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# STRATEGIC PLAN

**2023/24 – 2027/28**



**MAY 2023**



**MINISTRY OF EDUCATION AND SPORTS - UGANDA**

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## ABBREVIATIONS AND ACRONYMS

<b>UIAHMS</b>	Uganda Institute of Allied Health and Management Sciences – Mulago
<b>UVQF</b>	Uganda Vocational Qualification Framework
<b>HET</b>	Health Education and Training
<b>TVET</b>	Technical and Vocational Education and Training
<b>KCCA</b>	Kampala Capital City Authority
<b>GDP</b>	Gross Domestic Product
<b>ODAs:</b>	Other Degree- Awarding Institutions
<b>OTIs:</b>	Other Tertiary Institutions
<b>SDGs</b>	Sustainable Development Goals
<b>NDPII</b>	National Development Plan II
<b>BTVET</b>	Business, Technical, Vocational Education and Training
<b>UNEB</b>	Uganda National Examinations Board
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>HESFB</b>	Higher Education Students’ Financing Board
<b>MOES</b>	Ministry of Education and Sports
<b>GOU</b>	Government of Uganda
<b>UNICEF</b>	United Nations Children’s Fund
<b>MOH</b>	Ministry of Health
<b>UAHEB</b>	Uganda Allied Health Examinations Board
<b>MOFPED</b>	Ministry of Finance, Planning and Economic Development
<b>IRB</b>	Internal Review Board
<b>NCHE</b>	National Council for Higher Education



## PREFACE



The changing paradigm in the health sector development trajectory has necessitated corresponding shift in the planning and management of human resource production in many of the health training institutions. Equitable access to cost-effective, quality health care nearer to the people cannot be achieved if Uganda does not have competent and appropriately skilled health professionals. The inadequate number of health workforce also causes geographical distribution inequalities because the skilled health workforce gravitates to urban settings leaving the rural areas under-served. To achieve self-sufficiency in the health workforce, the country's education sector has developed a policy framework that will see increased production of competently trained health workers. The training also emphasizes skilling the products of education institutions and this will be achieved through holistic practical education and training of adequate, hands-on and quality health professionals.

These and other related considerations, are what underpin this Strategic Plan (2023/24-2027/28). The Uganda Institute of Allied Health and Management Sciences-Mulago is poised to contribute towards transformation agenda of the country's education sector through its unique and unprecedented training programs in the coming years. Four strategic priority areas from which strategic objectives of this document emerge have been identified and will be addressed in the next five years. The broad areas are:

- 1) Weak institutional capacity for resource mobilization.
- 2) Inadequate infrastructure and materials for teaching and learning;
- 3) Inadequate funding, and
- 4) Insufficient facilities for practicum placements.

The Governing Council of this institution recognizes that substantial and sustained long-term investments backed by political will, strong commitments and effective implementation of relevant policies, strategies and standards must be fostered to achieve the aspirations of UIAHMS strategic plan.

**Dr. Charles W.B. Matsiko**  
CHAIRMAN GOVERNING COUNCIL

## ACKNOWLEDGEMENT



This plan has been developed to consolidate the gains made in the implementation of the previous strategic plan. It comes at a very opportune moment when the National Development Plan II (NDPII), the Education Sector Strategic Plan (ESSP), Health Sector Development Plan (2015/16-2019/20) and other planning frameworks are under review. These reviews have greatly informed the strategic direction for the Institute for the coming five years.

The plan further pronounces the institute's strategic direction for the next five years, the goals to be pursued, the strategic objectives and the interventions thereof.

The process of preparing this strategic plan has been highly participatory, both internally and externally, involving a variety of stake holders. We therefore, wish to acknowledge with great gratitude all the stakeholders and institution for their generous contributions.

I therefore take this opportunity to invite all stakeholders to come and support the effective implementation of this plan. As an institution, we reiterate our commitment to using the support to fully implement the objectives set herein.

A handwritten signature in blue ink, appearing to read 'Nassali Rose', written in a cursive style.

**Nassali Rose**

PRINCIPAL – UIAHMS – MULAGO

## EXECUTIVE SUMMARY

Uganda Institute of Allied Health and Management Sciences - Mulago (UIAHMS) is a leading educational institution dedicated to providing exceptional training in Allied Health and Management Sciences. This strategic plan for the next five years is aimed at advancing the quality of education, expanding programs offered, fostering research and innovation, strengthening partnerships, and contributing to the growth of Uganda's health sector.

### Vision

A leading Centre of excellence in education and training of Allied Health Professionals and Management Scientists.

### Mission

To train, develop and inspire competent and Responsive Allied Health Professionals and Management Scientists using appropriate technology to meet the community health care needs.

### Strategic Objectives

#### **To strengthen institutional capacity of UIAHMS for resource mobilization:**

UIAHMS will; Continuously develop and implement mechanisms for improving infrastructure to increase the available space and other facilities for teaching and learning to support optimal student enrolment to achieve annual revenue targets from fees, Provide career guidance to target and potential applicants for offered academic programs through creation of awareness through talk shows, visits to secondary schools, and exhibition website posts, Develop well targeted annual work plans and budgets for advocacy and lobbying for increased government funding for the Institution and, Map potential local and international partners and developing targeted mutually beneficial proposals to attract donations and grants from the local and international communities and non-governmental organisations.

#### **To strengthen human resource capacity of UIAHMS for education and training.**

We will; expand review and develop adequate and responsive staffing structure for UIAHMS – Mulago, Develop and implement a costed staffing plan for the Institution and Establish a mechanism for attracting and retention of qualified human resource.

#### **Health and Standards:**

Mainstream HIV/AIDS interventions into all activities and programs at UIAHMS, including education, prevention, and support services.

Establish a structured management system for addressing HIV/AIDS, COVID-19, and other emergency outbreaks within the institution.

Promote compliance with Standard Operating Procedures (SOPs) related to health and safety measure Cross-Cutting Issues: Gender and Equity:

Ensure that gender and equity considerations are integrated into all activities and interventions undertaken by UIAHMS.

Develop specific programs and initiatives aimed at promoting gender equality and addressing equity concerns within the institution.

Conduct continual sensitization and education efforts to raise awareness about health issues and promote healthy behaviours among the UIAHMS community.

**To develop functional ICT infrastructure at UIAHMS for education, training and management.** The institution anticipates to; Develop ICT policy and review the existing ICT systems, and strategy to align with the current and future needs of UIAHMS – Mulago, Establish the state-of-the-art ICT web portal for institutional academic registry and other management functions and Establish state of the art e-library with national and international networks.

**To strengthen capacity of UIAHMS for education, training and co-curricular activities.**

We will; Develop a strategy for identification and optimization of the existing and potential games and sports talents, Strengthen and establish the academic programs and Create a conducive environment for UIAHMS to prepare for and actively participate in competitive games, sports and tournaments with other Institution by establishing a multi-purpose ground for games and sports.

**To develop institutional capacity of UIAHMS for research.**

We will; Develop and follow through costed annual research agenda and budget, Develop and follow through costed annual research agenda and budget, Facilitate research as a means to institutionalise evidence-based practice within the Institution, Facilitate research and publications as a means to institutionalise evidence-based practice within the Institution and Establish and strengthen the existing research units so as to entrench the research culture.

To Design, construct structures and develop instructional and related materials/ equipment to facilitate effective learning, teaching and research; The institute has successfully secured land from Mulago for development of additional structures.

### **Physical Infrastructure Development:**

Allocate resources for the expansion of infrastructure, both physical and human resources, to accommodate more courses.

Implement the master plan developed by UIAHMS for structural development.

Prioritize the construction of additional classrooms, accommodation facilities, and improvements to existing structures to support the growing needs of the institution.

#### **Accessibility for Persons with Disabilities (PWDs):**

Incorporate ramps and other accessibility features into the design of all new construction projects to ensure that PWDs can easily access classrooms and offices.

Retrofit existing structures to make them more accessible for PWDs, addressing any barriers that may currently exist.

#### **Environmental Preservation:**

Implement measures to preserve the natural environment surrounding the institution, including maintaining green cover and minimizing environmental impact during construction projects.

Construct designated walkways to minimize damage to the environment and provide safe pathways for students, staff, and visitors.

By addressing these areas of concern and implementing the suggested interventions, UIAHMS can enhance its infrastructure development efforts while also promoting inclusivity, sustainability, and health within the institution.

#### **Project interventions strategy**

1. Create a Master Plan that will give guidance to future developments of the School.
2. Increase on the Students Capacity for the School.
3. Increase on the School spaces.
4. Accommodate for expansion of new programmes for the School.
5. Create spaces that can bring income to the School.
6. Increase on Hostel Accomodation for the School.
7. Provide Recreational facilities (Basketball, Volleyball & football) for the School.
8. Create employment for people both during Construction and Operation.
9. Enhance the skyline around the site.
10. Create a benchmark for future developments in this area.

## 1.0 INTRODUCTION AND BACKGROUND

Uganda Institute of Allied Health and Management Sciences-Mulago (UIAHMS) is the largest public Allied Health Training Institution in Uganda. It offers training in wide-ranging health disciplines; up to twenty-two in number at certificate, basic diploma and post-basic levels. The institute also collaborates with Mbarara University of Science and Technology in offering a Bachelor's Degree Program in Medical Laboratory Science. A number of other new programs being developed are in the pipeline.

UIAHMS derives its mandate from the Universities and Other Tertiary Institution's Act 2001, the Business, Technical and Vocational Education and Training (BTVET) Act 2008 and the Uganda Vocational Qualification Framework (UVQF). Since it's a health institution that specializes in training Allied health workers, its operations are regulated by both the National Council for Higher Education and the Allied Health Professionals Council (established by the Allied Health Professionals Statute 1996).

### 1.1 Governance and Management of UIAHMS

Uganda Institute of Allied Health and Management Sciences is a government institution established under the Universities and Other Tertiary Institutions Act, 2001. It is under the Health Education and Training (HET) Division of the Technical Vocational Education and Training (TVET) Department of the Ministry of Education and Sports. UIAHMS' priority is to meet the community health workforce needs as identified by the Ministry of Health. UIAHMS therefore works in close collaboration with the MOH as a key stakeholder to meet the health needs of the country as spelt out in the NDP III

UIAHMS is located on Mulago Hill, Kawempe Division, Kampala Capital City Authority (KCCA) and works closely with the KCCA through its Department of Education which supervises UIAHMS on behalf of Ministry of Education and Sports (MOES) at the local government level. The role of KCCA is operational oversight of UIAHMS and coordination of its activities within KCCA.

UIAHMS has a Governing Council appointed by the Minister of Education and Sports that oversees the general management of the affairs of the institution and exercises general control of the property of the institution. The technical wing of UIAHMS is headed by the Principal who is the Chief Academic and Administrative Officer as well as the Accounting Officer of the institution. The Principal is assisted by a Deputy Principal whose main responsibility is to oversee the academic activities of the Institute.

UIAHMS offers 23 (twenty-three) academic programs each headed by a Principal Tutor that is answerable to the Principal. The role of the Principal Tutor is to plan, coordinate and implement the teaching and learning activities of the respective academic programs. These academic programs are grouped under five Academic Departments as per table 1 below.

**Table 1: Departments and Academic Programs in UIAHMS**

Department	Diploma Programs	Certificate Programs
Medical Diagnostic and Instrumentation	i) Medical Laboratory Sciences ii) Medical Entomology and Parasitology iii) Medical Imaging	
Department of Medical Rehabilitation	i) Physiotherapy ii) Occupational Therapy iii) Orthopaedic Technology iv) Speech and Language Therapy v) Dental Technology v) Audiology	
Department of Public Health and Management Sciences	i) Health Promotion and Education ii) Environmental Health Sciences iii) Health Service Management iv) Medical Records and Informatics v) Health Counselling and Social Care vi) Clinical and Community Nutrition	Certificate in Environmental Health Sciences  Certificate in Medical Records & Informatics
Department of Clinical Studies	i) Public Health Dentistry ii) Orthopaedic Medicine iii) Anaesthesia iv) Pharmacy v) Ear, Nose and Throat, Head and Neck Surgery	Certificate in Pharmacy
Department of Basic Sciences and Core Studies	i) Basic Sciences ii) Core Studies	

## 1.2 Demographic context

Uganda's population is among the youngest and fastest growing populations in the world. Since its independence from the British in 1962, Uganda has seen its population increase more than fivefold, growing from just under 8 million in 1965 to more than 44 million in 2019. In the next 30 years, its population is expected to double, reaching nearly 90 million by 2050, making Uganda the 21st most populous country in the world, with a population density comparable to that of South Korea. Rapid population growth has meant a ballooning youth population. Nearly half (48 percent) of all Ugandans are under the age of 14. Another 20 percent is between the ages of 15 and 24 (World Education System 2020).

Population growth also threatens to overwhelm gains made in the economy, which, despite impressive growth rates over the past several decades, is still weak by international standards. In 2018, Uganda's per capita Gross Domestic Product (GDP) was less than half of that for all of Africa. With more than 1.5 million people born annually, the pace at which new jobs are created is far too slow to allow the labor market to absorb the large number of Ugandan youths entering it each year. According to the African Development Bank Group, Ugandan youths account for around 83 percent of all unemployed Ugandans, the highest youth unemployment rate in all of Africa (World Education System 2020).

### **1.3 Vocational Education and Training in Uganda**

The World Education System report 2020 indicates that despite the importance of Technical and Vocational Education and Training (TVET) to both Uganda's current agricultural economy and its expected, future oil-based economy, the TVET sector in Uganda faces significant challenges. While the government has attempted reforms, a long history of underfunding, mixed messaging, and overlapping jurisdictions have left the sector underutilized and ill regarded. But growing interest in oil- and gas-related technical education and rising enrollment numbers may hint at a brighter future.

According to a UNESCO Institute for Lifelong Learning report, Uganda's TVET sector has long faced challenges. As late as 2011, more than 60 percent of large and medium-size businesses in Uganda considered the content and teaching methods of the country's vocational institutions irrelevant to the needs of the modern economy

The government attempted to improve the sector through the enactment of the Business, Technical, Vocational Education and Training (BTJET Act 2008). The sponsors of this Act hoped that it would help in coordination of the country's unwieldy TVET sector by establishing regulatory bodies and qualification and competency frameworks. However, studies suggest that the Act has done little to improve the sector's quality of training. A 2018 analysis funded by the International Development and Research Centre (IDRC) found that funding remained too limited to adequately meet the needs of staff and provide for vocational institutions (World Education System 2020).

### **1.4 Policy and Legislation context**

Uganda is a signatory to several international protocols and agreements. In particular, in April 2001, Uganda as a signatory, committed to the Abuja Declaration to set a target of allocating at least 15% of their annual budget to improve the health sector, the United Nations General Assembly of 2015 ushered in the Sustainable Development Goals (SDGs) to be achieved between 2016 and 2030. Uganda also signed the 2016 World Health Assembly resolutions that adopted the Global Strategy for Human Resources: Workforce 2030. Additional complementary endorsements that support Health Systems Strengthening include the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2009) that focuses on nine major priority



areas namely; (i) Leadership and Governance for Health, (ii) Health Service Delivery, (iii) Human Resources for Health, (iv) Health Financing, (v) Health Information Systems; (vi) Health Technologies (vii) Community ownership and participation (viii) Partnerships for health development and (ix) Research for Health.

At the country level, Government's Second National Development Plan (NDPII) highlights the need to: increase equitable access to appropriate skills training at all levels; improve the quality and relevance of skills development; and to enhance the efficiency and effectiveness in skills delivery broadly. Sustainable Development Goal (SDG) 4 aims to “ensure inclusive and equitable quality education and to promote life-long learning opportunities for all.” In addition, SDG 8 intends to “promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

The Constitution of the Republic of Uganda-1995 provides for the right to education under Article 30. The operationalization of this right is supported by the: Education (Pre-Primary, Primary and Post Primary) Act; Business Technical Vocational Education and Training (BTJET) Act; Universities and Other Tertiary Institutions Act (as amended); Uganda National Examination Board (UNEB) Act; National Curriculum Development Centre (NCDC) Act Cap 135; Education Service Act; Uganda National Commission for United Nations Educational, Scientific, Cultural Organization (UNATCOM-UNESCO) Act; Higher Education Students' Financing Board (HESFB) Act; Employment Act; Local Government Act; and the Public Private Partnership Act among others. Currently, TVET delivery does not address the shortage of practical skills required in the economy for income generation. The current training emphasizes acquisition of academic certificates instead of emphasizing the acquisition of the requisite skills and competencies needed in the world of work. The delivery methods are largely theoretical and academic as opposed to flexible, work-oriented and practical delivery approaches. This has led to major loss of economic productivity, competitiveness and consequently to the high levels of either unemployment or underemployment (MOES 2019).

### **1.5 Socio-economic context**

Worldwide gross domestic product in 2021 was at about 12,230 USD per capita. GDP in Uganda, on the other hand, reached USD 884 per capita, or 40.53 billion USD for the whole country. Uganda is therefore currently ranked 93 of the major economies (World Bank 2022). The economic recovery is expected to continue, with GDP projected at 4.6% and 6.2% in 2022 and 2023, driven by services, following the reopening of schools in 2022 and recovery in the hospitality sector (African Development Bank 2018).

According to econometric models of the World Bank, GDP in Uganda is expected to reach 42.60 billion USD by the end of 2023. According to Trading Economics global macro models and

analysts' expectations, in the long-term, Uganda's GDP is projected to trend around 44.64 billion USD in 2024 and 62.74 billion USD in 2025.

