



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

HEALTH SERVICE DELIVERY STANDARDS 2025 -2030



MINISTRY OF HEALTH
HEALTH SERVICE DELIVERY
STANDARDS
2025 -2030

FEBRUARY 2026

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Abbreviations

ACP	AIDS Control Programme
ADRs	Adverse Drug Reactions
AEFIs	Adverse Events Following Immunization
AFS	Adolescent Friendly Services
AHPC	Allied Health Professionals Council
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
BMI	Body Mass Index
CDO	Community Development
CEmONC	Comprehensive Emergency maternal Obstetric and Neonatal Care
CHEWs	Community Health Extension Workers
CPD	Continuous Profession Development
CSO	Civil Society Organisation
DHI	Division of Health Information
DHO	District Health Officer
DR	Drug Resistant
DSC	District Service Commission
EC	Executive Consultant
EH	Environmental Health
EHS	Environmental Health Strategy
EMR	Electronic Medical Records
EMS	Emergency Medical Services
EOCs	Emergency Operations Centers
FP	Family Planning
GBV	Gender-Based Violence
GH	General Hospital
HC	Health Center
HFQAP	Health Facility Quality of Care Assessment Programme
HFs	Health Facilities
HH	Household
HHFA	Harmonized Health Facility Assessment
HPAC	Health Policy Advisory Committee
HR	Human Resource
HUMC	Health Unit Management Committee
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance & Response

IEC	Information, Education & Communication
IEC	Information, Education and Communication
IPTp	Intermittent Preventive Treatment in Pregnant.
IRS	Indoor Residual Spraying
IT	Information Technology
JLOS	Justice Law and Order Sector
JMS	Joint Medical Stores
KMC	Kangaroo Mother Care
KMP	Knowledge Management Portal
LLIN	Long-Lasting Insecticidal Net
LG	Local Government
LGs	Local Governments
MDAs	Ministries, Departments and Agencies
MDR	Multi-Drug Resistant
MIA	Ministry of Internal Affairs
MoC	Memorandum of Cooperation
MoES	Ministry of Education and Sports
MoGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
MoWE	Ministry of Water and Environment
MoWT	Ministry of Works and Transport
MPDSR	Maternal Perinatal Death Surveillance and Response
MSM	Men who Sleep with Men
MUAC	Mid-Upper Arm Circumference
NCD	Non-Communicable Diseases
NDA	National Drug Authority
NDA	National Drug Authority
NMS	National Medical Stores
NRH	National Referral Hospital
NRH	National Referral Hospital
NTDs	Neglected Tropical Diseases
ODF	Open Defecation Framework
OP	Office of the President
OPM	Office of the Prime Minister
PWDs	People With Disabilities
QR	Quick Response
IROSAFI	Routine Client Satisfaction Feedback Initiative
SBC	Social and Behavioral Change
SDS	Service Delivery Standards
SEC	Senior Executive Consultant

SMC	Senior Management Committee
SQIS	Self-Regulatory Quality Improvement System
SQIS	Self-Regulatory Quality Improvement System
TB	Tuberculosis
UBTS	Uganda Blood Transfusion Services
UNEPI	Uganda National Expanded Program on Immunization
UNESCO	United Nations Education Scientific and Cultural Organisation
UNHCR	United Nations High Commission for Refugees
URCS	Uganda Red Cross Society
VHT	Village Health Team
VPDs	Vaccine Preventable Diseases
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
YCC	Young Children Clinic

Foreword



Dr. Jane Ruth Aceng Ocero
Minister Of Health

The Ministry of Health (MoH) like all Government Institutions has a key role to play to provide services that meet the expectations of the public in terms of timeliness, accessibility and suitability for use among other areas. Section 97 of the Local Government Act Cap 243, necessitates all Government Ministries Departments and Agencies (MDAs) to establish minimum national standards of service delivery for the sub-programmes under their jurisdiction. The development of the service delivery standards shall enable the MoH to keep pace with the increasing demand for high quality health services to be provided in the different health facilities.

The MoH Service Delivery Standards form a critical part of the process required to improve quality of health services provided in country. The development of the service delivery standard has been aligned with the MoH Strategic Plan 2025-2030 and underwent a wide consultative process from different Departments at the MoH. The MoH Top Management shall put additional emphasis on increasing awareness and overseeing the overall implementation of the SDS using the established mechanism for planning, monitoring and evaluation including the periodic performance reviews undertaken by the MoH.

I would like to appreciate the highly valuable contribution and support received from the Ministry of Public Service (MoPS) and the National Planning Authority (NPA) among other experts that enabled these SDSs to be developed. The MoH shall continue working closely with all stakeholders to ensure that the SDSs are effectively implemented to achieve best expected outcome possible.

I look forward to SDSs that are well implemented across the health sub-programme and are geared towards meeting the expectations of those using the health services in Uganda. For God and My Country

Dr. Jane Ruth Aceng Ocero
Minister Of Health

Acknowledgement



Dr. Diana Atwine

Permanent Secretary, Ministry Of Health

The Ministry of Health would like to appreciate the highly valuable technical support received from National Planning Authority and the sister Ministry of Public Service. This marks the beginning of a long-foreseen period for which we shall continue to engage each other in the implementation process of these Service Delivery Standards to eventually make this exercise of valuable contribution towards improved quality of health services provided in Uganda.

The development process further involved wide consultation and involvement of the different stakeholders who included the MoH Departments and other actors in the Health Sub-programme. The MoH Departments are in particular expected to take lead in the implementation of the service delivery standards and hence their participation is important for ownership and institutionalization of the entire process.

The Service Delivery Standards went through the approval process of the Technical Working Groups (TWGs), Senior Management Committee (SMC) and the Heads of Department (HoDs) forum. All this entire effort was spearheaded through my leadership and the able Team from the Department of Standards Compliance Accreditation and Patient Protection (SCAPP). I wish to salute and appreciate their wholehearted effort that has eventually given us the long-awaited Ministry of Health Service Delivery Standards which will be instrumental in enabling institutional growth and development to provide the much-needed quality health services delivery in our country. You are all appreciated and thank you very much for the input provided.

A handwritten signature in blue ink, consisting of a large loop and a horizontal stroke.

Dr. Diana Atwine

Permanent Secretary, Ministry Of Health

Executive Summary

The MoH Service Delivery Standards (SDS) 2025-30 outline the key vital steps and processes, the Government of Uganda through Ministry of Health has to undertake in order to meet the expectations of the service users. These Service Delivery Standards shall allow the public to hold the Government accountable and enhance accountability on both the demand and supply sides. Service Delivery Standards will serve as a basis for formulating institutional strategies, budgets, client charters, individual employee performance plans, and systems for monitoring and evaluating health interventions.

The development process of Service Delivery Standards followed a consultative approach and they have been aligned to the strategic outputs of the 5 objectives in the MoH Strategic Plan 2025-30, Human Capital Development Programme Implementation Action Plan (PIAP), National Development Plan (NDP) IV, Uganda Vision 2040.

The implementation of the SDS shall be guided by the MoH mandate which include among others providing strategic direction for delivering quality health services, planning, setting standards and guidelines, mobilizing resources, and coordinating implementation of all health-related interventions in the country. The implementation process shall further take place within the institutional framework and arrangements, aligned alongside the MoH strategic plan 2025-30. The respective MoH Departments and Divisions shall take lead in implementing the SDSs. The M&E functions shall take place following the periodic (quarterly and annual) tracking of implementing the MoH work-plan through submitted performance review reports.

1.0 Introduction

The National Planning Authority Regulations, 2018 (Regulation 28) require all government institutions to prepare and publish Service Delivery Standards as an integral part of the planning and budgeting process, providing a basis for effective planning, resource allocation, and performance tracking. Similarly, the Uganda Public Service Standing Orders 2021 (Section A-n 30) mandate Ministries, Departments and Local Governments to develop and publish Service Delivery Standards for the services they deliver, and link these standards to accountability mechanisms such as Client Charters to clearly communicate service commitments to the public.

Service Delivery Standards (SDS) are official, measurable commitments that describe the minimum level and quality of services that a government institution is expected to provide to citizens. They set out clear expectations for how public services should be delivered such as timelines, quality, accessibility, cost, and coverage to ensure consistent, transparent, and accountable public service delivery across government institutions.

The MoH service delivery standards have been developed as guided by the National Planning Authority and the Ministry of Public as a statutory requirement for all MDAs in Uganda to improve quality of health services provided in Uganda. The development process has been participatory involving all key stakeholders and in alignment with the MoH Strategic Plan for 2025-2030.

1.1 Mandate of the MoH:

MoH is responsible for strategic planning, establishing policies, setting standards & guidelines, mobilizing resources, and coordinating implementation of all health-related interventions in the country

1.2 MoH Strategic Objectives:

1. To accelerate integrated Health Promotion and Disease Prevention efforts at all levels.
2. To strengthen the health system for an effective healthcare service delivery and response.
3. To enhance the accessibility and utilization of quality integrated communicable and non-communicable disease services.
4. To promote optimal delivery of maternal, neonatal, infant, child, and adolescent health services at all levels.
5. To strengthen health research, information, innovation, and technology in the provision of health services including emerging health threats.

1.3 Goal

The Goal of the MoH is to improve the overall health and wellbeing of all Ugandans by 2030.

1.4 Mission

A healthy and productive population that contributes to economic growth and national development.

1.5 Mission

To provide high quality and accessible health services to all the people in Uganda, including addressing broader determinants of health to attain social economic development and prosperous life.

1.6 Values and Principles

Core Values

1. Client Focus and Responsiveness
2. Quality
3. Equity
4. Respect
5. Professionalism, Integrity and Ethics
6. Effective Communication
7. Professional Development
8. Transparency and Accountability

Principles

1. Effective Leadership
2. Teamwork
3. Decentralization
4. Partnerships
5. Quality
6. Gender-Sensitive and Responsive
Health Care
7. Human Rights Approach
8. Integration

1.7 Purpose of MoH Service Delivery Standards.

The purpose of these SDS is to describe and communicate the minimum level and quality of services that Ministry of Health is expected to provide to the people of Uganda in the next five years.

