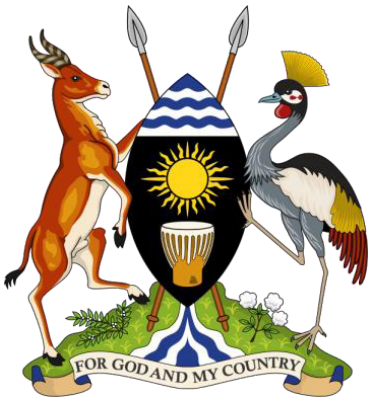
THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

FRAMEWORK FOR STRENGTHENING JOINT PLANNING AND BUDGETING, AND HARMONIZATION OF ANNUAL WORKPLANS IN THE UGANDA HEALTH SECTOR

November 2025



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JOINT PLANNING AND BUDGETING, AND HARMONIZATION FRAMEWORK

FOREWORD

The Ministry of Health remains committed to ensuring that Uganda's health sector operates efficiently, transparently, and in full alignment with national priorities under the National Development Plan IV and Vision 2040. While significant progress has been made in service delivery and health systems strengthening, the sector continues to face challenges of fragmented planning. This aids duplication of efforts and limits visibility of partner resources across both national and sub-national levels.

The Joint Planning and Budgeting Framework provides a structured process for Strengthening Planning, Budgeting and Harmonization of Annual Work plans in the Health Sector. It represents a major step forward in addressing these challenges. The framework also promotes structured collaboration, resource alignment, and mutual accountability, which are critical ingredients for achieving efficiency, value for money and progress toward Universal Health Coverage (UHC).

The framework will enhance transparency in resource flows, facilitate equitable distribution of support, and strengthen the link between plans, budgets, and results. It also reinforces the Ministry's commitment to integrating off-budget resources into the national systems for improved planning, monitoring, and accountability. I take this opportunity to commend the Department of Planning, Financing and Policy (PFP) for leading the development of this framework. The partnerships and collaboration with partners in this process demonstrates commitment to making Uganda's health system more coordinated and responsive to the needs of our people.

I call upon all key health sector stakeholders (public, private, and development partners) to embrace and operationalize this framework within their planning and budgeting cycles. Together, let us translate this commitment into more efficient use of resources and improved health outcomes for all Ugandans.

Dr. Diana Atwine

Permanent Secretary

Ministry of Health – Republic of Uganda

ACKNOWLEDGEMENT

The development of the Joint Planning and Budgeting Framework for the Health Sub-program was made possible through the collective effort of many institutions and individuals. I wish to extend my sincere appreciation to all who contributed their time, expertise, and insights throughout this process. I particularly acknowledge the dedicated leadership of the Department of Health Planning, Financing and Policy, whose technical guidance and coordination ensured that this framework is practical, inclusive, and aligned with existing government strategic frameworks. Appreciation also goes to the Top Management Committee (TMC), Health Policy Advisory Committee (HPAC), Senior Management Committee and the technical working groups that reviewed and validated the framework at various stages.

Special recognition is accorded to our Health Development Partners, Implementing Partners, Civil Society Organizations, and Local Government representatives who actively participated in consultations and provided constructive feedback. Your engagement has ensured that the framework reflects the realities of implementation at all levels. The Ministry of Health is especially grateful to the Government of the United Kingdom, whose financial support through the Clinton Health Access Initiative (CHAI) made this work possible. The CHAI's technical partnership and continued collaboration in systems strengthening and health financing have greatly contributed to the advancement of coordinated health sector planning and budgeting in Uganda.

To all stakeholders, I extend appreciation for your continued commitment to improving the efficiency and effectiveness of the health system. The Ministry looks forward to working together in operationalizing this framework to ensuring that every resource contributes optimally to better health outcomes for all Ugandans.

Dr. Charles Olaro
Director General
Ministry of Health – Republic of Uganda

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ABBREVIATIONS

BFP	Budget Framework Paper
CHO	City Health Officer
CSOs	Civil Society Organizations
DHO	District Health Officer
DHPFP	Department of Health Planning, Financing and Policy
HDPs	Health Development Partners
HCDP	Human Capital Development Program
HPAC	Health Policy Advisory Committee
HoDs	Heads of Department
IFMS	Integrated Financial Management System
LG	Local Government
LGHO	Local Government Health Officer
MALG	Ministries, Agencies and Local Government
MDA	Ministries, Departments, and Agencies
MMOH	Municipal Medical Officer of Health
MoFPED	Ministry of Finance Planning Economic Development
MoH	Ministry of Health
PBS	Programme Budgeting System
PIAPs	Program Implementation Action Plans
POC	Point of Contact
SAE	Self-Accounting Entities
SMC	Senior Management Committee
TMC	Top Management Committee
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAT	Uganda Local Governments Negotiation and Advocacy Team.

GLOSSARY

Harmonization	A process of bringing together complementary plans by stakeholders at national and sub-national levels for the achievement of overall strategic objective.
Joint Health Planning	A process where stakeholders in health (State and non-state actors) jointly define health problems, identify needs and resources, establish priority issues, and set out the needed actions.
Joint Health Budgeting	A process of comprehensive budgeting to reflect the contributions (financial or material) of stakeholders to match the priorities outlined in the joint annual workplan.
Mutual Accountability	A process by which two or multiple partners agree to be held responsible for the commitments that they have voluntarily made to each other. It relies on trust and partnership around shared agendas, rather than on hard sanctions for non-compliance, to encourage the behavior change needed to meet commitments .
Framework	A set of rules, ideas, to use in order to deal with problems or to decide what to do.
Mapping	A review that seeks to identify linkages focusing on characteristics such as where the activity took/takes place and where the funding came/comes from.
Streamlining	Making (an organization or system) more efficient and effective by employing faster or simpler working methods.
Revitalization	To make a system active or healthy or on clear course again.
Vote	Money approved by Parliament to cater for the activities and programmes of government ministries and departments in the financial year or the coming into operation of the Appropriation Act.
Alignment	The process of planning and implementing policies, strategies, and priorities with all stakeholders at national and subnational levels following the basic principle of joint planning, budgeting and harmonized annual workplan
Stakeholders' ownership	Stakeholders determine their own development strategies by playing a more active role in designing development policies and take a stronger leadership role in planning and coordinating resources.