With higher prices and policy tightening, growth in real consumption slowed, possibly because of reduced purchasing power, limited credit growth, and job losses. Employment fell after the second lockdown in June 2021 and remained at the same level in June/July 2022. Half of the population was moderately food insecure.

## **1.6 Disease burden and epidemiology**

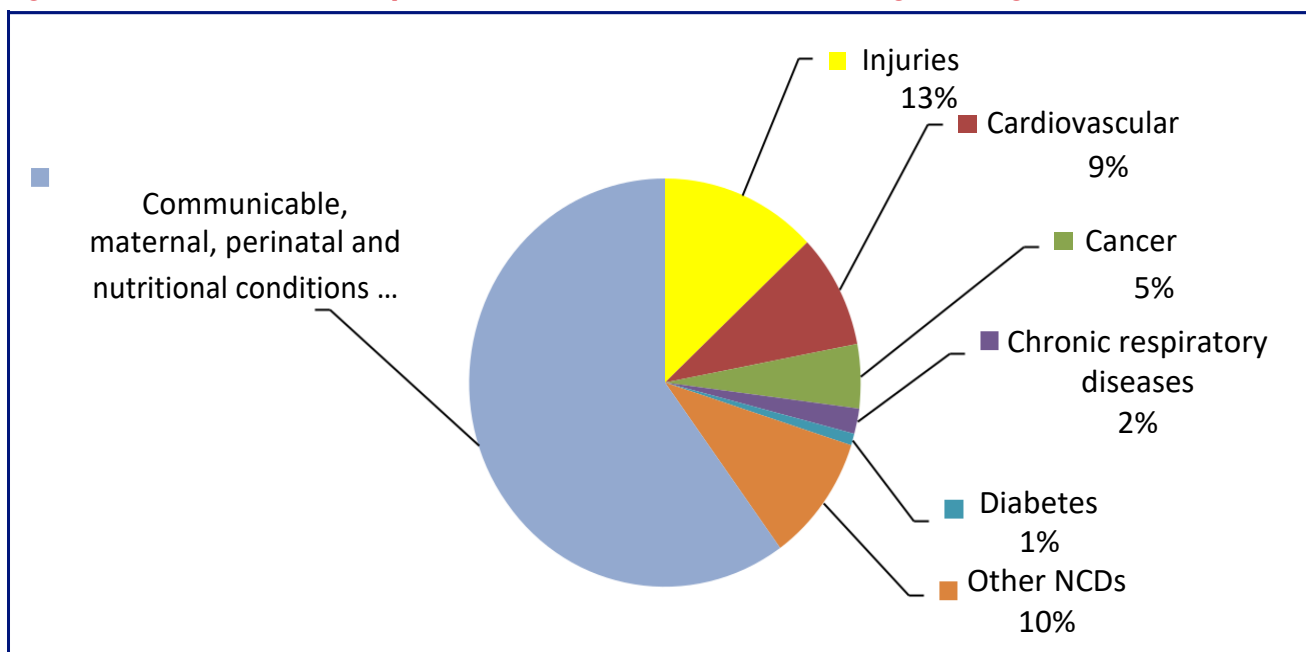
Evolving epidemiologic profiles and population structures are increasing the burden of noncommunicable diseases and chronic conditions on health systems throughout the world. Uganda still has high burden of maternal and new-born mortality. About 4 of every 100 infants die mainly due to neonatal conditions and prematurity. More than one of every five children who die before their fifth birthday, die before one month of age. On average 10-13 mothers die every day while giving birth. These mothers die mainly from hemorrhage (46%), hypertensive disorders (11%), puerperal sepsis (6%) and abortion related complications (5%). The deaths of most mothers and newborns can be avoided by improving the quality and uptake of care during pregnancy and at childbirth all of which have an implication on the number and skills mix of the health workforce.

In financial year (FY) 2018/19, children under 5 years accounted for 11% of outpatient attendance and 44% of admissions in health facilities despite being only 17% of the population. Malaria, pneumonia, cough/cold, acute diarrhea, skin diseases and intestinal worms which are preventable were responsible for 75% of outpatient attendance. One in four girls aged 15-19 years is childbearing, 12% of 10–19-year-old girls are married and 42% of all the pregnancies are among adolescents. About half (55%) of adolescents and youth do not receive friendly services and HIV infections rates are highest among girls around this age group. Adolescents face multiple risky behaviors, and special skills are needed for adolescent health.

About 50% of admissions of patients above 5 years are due to malaria, injuries, urinary tract infections, gastro-intestinal disorders and NCDs (hypertension, mental illness, diabetes, sickle cell disease etc.). Additionally, road traffic accidents caused 29 deaths per 100,000 people in Uganda. Adults have a high burden of sexual and reproductive health (SRH) conditions with 33% of married women having unmet need for family planning (FP) and half of women have experienced inter-partner violence. One in every four adults suffers from an NCD and 10% of Ugandans aged 18-69 years have at least three risk factors for NCDs with 20% aged 45-69 years having more than three risk factors. More than 75% of the disease burden in Uganda is caused by preventable diseases.

The draft HSDP II focus is therefore primarily on health promotion and disease prevention, with emphasis on reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services to reduce maternal, neonatal and child deaths. Availability and accessibility of skilled motivated midwives would significantly reduce maternal and neonatal deaths. This has implications on the cadre mix of the health workforce, and the focus of the education and training of health workers. The summary of the major causes of mortality and their relative contribution to deaths in all ages is in figure 1. Communicable diseases, pregnancy and childbirth related conditions and malnutrition are responsible for 60% of all mortality in Uganda. While NCDs contributed only 10% to the deaths their importance is growing with the increasing prevalence of NCDs.

**Figure1: Causes of mortality and relative contribution for all ages in Uganda, 2020**



Source: Ministry of Health Ten-Year Training Plan, 2020/21-2029/30

## 1.7 The Health System Context

There are 6,937 public and private health facilities in 128 districts, with physical accessibility estimated at about 86% (population living within 5 km walking distance from a public or private health facility). However, the pattern of access to health care is not uniform across the sub-regions (UNHS 2016/17). Of the total facilities in Uganda, 3,133 (45.2%) are public, 1002 (14.4%) are private-not-for profit (PNFP), while 2,795 (40.3%) are private-for-profit health providers (PFP), and 7 (0.1%) are community owned facilities.

There are 5 National Referral Hospitals, 13 Regional Referral Hospitals, 163 General Hospitals (53 public, 69 PNFP, and 41 PFP), 222 Health Centres level IV (HCs IV), 1,574 Health Centres level III (HCs III), 3,365 Health Centres level II (HCs II), 1,572 General Clinics and 24 Special

Clinics which include TASO, AIDS Information Centre (AIC) and Children's AIDS Fund Uganda (CAFU) clinics (National Health Facility Master List, 2018).

There are specialized facilities which include Mulago Women and Neonatal Specialized Hospital, Uganda Cancer Institute (UCI) and Uganda Heart Institute (UHI), and a Specialized Pediatrics hospital which is currently under construction.

The 2019 Uganda Service Availability and Readiness Assessment (SARA) Report showed critical gaps in availability of services, and in capacity of facilities to provide these services. The general service readiness index i.e., the capacity of facilities in Uganda to provide general services was only 52%. Health workforce shortage and suboptimal skills mix were among the factors for the gaps in service availability. Major challenges remain in institutionalized quality improvement (QI) due to insufficient capacity of work improvement teams and follow up by the health facility leadership and district health teams. Poor quality of services results in gross wastage of the health investments and poor health outcomes. It also leads to wastage of resources due to referral abroad and loss of life for those who are unable to afford treatment abroad. Table 1 shows the distribution of health facilities by sub-region to illustrate the relative availability of services in the sub-regions.

**Table 2: Distribution of health facilities by level and sub-region, 2018**

Region	Health Facility level								Total
	General	HCII	HCIII	HCIV	GH	RRH	NRH	Special Clinic	
Central	1,166	1,323	498	68	62	3	5	9	3,133
Central 1	294	422	310	33	28	1	-	5	1,093
Central 2	91	316	140	22	12	1	-	-	582
Kampala	781	585	48	13	22	-	5	4	1,458
Eastern	161	694	380	52	37	3	-	7	1,334
East Central	60	349	112	18	12	1	-	3	555
Mid-Eastern	86	218	190	20	17	1	-	3	535
North Eastern	15	127	78	14	8	1	-	1	244
Northern	118	554	320	33	29	4	-	3	1,061
Karamoja	2	89	44	4	4	1	-	-	144
Mid Northern	78	307	147	18	13	2	-	2	567
West Nile	38	158	129	11	12	1	-	1	350
Western	133	793	372	69	35	4	-	4	1,410
Mid-Western	42	286	189	26	14	2	-	s-	559
South Western	91	507	183	43	21	2	-	4	851
<b>Total</b>	<b>1,578</b>	<b>3,364</b>	<b>1,570</b>	<b>222</b>	<b>163</b>	<b>14</b>	<b>5</b>	<b>23</b>	<b>6,937</b>

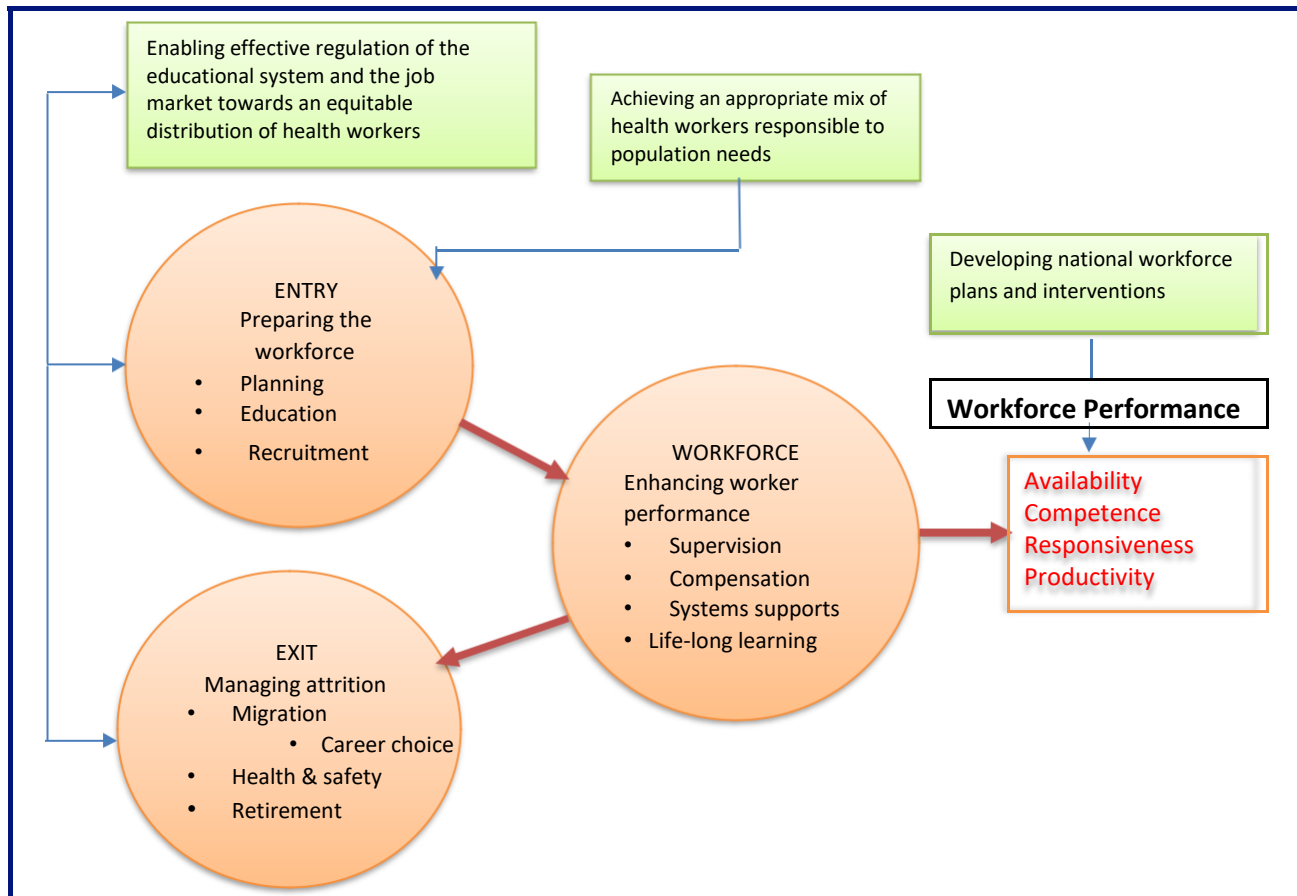
Source: National Health Facility Master List, 2018

## 1.8 Health Workforce Education and Training in Uganda

Upon review of the unsatisfactory performance of previous Human Resources for Health (HRH) strategies in mitigating for severe health workforce crisis, Uganda heeding international (WHO 2013; UN 2016) and regional (ECSA-HC 2013) calls decided to transform health profession's education and training and resolved to adopt a paradigm shift in regard to planning, educating, deployment, management and rewarding health workers. The premise is to institute a transformative scale up of health professionals' education and training to increase the quantity and quality of health workforce to address the needs of the country. This therefore calls for proper planning at UIAHMS Mulago to augment government efforts in overcoming the mismatch

between the responsibilities of education and training of Allied Health Professionals in relation to health systems and population needs of the country. Figure 2 provides the WHO's tenets or stages of workforce development (WHO 2006), which will be considered in conceptualizing and analyzing the HRD situation at UIAHMS-Mulago.

**Figure 2: Stages of Workforce Development**



Source: World Health Organization 2006

## 1.9 The Purpose of UIAHMS strategic plan

The purpose of this Strategic Plan is threefold:

- 1) To specify the strategic priorities for UIAHMS growth and development
- 2) To outline objectives for the next five years in order to provide a frame work for short- and medium-term plans
- 3) To coalesce the efforts of UIAHMS, line ministries, development partners, other training institutions, Alumni and other stakeholders into a collective, concerted and cooperative effort regarding UIAHMS development agenda for the next five years.

## 2.0 SITUATIONAL ANALYSIS

This chapter gives an analysis of the situation of UIAHMS with respect to internal and external environment. It provides an analysis of the performance of the institution during the previous strategic plan.

### 2.1 Health workforce situation

Seventy-five percent (75%) of the disease burden in Uganda is still preventable through health promotion and disease prevention. The major determinants of health in Uganda include levels of income and education, housing conditions, access to sanitation and safe water, cultural beliefs, social behaviors and access to quality health services.

Available evidence indicates that in Uganda 56% of children suffer from multiple deprivations (GoU & UNICEF, 2019). These lack adequate basics including health care and education, social and family life, clean and safe drinking water, proper housing, clothing, and regular meals with sufficient and nutritious food. The COVID-19 pandemic has also strained health systems and disrupted essential education and health services globally and in Uganda leading to reversal of some of the gains realized in the last 5 years.

Generally, the Health Sector in Uganda continues to experience considerable workforce challenges arising from low numbers, inadequate skills and motivational factors. The ratio of Doctors to the patients in Uganda currently stands at 1:24,725 which is significantly lower compared to Kenya at 1:7,100, Cuba at 1:169 as in 2002 and Malaysia at 1:2000. The ratio of nurses to the population in Uganda is 1:1,634, compared with 1:877 in Kenya, 1:740 in Malaysia in 2000 and 1:134 in Cuba in 2002. The low number of Health Professionals in Uganda adversely affects the delivery of Health Services in 2002.

The country faces challenges manifested in terms of high public expenditure on medical services abroad due to weak quality of Medical and Healthcare Services in the Country; a low technology component of medical services, and low numbers of Research and Development (R&D) personnel with one R&D personnel per 1000 labour force compared to OECD Countries that range from 5 to 18 R&D personnel per 1,000 labour force. Technology Achievement Index (TAI) for Uganda is 0.24 compared to Malaysia at 0.4 and South Africa at 0.34. The share of expenditure on R&D as a percentage GDP is 0.3 percent compared to Malaysia at 0.63 in (2005/2006). These problems call for intensive focused and well-coordinated collaboration between the training institutions, the health sector and other stakeholders. It is worth noting that UIAHMS is a major producer of mid-level health work force most needed for primary care in Uganda. UIAHMS therefore is a foremost supplier of the frontline health workforce required to meet the health needs in the country. The public sector is the largest employer of UIAHMS' graduates.

## **2.2 Performance of the previous UIAHMS Strategic Plan 2018-2023**

UIAHMS made notable achievements and learnt lessons from the implementation of the Strategic Plan 2018 – 2023.

### **2.2.1 Improve and modernize institutional infrastructure**

Under this objective, UIAHMS was able to establish new academic programs including a Certificate Program in Pharmacy (2018), and a Diploma Program in Ear Nose and Throat and Neck Surgery for direct entrants (2020).

The Institute library was also strengthened with an assortment of relevant reading materials and 40 library seats during the period. There was progress in infrastructure improvement including completion of lower and premier hostels, renovation of the kitchen and the OTTS school. The construction of hygiene block was completed while the construction of girls' hostel was started in 2021. Skills laboratories for some programs like OPM, EHS and MLT were equipped. Support with 30 computers was received from the Uganda Communications Commission. The Institute successfully negotiated partnership of OTTS School with Vision Africa.

### **2.2.2 Implementation of the new human resource structure for UIAHMS**

Achievements under this objective included the operationalization of academic departments and filling of some positions in the structure namely the IT officer, the procurement officer, the welfare officer, and two senior accounts assistants. The Institution received three (3) new Health Tutors, while six (6) Health Tutors were promoted to senior positions. The Institution also received one (1) substantive Laboratory Assistant and one (1) Dental Assistant for the UIAHMS clinic which is also used for practical teaching/learning purposes.