1.8 Objectives of MoH Service Delivery Standards.

1. To define minimum levels of services expected by the public from Ministry of Health in measurable terms.
2. To ensure consistency in how health services are provided across national, regional and local government levels.
3. To empower citizens/public to demand quality health services and evaluate satisfaction.
4. To promote quality assurance and compliance to set standards, enabling monitoring mechanisms and performance evaluation during the delivery of health services.
5. To guide institutional planning and accountability frameworks, including strategic plans and Client Charters.

2.0 Implementation of Service Delivery Standards

Implementation of the Service Delivery Standards shall take place through the MoH Departments. Each Department has a defined mandate with objectives, roles and responsibility of officers for their expected deliverables.

The MoH Strategic Plan which is aligned to the Programme Implementation Action Plan (PIAP) is the overall guide by which the service delivery standards have been developed. MoH Departments have 5-year strategies (strategic plans) by which priorities and targets are set, annualized and implementation takes place using the annual work-plan. The activities in the work-plan clearly reflect on the agreed-on service standards. Successful implementation of these SDS is dependent on the availability and rational use of the necessary resources as specified in this document.

2.1 Roles and Responsibilities of both Internal and External Stakeholders

S/N	STAKEHOLDER/ INSTITUTION	ROLES AND RESPONSIBILITY
1.	Ministry of Health	Develop, implement ensure effective use of the SDS in the Health Sub-programme. Departments will ensure the implementation is takes place with proper monitoring and evaluation each year.
2.	Ministry of Public Service:	Technical support for review, development, documentation, costing clearance for approval.
3.	Ministry of Finance, Planning Economic Development:	Integration of service delivery standards into program budgeting system, identify and provide funding for implementation of NSDS activities.
4.	Health and District Service Commissions	Manage human resource functions for health workers in the central government, District and City health services
5	Ministry of Local Government	Coordinate, supervise, and support Local Governments to effectively deliver decentralized health services in line with national policies, standards, and priorities.
6.	National Planning Authority	Advise MoH on developing SDSs and supporting the implementation process.
7.	Health Partners	Complement government efforts to improve access, quality, and equity in healthcare across the country.
8.	Ministry of Water and Environment	Ensure access to safe water, sanitation, and environmental protection, which prevents water- and sanitation-related diseases and promotes public health
9.	Ministry of Education and Sports	Promote and implement school health programs, train health professionals, while ensuring a safe and healthy learning environment.
10.	Ministry of Works and Transport	Provide technical guidance on the acquisition and maintenance civil, electrical and transport infrastructure and systems in the health sector.

3.0 Monitoring and Evaluation of Service Delivery Standards

3.1 Monitoring and Evaluation arrangements

Monitoring of the implementation of the health service delivery standards shall involve using the institutional arrangement as follows;

- Key Performance Indicators monitoring.
- Implementation of Client Charters.
- Client satisfaction Surveys.
- Quarterly Support Supervisions and Inspections.
- Quarterly performance reviews.
- Annual Regional Joint Review Meetings
- Annual MoH Joint Review Meetings.

3.2 Review of Service Delivery Standards

The MoH Service Delivery Standards have been aligned with NDP IV, Human Capital Development Programme Implementation Plan and MoH Strategic Plan 2025-30 and shall be reviewed after five years following the review of the guiding documents. However, a Mid-Term evaluation at two years through implementation shall be conducted.

3.3 Service Delivery Standards development process

- The MoH followed a structured and systematic process during the development of these Service Delivery Standards.
- The process commenced with a review of the institution's legal mandate, sector policies, and strategic objectives in order to identify all core services provided to the public and aligned these with the NDP IV, sector strategic plans, and approved mandates.
- The technical support team later undertook a service mapping and analysis exercise which clearly defined service processes, inputs, outputs, target beneficiaries, delivery points, and responsible office. This analysis established clarity on what services are delivered, how they are delivered, and the responsible office for service provision.
- For each identified service, the responsible MoH Department defined clear and measurable Service Delivery Standards that specify a minimum acceptable level of performance that service recipients are entitled to expect.

- The team further conducted consultations with relevant stakeholders, including internal management and technical staff, and where appropriate, service users and other external stakeholders, to validate the relevance, feasibility, and clarity of the proposed standards.
- This document obtained validation and approval the MoH Top Management, National Planning Authority and Ministry of Public service.Bottom of Form

3.4 Detailed Service Delivery Standards Matrix

Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Strategic Objective 1: To accelerate integrated Health Promotion and Disease Prevention efforts at all levels.								
Integrated essential health service package rolled out in all villages.	% of villages in Uganda with VHTs.	Coverage: 100% of villages & Parishes	Community.	Village or Parish.	Following NCHS, National Community Health Strategy & implementation guidelines.	VHT commodity kit, bicycles, mobile phones, allowances.	Free	Facility in-charge, DHO, MOH.
	% of Parishes in Uganda with CHEWs.	Quantity: 2VHT @ Village, 2 CHEWs per Parish. VHTs & CHEWs to undergo 2 weeks training and 6 months training respectively.		Facility in charge. VHTs. CHEWs/ telephone contact.				
Increased access to immunization against childhood diseases.	Frequency on reporting: Quarterly reporting to DHO' s office.	VHTs & CHEWs to function in accordance to NCHS, National Community Health Strategy & implementation guidelines.	Health facilities.	HFs providing immunization services.	Procure, distribute, maintain and Service cold chain equipment.	Funds, technicians, vehicles, cold chain equipment, Vaccines.	Free	MOH, Facility in-charge, DHO.
	% of health facilities with effective vaccine and cold chain management.	100% of facilities to have effective vaccine and cold chain management. Vaccines & equipment to meet standards provided by WHO & Uganda immunization in practice guidelines.	Children below 5 years of age.	Health facilities, outreaches, schools, child health days and campaigns.	Following UNEPI immunization schedule and Uganda immunization in practice guidelines.	Vaccines& supplies, skilled health workers, transport, allowances, updated catch-up immunization schedule	Free	Facility in-charge/DHO.
	% of children immunized against childhood diseases.	100% of eligible children immunized as per UNEPI immunization schedule and Uganda immunization in practice guidelines.						

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Nutrition education and promotion at all levels.	% of patients screened for nutritional status.	100% of patients to be screened for nutritional status at all levels of care. Services to conform to integrated management of acute malnutrition guidelines, UCG 2023.	Community/ Patients who come to facilities.	Health facility, outreach posts, campaigns.	Anthropometric assessment (MUAC, weight, height, BMI).	Anthropometric tracer equipment, personnel.	Free	DHO, Facility in-charge.
	% of malnourished persons including vulnerable groups (children & pregnant women treated for malnutrition.	100% of identified malnourished persons including vulnerable groups (children & pregnant women) treated for malnutrition. Malnutrition patients managed according to integrated management of acute malnutrition guidelines, UCG 2023.	Malnourished persons.	Health facility.	Following the UCG 2023, Integrated management and prevention of child wasting guidelines, integrated management of acute malnutrition guidelines.	Staff, Anthropometric tracer equipment, allowances, supplements.	Free	MoH, DHO, Facility in-charge.
Vulnerable populations (pregnant women, children under 5 years) receive mosquito nets.	% of children under 5 years of age /pregnant women who received a long-lasting insecticidal Nets.	100% of children under 5 years of age /pregnant woman to receive a long-lasting insecticidal mosquito net. To be done in line with Continuous LLIN distribution implementation guidelines, LLINs campaign implementation guidelines. Every pregnant woman should receive IPT starting from second trimester, every month until the child is born. Services to conform with MoH malaria in pregnancy prevention & treatment	children under 5 years of age, Pregnant women.	Health facility.	Following Continuous LLIN distribution implementation guidelines, LLINs campaign implementation guidelines.	Health workers, mosquito nets.	Free	MoH, Facility In-charge, DHO, Partners.
Vulnerable populations (pregnant women, children under 5 years) receiving chemopreventi	% of pregnant women who received IPT3 during ANC.	Every pregnant woman should receive IPT starting from second trimester, every month until the child is born. Services to conform with MoH malaria in pregnancy prevention & treatment	Pregnant women.	Health facility.	Following MoH malaria in pregnancy prevention & treatment guidelines, Seasonal malaria chemoprevention	Health workers & medicines.	Free	MoH, Facility In-charge, DHO, Partners