EXCUTIVE SUMMARY

The Ministry of Health (MoH) developed this Framework for Strengthening Joint Planning, Budgeting, and Harmonization of Annual Workplans in the Health Sector to address persistent coordination, fragmentation, and accountability challenges within Uganda's health planning and budgeting processes. The framework provides practical guidance for implementing joint and inclusive planning processes that ensure alignment of all sector actors (government, development partners, civil society, and the private sector) Toward shared national priorities and results.

Despite notable progress in recent years, the health sector continues to face inefficiencies arising from parallel planning processes, limited visibility of off-budget resources, and weak integration of development partner support into national and sub-national plans. These challenges have contributed to duplication of efforts, resource wastage, and gaps in monitoring and accountability. The framework seeks to remedy this by promoting a structured, transparent, and results-oriented approach to planning and budgeting at all levels of the health system.

The framework introduces several key mechanisms to strengthen coordination and accountability:

- Institutionalization of Points of Contact (PoCs) within MoH departments, agencies, and local governments to serve as focal persons for joint planning and budgeting.
- Annual mapping of health partners and resources to create and maintain an updated national inventory of on- and off-budget support.
- Integration of partner resources into sector Budget Framework Papers (BFPs) and annual work plans through the Programme Budgeting System (PBS) and Integrated Financial Management System (IFMS).
- Joint review, monitoring, and performance tracking using a standardized dashboard linked to the DHIS2 and Annual Health Sector Performance Reports.

At the national level, the framework strengthens institutional collaboration between MoH, other MDAs, development partners, and self-accounting entities. At the sub-national level, it provides

practical steps for District Health Officers, City Health Officers, and Regional Referral Hospitals to engage implementing partners in harmonized planning and budgeting processes.

Implementation of this framework is expected to enhance efficiency, transparency, and value for money by ensuring that every shilling invested in health contributes effectively to Uganda's overarching goal of achieving Universal Health Coverage (UHC) by 2030. It aligns with national reforms under the Human Capital Development Programme (HCDP) and reinforces commitments to the principles of alignment, ownership, harmonization, and mutual accountability outlined in the Paris Declaration and the Public Financial Management Act.

The framework was developed through a highly consultative and participatory process, with inputs from national and sub-national stakeholders. The process was supported by the Government of the United Kingdom through the Clinton Health Access Initiative (CHAI). The Ministry of Health acknowledges this partnership and calls upon all sector actors to adopt and operationalize the framework within their annual planning and budgeting cycles, as a step toward a more coordinated, efficient, and accountable health sector.

1. INTRODUCTION

The health sector is critical in the attainment of Uganda's Vision 2040, promoting sustainable economic growth and most importantly improving the wellbeing of our people. As such, the sector has a multiplicity of actors involved in governance and management of the health services. They include the public and private sectors, Civil Society Organizations (CSOs), Health Development Partners (HDPs), health consumers and multiple government ministries, departments and agencies (MDAs) beyond the Ministry of Health (MoH). Due to the different actors, planning, budgeting and implementation of annual workplans occur at national and sub-national levels. The processes involve horizontal and vertical dimensions as well as internal and external coordination relationships. The horizontal dimension involves the coordination between Ministry of Health (as the lead health sector agency) and other government MDAs alongside development and implementing partners at national level. While the vertical one, which is also multi-level in nature involves a relationship between the different hierarchical national and sub-national levels of the health sector. Within MoH, there is inter-level coordination between top management/higher-level units and subordinate agencies and bodies.

Streamlining and efficient delivery of health services is a key pillar to the Uganda national aspiration to achieve Universal Health Coverage (UHC) by 2030. However, despite efforts by MoH and partners, there is still lack of joint planning, harmonized implementation of annual workplans and mutual accountability at both national and sub-national levels leading to fragmentation and duplication of efforts. The lack of data on the available donor resources disaggregated by the source, recipient district, focus area and implementing partner makes it difficult to conduct an in-depth analysis of the geographical allocation of off-budget financial resources in the health sector. To date, the achievements registered by the national planning and budgeting reform include the clustering of MDAs into 20 programs and development of the program implementation action plans (PIAPs) for every program. PIAPs have been predefined within the programme budgeting system (PBS) which is interfacing with the integrated financial management system (IFMS). The PBS provides for input of the off-budget partner funding to enable rationalization within the approved health priorities but this has not been achieved fully due to lack of comprehensive work plans. This is further compounded by diversion to ad hoc or funder driven priorities over the scheduled actions outlined in the sector annual work plans.

This framework is therefore intended to guide health sector partners at national and sub-national levels in improving the Uganda health sector planning, budgeting and implementation of annual work plans, and making the process more transparent. The key elements of framework include establishing points of contacts for health sector joint planning and budgeting at both national and sub-national levels, regular mapping and tracking of health partner funding to maintain an updated inventory of financial resources. The inventory among other functions is to guide mobilization and engagement of health partners during planning and budgeting processes. The framework also provides a mechanism regular tracking of progress overtime.

2. PURPOSE, SCOPE AND TARGET AUDIENCE

The framework aims to provide health sector partners with practical guidance on how to implement joint planning and budgeting, and harmonization of annual work plans in the Uganda health sector at national and sub-national level. The framework has an inclusive scope with two separate sections for national and sub-national level processes. It serves as a resource for stakeholders both national and sub-national levels engaged in health care and health related planning and budgeting processes. These include:

1) Ministry of Health (MoH) Departments.
2) Health Development Partners (HDPs),
3) Implementing Partners (IPs),
4) Civil Society Organizations (CSOs).
5) Local Governments (LG), such as District Health Office (DHOs) and Municipal Medical Offices of Health (MMOHs).
6) National agencies in health sector namely, NDA, NMS) National Referral Hospitals and Regional Referral Hospitals (RRHs), Uganda Cancer and Heart Institutes etc.
7) Private sector actors engaged in health-related activities.

