



HEALTH SERVICE COMMISSION

STRATEGIC PLAN 2025/26 – 2029/2030

VISION

A professional, responsive, and well-governed health workforce delivering quality health services for all Ugandans

THEME

Transforming Health Workforce
Governance for Quality Service Delivery

Excellence in Human Resource for Health

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List of acronyms

HSC	Health Service Commission
MoH	Ministry of Health
GoU	Government of Uganda
NDPIV	Fourth National Development Plan
NPA	National Planning Authority
HRH	Human Resources for Health
HRM	Human Resource Management
ICT	Information and Communication Technology
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
SDG	Sustainable Development Goals
GCIC	Government Citizen Interaction Centre
PR	Public Relations
CSO	Civil Society Organization
MDAs	Ministries, Departments, and Agencies
LG	Local Government
WHO	World Health Organization
UPE	Universal Primary Education
UNEB	Uganda National Examinations Board
UHC	Universal Health Coverage
PPP	Public-Private Partnership
EHR	Electronic Health Records
OPM	Office of the Prime Minister

Foreword

It is with great honour that I present the Health Service Commission (HSC) Strategic Plan for the period 2025/2026 – 2029/30. This Plan outlines our institutional vision, mission, strategic objectives, and priority actions over the next five years, with the overarching aim of advancing an efficient, equitable, and professional human resource system for Uganda's health sector.

As the constitutional body mandated to advise the President on the appointment of health personnel and to oversee recruitment and management of human resources in the health service, the HSC plays a critical role in strengthening Uganda's health systems. The Commission's work is pivotal to achieving Universal Health Coverage and improving service delivery across all levels of the health care systems. This Strategic Plan is timely and responsive to changing landscape marked by health systems reforms, rapid technological advancement, evolving population needs, and the continuing demands of epidemic preparedness and resilience.

The development of this Strategic Plan was guided by an inclusive participatory process, drawing insights from key stakeholders across the Ministry of Health, Local Governments, professional councils, training institutions, development partners, civil society and frontline health workers. Their valuable contributions have ensured that the plan is grounded in reality and aligned with Uganda's broader national development goals, particularly Vision 2040, the Fourth National Development Plan (NDPIV), the Sustainable Development Goals (SDGs), and regional aspirations under Africa Agenda 2063 and the East African Vision 2050.

Key priorities over the next five years will include enhancing the efficiency and integrity of recruitment processes, building capacity for health workforce planning and management, institutionalizing digital transformation in service delivery, improving data-driven decision-making and promoting equity in health worker deployment and career development. These efforts are fundamental to improving health outcomes and fostering public trust in the health service.

On behalf of the Commission, I extend appreciation to all our partners and stakeholders who supported the development of this plan. I call upon all actors in the health sector to join us in its implementation. Together, we can build a resilient and responsive health workforce that serves the needs of every Ugandan.



Dr. Henry G. Mwebesa
CHAIRPERSON
HEALTH SERVICE COMMISSION

STATEMENT BY THE ACCOUNTING OFFICER

On behalf of the Health Service Commission (HSC), I am honoured to present the Strategic Plan for the period 2025/26 – 2029/30. This Strategic Plan sets out our Vision, Mission, Strategic Objectives, and Priority Actions that will guide the Commission in its core mandate of strengthening human resources for health in Uganda. It represents a bold and forward-looking roadmap to improve the quality, availability, and management of the health workforce, which is central to the realization of Universal Health Coverage and the effective delivery of health services across the country. The Strategic Plan is fully aligned with Uganda's overarching development agenda, notably Vision 2040, the Fourth National Development Plan (NDP IV), and global commitments such as the Sustainable Development Goals (SDGs). It also reflects the priorities of the NRM Ten-Point Programme, particularly in promoting a professional, inclusive, and accountable public health service system.

The Commission's strategic focus for the next five years is centered on transforming the health sector's human resource function through:

Strengthening Institutional Capacity. Enhancing operational systems, tools, and structures for more efficient and timely recruitment and deployment of health workers.

Promoting Transparency and Accountability. Upholding integrity and fairness in all Commission processes while ensuring optimal utilization of public resources.

Enhancing Health Workforce Management. Supporting the recruitment, retention, development, and performance of a competent and motivated health workforce across all levels of service delivery.

Advancing Public Service Reforms in the Health Sector. Contributing to broader health system reforms aimed at improving efficiency, equity, and responsiveness to citizen needs.

Decentralization is a cornerstone of our approach, ensuring that equitable and timely recruitment services are accessible at all levels, particularly in hard-to-reach and underserved areas. This is critical in bridging workforce gaps and addressing regional health inequities. While we are aware of the complex and dynamic challenges facing the health sector including technological changes, emerging disease burdens, and demographic shifts we are confident that, through effective collaboration with the Ministry of Health, Local Governments, Development Partners, Professional Councils, and other key stakeholders, we shall realize the goals set forth in this Plan.

I wish to extend my sincere appreciation to all those who contributed to the development of this Strategic Plan and call upon all stakeholders to actively participate in its implementation. Together, we can build a health service workforce that is competent, equitable, and responsive to the health needs of all Ugandans.



Ketty Lamaro

PERMANENT SECRETARY/SECRETARY

CHAPTER 1:

Background

1.1 Introduction

The Strategic Plan for the Health Service Commission (HSC) for the period 2025/26 – 2029/30 outlines the Commission's strategic direction, priorities, and interventions aimed at strengthening human resources for health in Uganda. It serves as a roadmap for enhancing the recruitment, management, and retention of qualified health workers, improving service delivery across the health sector, and promoting transparency, equity, and efficiency in public service staffing. The Plan is fully aligned with Uganda's Fourth National Development Plan (NDPIV 2025/26 – 2029/30) and Uganda Vision 2040, both of which emphasize human capital development and improved access to quality health care as critical pathways to socioeconomic transformation.

Specifically, the Strategic Plan supports the NDPIV goal of increasing household incomes and improving the quality of life of Ugandans by ensuring a well-trained, motivated, and equitably distributed health workforce. In pursuit of this, the Plan prioritizes strengthening institutional capacity, digitizing human resource management systems, promoting merit-based recruitment, and aligning workforce planning with national health priorities.

Furthermore, the Plan is guided by international and regional frameworks including the Sustainable Development Goals (SDGs), the African Union Agenda 2063, and the EAC Vision 2050, particularly in areas concerning universal health coverage, good governance, and inclusive development. Through strategic partnerships, policy reforms, and innovations in human resource management, the Commission will contribute to NDPIV programs such as Human Capital Development, Governance and Security, and Public Sector Transformation. Ultimately, this Strategic Plan provides a focused framework for delivering measurable results over the next five years, enhancing health service delivery, and ensuring that Uganda's health system is equipped to meet the needs of its growing population.

1.2 Legal Framework of the Commission

The Health Service Commission (HSC) derives its legal, functional, and policy mandates from the Constitution of the Republic of Uganda and a range of enabling laws and policy frameworks governing public service and health sector governance. Established under Article 169 of the 1995 Constitution (as amended), the HSC is mandated to advise the President on the appointment of health personnel, and to handle matters of recruitment, disciplinary control, and human resource management for public health workers in Uganda. The Commission operates in accordance with the Health Service Commission Act (2001), which defines its structure, roles, and responsibilities in overseeing the human resource function within the health sector.

The HSC also functions under broader legislation such as the Public Service Act, the Employment Act (2006), the Public Finance Management Act (2015), and the Public Service Standing Orders, all of which govern the ethical, financial, and operational conduct of public

entities. In its planning and execution, the Commission aligns its work with the Fourth National Development Plan (NDPIV), the National Health Policy, and Uganda Vision 2040, ensuring its strategies contribute directly to improved service delivery and human capital development.

This Strategic Plan is further grounded in national and regional principles, including Objective XIV and XX of the National Objectives and Directive Principles of State Policy, the National Resistance Movement (NRM) Manifesto (2021–2026), and the National Planning Authority (Development Plans) Regulations (2018). Additionally, it reflects Uganda's international obligations under frameworks such as Article 118 of the EAC Treaty, the African Union Agenda 2063, and the Sustainable Development Goals (SDGs)—particularly SDG 3 (Good Health and Well-being) and SDG 16 (Peace, Justice and Strong Institutions). Through this robust legal and policy foundation, the Commission is empowered to deliver on its mandate effectively, ensuring a competent and equitably distributed health workforce that meets the country's growing healthcare demands.

1.3 Governance and Organizational Structure of the Commission

The Health Service Commission (HSC) is governed by a Chairperson and Commissioners appointed in accordance with the provisions of the Constitution of the Republic of Uganda. The governance structure is designed to ensure strategic oversight, transparency, and accountability in the execution of the Commission's mandate. The Chairperson leads the Commission, supported by a Vice Chairperson and other members with expertise in health, public administration, and legal affairs.

The operational leadership of the Commission is provided by the Secretary to the Commission, who also serves as the Accounting Officer. The Secretary oversees the day-to-day administration and implementation of the Commission's programs and activities. Under the Secretary, the Commission is organized into technical and support departments including Human Resource Management, Legal Services, Planning and Policy, Information Technology, Finance and Administration, and Internal Audit.

Each department is headed by a specialized officer, and the organizational structure is aligned to promote efficiency in recruitment, deployment, training, and performance monitoring of health workers across the country. The Commission also works in coordination with relevant government ministries, particularly the Ministry of Health and the Ministry of Public Service, as well as other Service Commissions and decentralized health structures.

The HSC's structure ensures a functional balance between governance and technical operations, allowing it to respond effectively to national health workforce needs and align its activities with strategic development priorities outlined in the NDPIV and Uganda Vision 2040.

1.4 The National, Legal and Policy Context

The Strategic Plan of the Health Service Commission (HSC) is grounded in Uganda's overarching legal, policy, and development frameworks, notably the Constitution of the Republic of Uganda (1995 as amended), the Uganda Vision 2040, and the Fourth National Development Plan (NDPIV 2025/26–2029/30) along with its Programme Implementation Action Plan (PIAP). Vision 2040 sets a long-term aspiration for Uganda to become a modern and prosperous upper

middle-income country, with health recognized as a critical driver of human capital development and socioeconomic transformation. In alignment with this vision, the HSC is mandated to ensure an effective, efficient, and equitably distributed health workforce capable of delivering quality health services to all Ugandans.

The NDPIV and the PIAP place emphasis on increasing household incomes and improving the quality of life through strengthened public service delivery, enhanced governance, and human capital development. The HSC supports these goals by facilitating the recruitment, training, and deployment of competent health professionals in line with the Human Capital Development Programme and the Governance and Security Programme under the NDPIV. Additionally, the Commission ensures that health worker recruitment and management are based on merit, transparency, and adherence to service standards as guided by national laws and policies.

Furthermore, the Strategic Plan is responsive to international and regional development frameworks including the United Nations Sustainable Development Goals (SDGs), particularly Goal 3 on Good Health and Well-being and Goal 16 on Peace, Justice, and Strong Institutions. It is also aligned with the African Union's Agenda 2063 and the East African Community's Vision 2050, which prioritize access to quality health services and the strengthening of health systems. By implementing its mandate within this comprehensive policy context, the HSC contributes meaningfully to Uganda's transformation agenda and the broader regional and global health and development goals.

1.5 Linkage to Global and Regional Development Frameworks

The Strategic Plan of the Health Service Commission (HSC) is designed to contribute to and be consistent with key global and regional development frameworks, particularly the Sustainable Development Goals (SDGs) under Agenda 2030, the African Union (AU) Agenda 2063, and the East African Community (EAC) Vision 2050. These frameworks were reviewed to inform the Commission's strategic direction for 2025/26–2029/30, ensuring that the HSC's goals and interventions are harmonized with Uganda's international obligations and regional integration efforts.

This alignment enhances the relevance and effectiveness of HSC's functions in health workforce management, governance, and capacity development, positioning the Commission as a critical enabler of Uganda's contribution to regional and global development targets.

Table 1: Alignment with Global and Regional Frameworks, Initiatives, and Strategies

Framework / Strategy	Take-aways for HSC Strategy 2025/26–2029/30	Specific Focus Areas for the HSC
Sustainable Development Goals (Agenda 2030)	HSC contributes directly to key SDGs, especially in the health and governance sectors.	<p>SDG 3 – Good Health and Well-being: Recruitment and retention of qualified health professionals to improve service delivery.</p> <p>SDG 4 – Quality Education: Facilitation of scholarships and capacity-building for the health workforce.</p> <p>SDG 5 – Gender Equality: Ensuring equitable recruitment processes and gender balance in health staffing.</p>

Framework / Strategy	Take-aways for HSC Strategy 2025/26–2029/30	Specific Focus Areas for the HSC
		<p>SDG 8 – Decent Work and Economic Growth: Providing employment and professional development in the health sector.</p> <p>SDG 16 – Peace, Justice and Strong Institutions: Institutional strengthening, transparency, and accountability in recruitment.</p> <p>SDG 17 – Partnerships for the Goals: Collaborations with stakeholders for technical assistance and training.</p>
<p>African Union Agenda 2063</p>	<p>The HSC contributes to several goals, particularly those focused on health, governance, education, and sustainable development.</p>	<p>Goal 1–High standard of living, quality of life and well-being: Ensure health sector staffing adequacy.</p> <p>Goal 2–Well-educated citizens underpinned by science, technology and innovation: Promote health workforce training.</p> <p>Goal 3–Healthy and well-nourished citizens: Strengthen recruitment and retention policies for remote and underserved areas.</p> <p>Goal 11–Democratic values and institutions: Promote merit-based and transparent hiring.</p> <p>Goal 12–Institutions capable of delivering development: Improve institutional capacity and digital systems for health workforce management.</p>
<p>EAC Vision 2050</p>	<p>HSC contributes to human capital development, health system strengthening, and good governance.</p>	<p>Pillar–Social Transformation through Human Capital Development: Support the health sector with skilled and equitably distributed personnel.</p> <p>Cross-cutting Theme – Good Governance: Uphold fairness, transparency, and efficiency in recruitment.</p> <p>Cross-cutting Theme – Gender and Youth Empowerment: Promote gender inclusivity and youth employment in the health sector.</p>

1.6. Linkage to the Uganda Vision 2040

The Strategic Plan of the Commission is directly aligned with the national aspirations articulated in Uganda Vision 2040, which seeks to transform Uganda into a competitive upper middle-income country anchored in strong human capital, modern infrastructure, and a well-functioning service delivery system. Vision 2040 underscores health as a foundational pillar for socioeconomic transformation, recognizing a healthy population as critical for productivity, innovation, and sustainable development.

In line with this vision, the Commission plays a pivotal role in ensuring the availability of a qualified, motivated, and well-distributed health workforce to deliver quality health services across the country. By streamlining recruitment processes, promoting merit-based selection, and facilitating capacity building, the Commission supports Vision 2040's goals of enhancing human capital and building an efficient, effective public service system. The Strategic Plan

further contributes to institutional reforms by strengthening governance mechanisms in the management of human resources for health, in turn fostering accountability, transparency, and improved service delivery.