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
on	% of children under 5 years in malaria seasonal transmission areas who received chemoprevention on every month during the peak transmission season.	100% of children under 5 years in malaria seasonal transmission areas should receive chemoprevention every month during the peak transmission season. Services to conform with Seasonal malaria chemoprevention field guide, Integrated community case management implementation guidelines.	Children under 5 years in malaria seasonal transmission areas.	Designated outreach posts, Health facility.	field guide.	Health workers, CHEWs, VHTs, transport, allowances, medicines.	Free	MoH, Facility In-charge, DHO, Partners.
	% of households in high burden malaria districts who protected with indoor residual spraying (IRS) with and effective insecticide at least once a year.	Every household in high burden malaria districts should conduct indoor IRS with and effective insecticide at least once a year. Services to conform with Indoor residual spraying implementation guidelines.	Households in high burden malaria districts.	Household.	Following indoor residual spraying implementation guidelines.	Health workers, CHEWs, VHTs, transport, allowances, medicines.	Free.	MoH, Facility In-charge, DHO, Partners.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Mosquito Larviciding in malaria endemic districts conducted.	Number of malaria endemic districts where mosquito Larviciding activities have been conducted.	Mosquito Larviciding conducted in all malaria endemic districts every three months. Services to conform with WHO guidelines for malaria vector control, Uganda malaria reduction and elimination strategy.	Communities in malaria endemic districts.	Malaria endemic districts/communities	Following Quality: As per WHO guidelines for malaria vector control, Uganda malaria reduction and elimination strategy.	Larvicides, equipment, personnel, allowances	Free	MoH, DHO
Comprehensive sexual education, promotion of safer sex practices, and mass media behavior change campaigns on HIV/AIDS conducted.	% of persons consistently demonstrating adoption of safer sex practices.	100% of persons receive age-appropriate safe sexual education on HIV/AIDS at all times. Services to conform with Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda.	General population.	Community outreach, school bases education program, health facility visits.	Following consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda.	IEC materials, educators, VHTs, CHEWs health workers, outreach resources, fuel, allowances.	Free	ACP/MOH, MoES, DHO, CSOs.
Presumptive TB patients evaluated for TB.	% of presumptive TB patients evaluated.	100% of presumptive TB patients identified in the community evaluated for TB. Services to conform with Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.	Community.	Screening for TB at community/health facility level.	Following Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.	Lab & radiological equipment, Health workers.	Free	MoH, MoES DHO, Ministry of internal affairs.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Awareness about TB/leprosy symptoms improved.	% of population that are aware of TB/leprosy symptoms.	Community awareness about TB/leprosy symptoms promoted at all levels of care at all times. This will be in line with Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.	General public, high risk groups/ communities.	Community outreach, school-based education program, health facility visits.	Following Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.	IEC materials, VHTs, CHEWs health workers, outreach resources, fuel, allowances.	Free	ACP/MOH, MoES, DHO, CSOs.
NCDs risk factors prevented	Annual national physical activity day.	National physical activity day conducted every year. This will be in line with National physical activity guidelines.	General public.	Community outreach, health facility visits.	Following National physical activity guidelines.	Instructors, logistics.	Free	MoH, MDAs, DHO, CSOs, Corporate companies
	% of population that are aware of NCDs risk factors.	Community awareness on NCDs risk factors promoted at all levels of care at all times. This will be in line with National guidelines on self-care for health and well-being 2024.	General public.	Community outreach, health facility visits.	Following National guidelines on self-care for health and well-being 2024.	IEC materials, VHTs, CHEWs, health workers, outreach resources, fuel, allowances.	Free	MoH, MDAs, DHO, CSOs, corporate companies.
Public Water, sanitation & hand hygiene (WASH), infection prevention and control (IPC) facilities improved.	% of HFs with functional healthcare waste management facilities.	100% of HFs to have functional healthcare waste management facilities at all times. Services to meet set MoH health care waste management & Uganda National IPC guidelines 2025.	Health facilities.	Government owned facilities. To be constructed by LG & MoH.	Through public procurement process.	Funds, IPC materials, Trained staff.	Free	MoH, DHO, In-Charge.

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		100% of health facilities to have functional handwashing facilities. Facilities to conform with Uganda National IPC guidelines 2025.	Health facilities	At the facility, community.	Following Uganda National IPC guidelines 2025.	Water, soap, handwashing equipment, hand sanitizers.	Free.	In-charge.
Sanitation services in urban and rural areas improved.	% of HFs with functional handwashing facilities % of HHs (urban/rural) with basic sanitation facilities. % of urban centers with public functional basic sanitation facility.	Every household (urban/rural) to have a functional basic toilet/pit latrine facility. Every urban center to have a public functional basic sanitation facility. Facilities to conform with joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025), Public health Act Cap 281.	General population.	Provided by households, Local Authority.	As per joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025).	Toilets, handwashing facilities, kitchen, drying rack, bath shelters, animal houses.	Free/ to be deter mine d.	MoH, MoWE, DHOs, CHOs, MHOs.
Health inspection services in communities conducted.	% of households/public places where health inspection was conducted. % of HFs where health inspection was conducted.	Quarterly health inspection and compliance services in communities/public places conducted. Services to conform with MoH KPIs for environmental health workers in LGs 2024, Sanitation & hygiene guidelines. Quarterly health inspection and compliance services in HFs conducted. Services to conform with MoH KPIs for EH workers in LGs 2024, Sanitation & hygiene policy.	Districts, Urban authorities, Cities and Communities	Provided by MoH, Local authorities.	Following MoH KPIs for EH workers in LGs 2024, Sanitation & hygiene guidelines.	Personnel, venue, allowances, fuel, Inspection tools, PPEs.	Free	MoH, DHO
			Health facilities.	Provided by MoH, Local authorities.	Following MoH KPIs for EH workers in LGs 2024, Sanitation & hygiene guidelines.	Personnel, venue, allowances, fuel, Inspection tools, PPEs.	Free	MoH, DHO

MOH HEALTH SERVICE DELIVERY STANDARDS 2025-2030

Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Sanitation and hygiene services in food premises (urban & rural) improved.	% of food premises with basic sanitation and hygiene services.	100% of food premises to be assessed for compliance with basic sanitation and hygiene services quarterly. Services to conform with joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025), Public health Act Cap 281, sanitation policy, EHS.	Food premises.	Provided by MoH, Local authorities.	As per joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025), Public health Act Cap 281, sanitation policy, EHS.	Personnel, venue, allowances, fuel, Inspection tools,	Free	MoH, Local authorities
Strategic Objective 2: To strengthen the health system for an effective healthcare service delivery and response								
Policies, standards & guidelines Developed and disseminated.	Time taken to review policies, standards, guidelines & SOP.	Time: Once every 5 years, New policy developed within 12 months. Coverage: Users of health services. Policy documents to conform with guidelines by Office of the President, WHO standards and guidelines. Process: Approval through SMC, HPAC, Top management within 3 months at each level.	MoH, Health facilities, Partners and General Public.	MoH website-KMP (knowledge management portal), Print media.	Follow guidelines from Office of the President.	Technical consultant, Funds.	Free	MOH
	Adherence to health service standards by health facilities, service providers.	100% of HF's (public & private) to be assessed for compliance to health service standards once every year. Services to conform with Health Facility Quality Assessment Programme	Health Facilities.	Health Facilities Annual assessment by MoH.	Following HFQAP, SQIS and HHFA tools.	Assessment tools, Personnel, Funds.	Free	MoH

MOH HEALTH SERVICE DELIVERY STANDARDS 2025-2030

Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
		(HFQAP), Self-Regulatory Quality Improvement System (SQIS) and Harmonized Health Facility Assessment (HHFA) tools.						
Functionality of governance structures (HUMCS & Boards) monitored - RRH, GH, Community hospital boards monitored.	% of Super Specialized Institutions/NRHs/GHs and Lower-Level HFs with functional boards and HUMCS.	100% of Super Specialized Institutions/NRHs/RRHs/GHs boards and HUMCS functional. Services to conform with MoH guidelines for Boards and HF HUMCS.	Members of the board; Hospital Staff.	Appointment, Training, Board meetings, Supervision.	Following MoH guidelines for Boards and HF HUMCS	Personnel, Fuel, Allowances.	Free	MoH, SEC, EC, DHO, Facility in-charge.
Support supervision at all levels of care conducted.	Number of the integrated support supervision visits conducted	Integrated and technical support supervision visits conducted to every HF once every quarter. Visits to conform with comprehensive support supervision strategy.	Health facilities and staff, Districts/Urban Authorities.	Support supervision	Field visits, mentorship, coaching and skills development.	Fuel, transport, Allowances.	Free	MoH, RRHs, DHO
Client feedback system enhanced (satisfaction surveys, RCSFI, Barazas, dialogues etc.	% of HFs with a functional client feedback system.	Every HF should have a functional client feedback mechanism in place. Mechanisms as per Institutional client charters.	Health Facilities.	Satisfaction surveys, RCSFI, Barazas, dialogues etc.	Self-administered, periodic surveys, community engagements.	Assessment tools, Personnel, Funds, Quick Response (QR) codes.	Free	MoH, DHO, In-charge
Regulation and quality of Health Professionals Practice and Health Products	Number cases handled by rewards & sanctions committees	Ethical code of conduct adhered to by all health workers at all times. Adherence as per the Code of conduct and ethics for Uganda Public Service.	Health workers	Enforcement by supervisors	Through rewards & sanctions committee, Supervision by in-charges	Personnel	Free	MoH, HSC, DSCs, Professional councils DHO, Facility In-charges,

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monitored.	% of private health facilities with up-to-date operating licenses. % of health workers in both public and private health facilities with up-to-date practicing licenses.	100% of private health facilities to have an up-to-date operating license. 100% of health workers in both public and private health facilities to have an up-to-date practicing license. This process to conform with Medical & Dental Practitioners Act, Pharmacy & Drugs Act, Nurses & Midwives Act, Allied Health Professionals Act.	Health workers, Private health facilities, traditional & complementary medicine practitioner.	Health workers, private HFs, traditional & complementary medicine practitioners are licensed, supervised and regulated.	Licensure, inspections, supervisions and regulation.	Funds and personnel.	Free	MoH, Professional councils, NDA
Pharmacovigilance conducted by health facilities.	% of HFs reporting on ADRs/AEFIs	100% of HFs to report on ADRs/AEFIs monthly. Reporting will follow the National Drug Policy & Authority Act.	Health facilities.	Health facilities, outreach posts.	Assessments, review meetings	Personnel, fuel, venue, internet	Free	MoH, NDA, DHO, Facility in-charge
5S (sort, set, shine, standardize and sustain), Patient Safety Practice and culture implemented.	% of HFs implementing 5S (sort, set, shine, standardize and sustain), and patient safety practices.	100% of HFs (public & private) implement 5S (sort, set, shine, standardize and sustain), and patient safety practices. Patient safety conforms to Global patient safety action plan 2021-30 and MoH HF patient safety report handbook.	Health facilities	Health facilities.	On-site mentorships and supervisions.	Stationery, trainers, digital QR code, mentors	Free	MoH,
Essential medicines and supplies in public HFs available.	% of HFs with stock outs of essential medicines and supplies.	100% of public HFs to have essential medicines and supplies at all times as per the 52 tracer products. Products as per Essential medicines & health supplies manual, Last mile assurance guidelines, Central operations manual.	Health facilities.	Health facilities.	As per Essential medicines & health supplies manual, Last mile assurance guidelines, Central operations manual.	Medicines and supplies, Personnel equipment, infrastructure.	Free	MoH, NMS, JMS DHO, In-charge.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Safe blood and blood products available.	% of health regions with functional blood bank.	15 health regions to have a functional blood bank. Services to conform with WHO Guidelines and Principles for Safe Blood Transfusion Practice, Uganda Blood Donors selection/ deferral criteria.	Health regions.	Provided by MoH and UBTS.	Blood collection, processing, distribution and blood stock monitoring by UBTS & regional blood bank.	Funds	Free	MoH, UBTS, Regional Blood Banks/collection centers.
	% of eligible health facilities with safe blood.	100% of eligible HFs provide safe blood and blood products at all times. Services to conform with WHO Guidelines and Principles for Safe Blood Transfusion Practice, Uganda Blood Donors selection/ deferral criteria.	HCIVs, GHs, RRHs, NRHs and specialized institution.	Provided by UBTS and regional blood banks.	Order, Store, Administer and Account as per WHO Guidelines and Principles for Safe Blood Transfusion Practice.	Personnel, equipment, electricity/backup, transport.	Free	DHO, In-charge.
Emergency Medical Services and the referral system improved.	% of emergency cases who arrived at the facility by ambulance.	On-scene emergency medical care and referral services provided at all times. Services to conform with Uganda EMS strategy and emergency care protocols.	General public	Community, Health facilities	Follow the Uganda EMS strategy and guidelines.	Ambulances, trained staff, medical supplies.	Free	MoH, DHO, In-charge
	% of ambulance and dispatch calls responded to.	Available functional ambulance call and dispatch system in place at all times. System to conform with ambulance services conform to medical call & dispatch guidelines, interfacility ambulance checklist, ambulance cleaning and disinfection guidelines.	General public	Toll free number 912.	Community calls, dispatch of ambulance and personnel.	Trained staff, ambulances, medical supplies.	Free	MoH, DHO, In-charge