3. GUIDING PRINCIPLES

The implementation of the framework shall be anchored on the following guiding principles;

1. Alignment with National and Sectoral Priorities: The joint planning and budgeting processes shall be aligned with the National Development Plan (NDP), the Human Capital Development Programme (HCDP), and the Health Sub-Programme Strategic Plan. This ensures coherence with Uganda's Vision 2040, the Sustainable Development Goals (SDGs), the regional and continental commitments.

2. Government Leadership and Ownership: The Ministry of Health shall provide overall leadership and coordination of the JPB process, while MDAs, LGs, HDPs, CSOs, and the private sector shall actively participate under the government-led coordination structures. This will promote country ownership and sustainability of outcomes.

3. Inclusiveness and Participation: The framework shall promote inclusive engagement of all stakeholders, state and non-state actors through participatory processes that recognize the contributions of Local Governments, Private Sector, CSOs, and Implementing partners in planning, budgeting, and implementation.

4. Transparency and Mutual Accountability: All partners shall uphold transparency and mutual accountability for commitments made in joint plans and budgets. Open sharing of information on resource allocation, geographical coverage, and performance progress shall be central to building trust and ensuring equitable resource distribution.

5. Evidence-Based Planning and Resource Allocation: Planning and budgeting decisions shall be based on credible data, routine health management information systems, and periodic partner mapping to ensure rational and equitable allocation of resources according to need.

6. Harmonization and Alignment of Processes: The framework emphasizes harmonization of tools, templates, and timelines for planning and budgeting to avoid duplication, fragmentation, and parallel processes. This includes integration of off-budget resources within the Programme Budgeting System (PBS) and other government systems.

7. Efficiency and Value for Money: Joint planning and budgeting shall aim to optimize available resources, avoid duplication of effort, and promote cost-effective interventions that deliver maximum health impact for each unit of investment.

8. Subsidiarity and Decentralization: Implementation of the framework shall respect the principle of subsidiarity, allowing decisions and actions to be taken at the lowest level. Local Governments and health facilities shall be empowered to plan and budget in line with their specific needs while aligning to national priorities.

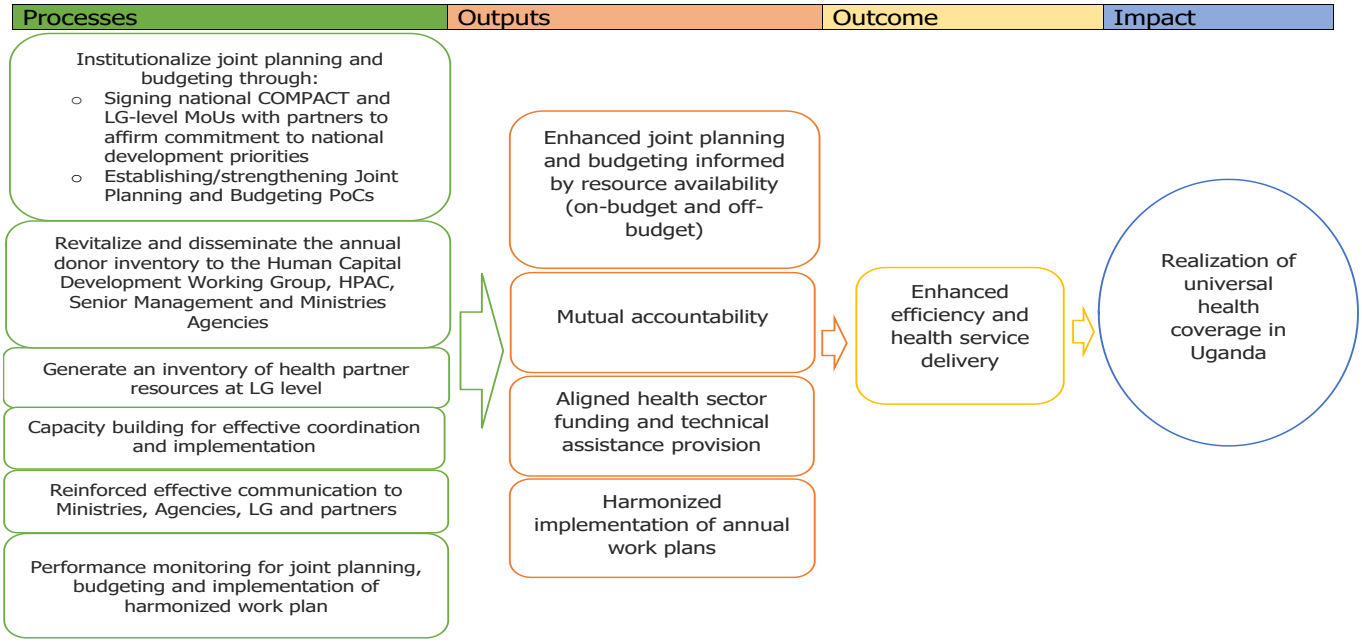
9. Flexibility and Adaptability: The framework shall remain flexible to accommodate emerging priorities, lessons learned, and contextual changes at both national and sub-national levels. there shall be continuous learning and adaptation to guide iterative improvement of the JPB process.

10. Sustainability: All processes under the framework shall promote long-term institutional capacity, domestic resource mobilization, and resilience in planning and budgeting systems to ensure continuity of health programs beyond external support.

4. THE BASIS FOR THE FRAMEWORK: THEORY OF CHANGE

The framework is guided by a theory of change showing the desired change and pathways to achieve joint planning and budgeting, and harmonization of annual work plans (Figure 1). It presents the processes and strategic shifts in approach needed for success. The identified processes in section 6 aim to contribute to four major outputs: (1) Enhanced joint planning informed by resource availability (on-budget and off-budget); (2) Aligned health sector funding and technical assistance provision; (3) Harmonized implementation of annual work plans; (4) Enhanced mutual accountability. The cumulative effect of these outputs is expected to contribute to enhanced efficiency and value for money for the health sub-programme of Human capital development. Over the medium and longer term, this is expected to support the realization of UHC in Uganda. The performance on the steps recommended in the framework will be assessed using the dashboard in Table 6.