Moreover, the Commission's focus on digitalizing recruitment and performance management systems contributes to the modernization of public sector operations, another key aspiration of Vision 2040. Through these strategic interventions, the Commission not only fulfills its constitutional mandate but also serves as a critical enabler of Uganda's long-term development vision by advancing access to quality healthcare and supporting national efforts in building a resilient and productive population.

1.7 Linkage to the NDPIV

The Commission plays a pivotal role in advancing Uganda's national development priorities by ensuring the effective management of human resources for health, in line with the Fourth National Development Plan (NDPIV) for the period 2025/26–2029/30. The Commission's mandate is directly aligned with NDPIV's goal of accelerating economic growth, improving public service delivery, and enhancing the quality of life for all Ugandans.

Through the recruitment, deployment, and capacity development of qualified health professionals, the HSC contributes to the achievement of improved health outcomes, enhanced service delivery, and strengthened governance within the health sector. The Commission supports the implementation of critical NDPIV Programme Areas particularly Human Capital Development and Public Sector Transformation by promoting merit-based recruitment, institutional accountability, and workforce efficiency.

In partnership with key ministries, local governments, academic institutions, and development partners, the HSC facilitates equitable health workforce distribution, monitors performance, and fosters professional growth within the health system. These efforts directly support NDPIV targets such as increased productivity, higher household incomes, reduced disease burden, and improved human well-being, reinforcing the Commission's central role in Uganda's national transformation agenda.

1.8 Purpose of the Plan

The purpose of this Strategic Plan is to define the core objectives of the Health Service Commission and provide a clear roadmap to guide its operations during the 2025/26–2029/30 planning period. The Plan is firmly anchored in Uganda's national development agenda, particularly Vision 2040 and the Fourth National Development Plan (NDPIV). At its core, the Strategic Plan seeks to strengthen the Commission's mandate of recruiting, managing, and supporting human resources for health in a manner that promotes efficiency, equity, and quality service delivery. It emphasizes improved governance, enhanced recruitment systems, and equitable distribution of health workers, all of which are directly aligned with NDPIV goals of increasing household incomes, expanding access to quality health services, and improving the overall quality of life for Ugandans.

Additionally, the Plan prioritizes stakeholder engagement and citizen-centered service delivery to enhance transparency, accountability, and public trust in the Commission's work. This

includes strengthening internal systems for monitoring and feedback, improving communication and public information access, and addressing grievances in a timely and professional manner. The Plan also outlines strategies for mobilizing technical and financial support for key priorities, including the digitalization of recruitment processes, expansion of training and capacity-building initiatives, and implementation of robust performance monitoring systems. Institutional strengthening is another major focus, with attention given to staff development, organizational reforms, and the integration of technology for enhanced efficiency.

Through the implementation of these strategic priorities, the Health Service Commission will not only fulfill its constitutional mandate but also contribute meaningfully to national development, especially in achieving universal health coverage, advancing human capital development, and ensuring effective public sector governance.

1.9 The Process of Developing the Strategic Plan

The development of this Strategic Plan for the Health Service Commission (HSC) followed a comprehensive, participatory, and inclusive approach, designed to capture diverse perspectives and foster broad stakeholder ownership. The process involved a wide range of actors, including officials from the Ministry of Health, the Ministry of Public Service, the National Planning Authority (NPA), District Service Commissions, health professional councils, development partners, health workers' associations, and civil society organizations active in the health sector. The Commission employed a mix of consultative methods such as strategic workshops, focus group discussions, key informant interviews, and validation meetings to gather insights into strategic priorities, system bottlenecks, and opportunities for improvement. An online stakeholder survey was also conducted to obtain structured feedback on proposed interventions and performance areas from both internal staff and external partners.

To ensure technical rigor and alignment with Uganda's broader development agenda, the HSC worked closely with the National Planning Authority (NPA) and the Office of the Prime Minister to harmonize the Plan with Vision 2040 and the Fourth National Development Plan (NDPIV). These institutions provided critical guidance in aligning strategic objectives, ensuring coherence with the Human Capital Development Programme, and validating the Monitoring and Evaluation (M&E) framework. As a result of these collaborative efforts, this Strategic Plan articulates a shared vision for the transformation of health workforce governance and the strengthening of Uganda's health system through efficient, equitable, and accountable recruitment and human resource management.

Chapter 2:

Situation Analysis

2.1 Introduction

The situation analysis of the Health Service Commission (HSC) draws on a critical review of the implementation of the previous Strategic Plan, insights from the Mid-Term Review of the Third National Development Plan (NDPIII), and findings from the Commission's recent SWOT analysis. This integrated assessment provides a clear understanding of the internal capacities, external operating environment, and the emerging challenges and opportunities shaping the health sector. As the central body responsible for human resource recruitment, management, and regulation in Uganda's health system, the HSC operates within a dynamic context of increasing demand for quality healthcare, constrained resources, and shifting national and global health priorities. The analysis thus serves as the foundation for defining strategic choices, addressing institutional gaps, and aligning the Commission's interventions with national development frameworks.

2.2 Performance of the Previous Plan

The performance analysis covers the Fiscal Year (FY) 2020/21 – 2024/25, which aligns with the duration of the previous strategic plan. This section reviews the performance of the HSC based on the planned outputs and the key outputs from the Program Implementation Action Plans (PIAPs), which were part of the previous strategic framework. A summary of the performance evaluation includes the following aspects:

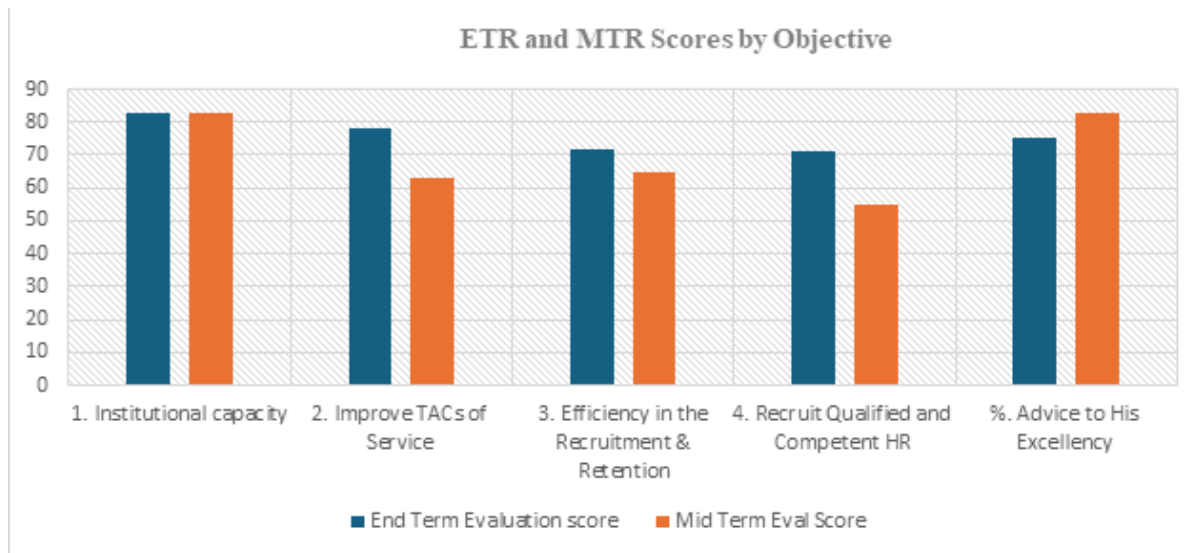
Planned Outputs

- (i) The outputs of the previous plan are summarized and assessed in terms of achievement levels. These outputs typically include objectives such as the recruitment and deployment of healthcare professionals, capacity building for healthcare workers, and improvements in workforce retention and performance.
- (ii) This evaluation highlights the degree to which the Commission met its targets for these outputs, any variances in expected outcomes, and the reasons for successes or shortcomings.

2.3 Review of Progress in Implementing the Strategic Plan

The Review of the Health Service Commission's (HSC) core functions evaluates its effectiveness in fulfilling its constitutional mandate under Article 172 of the Constitution of Uganda. It examines the HSC's role in advising the President and Ministry of Health on human resource matters, appointing and disciplining health workers, and overseeing recruitment processes. The review also assesses its efforts in improving service terms, professional training, and coordinating District and City Service Commissions. Additionally, it covers the Commission's role in resolving workforce grievances and performing other legally mandated functions, highlighting its contribution to strengthening health workforce governance and service delivery.

Figure 1: HSC Midterm and End Term Performance Scores



The evaluation of the Health Service Commission's (HSC) institutional capacity shows that performance remained relatively stable between the mid-term and end-term reviews, with a slight decline from a score of 83 to 82.6. This indicates sustained efforts in strengthening institutional frameworks and operations, although additional measures may be required to surpass earlier achievements. Areas such as governance structures, coordination mechanisms, and resource allocation present opportunities for further enhancement. Notably, significant progress was recorded in the improvement of Terms and Conditions (TACs) of Service, with scores rising from 63 to 78, reflecting the positive impact of interventions like salary revisions, benefits, and workplace infrastructure upgrades. Maintaining this momentum will require continued investment in employee well-being and policy refinement. Recruitment and retention efficiency also improved markedly, from 65 to 72, suggesting that strategic hiring, talent management, and motivation efforts are yielding results. However, sustaining this progress calls for continuous focus on workforce development and retention. The recruitment of qualified personnel improved from 55 to 71, pointing to better attraction of skilled staff, though it also highlights previous recruitment challenges. Further gains in this area will depend on competitive remuneration, robust professional development programs, and targeted capacity-building. Conversely, the evaluation of advisory functions to His Excellency showed a decline from 83 to 75, signaling the need to enhance the consistency and effectiveness of policy advice. Improving this area will require well-researched, timely, and strategically aligned recommendations, supported by improved data systems and stakeholder engagement.

Objective 1 Performance: To strengthen institutional capacity within the Health Service Commission

The review of the Health Service Commission (HSC) highlighted commendable progress in leadership development, institutional capacity, and sector visibility, evidenced by a score of 82.6%. While the implementation of leadership programs and collaborations with health institutions has been largely effective, areas like consistency in service delivery, full resource optimization, and regional equity remain challenges. Improvements in recruitment systems and digital processes indicate institutional advancement, though leadership development gaps and funding limitations still need attention to fully meet the Commission's mandate.

Further demonstrating its impact, HSC has contributed to notable improvements in healthcare delivery. The general service index rose from 48% in 2018 to 59% in 2022, and the health worker-to-population ratio improved to 25.8 per 10,000 people in 2022/2023. However, the sector still faces a shortage of over 180,000 health professionals. Through projects like Institutional Capacity Building (ICB) Phase II and the introduction of e-recruitment, HSC has enhanced planning and efficiency. Yet, the Secretariat remains understaffed at 55.7% of its approved level, indicating the urgent need to boost human resources and strengthen systems to sustain progress.

Objective 2 Performance: To carry out advocacy and make recommendations to improve the terms and conditions of service for the health workforce.

From 2020 to 2025, the Health Service Commission (HSC) made significant progress in advocating for improved terms and conditions of service for Uganda's health workforce, achieving an average score of 78%, up from 63% at midterm. The Commission's efforts included producing annual position papers on human resource challenges, reviewing over 2,800 institutional submissions, and making more than 1,500 HR decisions. With 79% of respondents acknowledging HSC's advocacy success and 88% affirming the acceptance of its recommendations by stakeholders, the Commission demonstrated effectiveness in shaping workforce policy. However, despite these strides, job satisfaction remained mixed, 67% of respondents agreed that improved conditions boosted satisfaction, while 17% were undecided and another 17% disagreed, indicating unresolved issues around workload, career growth, and compensation.

HSC's advocacy impact has been particularly visible in sectors like mental health, where it recommended better working conditions for facilities such as Butabika Hospital. Nevertheless, satisfaction levels among health workers varied widely, as seen in different surveys: one hospital reported a 60.7% satisfaction rate, while only 28% of COVID-19 frontline workers reported high satisfaction. This suggests that while structural reforms have occurred, challenges in implementation and diverse workplace conditions limit their effectiveness. Moving forward, the HSC is encouraged to deepen its engagement with labor unions, conduct regular staff surveys, and tailor recommendations to frontline feedback. These efforts could ensure that advocacy initiatives lead to more consistent and meaningful improvements in workforce morale and performance.

Objective 3 Performance: To enhance efficiency in the recruitment and retention of healthcare professionals

The Health Service Commission (HSC) has made notable progress in improving the recruitment and retention of healthcare professionals, as evidenced by a rise in the average performance score from 65% at midterm to 72%. Initiatives such as the June 2024 recruitment and promotion of 1,200 health workers reflect a government commitment to addressing workforce shortages. The health workforce has grown significantly from 63,872 in 2014 to over 107,000 by 2019 partly due to the integration of digital workforce management systems and efforts to curb absenteeism. HSC has adopted a needs-based recruitment model, focusing on critical specialties like ophthalmology, radiology, orthopedics, and pediatrics, thus ensuring that staffing aligns with national healthcare priorities.

In partnership with the Ministry of Health, the HSC has implemented competency-based training reforms and modernized curricula in health training institutions to better prepare graduates for the demands of Uganda's healthcare system. Regular reviews of training programs ensure continued alignment with evolving national health goals. Despite these improvements, challenges persist—particularly the acute shortage of health specialists, with less than 25% of needed professionals available in public hospitals. Addressing this gap requires sustained investment in recruitment, training, and long-term workforce planning to ensure a resilient and responsive healthcare system.

Objective 4 Performance: To recruit Qualified and Competent Human resources for health, for efficient, and effective health service delivery

The review found that the Health Service Commission (HSC) has made substantial strides in developing strategies to retain healthcare workers in underserved regions, foster long-term public service commitment, and align workforce planning with national health objectives. With performance improving from 55% at midterm to 71%, the Commission's targeted recruitment and retention strategies have helped fill critical staffing gaps, especially in remote areas. The June 2024 plan to recruit and promote 1,200 health professionals aimed to strengthen regional referral hospitals and enhance job satisfaction. Additionally, efforts to improve working conditions and career growth opportunities have been central to encouraging long-term public sector service. Despite these initiatives, critical challenges persist—government hospitals still operate with only 4% of the required specialists, and the doctor-to-patient ratio remains alarmingly low at 1:20,000. While HSC's interventions align with the Health Sector Development Plan and support progress toward universal health coverage, sustained investment and strategic resource allocation are essential to fully meet national health goals and improve health outcomes.

Objective 5 Performance: To provide advice to His Excellency the President in respect to HRH for timely decisions.