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
	% of Constituencies /RRHs with type B Basic life/ advanced life support ambulances.	Type B Basic Life/ Advanced Life Support Ambulances provided to Constituencies/RRHs respectively. Ambulance services conform to MoH interfacility ambulance checklist, ambulance cleaning and disinfection guidelines.	Constituencies/RRHs	Provided by MoH	Functional ambulance, equipment.	Trained staff, ambulances, medical supplies.	Free	MoH, DHO, In-charge
	% of HFs (HC III & above) with a functional EMS unit.	100% of health facilities (HC III & above) have a functional EMS unit. Services to conform with Uganda EMS strategy and guidelines.	General public	HC III, HC IVs, GHs, RRHs, NRHs.	Following Uganda EMS strategy and guidelines.	Trained staff, ambulances, medical supplies, equipment.	Free	MoH, DHO, In-charge.
	% of health facilities with mass casualty preparedness and response plan.	Mass casualty preparedness and response mechanisms available. Services to conform with WHO mass casualty management guidelines, Uganda mass casualty management framework.	Community, high risk areas.	By ambulance system, Fire brigade, Law enforcement bodies.	Following WHO mass casualty management guidelines, Uganda mass casualty management framework.	Trained staff, ambulances, medical supplies, equipment.	Free	OPM, MoH, DHO, Law enforcement bodies, URCS, Partners, In-charge.
Disability health friendly services improved.	% of NRHs & RRHs that provide disability inclusive medical equipment and assistive devices	100% of RRHs & NRHs to provide disability inclusive medical equipment and assistive devices. Services to conform with revised National policy on persons with disabilities 2023.	Health facilities	All Eligible persons	Follow UCG 2023, services to conform with revised national policy on persons with disabilities 2023	Trained health workers, Funds, Medicines, supplies and sundries, equipment	Free	MoH, DHO, In-charge
Comprehensive rehabilitation services	% of health facilities providing	100% of health facilities provide rehabilitation services as per level of care.	Health facilities	Provided by health facilities	Follow Basic rehabilitation package for HC	Personnel, Venue, allowances stationery	Free	MoH, DHO, In-charge

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
availed at all levels	comprehensive rehabilitation services	Services to conform with basic rehabilitation package for HC IIs to HIVs, Comprehensive rehabilitation & assistive technology services for GHs & above.			IIs to HIVs, Comprehensive rehabilitation & assistive technology services for GHs & above disability inclusion guidelines, UCG 2023.			
Nursing and midwifery practice strengthened.	% of the nurses and midwives adhering to Scope of nursing and midwifery practices.	100% of nurses and midwives in health facilities comply to the set standards at all levels of care. Nursing and midwifery services to conform with the Scope of Nursing and Midwifery Practice.	Health facilities, Nurses and Midwives in practice.	Provided by MoH	Following the Scope of Nursing and Midwifery Practice.	Personnel, Allowances, Transport, stationary, ICT equipment	Free	MoH, DHO, In-charge
Annual partner mapping and updating of the database.	% of partners in health who have registered.	Database for partners in health updated annually. As provided in Partners register in MoH Partners Portal (Partners.health.go.ug).	Partners in Health.	Provided by MoH.	Partners register in MoH Partners Portal (Partners.health.go.ug)	Functional website.	Free	MoH
Annual subscriptions paid to International Organisations	Timely payments of subscriptions to International Organisations	Annual subscription paid to international organisations. Subscription as per specific Memoranda of Cooperation.	Regional and international health organizations	Provided by MoH	Budgeting and online Payment.	Funds in dollars, Personnel	Free	MoH
Adoption of Regional and international declarations, protocols and Memorandum of Cooperation.	Time taken to adopt Regional and international declarations, protocols and declarations, MoCs.	Regional and international declarations, protocols and MoCs adopted within 12 months of declaration.	Global and Regional Partners.	Provided by MoH.	Meetings and online sharing of information.	Venue, Stationary & IT communication system.	Free	MoH

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Integrated health services provided to refugees.	Proportion of refugee hosting districts with HF that are providing integrated health services to refugees.	Integrated health services provided to refugees at all times. Services to conform with Global compact on refugee, Health sub-program integrated refugee response plan and other refugee policy documents.	Refugees and refugee hosting communities.	Provided by MoH, OPM, UNHCR.	As per services to conform with Global compact on refugee, Health sub-program integrated refugee response plan and other refugee policy documents.	Medicines and supplies, Personnel equipment, infrastructure.	Free	OPM, MoH, OPM, UNHCR, DHO, facility in-charges, partners.
Geographical access of Health services expanded.	% of the population with access to HF within 5km radius.	100% of Persons in Uganda access public health facility within 5km radius. HC III per sub- county, HC IV per constituency, GH per district.	General Public.	As per MoH guidelines.	Procurement procedures.	Funds.	Free	MoH, DHO, In-charge
Health facilities provided with the basic medical buildings and sanitary services to facilitate quality health care service delivery.	% of the health facilities with basic medical buildings and sanitary services.	100% of health facilities have the basic medical buildings and sanitary services. Buildings conform with Ministry of Works Transport (MoWT) standards specifications for building works.	Health Facilities.	As per MoH guidelines.	Procurement procedures.	Funds	Free	MoH, LGs
Staff accommodation at the health facility improved.	% of critical staff accommodated at the health facility.	At least 60 % of critical staff accommodated at health facility. Buildings conform with Ministry of Works Transport (MoWT) standards specifications for building works.	Critical staff	As per MoH guidelines.	Procurement procedures.	Funds	Free	MoH, LGs

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Health facilities provided with essential medical equipment.	% of HFs with functional essential medical equipment as per level of care.	100% of health facilities have essential medical equipment as per level of care. Equipment to conform with National medical equipment maintenance guidelines.	Health facilities at all levels.	Provided by MoH.	Inspection, procurement procedures.	Personnel, allowances, procurement budget, equipment.	Free	MoH, LGs
	% of functional medical equipment at all levels of care.	100% of medical equipment in public HFs should be maintained, serviced and repaired within 30 days of notification. Maintenance to conform with National medical equipment maintenance guidelines, operational manual for regional medical equipment maintenance workshops.	Health workers, Patients.	Through engineering department.	Inspection, procurement procedures.	Staff, Funds, materials, equipment.	Free	MoH, LGs
Functional Health Infrastructure	% of HF civil infrastructure inspected and maintained annually.	Annual maintenance for all civil infrastructure at all levels. Maintenance to conform with MoWT standards specifications for building works.	Health facilities.	Through engineering department	Inspection, procurement procedures.	Staff, Funds, materials, equipment.	Free	MoH, MoWT, RRHs, DHO, facility in-charges.
	% of HFs with a minimum staffing level of 65%.	Public HFs staffed to a minimum of 65%. Staffing to conform to MoPS approved staff establishment.	Health facilities and Health workers.	Through Service commissions.	Submissions to service commissions, Advertisement.	Wage.	Free.	MoH, HSC, DSCs, LGs
Adequate and well-trained human resources for health at all levels in place.	% of health workers who have attained 48-hour CPD in a year	100% of health workers to undergo relevant CPDs for at least 48 hours a year. CPDs conducted as per MoH staff training and professional guidelines.	Health workers	Attending CPD accredited trainings	Training, Conferences, workshops, seminars, CMEs, webinars	Training materials, trainers, internet, ICT equipment	At determined fees	MoH, Regulatory councils

