres of excellence established		0	1 Cancer	1 Heart	0	1 Trauma	MoH	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
	oncology, cardiovascular and trauma services at both national and regional levels and foster regional integration	commissioned and functional	No. of girls immunised against cervical cancer by 10 years (%)	10	15	25	30	40	50	UCI
					40	50	60	70	80	MoH
					5%	15%	30%	35%	40%	LGs
					0	1	1	1	1	MoH
	Community Health Workforce established	CHEW policy and strategy approved and operationalised	0	0	1	1	1	1	1	MoH
				50	55	60	70	75	MoH	
				10	10	42 (8/19)	42	42	MoH	
				53	60	62	65	70	MoH	
	Health facilities at all levels equipped with appropriate and modern medical equipment.	% of referral hospitals with CT Scan	10 (2/19)	10	10	42 (8/19)	42	42	42	MoH
				55	60	62	65	70	MoH	
				NA	20	25	30	35	MoH	
				0	20	30	40	50	MoH	
	Comprehensive Electronic Medical Record System scaled up	% of hospitals and HC IVs with a functional EMRS	0	10	20	30	40	50	50	MoH
				10	20	25	30	35	MoH	
				55	60	62	65	70	MoH	
				10	20	25	30	35	MoH	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Functional Intensive Care Units (ICUs) at all Regional Referral Hospitals (RRHs)	No. of RRHs with functional ICUs & HDUs	16 ⁴	14	14	14	14	14	MoH
	c. Expand geographical access	Planned expansion of health infrastructure linked to overall urban, roads and transport, electricity and water development plans	National Master Plan for establishment, expansion and maintenance of public health infrastructure developed		0	Master Plan developed	0	0	0	MoH
		Health Center constructed in the 132 sub-counties without any health facility	No. of HC IIIs constructed and equipped	0	0	25	30	40	37	MoH
		HC IVs constructed in 66 Constituencies without HC IVs	No. of HC IVs constructed and equipped	0	0	0	5	10	10	MoH
		HC IIs upgraded in sub-counties without	No. of HC IIs upgraded to HC IIIs and equipped		62	28	0	0	0	MoH
	d. Avail affordable medicine and health supplies including local production of medicines (including complementary medicine)	Basket of 41 essential medicines availed	% of health facilities with 95% availability of 41 basket of EMHS	51	55	57	59	61	63	MoH
			Average % availability of a basket of 41 commodities at all reporting facilities	83	88	89	89	90	90	MoH
			No. of local manufacturers supported with low cost credit facilities		2	3	3	3	3	MoTIC, MFPED

⁴ Only 2 have functional ICUs

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			Pharmaceutical Industrial Park developed		0	1	1	1	1	1	MoTIC, MFPEd, MoH, Private Sector
			No. of health workers trained in Supply Chain Management		50	150	200	200	200	200	MoH, NIMS
			% SPARS score for all LGs		90%	90%	90%	90%	90%	90%	MoH, LGs
			% of health facilities utilising the e-LIMIS (LICS)		0.3	0.5	0.7	0.7	0.8	0.8	MoH, Referral hospitals, Partners, LGs
		Client satisfaction surveys undertaken	No. of client satisfaction studies undertaken		1	0	1	0	1	1	MoH
		4.4 Improve maternal, adolescent and child health services at all levels of care									
	a. Invest in appropriate guidelines, health care package, infrastructure,	Neonatal Intensive Care Units established in all hospitals	% of hospitals with functional NICUs	NA	45	50	55	65	75	75	MoH
		workers trained in Newborn Care	No. of Primary Health workers trained in Newborn Care		300	300	300	300	300	300	MoH
		specialists trained	No. of Newborn care specialists trained		0	10	15	15	15	15	MoH
		Guidelines, SOPs/manuals developed	Guidelines, SOPs/manuals developed		1	1	1	1	1	1	MoH