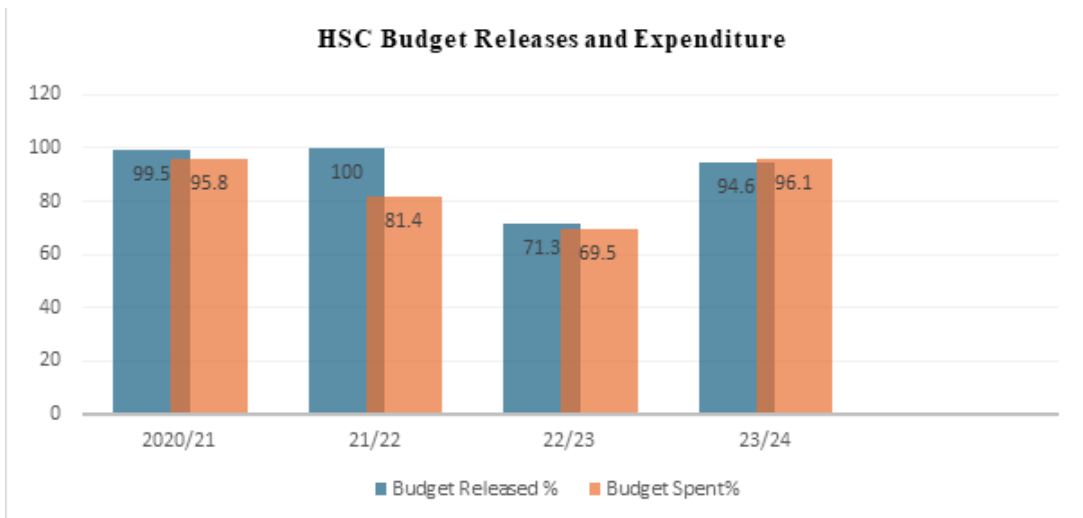
From 2020 to 2025, the Health Service Commission (HSC) has played a vital advisory role to the President on Human Resources for Health (HRH), focusing on timely guidance, informed decision-making, and strategic policy development. The evaluation, which assessed the effectiveness of this advisory function, recorded an average score of 75%, indicating steady progress despite a slight decline from the midterm score of 80%. A key highlight was the HSC's pivotal role in the June 2024 lifting of the recruitment ban, which facilitated the hiring of 1,200 health professionals to address critical staffing gaps in national and regional referral hospitals. The Commission's timely advice contributed significantly to this effort, especially in light of Uganda Medical Association reports revealing that only 21% to 63% of essential medical positions were filled, with an average of 42%. Additionally, the HSC's input enabled the efficient deployment of over 7,000 applicants to underserved areas, enhancing health service delivery. Beyond recruitment, the HSC has supported long-term HRH policy development by aligning its recommendations with national priorities outlined in the Human Resources for Health Strategic Plan 2020–2030. These evidence-based contributions have helped shape policies that address current gaps and future workforce demands, reinforcing the foundation for a more resilient and effective health system.

2.4 Financial Performance

In FY 2020/21, the Government allocated UGX 7.119 billion to the HSC, with the full amount released as planned. However, the absorption rate was only 81.2% due to the expiry of the Commission Members' term, which resulted in unspent funds, particularly for salaries and gratuities. Despite this, the wage, non-wage, and development budgets had high expenditure rates, with only minor variances. In FY 2021/22, HSC received UGX 8.088 billion, slightly lower than the UGX 8.128 billion budgeted. The increased funding enabled the recommendation of appointments for medical specialists and senior managers, but a UGX 40 million shortfall in the development budget hindered the implementation of the retooling project. The overall budget absorption improved to 95.8%, reflecting better financial utilization than the previous year.

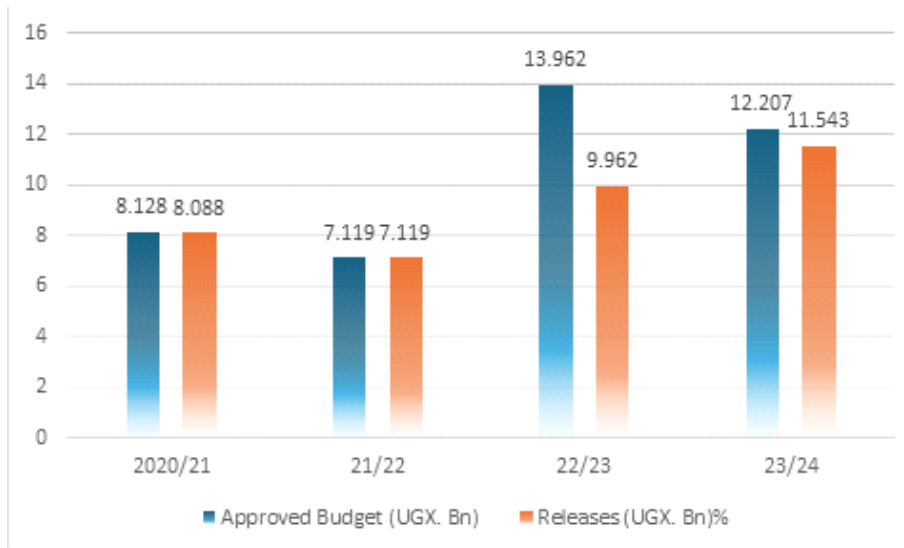
By the second quarter of FY 2022/23, the Government had appropriated UGX 13.962 billion, but only UGX 4.314 billion was released, affecting the execution of planned activities. The development budget was particularly impacted, with only 0.8% of the funds released and none spent, leading to delays in critical projects. The overall budget absorption rate stood at 22.3%, reflecting a significant decline due to funding shortfalls. Over the two and a half fiscal years, the Commission's financial performance was moderate, with implementation challenges arising from insufficient fund releases and governance transitions affecting operational efficiency.

Figure 2: HSC Budget Releases and Expenditure



Between FY 2020/21 and FY 2023/24, the Health Service Commission (HSC) experienced fluctuating budget allocations and releases, reflecting shifts in national health priorities and resource availability. In FY 2020/21, the approved budget stood at UGX 8.128 billion, with UGX 8.088 billion released, indicating a release performance of nearly 100%. Similarly, in FY 2021/22, the approved and released funds both totaled UGX 7.119 billion, maintaining full disbursement. However, in FY 2022/23, although the Commission received a significantly higher approved budget of UGX 13.962 billion highlighting increased investment in health workforce recruitment and systems only UGX 9.962 billion was released, reflecting a 71.3% release rate. In FY 2023/24, the approved budget was UGX 12.207 billion, with UGX 11.543 billion released, marking a notable improvement in release performance at approximately 94.6%. Overall, while budget allocations have increased in response to expanding responsibilities, the gap between approvals and actual releases in some years underscores the need for consistent and timely disbursement to ensure uninterrupted implementation of HSC's mandates.

Figure 3: HSC Approved Budget and Releases



Between FY 2020/21 and FY 2023/24, the Health Service Commission (HSC) demonstrated generally strong budget performance, with notable variations in release and expenditure efficiency. In FY 2020/21, the Commission received 99.5% of its approved budget and spent 95.8%, indicating highly effective budget absorption. FY 2021/22 maintained a 100% release rate, but budget utilization dropped to 81.4%, suggesting challenges in implementation or delayed procurement and execution. In FY 2022/23, performance declined significantly with only 71.3% of the budget released and 69.5% spent, reflecting funding constraints or shifting priorities. However, in FY 2023/24, performance improved markedly—94.6% of the budget was released, and spending rose to 96.1%, surpassing the absorption rate of previous years. This improvement underscores the Commission's strengthened capacity in budget execution and financial management, contributing to enhanced delivery of its health workforce mandate.

2.5 Human Resource Performance

Between 2020 and 2025, the Health Service Commission (HSC) has made notable strides in enhancing the country's healthcare workforce, though challenges persist.

2.5.1 Staffing Levels and Recruitment Efforts

As of the second quarter of the 2022/23 fiscal year, the HSC reported 53 filled positions out of an approved structure of 79, indicating a 67.1% staffing rate. Despite this progress, 26 positions, particularly for Secretaries and Records Assistants, remained vacant. Critical roles in Human Resource Advisory Services and Recruitment and Selection Systems also faced staffing shortages, underscoring the need for additional human resources to effectively implement the Commission Strategic Plan. In the 2019/20 fiscal year, the Commission recruited 872 health workers, surpassing the initial plan of 396 recruits. This achievement included the emergency recruitment of 576 health workers for COVID-19 response on contract basis, highlighting the Commission's adaptability during the pandemic.

2.5.2 Challenges in Specialist Staffing

A 2023 report by the Equal Opportunities Commission revealed a significant shortfall in specialist doctors within government hospitals. Out of the required 8,272 specialists for the

2023/24 fiscal year, only 307 were posted, primarily in central regions. Specialties such as ophthalmology, radiology, ENT, orthopedics, pathology, pediatrics, surgery, and speech therapy were notably underserved, emphasizing the need for targeted recruitment and resource allocation.

- (i) **Strategic Initiatives and Partnerships.** The Commission has actively engaged in various initiatives to bolster healthcare delivery. Collaborations with the Ministry of Health, health training institutions, professional associations, and international partners like WHO and UNICEF have been instrumental in these efforts. Notably, the Commission is undertaking a recruitment exercise to deploy 1,200 medical personnel across government medical facilities by September 2024, following clearance from the Ministry of Public Service in February 2024. This initiative aims to enhance service delivery and create employment opportunities for trained health professionals, particularly in critical medical officer roles.
- (ii) **Financial Oversight and Performance.** The Office of the Auditor General has conducted financial audits of the HSC for the fiscal years 2019/20, 2021/22, and 2022/23, ensuring accountability and transparency in the Commission's operations. Additionally, the Annual Health Sector Performance Reports for FY 2022/23 and FY 2023/24 provide comprehensive insights into the sector's progress, highlighting achievements and areas needing improvement.

2.6 Achievements, Challenges, Lessons Learned & Recommendations

2.6.1 The Commission Achievements 2020 - 2025

- (i) **Enhanced Recruitment and Workforce Management.** The HSC successfully implemented measures to address recruitment delays by aligning recruitment cycles with national planning and budgeting processes, which helped reduce bottlenecks in filling critical positions and improved workforce planning. As a result, this initiative enhanced the efficiency of the recruitment process, ensuring that staffing levels in health institutions were more closely aligned with national health needs, ultimately leading to improved service delivery across the healthcare system.
- (ii) **Infrastructure Expansion.** The Commission increased office space and established customized exam centers, while also strengthening regional hubs with modern recruitment technologies. This expansion of infrastructure provided a more efficient framework for conducting recruitment and workforce management activities. As a result, the improved operational capabilities allowed for better organization of recruitment activities, smoother coordination between regions, and an enhanced capacity to handle a larger volume of applicants, thereby improving overall recruitment efficiency.
- (iii) **E-Recruitment System Development.** The HSC made significant progress in transitioning to an online recruitment system by establishing regional hubs to facilitate digital recruitment and implementing online exams and interviews. This shift to e-recruitment improved accessibility and efficiency, allowing the Commission to process applications more quickly and with greater accuracy. Additionally, the transition reduced reliance on paper-based systems, streamlined recruitment activities, and enhanced the overall recruitment process.

- (iv) **Capacity Building for Health Workforce.** The Commission developed a comprehensive Code of Conduct for health workers and approved study leave policies to facilitate long-term training for healthcare professionals. These initiatives strengthened workforce development efforts and enhanced professional standards. As a result, the quality of health professionals entering the workforce improved, recruitment practices were better aligned with national standards, and continuous professional development was supported, ensuring that health workers were equipped with the necessary qualifications to meet the evolving healthcare demands.
- (v) **Stakeholder Engagement and Advocacy.** The HSC strengthened its collaboration with key government entities such as MoPS, MoFPED, and MoH, as well as with professional bodies, to ensure that recruitment practices were aligned with national priorities. Additionally, advocacy efforts led to the development of improved policies supporting health workforce development. This enhanced engagement with stakeholders helped align the Commission's activities with national goals and health priorities, fostering stronger support from government institutions and professional associations, ultimately improving the effectiveness and relevance of recruitment strategies.
- (vi) **Strengthened Governance and Leadership Capacity.** The HSC focused on strengthening leadership capacity within the Commission, improving governance structures, and enhancing decision-making processes. These efforts included training for administrators and managers. As a result, improved leadership and governance structures enhanced institutional effectiveness, enabling better policy implementation and more strategic decision-making in health workforce management, ultimately leading to a more **efficient and responsive health workforce system**.

2.6.2 Challenges

- (i) **Limited Funding.** The Health Service Commission (HSC) operates under severe financial constraints, significantly impacting its ability to deliver quality services, recruit efficiently, and support health workforce development initiatives. Several key priorities remain unfunded, creating gaps in operational efficiency, workforce planning, and the implementation of strategic initiatives. The lack of adequate funding also limits HSC's capacity to attract and retain skilled health professionals, ultimately affecting service delivery across the healthcare system.
- (ii) **Recruitment Cycle Issues.** The misalignment between the recruitment process and the budget cycle has caused significant delays in hiring healthcare professionals, negatively impacting service delivery in public health facilities. The halted recruitment in FY 2023/24 due to financial constraints has left critical positions unfilled, increasing the workload on existing staff and reducing overall healthcare service efficiency. The lack of timely recruitment has also led to staffing shortages, particularly in specialized medical fields, resulting in longer patient waiting times and a decline in the quality of care.
- (iii) **Resource Constraints.** Human resource shortages within the HSC Secretariat significantly limit the Commission's ability to execute its mandate effectively, including processing recruitment requests and managing health workforce planning. Additionally, inadequate office space hinders the expansion of HSC functions, making it difficult to

accommodate additional staff, host meetings, and enhance service delivery efficiency. These challenges, coupled with limited staffing and infrastructure, affect the Secretariat's capacity to effectively support health workforce recruitment, retention, and development initiatives.

- (iv) **Infrastructure and Equipment Gaps.** The absence of a dedicated resource center for recruitment activities hampers the efficiency of the hiring process, making it difficult to streamline candidate assessment, documentation, and selection. Additionally, insufficient equipment at regional hubs limits their functionality, affecting recruitment outreach, assessment capabilities, and the digital infrastructure needed for processing applications. The lack of modern recruitment facilities further restricts HSC's ability to conduct large-scale aptitude tests, competence-based evaluations, and candidate screening, ultimately impacting the effectiveness of the recruitment process.
- (v) **Training and Development Gaps.** There is an urgent need for technical training in e-recruitment, job design, aptitude test administration, and competence-based exam management to enhance the effectiveness and transparency of the recruitment process. Additionally, the limited availability of leadership and governance training programs for health sector administrators and managers hinders the development of strategic leadership skills, affecting decision-making and workforce management. The lack of sufficient professional development opportunities also reduces staff morale and limits the Commission's ability to attract and retain high-performing personnel, further impacting overall efficiency.
- (vi) **Stakeholder Engagement Challenges.** Stronger advocacy and lobbying efforts are required to secure policy and financial support from key government entities, including Parliament, the Ministry of Public Service (MoPS), the Ministry of Finance, Planning and Economic Development (MoFPED), and the Ministry of Health (MoH). Additionally, limited engagement with professional associations and healthcare stakeholders affects the formulation of policies and recruitment standards, leading to a misalignment between workforce needs and national health priorities. The absence of a well-structured stakeholder engagement framework further restricts collaboration, accountability, and information sharing, ultimately impacting the effectiveness of HSC's initiatives.