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
	% of medical, nursing and pharmacy who have undergone a one-year internship program students.	100% of medical, nursing and pharmacy students to undergo a one-year internship program following completion of academic training. Internship conducted in line with Medical & Dental Practitioners Act, Pharmacy & Drugs Act, Nurses & Midwives Act, Allied Health Professionals Act.	Medical, nursing and pharmacy students.	Provided by MoH.	Deployment to HF's, mentorships, training, supervision.	Health workers, specialists.	Free	MoH, LGs
In-service training undertaken.	% of staff who have received in-service training every 3 to 4 years in essential health care package, leadership and management.	Comprehensive in-service training of health workers every 3 to 4 years in essential health care package, leadership and management. Trainings to conform with MoH staff training and professional guidelines, MoH Training Plan	Managers, New staff, Front-line Health workers who have served for 4+ years, Interns, SHOs.	Provided by MoH.	Training, Mentorships, Coaching, Webinars.	Trainers, allowances.	Free	MoH, HSC, DSC, LGs.
Strategic Objective 3: To enhance the accessibility and utilization of high-quality integrated services for both communicable and non-communicable prevention, control, and response								
Client centered and Integrated health services provided at all levels of care.	% of health facilities offering integrated health services.	100% of Levels of care to provide comprehensive patient-centered and integrated health services. Integration to conform with practical guide on provision of integration of health services.	General Public.	Health facilities, outreach posts, door to door.	Conform to the practical guide on provision of integration of health services and NCHS.	Personnel, medicines and supplies, equipment, infrastructure, funds.	Free	MoH, DHO, In-charge
Provision of clinical care at health facilities.	% of patients that have been attended to within 30	Patients to be attended to within 30 minutes on arrival at a health facility.	Patients.	Health facility.	As per Uganda clinical guidelines (UCG) 2023	Personnel, medicines, equipment.	Free	MoH, DHO, Facility in-charge.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
	minutes at a health facility							
Access to malaria treatment services improved	% of patients with suspected/severe malaria who have received treatment.	100% of patients with suspected malaria are subjected to a confirmatory test and treat with an effective antimalarial within 24 hours of diagnosis (uncomplicated malaria)	Patients with uncomplicated malaria	Health facility	In accordance to Uganda clinical guidelines (UCG) 2023, Integrated malaria management guidelines, Malaria treatment guidelines.	Antimalarials, Test kits, reagents, health workers,	Free	MoH, In-charge, Partners,
	% of sick children under 5 years /pregnant mothers treated within 24 hours for fever	Patients with severe malaria receive treatment and supportive care within 2 hours	Patients with severe malaria	Health facility	Malaria treatment guidelines.	Antimalarials, Test kits, reagents, health workers,	Free	MoH, Partners, DHO, Facility in-charge
	% of the population who know their HIV status	100% of sick children under 5 years /pregnant mothers treated within 24 hours. Services to conform with UCG 2023, Integrated malaria management guidelines, Malaria treatment guidelines.	General Public.	Health facility, outreach posts, door to door visits	Follow UCG 2023, National HIV Testing Services Policy and Implementation Guidelines Uganda	Antimalarials, Test kits, reagents, health workers,	Free	DHO, In charge
HIV/AIDs control and treatment services improved	% of HIV positive clients initiated and retained in care	100% of persons tested for HIV/AIDS at all levels of care Testing to conform to UCG 2023, National HIV Testing Services Policy and Implementation Guidelines Uganda	HIV positive cases	All persons at health facilities, outreach reaches	Following the UCG 2023, Consolidated guidelines for the prevention and treatment of HIV and AIDS in	Medical supplies, trained staff, Funds	Free	DHO, In charge

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Screening for Hepatitis infection & treatment conducted	% of persons screened and treated for hepatitis	treatment of HIV and AIDS in Uganda 100% of eligible population screened and eligible persons initiated on treatment. Services to conform with Uganda guidelines for prevention, testing, care and treatment of hepatitis b and C virus infection.	High risk persons (MSMs, Sexual workers, prisoners, People in high burden Hep B&C areas) General Public.	Health facility, outreach posts	Uganda Following the UCG 2023 (Uganda clinical guidelines), Hepatitis treatment guidelines	Personnel, vaccines, lab supplies, medicines, fuel, allowances.	Free	MoH, DHO, Facility in-charge
Access to treatment and control of TB and leprosy services improved.	% of persons at risk who are screened and treated (for eligible ones) tested for TB & leprosy % of TB & leprosy cases who have completed treatment.	100% of persons at risk screened and tested for TB & leprosy at all levels. Services to conform with UCG 2023 & Manual for management and control of tuberculosis and leprosy 100% of TB & leprosy positive cases initiated and complete treatment at all levels. 100% of TB patients started on treatment to be monitored monthly for response to treatment for DR TB. Services to conform with UCG 2023 & Manual for management and control of tuberculosis and leprosy.	General Public. TB & leprosy positive cases TB patients on treatment	All persons at risk TB & leprosy positive cases TB patients on treatment	Following the UCG 2023, Manual for management and control of tuberculosis and leprosy Following the UCG 2023, Manual for management and control of tuberculosis and leprosy	Medical supplies, trained staff, Funds Medical supplies, trained staff, Funds	Free Free	DHO, In charge DHO, In charge
Provision of mental health services in all HFs	% of health facilities (HC IV and above) providing	100% of HFs (HC IV and above) to provide integrated mental & psychosocial support services	Patients	Health facility, outreach posts.	Following National policy on Elimination of gender-based	Trained counselors, support group spaces, outreach	Free	MoH, DHO, Facility in-charge

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
	integrated mental & psychosocial support services.	Services to conform with National policy on Elimination of gender-based violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.			violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.	resources.		
Provision of GBV services at all levels of care.	% of districts implementing GBV response Programmes.	Gender-responsive health services, legal support, and community education provided to all persons who have experienced GBV. Services to conform with National policy on Elimination of gender-based violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.	GBV victims	Community, Health facilities	Following the National policy on Elimination of gender-based violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.	Personnel, counsellors, legal teams	Free	MoH, MoGLSD, Uganda Police, JLOS DHO, CDOS, Facility in-charges,
Vaccination catchup conducted to reduce zero dose children and under immunized population.	% of zero dose children and under immunized population vaccinated.	Zero dose children and under immunized population vaccinated. Services to conform with UNEPI immunization schedule and Uganda immunization in practice guidelines.	Zero dose children and under immunized population.	Following UNEPI immunization schedule and Uganda immunization in practice guidelines.	Following the Uganda immunization vaccination schedule.	Personnel, medical supplies, vaccines, transport, allowances.	Free	MoH, DHO, Facility in-charge.
Access to palliative care services improved.	% of eligible Health care facilities providing palliative and geriatric care	100% of HC IIs and above to provide palliative and geriatric care services. Services to conform with Narcotic Drugs and	Eligible persons.	Health Facilities and community.	Health facilities, outreaches	Medicines, transport, allowances,	Free	MoH, DHO, Facility in-charge, Partners (Hospice)

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
	services.	Psychotropic Substances (Control) Act, 2024, Human rights, ethical, legal issues in palliative care- guide for health workers, Palliative care strategy 2025-30						
Multi-sectoral & health sector capacity in NCDs & injury prevention and control enhanced.	% of clients screened and managed for NCDs in health facilities.	100% of clients to be screened and managed for relevant NCDs at all levels. NCDs (<i>cancers, heart diseases, hypertension, etc.</i>) managed according to Uganda clinical guidelines and Uganda integrated guidelines for the management of NCDs	General Public.	Provided by Health facilities	Following the UCG 2023 (Uganda clinical guidelines) and Uganda clinical guidelines and integrated guidelines for the management of NCDs	Medical supplies/ equipment, health workers, funds	Free	In-charge
Access to NTDs Services improved	% of HFs providing NTD screening and treatment services.	NTD screening and treatment services provided at all levels of care at all times. Services to conform with Uganda NTD master plan 2023 -27.	General public	Health facilities, community	As per Uganda NTD master plan 2023-27	Medicines and supplies, human resource, equipment, infrastructure, funds	Free	MoH, DHO, Facility in-charge
Centers of excellence in provision of oncology, cardiovascular and trauma services at both National and Regional Levels established.	% of health regions with oncology, cardiovascular and trauma centers of excellence.	100% of targeted health regions to have functional oncology, cardiovascular and trauma centers of excellence. Centers established as per MoH Strategic Plan 2025-30	Targeted regions	Provided by MoH, UCI, UHI	Procurement procedures	Funds	Free	MoH, UCI, UHI.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Medical Laboratory and diagnostic imaging services provided	% of HFs providing laboratory services % of HFs from HC IIIs and above providing imaging services.	Laboratory services to be provided at all health facilities. Services to conform with the national standard test menu, techniques and supplies list for laboratories, UCG 2023. Imaging services provided from HC IIIs and above. Services to conform with Uganda diagnostic and therapeutic Imaging guidelines.	Patients General Public	Health facilities HC IIIs, HC IVs, GHs, RRHs, NRHS & specialized institutions.	Following national standard test menu, techniques and supplies list for laboratories, UCG 2023 Following Uganda diagnostic and therapeutic Imaging guidelines & UCG 2023.	Laboratory equipment, supplies, human resource, funds Laboratory equipment, supplies, human resource, funds	Free Free	MoH, DHO, In-charge MoH, DHO, In-charge
Strategic Objective 4: To promote optimal delivery of maternal, neonatal, infant, child, and adolescent health services at all levels.								
Maternal and child health services at all levels of care provided.	% of health facilities with functional maternal, neonatal, child & adolescent friendly services.	100% of levels of care to provide quality and accessible maternal, neonatal, child & adolescent friendly services. Facilities to provide services as per Uganda essential maternal and newborn care guidelines, UCG 2023.	Women of reproductive age, Newborns and children under 5 years of age.	Health facilities, outreach posts.	As per Uganda essential maternal and newborn care guidelines.	Trained health workers, blood, Medicines, supplies and equipment.	Free	MoH, DHO, In-charge.
Increased demand and uptake of reproductive health services.	% of persons consistently demonstrating knowledge on sexual and reproductive health. Number of adolescents accessing ASRH services.	Sexual and Reproductive Health (SRH) information and services provided at all levels of care at all times. 100% of adolescents and young people to access confidential, age-appropriate and non-discriminatory adolescent sexual and	General public. Adolescents and young people (10-24 years).	Health facilities, outreach posts, school health programs. Health facilities, outreach posts.	Following the National adolescents and young people SBC plan. Following the National adolescents and young people SBC plan.	IEC materials, VHTs, CHEWs health workers, outreach resources, fuel, allowances. Trained service providers, counsellors, Peers, IEC materials, commodities.	Free Free	MoH, DHO, In-charge. MoH, DHO, In-charge.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
		reproductive health services at all levels of care at all times. Services to conform with National adolescents and young people SBC plan.						
	Number of new users of FP among women of reproductive age.	100% of HFs to offer a wide range of family planning methods at all levels of care. Services conform with Family Planning costed implementation plan, FP comprehensive training manual	Women of reproductive age and men.	Health facilities, Community delivery models, outreaches, media and campaigns	As provided in the Family Planning costed plan and Family Planning comprehensive training manual	Skilled personnel commodities, equipment.	Free	MoH, DHO, In-charge.
Improved early antenatal care (ANC) attendance for all pregnant women.	% of pregnant women attending ANC before 13 weeks. % of health facilities providing ANC booking and baseline investigations.	100% of Pregnant women should attend ANC before 13 weeks. 100% of Health facilities to provide ANC booking and baseline investigations. ANC services to conform with Uganda Goal oriented ANC protocol.	Pregnant women. Pregnant women.	Health facilities, CHEWs, VHTs Health facilities, CHEWs, VHTs	Following the Uganda Goal oriented ANC protocol	Medicines & Commodities, trained staff.	Free	MoH, DHO, In-charge.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Improved quality of intrapartum care for all pregnant women.	% of births attended by skilled personnel. % of health facilities providing Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and services.	100% of births to be conducted by a skilled health worker. 100% of health facilities provide complete Emergency Obstetric and Newborn Care (EmONC) functions at all times. Services to conform with Uganda essential maternal and newborn care clinical guidelines.	Pregnant women in labor. Pregnant women	Health facilities Health facilities	Following Uganda essential maternal and newborn care clinical guidelines.	Trained staff, medicines and commodities, blood and blood supplies, equipment, ambulances.	Free	MoH, DHO, In-charge.
Improved quality of intrapartum care for all pregnant women.	% of health facilities providing intrapartum care.	100% of health facilities to provide quality intrapartum care at all times. Services to conform with Uganda essential maternal and newborn care clinical guidelines.	Pregnant women	Health facilities	Following Uganda essential maternal and newborn care clinical guidelines	Trained staff, medicines & commodities, blood and blood supplies, equipment, ambulances.	Free	MoH, DHO, In-charge.
Improved access to care for sick and small newborns.	% of health facilities (HC IV and above) providing neonatal care services	100% of health facilities to provide neonatal care services as per level of care. Services to conform with guidelines for managing sick and small new borns.	Sick or preterm newborns.	Health facilities	Following guidelines for managing sick and small new borns	Infrastructure, equipment, medicines and supplies, trained neonatal staff.	Free	MoH, DHO, In-charge.