In addition, there was salary enhancement for Academic staff, and improved welfare through giving food rations and corporate wear for the staff. Some staff were supported to go for further studies in areas such as Medical Education. There was also retooling of staff through training on performance management, participatory development of the client charter and equipping staff with management skills.

### **2.2.3 Developing, upgrading and updating some academic programmes and systems to meet the current trends in policies and professionalism.**

Under this objective, UIAHMS created new programs such as a Certificate Program in Pharmacy, a Diploma Program in ENT for direct entrants. Curriculum review for programs such as Environmental Health Sciences (EHS), Orthopedic Medicine (OPM) and Health Promotion and Education (HPE) is ongoing. A procurement and disposal unit was established, facilitated and is now fully functional. Land for expansion of the Institution was acquired at Migadde and Tororo.



### 2.2.4 Challenges in implementing the Strategic Plan 2018-2023

1. Most of the curricula are either overdue for review or have never been developed to conclusion, for example ENT curriculum has not been completed and approved. Only 13.6% of the curricula have been reviewed, though not completed.
2. The multipurpose laboratories are still not fully equipped.
3. Only 38.8% staff are substantively appointed in their respective positions.
4. Research capacity in the Institute is still weak.
5. COVID – 19 Pandemic negatively impacted the Institute. Generally, there was reduction in productivity as the number of staff to attend to physical work had to be limited and instead staff were encouraged to work from home where this was a feasible option. We had to close the Institute for a long time which delayed implementation of programs. Admission of students was suspended and the resultant reduction in student numbers significantly reduced locally mobilized revenue hence the severe shortage of funds to run the Institute that ensued.
6. Reduced funding negatively impacted the range of services that could be provided to the students. Steps to remedy this shortfall led to students' unrest. This consequently pushed the institution to edge and it took tense rounds of meetings to restore calm and maintain security.
7. Repair of sections of lower hostel which were gutted by fire that burnt down the dining hall and some the adjacent staff and student accommodation was stayed due to inadequate funding.
8. Escalating prices of essential commodities as a result of reduced production and availability as the national economy generally slowed down as a result of COVID -19 pandemic related restrictions further constrained the operations of the Institute
9. Increased training costs per student at practicum sites constrained curriculum implementation and skills development.

### 2.2.5 Lessons Learnt

- i) Political will and support are critical in managing shocks caused by unpredictable challenges such as COVID – 19 Pandemic
- ii) Aggressive networking and collaboration with Developmental Partners are essential for the development of the Institute for example renovation of Orthopedic Technology School (OTTS) toilet system and repair of some equipment therein was possible because of the support from Vision Africa.
- iii) Institutional saving culture is important, for example through some institutional savings the institution was able renovate some institution structures.

### **2.3 Financing of UIAHM'S Strategic Plan**

UIAHMS relies on Government financing for much of the budget expenditures especially in the category of capital development. However, this government financing has consistently declined over the past five years. Occasionally the Institution receives some support from development partners. Under such circumstances, the Institution is recurrently constrained in addressing the priorities for education and training. This strategic plan therefore is poised to address financing bottlenecks for the next 5 years.

### **2.4 Finance Strategy Objectives**

The goal of the UIAHMS in the next five years from FY2023/2024 to FY2025/28 is to sustainably manage the institutions' financial resources to ensure its long-term growth. This is intended to help; Manage financial resources to ensure long-term sustainability of UIAHMS.

Effective resource mobilisation to sufficiently fund implementation of activities as detailed in the strategic plan.

Protect and grow revenue sources through diversification and partnership with other tertiary and universities, Establish new academic programs.

Enhance efficient budget management and expenditure control systems for cost containment.

### **2.5 Financial Resources and mobilisation**

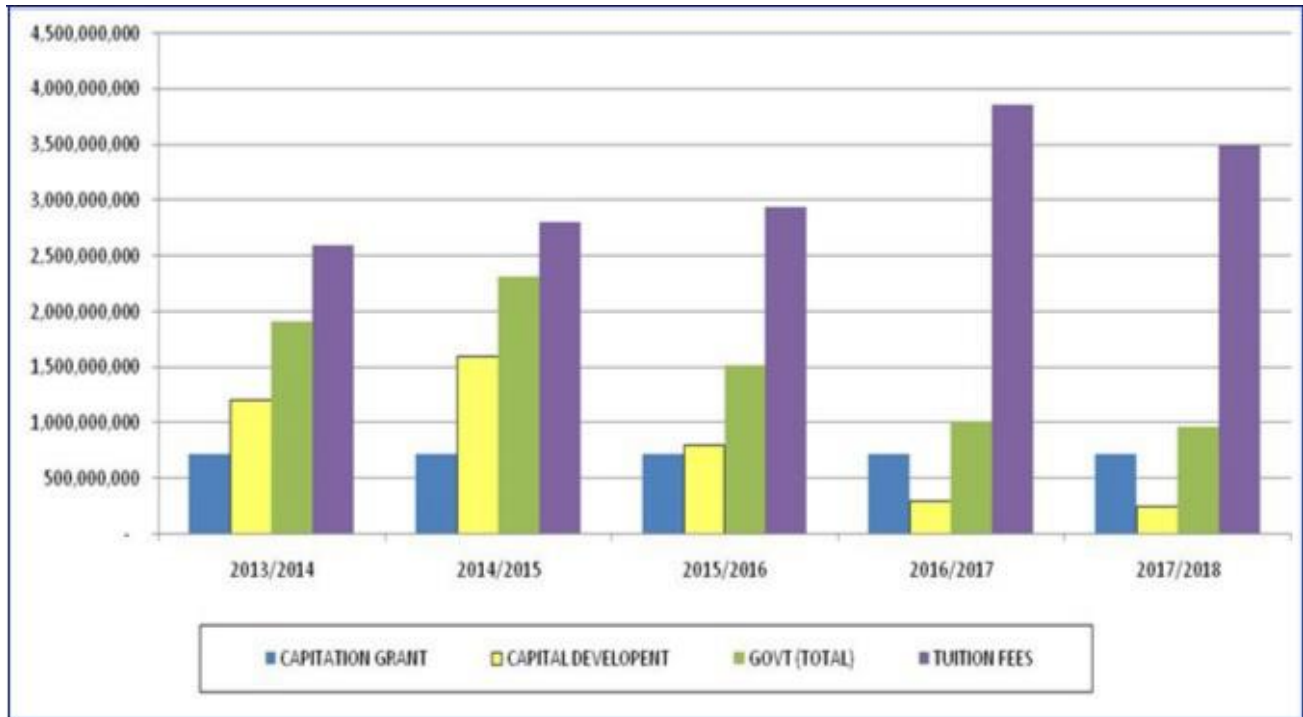
UIAHMS collects tuition and receives complementary funding from government to support its key operations. Therefore, UIAHMS needs to be able to compete for students to sustain an annual growth rate that provides sufficient resources to be spent in educational quality, health, research and technological changes.

### **2.6 Medium-term Expenditure Framework (MTEF) Projections and Implications for Strategic Plan Budget.**

This will be based on Departmental Operational Work Plan and Projections.

The financial performance of UIAHMS for the period 2013/14-2017/18 is depicted in the graph and figure 2.

**Figure 3: Budget Performance Analysis for 2013/14-2017/18**



The budget performance analysis for the period 2013/14 to 2017/18 shows that there is a steady decline in the flow of government capitation grants both for capital and recurrent costs in the years 2013/2014 to 2017/2018.

The budget performance for the financial year 2018/19-2022/23 is presented in table 3 and figure 3.

**Table 3: Funding of UIAHMS for the FY2019 – FY2022/2023 by source**

	Financial Year	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
GRANTS	CAPITATION	711,951,010	1,261,800,990	481,534,305	748,172,001	823,363,934
	DEVELOPMENT	-	-	-	1,439,999,948	750,000,000
SUB-TOTAL GRANTS		711,951,010	1,261,800,990	481,534,305	2,188,171,949	1,573,363,934
INTERNAL REVENUE	TUITION FEES	3,208,230,560	2,256,220,814	1,961,100,635	5,359,729,013	5,895,701,914
	OTHER INCOME	402,495,102	210,040,000	1,117,023,485	942,798,130	1,037,077,943
SUB-TOTAL INTERNAL REVENUE		3,610,725,662	2,466,260,814	3,078,124,120	6,302,527,143	6,932,779,857
GRAND TOTAL		4,322,676,672	3,728,061,804	3,559,658,425	8,490,699,092	8,506,143,791

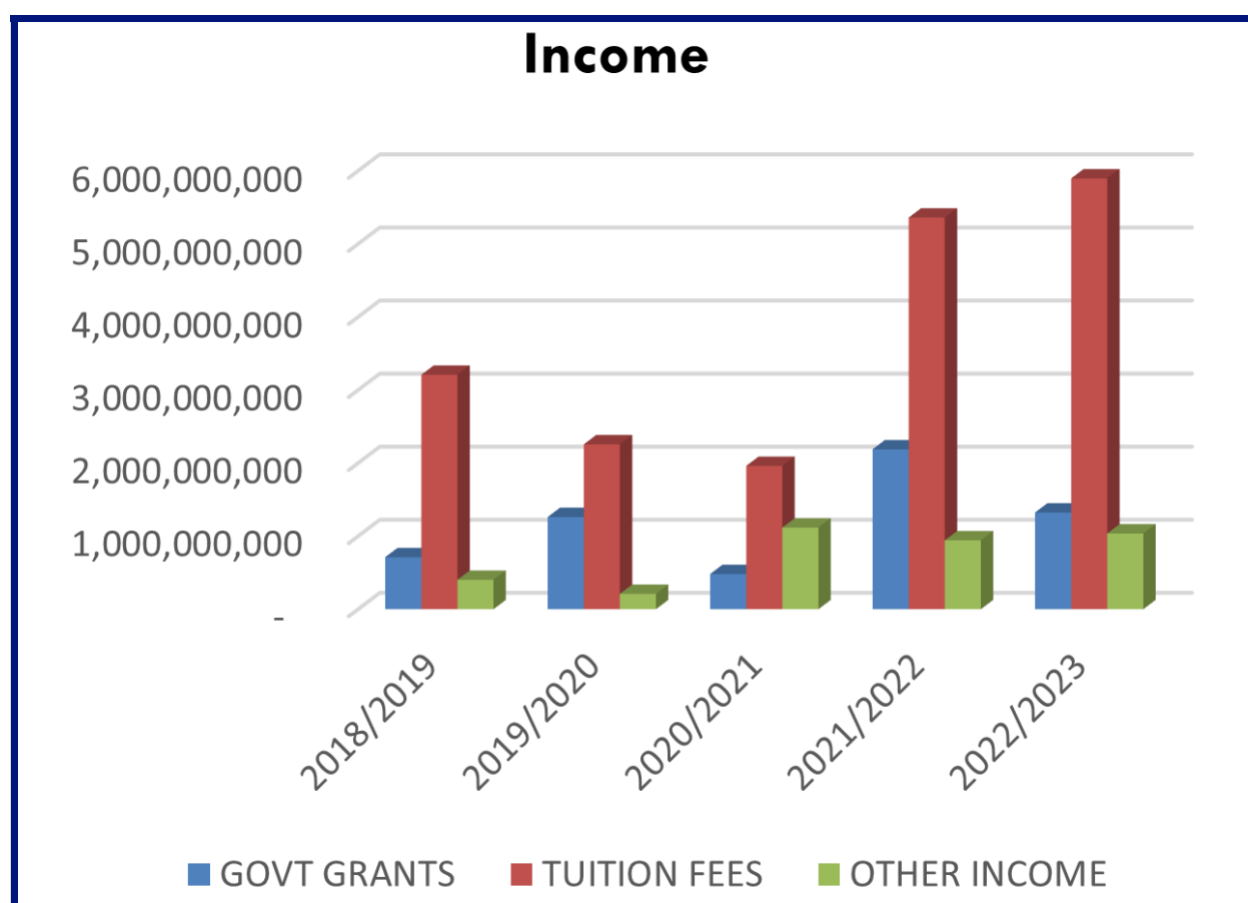
**Figure 4: Level of Funding of UIAHMS for the FY2018/2019 – 2022/2023 by source**

Table 3 and Figure 4 above indicate that the institution received the highest amount of grant from government in financial year 2021/2022. This spike resulted from the development grant of Uganda shillings 1,439,999,948 received to finance the construction of the girls' hostel. The hostel is still under construction hence more support still needed to complete the same. From 2018 to 2022, the institution endured worrying fluctuations in capitation grants which in one way or the other affected the institution's operations. To bridge the gap created by shortfalls in government grants, the institution was cushioned by a meagre 12.7% average growth per annum in internally generated revenues. This was mainly a result of; a noteworthy improvement in the number of privately sponsored students enrolled per year, application fees, hiring out institution facilities for UAHEB's examinations marking, rent from premier hostel, institution kiosks and canteens among others.

**Table 4: Summary of Expenditure for the last five year**

CLASSIFICATION	2018/19	2019/20	2020/21	2021/22	2022/23
Wages	696,344,706	557,075,765	632,757,408	755,062,634	792,815,766
Non-wage	2,781,683,371	2,178,980,053	2,107,237,697	5,101,095,022	7,390,520,466
<b>Total Recurrent Expenditure</b>	<b>3,478,028,077</b>	<b>2,736,055,818</b>	<b>2,739,995,105</b>	<b>5,856,157,656</b>	<b>8,183,336,232</b>
Expenditure on Development	792,690,785	233,167,268	270,096,476	1,937,495,648	310,000,000
<b>Grand Total Expenditure</b>	<b>4,270,718,862</b>	<b>2,969,223,086</b>	<b>3,010,091,581</b>	<b>7,793,653,304</b>	<b>8,493,336,232</b>

**Figure 5: Financial Expenditure for the Last Five Years 2018-2023**

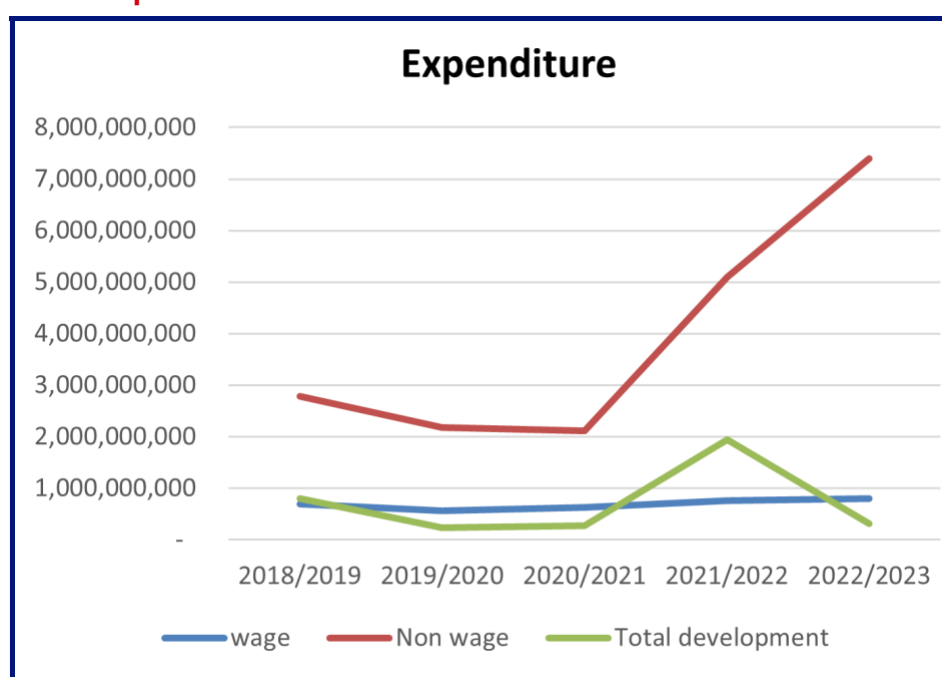


Figure 5 shows that between 2018 and 2021 there was a notable decline in non-wage expenditure. Non-wage expenditure comprises of administrative costs, co-curricular costs, repairs and maintenance, training and tuition expenses, expenditure on goods, services and consumables, transport costs among others. The lowest expenditure that was recorded in 2020/21 is attributable to COVID-19 lockdown that led to a slowdown in activities. From financial year 2021/2022, as normalcy in institutional operations returned, the non-wage expenditure started to sharply increase and is projected to continue rising beyond highest 32.4% increase. The notable upward trend in wage expenditure of up to 3.6% was as a result of the growing numbers of employees.

The above developments particularly the growth in student numbers that in some way enabled the institution to bridge the financing gaps was not without its own challenges, foremost among which was inadequate infrastructure and resources to effectively meet the needs of this swelling student population. This is because the more the students enrolled, the greater the recurrent expenditure and the greater the need for infrastructural expansion. This was a dilemma to UIAHMS because there was no noteworthy corresponding infrastructural expansion. This difficulty, if not quickly addressed might in the long run negatively impact the quality of services and ultimately the quality of graduates.

## 2.4 SWOT ANALYSIS

The SWOT analysis was carried out with an aim to develop strategies that will leverage the strengths, exploit the opportunities, address the weaknesses and manage the threats. The results of the SWOT analysis are shown in table 5.