2.7 Description of State of Cross-Cutting Issues

The Mission integrates several cross-cutting issues into its operations, focusing on areas such as Human Rights, Gender and Equity, Environmental Issues, HIV/AIDS, ICT, and, more recently, COVID-19. Below is a summary of achievements and challenges in these areas:

- (i) **Human Rights.** As an institution operating under the framework of the 1995 Constitution of Uganda and in alignment with international and regional human rights instruments to which Uganda is a signatory, the Health Service Commission (HSC) is committed to upholding and promoting human rights within the health sector. This commitment is reflected in its approach to recruitment, deployment, and management of human resources for health across the country. The Commission advocates for the creation of an inclusive and safe work environment that respects the dignity, equity, and wellbeing of

all health workers. It also ensures that employment practices and contracts comply with labor laws and human rights standards, while supporting health institutions to provide services in a non-discriminatory, respectful, and patient-centered manner, particularly for vulnerable populations. However, the HSC faces challenges such as limited institutional capacity, which hampers regular monitoring of human rights adherence at decentralized levels. Additionally, some health institutions fall short of fully meeting human rights obligations due to weak enforcement mechanisms, especially in remote areas. There are also coordination challenges in aligning human rights promotion efforts with other stakeholders, including the Ministry of Health, Public Service Commission, and civil society organizations.

- (ii) **Gender and Equity.** In line with Uganda's commitment to gender-responsive development, as articulated in the National Gender Policy and other legal frameworks, the Health Service Commission (HSC) actively integrates gender and equity considerations into its operations and decision-making processes. The Commission recognizes that equitable access to health services and fair representation within the health workforce are essential for inclusive national development. As such, the HSC promotes gender equality by ensuring that recruitment and deployment processes are free from discrimination and that women, men, and marginalized groups including single mothers, youth, and persons with disabilities have equal opportunities to serve in the health sector. The Commission also collaborates with relevant stakeholders, including non-governmental organizations, to support initiatives that address social and economic barriers to gender equity. Through such partnerships and internal policy enforcement, the HSC aims to create an inclusive work environment and enhance service delivery that responds to the diverse needs of all Ugandans, particularly those from disadvantaged backgrounds.
- (iii) **HIV/AIDS.** In alignment with Sustainable Development Goal 3 and the African Union's Agenda 2063, the Health Service Commission (HSC) is committed to contributing to the national and global efforts to curb the spread and impact of HIV/AIDS. The Commission undertook a range of initiatives aimed at prevention, treatment, and the promotion of responsible lifestyles among health workers and within the institutions it serves. A key focus was on creating awareness and fostering behavioral change to reduce the risk of HIV transmission. The Commission follows a policy of zero tolerance for stigma and discrimination against individuals living with or affected by HIV/AIDS, ensuring that their rights and dignity are upheld in the workplace. Furthermore, the Commission facilitated access to quality health services for its staff, including HIV-related services, as part of its broader strategy to promote a healthy and productive workforce in the health sector. Through these efforts, the Commission contributes meaningfully to national health goals and the realization of a healthier, more inclusive society.
- (iv) **Environmental Issues.** The Health Service Commission demonstrated commitment towards addressing environmental issues in alignment with the Sustainable Development Goals (SDGs), particularly those related to environmental sustainability and climate action. Recognizing the impact of climate change and environmental degradation on public health and national development, the Commission adopted measures aimed at reducing its ecological footprint and promoting sustainable practices within its operations. Key actions included the establishment of systems for

proper recycling and waste management to ensure safe and environmentally friendly disposal of materials. The Commission also embraced digital transformation by reducing reliance on paper through the adoption of electronic communication, record-keeping, and reporting mechanisms, thereby conserving natural resources and enhancing operational efficiency. Additionally, the Commission promoted climate change mitigation and adaptation strategies by encouraging energy-efficient practices and supporting awareness initiatives on environmental health. These efforts reflected the HSC's broader commitment to integrating environmental considerations into health sector governance and contributing to Uganda's sustainable development agenda.

2.8 Lessons Learned from the Health Service Commission's Initiatives

- (i) **Importance of Aligning Recruitment Cycles with Budgeting Processes.** Aligning recruitment cycles with national planning and budgeting processes is crucial for ensuring that staffing needs are met promptly and effectively. Disjointed cycles between recruitment and budgeting can lead to delays and bottlenecks that disrupt service delivery. The key lesson learned is that early coordination between recruitment processes and budget planning is essential for smooth operations, particularly in public service sectors where the availability of funding directly impacts staffing and overall organizational performance. Such alignment ensures that recruitment efforts are adequately supported, minimizing delays and optimizing resource allocation.
- (ii) **Digital Transformation Requires Robust Infrastructure.** Transitioning to digital platforms for recruitment and workforce management necessitates sufficient infrastructure and staff training to be successful. The implementation of the e-recruitment system highlighted that its success was largely dependent on the availability of modern recruitment technologies and the capacity building of staff to effectively use these tools. The key lesson learned is that investments in both infrastructure and user training are essential when adopting digital systems. These investments ensure a smooth transition, enhance system functionality, and contribute to the long-term sustainability of the digital recruitment process.
- (iii) **Collaboration with Stakeholders Strengthens Policy Support.** Strengthening engagement with key government bodies and professional associations is crucial for obtaining better policy support and aligning recruitment standards with national health priorities. Effective advocacy ensures that recruitment efforts are in sync with the broader goals of the health sector. The lesson learned is that regular, structured engagement with stakeholders fosters collaboration, enhances policy development, and ensures that recruitment practices remain responsive to the ever-evolving needs of the health sector. This approach leads to more effective and impactful recruitment strategies, benefiting both the workforce and service delivery.
- (iv) **Capacity Building Improves Service Delivery.** Building the capacity of both staff and the health workforce has a direct and positive impact on service delivery. By offering training opportunities and establishing frameworks for professional development, the HSC enhanced the overall quality of healthcare services. The lesson learned is that capacity-building initiatives, especially in specialized fields, are essential for maintaining high standards of service delivery. These initiatives ensure that health professionals are

equipped to meet the needs of a growing population, contributing to the long-term effectiveness and sustainability of the healthcare system.

- (v) **Strategic Infrastructure Planning is Key to Scalability.** Expanding office space and upgrading recruitment facilities is crucial for accommodating the increasing volume of recruitment activities and enhancing the efficiency of operations. A lack of sufficient space or reliance on outdated facilities can significantly hinder the recruitment process and overall functionality. The lesson learned is that strategic planning for infrastructure expansion is vital to meet growing demand and ensure that the Commission can continue to operate effectively as its responsibilities evolve and expand over time.
- (vi) **Specialized Training is Critical for Addressing Workforce Gaps.** Addressing shortages in specialized healthcare fields through targeted training and scholarships is essential for ensuring that critical health services remain available to the population. Specialized training plays a key role in filling essential roles in areas that are otherwise challenging to staff. The lesson learned is that offering scholarships and supporting specialized training programs is an effective strategy for addressing gaps in healthcare provision, ensuring that the workforce is equipped to meet the demands of complex medical fields and preventing any compromise in the quality of services provided.
- (vii) **Leadership and Governance are Fundamental to Organizational Effectiveness.** Strengthening leadership and governance structures within the HSC has been pivotal to enhancing institutional effectiveness. Effective leadership ensures the successful implementation of policies and the efficient management of resources, which are crucial for meeting the demands of health workforce planning and recruitment. The lesson learned is that continuous leadership development programs are critical for equipping health sector administrators with the skills necessary to address the complex challenges of workforce planning, resource allocation, and policy execution, ultimately ensuring the success and sustainability of health initiatives.

2.9 Recommendations for Strengthening the Health Service Commission

- (i) **Increase Financial Resources.** The Commission should lobby for additional funding to support its unfunded priorities. Securing resources for acquiring new vehicles and strengthening regional hubs is critical for expanding the Commission's reach and improving operational efficiency. A stronger financial base will ensure that key initiatives, such as recruitment and workforce development, are fully supported and not hindered by budgetary constraints.
- (ii) **Improve Recruitment Processes.** It was noted that there are delays in hiring due to misaligned recruitment and budgeting cycles. To address this, the Commission should fully align its recruitment cycles with the budgeting process to eliminate delays in filling critical positions. Additionally, implementing targeted scholarships for underserved areas and rare medical specialties will help address healthcare staffing gaps. Strengthening affirmative action in recruitment will ensure that hard-to-fill positions are prioritized, improving service delivery in underserved regions and specialized medical fields.

- (iii) **Expand Infrastructure and Equipment.** The HSC should provide additional office space, including a dedicated assessment and recruitment center, to enhance the efficiency of recruitment activities. Fully equipping regional hubs with modern recruitment technology will ensure that the Commission can effectively manage applications, conduct aptitude tests, and streamline the selection process. Upgraded infrastructure will also support a higher volume of recruitment and improve service delivery at all levels.
- (iv) **Enhance Human Resource Capacity.** To address the shortage of personnel within the HSC, vacant positions should be filled promptly. Deploying additional staff to support recruitment activities and workforce planning will strengthen the Commission's ability to meet healthcare demands. An expanded team will improve efficiency in handling recruitment requests, managing health workforce data, and supporting institutional growth.
- (v) **Strengthen Technical and Leadership Training.** The HSC should expand leadership training programs by partnering with training institutions like ESAMI to build the capacity of health sector administrators. Continuous technical training on e-recruitment, job design, and competence-based exams should be implemented to keep up with evolving practices in healthcare recruitment. Developing leadership skills and technical expertise will improve decision-making, governance, and overall workforce management.
- (vi) **Enhance Stakeholder Engagement.** It was noted that there was weak collaboration with government entities and professional bodies. In that regard, the Commission should strengthen its advocacy and engagement efforts with key stakeholders, including Parliament, the Ministry of Public Service (MoPS), the Ministry of Finance, Planning, and Economic Development (MoFPED), the Ministry of Health (MoH), and professional associations. Establishing structured platforms for dialogue will facilitate policy formulation, ensuring that recruitment strategies are aligned with national health priorities and workforce needs. Stronger collaboration will foster better support and resources for health workforce initiatives.
- (vii) **Advance Digital Transformation.** The review pointed out the limited adoption of online recruitment systems. To address this, the Commission should fully transition to an online recruitment system, including digital exams and interviews, to increase accessibility and efficiency in the hiring process. Continuously upgrading the e-recruitment system and providing user training will ensure the platform remains effective and user-friendly. Digital transformation will reduce processing time, expand reach, and improve the overall experience for both candidates and recruitment staff.
- (viii) **Institutionalize Regular Support Supervision.** The issue of limited oversight of health workforce deployment and recruitment centers was noted. To address it, the Commission should conduct frequent support visits to health institutions and recruitment centers to monitor progress, provide prompt technical support, and address challenges. Enhanced monitoring and regular support supervision will improve service delivery by ensuring that policies and procedures are properly followed, leading to more efficient workforce deployment and better management of recruitment centers.

- (ix) **Align HSC Objectives with National Development Strategies.** The Commission should ensure that its strategic initiatives are aligned with national development goals such as the National Development Plan IV (NDPIV) and the Sustainable Development Goals (SDGs). By improving workforce planning, the HSC will help meet the growing healthcare demands, ensuring that health services are effectively aligned with the country's development priorities and the evolving needs of the population.

- (x) **Establish a Permanent Home for Commission.** The Commission should secure permanent office space to serve as its headquarters. This will provide a stable base for the Commission's operations and improve its ability to manage recruitment activities, oversee health workforce planning, and coordinate initiatives. Establishing a resource center dedicated to recruitment will also enhance operational efficiency, allowing the Commission to streamline processes and provide better support for healthcare institutions.

Chapter 3:

The Strategic Direction

The strategic direction of the Health Service Commission is aligned with Uganda Vision 2040, the Fourth National Development Plan (NDPIV), and relevant international and regional development frameworks, such as the Sustainable Development Goals (SDGs) and Africa Agenda 2063. The Commission's mandate directly contributes to the NDPIV goal of "Increasing household incomes and improving the quality of life of Ugandans," particularly through improving health governance and human capital development.

3.1 Vision

"A professional, responsive, and well-governed health workforce delivering quality health services for all Ugandans."

3.2 Mission

To uphold merit-based recruitment, appointment, and disciplinary processes for human resources in Uganda's health sector, ensuring availability of competent, motivated, and professional health workers to deliver quality services to all Ugandans.

3.3 Goal

"An Effective and Efficient Health Service Delivery System"

3.4 Theme

Transforming Health Workforce Governance for Quality Service Delivery"

3.5 Core Values and Principles

The HSC is guided by values and principles that align with the Uganda Public Service Code of Conduct, the HSC Client Charter, and good governance practices. These include:

- (i) Professionalism: Upholding the highest standards of ethics and conduct in public service.
- (ii) Integrity: Ensuring honesty, transparency, and accountability in all Commission activities.
- (iii) Meritocracy: Promoting fairness and competence-based recruitment processes.
- (iv) Equity and Inclusiveness: Ensuring fair representation and equal opportunity in the health workforce across gender, regions, and special interest groups.
- (v) Efficiency and Effectiveness: Striving for optimal use of resources and timely service delivery.
- (vi) Client-Centered Service: Focusing on the needs of the Ministry of Health, Local Governments, and the public in health workforce services.

3.6 Objectives

Over the next five years, the Commission will pursue the following objectives:

- i) To recruit qualified and competent human resources for efficient and effective health service delivery.
- ii) To carry out advocacy and make recommendations to improve the terms and conditions of service for the health workforce.
- iii) To enhance efficiency in the recruitment of healthcare professionals.
- iv) To provide advice to His Excellency the President in respect to health human resources for timely decisions.
- v) To strengthen institutional capacity within the Health Service Commission.

3.7 Summary of Objectives, Strategies, Interventions and Actions

A consolidated summary of the Health Service Commission's strategic objectives, along with the corresponding strategies, interventions, and actions that will guide implementation over the 2025/26–2029/30 planning period is provided Table below. Grounded in Uganda's Vision 2040 and the Fourth National Development Plan (NDP IV), these objectives are aligned to the Human Capital Development Programme and are designed to enhance the effectiveness, efficiency, and responsiveness of the health workforce governance system. Each objective is supported by clear strategies that translate into practical, results-oriented interventions and actions, ensuring that the Commission delivers on its mandate to recruit, manage, and support qualified health professionals across the country. This framework also serves as the basis for performance monitoring and accountability throughout the strategic planning cycle.