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Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Notification of maternal and perinatal deaths.	% of maternal and perinatal deaths notified and reviewed within 7 days.	100% of maternal and perinatal deaths notified within 24 hours and reviewed within 7 days. Services to conform with Maternal and Perinatal Death Surveillance & Response (MPDSR) guidelines.	Mothers and newborns.	Community, Health facility.	As per the Maternal and Perinatal Death Surveillance & Response guidelines.	Trained health workers, data tools.	Free.	MoH, DHO, In-charge.
Assessment of adolescent girls for pregnancy.	% of teenage pregnancy among adolescent girls.	100% of adolescent girls to be assessed for pregnancy at all levels of care. Services to conform with National adolescents and young people SBC plan.	Adolescent girls.	Health facilities, outreach posts, door to door, school health programs.	As per Uganda essential maternal and newborn care clinical guidelines, School health standards.	Personnel, trained health workers, health supplies.	Free	MoH, DHO, In-charge
School health package rolled out in all schools	% of schools implementing school health package	100% of schools to implement school health package. Services conform with the Uganda school health standards, WHO/UNESCO health promotive school's framework	Learners	Schools and Health facilities	As per Uganda school health standards, WHO/UNESCO health promotive school's framework	Teachers, health workers, VHTs, CHEWs	Free	MoH, MoES, DHO, In-charge
Strategic Objective 5: To strengthen health research, innovation, technology, and information uptake in healthcare, complementary medicines, and emerging health threats								
Epidemic prone and priority diseases prevented and/or detected	% of outbreaks and events detected within 7 days	Event or disease to be detected within 7 days of its outbreak/occurrence. Services to conform with MoH National technical guidelines for integrated disease surveillance & Response.	MoH technical teams, Local Government, Community, Stakeholders.	Health facility/Community	Following MoH National technical guidelines for integrated disease surveillance & Response.	Personnel, equipment, communication channels, surveillance tools	Free	MoH, DHO

MOH HEALTH SERVICE DELIVERY STANDARDS 2025-2030

Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Epidemic prone and priority diseases investigated and reported	% of Epidemic prone and priority outbreaks investigated and reported	Response undertaken within 7 days of the outbreak. Services to conform with MoH National technical guidelines for integrated disease surveillance & Response.	MoH/RRH Technical Team, Local Government, Community Stakeholders	Health facility/Community	Quality: As per MoH National technical guidelines for integrated disease surveillance & Response. Installations as per the EMR guidelines	Surveillance tools, Computers, communication equipment, Personnel	Free	MoH, DHO, LGs, Regional EOCs
Promote digitalization of the health information system.	% of health facilities with functional electronic medical records system	100% of HC IVs and above to have a functional electronic medical records system (EMR) at all times. System to conform with guidelines for the implementation of the Electronic Medical Records (EMR).	Community, HC IVs, GHs, RRHS, NRHS	Provided by MoH, ministry of ICT & national guidance	Installations as per the EMR guidelines	IT equipment, power, trained HR, internet connectivity, funds,	Free	MoH, ministry of ICT & national guidance, DHO, In-charge
Health facility databases developed and updated.	% of HF's recorded in the national health facility directory.	A national health facility (public and private) directory updated at all times	Health facilities	Provided by MoH	Master facility registry	IT equipment.	Free	MoH, LGs, Private health service providers
Health research conducted	Number of operational health-related researches conducted.	At least 5 operational health-related researches conducted annually.	Health workers, Policy makers, academia	Provided by MoH	Development of research protocols, approval of TWGs, IRB approval, NCHE clearance	Logistics, Internet computers, trained staff, allowances	Free	MoH, MoH, Ministry of ICT and National guidance
Health innovations and technology uptake promoted.	Number of policy briefs on health innovations, programs and interventions developed	Policy briefs on health innovations, programs and interventions developed annually At least 2 policy briefs developed annually.	General public, Parliamentarians/ policy makers, academia, MDAs	Provided by MoH	Media, stakeholder engagements, webinars, data reviews	Researchers, data systems	Free	MoH

MOH HEALTH SERVICE DELIVERY STANDARDS 2025-2030

Output/Service description.	Key Performance Indicator.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).	Target beneficiary.	Criteria to obtain the service	Methodology for providing service.	Inputs.	User Fees	Responsibility Centre.
Birth and death registration scale up.	Number of births and deaths registered in health facilities	100% of births and deaths to be registered in the country.	General Public	Through birth and death registers	Following the birth & death registration Act	Stationery, health workers, IT equipment	Free	MoH, NIRA, DHO, In-charge
	% of HFs conducting all-cause mortality audits.	Services to conform with birth & death registration Act 100% of HFs to conduct all-cause mortality audits.	General public	Health facilities, communities	Mortality audit reviews	Health workers	Free	MoH, DHO, Facility in-charge
Monitoring, evaluation, Coordination and reporting for HCD strengthened.	Proportion of KPIs monitored	100% of health sub-program KPIs monitored.	MoH stakeholders	MoH	Data collection, analysis, report writing and disseminations	Stationery, health workers,	Free	MoH
	Number of quarterly performance reviews conducted	Quarterly MoH performance reviews conducted.	MoH staff and National and Regional Level Institutions	Provided by MoH	Review meetings	Venue Refreshments Stationary	Free	MoH, LGs
	Number of quarterly sub-national performance reviews conducted	Quarterly sub-national Performance reviews conducted.						
	Annual JRM	Annual Joint Review Mission (JRM) conducted.						
		Prepare & disseminate M&E Plan for MOH Strategic Plan.						