**Table 5: SWOT Analysis for UIAHMS**

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• UIAHMS is a Public Health Training Institution hence funded by the Government of the Republic of Uganda</li> <li>• It is strategically located in the central business district-Kampala, Uganda's Capital City and largest urban Centre. This is a great advantage in terms of being the most in-demand institution and most convenient for key stakeholders.</li> <li>• It has well established leadership structures comprised of a legally constituted Governing Council, Management team and an Academic Board, each made-up of with members with the right mix of expertise and experiences</li> <li>• It offers the widest range of demand-driven health training programs in Uganda making it the largest and most renowned nationally and regionally.</li> <li>• It has quality human resource namely highly qualified health tutors, clinical instructors and practical skills laboratory attendants. This academic team is supported an equally vibrant team of support staff such as managers and officers at various levels. This combination effectively guarantees the quality of the institution's services and products</li> <li>• Its graduates are highly sought-after by the market, and hence can easily access employment.</li> <li>• It physically neighbors one of the world's most renowned Universities - Makerere University. This University's Medical School with the best facilities, technologies and human resources in the land can easily be accessible to UIAHMS' students.</li> <li>• It has a huge potential in the area of research with best opportunities in form of an accessible Makerere University medical school library in addition to the institution's own highly promising Library and ICT department.</li> <li>• It has a systematic staff development program</li> <li>• It is positioned within Uganda's National Specialized Referral Hospital complex where modern approaches to Health Care service delivery are in use. This same Hospital is home to UIAHMS' students for practical/clinical attachment hence offering the best preceptorship in Uganda in form of the highly skilled staff in the various disciplines</li> </ul>	<ul style="list-style-type: none"> <li>• A substantial number of staff are employed by the Governing Council. This has an incapacitating impact on the institutional budget.</li> <li>• Inadequate institutional infrastructure for both students and staff.</li> <li>• Inadequate research capacity.</li> <li>• Inadequate capacity for training and co-curricular activities in terms of appropriately skilled personnel, equipment, distant practicum sites</li> <li>• Inadequate information technology structures.</li> <li>• The current space occupied by the Institution is too limited to accommodate all the required physical expansion</li> <li>• Some of the cadres trained by the Institution lack career and academic progression paths</li> <li>• Lack of modern laboratories to match the current demand in the health market</li> <li>• The Institution specializes in training Diploma Courses a good number of which are being offered at degree level by a growing number of private Universities country wide</li> <li>• Market flooding for some graduates</li> </ul>

<ul style="list-style-type: none"> <li>It owns prime land in Migadde and Tororo. This will enable UIAHMS to expand through establish off-campus centers and facilities particularly by setting up the Institution's own state of the start games and sports facilities and required accommodation facilities as well as establishing specialized demonstration sites to mirror community settings.</li> </ul>	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>Emerging regional cooperation that increases job markets of graduates of the Institution in the East African Community.</li> <li>The Institution has partnerships with other institutions both locally and abroad</li> <li>Science Education is prioritized by Government</li> <li>The institution offers unique programs in the region and the world at large.</li> <li>There is room for academic growth for various cadres (career progression).</li> <li>Favorable policies and interventions in Education and Health Sectors such as the HESFB loan scheme that have come to the aid of a good number of students.</li> <li>The institution owns land at Migadde where an institution-owned bigger satellite campus can be set up in addition to the one at Lacor in Gulu District.</li> </ul>	<ul style="list-style-type: none"> <li>High competition with Private Health Training Institutions in the Country and across borders.</li> <li>Modern technology e.g., MRI, CTC Scan etc. being introduced in the market that is far too advanced compared the one being used by UIAHMS</li> </ul>

## 2.5 UIAHMS Stakeholders and roles

In order to ensure that the strategies and plans are in line with stakeholders' expectations, a stakeholder analysis was carried out. The process involved identifying and interviewing various internal and external stakeholders to understand their expectations and their impact on the Strategic Plan. The expectations of the different stakeholders of the institution and their impact on the Strategic Plan for the period are given in table 6.



**Table 6: Roles of various stakeholders**

Stakeholder	Roles
Parliament of Uganda	<ul style="list-style-type: none"> <li>• Enacting laws</li> <li>• Resource allocation</li> <li>• Advocacy for good education</li> <li>• Monitoring of performance</li> </ul>
Education Service Commission	<ul style="list-style-type: none"> <li>• Recruitment of staff on government payroll</li> <li>• Staff discipline</li> </ul>
Education Standards Agency	<ul style="list-style-type: none"> <li>• In charge of Education standards</li> </ul>
	<ul style="list-style-type: none"> <li>• Oversee the development of standards and guidelines for health worker training</li> </ul>
Curriculum Development Centre	<ul style="list-style-type: none"> <li>• Curriculum approval of all training programmes</li> <li>• Supervise development and review of training curricula for UIAHMS</li> </ul>
Ministry of Education and sports	<ul style="list-style-type: none"> <li>• Development of Education Policy and ensuring compliance</li> <li>• Appointment of the Governing Council</li> <li>• Supervision of education programmes</li> <li>• Participation in the development of standards and guidelines for health worker training</li> <li>• Promote sport and physical exercise</li> <li>• Implementation of the School Health Program</li> <li>• Ensuring quality training of health workers.</li> </ul>
Ministry of Health	<ul style="list-style-type: none"> <li>• Formulation of HRH policies in collaboration with MOES and other ministries</li> <li>• Participation in development of standards and guidelines for health worker training</li> <li>• Participation in education policy and strategy formulation and review</li> </ul>
Health Professional Councils	<ul style="list-style-type: none"> <li>• Participation in development of standards and guidelines for health worker training</li> <li>• Participation in education policy and strategy formulation and review</li> <li>• Registration and licensing of graduates from UIAHMS</li> </ul>

Stakeholder	Roles
National Council for Higher Education	<ul style="list-style-type: none"> <li>• Accreditation of academic programmes</li> </ul>
Mulago Specialized Hospital	<ul style="list-style-type: none"> <li>• Implementation of MOES training policies, standards and guidelines for health worker training</li> <li>• Participation in policy and strategy formulation and review</li> <li>• Acts as practicum site</li> <li>• Supervision of students on practical placement</li> <li>• Participation in training of Allied Health Professionals</li> <li>• Participation in Governance of UIAHMS</li> <li>• Participation in performance reviews</li> </ul>
Ministry of Finance, Planning and Economic Development	<ul style="list-style-type: none"> <li>• Provision of adequate financial resources for implementation of UIAHMS Strategic Plan</li> <li>• Provide data that is required to inform education planning (e.g. UDHS, Household surveys, vital statistics)</li> </ul>
	<ul style="list-style-type: none"> <li>• Participation in development of sectoral policies and strategies</li> <li>• Project appraisals</li> <li>• Joint planning, monitoring and review of education sector performance</li> </ul>
Ministry of Public Service	<ul style="list-style-type: none"> <li>• Maintenance of Pay roll</li> <li>• Development and maintenance of HRH policies, standards and guidelines</li> <li>• Performance based contracting of HRH</li> <li>• Inspection of performance management implementation</li> <li>• Joint planning and review of sector performance</li> </ul>
Kampala City Council Authority	<ul style="list-style-type: none"> <li>• Participation in MOES policy development and review</li> <li>• Enforcement of the Public Health Act</li> <li>• Submission of reports</li> <li>• Supervision and monitoring of health service delivery and give feedback on UIAHMS graduates</li> <li>• Support infrastructural development</li> <li>• Passing of by-laws</li> <li>• Approval of building plans before construction</li> </ul>
Ministry of Internal Affairs (including Uganda Police Force)	<ul style="list-style-type: none"> <li>• Participation in development policies and strategies</li> <li>• Joint planning and review of Education Sector performance</li> <li>• Keeping law and order at campus and practicum sites</li> <li>• Maintenance of peace and security for people and property of UIAHMS-Mulago</li> </ul>

Stakeholder	Roles
Education Development Partners	<ul style="list-style-type: none"> <li>• Provision of demand driven technical assistance and inputs into implementation of UIAHMS priorities</li> <li>• Complement financing of the UIAHMS priorities with earmarked or un earmarked funds</li> <li>• Actively participate in joint education sector planning, monitoring and review to support HRH development</li> </ul>
Private Sector (PFP)	<ul style="list-style-type: none"> <li>• Contributing towards policies development, planning, monitoring and evaluation for UIAHMS.</li> <li>• Resource mobilization for UIAHMS from households, organizations both local and international.</li> <li>• Providing or participating in research, community and social mobilization, advocacy, capacity building including human resources development, logistical support, technical assistance and other services at all levels of education.</li> <li>• Ensuring proper utilization of resources and accountability in support of UIAHMS.</li> </ul>

## 2.6 Student Enrolment and output trends

**Table 7: Trends in enrolment of student 2018-2022**

Type of Programme	Enrolment capacity	2018	2019	2020	2021	2022
1. Medical Laboratory Technology	40	81	73	60	44	35
2. Medical Radiography	35	51	45	27	20	17
3. Physiotherapy	25	34	37	22	27	10
4. Pharmacy	60	77	83	77	89	64
5. Dental Technology	12	09	12	17	10	10
6. Occupational Therapy	15	23	14	17	12	05
7. Public Health Dentistry	45	55	64	44	54	34
8. Orthopaedic Medicine	65	73	68	63	58	28
9. Orthopaedic Technology	60	27	21	18	13	03
10. Clinical and Community Health	30	33	35	30	14	10
11. Ear, Nose, Throat and Neck Surgery	54	05	06	36	09	16
12. Medical Entomology and Parasitology	30	21	12	08	10	07
13. Medical Records and Informatics	20	20	11	13	16	06
14. Environmental Health Sciences (in-service)	50	71	75	68	55	75
15. Audiology	10	03	02	03	02	02
16. Anaesthesia	35	60	56	54	64	52
17. Speech and Language Therapy	00	00	00	00	00	00
18. Health Promotion and Education	15	06	04	08	08	11
19. Health Counseling and Social Care	00	00	00	00	00	00
20. Health Leadership and Management	60	108	82	80	75	69
21. Certificate in Environmental Health Sciences	70	112	126	150	141	37
22. Certificate in Pharmacy	60	00	34	59	65	38
23. Certificate Medical records	20	08	00	00	10	05

**Table 8: Trends of output of students 2018-2022**

Programme	2018	2019	2020	2021	2022	Annual average output
1. Medical Laboratory Technology	05	45	51	48	74	44.6
2. Medical Radiography	19	25	14	14	48	24
3. Physiotherapy	09	16	08	20	39	18.4
4. Pharmacy	44	48	71	36	60	51.8
5. Dental Technology	03	04	01	06	14	5.6
6. Occupational Therapy	07	16	13	18	19	14.6
7. Public Health Dentistry	38	46	35	37	55	42.2
8. Orthopaedic Medicine	27	57	10	76	77	49.4
9. Orthopaedic Technology	39	36	20	23	26	28.8
10. Clinical and Community Health	27	30	09	20	36	24.4
11. Ear, Nose, Throat and Neck Surgery	08	03	03	01	04	3.8
12. Medical Entomology and Parasitology	11	19	22	20	21	18.6
13. Medical Records and Informatics	15	15	11	09	21	14.2
14. Environmental Health Sciences (in-service)	37	70	67	56	73	60.6
15. Audiology	03	03	02	02	01	2.2
16. Anaesthesia	29	44	31	36	55	39
17. Speech and Language Therapy	N. A	N. A	N. A	N. A	N. A	
18. Health Promotion and Education	17	05	04	05	10	8.2
19. Health Counseling and Social Care	N. A	N. A	N. A	N. A	N. A	
20. Health Leadership and Management	43	61	70	78	84	67.2
21. Certificate in Environmental Health Sciences	36	132	101	83	119	94.2
22. Certificate in Pharmacy	N. A	N. A	N. A	N. A	30	30
23. Certificate in medical records and informatics	01	09	11	04	05	06

## 2.7 Teaching staff Capacity at UIAHMS Mulago

### 2.7.1 Staffing

**Table 9: Staffing level of UIAHMS, 2023**

Programme	Post	Approved Positions	Filled	Gap
1. Medical Laboratory Technology	Principal Tutor	1	0	1
	Senior Tutor	2	2	0
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>		<b>5</b>
2. Medical Radiography	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>		<b>8</b>
3. Physiotherapy	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>		<b>9</b>
4. Pharmacy	Principal Tutor	1	0	1
	Senior Tutor	2	1	1
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>		<b>8</b>
5. Dental Technology	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	3	0	2
	<b>Total</b>	<b>9</b>		<b>9</b>
6. Occupational Therapy	Principal Tutor	1	0	1
	Senior Tutor	2	2	0
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>		<b>7</b>
7. Public Health Dentistry	Principal Tutor	1	0	1
	Senior Tutor	3	2	1
	Tutor	4	1	3
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>4</b>	<b>5</b>
8. Orthopaedic Medicine	Principal Tutor	1	0	1

Programme	Post	Approved Positions	Filled	Gap
	Senior Tutor	2	2	0
	Tutor	4	1	3
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>3</b>	<b>6</b>
9. Orthopaedic Technology	Principal Tutor	1	0	1
	Senior Tutor	2	1	1
	Tutor	4	1	3
	Other	2	3	.....
	<b>Total</b>	<b>9</b>	<b>5</b>	<b>5</b>
10. Clinical and Community Nutrition	Principal Tutor	1	0	1
	Senior Tutor	2	1	1
	Tutor	4	1	3
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>2</b>	<b>7</b>
11. Ear, Nose, Throat & Neck Surgery	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
12. Medical Entomology & Parasitology	Principal Tutor	1	0	1
	Senior Tutor	2	2	0
	Tutor	4	1	3
	Other	2	1	1
	<b>Total</b>	<b>9</b>	<b>3</b>	<b>6</b>
13. Medical Records and Health Informatics	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
14. Environmental Health Sciences (In-service)	Principal Tutor	1	0	1
	Senior Tutor	2	1	1
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>1</b>	<b>8</b>
15. Audiology	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	1	3
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>1</b>	<b>8</b>
16. Anaesthesia	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>

Programme	Post	Approved Positions	Filled	Gap
17. Speech and Language Therapy	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
18. Health Promotion and Education	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
19. Health Counseling and Social Care	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	1
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>8</b>
20. Health Leadership and Management	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>1</b>	<b>8</b>
21. Certificate in Environmental Health Sciences	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
22. Certificate in Pharmacy	Principal Tutor	1	0	1
	Senior Tutor	2	0	2
	Tutor	4	0	4
	Other	2	0	2
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>9</b>
23. BMLS	Principal Tutor	1	1	0
	Lecturers	2	0	2
	Ass. Lecturer	3	0	3
	Laboratory Technologist	1	0	1
	<b>Total</b>	<b>7</b>	<b>1</b>	<b>6</b>



**Table 9.1: Non-Teaching level of UIAHMS, 2023**

Office	Post	Establishment	Filled	Gap	Status
Academic Registry	Academic Registrar	1	1	0	G. Council
	<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	
Library	Librarian	1	1	0	G. Council
	Assistant Librarian	2	0	2	
	<b>Total</b>	<b>3</b>	<b>1</b>	<b>2</b>	
Office Administration	Administrative officer	1	1	0	G. Council
	Drivers	6	6	0	G. Council
	Office attendants	8	8	0	G. Council
	Records officer	1	1	0	G. Council
	Assistant records officer	2	2	0	G. Council
	Stenographer secretary	2	1	0	G. Council
			1	0	Government
	Estates manager	1	1	0	G. Council
	Electrician	1	1	0	G. Council
	Technician	1	0	1	
	Mechanic	1	0	1	
	Pool stenographer	1	0	1	
	Receptionist	1	1	0	G. Council
	Plumber	1	1	0	G. Council
	Office typist	6	6	0	G. Council
	Security guard/ Askari	8	8	0	G. Council
	Assistant Nursing officer (Skills Laboratories)	2	1	1	G. Council
	Enrolled Nurse	2	2	0	G. Council
	Warden	2	1	1	G. Council
	Councillor	1	1	0	G. Council
	Sports Officer	1	1	0	G. Council
	Clinical officer	1	1	0	G. Council
	Head cook	1	0	1	Government
	Waiters/ Waitress	2	1	1	G. Council
	Kitchen attendant	23	15	0	G. Council
			8	0	Government
	<b>Total</b>	<b>76</b>	<b>69</b>	<b>07</b>	

### 2.7.2 Summary of priority staff and infrastructure requirements

In order to support the implementation of this UIAHMS strategic plan, the office of the Principal together with the senior management team will need to address specific internal constraints relating to human resource capacity, issues of education and training as well as the programmatic funding issues. In the sections that follow, this document gives illustrative examples of each strategic priority, details the focus areas within each strategic priority and provides some illustrative interventions with corresponding indicators. The specific interventions at this stage remain illustrative; but they will continuously be adjusted according to the evolving needs and prevailing realities of the Ugandan education sector during the implementation period.