Table 2: Objectives, Strategies, Interventions and Actions

Objectives	Strategies	Interventions	Actions
1. Recruit qualified and competent human resources	1.1. Develop and implement a national recruitment plan 1.2. Leverage ICT tools for e-recruitment 1.3. Streamline recruitment procedures through policy reform	1.1.1 Develop job descriptions aligned with needs 1.1.2 Deploy recruitment platforms 1.1.3 Train HR teams in recruitment 1.1.4 Launch targeted recruitment drives 1.1.5 Monitor recruitment KPIs regularly	1.1.1.1 Publish recruitment calendar online 1.1.1.2 Simplify job application process 1.1.1.3 Use AI tools to filter applicants 1.1.1.4 Advertise positions in rural areas 1.1.1.5 Involve professional councils in recruitment panels 1.1.1.6 Conduct structured interviews and exams 1.1.1.7 Track diversity and regional representation 1.1.1.8 Provide feedback to all applicants
2. Advocate and improve health workforce conditions	2.1. Establish regular policy advocacy platforms 2.2. Build partnerships with health professional bodies 2.3. Use evidence-based data to support advocacy	2.1.1 Organize stakeholder forums 2.1.2 Develop policy papers on welfare 2.1.3 Engage Parliamentarians on HRH issues 2.1.4 Support union-led campaigns for better pay 2.1.5 Create a communication strategy	2.1.1.1 Draft advocacy messages 2.1.1.2 Meet MPs and MoH on salary issues 2.1.1.3 Organize social media campaigns 2.1.1.4 Document staff welfare cases 2.1.1.5 Develop infographics on HRH stats 2.1.1.6 Review international best practices 2.1.1.7 Support research on pay gaps 2.1.1.8 Hold press briefings

Objectives	Strategies	Interventions	Actions
3. Enhance efficiency in recruitment and retention	3.1 Review and optimize recruitment cycles 3.2 Introduce incentives and retention schemes 3.3 Improve working conditions in underserved areas	3.1.1. Conduct exit interviews and surveys 3.1.2. Set up rural deployment incentives 3.1.3. Monitor staff turnover 3.1.4. Establish talent pools 3.1.5. Automate appointment processes	3.1.1.1 Design and pilot rural bonus system 3.1.1.2 Map priority staffing areas 3.1.1.3 Build staff housing near rural facilities 3.1.1.4 Develop mentorship programs 3.1.1.5 Conduct annual retention analysis- 3.1.1.6 Link promotions to performance 3.1.1.7 Provide scholarships for key cadres 3.1.1.8 Recognize long-serving staff
4. Advise the President on health human resources	4.1 Enhance communication with Office of the President 4.2 Use HRH data to inform policy briefs 4.3 Conduct regular health workforce analysis	4.1.1. Establish HRH Advisory Unit 4.1.2. Develop annual HRH reports 4.1.3. Draft HRH policy briefs 4.1.4. Facilitate technical consultations 4.1.5. Create feedback loops with State House	4.1.1.1. Draft annual HRH status report 4.1.1.2. Hold consultative sessions with Presidency staff 4.1.1.3. Prepare HRH dashboards 4.1.1.4. Coordinate policy inputs from MDAs 4.1.1.5. Track Presidential directives 4.1.1.6. Summarize recruitment outcomes 4.1.1.7. Align reports with Vision 2040 and NDP IV 4.1.1.8. Organize technical roundtables
5. Strengthen institutional capacity	5.1 Upgrade institutional systems and tools 5.2 Invest in staff training and development 5.3 Mobilize resources for operations	5.1.1. Conduct institutional assessments 5.1.2. Implement HRMIS 5.1.3. Train staff in data analytics 5.1.4. Update internal policies 5.1.5. Establish M&E mechanisms	5.1.1.1. Roll out digital recordkeeping 5.1.1.2. Upgrade ICT infrastructure 5.1.1.3. Train staff in new systems 5.1.1.4. Develop capacity-building plan 5.1.1.5. Hire technical support personnel 5.1.1.6. Establish internal audit system 5.1.1.7. Review organogram 5.1.1.8. Institutionalize knowledge sharing

3.8 Summary of the Commission's Objectives, Intermediate Outcomes and Final Outcomes

The Objectives, Strategies, Interventions, and Actions outlined in this section provide a structured roadmap for the Health Service Commission to fulfill its mandate over the 2025/26–2029/30 planning period. Anchored in Uganda's Vision 2040 and the Fourth National Development Plan (NDPIV), these elements are designed to address key challenges in health workforce management and align with the Human Capital Development Programme. Each strategic objective is paired with clear strategies and practical interventions, supported by specific actions that ensure effective implementation. This framework enables the HSC to enhance transparency, strengthen systems, build institutional capacity, and ultimately improve service delivery across Uganda's health sector. It also forms the basis for tracking performance, ensuring accountability, and informing adaptive management throughout the strategic period.

Table 3: Objectives, Intermediate Outcomes and Final Outcomes

Objective	Intermediate Outcomes	Final Outcomes
1. To recruit qualified and competent human resources for efficient and effective health service delivery	1.1 Increased pool of shortlisted candidates with relevant qualifications 1.2 Transparent and merit-based recruitment processes 1.3 Reduced time taken to fill critical vacancies	Improved quality of healthcare service delivery
2. To carry out advocacy and make recommendations to improve the terms and conditions of service for the health workforce	2.1 Engagements held with stakeholders and policymakers 2.2 Evidence-based policy briefs and recommendations developed 2.3 Increased awareness of health workforce welfare issues	Enhanced motivation and job satisfaction
3 To enhance efficiency in the recruitment and retention of healthcare professionals	3.1 Implementation of digital recruitment systems 3.2 Regular updates to recruitment guidelines and policies 3.3 Improved communication with potential and existing health workers	A streamlined, transparent, and responsive recruitment process that attracts and retains qualified health professional
4 To provide advice to His Excellency the President in respect to health human resources for timely decisions	4.1 Timely generation of policy reports and workforce analytics 4.2 Strengthened internal data systems and HR databases 4.3 Effective coordination with other government agencies	Informed executive decisions on health human resources
5 To strengthen institutional capacity within the Health Service Commission	5.1 Capacity building and training of HSC staff 5.2 Adoption of modern ICT tools and infrastructure 5.3 Development of internal monitoring and evaluation systems	Enhanced operational efficiency of the Commission

▪ Hold Interview Sessions	E-Recruitment utilized for conducting interviews		365	375	390	400	450		
▪ Shortlisting & reporting ▪ Pay Sitting Allowance ▪ Pay for Meals/ refreshments	Number of ERS reports generated		210	230	250	260	270		
▪ Interviews ▪ Stationery ▪ Notifications ▪ Hire consultancy services	Hubs established and maintained		590	600	700	720	750		
▪ Pay Resource persons ▪ Buy Fuel ▪ Hire Venue	Increase the Districts supported to conduct written exams		183	195.4	200.4	250.4	250.4		
	Sub total		1,592	1,770	1,950	2,070	2,200		

<ul style="list-style-type: none"> ▪ Feedback sessions ▪ Disciplinary hearings ▪ reporting 								
<ul style="list-style-type: none"> ▪ Stakeholder meetings ▪ publication 	4.3 Achieve a clear message about HR aspects to realize the commission mandate		150,000	150,000	200,000	250,000	250,000	
<ul style="list-style-type: none"> ▪ Stakeholder meetings ▪ Publication ▪ Feedback sessions ▪ Research 	4.4 Practical models developed to improve terms of service		130,000	135,000	140,000	150,000	160,000	
	Sub Total		680,000	735,000	840,000	1,000,000	1,060,000	

Table 6: Alignment Strategic Objective 3: To recruit qualified and competent human resources for efficient and effective health service delivery

Results	Indicator	Baseline 23/24	Total costs (UGX '000)					Means of Verification/ Data Source	Responsibility Centre
			25/26	26/27	27/28	28/29	29/30		
Programme Name: Human Capital Development									
Programme Goal: A healthy, knowledgeable, skilled, ethical and productive population.									
HSC Goal: An Effective and Efficient Health Service Delivery System									
Programme Objective 3: To improve population health, safety and management; access to safe water, sanitation, and hygiene services									
HSC Objective 1: To recruit qualified and competent human resources for efficient and effective health service delivery									
Intermediate Outcome 3.1.2.1.1: Improved adequacy of Human Resources for health, health infrastructure, medical equipment, vaccines, medicines, supplies and health technologies		28	29	30	32	33	35	Health worker registries	
HSC Intermediate Outcome 3. Improved quality of healthcare service delivery		28	29	30	32	33	35	Health worker registries	
Strategic Intervention 3.1.2.1: Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative healthcare services.									
Strategic Output : Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative healthcare services.									
HSC Output 3.1: Recruitment guidelines for Central Government health Institutions developed and disseminated	% level of completion of guidelines			50	100				C/HR & AS
	% of dissemination of guidelines to institutions					60	80		C/HR & AS
3.2. Health workers attracted and recruited	Annual recruitment plans	1	1	1	1	1	1		C/HR & AS
	% of posts declared filled		65	70	75	80	85		C/HR & AS
3.3. Recruitment Guidelines for LGs updated and disseminated.	% level of completion of guidelines		50	100					HR & AS/ R&SS
	% of dissemination of guidelines to institutions				60	80	100		HR & AS/ R&SS
3.4 Support Supervision to Health Institutions and DLGs	# of institutions and DLGs supported and supervised (96DLGs & 20 health institutions)	116	116	116	116	116	116		HR & AS
3.5. Technical support to Districts & DSCs provided	# LGs provided with technical support/ guidance annually	24	40	40	40	50	60		C/HR & AS

▪ ▪	Governments (LGs).								
▪ Field visits ▪ Report compilation ▪ Report dissemination	Provide technical support and capacity building to Districts and District Service Commissions (DSCs).		260,000	280,000	300,000	350,000	350,000		
▪ HSC Ordinary Meeting ▪ Preparation of minutes ▪ Communication of minutes ▪ Printing ▪ Stationary ▪ Web updates ▪ courier	Improve communication and information flow to stakeholders through regular updates and engagement platforms		400,000	440,000	450,000	500,000	550,000		
▪ preparation of concept notes ▪ meetings ▪ field visits ▪ report compilation ▪ report dissemination ▪ facilitation ▪	Support supervision conducted		320,000	350,000	380,000	400,000	420,000		
	Sub total		2,180,000	2,270,000	2,440,000	2,620,000	2,750,000		

▪ carry out Research	sector issues produced								
▪ Carry out Research ▪ Prepare Reports ▪ Carry out Fieldwork ▪ Report compilation ▪ Report dissemination ▪	HRH engagement survey conducted and shared		100,000	120,000	150,000	160,000	170,000		
▪ Conduct Workshops ▪ Carry out Fieldwork ▪ procure Stationery ▪ Report compilation ▪ Report dissemination ▪	Recommendations on terms and conditions made		100,000	120,000	140,000	150,000	200,000		
▪ Carry out Ordinary Commission Meetings ▪ Conduct Feedback sessions ▪ Hold Disciplinary hearings ▪ Report compilation ▪ Report dissemination ▪	Decisions on confirmations Resignations promotions disciplinary procedure handling management of human resource for health made.		130,000	140,000	150,000	170,000	180,000		
▪ Carry out Stakeholder meetings ▪ Report compilation ▪ Report dissemination ▪	Quarterly advice provided on schemes of service, restructuring, Standing Orders		260,000	280,000	290,000	300,000	320,000		
	Sub total		690,000	780,000	870,000	930,000	1,030,000		

Table 8: Alignment Strategic Objective 5: To strengthen institutional capacity within the Health Service Commission

Results	Indicator	Baseline 23/24	Targets					MOV/ Data Source	Responsibility
			25/26	26/27	27/28	28/29	29/30		
Programme Name: Human Capital Development									
Programme Goal: A healthy, knowledgeable, skilled, ethical and productive population.									
HSC Goal: An Effective and Efficient Health Service Delivery System									
Programme Objective 9: Strengthen Policy, Legal Institutional and Coordination Frameworks									
HSC Objective 1: To strengthen institutional capacity within the Health Service Commission									
Intermediate Outcome 3.1.2: Improved adequacy of Human Resources for health, health infrastructure, medical equipment, vaccines, medicines, supplies and health technologies									
HSC Intermediate Outcome 5.1.2.1: Enhanced operational efficiency of the Commission									
Strategic Intervention 9.1.1.3: Undertake monitoring and reporting of progress									
Programme Strategic Output 9.1.1.3.1: M&E, Coordination and reporting for the Commission strengthened	% of approved posts filled (Public)	34%	38%	40%	45%	50%	55%	HCMS	
HSC Output 5.1: HSC planning and monitoring systems strengthened	Timely budget Framework Paper submission		Oct-15	Oct-Nov	Oct-Nov	Oct-Nov	Oct-Nov	BFP report	F&A
	Timely Estimates submission		Mar 31	Mar	Mar	Mar	Mar	Final Estimates	F&A
	Monitoring reports		May'21					Quarterly and Annual report	F&A
	Timely Ministerial Policy Statement submission		Feb	Feb	Feb	Feb	Feb		F&A
Strategic Intervention 9.1.1.1 Capacitate the Commission to Effectively and Efficiently Deliver its Mandate									
5.2. Structure of HSC reviewed and implemented	Annual HSC staffing review report		1	1	1		1	Annual report	F&A
	Recruitment plan		1	1	1	1	1	BFP	F&A
	Annual recruitment and deployment reports		1	1	1	1	1	Recruitment & Deployment Report	F&A
5.3. Staff training and Development strengthened	Assessment Report		1	1	1	1	1	Staff Training Needs assessment report	F&A
	Annual Staff development program		1	1	1	1	1	Annual report	F&A

	Performance Management Report		1	1	1	1	1	Synthesized Performance Management Report	F&A
	%ge of staff appraised	(23-24) figure	70	80	80	90	90	Synthesized Performance Management Report	F&A
5.4. Accountability and Reporting improved	Half Year Financial Report	1	1	1	1	1	1	Half year accounts	F&A
	Quarterly Internal Audit Reports	4	4	4	4	4	4	Quarterly Internal Audit Reports	
	Responses to Auditor General's Report	1	1	1	1	1	1	Auditor General's Report	
	Quarterly Financial Report	4	4	4	4	4	4		
	Responses to Internal Auditor General's Report	1	1	1	1	1	1		
	Responses to Treasury Memoranda Report	1	1	1	1	1	1		
	Responses to PAC	1	1	1	1	1	1		
	9-month Financial Reports		1	1	1	1	1	Annual Financial Report	F&A
	Annual Financial Report	1	1	1	1	1	1		
	Monthly procurement report	12	12	12	12	12	12	Report	
Market survey report	1	1	1	1	1	1	Report		
5.5. HSC working environment improved	Maintenance report	1	1	1	1	1	1		F&A
	Timely Submission of Procurement plan	15 July	1	1	1	1	1	PPDA annual procurement plan	F&A
	Annual asset register		1	1	1	1	1	BFP	F&A
	Annual board of Survey report							Disposal Report	
	Acquisition of additional Office Space								
	approved architectural designs and drawings		1					Approved plan	F&A
	Percentage of works done one on works		12%	34%	56%	78%	100%	HSC Assessment Centre	F&A
	Furnishing of offices						100%		F&A
							Client Charter	F&A	