3.5 Abridged version of MoH Service Delivery Standards

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Strategic Objective 1: To accelerate integrated Health Promotion and Disease Prevention efforts at all levels.	
Integrated essential health service package rolled out in all villages.	<ul style="list-style-type: none"> • 100% of villages and parishes to have Village health teams and community health extension workers respectively. • Two (2) VHTs Village and 2 CHEWs per Parish. • VHTs & CHEWs to undergo 2 weeks training and 6 months training respectively. VHTs & CHEWs to function in accordance to NCHS, National Community Health Strategy & implementation guidelines.
Increased access to immunization against childhood diseases.	<ul style="list-style-type: none"> • 100% of eligible children immunized as per Uganda National Expanded Programme for immunization schedule and Uganda immunization in practice guidelines. • 100% of health facilities to have effective vaccine and cold chain management. Vaccines & equipment to meet standards provided by WHO & Uganda immunization in practice guidelines.
Vaccination catchup conducted to reduce zero dose children and under immunized population	<ul style="list-style-type: none"> • 100% of Zero dose children and under immunized population vaccinated. Vaccines & equipment to meet standards provided by WHO & Uganda immunization in practice guidelines.
Nutrition education and promotion at all levels	<ul style="list-style-type: none"> • 100% of patients to be screened for nutritional status at all levels of care. • 100% of identified malnourished persons including vulnerable groups (children & pregnant women) treated for malnutrition. Services to conform to integrated management of acute malnutrition guidelines, UCG 2023,
Vulnerable populations (pregnant women, children under 5 years) receive mosquito nets.	<ul style="list-style-type: none"> • 100% of children under 5 years of age /pregnant woman to receive a long-lasting insecticidal mosquito net. • Quality: As per Continuous LLIN distribution implementation guidelines, LLINs campaign implementation guidelines. To be done in line with Continuous LLIN distribution implementation guidelines, LLINs campaign implementation guidelines.
Vulnerable populations (pregnant women, children under 5 years) receiving chemoprevention.	<ul style="list-style-type: none"> • Every pregnant woman to receive IPT starting from second trimester, every month until the child is born. • 100% of children under 5 years in malaria seasonal transmissional areas should receive chemoprevention every month during the peak transmission season. Services to conform with MoH malaria in pregnancy prevention & treatment guidelines, Seasonal malaria chemoprevention field guide.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Targeted households sprayed.	<ul style="list-style-type: none"> Every household in high burden malaria districts should conduct indoor IRS with and effective insecticide at least once a year. Services to conform with Indoor residual spraying implementation guidelines.
Mosquito Larviciding in malaria endemic districts conducted.	<ul style="list-style-type: none"> Mosquito Larviciding conducted in all malaria endemic districts every three months. Services to conform with WHO guidelines for malaria vector control, Uganda malaria reduction and elimination strategy.
Comprehensive sexual education, promotion of safer sex practices, and mass media behavior change campaigns on HIV/AIDS conducted.	<ul style="list-style-type: none"> 100% of persons receive age-appropriate safe sexual education on HIV/AIDS at all times. Services to conform with Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda.
Presumptive TB patients evaluated for TB.	<ul style="list-style-type: none"> 100% of presumptive TB patients identified in the community evaluated for TB. Services to conform with Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.
Awareness about TB/leprosy symptoms improved.	<ul style="list-style-type: none"> Community awareness about TB/leprosy symptoms promoted at all levels of care at all times. This will be in line with Uganda National Guidelines for Tuberculosis Infection Control in Health Care Facilities, Congregate Settings and Households.
NCDs risk factors prevented	<ul style="list-style-type: none"> National physical activity day conducted every year. This will be in line with National physical activity guidelines. <ul style="list-style-type: none"> Community awareness on NCDs risk factors promoted at all levels of care at all times. This will be in line with National guidelines on self-care for health and well-being 2024.
Public Water, sanitation & hand hygiene (WASH), infection prevention and control (IPC) facilities improved.	<ul style="list-style-type: none"> 100% of Health facilities to have functional healthcare waste management facilities at all times. Facilities to meet set MoH health care waste management & Uganda National IPC guidelines 2025. <ul style="list-style-type: none"> 100% of health facilities to have functional handwashing facilities. Services to meet set MoH health care waste management & Uganda National IPC guidelines 2025.
Sanitation services in urban and rural areas improved.	<ul style="list-style-type: none"> Every household (urban/rural) to have a functional basic toilet/pit latrine facility. Every urban center to have a public functional basic sanitation facility. Facilities to conform with joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025), Public health Act Cap 281.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Health inspection services in communities conducted.	<ul style="list-style-type: none"> Quarterly health inspection and compliance services in communities/public places conducted. <p>Services to conform with MoH KPIs for environmental health workers in LGs 2024, Sanitation & hygiene guidelines.</p> <ul style="list-style-type: none"> Quarterly health inspection and compliance services in Health facilities conducted. <p>Services to conform with MoH KPIs for EH workers in LGs 2024, Sanitation & hygiene guidelines, ESH, sanitation policy.</p>
Sanitation and hygiene services in food premises (urban & rural) improved.	<ul style="list-style-type: none"> 100% of food premises to be assessed for compliance with basic sanitation and hygiene services quarterly. <p>Services to conform with joint monitoring programme (JMP) for sanitation, National ODF roadmap & accelerated basic sanitation 2025), Public health Act Cap 281, sanitation policy, EHS.</p>
<p>Strategic Objective 2: To strengthen the health system for an effective healthcare service delivery and response</p>	
Policies, standards & guidelines Developed and disseminated.	<ul style="list-style-type: none"> Strategic policy documents to be reviewed every after 5 years New policy documents to be developed within 12 months. <p>Policy documents to conform with guidelines by Office of the President, WHO standards and guidelines.</p> <p>Approval through SMC, HPAC, Top management within 3 months at each level.</p> <ul style="list-style-type: none"> 100% of Health facilities (public & private) to be assessed for compliance to health service standards once every year. <p>Services to conform with Health Facility Quality Assessment Programme (HFQAP), Self-Regulatory Quality Improvement System (SQIS) and Harmonized Health Facility Assessment (HHFA) tools.</p>
Functionality of governance structures (HUMCS & Boards) monitored - RRH, GH, Community hospital boards monitored.	<ul style="list-style-type: none"> 100% of hospital management boards (Super Specialized Institutions/NRHs/RRHs/GHs) and Lower-level HUMCS functional. <p>Services to conform with MoH guidelines for Boards and HF HUMCs.</p>
Support supervision at all levels of care conducted. Client feedback system enhanced (satisfaction surveys, ROSAFI, Barazas, dialogues etc.	<ul style="list-style-type: none"> Integrated and technical support supervision visits conducted to every Health facility once every quarter. <p>Visits to conform with comprehensive support supervision strategy.</p>
Client feedback system enhanced (satisfaction surveys, ROSAFI, Barazas, dialogues etc.	<ul style="list-style-type: none"> Every Health Facility to have a functional client feedback mechanism in place. Mechanisms as per Institutional client charters.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Regulation and quality of Health Professionals Practice and Health Products monitored.	<ul style="list-style-type: none"> Ethical code of conduct adhered to by 100% of health workers at all times Adherence as per the Code of conduct and ethics for Uganda Public Service. 100% of private health facilities to have an up-to-date operating license. 100% of health workers in both public and private health facilities to have an up-to-date practicing license. <p>This process to conform with Medical & Dental Practitioners Act, Pharmacy & Drugs Act, Nurses & Midwives Act, Allied Health Professionals Act.</p>
Pharmacovigilance conducted by health facilities.	<ul style="list-style-type: none"> 100% of health facilities to report on Adverse Drug Reactions (ADRs) /Adverse Events Following Immunization (AEFI) monthly. <p>Reporting will follow the National Drug Policy & Authority Act.</p>
5S (sort, set, shine, standardize and sustain), Patient Safety Practice and culture implemented.	<ul style="list-style-type: none"> 100% of Health facilities (public & private) implement 5S (sort, set, shine, standardize and sustain), and patient safety practices. <p>Patient safety conforms to Global patient safety action plan 2021-30 and MoH HF patient safety report handbook.</p>
Essential medicines and supplies in public Health facilities available.	<ul style="list-style-type: none"> 100% of public Health facilities to have essential medicines and supplies at all times as per the 52 tracer products. <p>Products as per Essential medicines & health supplies manual, Last mile assurance guidelines, Central operations manual.</p>
Safe blood and blood products available.	<p>15 health regions to have a functional blood bank.</p> <p>100% of eligible Health facilities to provide safe blood and blood products at all times. Services to conform with WHO Guidelines and Principles for Safe Blood Transfusion Practice, Uganda Blood Donors selection/ deferral criteria.</p>
Emergency Medical Services and the referral system improved.	<ul style="list-style-type: none"> On-scene emergency medical care and referral services provided at all times. Services to conform with Uganda EMS strategy and guidelines, Pre-hospital emergency care protocols. Available functional ambulance call and dispatch system in place at all times. System to conform with ambulance services conform to medical call & dispatch guidelines, interfacility ambulance checklist, ambulance cleaning and disinfection guidelines. Type B Basic Life/ Advanced Life Support Ambulances provided to Constituencies/RRHs respectively. <p>Ambulance services conform to MoH interfacility ambulance checklist, ambulance cleaning and disinfection guidelines.</p> <ul style="list-style-type: none"> 100% of health facilities (HC III & above) have a functional EMS unit. Services to conform with Uganda EMS strategy and guidelines. Mass casualty preparedness and response mechanisms available at all levels. Services to conform with WHO mass casualty management guidelines, Uganda mass casualty management framework.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Disability health friendly services improved.	<ul style="list-style-type: none"> 100% of RRHs & NRHs to provide disability inclusive medical equipment and assistive devices. Services to conform with revised National policy on persons with disabilities 2023.
Comprehensive rehabilitation services availed at all levels	<ul style="list-style-type: none"> 100% of health facilities provide rehabilitation services as per level of care. Services to conform with basic rehabilitation package for HC IIs to HIVs, Comprehensive rehabilitation & assistive technology services for GHs & above.
Nursing and midwifery practice strengthened.	<ul style="list-style-type: none"> 100% of nurses and midwives in health facilities comply to the set standards at all levels of care. Nursing and midwifery services to conform with the Scope of Nursing and Midwifery Practice.
Annual partner mapping and updating of the database.	<ul style="list-style-type: none"> MoH database for partners in health updated annually. As provided in Partners register in MoH Partners Portal (Partners.health.go.ug).
Annual subscriptions paid to International Organisations	<ul style="list-style-type: none"> Annual subscription paid to international organisations. Subscription as per specific Memoranda of Cooperation.
Adoption of Regional and international declarations, protocols and MoCs.	<ul style="list-style-type: none"> Regional and international declarations, protocols and Memorandum of Cooperation (MoC) adopted within 12 months of declaration.
Integrated health services provided to refugees.	<ul style="list-style-type: none"> Integrated health services provided to refugees at all times. Services to conform with Global compact on refugee, Health sub-program integrated refugee response plan and other refugee policy documents.