Figure 1: Theory of change



5. DEVELOPMENT PROCESS OF THE FRAMEWORK

This framework was developed through a multi-pronged consultative and participatory process. This included a comprehensive desk review of relevant documents, consultations at national and sub-national levels. This aimed to understand the existing situation on support and tools for partner coordination, joint planning, budgeting and implementation of the annual work plans (at national and sub-national levels), the extent of their utilization and gaps in order to make recommendations for improvement.

1. **Desk Review of relevant documents**: The desk review aimed to identify the best practices and existing gaps in the existing coordination framework at national and subnational levels. The documents reviewed include guidelines, standards, tools, meeting minutes, work plans and reports. The guiding questions for the desk review were focused on i) existing harmonization structures, processes and tools, ii) best practices, iii) challenges or gaps iv) How can gaps in the existing coordination framework be bridged.

- **KII's at national and subnational levels:** To triangulate data from the desk review, Key Informant Interviews (KII's) were conducted with key stakeholders at national and subnational level to get their input. The focus was on existing support and tools for partner coordination, joint planning, budgeting and implementation of the annual work plans including existing mechanisms and structures, extent of utilization, gaps and best practices for sustainability. The respondents were purposely selected based on their roles, knowledge, experience and involvement in the health planning, budgeting and implementation of the work plans.

At the national level, the respondents were drawn from selected constituents of the relevant MDA's, HDPs, Self-Accounting Entities (SAE), Private sector, CSO's, National Referral Hospitals and academia. At the subnational level, KII's were conducted purposively in districts and cities selected based on six eligibility criteria: (i) Location categorized as dominated with rural or urban areas; (ii) Period of existence of districts categorized as First phase decentralization districts or recently formed districts and Cities and (iii) Regional representation (Annex 1). The data collection team was cognizant that the country has in principle one country planning framework.

6. SITUATION ANALYSIS

The Uganda health sector has multiple actors involved in governance, management and provision of the health services. They include the public and private sectors, CSOs, HDPs, health consumers and multiple government MDAs beyond the MoH. As such coordination of health services (planning, budgeting and implementation of annual workplans) occurs at different levels including national, LG, health facility/institutional levels. Although MoH is responsible for the overall coordination of the health sector. The governance and management structures include: STMC, TMC, the HPAC, the SMC, TWGs and Heads of Departments. The Government of Uganda (GoU) started the transition from output-based budgeting to program-based budgeting (PBB) in 2013 in a bid to improve the linkage between budgeting and national strategic objectives. However, the rollout of the PBB approach has faced several delivery challenges, including inadequate infrastructure, as well as unstable internet and power connections, which administrators have addressed by using well-equipped regional centers.

Nonetheless, some challenges remained unresolved, including poor internet connections and road networks that hinder access to remote areas. More so, the introduction of programme-based planning and budgeting was introduced when most districts were still grappling with planning and budgeting reforms. Such reforms include the Output Budgeting Tool (OBT) that aimed to strengthen the link between the budget, results and policy objectives of the Government. However, before all Votes could master the OBT, Government adopted the Programme based Budgeting (PPB). As such not all Votes have not fully embraced PBB.

Nationally, the annual planning and budget process is led by the National Planning Authority and Ministry of Finance, Planning and Economic Development (MoFPED), which determines the amount received by each Vote for delivering health services. In addition, the MoH coordinates the detailed sectoral planning and budgeting process but also provides further policy guidance on the services to be delivered, the delivery of medicines and supplies, and how health funding is managed in line with the national Public Financial Management (PFM) regulations. During the situational analysis, the structures and processes for joint planning, budgeting and implementation of harmonized annual workplan at national and sub-national levels were assessed and Table 1 highlights the existing gaps/challenges therein.

Table 1: Planning and budgeting structures, processes and associated gaps/challenges

Structures and processes	Tools	Responsibility	Gaps/challenges
1) Human Capital Development Programme Working Group	○ National Development Plan ○ Vote Strategic Plans ○ Budget Call Circular	HCDP Working Group Secretariat	○ Irregular meetings ○ Different /fragmented sub-programme priorities
2) MoH Top Management Committee/HOD Meeting	○ MoH Strategic Plan ○ Joint Review Aide Memoire ○ Budget Call Circular ○ Partner commitments / Financing Agreements ○ BFP & MPS ○ MoH Workplan & Budget	PS MoH	○ Irregular meetings for STM C and TMC ○ Long agenda STMC, TMC and SMC
3) Health Policy Advisory Committee (HPAC)	○ MoH Strategic Plan ○ Joint Review Mission Aide Memoire ○ BCC ○ BFP & MPS ○ MoH Workplan & Budget	PS & Co-Chair representing DPs	○ Often, the agenda for the HPAC is too long within a short time and the meeting is unable to respond to all the issues on the agenda, which delays decision-making. ○ Inconsistency in attendance of meetings by the actors.
4) Strategic Planning Financing & Development TWG - Reviews draft MoH BFP and MPS - Reviews final annual work plan & budget	MoH Guidelines for Governance and Management Structures TWG Annual calendar	MoH – Planning Department	○ Sub-optimal attendance by some members in the MOH
5) National Health Sector Joint Planning workshop GoU priorities and MTEF presented to partners Presentation of partner commitments	BCC Partner support	PS MoH / Chair HDPs	○ No scheduled meetings ○ Individual partners engage and discuss their support with MoH
6) Regional Consultative Budget Workshops with LGs, discussing Draft Grant and Budget Requirements and LG Planning and Budgeting Guidelines	Health Sub-programme priorities for FY Draft Health Sub-programme Budget & Grant Guidelines Agreement of Sector Grant and Budget Requirements signed by UNAT and the Sector	MoH – Planning Department	○ The current framework does not explicitly provide for adequate participation of sub-national health partners (Private sector, IPs and CSOs) at Regional Consultative Budget Workshops ○ Dominated by top down information and action packed with limited engagement with Subnational level structures
7) Regional budget conferences - GoU priorities and Medium-term expenditure frameworks provided to RRHs and LGs	First budget call circular (BCC) LG Health Sub-programme Budget and Grant Guidelines	MoFPED supported by other MDAs	○ Regional budget conferences have limited time and space for all stakeholders to contribute substantially ○ Delayed release of BCCs ○ Limited capacity by LG teams to interpret and use the BCC.