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
b. Develop and implement a comprehensive set of interventions to reduce teenage pregnancies, with a special focus on hot spot districts	Adolescent Health Policy and policy finalised and disseminated	Adolescent Health Policy and policy finalised and disseminated	Adolescent Health policy finalised and disseminated	47	1	0	0	0	0	MoH, MoES
					50	53	55	58	60	MoH MGLSD
c. Increase investment in child and maternal health services at all levels of care	RMNCAH Sharpened Plan funded	% of the costed RMNCAH Sharpened Plan funded	NA	40	50	60	70	75	MoH	
4.5 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices	Increased access to safe water supply in rural areas	% of sub -countries with functional HC Ills	87%	20%	90%	92%	95%	100%	MoH, LGs	
					40%	50%	60%	70%	MWE	
Villages with access to safe and clean water supply	No. of solar/ wind powered water supply systems constructed	No. of new point water sources constructed	3000	70	140	200	260	320	MWE	
				3000	4000	5000	6000	10,000	MWE	
Villages with access to safe and clean water supply	No. of an improved water point constructed per village	No. of communal or institutional rainwater harvesting systems provided	3,880	3,880	3,880	3,880	3,880	3,880	MWE	
				10,000	20,000	30,000	40,000	50,000	MWE	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Functional rural water systems	No. of existing point water sources rehabilitated		3,880	3,880	3,880	3,880	3,880	MWE
			No. of existing piped water systems rehabilitated, upgraded and expanded		10	20	30	40	50	MWE
		Increased access to safe water, sanitation & hygiene	% of households appropriately treating water for drinking.	51	53	56	59	62	65	MoH UBOS
			% of people with access to improved sanitation (Improved toilet)	19	23	28	32	37	45	MoH, MoLG, MWE, MoES
			% of people with Washing hands with water & soap	34	36	38	42	46	50	MoH, MoLG, MWE, MoES
	a. Invest in effective management of the entire WASH value chain segments such as containment, emptying, transportation, treatment, safe reuse or disposal	Increased access to inclusive sanitation and hygiene services in rural areas	% of population with access to basic sanitation (Improved toilet not shared with other households)		298	298	298	298	298	LGs
		Increased stock of appropriate technologies and innovations to improve water supply and sanitation services	No. of innovations / new technologies developed		2	2	2	2	2	MWE
			No. of Rural Water and Sanitation Regional Centres (RWSRCs) operationalised		134	134	134	134	134	MWE
		Increased access to inclusive safe water supply in urban areas	Construct new piped water supply systems using regional and integrated national		20	127	127	127	127	MWE

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			approaches in Small Towns (number)								
			Water supply systems constructed /upgraded in Large towns to increase production capacity (additional cubic meters / day)	5,200	11,000	160,000	48,190	110,064		NWSC	
			No. of existing water supply system in Small Towns rehabilitated/ Upgraded	0	300	300	300	101		MWE	
		Population using safely managed drinking water services located on premises	Km of the Water Pipe Network expanded in Large Towns	20,000	127,000	127,000	127,000	127,000		MWE	
		Increased access to inclusive sanitation and hygiene services in urban areas	No. of urban centres with access to basic sanitation in urban areas (Improved toilet not shared with other households)	218	218	218	218	218		MWE	
		Population using safely managed sanitation services	New faecal sludge treatment plants	0	2	5	5	5		NWSC	
			Upgrade Waste Water Treatment Plants	0	1	2	2	2		NWSC	
			Empty trucks	0	5	5	5	8		NWSC	
			Small trucks	0	10	10	10	11		NWSC	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			Transfer Stations/Collection points constructed		0	10	10	12	12	NWSC
			Construction of public toilets		0	140	140	140	137	NWSC
			Expansion of the Sewerage Pipe Network (Km Laid)		30	30	30	30	30	NWSC
			Connection of new sewer customers to increase access to Sewerage Services (New sewer connections)		300	300	300	300	300	NWSC
		Support to improved water and sanitation infrastructure in industrial parks	No. of water supply system developed/expanded targeting industrial parks		0	5	9	8	5	MWE NWSC
			No. of sewerage /waste water treatment systems development/expansion targeting industrial parks		0	5	9	8	5	MWE
		Improved water quality supplied	No. of water samples taken that comply with national standards		250	5,000	5,000	5,000	5,000	MWE/NWSC
			Catchment and water source protection measures in rural and urban areas (number)		20	127	127	127	127	MWE/ NWSC
		Improved energy efficiency in water supply system	No. of solar energy packages constructed to improve energy		11	22	44	44	22	MWE/ NWSC