**Table 10: Summary of priority staff and infrastructure requirements**

PROGRAMME	PRIORITY AREA	CRITICAL NEEDS
<b>STAFFING</b>		
	<b>Category of staff</b>	<b>Number of staff required</b>
Medical Radiography	Principal tutor	01
	Senior Tutors	02
	Tutors	04
	Clinical instructors	03
ENT school	Principal tutor	01
	Senior Tutors	02
	Clinical instructors	03
MLT	Principal tutor	01
	Tutors	03
	Clinical instructors	03
Health Leadership and Management	Principal tutor	01
	Senior Tutors	02
	Clinical instructors	01
BMLS	Lecturers	02
	Ass. Lecturers	03
	Laboratory Technologist	01
<b>INFRASTRUCTURE AND OTHER RELATED NEEDS</b>		
Administration	Administration Block 1	Offices for Principal, Accounts, Secretary and Reception Boardroom
ENT and Audiology	Office space	<ul style="list-style-type: none"> <li>Each school requires office space.</li> <li>Limited learning resources and materials in the library.</li> </ul>
Clinical and Community Nutrition	Lecture room	<ul style="list-style-type: none"> <li>Inadequate lecture rooms</li> <li>Lack of skills laboratory and Kitchen for practical activities</li> </ul>
Medical Laboratory Technology (MLT)	Lecture room	<ul style="list-style-type: none"> <li>Teaching space is not commensurate with the students' population.</li> <li>Inadequate training equipment</li> </ul>

Leadership and Management	Office space	<ul style="list-style-type: none"> <li>• Boardroom, office furniture, common room, computers and a printer.</li> </ul>
Physiotherapy School	Skills training	<ul style="list-style-type: none"> <li>• Lack of training materials</li> <li>• Inadequate practicum sites</li> </ul>
Bachelors of Medical Laboratory Sciences	Lecture room Staff room	<ul style="list-style-type: none"> <li>• Lack of Lecture room space.</li> <li>• Inadequate training equipment</li> <li>• Lack of staffroom</li> </ul>
Radiography	Practicum Lecture room	<ul style="list-style-type: none"> <li>• Inadequate Clinical teaching sites</li> <li>• Inadequate classroom space</li> <li>• Transport challenges for students to practical sites</li> </ul>
School of Health Public Dentistry	Practicum	<ul style="list-style-type: none"> <li>• Very few dental chairs and not serviced regularly.</li> <li>• Unreliable transport for fieldwork and clinical placement.</li> <li>• Lack of OPG machine in the X-ray</li> <li>• Need for one functional PA tube.</li> </ul>
Diploma in Dental Technology	Lecture room Practicum	<ul style="list-style-type: none"> <li>• Lack of lecture rooms</li> <li>• Inadequate supplies of materials (gas, chemicals and equipment)</li> <li>• No equipment for porcelain crowns</li> </ul>
Orthopedic Technology	Practicum Lecture room	<ul style="list-style-type: none"> <li>• Lack of prosthetics &amp; Orthotics</li> <li>• Shortage of contemporary teaching/learning materials</li> <li>• Depreciated hand tools and equipment,</li> <li>• Inadequate infrastructure in terms of classroom, laboratories and sores</li> <li>• Limited reference text books of Orthotics/ prosthetics.</li> <li>• Lack of imported materials</li> <li>• Lack of machine maintenance and servicing.</li> </ul>
Environmental School of Health Sciences	Curriculum Practicum Classroom	<ul style="list-style-type: none"> <li>• Out dated curriculum which does not meet with current trends</li> <li>• Limited time for urban and rural practicals</li> <li>• Inadequate teaching classrooms</li> <li>• Some teaching materials and equipment are expensive.</li> </ul>
Staff Accommodation		<ul style="list-style-type: none"> <li>• Inadequate</li> </ul>

**Table 11 Summary of equipment and ICT requirements**

Type of Equipment	Description	Remarks
Required for teaching of ICT and Computer applications as course units of study	Assortment of teaching materials required by the ICT department.	<ul style="list-style-type: none"> <li>Inadequate space and computers</li> <li>Inadequate teaching/learning tools, materials and equipment such as projectors, white boards and flip-charts.</li> </ul>
Required to strengthen ICT as an enabler of the delivery of education, training, research and communication	Assortment of materials, technologies and systems	<ul style="list-style-type: none"> <li>Need for adequate LCD projectors (both ceiling mounted and mobile), Computers (both desk tops and laptops) and smart boards, quality servers and appropriate band widths for faster and wider internet coverage.</li> </ul>

## 2.8 Emerging issues and Implications

Uganda Institute of Allied Health Management Sciences is still grappling with the Human Resource related challenges namely understaffing with a grossly inadequate number of the full-time tutors, a squeezed institutional structure and an unsatisfactory career growth. Whereas the standard tutor to learner ratio for vocational education is 1:15, at UIAHMS the ratio is at about 1:40 (i.e. Approximately 50 fulltime health tutors to over 2000 students,). This hampers institutional development and adequate academic growth. Tackling them is a must priority for UIAHMS is to excel in its trade. One strategy to address this Human Resource challenge will be to establish an appropriate human resource structure and positions therein suitably filled.

### a) Weak Institutional capacity for resource mobilization

1. The current structure is insufficient to effectively deliver the numerous curricula, and achieve institutional objectives and strategies.
2. The staffing structure of the institution doesn't reflect the complexity of the institution with numerous schools of varying sizes and technical needs.
3. The reporting system at some levels of the organizational structure doesn't communicate to the current needs of the institution and requires harmonization. Lack of clarity in these organizational structure and reporting line makes it difficult to coordinate training activities. This causes conflicts, lack of transparency, dissatisfaction and poor accountability

### b) Inadequate infrastructure and materials for teaching and learning

1. Inadequate space for training, lack of Lecture rooms especially for schools like ENT, Pharmacy, DDT, Audiology, among others. As a result, some schools and institutional offices are located in side rooms of hospital wards. In these small spaces it is impossible to grow the capacity for teaching and learning and enhance the quality of graduates

2. Lack of Staff houses – most staff live far from the institution in places where they can find affordable accommodation. This promotes late coming and early departure, and absenteeism.
3. Lack of recreation grounds for students.
4. Inadequate teaching and learning materials
5. Weak communication and information management system

#### **c) Inadequate funding**

1. Declining government funding and budget cuts make curricula delivery and maintenance of student welfare difficult.
2. Weak implementation of tuition fee policy
3. Increasing dependence on tuition fees as the main source of funding makes planning and operations difficult. Some programmes are not considered under government sponsorship which has led to reduced/no intake for in those programmes. There is an increasing of number of programme dropouts especially in the post-basic programs due to inability to raise tuition fees.

#### **d) Insufficient facilities for practicum placements**

1. Increasing number of higher education institutions competing for student placement in the same hospitals/health facilities which themselves have a limited capacity for training and ensuring adequate learner support. Student enrolments has also been on the rise with increasing number of training programmes and demand for training.
2. Demand for placement fees per student by some placement sites; government and private hospitals alike which complicates teaching and learning especially hands-on skills training.
3. Lack of research capacity in the institution has limited practical training in research, as well as limiting opportunities to attract research funds. Inadequate capacity for publishing research work limits institutional visibility in the research world.
4. Shortage of teaching staff, mentors and preceptors worsened by lack of systematic staff development programmes. Few people benefit from further studies due to limited funding opportunities, which reduces chances for promotion.
5. Delays in the recruitment process into government positions results in loss of trained tutors to other sectors, large number of part time tutors, low morale and absenteeism.

## 3.0 STRATEGIC DIRECTION

### 3.1 Vision

A leading Centre of Excellence in Education and Training of Allied Health Professionals and Management Scientists.

### 3.2 Mission

To Train, Develop and Inspire competent and responsive allied health professionals and management scientists. Using appropriate technology to meet the community health care needs.

### 3.3 Goal

To train and develop adequate quality and responsive health work force to address community health needs.

### 3.4 Core Values of UIAHMS

The following are the core values of the institution;

1. **Professionalism** where practices of the institution and training of learners aim at maintaining and developing professional character.
2. **Ethics** focusing on the modeling of positive attitudes among professionals and learners.
3. **Collaboration** with relevant partners in education and health practice.
4. **Teamwork** where practices of various professions contribute to the success of all programs.
5. **Integrity** of character in training and practice
6. **Commitment** to serving communities.

### 3.5 Strategic Objectives and Intermediate Outcomes

#### 3.5.1 Strategic Objectives

Five interconnected strategic objectives will be prioritized in the training of Allied Health Professionals in Uganda basing on the country context and needs to improve efficiency, effectiveness and equity in the way things are done. These objectives also provide the opportunity for the institution to reshape the delivery of health care programmes along the global and regional priorities and targets.

**The strategic objectives are;**

- i) To strengthen institutional capacity of UIAHMS for resource mobilization.
- ii) To strengthen human resource capacity of UIAHMS for education and training.
- iii) To develop functional ICT infrastructure at UIAHMS for education, training and management.
- iv) To strengthen capacity of UIAHMS for education, trainings and co-curricular activities.
- v) To develop institutional capacity of UIAHMS for research.

### **3.5.2 Intermediate Outcomes**

This section will provide a brief description of strategic interventions, outputs and actions to propel UIAHMS to the next level in the next five years.

#### **Strategic Objective 1 Interventions**

- i) Develop and implement mechanisms for improving infrastructure to increase the available space and other facilities for teaching and learning to support optimal student enrolment to achieve annual revenue targets from fees.
- ii) Provide career guidance to potential applicants for UIAHMS academic programs through awareness creation on programmes that are offered in the Institution through talk shows, visits to secondary schools, and exhibition website posts.
- iii) Develop well targeted annual workplans and budgets for advocacy and lobbying for increased government funding for the Institution.
- iv) Map potential local and international partners and developing targeted mutually beneficial proposals to attract donations and grants from the local and international communities and non-governmental organisations.

#### **Strategic Objective 2 Interventions**

- i) Review and develop adequate and responsive staffing structure for UIAHMS
- ii) Develop and implement a costed staffing plan for the UIAHMS
- iii) Establish a mechanism for attracting and retention of qualified human resource.

**Strategic Objective 3 Interventions:**

- i) Develop ICT policy and review the existing ICT systems, and strategy to align with the current and future needs of UIAHMS.
- ii) Establish the state-of-the-art ICT web portal for institutional academic registry and other management functions.
- iii) Establish state of the art e-library with national and international networks.

**Objective 4 Interventions**

- i) Develop a strategy for identification and optimization of the existing and potential games and sports talents
- ii) Strengthen and establish the academic programs.
- iii) Create a conducive environment for UIAHMS to prepare for and actively participate in competitive games, sports and other tournaments with other Institution.
- iv) Develop a strategy for identification and optimization of the existing and potential games and sports talents.
- v) Create a conducive environment for UIAHMS to prepare for and actively participate in competitive games, sports and other tournaments with other Institutions
- vi) Establish a multi-purpose ground for games and sports

**Strategic Objective:5 Interventions**

- i) Develop and follow through costed annual research agenda and budget
- ii) Facilitate research as a means to institutionalise evidence-based practice within the Institution.
- iii) Facilitate research and publications as means to institutionalise evidence-based practice within the Institution
- iv) Establish and strengthen the existing research units so as to entrench the research culture.



### 3.5.3 Key activities and responsibility areas

**Table 12: Objectives, Strategies and Activities over the next 5 years.**

	INTERVENTION	ACTIVITIES	RESPONSIBLE	Year 1	Year 2	Year 3	Year 4	Year 5
1.0	To strengthen institutional capacity for resource mobilization.							
1.1	Construct and repair infrastructure to increase the available space and other facilities for teaching and learning to support optimal student enrolment to achieve annual revenue targets from fees	1.1.1 Construct a five storied academic building	Principal		✓	✓	✓	✓
		1.1.2 Construction of Administrative Block	Principal	✓	✓	✓	✓	✓
		1.1.3 Staff accommodation block	Principal				✓	✓
		1.1.4 To promptly repair and renovate the existing infrastructure	Principal	✓	✓	✓	✓	✓
		1.1.5 To procure teaching and learning materials	Principal	✓	✓	✓	✓	✓
		1.1.6 To procure and maintain the transport fleet for students training and staff	Principal	✓	✓	✓	✓	✓

		1.1.7 Establish mechanisms for optimization and accountable use of institutional resources.	Principal	✓	✓			
1.2	Provide career guidance to potential applicants for Programmes that are offered in the Institution through talk shows, visits to secondary schools, and exhibition website posts	1.2.1 Develop career guidance manual	Deputy Principal	✓	✓			
		1.2.2 Orientation of Secondary schools Head teachers and Career officials	Heads of programs	✓	✓	✓	✓	✓
		1.2.3 Media/Press and talk show highlights and clips	Heads of programs	✓	✓	✓	✓	✓
1.3	Advocate and lobby for increased government funding using well targeted annual work plans and budgets for advocacy and lobbying for increased government funding for the Institution.	1.3.1 Conduct orientation for staff in workplanning and costing of activities	Principal	✓				✓
		1.3.2 Develop costed annual workplans	Heads of Programs	✓	✓	✓	✓	✓
		1.3.3 Conduct advocacy meetings for funding of UIAHMS plans	Principal	✓	✓	✓	✓	✓
		1.3.4 Lobbying for government funding from MOES	Principal	✓	✓	✓	✓	✓
		1.3.5 Track budget performance and prepare regular technical and financial reports to share	Principal	✓	✓	✓	✓	✓

1.4	Map potential local and international partners and developing targeted mutually beneficial proposals to attract donations and grants from the local and international communities and non-governmental organisations.	1.4.1 Develop database of potential local and international partners	Principal	✓	✓	✓	✓	✓
		1.4.2 Conduct partners meetings for UIAHMS visibility	Principal	✓	✓	✓	✓	✓
		1.4.3 Develop funding proposals and lobby for funds	Heads of Programs	✓	✓	✓	✓	✓
2.0	To strengthen human resource	capacity for education and training						
2.1	Review and develop adequate and responsive staffing structure for UIAHMS	2.1.1 Develop and implement the staffing structure for UIAHMS	Principal	✓				
2.2	Develop and implement a costed staffing plan for the UIAHMS	2.2.1 Carryout detailed human resource analysis for UIAHMS	Principal	✓	✓	✓	✓	✓
		2.2.2 Develop and implement staff recruitment plan	Principal		✓	✓		
2.3	Establish a mechanism for attracting and retention of qualified human resource.	2.3.1 Develop a policy and a scheme for continuous staff development	Principal	✓	✓			
		2.3.2 Develop attractive scheme of incentives to staff	Principal	✓	✓			

2.4	Develop institutional capacity to award degrees	2.4.1 Attract human resource	Principal	✓	✓	✓	✓	✓
		2.4.2 Increase visibility	Principal		✓	✓	✓	✓
		2.4.3 Develop a concept note	Principal		✓	✓	✓	✓
3.0	To develop functional ICT infrastructure for education, training and management							
3.1	Develop ICT guidelines and review the existing ICT systems, and strategy to align with the current and future needs of UIAHMS	3.1.1 Develop ICT guidelines for UIAHMS	Principal	✓	✓			
		3.1.2 Review the existing ICT system and align with the guidelines	Principal	✓	✓	✓	✓	✓
		3.1.3 Establish functional ICT system that is continuously upgraded to effectively support education and training as well as the management functions of UIAMS	Principal	✓	✓	✓	✓	✓
3.2	Establish the state-of-the-art ICT web portal for	3.2.1 Expand the ICT laboratory	Principal	✓	✓	✓	✓	✓
		3.2.2 Procure ICT equipment	Principal	✓	✓	✓	✓	✓

	institutional academic registry and other management functions	3.2.3 Improve connectivity	Principal	✓	✓	✓	✓	✓
		3.2.4 To establish and maintain an ICT web portal	Principal	✓	✓	✓	✓	✓
3.3	Establish state of the art e-library with national and international networks	3.3.1 Net work with partners in ICT development	Principal	✓	✓	✓	✓	✓
		3.3.2 Develop a Local Area network	Principal	✓	✓	✓	✓	✓
4.0	To strengthen capacity for education, trainings and co- curricular activities							
4.1	Strengthen and expand academic programs	4.1.1 Analyse national health workforce needs and strategies, and identify education and training gaps.	Deputy Principal	✓		✓		✓
		4.1.2 Identify opportunities for expanding existing programs and introducing new courses	Deputy Principal	✓	✓	✓		
		4.1.3 Review and develop curricula	Deputy Principal	✓	✓	✓	✓	✓
		4.1.4 Strengthen collaboration with the existing, and explore and establish new clinical/ practical training sites	Deputy Principal	✓	✓	✓	✓	✓
		4.1.4 Equip the resource centres with relevant teaching/ learning materials	Deputy Principal	✓	✓	✓	✓	✓

4.2	Create a conducive environment for UIAHMS to prepare for and actively participate in competitive games, sports and other tournaments with other Institutions	4.2.1 Establish a multipurpose ground for sports, games and other tournaments	Sports and Games Tutor				✓	✓
		4.2.2 Brand, equip and promote UIAHMS teams	Sports and Games Tutor	✓	✓	✓	✓	✓
		4.2.2 Establish system for recognition and rewarding individuals that excel in games and sports	Sports and Games Tutor	✓	✓			
4.3	Develop a strategy for identification and optimization of the existing and potential games and sports talents	4.3.1 Identify and develop potential games and sports talents	Games and Sports Tutor	✓	✓	✓	✓	✓
		4.3.2 Establish schemes to attract and motivate talented students in sports	Games and Sports Tutor		✓			
5.0	To develop institutional capacity for research.							
5.1	Develop and follow through costed annual research agenda and budget	5.1.1 Develop a research policy in UIAHMS	Research Tutor	✓	✓			
		5.1.2 To develop a costed research workplan	Research Tutor	✓	✓	✓	✓	✓
5.2	Facilitate research and publications as means to	5.2.1 Lobby for funds for research and publication	Research Tutor	✓	✓	✓	✓	✓

	institutionalise evidence-based practice within the Institution	5.2.2 Build capacity for publication of research products by staff and students	Research Tutor	✓	✓	✓	✓	✓
		5.2.3 Establish journal clubs	Research Tutor	✓				
5.3	Establish and strengthen the existing research units so as to entrench the research culture.	5.3.1 Strengthening research committee and unit	Research Tutor	✓	✓	✓		
		5.3.2 Benchmark with local and international sister institutions	Research Tutor	✓	✓	✓		

### 3.5.4 Key priority ongoing projects yet to be completed

The core projects are the priority high investment multiplier projects with significant impact to the realization of the results of the Strategic Plan. The projects in table 13 are ongoing and will be supported among other priorities to successful conclusion.