Geographical access of Health services expanded.	<ul style="list-style-type: none"> 100% of persons in Uganda access public health facility within 5km radius. HC III per sub- county, HC IV per constituency, GH per district.
Health facilities provided with the basic medical buildings and sanitary services to facilitate quality health care service delivery	<ul style="list-style-type: none"> 100% of health facilities to have the basic medical buildings and sanitary services. Buildings to conform with Ministry of Works Transport (MoWT) standards specifications for building works.
Staff accommodation at the health facility improved	<ul style="list-style-type: none"> At least 60 % of critical staff accommodated at health facility. Buildings conform with Ministry of Works Transport (MoWT) standards specifications for building works.
Health facilities provided with essential medical equipment.	<ul style="list-style-type: none"> 100% of health facilities have essential medical equipment as per level of care. Equipment to conform with National medical equipment maintenance guidelines.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Functional Health Infrastructure	<ul style="list-style-type: none"> 100% of medical equipment in all public Health facilities to be maintained, serviced and repaired within 30 days of notification. Maintenance conforms to National medical equipment maintenance guidelines, operational manual for regional medical equipment maintenance workshops and medical equipment maintenance guidelines. <ul style="list-style-type: none"> Annual maintenance conducted for all civil infrastructure at all levels. Maintenance conforms to MoWT standards specifications for building works. <ul style="list-style-type: none"> 100% of health facilities staffed to a minimum level of 65%. Staffing to conform to Ministry of Public Service (MoPS) approved staff establishment.
Adequate and well-trained human resources for health at all levels in place.	<ul style="list-style-type: none"> 100% of health workers to undergo relevant CPDs for at least 48 hours a year. CPDs conducted as per MoH staff training and professional guidelines. 100% of medical, nursing and pharmacy students to undergo a one-year internship program following completion of academic training. Internship conducted in line with Medical & Dental Practitioners Act, Pharmacy & Drugs Act, Nurses & Midwives Act, Allied Health Professionals Act.
In-service training undertaken.	<ul style="list-style-type: none"> Comprehensive in-service training of health workers every 3 to 4 years in essential health care package, leadership and management. Trainings to conform with MoH staff training and professional guidelines, MoH Training Plan.
Strategic Objective 3: To enhance the accessibility and utilization of high-quality integrated services for both communicable and non-communicable prevention, control, and response	
Client centered and Integrated health services provided at all levels of care.	<ul style="list-style-type: none"> 100% of levels of care to provide comprehensive patient-centered and integrated health services. Integration to conform with practical guide on provision of integration of health services.
Provision of clinical care at health facilities.	<ul style="list-style-type: none"> Patients to be attended to within 30 minutes on arrival at a health facility.
Access to malaria treatment services improved.	<ul style="list-style-type: none"> 100% of patients with suspected malaria are subjected to a confirmatory test and treat with an effective antimalarial within 24 hours of diagnosis (uncomplicated malaria). Patients with severe malaria to receive treatment and supportive care within 2 hours. 100% of sick children under 5 years /pregnant mothers treated within 24 hours. Services to conform with UCG 2023, Integrated malaria management guidelines, Malaria treatment guidelines.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
HIV/AIDs control and treatment services improved.	<ul style="list-style-type: none"> • 100% of persons tested for HIV/AIDS at all levels of care Testing to conform to UCG 2023, National HIV Testing Services Policy and Implementation Guidelines Uganda.
Screening for Hepatitis infection & treatment conducted	<ul style="list-style-type: none"> • 100% of HIV positive cases are initiated and retained in care at all levels of care. Treatment to conform to UCG 2023, Consolidated guidelines for the prevention and treatment of HIV and AIDS in Uganda.
Access to treatment and control of TB and leprosy services improved.	<ul style="list-style-type: none"> • 100% of eligible population screened and eligible persons initiated on treatment. Services to conform with Uganda guidelines for prevention, testing, care and treatment of hepatitis b and C virus infection. <ul style="list-style-type: none"> • 100% of persons at risk screened and tested for TB & leprosy at all levels. • All TB & leprosy positive cases initiated and complete treatment at all levels • 100% of TB patients started on treatment to be monitored monthly for response to treatment for Drug Resistant TB. Services to conform with UCG 2023 & Manual for management and control of tuberculosis and leprosy.
Provision of mental health services in all Health facilities.	<ul style="list-style-type: none"> • 100% of HC IVs and above to provide integrated mental & psychosocial support services. Services to conform with National policy on Elimination of gender-based violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.
Provision of GBV services at all levels of care.	<ul style="list-style-type: none"> • Gender-responsive health services, legal support, and community education provided to all persons who have experienced gender-based violence (GBV). Services to conform with National policy on Elimination of gender-based violence in Uganda, Disability-Inclusive Gender-based Violence Prevention and Response: A guide for state institutions in Uganda.
Access to palliative care services improved	<ul style="list-style-type: none"> • 100% of HC IIIs and above to provide palliative and geriatric care services Services to conform with Narcotic Drugs and Psychotropic Substances (Control) Act, 2024, Human rights, ethical, legal issues in palliative care- guide for health workers, Palliative care strategy 2025-30.
Multi-sectoral & health sector capacity in NCDs & injury prevention and control enhanced	<ul style="list-style-type: none"> • 100% of clients to be screened and managed for relevant NCDs at all levels. NCDs (cancers, heart diseases, hypertension, etc.) managed according to Uganda clinical guidelines and Uganda integrated guidelines for the management of NCDs
Access to NTDs Services improved	<ul style="list-style-type: none"> • Neglected Tropical Diseases (NTDs) screening and treatment services provided at all levels of care at all times. Services to conform with Uganda NTD master plan 2023-27.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Centers of excellence in provision of oncology, cardiovascular and trauma services at both National and Regional Levels established.	<ul style="list-style-type: none"> • 100% of targeted health regions to have functional oncology, cardiovascular and trauma centers of excellence. Centers established as per MoH Strategic Plan 2025-30.
Medical Laboratory and diagnostic imaging services provided	<ul style="list-style-type: none"> • Laboratory services to be provided at all health facilities. Services to conform with the national standard test menu, techniques and supplies list for laboratories, UCG 2023. <ul style="list-style-type: none"> • Imaging services provided from HC IIIs and above. Services to conform with Uganda diagnostic and therapeutic Imaging guidelines.
Strategic Objective 4: To promote optimal delivery of maternal, neonatal, infant, child, and adolescent health services at all levels.	
Maternal and child health services at all levels of care provided.	<ul style="list-style-type: none"> • All levels of care to provide quality and accessible maternal, neonatal, child & adolescent friendly services. • Facilities to provide services as per Uganda essential maternal and newborn care guidelines, UCG 2023.
Increased demand and uptake of reproductive health services.	<ul style="list-style-type: none"> • Sexual and Reproductive Health (SRH) information and services provided at all levels of care at all times. • 100% of adolescents and young people to access confidential, age-appropriate and non-discriminatory adolescent sexual and reproductive health services at all levels of care at all times. Services to conform with National adolescents and young people SBC plan. <ul style="list-style-type: none"> • 100% of health facilities to offer a wide range of family planning methods at all levels of care. Services conform with Family Planning costed implementation plan, FP comprehensive training manual.
Improved early antenatal care (ANC) attendance for all pregnant women.	<ul style="list-style-type: none"> • 100% of Pregnant women to attend ANC before 13 weeks. • 100% of Health facilities to provide ANC booking and baseline investigations. ANC services to conform with Uganda Goal oriented ANC protocol.
Improved quality of intrapartum care for all pregnant women.	<ul style="list-style-type: none"> • 100% of births to be conducted by a skilled health worker. • 100% of health facilities to provide complete Emergency Obstetric and Newborn Care (EmONC) functions at all times. • 100% of health facilities to provide quality intrapartum care at all times. Services to conform with Uganda essential maternal and newborn care clinical guidelines.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
Improved access to care for sick and small newborns.	<ul style="list-style-type: none"> 100% of health facilities to provide neonatal care services as per level of care. Services to conform with guidelines for managing sick and small new borns.
Notification of maternal and perinatal deaths.	<ul style="list-style-type: none"> 100% of maternal and perinatal deaths notified within 24 hours and reviewed within 7 days. Services to conform with Maternal and Perinatal Death Surveillance & Response (MPDSR) guidelines.
Assessment of adolescent girls for pregnancy.	<ul style="list-style-type: none"> 100% of adolescent girls to be assessed for pregnancy at all levels of care. Services to conform with National adolescents and young people SBC plan.
School health package rolled out in all schools.	<ul style="list-style-type: none"> 100% of schools to implement school health package. Services conform with the Uganda school health standards, WHO/UNESCO health promotive school's framework.
Strategic Objective 5: To strengthen health research, innovation, technology, and information uptake in healthcare, complementary medicines, and emerging health threats	
Epidemic prone and priority diseases prevented and/or detected.	<ul style="list-style-type: none"> Event or disease to be detected within 7 days of its occurrence/ outbreak with conformity to WHO/MoH IDSR guidelines. Services to conform with MoH National technical guidelines for integrated disease surveillance & Response.
Epidemic prone and priority diseases investigated and reported	<ul style="list-style-type: none"> Response undertaken within 7 days of the outbreak with conformity to WHO/MoH IDSR guidelines. Services to conform with MoH National technical guidelines for integrated disease surveillance & Response.
Promote digitalization of the health information system.	<ul style="list-style-type: none"> 100% of HC IVs and above to have a functional electronic medical records system (EMR) at all times. System to conform with guidelines for the implementation of the Electronic Medical Records (EMR).
Health facility databases developed and updated.	<ul style="list-style-type: none"> A national health facility (public and private) directory updated at all times.
Health research conducted	<ul style="list-style-type: none"> At least 5 operational health-related researches conducted annually.
Health innovations and technology uptake promoted.	<ul style="list-style-type: none"> Policy briefs on health innovations, programs and interventions developed annually. At least 2 policy briefs developed annually.

OUTPUT/SERVICE DESCRIPTION.	Service Standard (Coverage, Quality, Quantity, Time, Process, Accessibility).
<p>Birth & death registration scale up.</p>	<ul style="list-style-type: none"> • 100% of births and deaths to be registered in the country. <p>Services to conform with birth & death registration Act.</p> <ul style="list-style-type: none"> • 100% of Health facilities to conduct all-cause mortality audits.
<p>Monitoring, evaluation, Coordination and reporting for HCD strengthened.</p>	<ul style="list-style-type: none"> • 100% of health sub-program KPIs monitored. • Quarterly MoH performance reviews conducted. • Quarterly sub-national Performance reviews conducted. • Annual Joint Review Mission (JRM) conducted • Prepare & disseminate M&E Plan for MOH Strategic Plan



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