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			efficiency of existing schemes								
		Support to improved WASH services in institutions	No. of institutions (schools, barracks, religious establishments, health facilities, etc) with water supply infrastructure constructed/ extended	0	60	120	120	60		MoES/ MWE	
			No. of schools provided with basic sanitation and hand washing facilities	218	218	218	218	218		MoES/ MWE	
			Water Supply and Sanitation Master Plan Developed	0	1	0	0	0		MoES/ MWE	
		Improve nutrition and food safety with emphasis on children aged under 5, school	No. of households using safe water	0	12,000	12,000	12,000	12,000		MWE/ NWSC	
			Family Planning (FP) Implementation Plan developed	0	0	0	0	0		MoH	
		Increased access to FP services and appropriate information	No. of health workers trained in FP counselling and provision	300	300	300	300	300		MoH, Partners, LGs	
			% of health facilities providing SRH services	100%	100%	100%	100%	100%		MoH, LGs	
			No. of obstetric fistula repairs done	1,800	2,000	2,200	2,300	2,400		MoH	
	4.6 Increase access to Sexual Reproductive Health (SRH) and Rights with special focus to family planning services and harmonised information										

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			% of districts with District Male Engagement Plans		20%	40%	50%	75%	100%	MoH, LGS
			No. of health facilities providing specialised infertility care		3	3	4	4	5	MoH
			Modern Contraceptive Prevalence Rate for all women of reproductive age (%)	28.1	30	35	40	45	50	MoH
			Modern Contraceptive Prevalence Rate for married women and those in union (%)	35	39	42	45	47	50	MoH
			Unmet need for family planning	28	24	20	16	13	10	MoH
			% of the population accessing health insurance	2	7.5	10	15	20	25	MoH
			NHIS Regulations and Strategic Plan developed		0	1	0	0	0	MoH, MFPED
			Regulations on sweetened beverages and alcohol developed	NA		Regulations				MoH
	4.7 Increase financial risk protection for health with emphasis on implementing the national health insurance scheme	Prepayment mechanisms for health insurance promoted								
	4.10 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups	Hunger and malnutrition reduced								

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
4.11 Improve Occupational Safety and Health (OSH) management	Workplace injuries, accidents and health hazards reduced	No. of frameworks developed/reviewed & enforced	3	6	6	5	4		MGLSD	
				3	3	2	2	2	MGLSD	
				1,200	1,200	1,200	1,200	1,200	MGLSD	
				0	10				MGLSD	
				32	50	10	10	10	MGLSD	
				0	-	1	2	2	MGLSD	
				-	-	1	2	1	MGLSD	
				10	12	15	15	18	MGLSD	
				1,100	1,300	1,500	1,700	1,900	MGLSD	
				-	1			1	MGLSD	
				5	20	20	20	20	MGLSD	
				850	1,050	1,200	1,250	1,300	MGLSD	
					1				MoH	
Work place inspections conducted	No. of workplaces registered	1,000	1,100	1,700	2,000	2,200	MGLSD			

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			No. of workplaces inspected	1,266	1,450	1,700	2,050	2,300	2,650	MGLSD
			No. of statutory equipment certified	750	850	1,050	1,200	1,250	1,300	MGLSD
		Social safety and health safeguards integrated in infrastructure projects	Social Safety & Health guidelines in place	0	1					MGLSD
			No. of infrastructure projects & workplaces monitored	34	500	600	700	800	900	MGLSD
			No. of stakeholders trained	67	600	800	1000	1200	1400	MGLSD
		GBV at workplaces reduced	No. of workplaces with operational GBV and Child Helpline Toll free line	NA	100	150	200	250	300	MGLSD
			No. of GBV cases at workplace reported	00	500	600	700	800	900	MGLSD
4.13 Promote delivery of disability friendly health services including physical accessibility and appropriate equipment		Provision for access for people with disabilities made in health facilities	No. of PWDS provided with assistive and rehabilitative devices	100	300	300	300	300	300	MGLSD
			No. of staff trained on Special Needs Education	0	150	150	150	150	150	MGLSD
		Disability equipment provided	No. of assistive devices provided by category	NA	1,000	1,500	2,000	2,500	3,000	MoH