Structures and processes	Tools	Responsibility	Gaps/challenges
8) Local Governments Budget Committee sits to agrees on the overall planning & budgetary framework before start of budget process	First BCC	CAOs/ Town Clerks	○ The budget themes and attached funds are ring fenced in a way that LG/facility health demands are often not adequately addressed ○ Lack of technical staff - most RRHs don't have economists who can analyse and give appropriate advice in planning and budgeting
9) Lower-Level Government (LLG) Budget and Planning Conference. Conference involves members of the LLG and LLG councils, LLG staff, CSOs, the private sector, citizens and other non-state stakeholders.	LG BCC, including allocations to LLGs LLG Development Plans	LLG Council	○ Disorientation by stakeholders – some stakeholders, especially politicians turn regional conferences into a political debate, which does not add value to the planning and budgeting task.
10) Higher LG level Budget and Planning Conference involving full Council, NGOs, IPs, Civil Society and private health providers	○ LG BCC, including allocations to departments ○ The LG Development Plan	LG Council	○ Disorientation by stakeholders – some stakeholders, especially politicians turn regional conferences into a political debate, which does not add value to the planning and budgeting task. ○ Tendency by Development Partners to bias the LG health sector priorities to fit their interests.
11) The LG Technical Planning Committee (TPC): ○ Reviews draft BFP and LG plans ○ Reviews final annual work plan & budget	○ Draft BFP and LG plans ○ Final annual work plan & budget	CAO / TC	○ Although partners may be invited (in ad hoc manner) to make presentations, the current framework does not explicitly provide for their participation ○ Donor funded interventions face challenges the funding does not come as agreed or delays ○ Delayed access to funds from the LG accounts. Some LGs still accessed their quarter 3 and 4 funding at the end of the FY.

7. IMPLEMENTATION OF THE FRAMEWORK

10.1 Points of Contact

This section describes the recommended steps to implementing Joint Planning, Budgeting, and Harmonization of Annual Workplans. It also describes the actions to be taken, including building upon existing strategies and processes. The framework will be implemented through dedicated points of contact (PoCs) who will be responsible for coordinating activities related to Joint Planning, Budgeting, and Harmonization of Annual Work plans on behalf of their respective heads of institutions. These activities include the following:

10.2 Roles of Points of Contact

a). Partner Mapping and Coordination

1. Compile and maintain a partner inventory (of HDPs, IPs, CSOs, and Private sector actors) indicating partner name, geographic coverage, type of support, funding modality (on/off-budget), and priority areas as they relate to national and local government strategic and work plan priorities.
2. Submit the updated partner information through to the online MoH Donor Mapping Tool (https://partners.health.go.ug).
3. Ensure timeliness, accuracy and completeness of data on external support.

b). Compilation of Partner Indicative Planning Figures (IPFs)

1. Work with HDPs, IPs, and other stakeholders at national and local government levels to compile IPFs for inclusion in the Budget Framework Papers (BFPs) and Annual Work plans.
2. Ensure that all resources are mapped against the national and local government priorities.

c). Coordination of the Annual Joint Planning and Budgeting Process

1. Coordinate the preparation of integrated Annual Workplans that include government and partner activities and budgets.
2. Support the preparation of joint stakeholder consultations at National, Regional and Local Government Level such as Budget Conferences, ensuring inclusion of all stakeholders.
3. Support compilation and use of planning, budgeting and M&E tools, templates, and timelines in line with MoH and MoFPED guidelines.

d). Integration into Budget Framework Papers and Annual Workplans

1. Support development and submission of the health sector BFP section that include mapped partner resources.
2. Update the PBS with both on-budget and off-budget activities to ensure comprehensive representation of sector resources.

e). Information Sharing and Dissemination

1. Support the dissemination all key JPB reference documents, including guidelines, templates, and circulars, to Departments, LGs, and Partner.

f). Monitoring and Reporting

1. Compile progress on implementation of joint plans and budgets using the JPB Performance Dashboard.
2. In collaboration with the M&E team, compile reports from joint monitoring and performance review meetings including gaps, best practices, and lessons learned.
3. Work with relevant departments and focal points to support the compilation of periodic progress reports on partner mapping, workplan implementation, and budget absorption for submission to Local Government and MoH.

g. Capacity Building and Technical Support

1. Support capacity building activities for other officers involved in planning, budgeting and M&E.
2. work with relevant departments to provide technical guidance to ensure adherence to national planning, budgeting, and M&E procedures and timelines.

The POCs will execute their roles on behalf of the Responsible Officers. The PoCs should have knowledge and skills in planning, budgeting and M&E with in-depth understanding of the National Planning and Budgeting Frameworks. At the different levels, the following will be PoCs for the implementation of the framework.