**Table 13: UIAHMS priority projects to continue in period 2023-2028**

NO	PROJECT	START DATE	END DATE	STATUS
1.	Construction of the girls' hostel at UIAHMS Mulago	04/2021	Sept 2023	Near completion
2.	Construction of boundary walls	Oct 2023	Dec 2023	Not yet started
3.	Renovation of Dental School complex	June 2020	Jan 2023	Ongoing
4.	Purchase of a school bus	Nov 2022	Sept 2024	Process initiated and Ongoing
5.	Construction works at Migadde land	March 2023	Dec 2027	Surveying the land in progress
6.	Construction of a fence at Tororo land	March 2023	Dec 2024	Ongoing
7.	Modification of the current girls Hostel into a classroom structure	July 2023	Dec 2023	Not yet started
8.	A temporary Lecture room structure for BMLS	July 2023	March 2025	Not yet started
9.	Upgrade and acquire Dental Clinic, Medical Laboratory Clinic & Orthopaedic Technology workshop	October 2021	June 2024	On going



## 4.0 BUDGET FORECAST FOR THE NEXT FIVE YEARS 2023-2028

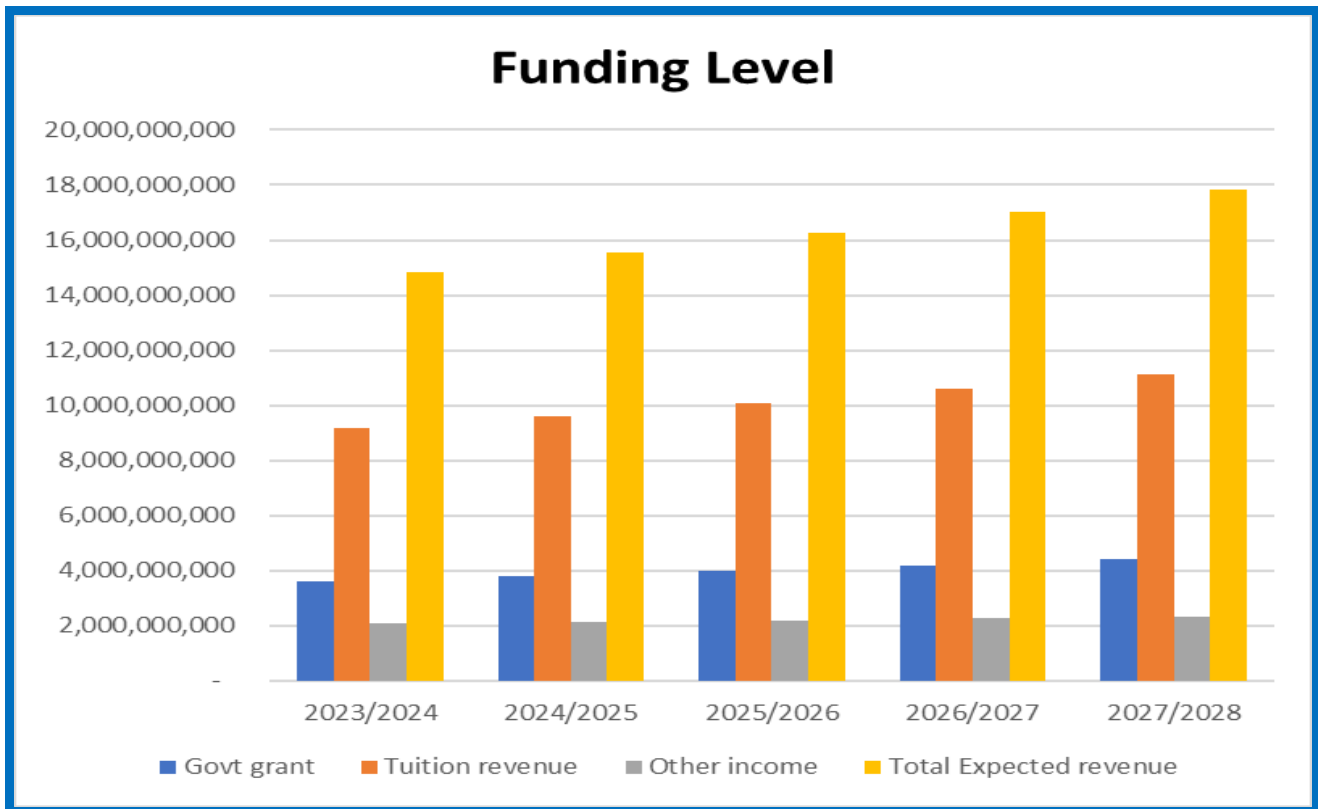
This section presents the financing framework of UIAHMS plan. It provides the overall and disaggregated costs of the plan and the strategies for mobilizing the required financing.

The financing cost was estimated based on the budgetary allocations (Incremental budgeting) based on the previous budgets for the past 3 years and annual projections of 5% annual increments in budgetary allocations in the medium term at an ideal scenario. The external financing to support the strategic plan was based on the estimates of MOES of FY 2018-2022 and the donor numbers from MoFPED and Development Partners of UIAHMS. The cost estimates assume risks of external shocks and government budgetary allocations, and these shall be mitigated by prudent macroeconomic policies and heavy institutional investment in good governance and compliance with financing agreements.

As evidenced by the performance of the previous years and increase in the number of students, Tuition is still the major source of revenue and it is expected to grow at a rate of 5%. Capitation grant is expected to grow at a rate of 5% while other sources of revenue are expected to grow at a rate of 3%

**Table 14: UIAHMS Summary Budget Projection by source and by year for the period FY2023/2024 – 2027/2028**

FINANCIAL YEAR	GOVT GRANT	TUITION REVENUE	OTHER INCOME	TOTAL EXPECTED REVENUE
2023/2024	3,616,229,006	9,155,017,232	2,062,938,809	14,834,185,048
2024/2025	3,797,040,457	9,612,768,094	2,124,826,974	15,534,635,524
2025/2026	3,986,892,479	10,093,406,499	2,188,571,783	16,268,870,761
2026/2027	4,186,237,103	10,598,076,824	2,254,228,936	17,038,542,863
2027/2028	4,395,548,959	11,127,980,665	2,321,855,804	17,845,385,428

**Figure 6: Level of Funding of UIAHMS for the FY2023/2024 – 2027/2028 by source**

### FORECAST OF RECURRENT AND DEVELOPMENT EXPENDITURE

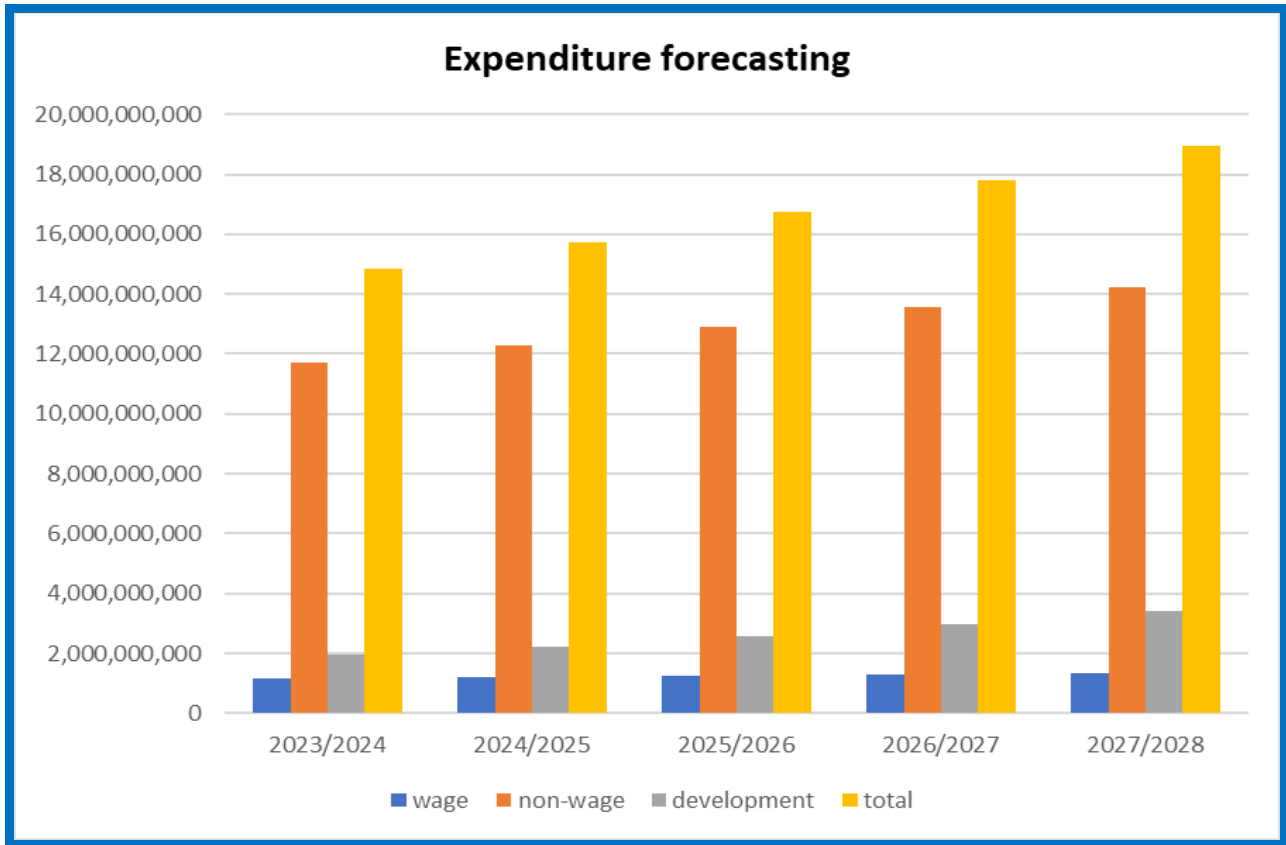
Based on the performance of the past five years and Anticipation of grants to finance capital developments:

- The wage Expenditure is expected to increase at a rate of 3%
- Non-wage expenditure is expected to increase at 5%
- Development expenditure at rate of 15%

**Table 15: Summary of recurrent and development expenditures by year for 2023/24 – 2027/28**

Classification	2023/24 UgX	2024/25 UgX	2025/26 UgX	2026/27 UgX	2027/28 UgX	Total UgX
Wage	1,171,282,147	1,206,420,612	1,242,613,230	1,279,891,627	1,318,288,376	6,218,495,992
Non-wage	11,719,769,482	12,305,757,956	12,921,045,854	13,567,098,147	14,245,453,054	64,759,124,493
Total Recurrent	<b>12,891,051,629</b>	<b>13,512,178,568</b>	<b>14,163,659,084</b>	<b>14,846,989,774</b>	<b>15,563,741,430</b>	<b>70,977,620,485</b>
Total Development	1,943,133,419	2,234,603,431	2,569,793,946	2,955,263,038	3,398,552,494	13,101,346,328
<b>Total Budget</b>	<b>14,834,185,048</b>	<b>15,746,781,999</b>	<b>16,733,453,030</b>	<b>17,802,252,812</b>	<b>18,962,293,924</b>	<b>84,078,966,813</b>

**Figure 7: The graphical presentation of forecast expenditure is illustrated below**



## **5.0 IMPLEMENTATION ARRANGEMENTS FOR THE STRATEGIC PLAN**

Implementation of this strategic plan will be done through advocacy, capacity strengthening and collaboration with relevant stakeholders. The management team of UIAHMS will lead the implementation process and will collaborate with the stakeholders who will play various roles according to their respective mandates. Management of UIAHMS will coordinate the various stakeholders and take overall responsibility for the successful implementation of the Strategic Plan. Accountability for the Strategic Plan implementation to various stakeholders will be done through regular reports on the progress against indicators identified in the monitoring and evaluation framework.

### **1. Strengthening institutional capacity for resource mobilization.**

UIAHMS management working with the governing council will lobby MoES through the commissioner (HET) and other technical departments to raise necessary funding for infrastructure development running, provision of teaching and learning equipment. The planning committee of the Governing council will meet quarterly to assess the progress and report to the full governing council and MoES through annual reports.

### **2. Strengthening human resource capacity for education and training.**

Management of UIAHMS will lobby education service commission (ESC) to recruit staff at all levels to fill existing vacancies.

In addition, the institution will work with education service commission to establish qualifications and job profiles to guide UIAHMS staff development and future program design. The institution will also work with Education Standards Agency (ESA) to avail standards for various aspects of health workers' education and training to ensure compliance.

UIAHMS will liaise with the AHPC to be in one accord on standards of training and for effective oversight over UIAHMS health workers' training and for effective development of relevant strategies and reviews.

UIAHMS will collaborate with education development partners for technical assistance and inputs into the implementation of UIAHMS priorities. The institution will create an environment where education development partners will actively participate in joint education sector planning, monitoring and review to support HRH development.

### **3. Developing functional ICT infrastructure**

Given the crippling shortage of the workforce at UIAHMS especially the trainers, management will innovate mechanisms for e-learning to harness the support of Alumni as well as technical experts from within and or outside the institution to train particularly the post-basic courses.

We shall invest in ICT infrastructure, train Managers and users of ICT and purchase additional equipment to augment these efforts. E-learning will be combined with traditional methods (blended learning) that have hitherto been used in the institution.

#### **4. Strengthening capacity for education training and co-curricular activities.**

of UIAHMS will engage the Uganda Curriculum Centre with the help of external consultant to develop and or review relevant curricular to keep professional courses up to date. The institution will work with technical departments of MoES, MoH and AHPC to identify priority programs to meet MoH priorities and targets. UIAHMS will also engage MoES and Ministry of Public Service to continue providing policy guidance on training of health professionals. Management of UIAHMS working with governing council will lobby MoES to obtain funds for developing the sports complex at Migadde. UIAHMS will continue budgeting for co-curricular activities annually.

#### **5. Developing institutional capacity for research**

UIAHMS management will work with other research institutions to build research capacity of the existing teaching staff. A research unit will be established within the institution and supported to teach and conduct clinical and operational research. Management with the governing council will support the research unit to write funding proposals to selected institutions and agencies.

UIAHMS will work with the National Council for Higher Education (NCHE) to access the necessary policy guidance on teaching of and conducting research at UIAHMS. Emphasis will be put on teaching research i.e. proposal writing, data collection and analysis report writing and dissemination of research findings.

UIAHMS will explore partnerships with other institutions such as Mulago National Referral Hospital, Mbarara University, Makerere College of Health Sciences, Medical School and School of public health to publish research findings of students and staff. The institution will pursue and invest in grant writing to boost its income based on guidelines that will be developed from time to time.

UIAHMS will establish an Institutional Review Board (IRB) as well as journal clubs to enhance understanding and comprehension of written publications, journals and other published research work.

## 6.0 MONITORING AND EVALUATION FRAMEWORK

Objective Outcome	Intermediate Outcome Indicator	Baseline Year 2023	Targets					Means of Verification
			Y1	Y2	Y3	Y4	Y5	
<b>Objective 1: To strengthen institutional capacity for resource mobilization</b>								
1.1 Increased student enrolment	<ul style="list-style-type: none"> <li>Infrastructure capacity for teaching and learning increased</li> </ul>	15	05 Remodelling of existing Infrastructure	02	03	04	Five storied building of fifteen (15) classrooms	<ul style="list-style-type: none"> <li>- Review construction reports</li> <li>- Review of procurement plan</li> </ul>
	<ul style="list-style-type: none"> <li>Career guidance</li> </ul>	30%	50%	60%	70%	80%	100%	<ul style="list-style-type: none"> <li>- Review career guidance reports</li> <li>- Observation</li> </ul>
	<ul style="list-style-type: none"> <li>Conducted</li> <li>Publicity materials availed</li> </ul>	30%	75%	80%	85%	95%	100%	
	<ul style="list-style-type: none"> <li>Increased number of applicants for UIAHMS programs</li> </ul>	26%	45%	60%	75%	90%	100%	Review of admission lists
	<ul style="list-style-type: none"> <li>Availability of assorted teaching and learning materials (text books, equipment, reagents, models etc.)</li> </ul>	01	01	01	01	01	06	<ul style="list-style-type: none"> <li>- Review of procurement plan</li> <li>- Field visit and observation</li> </ul>
	<ul style="list-style-type: none"> <li>New programs developed</li> </ul>	New programs (23)	02	02	01	01	29	<ul style="list-style-type: none"> <li>- Review of tenable programs reports</li> </ul>

								- Analysis of new program reports
1.2 Securing institutional property	• Tororo and Migadde land secured	5%			85%		100%	<ul style="list-style-type: none"> <li>- Review of survey reports</li> <li>- Review of construction reports</li> <li>- Surveillance of established security systems</li> </ul>
	• Land titles acquired	30%				100%		
	• Strengthen security systems	20%		40%	50%	75%	100%	
	• Wall boundary	5%	15%				45%	
1.3 Increased internal generated revenue	• Lobbing for government funding	50%	60%	70%	80%	90%	95%	Review of government capitation grants reports
	• Improved mechanisms of fees collection	70%	90%	100%				<ul style="list-style-type: none"> <li>- Review of financial reports</li> <li>- Assess the financial system adopted</li> </ul>
	• Increased number of clinics	2	4		6		6	Review of functional clinics report
	• Available equipment in the clinics	20%	50%		65%		80%	
1.4 Increased donor funding	<ul style="list-style-type: none"> <li>• Proposals for donor funding developed</li> <li>• Number of proposals funded by donors</li> </ul>	0	1%	2%	3%	4%	5%	<ul style="list-style-type: none"> <li>- Review of donor funded reports</li> <li>- Analysis of Budget reports</li> </ul>