5.6. Compliance to HSC guidelines improved	Client charter Review report	1			1				F&A
	Client charter disseminated								F&A
5.7 ICT Unit strengthened	Procurement and maintenance report		1	1	1	1	1		F&A
	In-house training report			1					F&A
5.8 Records management strengthened	Percentage of records received, managed and maintained	70	80	85	90	95	100		F&A
	Courier and Postage Services								
	EDRMS established		1					Active system	
	EDRMS maintained			1	1	1	1		
	Number of records appraisal and disposal	1	1	1	1	1	1		
	Number of Capacity building and trainings conducted		1	1	1	1	1	Capacity building and trainings Report	
5.9 Mechanisms for effective collaboration and partnership for HSC at all levels established	Number of collaborations		1	2	2	2		MOUs and Minutes	F&A
	Membership to international Associations		2	2	2	2	2	Subscription Receipts	F&A
	Number of funding proposals		1	2	2	2	2		F&A
5.10 Strategic Plan Implemented, monitored and reviewed.	Annual report	1	1	1	1	1	1	Report	F&A
	Mid-term evaluation report				1				F&A
	Terminal strategic plan review report						1		F&A
Strategic Intervention 9.1.1.4: Integrate cross cutting issues in the Programme									
5.11 Crosscutting issues captured	Percentage of the Budget Support to HIV/AIDS	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%		F&A
	Gender and Equity Certificate	0.005	0.005	0.005	0.005	0.005	0.005		F&A
	Environment and Climate Change	0.005	0.005	0.005	0.005	0.005	0.005		F&A
PIAP Actions									
Recruitment of health workers									
Total costs (UGX '000'000)									
25/26 26/27 27/28 28/29 29/30									

HSC Actions	Outputs								
<ul style="list-style-type: none"> ▪ Data collection ▪ Report compilation ▪ Printing ▪ Hold meetings ▪ Facilitation 	Plans and budgets developed & implemented (BFP, MPS, Final Estimates, Quarterly workplans, Coasted workplans)		183.27	190	200	200	250		
<ul style="list-style-type: none"> ▪ Hold meetings ▪ Prepare annual report ▪ Prepare quarterly reports ▪ Consolidate support supervision reports ▪ Prepare half year reports ▪ Printing 	Monitoring and evaluation		428	450	500	520	530		
<ul style="list-style-type: none"> ▪ Report preparation ▪ Facilitation/Welfare ▪ Communication 	Participation in the health sector budget meetings		20	30	40	50	60		
<ul style="list-style-type: none"> ▪ Operating the PBS, IFMS AND HCM 	Systems operation		152.42	172.42	182.42	192.42	250.42		
<ul style="list-style-type: none"> ▪ Midterm review ▪ End term review ▪ Monitoring and evaluation ▪ Printing ▪ Development of 6th strategic plan consultancy 	Strategic plan implemented		60		90		150		
<ul style="list-style-type: none"> ▪ Review of ▪ Recruitment processes ▪ e recruitment ▪ ICT Systems ▪ Non-Tax Revenue ▪ Human resource management processes and payroll ▪ Procurement and stores ▪ Support supervision activities ▪ Adhoc management ▪ Report preparation 	Audit reports		13.5	17.5	18.5	20.5	23.5		
<ul style="list-style-type: none"> ▪ Procurement of storage materials ▪ Establishment of the EDMS 	Enhancement of the records management		108	108	108	108	108		

<ul style="list-style-type: none"> ▪ Training of staff on the EDMS system ▪ Quarterly organization of records per department ▪ Courier and postage ▪ 									
<ul style="list-style-type: none"> ▪ Quarterly stock taking ▪ Sorting of assets to remove obsolete items for disposal ▪ Updating asset register ▪ Appraising and collecting items for disposal from all departments ▪ Procurement of items ▪ Carry out survey with the board of survey 	Inventory management strengthened		103	110	115	120	130		
<ul style="list-style-type: none"> ▪ Staff retreat ▪ Staff induction ▪ Training in service ▪ Workshop and seminars 	Capacity building and staff training		100	120	130	140	145		
<ul style="list-style-type: none"> ▪ Rent ▪ Cleaning ▪ Pay Utility bills 	Office space well maintained		1,773	1,874	1,774	1,774	1,774		
<ul style="list-style-type: none"> ▪ Salaries for members and staff paid ▪ Pension and gratuity paid ▪ Statutory allowances for members and entitled staff paid ▪ Fuel paid ▪ Payment for membership dues ▪ Hold HSC meetings 	Administrative support services provided		4,505	5,966	6,166	7,266	8,511		
<ul style="list-style-type: none"> ▪ Procurement, distribution and installation of ▪ Security systems ▪ Assorted ICT equipment ▪ Assorted office equipment ▪ Assorted office furniture ▪ 	Institutional development of HSC		1,293	1,350	1,555	1,550	1,565		
<ul style="list-style-type: none"> ▪ Consultant ▪ Project design ▪ Stationery 	HSC permanent home constructed		4,000	11,000	11,000	11,000	11,000		

<ul style="list-style-type: none"> ▪ Stationery ▪ Allowances ▪ Fuel 	Client charter, SOPs, Client's feedback mechanism & IECs materials reviewed				15,000				
<ul style="list-style-type: none"> ▪ Stationery ▪ Allowances ▪ Fuel 	SOPs reviewed every 3 years				25,000				
<ul style="list-style-type: none"> ▪ 15 Motor vehicles procured 	Enhance the HSC fleet		1,955	1,000	1,200	1,500	2,000		
<ul style="list-style-type: none"> ▪ Run Adverts ▪ Procurement of corporate wear ▪ 	Publicizing HSC activities		97,000	120	125	130	140		
<ul style="list-style-type: none"> ▪ Training Committee meeting ▪ Training report 	Short training for staff		100	110	120	130	150		
<ul style="list-style-type: none"> ▪ Preparation of quarterly reports ▪ half year reports ▪ 9 months reports ▪ final accounts report ▪ BOS reports ▪ URA taxes paid ▪ Update asset register ▪ 	Accountability for HSC activities and funds		592	891	892	951	2,000		
<ul style="list-style-type: none"> ▪ Field supervision activities ▪ Office supervision ▪ Report preparation 	Monitoring and supervision of HSC activities		215	260	270	280	290		
<ul style="list-style-type: none"> ▪ Data collection from suppliers ▪ Report writing 	Market assessment report		20	30	40	50	60		
<ul style="list-style-type: none"> ▪ Field evaluation of suppliers ▪ Contracts committee meetings ▪ Report writing 	Contracts performance monitored		20	30	40	50	60		
<ul style="list-style-type: none"> ▪ Train stakeholders on the PPDA amended regulations 	Awareness on the PPDA amended regulations		10	20	30	40	50		
<ul style="list-style-type: none"> ▪ Preparation of the Annual procurement and disposal plan 	Consolidated procurement and disposal plan		15	25	35	45	55		
	Sub total		15,762,782	23,872,995	24,668,995	26,114,995	29,291,995		

Chapter 4:

The Financing Framework

The Financing Framework and Strategy provides a structured approach to securing and utilizing financial resources for the successful execution of the Commission's Strategic Plan. By implementing a diversified funding strategy and ensuring alignment of resources with planned objectives, the Commission aims to enhance efficiency, accountability, and overall service delivery in the Public Service. Regular reviews and updates to the cost implementation matrix will be conducted so as to adapt to emerging financial realities and evolving priorities. It outlines the financial requirements necessary for the successful implementation of the Health Service Commission's strategic plan. It presents an estimation of the overall cost of the plan, provides a breakdown of the disaggregated costs, and highlights strategies for mobilizing the required financial resources. Furthermore, it includes a Detailed Cost Implementation Matrix, which links planned objectives, interventions, outputs, and actions with estimated costs while specifying responsibility centers for each activity.

4.1 Summary of Commission Budget FY2025/26 - FY2029/30

The Commission's total budget requirement is projected to grow from UGX 21.016 billion in FY 2025/26 to UGX 32.982 billion by FY 2029/30, reflecting a 57% increase over the planning period. The wage budget will rise by 21.6%, from UGX 2.576 billion to UGX 3.132 billion, supporting staff recruitment, promotions, and remuneration adjustments. The non-wage recurrent budget will grow by 49.2%, from UGX 11.344 billion to UGX 16.925 billion, to finance day-to-day operations and implementation of the Commission's core activities. The development budget is set to increase significantly by 82.2%, from UGX 7.048 billion to UGX 12.838 billion, with priority investments directed towards projects such as office construction, ICT infrastructure, and institutional retooling. This progressive growth in budget allocation underscores the Government's commitment to strengthening the institutional capacity of the Health Service Commission in delivering on its mandate.

Table 9: Summary of Commission Strategic Plan Budget Requirements for FY 2025/26 -2029/30

Budget Item/FY	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Wage	2.576	2.705	2.841	2.983	3.132	14.237
Non- Wage Recurrent	11.344	18.563	18.953	18.982	16.925	84.67
Total Recurrent	18.392	26.668	27.868	29.680	29.763	132.371
Total Development	7.048	8.105	8.915	10.698	12.838	0.322
Total Budget	21.016	29.428	30.769	32.735	32.982	146.93

4.2 Medium-Term Expenditure Framework (MTEF) Projections and Implications for Strategic Planning Financing

The MTEF projection for the Health Service Commission over the next five years is x% lower than the amount required to implement the Strategic Plan, as shown in Table 4.1. The total MTEF for the five years is projected at UGX 156.876 billion, compared to UGX xx billion needed

to execute the strategic plan. This means that the Commission will need to explore alternative funding sources to finance its plan, as relying solely on the MTEF allocation may hinder the achievement of its targets in the medium term.

Table 10: Commission MTEF Projections for FY 2025/26 – 2029/30

Budget Item/FY	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Wage	2.576	2.705	2.841	2.983	3.132	14.237
Non -Wage Recurrent	4.311	5.184	6.368	7.641	9.169	80.277
Total Recurrent	11.359	13.289	15.283	18.339	22.007	94.520
Total Development	7.048	8.105	8.915	10.698	12.838	62.363
Total Budget	20.982	29.989	32.229	35.522	38.154	156.876

Strategic Implications

The comparison in Table 4.1 and 4.2 highlights significant funding gaps across both recurrent and development expenditures. Key strategies to address these gaps include:

- (i) MoH should engage with MoFPED to adjust budget ceilings to meet strategic priorities.
- (ii) Strengthen efforts to mobilize external funding, including donor support and private sector investment for development projects.
- (iii) Ensure efficient internal resource allocation to maximize existing funding and redirect savings to priority areas.
- (iv) Leverage public-private partnerships (PPPs) and collaborate with development partners to secure additional financial resources.

4.3 Commission Funding Gaps

The Commission faces growing funding gaps each year across all areas of wages, non-wage recurrent expenses, and development activities. The total funding gap for the five years is xx billion, which reflects the overall shortfall the Commission faces in meeting its strategic plan's financial needs. The major gap is in the non-wage recurrent category, totaling xx billion over five years, which indicates a significant shortfall in operational funding. The total funding gap suggests that, without external funding or alternative financial sources, the Commission will struggle to implement its strategic plan.

Table : Commission Funding Gaps over the Five-Year Period

Classification	2025/26	2026/27	2027/28	2028/29	2029/30	Total
Wage Gap	0	0	0	0	0	0
Non-Wage Recurrent Gap	-0.015	5.274	3.67	0.643	5.082	4.49
Total Recurrent Gap	4.457	10.673	9.743	8.356	4.622	37.851
Total Development Gap	0	-5.89	-5.19	-3.502	-0.177	-14.759
Total Funding Gap	18.378	26.052	26.348	26.821	24.504	122.103

4.4. Strategic Plan Funding by Source

The Strategic Plan will be primarily funded through the Government of Uganda's budget, as donor funding is not included in the projections. This is because donors typically do not

provide long-term funding commitments for the Commission; instead, they offer their funding on an annual basis. As a result, the Commission's budget requirements are based solely on the government's allocations, and any potential donor contributions will be assessed and incorporated on a year-to-year basis, subject to availability and negotiations

Table 12: Strategic Plan Budget by Source of Funding FY (FY2025/26 –2029/30)

Budget Item/FY	25/26		26/27		27/28		28/29		29/30		Total	
Funding source	GoU	Donor	GoU	Donor	GoU	Donor	GoU	Donor	GoU	Donor	GoU	Donor
Wage	2.576		2.705		2.841		2.983		3.132		14.237	0
Non-Wage Recurrent	4.311		18.563		6.368		7.641		9.169		80.277	0
Total Recurrent	11.359		26.668		15.283		18.339		22.007		94.520	0
Total Dev't	7.048		8.105		8.915		10.698		12.838		62.363	0
Total Budget	20.982		29.428		32.229		35.522		38.154		156.876	0

Table 13: Long-Term Investments

Office building constructed.	New office premises	By 2030	Prepare project concept and profile	Stationery	15,000	US/F&A
				Stakeholder engagement	60,000	
			Acquisition of land	Clearance		
				Architectural works.	Consultant	700,000
			Project design		2,000,000	
			Plan approval		140,000	
			Contract		3,000,000	
			Supervision of construction	Certification for occupation	16,000	
Retooling	Tools and equipment	10,000,000				
	Procuring filling cabinets and computers	8,000,000				
	LAN maintained and upgraded		Network maintenance & upgrade	Network Routers, cables, and skilled labor.	30,000,000	
	ICT services maintained		Maintenance of ICT services	Domain Name DNS Hosting rent Website Hosting	22,000,000	
TOTAL (B)			75,931,000			
GRAND TOTAL (A+B)			124,276,683			

Table 14: Summary of Annual Funding Needs Per Objective

Objective	Funding Needs Per Year (UGX '000)					Total (UGX '000)
	25/26	26/27	27/28	28/29	29/30	
1. To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making	710,000	785,000	785,000	885,000	890,000	4,155,000
2. To recruit qualified and competent human resources for health for efficient and effective health service delivery	601,600	714,600	611,600	580,600	604,600	3,113,000
3. To Enhance the Efficiency in Recruitment Systems and Processes	558,800	604,800	492,800	592,800	592,800	2,862,000
4. To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers	434,200	434,200	434,200	534,200	534,200	2,371,000
5. To enhance the institutional capacity of the Health Service Commission to deliver on its mandate	5,958,686	8,123,239	7,491,686	6,512,386	7,258,686	35,344,683
6. To improve partnerships and collaborations that support the HSC mandate	100,000	100,000	100,000	100,000	100,000	500,000
TOTAL (A)	8,483,286	10,761,839	9,915,286	9,204,986	9,980,286	48,345,683
Long-Term Investments (B)	75,931,000					
TOTAL	124,276,683					

Strategic Plan 2025/26 – 2029/30 Resource Needs Summary

The Health Service Commission (HSC) has a mandate to appoint, confirm, promote, and review the terms and conditions of service, training and qualifications of health workers and to foster professional and work ethics, and exercise disciplinary control over the health workers under its jurisdiction. HSC seeks UGX 124,276,683,000 (Shillings One Hundred Twenty-Four Billion Two Hundred Seventy-Six Million Six Hundred Eighty-Three Thousand Only) to enable it focus on core activities that are essential for implementing its mandate. The costing model was based on cost estimates by objectives, initiative and activities. The table below therefore provides costs estimates by strategic objective.