1. Planning and Budgeting Focal Persons (National Level)
2. Planner or Hospital Administrator (Regional/National Referral Hospital and Specialized Institutions).
3. City and Municipal Planner (City and Municipal Council Level)
4. District Planner (District Level)
5. Biostatistician (District Health Office)

10.3 Actions by Level

10.3.1 National Level

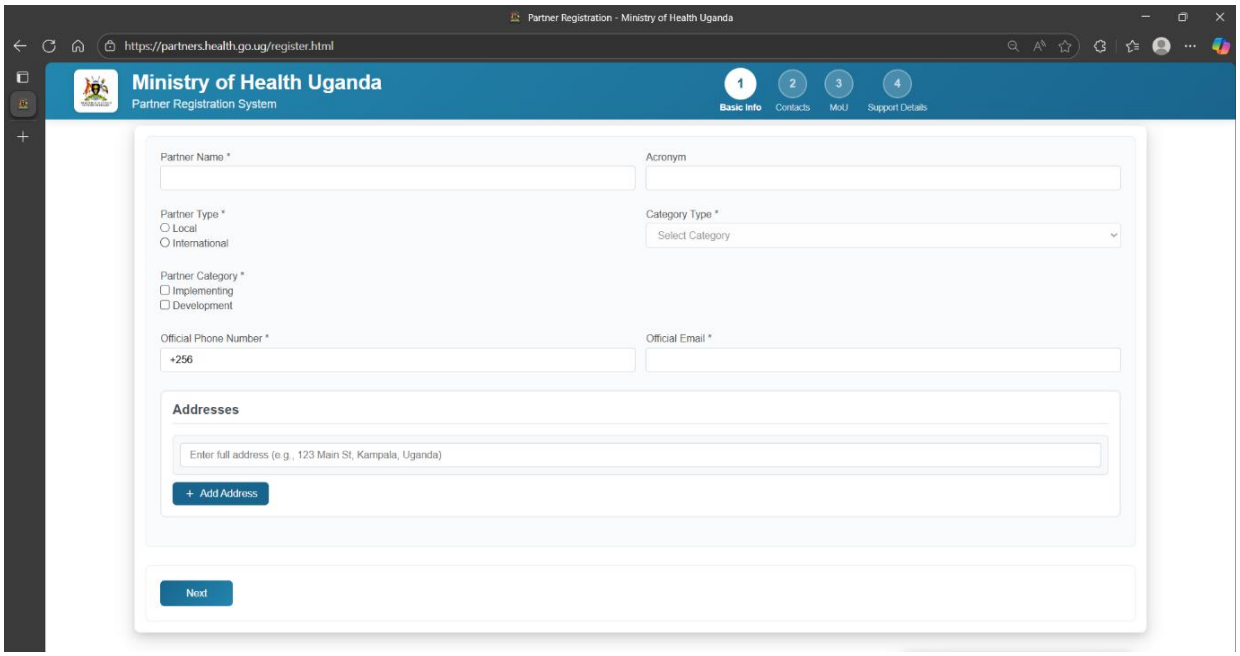
The roll out plan is presented in Table 2, while Table 3 presents a national level plan for strengthening joint planning, budgeting and harmonization of annual work plans. It details the recommended actions, due date, responsibility and proposed alignment with the existing budget calendar. The planned health partner/donor mapping inventory framework at National level is in Table 4.

Table 2: Action plan to strengthen joint planning and budgeting at national level

S/N	Activity	Due date (by FY)	Responsibility	Narrative/ Comment	Alignment with the budget calendar
1	**Strengthen institutionalization of joint planning and budgeting at MoH Headquarters, Agencies and other Self-accounting entities (SAEs)**				
1.1	Generation of evidence to support annual planning and budgeting process	30th August	Permanent Secretary	Provision of data to inform stakeholder prioritization	The processes should be completed before the beginning of the budget process
1.2	Identify Points of Contact (POC) to liaise with the MoH Division of Planning for the health sub-program joint planning and budgeting processes	1st June	Head of Department/ Agency/ SAE	Existing officers or a designated team are assigned the role of PoC	
1.3	Develop and disseminate Terms of Reference for POCs	15th June	MoH-DPFP	Approved ToRs	
1.4	Facilitate signing of COMPACT by HDPs/IPs to demonstrate their commitment to national development priorities		MoH-DPFP	Signed COMPACT	
1.5	Capacity building/ orientation of the POC for joint planning and budgeting	30th July	MoH-DPFP	Trained PoCs at national level	
2	**Mapping of Health Partners & External Resources in the country**				
2.1	Annual mapping of health partners (including: HDPs, IPs, CSOs, private sector) at national level	10 August	ACHS PSC and ACHS GRHP	Health partner resources annually mapped out	By August for the Draft Grants & Budget Guidelines and BFPs by December
2.2	Review and update a central partner inventory by amalgamating inventories by departments, agencies and LG	15 August	ACHS PSC and ACHS GRHP	An updated National Health Partner Inventory	
2.3	The Human Capital Development Program Working Group, MoH Top Management, HPAC, Senior Management Committee, Management Boards use the updated inventory to	30 August	DPFP	Draft LG Health Sub-program and Grant guidelines informed by the updated inventory and	

S/N	Activity	Due date (by FY)	Responsibility	Narrative/ Comment	Alignment with the budget calendar
	guide the Draft LG Health Sub-program and Grant guidelines				
3	Integrate resources identified through mapping of health partners				
3.1	Consolidate the annual health sub-program resource envelope guided by mapped resources	5th Octobe r	Assistant Commissioner Budget and Finance	Resource envelope and budget ceiling for each central level agency, L.G and RRH	August – September
3.2	Invite mapped stakeholders to participate in the Annual Regional Budget Conferences	31st Octobe r	Assistant Commissioner Budget and Finance	Partner Indicative Planning Figures (IPFs)	September – October
3.3	*Organise Health Sub-programme Planning and Budgeting conference meeting with Partners*	*Nov*	*Assistant Commissioner Policy and Planning*		
3.4	*Organise Health Sub-programme Planning and Budgeting conference meeting with sub national level partners(LGs)*	*Dec.*	*Assistant Commissioner Policy and Planning*		
4	Joint Development of Budget Framework Papers and Annual Workplans				
4.1	Develop health sub-program BFPs with full representation of MoH Departments, HDPs, CSOs, Agencies and self-accounting entities (SAE)	10th Nov.	Assistant Commissioner Budget and Finance / POC SAEs	Presentation of 1st BCC to HPAC and MoH STM	November
4.2	Development of comprehensive annual workplans using standardized template	25th March	Assistant Commissioner Health Services Strategic Planning & Health Policy / POC	Departments and Votes consolidate integrated workplans & budgets	Jan – March
4.3	Joint stakeholder review of the integrated annual workplans	30th March	Accounting Officers	Integrated annual workplans are validated	March
4.4	Update the Program Based System	31st March	Assistant Commissioner Budget and Finance / POCs in SAEs	Both on-budget and off-budget funded activities are captured	March
5.	Monitor implementation of the Joint planning & Budgeting Framework				
5.1	Adapt a dashboard to track progress on the JPB framework implementation, and integrate them into the Annual Performance Reports	Contin uous process	PoC	Dashboard annually completed	Annual
5.2	Conduct quarterly joint monitoring by MoH departments	Quarter ly	DPFP	Quarterly joint monitoring conducted	Quarterly