Objective 2: To strengthen human resource capacity for education and training								
2.1 Functional HR unit at UIAHMS	• Human Resource/Administrative Officers recruited	20%	45%	55%	65%	75%	85%	Analyse staff reports
	• HRIS management system established	1%	55%	65%	75%	85%	95%	- Evaluation of staff establishment reports - Evaluation of the HRIS system
2.2 Improved staffing at UIAHMS	• UIAHMS Staffing structure reviewed and developed	60%	85%				100%	- Review staff list / staff analysis report - Staff audit reports
	• Number of new staff recruited	30%	45%	55%	60%	65%	75%	
	• Number of staff trained	30%	40%	45%	55%	60%	65%	
	• Strategies for attraction and retention of staff (Staff accommodation)	5%				7%	10%	Staff accommodation survey
2.3 Leadership and management capacity strengthened	• Number of senior staff trained in leadership and management	50%	55%	60%	65%	70%	75%	Review staff analysis reports
	• Functional governance structures	100%				100%		Analysis of the governing council minutes
Objective 3: To develop functional ICT infrastructure for education, training and management								
3.1 Functional	(vii) ICT policy developed	0	100%					Review ICT Policy

ICT system for training and management	• ICT web portal established	0	0	87%			100%	Assessment of functionality and relevance of the system
	• E-Library functionalized and linked locally and internationally	20%	30%	40%	50%	60%	75%	Evaluation of the functionality and relevancy of the system
	• Training Management Information System established	0		50%	75%	100%		Evaluation of the relevancy of the system
<b>Objective 4: To strengthen capacity for education, training and co-curricular activities</b>								
4.1 Expanded training programs	• AHP training plan	0	01					Review the AHP plan
	• New curricula approved	0	03	01	01	01	03	Review of the curriculum
	• UIAHMS upgraded to award Degrees	0				01	01	Review Degrees awarded
	• Curricula reviewed and approved	0	03	03	03	03	12	Curriculum review reports
4.2 Trophies worn in Co-curricular activities	• Multipurpose sports and games facility constructed (land secured)	5%	10%				100% 15%	Observation
	• Number of sports stars recognized	70%	35%	80%	85%	90%	95%	- Review of sports reports - Analysis of Cocurricular activity reports
	• New sports and games talents developed	4%	5%	6%	7%	8%	9%	

	• Multipurpose Dining Hall	0	10%	75%		100%		<ul style="list-style-type: none"> <li>- Review construction reports</li> <li>- Review of procurement plan</li> </ul>
<b>Objective 5: To develop institutional capacity for research</b>								
5.1 Functional governance structures for research	• Functional research unit	0	01	01	01	01	01	Research unit reports
	• Functional journal club	0	01	01	01	01	01	Review the journals which have been put place
5.2 Number of research activities completed	• Research agenda developed	0			01		01	
	• Number trained in research		20	10	10	10	50	Trained staff in place
	• Funded research proposals	0			02	01	03	
5.3 Number of publications	<ul style="list-style-type: none"> <li>• Number of manuscripts submitted for publication</li> <li>• Number presentations at conferences</li> </ul>				02	05	03	<ul style="list-style-type: none"> <li>- Manuscripts published</li> <li>- Presentations at conference</li> </ul>
5.4 Funds generated from research	<ul style="list-style-type: none"> <li>• Number of proposals for funding</li> <li>• Number of funded proposals</li> <li>• Proportion of research budget actually funded</li> </ul>	0		02	02	02	04	<ul style="list-style-type: none"> <li>- Proposals funded</li> <li>- Budget a dally funded</li> </ul>

**7.0****COMMUNICATION & FEEDBACK STRATEGY/ ARRANGEMENTS****7.1 Communications and stakeholder engagement / Communication strategy**

In this section, describes the main channels of communicating on progress of the strategic plan implementation, spells out the frequency of communication and the different channels or methods, key stakeholders involved and their roles including non-state actors (private sector civil society organizations and Development partners). The section also describes the feedback mechanism to be adopted by the Uganda institute of management health and science – Mulago.

**7.2 Channels of communication**

The institute shall adopt communication channels such as;

Print media in the known newspapers such as new Vision, East African and the Daily Monitor etc;

Budget conferences, workshops and seminars as well as , departmental, and Top management meetings etc; 3) Electronic news letters, Zoom etc.

**7.3 The key issues and areas to communicate**

The key focus shall be on the five focus areas of UIAHMS i.e. Teaching and learning, Research, Innovations, industrialisation and knowledge Generation, Physical Infrastructure, facilities, and ICT Development, Institutional Development and strategic marketing, Resource Mobilisation and Community Engagement. More so information on the outbreak of pandemics in the country shall be communicated.

**7.4 Frequency of communication**

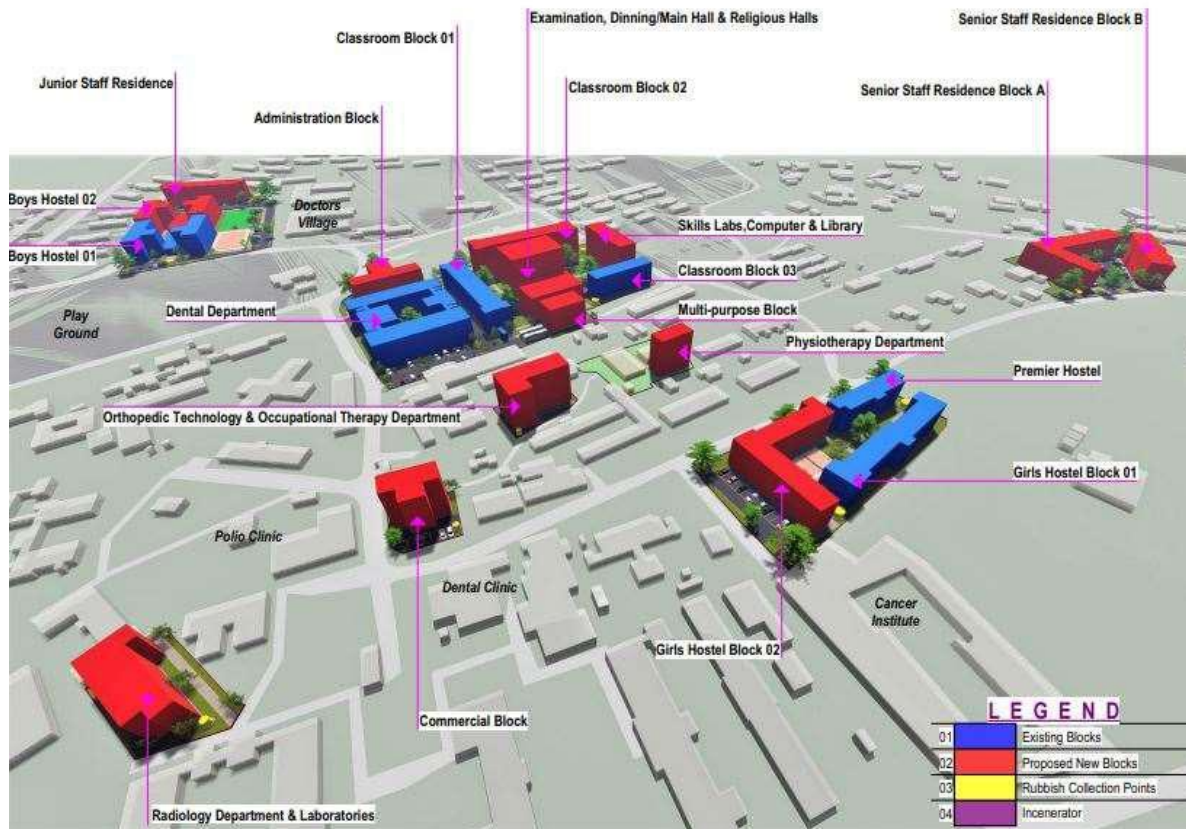
The frequency of communication shall be quarterly, annual and medium term. In case there is a need or urgency to communicate, the ministry and the accounting officer shall be responsible for communicating to the intended stakeholders.

## 8.0 ANNEXTURES

### ANNEX 1: PEOPLE CONSULTED

S/N	NAME	POSITION	STATION
1.	Dr. Charles W.B. Matsiko	Chairperson	UIAHMS Governing Council
2.	Dr. Vincent Oketcho	Member	UIAHMS Governing Council
3.	Mr. Twinomugisha Charles	Member	UIAHMS Governing Council
4.	Dr. Patrick Mpiima K.	Registrar (AHPC	UIAHMS Governing Council
5.	Ms. Rose Nassali	Principal	UIAHMS Governing Council
6.	Mr. Fulutu Stephen	Deputy Principal	UIAHMS Governing Council
7.	Dr. Kiwuwa Stephen	Lecturer (MUK)	UIAHMS Governing Council
8.	Dr. Birungi Elsie	Coordinator DHLM	UIAHMS Governing Council
9.	Mr. Tumwesigye Ambrose	Head of Pharmacy School	UIAHMS Governing Council
10.	Mr. Gadaffi Jafari Kamya	L C 5 Councilor -KCCA	UIAHMS Governing Council
11.	Ms. Matovu Julie Yvonne	Secretary to the Principal	UIAHMS Governing Council
12.	Ms. Nakimera Tinah Nakalanzi	Senior HET Officer (MoES	UIAHMS Governing Council
13.	Mr Ibwala Moses Ongwalu	Head of MLT School	UIAHMS Mulago
14.	Mr. Sempijja Fred	Head of BMLS School	UIAHMS Mulago
15.	Mr. Namwoyo Stephen	Head of Audiology School	UIAHMS Mulago
16.	Mrs. Mugume Enid	Head of ENT School	UIAHMS Mulago
17.	Mr. Kisombo David W.	Head of OTTS School	UIAHMS Mulago
18.	Ms. Mutuhe Diana	Head of OPM School	UIAHMS Mulago
19.	Mrs. Nazziwa Yiga Elizabeth	Head of DAN School	UIAHMS Mulago
20.	Mr. Beene Richard	Head of DOT/MRI School	UIAHMS Mulago
21.	Ms. Nalubiri Norah	Head of EHS School	UIAHMS Mulago
22.	Mr. Byakagaba Wilson	Head of PHD/DAN School	UIAHMS Mulago
23.	Mr. Ndaa Modest Louis	Head of HPE School	UIAHMS Mulago
24.	Mrs. Nassazi Mourice	Head of DCN School	UIAHMS Mulago
25.	Mr. Opio John Bosco	Accountant	UIAHMS Mulago
26.	Mr. Bagaboine Richard	Senior Accountant Ass.	UIAHMS Mulago
27.	Mr. Mayende Derrick	Welfare Officer	UIAHMS Mulago

## ANNEX 2: PROPOSED MASTER PLAN FOR UGANDA INSTITUTE OF ALLIED HEALTH AND MANAGEMENT SCIENCES (UIAHMS). MULAGO



### ARCHITECT'S BRIEF

**CLIENT: UGANDA INSTITUTE OF ALLIED HEALTH AND MANAGEMENT SCIENCES (UIAHMS)-MULAGO.**

### PROJECT TITLE:

Proposed Master Plan for Uganda Institute of Allied Health and Management Sciences (UIAHMS)- Mulago).

## **1.0 INTRODUCTION**

### **1.1 Client:**

**UGANDA INSTITUTE OF ALLIED HEALTH AND MANAGEMENT SCIENCES  
(UIAHMS) - MULAGO  
P.O BOX 34025, KAMPALA**

#### **1.1.2 Designer/ Architect**

**New Theme Consults Ltd  
P.O. Box 24654, Kampala  
Plot 163 Ntinda - Naalya Road. Kampala**

### **1.2 Background of the Project**

New Theme Consults Ltd (here after referred to as the Consultant) were contacted by Uganda Institute Of Allied Health And Management Sciences (UIAHMS) - Mulago. (Here after referred to as the Client) to carry out designs for a Proposed Master Plan for Uganda Institute Of Allied Health And Management Sciences (UIAHMS) campus in Mulago Kampala.

### **1.3 Executive Summary**

Uganda Institute Of Allied Health And Management Sciences (UIAHMS) - Mulago occupies 9.0 acres divided among 8 different plots with in Mulago Hospital Kampala. These include :

#### **Plot A (3.5 acres) :**

Currently has a Multipurpose Education center (3 storeys), 2 Classroom Blocks (4 storey), 3 Classroom Blocks (non-storeyed), 1 Hostel Block (non-storeyed), 1 restaurant (non-storeyed), Dinning & Kitchen (non-storeyed) and Academic registrar offices (non-storeyed).

**Plot B (2.3 acres) :**

Currently has a 1 Boys Hostel Block (4 storey), Kitchen (non-storeyed) and 3 Hostel Blocks (non-storeyed).

**Plot C (1.6 acres) :**

Currently has 1 premier Girls Hostel block (4 storeys), 2 Girls Hostel Blocks (non storey) & 1 Girls Hostel (4 storey) currently under construction.

**Plot D (1.1 acres) :**

Currently has 2 Staff Residence Blocks (2 storey).

**Plot E (0.2 acres) :**

Currently has 1 orthopedic Technology Training School (non-storeyed).

**Plot F (0.4 acres) :**

Currently has 3 Physiotherapy Training School Blocks (non-storeyed).

**Plot G (0.1 acres) :**

Currently has 1 Occupational Therapy Training School Block (non-storeyed).

**Plot H (0.2 acres) :**

Currently has the Administration Block (non-storeyed)



## **Uganda Institute of Allied Health and Management Sciences (UIAHMS) - Mulago desires to:**

- (i) Create a Master Plan that will give guidance to future developments of the School.
- (ii) Increase on the Students Capacity for the School.
- (iii) Increase on the School spaces.
- (iv) Accommodate for expansion of new programmes for the School.
- (v) Create spaces that can bring income to the School.
- (vi) Increase on Hostel Accommodation for the School.
- (vii) Provide Recreational facilities (Basketball, Volleyball & football) for the School.
- (viii) Create employment for people both during Construction and Operation.
- (ix) Enhance the skyline around the site.
- (x) Create a benchmark for future developments in this area.

### **1.4 Project objective**

The main objective of this Project is to design a Master Plan that represents the current demand of the Client. This Master plan is to cater for 50 year plan for the Client.

### **1.5 Design Consideration**

The following design aspects have been considered:

#### **1.5.1 Plot A:**

According to the design concept of this Project, Plot A will consist of:

##### **a. A Dental Department Block (3 levels) – Existing Block**

This Block will have classrooms, Laboratories, and some staff offices and washrooms.

##### **b. Classroom Blocks 1 & 3 (4 levels) – Existing Block**

These Block will have Lecture rooms and some staff Offices and washrooms.

c. **Classroom Blocks 2 (6 levels) – Proposed New Block**

This Block will have Lecture rooms, Laboratories, staff offices and washrooms.

d. **E-Learning centres, Skills Labs, Computer & Library Block (6 levels) – Proposed New Block**

This Block will have E-Learning centres, Skills Laboratories, Computer Lab , Library and Washrooms.

e. **Examination,Dinning/Main Hall & Religious Halls (6 levels) – Proposed New Block**

This Block will have Examination rooms, kitchen, dinning, stores, a Protestant Chapel, Catholic Chapel, Pentacostal Chapel, Mosque and Washrooms.

f. **Multi-purpose Block (6 levels) – Proposed New Block**

This Block will have Canteen, Junior Staff Mess, Sick bay & School Clinic, Estates Offices, Guild offices and Washrooms.

g. **Administration Block (6 levels) – Proposed New Block**

This Block will have Basement Parking, Senior Staff Mess, Offices Boardrooms and Washrooms.

### 1.5.2 Plot B:

a) **Boys Hostel Block 01 (3 levels) – Existing Block**

This Block will have Boys dormitories, common rooms, dinning area, kitchen and washrooms.

b) **Boys Hostel Block 02 (4 to 5 levels) – Proposed New Block**

This Block will have Boys dormitories, common rooms, dinning area, kitchen and washrooms.

**c) Boys Hostel Block 02 (4 to 5 levels) – Proposed New Block**

This Block will have Boys dormitories, common rooms, dinning area, kitchen and washrooms.

**d) Junior Staff Residence (4 levels) – Proposed New Block** This Block will have residential units for the junior staff.

**e) Basket Ball Court & Mini Soccer pitch – Proposed New Recreational facilities**

**1.5.3 Plot C:**

**a) Premier Hostel Block (4 levels) – Existing Block**

This Block will have girls dormitories, common rooms, dinning area, kitchen and washrooms.

**b) Girls Hostel Block 01 (4 levels) – Proposed New Block**

This Block will have girls dormitories, common rooms, dinning area, kitchen and washrooms.

**c) Girls Hostel Block 02 (4 levels) – Proposed New Block**

This Block will have girls dormitories, common rooms, dinning area, kitchen and washrooms.

**d) Volley Ball Court – Proposed New Recreational facilities**

**1.5.4 Plot D:**

**a) Senior Staff Residence Block A (4 levels) – Proposed New Block** This Block will have self contained residential units for the Senior staff.

- b) **Senior Staff Residence Block B (4 levels) – Proposed New Block** This Block will have self contained residential units for the Senior staff.

#### 1.5.5 Plot E:

- a. **Orthopaedic Technology & Occupational Therapy Department (6 levels) – Proposed New Block**

This Block will have Lecture rooms, Laboratories, staff offices and washrooms.

#### 1.5.6 Plot F:

- a **Physiotherapy Department (6 levels) – Proposed New Block**

This Block will have Lecture rooms, Laboratories, staff offices and washrooms.