Table : Extract of the key activities and funding needs as required.

Objective	Funding Needs Per Year (UGX '000)					Total (UGX '000)
	25/26	26/27	27/28	28/29	29/30	
1. To provide advice to H.E the President of Uganda and Government in respect to HRH for timely and strategic decision making	710,000	1,185,000	685,000	785,000	790,000	4,155,000
2. To recruit qualified and competent human resources for health for efficient and effective health service delivery	601,600	714,600	611,600	580,600	604,600	3,113,000
3. To Enhance the Efficiency in Recruitment Systems and Processes	578,800	604,800	492,800	592,800	592,800	2,862,000
4. To carry out advocacy and make recommendations to improve the terms and conditions of service of the health workers	434,200	434,200	434,200	534,200	534,200	2,371,000
5. To enhance the institutional capacity of the Health Service Commission to deliver on its mandate	5,958,686	8,123,239	7,491,686	6,512,386	7,258,686	35,344,683
6. To improve partnerships and collaborations that support the HSC mandate	100,000	100,000	100,000	100,000	100,000	500,000
TOTAL (A)	8,383,286	11,161,839	9,815,286	9,104,986	9,880,286	48,345,683
Long-Term Investments (B)						75,931,000
TOTAL						124,276,683

4.5 Resource Mobilization and Expenditure Strategies

This section outlines the Commission's Indicative Financial Plan, detailing the resource mobilization and expenditure strategies. The goal is to identify and implement innovative measures for increasing financial resources to support the Commission's strategic objectives. To bridge potential funding gaps, the Commission will adopt proactive resource mobilization strategies, including:

a. Resource Mobilization Strategies

1. Advocating for Increased Budget Ceilings through Evidence-Based Reporting

- ❖ The Commission will work closely with relevant stakeholders in government to advocate for increased budget allocations, ensuring that the financial resources provided align with the Commission's strategic goals and operational needs.

- ❖ Engaging in active budget advocacy with policymakers and government agencies to prioritize the Commission's funding within the overall national budget.
- ❖ The Commission will strengthen its monitoring and evaluation systems to provide robust, data-driven reports that clearly show the impact of existing projects and the alignment of new initiatives with national priorities like the NDPIV and SDG targets.

2. **Enhancing Internal Efficiency to Reallocate Savings towards High-Impact Initiatives**

- ❖ The Commission shall implement cost-cutting measures by identifying inefficiencies in current operations, optimizing procurement processes, and reducing waste to free up resources for high-priority projects.
- ❖ Increasing transparency and accountability in budgeting and spending, fostering a culture of financial discipline and ensuring that savings generated from internal efficiency can be redirected towards programs that yield high economic returns.
- ❖ Enhancing cross-departmental collaboration to reduce duplication of efforts and streamline operations, ensuring that available resources are utilized in the most effective manner.

b. Expenditure Strategies

The Commission will implement measures to ensure that funds are used efficiently and effectively. These will include:

- ❖ **Setting clear expenditure priorities:** Financial resources will be directed towards the most critical areas, ensuring alignment with the Commission's strategic goals.
- ❖ **Strengthening financial management systems:** Strong systems will be put in place to track spending, minimize wastage, and enhance transparency.
- ❖ **Ensuring accountability:** Regular audits and financial reviews will be conducted to promote responsible resource utilization and maintain public trust.
- ❖ **Enhancing budget monitoring and evaluation:** The Commission will strengthen its monitoring and evaluation framework to regularly assess budget performance, identify gaps, and make timely adjustments.
- ❖ **Adopting cost-effective procurement practices:** Implementing transparent and competitive procurement processes to achieve value for money in the acquisition of goods and services.
- ❖ **Building capacity for financial management:** Training staff in financial planning, budgeting, and reporting to strengthen internal capacity for managing resources.
- ❖ **Promoting digital financial solutions:** Leveraging technology to automate financial processes, improve record-keeping, and enhance real-time financial reporting.
- ❖ **Strengthening internal controls:** Reinforcing internal control mechanisms to prevent mismanagement, and leakages in public expenditure.
- ❖ **Prioritizing Results-Based Budgeting:** Aligning spending with expected outcomes to ensure that every financial decision contributes to the Commission's overall objectives.

4.6 Detailed Cost Implementation Matrix

This section presents the Cost Implementation Matrix for the Strategic Plan, aligning planned objectives, interventions, and actions with their estimated costs. It serves as a crucial tool for ensuring effective resource allocation by linking financial requirements to specific initiatives. Additionally, the matrix identifies the responsibility centers accountable for each planned action, promoting transparency and accountability.

By clearly mapping costs to activities, the matrix supports monitoring and evaluation efforts, allowing the Commission to track progress, assess financial performance, and make data-driven adjustments where necessary. The detailed Cost Implementation Matrix is provided in Appendix A for reference

Chapter 5:

Institutional Arrangements for Implementing the Plan

The successful implementation of the Health Service Commission (HSC) Strategic Plan requires a well-structured institutional framework that ensures the active participation and collaboration of all key stakeholders. These stakeholders include government institutions, health sector agencies, development partners, and the HSC itself. The coordination and management of the implementation process must be efficient, transparent, and aligned with the broader goals of national health priorities and development frameworks, such as Uganda's National Development Plan (NDP IV), Vision 2040, and the Sustainable Development Goals (SDGs).

5.1 Key Components of Institutional Arrangements

- (i) **Political Will and Commitment.** The strategic plan's success hinges on strong political will and commitment from top government leadership, particularly the Ministry of Health, Ministry of Finance, and other relevant ministries. It requires continuous engagement and support from political leaders to ensure the provision of necessary resources, legal frameworks, and policy guidance.
- (ii) **Stakeholder Involvement and Responsibility.** The HSC Strategic Plan emphasizes collective responsibility for its successful implementation. Various government ministries, departments, and agencies (MDAs) play crucial roles in supporting HSC's mandate. These MDAs will collaborate with the HSC to implement the plan, ensuring that their contributions are aligned with the overall goals.

Table 16: Roles and Responsibilities of Key Stakeholders

Stakeholder	Roles and Responsibilities
Health Service Commission (HSC)	<ul style="list-style-type: none"> - Oversee and lead the implementation of the strategic plan. - Mobilize resources for plan implementation. - Monitor and evaluate progress and impact of interventions. - Ensure coordination with relevant Ministries, Departments, and Agencies (MDAs). - Report on the performance of interventions and outcomes.
Ministry of Health (MoH)	<ul style="list-style-type: none"> - Provide policy guidance on health sector issues. - Offer technical expertise in health workforce development. - Support capacity building for health workforce management. - Collaborate in monitoring and reporting on health workforce and service delivery.
Ministry of Finance, Planning and Economic Development (MoFPED)	<ul style="list-style-type: none"> - Allocate financial resources for the strategic plan. - Provide technical guidance on budgeting for implementation. - Monitor financial utilization of funds for the strategic plan. - Ensure alignment with the national budget.

Stakeholder	Roles and Responsibilities
Ministry of Public Service (MoPS)	<ul style="list-style-type: none"> - Develop policies related to human resource management in the health sector. - Support recruitment, retention, and deployment of health personnel. - Advise on staffing strategies for health facilities.
Ministry of Education and Sports (MoES)	<ul style="list-style-type: none"> - Collaborate on health workforce training and capacity development. - Ensure the development of health-related educational programs.
Ministry of Gender, Labour, and Social Development (MoGLSD)	<ul style="list-style-type: none"> - Integrate gender and social equity considerations into the strategic plan. - Provide guidance on vulnerable groups (e.g., women, children, PWDs).
Ministry of Trade, Industry, and Cooperatives (MoTIC)	<ul style="list-style-type: none"> - Facilitate the provision of health-related commodities and equipment. - Ensure timely procurement and supply of health items.
Ministry of Justice and Constitutional Affairs (MoJCA)	<ul style="list-style-type: none"> - Provide policy and legal guidance related to health workforce issues. - Support the establishment of regulations for human resources in health.
Uganda Investment Authority (UIA)	<ul style="list-style-type: none"> - Support investment in health services and facilities. - Provide information on investment opportunities in the health sector.
Uganda Bureau of Statistics (UBOS)	<ul style="list-style-type: none"> - Provide timely, accurate, and reliable data for planning and monitoring. - Support capacity building in data management for health services.
National Planning Authority (NPA)	<ul style="list-style-type: none"> - Provide technical support for strategic planning processes. - Ensure alignment with national planning frameworks like NDP IV and Vision 2040.

Chapter 6:

Communication and feedback Strategy

The Communication and Feedback Strategy aims to promote transparent, timely, inclusive, and effective two-way communication between the Health Service Commission and its stakeholders. These include health professionals, line ministries, development partners, the Office of the President, health institutions, and the general public. The strategy ensures that all parties are well-informed, engaged, and able to provide feedback that informs continuous improvement in service delivery, recruitment, policy advocacy, and institutional capacity building.

6.1 Objectives

During the five years of implementing this strategic plan, the Commission's communication objectives will be to:

- (i) Enhance visibility and understanding of the Commission's roles, functions, and services.
- (ii) Ensure timely dissemination of information regarding recruitment, appointments, policy decisions, and reforms.
- (iii) Provide channels for stakeholders to offer feedback, lodge complaints, and make inquiries.
- (iv) Improve internal communication and knowledge sharing within the Commission.
- (v) Build public trust and institutional credibility through openness and responsiveness.

6.2 Target Audiences

Effective communication requires a clear understanding of the audiences the Commission seeks to reach and engage. The Commission's communication and feedback strategy is designed to address the specific information needs, interests, and expectations of both internal and external stakeholders. Internal audiences are vital to the coordination and delivery of HSC's mandate, while external audiences influence, support, or benefit from its policies, decisions, and services. By identifying these target groups, the Commission ensures that communication is purposeful, responsive, and tailored to promote transparency, accountability, collaboration, and informed participation in the health sector.

Table 17: Key Internal and External Target Audiences of the Health Service Commission

Category	Audience	Description
Internal	HSC Secretariat	Responsible for the day-to-day operations, technical coordination, and policy implementation of the Commission.
	Commission Members	Provide strategic oversight, set policy direction, and ensure the Commission fulfills its legal and constitutional mandate.
	HSC Staff	Includes professionals and support staff engaged in recruitment, administration, planning, and human resource management.
	Regional Offices	Field-based units supporting recruitment, monitoring, and engagement with health institutions across different regions.

Category	Audience	Description
External	Ministries, Departments, and Agencies (MDAs)	Collaborate with the HSC in planning, recruitment coordination, policy harmonization, and health workforce deployment.
	Health Professionals and Institutions	Includes doctors, nurses, allied health workers, and both public and private health facilities who are stakeholders and beneficiaries of HSC functions.
	Development Partners	International and bilateral agencies that provide financial and technical support for health sector improvement and capacity building.
	Civil Society & Professional Bodies	Non-governmental organizations, advocacy groups, and professional councils that influence policy and support health workforce development and accountability.
	Media and General Public	Media outlets serve as platforms for information sharing; the public holds interest in transparent, efficient service delivery and recruitment processes.
	Office of the President and Oversight Bodies	Provide leadership, political guidance, and institutional accountability through policy directives, audits, and compliance monitoring.

6.3 Key Communication Channels

Effective communication is essential for the Commission to fulfill its mandate of ensuring transparent, responsive, and efficient service delivery. To engage diverse stakeholders including internal staff, government agencies, health professionals, and the general public the Commission utilizes a range of communication channels. These platforms are selected based on their accessibility, reach, and suitability for different types of messages. The table below outlines the key communication channels employed by the HSC, their intended purpose, and the frequency with which they are used to share information, gather feedback, and promote stakeholder participation.

Table 18: Key Communication Channels Used by the Commission

Channel	Purpose	Frequency
Official Website	Disseminate job adverts, reports, updates, policies	Continuous
Social media (Twitter, Facebook, LinkedIn)	Promote engagement, share announcements, interact with public	Daily
Email Bulletins and Newsletters	Share periodic updates, achievements, reforms	Monthly
Press Briefings & Media Interviews	Publicize key decisions, clarify positions, manage reputation	As needed
Radio & TV Talk Shows	Reach wider audiences, especially in rural areas	Quarterly
Internal Memos & Circulars	Share instructions and updates within HSC	As needed
Workshops, Seminars & Stakeholder Forums	Facilitate policy dialogue and feedback	Bi-annually
Public Notice Boards (district/regional offices)	Display recruitment notices and updates	Continuous
Hotlines and Suggestion Boxes	Collect public feedback, complaints, or compliments	Continuous
HSC Service Charter	Outline service standards and rights	Annually reviewed

6.4 Feedback Mechanisms

To ensure continuous improvement and responsiveness, the Commission has established a comprehensive feedback mechanism that enables effective two-way communication with stakeholders. This will include:

- ❖ Online Feedback Forms: Available on HSC website for complaints, queries, and suggestions.

- ❖ Toll-Free Hotline: Dedicated line for citizens and applicants to make inquiries or report concerns.
- ❖ Community Barazas and Outreach Activities: Capture voices from underserved regions and health facilities.
- ❖ Annual Stakeholder Feedback Survey: Assess perception, satisfaction, and suggestions for service improvement.
- ❖ Public Grievance Redress System: Formal system to log, track, and resolve complaints.
- ❖ Feedback Loop: All feedback is analyzed, addressed by relevant departments, and results communicated back to the stakeholder.

6.5 Implementation Arrangements

The implementation of the Commission's communication strategy will be structured to ensure effective coordination, consistency, and responsiveness across all levels. In that regard:

- (i) A dedicated Communications Unit within the Commission will coordinate all communication activities and liaise with media and stakeholders.
- (ii) Each department will appoint a Focal Point Officer responsible for internal coordination and reporting feedback.
- (iii) Regular reports on communication effectiveness and feedback will be submitted to HSC leadership for strategic review.
- (iv) Collaboration with the Ministry of Health's Public Relations Unit, Government Citizen Interaction Centre (GCIC), and Uganda Media Centre to amplify messaging and ensure coherence.

6.6 Monitoring and Evaluation

Monitoring and Evaluation (M&E) will play a critical role in measuring the success and impact of the Commission's communication efforts. In that regard, it will be necessary to:

- (i) Develop Key Performance Indicators (KPIs) for communication reach, stakeholder engagement, and responsiveness.
- (ii) Conduct quarterly reviews to assess the effectiveness of communication tools and adapt accordingly.
- (iii) Integrate communication performance into the Commission's broader Monitoring and Evaluation (M&E) Framework.