Table 3: Health partner mapping inventory at National Level



The Ministry of Health has already developed a comprehensive online Donor Mapping Inventory (https://partners.health.go.ug/), which serves as the official platform for capturing, updating, and visualizing all donor-supported activities in the health sector. This digital tool consolidates information development partner geographical coverage and programmatic focus areas to support coordination, avoid duplication, and improve transparency in resource allocation. Accordingly, this online inventory should serve as the primary and authoritative tool for donor mapping, ensuring that all stakeholders align their inputs and reporting through this system to maintain a consistent, up-to-date picture of external financing in the sector. This tool is complemented by the Off-Budget Tool (https://budgettracker.health.go.ug/) that tracks partner investments.

10.3..2 Sub-National Level

A framework for processes for strengthening joint planning and budgeting at LG level providing for activity, due date, persons responsible and alignment with LG budget calendar is presented in Table 4. Responsibility shall be with District Health Officers (DHO), City Health Officers (CHO) and Municipal Medical Officers of Health (MMOH) among others.

Table 4: Actions for strengthening joint planning and budgeting at LG level

S/N	Activity	Due date	Responsibility	Narrative/ Comment	Alignment with the budget calendar
1	Strengthen institutionalization of joint planning and budgeting at L.G and RRH				
1.1	Generation of evidence to support annual planning and budgeting process	30th August	CAO/Executive Consultants/Town Cleark	Provision of data to inform stakeholder prioritization	The processes should be completed before the beginning of the budgeting process
1.2	Identify and designate a Point of Contact (PoC) to support joint planning and budgeting process	1st July	DHO/CHO/MMOH	Existing officers or a designated team are assigned the role of Point of Contact (PoC)	
1.3	Develop and disseminate Terms of Reference for POCs	15th June 2025	MoH-DPFP	Approved ToRs	
1.4	Conduct capacity-building for POCs at sub-national level	15th July 2025	MoH-DPFP	Trained PoCs at sub-national level	
1.5	Signing of MoUs between LG and IPs	Rolling basis	CAO/Hospital Heads	Signed MoUs	
2	Mapping of Health Partners & Implementing Partners at sub-national level (Districts/RRHs)				
2.1	Annual mapping of health partners (including: IPs, CSOs, private sector) in a district/RHH	10 August	PoC at District/RHH	Health partner resources annually mapped out	The processes should be completed before the beginning of the budgeting process
2.3	Review and update the annual Health Partners (IPs, Private Sector, CSOs, CBOs) inventory in the LG/RRHs.	20th August	PoC at District/RHH	An updated Health Partner Inventory	
2	Integrate activities and resources by Partners into the LG workplans and budgets				
2.1	Consolidate the annual LG health sub-program resource envelope	5th October	LG Health Officer (LGHO)	Resource envelope for L.G and RRH	August – September Budget Desk prepares the first LG BCC and shares with HoDs and LLGs
2.2	POC to work closely with the LG Budget Desk to harmonize and incorporate partner resources	5th October	PoC at L.G/RRH	1st LG BCC is prepared	
2.3	Invite mapped health partners to participate in the District Budget Conferences	31st October	LG Health Officer	Increased health partner participation	
2.4	Development of comprehensive annual workplans using standardized template	25th March	PoC	Consolidated annual workplans	
2.5	Update the Program Based System	31st March	District Planner / DHO/CHO/MMOH	Both on-budget and off-budget funded activities captured	
2.6	Presentation to LG Social Services Committee and LG Council	30th March	DHO/CHO/MMOH	Review and approval by the LG Council	
4.	Monitor implementation of the Joint planning & Budgeting Framework				
4.1	Adapt a dashboard to track progress on the JPB framework implementation, and integrate them into the Annual Performance Reports	Continuous process	PoC at District/Hospital	○ Dashboard annually completed	Monthly meetings

S/N	Activity	Due date	Responsibility	Narrative/ Comment	Alignment with the budget calendar
4.2	Conduct quarterly joint monitoring	Quarterly	DHO	○ Quarterly joint monitoring conducted	

Table 5: Health partner mapping inventory at Sub-National Level

While the Online Donor Mapping Tool (https://partners.health.go.ug/) is currently implemented at the national level, it is envisaged that it will eventually be cascaded to sub-national levels to enable districts and health facilities to track and align partner support with their priorities. The same is also envisaged for the Off-budget tool (https://budgettracker.health.go.ug/), which tracks partner investments; however, these have to be harmonized to minimize duplication and to keep track of non-traditional sources of support. Alternatively, similar information could be collected through existing tools such as HMIS Form 001. However, the online donor mapping tool provides a more harmonized and dynamic platform, facilitating real-time updates, cross-program visibility, and promoting greater use of data for planning and decision-making at the sub-national level. In essence, the information below is what the tools collect.

Name of Local Government----------……..