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Women and young people are empowered to make informed choices and utilise high quality, integrated, sexual and reproductive health and rights, information, and services	No. Parish Pregnancy Committees established and empowered	200	250	300	350	400	NPC	
	4.15 Establish and operationalise a Multi-sectoral home-grown school feeding initiative	Home-grown school feeding initiative established	A home-grown school feeding initiative established operational	0	1	-	-	-	MoES	
	Socio development of communities, using the multi-sectoral approach	disseminated to MDAs, DLGs and non-state actors							MoH	
		UAC regulations operationalised to ensure non-state actors' compliance with policies, guidelines and laws	Proportion of Non-state actors that are accredited to offer HIV and AIDS services	30%	50%	60%	70%	70%	UAC MDAs/ DLGs	
5. Reduce vulnerability and gender inequality along the lifecycle	5.1 Expand scope and coverage of social Care and Support services to the most vulnerable groups and disaster-prone communities	Senior citizens grant expanded to all aged above 65 years	No. of eligible older persons accessing the Senior citizens grant ('000s)	305	946	977	1,008	1,041	MGLSD	
		Child disability benefits provided	No. of eligible children accessing disability benefit ('000s)	0	156	321	493	505	MGLSD, MoES	
		Adult disability benefits provided	No. of eligible adults accessing disability benefit ('000s)	0			140	291	MGLSD	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Child benefits provided	No. of eligible children accessing child benefit ('000s)	0				1666	2237	MGLSD
		Special Grants for Persons with Disabilities enhanced	No. of PWDs benefitting from the grant	3,524	4,524	6,524	7,524	8,524		MGLSD
		Service providers trained in provision of economic empowerment programs for PWDs	No. of service providers trained	0	200	200	200	200		MGLSD
		Social care programs implemented	Functional social care and support system in place	0	1	1	1	1		MGLSD
			No. of social care and support institutions constructed	2	2	2	2	2		MGLSD
			No. of social care and support institutions rehabilitated	1	4	4	4	4		MGLSD
			No. of social care and support institutions equipped	0	5	5	4			MGLSD
			No. of social care Institutions provided food to feed the vulnerable	17	17	17	17	17		MGLSD
			No. of social care and support institutions registered and inspected	50	155	210	265	325		MGLSD
			No. of vulnerable persons provided with	1,000	4,000	6,000	7,000	8,000		MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			comprehensive care and support services								
			No. of children rescued, rehabilitated and resettled from the streets	1,137	1,500	1,500	1,500	1,500	1,500		MGLSD
			Alternative care framework in place	0	1	1	1	1	1		MGLSD
			No. of staff trained	150	450	450	450	450	450		MGLSD
		Enhanced capacity of social work force to deliver social care and support to the most vulnerable									
		A functional social care and support MIS developed	A functional social care and support MIS in place	1	1						MGLSD, NITA-U
		Policy and legal framework on social protection strengthened/developed	No. of laws, policies, frameworks on social protection, care and support developed/reviewed	7	5	7	2	1			MGLSD
		Assistive devices procured	No. of devices procured	900	100,000	100,000	100,000	100,000	100,000		MGLSD
		MDAs trained	No. of persons trained	500	2,000	2,000	2,000	2,000	2,000		MGLSD
		OPDs, CSOs, caregivers PWDs support groups trained	No. of persons trained	5,000	2,000	2,000	2,000	2,000	2,000		MGLSD
		Habitation & rehabilitation programs scaled up	No. of administrative units	0	180	180	180	180	180		MGLSD
		PWDs rehabilitation centres renovated & equipped	No of rehabilitation centres	0	2	2	2	2	2		MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			comprehensive care and support services								
			No. of children rescued, rehabilitated and resettled from the streets	1,137	1,500	1,500	1,500	1,500	1,500		MGLSD
			Alternative care framework in place	0	1	1	1	1	1		MGLSD
		Enhanced capacity of social work force to deliver social care and support to the most vulnerable	No. of staff trained	150	450	450	450	450	450		MGLSD
		A functional social care and support MIS developed	A functional social care and support MIS in place	1	1						MGLSD, NITA-U
		Policy and legal framework on social protection strengthened/developed	No. of laws, policies, frameworks on social protection, care and support developed/reviewed	7	5	7	2	1			MGLSD
		Assistive devices procured	No. of devices procured	900	100,000	100,000	100,000	100,000	100,000		MGLSD
		MDAs trained	No. of persons trained	500	2,000	2,000	2,000	2,000	2,000		MGLSD
		OPDs, CSOs, caregivers PWDs support groups trained	No. of persons trained	5,000	2,000	2,000	2,000	2,000	2,000		MGLSD
		Habitation & rehabilitation programs scaled up	No. of administrative units	0	180	180	180	180	180		MGLSD
		PWDs rehabilitation centres renovated & equipped	No of rehabilitation centres	0	2	2	2	2	2		MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Assistive technologies & devices produced locally	No of assistive devices	0	5,000	5,000	5,000	5,000	5,000	MGLSD
		Social Protection Single Registry developed and Operationalised	Functional Social Protection Single Registry in place	0	1	1	1	1	1	MGLSD
		16 Newly elected/appointed members of the National Council for older Persons inducted on the mandate of the National Council	No. of newly elected/appointed members of the National Council for older Persons inducted on the mandate of the National Council	0	16	0	0	0	0	MLSD/ NCOP
		490 Newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate	No. of newly elected chairpersons Council for older persons at City, District and Municipalities inducted on the older Persons Council Structure and mandate	0	490	0	0	0	0	MLSD/ NCOP
		Social care and support institutions constructed and rehabilitated	No. of social care and support institutions rehabilitated	3	3	3	3	3	3	MGLSD
		Social care and support institutions regulated and certified	No. of social care and support institutions licensed	135	25	35	55	75	75	MGLSD
			No. of social care and support institutions inspected	135	180	210	265	325	325	MGLSD
		A functional social care and support MIS developed	A functional social care and support MIS in place	-	-	-	-	-	-	MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
5.2 Establish early warning systems for disaster preparedness including risk reduction and management of national and global health risks	Early warning systems for disaster preparedness	Early warning systems and centres for disaster preparedness established	-	-	1	-	-	-	-	MGLSD, UNMA, OPM, MFPED, NEMA, MoH, LGs
					500,000	500,000	500,000	500,000	500,000	MGLSD
5.3 Expand livelihood support, public works, and labour market programs to promote green and resilient growth	Labour Intensive Public works Programmes established	No. of beneficiaries enrolled on Urban cash program	24,234	0	25,234	26,234	27,234	28,234	29,234	MGLSD
					500,000	500,000	500,000	500,000	500,000	MGLSD
	Youth livelihood Programme strengthened	Proportion of eligible youth accessing revolving funds under YLP	0.62	0.66	0.68	0.7	0.72	0.74	MGLSD	
					2,000	2,000	2,000	2,000	2,000	MGLSD
	Youth Venture Capital Fund strengthened	No. of Youth Groups trained and mentored	20,522	2,000	10,000	10,000	10,000	10,000	MGLSD, MFPED	
					245,870	10,000	10,000	10,000	10,000	MGLSD, MFPED
	Women Entrepreneurship Programme Phase 2 implemented	Proportion of women entrepreneurs empowered under UWEP	18,506	5,000	5,000	5,000	5,000	5,000	MGLSD	
					0.015	0.017	0.020	0.022	0.024	0.025