#### 1.5.7 Plot G:

- a **Commercial Block (6 levels) – Proposed New Block**

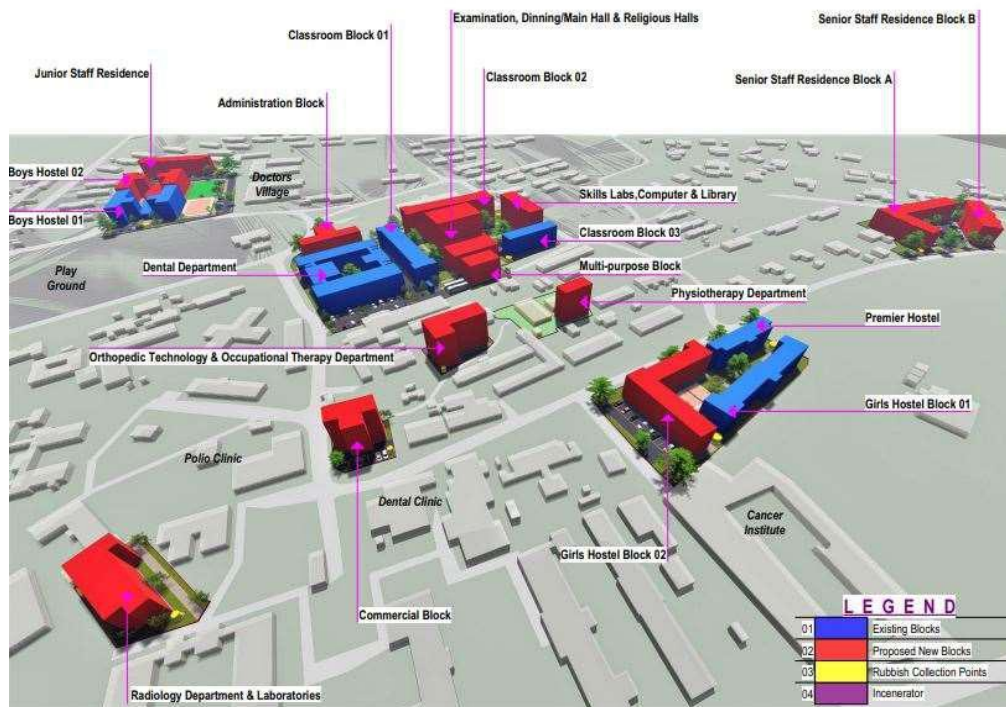
This Block will have a cafeteria, pharmacy, Clinics, Laboratories and washrooms.

#### 1.5.8 Plot H:

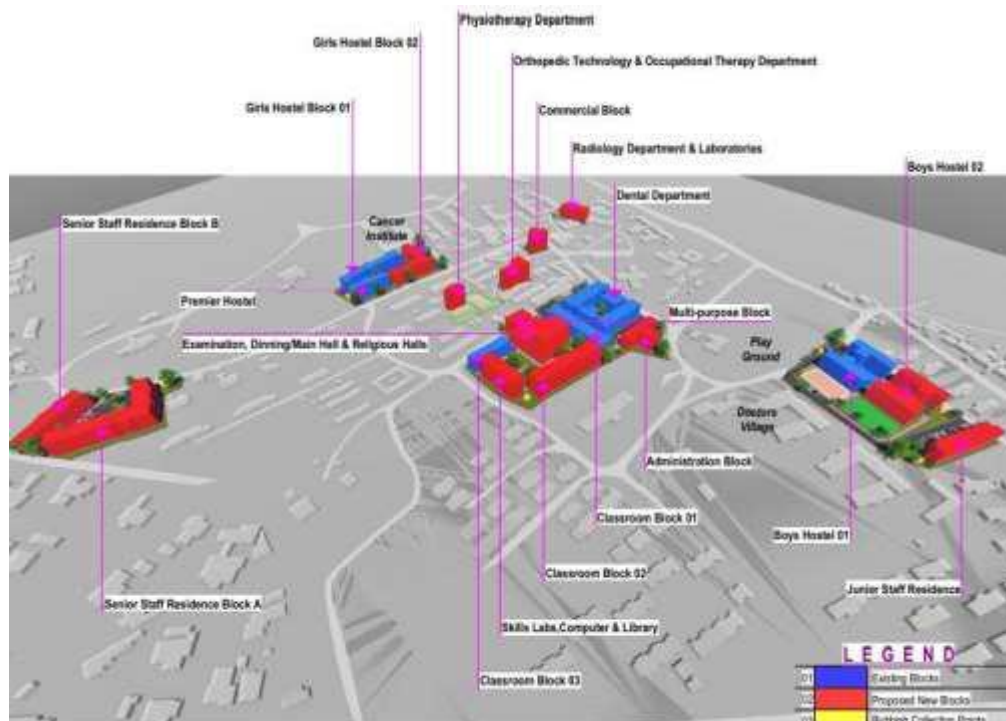
- 1. **Radiology Department (6 levels) – Proposed New Block**

This Block will have Lecture rooms, Laboratories, staff offices, skills Labs, Clinics, Pharmacies and washrooms.

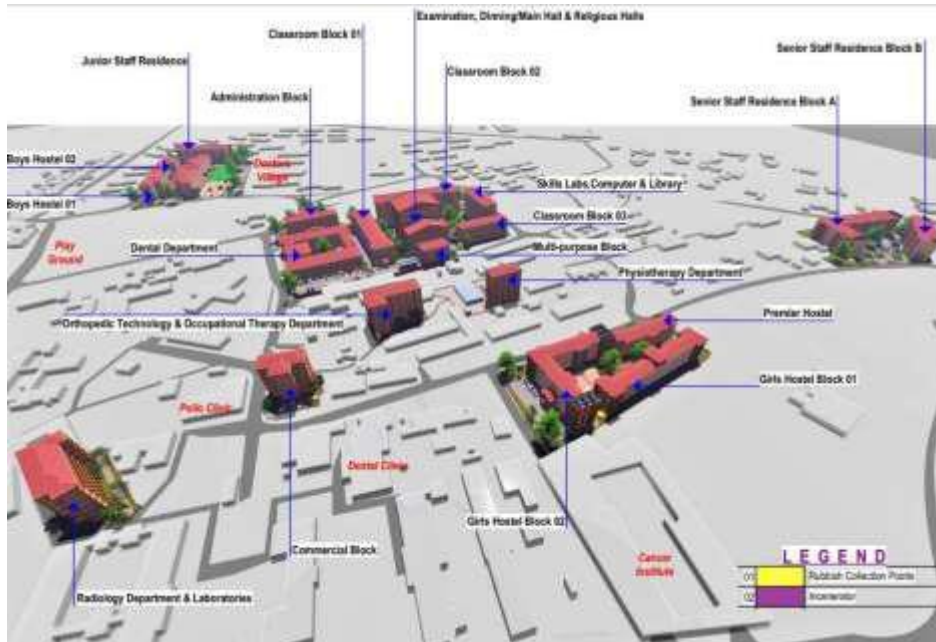
**Image 1:** See “aerial view 01” of the proposed development.



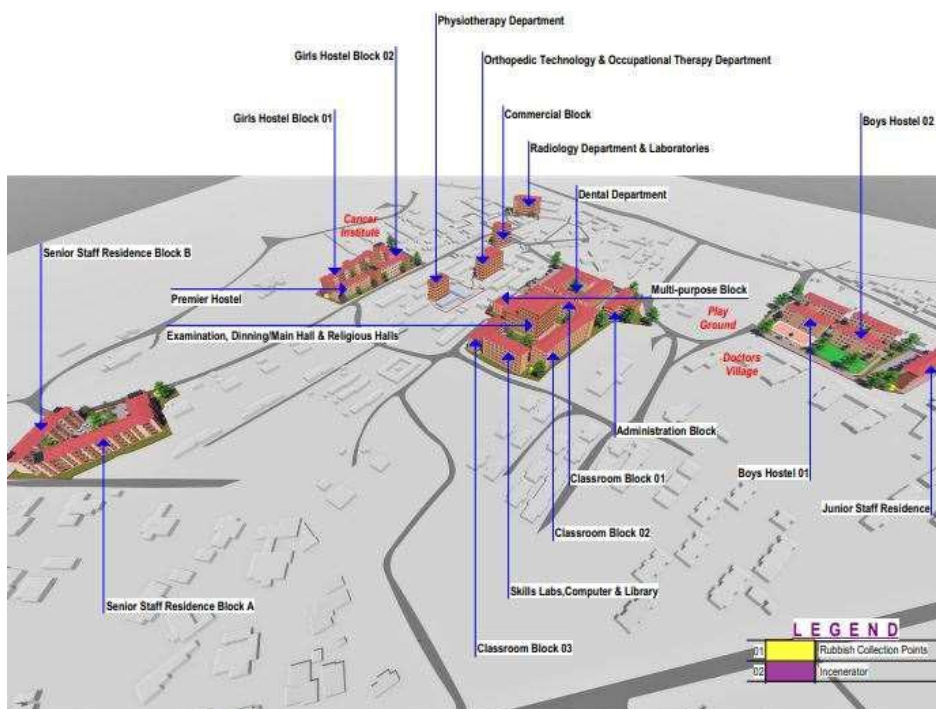
**Image 2:** See “aerial view 02” of the proposed development.



**Image 3:** See “aerial view 01 (Realistic)” of the proposed development.



**Image 4:** See “aerial view 02 (Realistic)” of the proposed development.





## 2.0 Project description

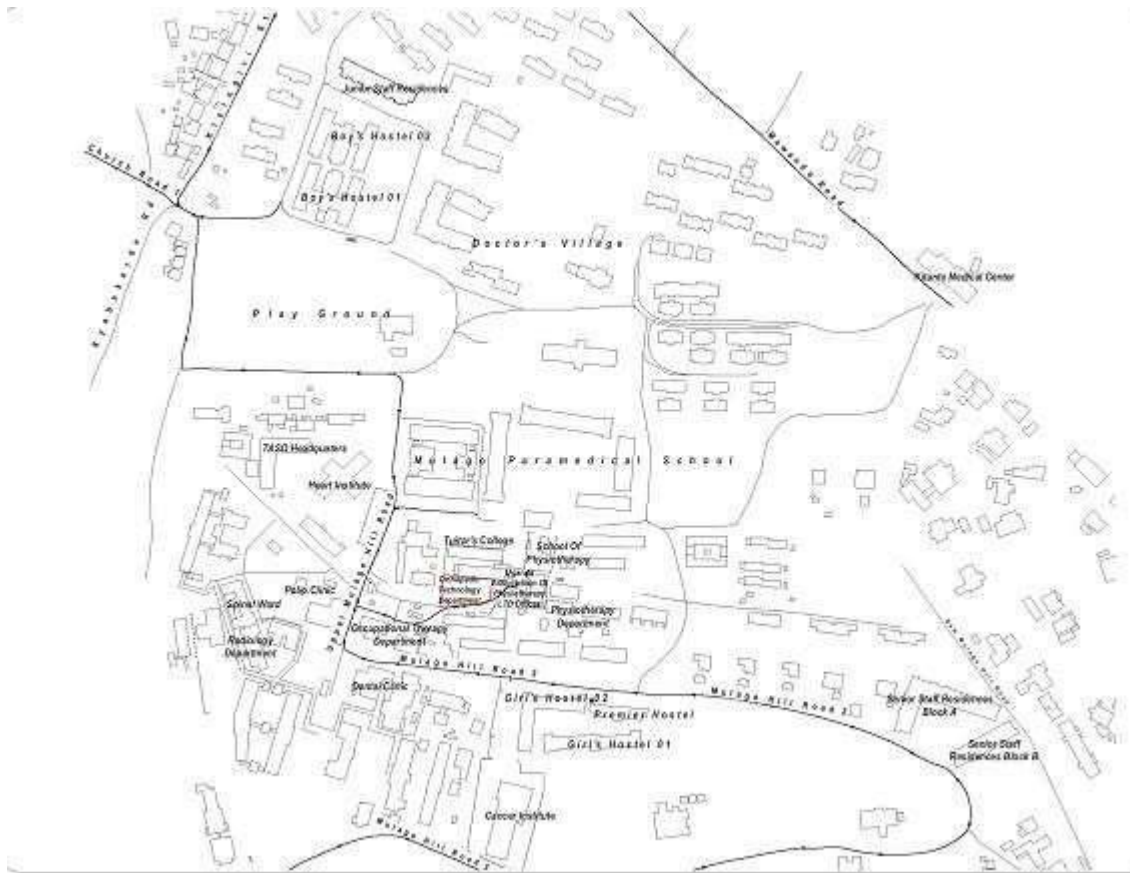
### 2.1 Physical environment description

The Client has 8 Plots covering a total area of 36,172 Square Meters approximately 9 Acres.

### 2.2 Location information

The Campus is located within in Mulago Hospital Kampala.

**Image 3:** See “site location plan”.



### **2.3 General description of the site Development.**

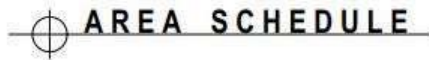
- ❖ The plots are located within Mulago Hospital.
- ❖ This School Campuses are designed to have good accessibility, circulation, visibility, functional spaces, good aesthetics and proper services.
- ❖ These campuses are designed to have green spaces to enhance a cool breeze, aesthetics, noise reduction, and also enhance a sustainable environment within and around this facilities.
- ❖ Sufficient Parking areas and driveways are provided for this Project. Other considerations include Fire Assembly Points, Fire Hydrants and Green spaces.



## 2.4 Area chart

The chart below summarizes plot areas of the Project;

	Area schedule	Unit Area (Sqm)	Unit Area (Acres)
01	<u>P l o t A</u>		
	Administration Block	14,206 m <sup>2</sup>	3.5 Acres
	Dental Department		
	Examination, Dinning/Main Hall & Religious Halls		
	Classroom Block 01		
	Classroom Block 02		
	Classroom Block 03		
	Skills Labs, Computer & library Block		
	Multi-purpose Block		
02	<u>P l o t B</u>		
	Boys Hostel 01	9,475 m <sup>2</sup>	2.3 Acres
	Boys Hostel 02		
	Junior Staff Residence		
	Basketball Court		
	Mini Soccer Pitch		



	Area schedule	Unit Area (Sqm)	Unit Area (Acres)
03	<u>P l o t C</u>		
	Girls Hostel Block 01	4,691 m <sup>2</sup>	1.2 Acres
	Girls Hostel Block 02		
	Premier Hostel		
	Volleyball Court		
04	<u>P l o t D</u>		
	Senior Staff Residence Block A	4,434 m <sup>2</sup>	1.1 Acres
	Senior Staff Residence Block B		
05	<u>P l o t E</u>		
	Orthopedic Technology & Occupational Therapy Department	642 m <sup>2</sup>	0.2 Acres
06	<u>P l o t F</u>		
	Physiotherapy Department	1,443 m <sup>2</sup>	0.4 Acres
07	<u>P l o t G</u>		
	Commercial Block	492 m <sup>2</sup>	0.1 Acres
08	<u>P l o t H</u>		
	Radiology Department & Laboratories	789 m <sup>2</sup>	0.2 Acres

No	Area Schedule	Unit Area (Sq. mtrs)	Unit Area (Acres)
<b>1.</b>	<b>Plot A</b>		
	Administration Block	<b>14,206m2</b>	<b>3.5 acres</b>
	Dental Department		
	Examination, Dinning/Main Hall & Religious Halls		
	Classroom Block 01		
	Classroom Block 02		
	Classroom Block 03		
	Skills Labs, Computer & library Block		
	Multi-purpose Block		
<b>2.</b>	<b>Plot B</b>		
	Boys Hostel 01	<b>9,475m2</b>	<b>2.3 acres</b>
	Boys Hostel 02		
	Junior Staff Residence		
	Basketball Court		
	Mini Soccer Pitch		
<b>3.</b>	<b>Plot C</b>		
	Girls Hostel Block 01	<b>4,691m2</b>	<b>1.2 acres</b>
	Girls Hostel Block 02		
	Premier Hostel		
	Volleyball Court		

<b>4.</b>	<b>Plot D</b>		
	Senior Staff Residence Block A	<b>4,434m<sup>2</sup></b>	<b>1.1 acres</b>
	Senior Staff Residence Block B		
<b>5.</b>	<b>Plot E</b>		
	Orthopaedic Technology & Occupational Therapy Department	<b>642m<sup>2</sup></b>	<b>0.2 acres</b>
<b>6.</b>	<b>Plot F</b>		
	Physiotherapy Department	<b>1,443m<sup>2</sup></b>	<b>0.4 acres</b>
<b>7.</b>	<b>Plot G</b>		
	Commercial Block	<b>492m<sup>2</sup></b>	<b>0.1 acres</b>
<b>8.</b>	<b>Plot H</b>		
	Radiology Department & Laboratories	<b>389 m<sup>2</sup></b>	<b>0.2 acres</b>
<b>GRAND TOTAL</b>		<b>36,172 m<sup>2</sup></b>	<b>0.9 acres</b>

## **2.5 Urban planning regulations**

- ❖ Urban Development regulations to be complied with
- ❖ Constitution of Uganda 1995
- ❖ Historical monument act
- ❖ Land act 1998
- ❖ Local government act
- ❖ Registration of titles act
- ❖ National environmental act
- ❖ Own and country planning act
- ❖ Public health act
- ❖ Survey act 2000
- ❖ National physical planning standards and guidelines
- ❖ Survey regulation 1966
- ❖ Building control bill
- ❖ Safety health and welfare at work (construction) Regulation 2013
- ❖ Public Health
- ❖ Building Regulation 1997 to 2004

# ANNEX 3: ORGANIZATIONAL STRUCTURE