Partner's name	**Geographical coverage**		**Form of financial contribution (On-budget/ Off-budget)**	**Funding available for direct health service delivery (UGX)**		**Funding lifespan**
	Name of sub-county /division /hospital department	Partial/Full coverage		Priority area	Amount (UGX)	

*NB – The HMIS 001 is a detailed tool that can be used as a substitute for this table or to populate

8. IMPLEMENTATION PERFORMANCE DASHBOARD

To track and measure the implementation performance of the JPB Framework, a performance dashboard is provided in Table 6. This dashboard should be completed in accordance with the matrix in Table 7, which specifies the frequency of assessment, means of verification, and responsible parties. Once completed, the dashboard will be uploaded into DHIS2 at the sub-national level and integrated into the Annual Performance Reports. It will also serve as a key reference tool during quarterly performance reviews and monitoring visits, enabling timely identification of progress, gaps, and corrective actions.

Table 6: JPB Framework Implementation Performance Dashboard

Performance indicator/criteria	Level of the performance			N/A	Comment
	2=Fully present (element aspects are in place and implemented correctly)	**1=Partially present** (less than half of the element aspects are implemented)	**0=Absent** (Element not in place or not functional)		
1) Revitalize the annual donor inventory and disseminate it to Human Capital Development Programme Working Group HPAC, Senior Management and Ministries, Agencies and LG					
1.1. Annual donor mapping done	Donor mapping done	Donor mapping partially done	Donor mapping not done		
1.2. Annual donor inventory generated	Annual donor inventory generated	Annual donor inventory partially generated	Annual donor inventory not generated		
1.3. Donor inventory Annually updated	Annually updated and complete	Partially updated	Not updated		
1.4. Donor inventory disseminated	Donor inventory fully disseminated to all stakeholders	Donor inventory partially disseminated	Donor inventory not disseminated		
2) Establishing points-of-contact for joint planning, budgeting and implementation of the annual workplans					
2.1. Approved Terms of Reference (ToR) for POC	ToR for POC present and being used	ToR for POC present and not used	ToR for POC absent		
2.2. Point of contact (POC) present	POC present and active	POC present and not active	POC absent		
2.3. POC is able to perform the specified roles**	POC all the specified roles to support joint planning and budgeting	POC performs some and not all the specified roles to support joint planning and budgeting	POC is not able to perform any of the specified roles to support joint planning and budgeting		
3) Capacity building for effective coordination and implementation					
3.1. Availability of budget for Joint planning, budgeting and implementation of harmonized annual workplan [1]	A budget is available for joint planning, budgeting and implementation of harmonized annual workplan	N/A	No budget is available for joint planning, budgeting and implementation of harmonized annual workplan		

Performance indicator/criteria	Level of the performance			N/A	Comment
	2=Fully present (element aspects are in place and implemented correctly)	**1=Partially present** (less than half of the element aspects are implemented)	**0=Absent** (Element not in place or not functional)		
3.2. Harmonised tools used for joint planning and budgeting	Harmonized tools available and in use	Harmonized tools available and not in use	Harmonized tools not available		
4) Reinforced effective communication to Ministries, Agencies, LG and partners					
4.1. Quarterly joint performance review meetings	Quarterly joint performance review meetings regularly organized	Quarterly joint performance review meetings organized but not regular	Quarterly joint performance review meetings not organized		
4.2. Guidelines, standard templates and reference documents fully disseminated	Guidelines, standard templates and reference documents disseminated to all stakeholders	Guidelines, standard templates and reference documents partially disseminated to stakeholders	Guidelines, standard templates and reference documents not disseminated		
5. Performance monitoring for joint planning, budgeting and implementation of harmonized work plan					
5.1. BFP including partner funding submitted	BFP including all mapped partner resources submitted	BFP is submitted but not with all mapped partner resources	BFP not submitted		
5.2. Annual performance reports based standard format	Annual performance reports available	Performance reports available but not annually done	Performance reports not available		
** Roles of Point of Contact (PoC) include: (1) Support the mapping of Partners; (2) Generate partner inventory; (3) Support generation of Partner Indicative Planning Figures (IPFs); (4) Prepare Annual Integrated Health Work Plan; (5) Support preparation of the health sector section BFPs; (6) Disseminate key JPB reference documents; and (7) support LG Consultations.					

Table 7: Indicator monitoring matrix

Indicator/criteria	Frequency	Means of verification	Indicator Assessment Responsibility
1) Revitalize the annual donor inventory and disseminate it to Human Capital Development Programme Working Group HPAC, Senior Management and Ministries, Agencies and LG			
1.1. Annual donor mapping done	Annually	Partner inventory	PoC
1.2. Annual donor inventory generated	Annually	Partner inventory	PoC
1.3. Annual donor inventory updated	Annually	Updated partner inventory	PoC
1.4. Donor inventory disseminated	Annually	Dissemination report/record	PoC
2) Establishing points-of-contact for joint planning, budgeting and implementation of the annual workplans			
2.1. Approved Terms of Reference (ToR) for POC	One, at the beginning of the process	Approved ToR document	MoH-DPFP
2.2. Point of contacts (POC) appointed	Annually	List of appointed POCs	MoH-DPFP
2.3. POC is able to perform the specified roles	Annually	Quality of partner inventory, Partner IPFs, Annual Integrated Health Work Plan, BFP	MoH-DPFP
3) Capacity building for effective coordination and implementation			
3.1. Availability of budget for Joint planning, budgeting and implementation of harmonized annual workplan	Annually	Approved budget and annual work plan	PoC
3.2. Harmonised tools used for joint planning and budgeting	Annually	Submitted budget and annual workplan	MoH-DPFP
4) Reinforced effective communication to Ministries, Agencies, LG and partners			
4.1. Quarterly joint performance review meetings organised	Quarterly	Meeting minutes	PoC
4.2. Guidelines, standard templates and reference documents fully disseminated	Annually	Dissemination reports	PoC
5) Performance monitoring for joint planning, budgeting and implementation of harmonized work plan			
5.1. BFP including partner funding submitted	Annually	Submitted BFP with mapped partner resources	MoH-DPFP
5.2. Annual performance reports submitted based standard format	Annually	Submitted annual performance reports	MoH-DPFP

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