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Enterprise Fund for older persons developed	No. of older persons accessing the Enterprise Fund	0	4,000	4,000	5,000	6,000	MGLSD	
		National Youth Service Scheme developed	No. of youth participating in the National Youth Service Scheme	0	805.2	1,600,640	3,221,280	4,474,000	MGLSD, MDVA, MoLG	
		National Youth Service Scheme developed	No. of beneficiaries	N/A	805.20	1,600,640	3,221,280	4,474,000	MGLSD, MDVA, MoLG	
		Social Protection Single Registry in developed	Social Protection Single Registry in place	0	0	-	-	-	MGLSD	
	5.4 Expand and reform contributory social security schemes to the informal sector to cover more risks and provide wider range of benefits	Social security schemes expanded to cover the informal sector	Strategy for extending social security to informal sector worker in place	0	0	0	0	0	MGLSD	
			No. of social security schemes established	65	7	5	2	3	MGLSD	
			No. of informal sector workers enrolled in contributory schemes	20,000	31,000	38,000	46,000	56,000	MGLSD	
	5.5 Promote Women's economic empowerment, leadership and participation in decision making through investment in entrepreneurship programs, business centres	Women participation in development processes increased	No. of women representations in decision making structures at all levels	35	37	38	39	40	MGLSD	
			No. of women skilled under the programme	00	10,000	15,000	20,000	25,000	MGLSD	
			No. of women trained on leadership skills	00	10	20	10	5	MGLSD/ NWC	
			No. of women benefiting from the	0	1,200	2,200	3,200	4,200	MGLSD/ NWC	