6.7 Expected Outcomes

The implementation of the communication strategy is expected to yield several positive outcomes that will enhance the Health Service Commission's relationship with its stakeholders. These include:

- (i) Increased public awareness and understanding of HSC's roles and activities.
- (ii) Timely access to accurate information by stakeholders.
- (iii) Strengthened trust, accountability, and transparency.
- (iv) Improved responsiveness to public and institutional feedback.

Chapter 7:

Risk Planning and Management

Effective risk planning and management are essential for the Commission to fulfill its mandate of ensuring a competent, motivated, and accountable health workforce in Uganda. The complex environment in which the Commission operates exposes it to a variety of risks that can undermine its objectives, disrupt operations, and erode stakeholder confidence. This chapter outlines the approach, key risk categories, and strategies the Commission will employ to anticipate, mitigate, and manage risks proactively, thereby safeguarding its functions and sustaining organizational resilience.

7.2 Objectives of Risk Planning and Management

The primary objectives of the Commission's risk planning and management framework are to:

- (i) Identify and assess risks that could affect the achievement of strategic and operational goals.
- (ii) Develop and implement effective mitigation measures to reduce the likelihood and impact of risks.
- (iii) Embed a culture of risk awareness and accountability within all levels of the Commission.
- (iv) Ensure continuous monitoring and review of risks to respond dynamically to internal and external changes.
- (v) Promote transparency and confidence among stakeholders through systematic risk governance.

7.3 Risk Categories

To structure risk management efforts, HSC categorizes risks into three main types: Operational/Preventive Risks, External Risks, and Strategic Risks. This classification helps prioritize interventions and assign responsibilities clearly.

7.3.1 Operational/Preventive Risks

Operational risks arise from internal processes, people, and systems that may hinder the Commission's service delivery. Key risks include:

- (i) **Human Resource Challenges:** Insufficient staffing levels, skills gaps, or staff turnover can reduce efficiency and affect service quality.
- (ii) **Process and Coordination Inefficiencies:** Fragmented workflows, unclear roles, or bureaucratic delays may impede timely decision-making and communication.
- (iii) **Technology Vulnerabilities:** System failures, cyber threats, and inadequate ICT infrastructure can disrupt data management and stakeholder engagement.
- (iv) **Resource Limitations:** Budget constraints and inadequate materials can limit outreach, communication, and program implementation.
- (v) **Compliance Risks:** Failure to adhere to established policies, laws, and standards can expose the Commission to legal and reputational damage.

7.3.2 External Risks

External risks stem from factors beyond the Commission's direct control but which significantly impact its operations:

- (i) Political Influence: Shifts in government priorities or interference may undermine the Commission's independence and mandate execution.
- (ii) Public Perception and Media: Negative publicity or misinformation can erode public trust and stakeholder cooperation.
- (iii) Regulatory Environment: Sudden policy changes or new health sector regulations require rapid adaptation.
- (iv) Stakeholder Resistance: Non-cooperation from health institutions, partners, or communities may restrict effective program rollout.
- (v) Environmental and Socioeconomic Disruptions: Events such as pandemics, civil unrest, or natural disasters can affect operational continuity.

7.3.3 Strategic Risks

Strategic risks threaten the long-term viability and relevance of the Commission:

- ❖ Misalignment with National Priorities: Divergence from government health sector goals can result in reduced funding and marginalization.
- ❖ Ineffective Communication Strategy: Poor stakeholder engagement and messaging may weaken outreach and support.
- ❖ Reputational Risks: Persistent public dissatisfaction or perceived lack of transparency can impair legitimacy.
- ❖ Technological Obsolescence: Failure to adopt new communication and data management technologies limits efficiency and stakeholder reach.
- ❖ Weak Monitoring and Evaluation: Inadequate tracking of performance hinders learning and adaptive management.

7.4 Risk Assessment and Analysis

HSC conducts systematic risk assessments to evaluate the likelihood and potential impact of identified risks. This involves:

- (i) Mapping risks to specific organizational functions and processes.
- (ii) Prioritizing risks based on severity and probability.
- (iii) Engaging stakeholders across departments for comprehensive input.
- (iv) Utilizing data from past incidents, feedback mechanisms, and environmental scanning.

The risk assessment results inform the development of targeted mitigation strategies and resource allocation.

7.5 Risk Mitigation Strategies

To minimize adverse effects, the Commission implements a range of mitigation actions tailored to each risk category:

- (i) Capacity Building: Regular training and professional development to enhance staff skills and preparedness.
- (ii) Process Optimization: Streamlining workflows, clarifying roles, and establishing clear communication protocols.
- (iii) Technology Investments: Upgrading ICT infrastructure, ensuring cybersecurity measures, and maintaining system redundancies.
- (iv) Resource Mobilization: Securing adequate funding and materials through budget planning and partnerships.
- (v) Policy Compliance: Strengthening governance, internal controls, and audit functions.

For external risks, HSC prioritizes stakeholder engagement, transparent communication, and policy monitoring. Strategic risks are addressed through regular strategy reviews, innovation adoption, and robust Monitoring and Evaluation (M&E) frameworks.

7.6 Risk Monitoring and Reporting

Ongoing monitoring is critical to detect emerging risks and evaluate the effectiveness of mitigation measures. HSC adopts the following practices:

- (i) Quarterly Risk Reviews: Departments report on risk status and mitigation progress.
- (ii) Integration with M&E: Risk indicators are embedded in the Commission's broader performance monitoring systems.
- (iii) Feedback Analysis: Insights from stakeholder feedback channels inform risk identification and response.
- (iv) Leadership Oversight: Risk reports are submitted to senior management for strategic guidance and decision-making.

7.7 Building a Risk-Aware Culture

Sustained risk management requires embedding risk awareness into the organizational culture. HSC promotes this through:

- (i) Leadership commitment to transparency and accountability.
- (ii) Training programs to enhance risk literacy among staff.
- (iii) Encouraging open communication about challenges and lessons learned.
- (iv) Recognizing and rewarding proactive risk management behaviors.

Risk planning and management are vital components of the Health Service Commission's governance and operational framework. By proactively identifying, assessing, and addressing risks across operational, external, and strategic dimensions, HSC strengthens its capacity to

Table 19: Summary of HSC Risk Categories, Impacts, and Mitigation Measures

Risk Category	Specific Risks	Impact	Mitigation/Preventive Measures
Operational/Preventive Risks	<ul style="list-style-type: none"> - Inadequate human resource capacity - Process inefficiencies - Technology failures - Resource constraints - Non-compliance with policies 	Disrupted service delivery, delays, data loss, reputational damage	<ul style="list-style-type: none"> - Staff training and capacity building - Streamline processes - Maintain ICT systems - Allocate sufficient resources - Enforce compliance and audits
External Risks	<ul style="list-style-type: none"> - Political influence and interference - Negative media and public perception - Regulatory changes - Stakeholder resistance - Socioeconomic/environmental disruptions 	Loss of autonomy, damaged credibility, operational disruptions	<ul style="list-style-type: none"> - Proactive stakeholder engagement - Transparent communication - Monitor political and regulatory environment - Contingency and crisis planning
Strategic Risks	<ul style="list-style-type: none"> - Misalignment with national health priorities - Ineffective communication strategy - Reputation and trust deficits - Failure to adapt to technology - Insufficient monitoring and evaluation 	Reduced funding/support, stakeholder disengagement, strategic failure	<ul style="list-style-type: none"> - Regular strategy reviews and alignment - Invest in communication planning - Build and maintain trust - Embrace new technologies - Strengthen M&E systems

Chapter 8:

Monitoring and Evaluation Framework

The Health Service Commission recognizes that effective Monitoring and Evaluation (M&E) is fundamental to achieving its strategic objectives and enhancing accountability, transparency, and performance. The M&E framework serves as a structured system for tracking implementation progress, measuring results, and informing evidence-based decision-making. It enables the Commission to assess the efficiency, effectiveness, relevance, and impact of its programs, policies, and institutional functions, thereby ensuring continuous improvement in service delivery across Uganda's health sector.

8.2 Objectives of the M&E Framework

The key objectives of the HSC M&E Framework are to:

- (i) Track and report on the implementation of strategic and operational plans.
- (ii) Measure performance against agreed indicators and targets.
- (iii) Generate evidence to support planning, budgeting, and policy formulation.
- (iv) Facilitate learning and adaptive management across departments.
- (v) Promote accountability and transparency to stakeholders and the public.
- (vi) Identify and address implementation bottlenecks in a timely manner.

8.3 Guiding Principles

The design and implementation of the Commission's M&E Framework are guided by the following principles:

- (i) **Results-Based Management:** Focused on achieving clear and measurable outcomes.
- (ii) **Participation and Inclusiveness:** Engaging stakeholders at all levels for shared learning and ownership.
- (iii) **Transparency and Accountability:** Regular reporting and dissemination of findings.
- (iv) **Data Quality and Integrity:** Emphasis on accurate, timely, and consistent information.
- (v) **Learning and Adaptability:** Using M&E findings to inform continuous improvement.

8.4 M&E Framework Structure

The Commission's M&E Framework is aligned with the Strategic Plan and is structured around the following components:

8.4.1 Performance Indicators

The Monitoring and Evaluation (M&E) Framework for the Health Service Commission integrates Key Performance Indicators (KPIs) to systematically track progress, assess impact, and inform decision-making. These KPIs are organized around core thematic areas aligned with the Commission's mandate and strategic priorities. The table below highlights selected indicators under each thematic area, providing measurable benchmarks for evaluating performance, ensuring accountability, and guiding improvements across recruitment, capacity building, stakeholder engagement, communication, and service delivery. The framework incorporates Key Performance Indicators (KPIs) across various thematic areas such as per Table below:

Table 20: Key Performance Indicators by Thematic Area

Thematic Area	Example KPIs
Human Resource Recruitment	% of advertised positions filled within planned timelines
Capacity Building	Number of health workers trained by cadre and region
Stakeholder Engagement	Frequency and reach of public engagement activities
Communication and Transparency	% of inquiries/complaints resolved within stipulated time
Service Delivery	Satisfaction levels among stakeholders (via annual survey)

8.4.2 Monitoring Tools and Methods

To collect and analyze performance data, HSC will utilize:

- (i) Quarterly and Annual Performance Reports
- (ii) Field Monitoring Visits and Supervision Reports
- (iii) Online Dashboards and Databases
- (iv) Stakeholder Feedback Mechanisms (e.g., hotline reports, survey data)
- (v) Internal and External Audits

8.4.3 Evaluation Activities

Evaluation is conducted periodically to assess program relevance, effectiveness, efficiency, and impact. This includes:

- (i) Mid-Term and End-Term Evaluations of Strategic Plans
- (ii) Impact Assessments for key reforms or interventions
- (iii) Process Evaluations to understand implementation challenges and innovations

8.5 Roles and Responsibilities

To operationalize the M&E framework, specific roles are assigned:

Table 21 : M&E Roles and Responsibilities

Actor	Roles and Responsibilities
HSC Secretariat	Overall coordination of M&E activities and consolidation of reports
Departmental M&E Focal Points	Data collection, reporting, and monitoring of departmental plans
Senior Management Team	Review M&E findings and integrate them into strategic decisions
Uganda Bureau of Statistics (UBOS)	Technical support on data quality and alignment with national statistical standards
Ministry of Health & OPM	Oversight and alignment with sectoral and national M&E frameworks

8.6 Data Management and Reporting

Efficient data management is critical to the success of M&E. the Commission will:

- (i) Digitize data collection where possible to improve accuracy and accessibility.
- (ii) Establish a centralized M&E database to store, manage, and analyze data across departments.
- (iii) Develop M&E reporting templates for uniformity and clarity.
- (iv) Produce Quarterly and Annual M&E Reports to be shared with key stakeholders.

8.7 Learning, Feedback, and Adaptive Management

Monitoring and evaluation findings will feed directly into organizational learning processes through:

- (i) Periodic review meetings to reflect on performance and adjust strategies.
- (ii) Learning briefs and case studies to document best practices and lessons learned.
- (iii) Feedback sessions with stakeholders to validate findings and co-create solutions.

This learning loop ensures that M&E is not a compliance exercise but a dynamic tool for continuous improvement.

8.8 Integration with National and Sectoral M&E Systems

The Commission's M&E framework aligns with Uganda's national development frameworks, such as

- (i) The Fourth National Development Plan (NDP IV)
- (ii) Health Sector Development Plan III
- (iii) National M&E Strategy
- (iv) Uganda Vision 2040

This alignment ensures the Commission contributes to and benefits from sector-wide planning, monitoring, and evaluation efforts, enabling harmonized reporting and cross-agency learning.

8.9 Risks and Mitigation in M&E Implementation

Effective implementation of the M&E Framework requires anticipating and addressing potential risks that may hinder data collection, analysis, reporting, and utilization. These risks can stem from institutional capacity gaps, resistance to new practices, or systemic inefficiencies.

The table below outlines key risks that may affect the M&E process within the Commission and presents corresponding mitigation measures designed to ensure smooth and reliable performance monitoring.

Table 22: Potential Risks and Mitigation Measures in M&E Implementation

Potential Risk	Mitigation Measure
Inadequate capacity for data collection	Train and mentor departmental M&E focal points
Inconsistent data quality	Develop and enforce data quality assurance protocols
Delayed reporting	Automate data collection and use reminders for compliance
Resistance to M&E culture	Sensitize staff on the value and purpose of M&E

Chapter 9:

Project Profiles

An overview of priority projects to be undertaken by the Health Service Commission (HSC) in the medium term is provided. These projects are designed to strengthen institutional capacity, improve service delivery, enhance transparency, and align with the national health agenda as well as the objectives of the Fourth National Development Plan (NDP IV). Each project profile outlines the purpose, scope, expected outcomes, timelines, and implementation considerations.

Project 1: Health Service Commission Digital Transformation Project

Objective:

To harness ICT solutions to improve operational efficiency, records management, stakeholder communication, and service access.

Scope:

- (i) Development of an integrated HSC Management Information System
- (ii) Upgrade of the Commission's website and e-recruitment portal
- (iii) Introduction of digital filing and document tracking systems
- (iv) Deployment of internal communication and reporting platforms

Expected Outcomes:

- (i) Increased accessibility of Commission services
- (ii) Reduced paperwork and administrative delays
- (iii) Improved data management and retrieval

Timeline: FY 2025/26 – FY 2026/27

Lead Department: ICT and Information Management

Partners: NITA-U, Ministry of ICT and National Guidance

Conclusion

The implementation of these projects will contribute significantly to the transformation of the Health Service Commission into a proactive, efficient, and accountable institution. The projects are aligned with national priorities and reflect the Commission's commitment to building a resilient health workforce that supports the delivery of quality health services across Uganda. Each project will be monitored and evaluated against defined KPIs to ensure timely execution, resource optimization, and sustainable impact.

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