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
		Household Model for Socio-economic empowerment									
		No. of business women profiled		00	20	30	50	50	50		MGLSD/ NWC
	5.6 Scale up Gender Based Violence (GBV) interventions at all levels	Gender Based Violence prevention and response programme in place	GBV Case monitoring programme in place	00	1	1	1	1	1		MGLSD, MoES
		No. of GBV Victims supported		4,000	5,000	5,000	5,000	5,000	5,000		
		No. of persons sensitised on positive social norms and attitudes		10,000	10,000	10,000	10,000	10,000	10,000		MGLSD
		% of victims/survivors reporting GBV		30	40	40	50	60	70		MGLSD, MoES
		No. of functional GBV shelters, for coordinated survivor service delivery		18	18	18	18	18	18		MGLSD
		No. of GBV victims provided psychological support		00	0	50	50	50	50		MGLSD/ NWC
		National GBV Database strengthened		90	50	50	50	5,050	50		MGLSD
		Helpline strengthened		4000	6000	6000	7000	7000	8000		MGLSD
		Prevalence of GBV cases among women and children reduced		56	50	45	40	35	30		MGLSD
		No. of functional GBV Shelters, for		17	17	17	17	17	17		

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA	
					2020/21	2021/22	2022/23	2023/24	2024/25		
			coordinated survivor service delivery								
	5.7 Support Gender Equity Responsive Budgeting in all sectors in LGs	Sector Gender compacts developed	No. of MDA Gender compacts developed	7	3	6	3	3	3		EOC
		Gender and equity compliance assessments conducted	No. of LGs complying with Gender and equity responsive planning and budgeting	175	176	176	176	176	176		EOC
			No. of MDAs and LGs certified	148	148	148	148	148	148		MGLSD
			No. of MDAs implement G&E commitments	18	18	18	18	18	18		EOC
			Statistics Strategy on G&E budgeting in place	0	0	0	0	0	0		EOC
		Gender Management Information System (GMIS) for GDD developed	GMIS developed and implemented	0	1	1	1	1	1		EOC
		Capacity of MDAs and LGs in Gender mainstreaming and gender responsive budgeting is built	No. of MDAs with capacity gaps trained in GEB	80	30	30	30	30	30		EOC
		Complaints resolution mechanisms strengthened	No. of LGs supported	24	20	20	20	20	20		EOC
			No. of pre-tribunal sessions conducted	30	100	104	108	116	116		EOC
			No. of tribunal hearings conducted	7	40	40	40	40	40		EOC
		Access to social justice enhanced	No. of complaints investigation undertaken	23	205	210	215	220	220		EOC

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
			Mobile Legal Aid Clinics conducted in the four regions of the country	0	4	4	8	8	8	EOC
			No. of periodic audit of Systems, practices and programmes undertaken in selected public and private enterprises	-	10	15	20	25	30	EOC
			No. of bills, laws for compliance with Equal Opportunities reviewed and assessed	4	8	10	12	14	14	EOC
			No. of Regional and International Instruments on Equal Opportunities analysed	2	8	10	12	14	14	EOC
		Compliance to G & E enhanced	Research in thematic areas conducted to identify the State identify of Equal Opportunities in order to improve access and quality of social services	1	4	4	4	4	4	EOC
			No. of audits in thematic areas conducted	1	8	8	8	8	8	EOC
			No. of Annual Reports on the State of Equal Opportunities in Uganda produced and disseminated	1	1	1	1	1	1	EOC

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
		Increased public awareness and understanding of equal opportunities, affirmative action	No. of office space acquired for regional offices	0	1	1	1	1	1	EOC
			No. of regional offices established and equipped with office equipment	0	1	1	1	1	EOC	
			No. of standard guidelines on child rights responsive planning and budgeting developed and disseminated	0	2	1	1	1	MGLSD/ NCA	
5.8 Implement a National Male Involvement Strategies in promotion of gender equality		National Male Involvement Strategies in promotion of gender equality implemented	Local Governments assessed on performance in fulfilling children rights	6	1	1	1	1	1	MGLSD/ NCA
			No. of male change agents mobilised & trained on GBV prevention & response	-	1,370	1,370	1,370	1,370	1,370	MGLSD
5.9 Implement the Uganda Gender Policy Action Plan		Uganda Gender Policy reviewed	No. of social behavioural change communication conducted	-	50	50	50	50	50	MGLSD
			No. of districts where the strategy has been implemented	9	10	10	10	10	MGLSD	
			Uganda Gender Policy in place	0	0	0	0	0	0	MGLSD

Objectives	Interventions	Outputs	Indicators	Baseline FY2017/ 18	Targets (Financial Year)					MDA
					2020/21	2021/22	2022/23	2023/24	2024/25	
	5.10 Reform and strengthen youth employment policies and programmes towards a demand driven approach	National Action Plan on Youth Employment developed	National Action Plan on Youth Employment in place	0	1	-	-	-	-	MGLSD
		National Youth Service Scheme developed	National Youth Service Scheme developed	0	1	1	1	1	1	MGLSD
			No. of Youth enrolled into the National Youth Service Scheme	0	0	1,600,640	3,221,280	4,474,000		MGLSD
		Tailored non-formal vocational, entrepreneurial and life skills training provided to out-of-school youth	No. of youth trained	1,480	1,580	1,580	1,580	1,580		MGLSD
		Youth training institutions rehabilitated and equipped	No. of institutions renovated	1	1	2	3	2	1	MGLSD
		Youth service work professionalised	Youth service work curriculum developed	0	1	0	0	0	0	MGLSD
		No. of youth workers trained	No. of youth workers trained	0	130	130	130	130	130	MGLSD

5.0 Emerging Issues

During the dialogue held with stakeholders in the Human Capital Development Programme, the following were the emerging issues for consideration during the midterm review of the National Development Plan (NDPIII) 2020/21 to 2024/25 and NDPIV.

1) Education, Sports and Skills

- Schools in the city should be supported to access the sewer lines as many are disposing off the waste in an improper way, some releasing it into the water bodies. There is a need to harness the synergies within the Human Capital Development Programme to improve sanitation in schools.
- High costs of power connectivity make it difficult in for schools to install and access ICTs.
- There have been increased cases of defilement, and child labour because of the COVID-19 lockdown. There might be is a need to adopt Village Education Volunteers borrowing a leaf from the Ministry of Health's Village Health Teams.
- There is a need for ICT training in primary schools and access to ICT facilities. The increased adoption of online learning means that students could be allowed to report to school with smartphones.
- Some Early Childhood Development (ECDs) centres are run in shanty structures. Many are not registered because they do not meet the Basic Requirements and Minimum Standards (BRMS). Many primary schools have ECD centres but they cannot be registered because of these restrictions, this issue should be addressed. There is a need to ensure ECD centres are wide spread to even the rural areas and not only the urban or peri-urban centres.
- Caregivers in nursery schools are not trained which is a big hindrance to provision of basic early childhood education.
- With the new National Teachers Policy, primary teachers' colleges (PTCs) are being turned to degree-awarding institutions and this might affect the training for caregivers for ECDs. Government should pick interest in the training of these caregivers.

2) Population, Health, Safety and Management

- Issues of mental health should be given prominence especially after COVID-19 has shown that psychosocial support is important, especially for the youth. Mental health issues should be addressed before they escalate to other issues like alcoholism and gender-based violence.
- The existing youth rehabilitation centres in DLGs do not serve the purpose for which they were created. They have been turned into an income-generating source for the districts and sub-counties. There is a need to sensitise the local players about the purpose for which they were created.
- Instead of putting up new facilities to handle non-communicable diseases (NCDs), the existing ones should be upgraded, better equipped and staffed to handle these diseases. This will help mitigate the cost of putting up new ones.
- The training and equipping of VHTs that predominately serve as the Health Centres Ones has been left out. This should be addressed.

3) Labour and Employment Services

- The PIAP actions focus majorly on the public sector yet issues of self-employment are vital if the youth are to advance. Youth should be encouraged to embrace self-employment. Their scale of priority should be chasing away poverty, and they should stop passing over opportunities.
- There is a need for a system that supports the reproductive role of women, and the system should be able to post someone temporarily to cover the gap as the females take time off to engage in their reproductive roles.

References

1. The Republic of Uganda Constitution, 1995
2. Human Capital Development PIAP, 2021
3. NDP III 2020/2021 to 2024/2025
4. NDP III 2020/2021 to 2024/2025 Results Matrix

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