



**The Global Financing
Facility in Uganda**
A brief summary

This factsheet focuses on the Global Financing Facility (GFF) in Uganda. [Wemos' factsheet](#) on the GFF explains the general functioning of this health financing model supporting countries in reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH+N).

Uganda was selected in the second round of GFF in 2016 (2nd phase country).

Investment Case (IC):

“Committing to maternal and child survival: Investment case for reproductive, maternal, newborn, child and adolescent health sharpened plan for Uganda 2016/17-2019/20” (April 2016)

This was a revision of the pre-existing RMNCAH Sharpened Plan 2013-2017, titled *“A promise renewed”*, Uganda’s previous national strategy for women, children, and adolescents’ health. The IC is anchored on the Health Sector Development Plan (HSDP) 2015/16 – 2019/20. It thus contributes to the second National Development Plan, the second National Health Policy and to the overall Uganda Vision 2040.

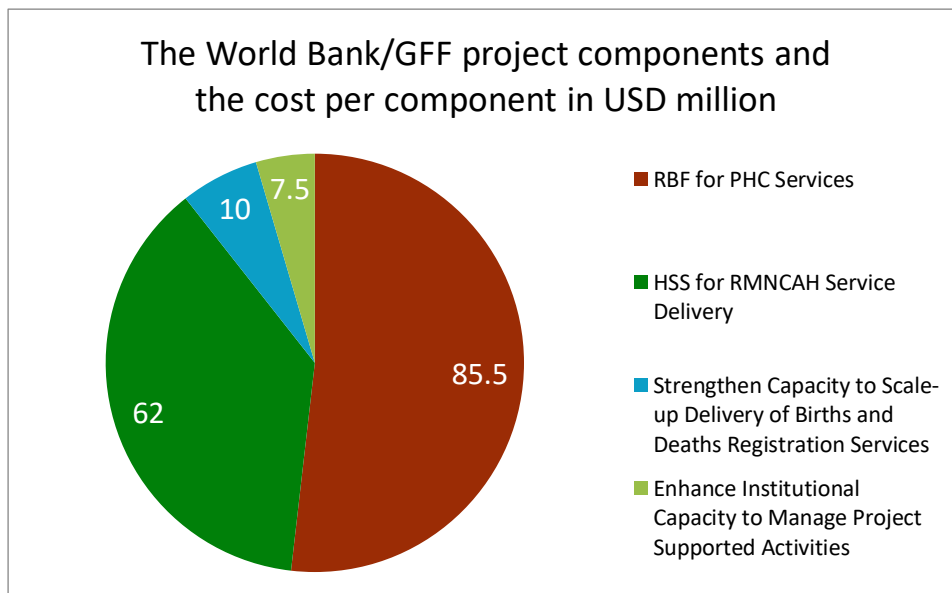
The World Bank/GFF project contributing to the IC (as per the Project Appraisal Document (PAD): *“Uganda Reproductive, Maternal and Child Health Services Improvement Project” (July 2016)*

Project period: August 2016 – June 2021

Total project cost: USD 165 million, out of which:

- USD 110 million is World Bank IDA concessional loan (since 2016)
- USD 30 million is GFF Trust Fund grant (since 2016)
- USD 25 million is SIDA grant (since December 2017)

The ratio of the IDA loan to GFF Trust Fund grant is **3.67:1**



*RBF = results-based financing
HSS = health systems strengthening

GFF COUNTRY SETUP

FINANCING MODEL

According to the IC (p.36), the total resource commitments for RMNCAH are USD 1,1 billion over the period 2016-2020, with USD 86 million (9%) from the Government of Uganda, USD 147 million from the World Bank/GFF and USD 878 million from other development partners. However, in the PAD (p.22) that refers back to the IC the total committed resources for RMNCAH are lower, at USD 1,018 million over the period 2016-2020, with a higher allocation by the Ugandan government at USD 231 million (23%). The World Bank/GFF contributes USD 140 million (14%) and other development partners commit to provide USD 647 million (63%).

For project implementation, the Ministry of Health (MoH) maintains two accounts in the Bank of Uganda (BoU), authorized by the Ministry of Finance (MoFPED). The National Identification and Registration Authority (NIRA), districts, and health facilities also have special bank accounts for the World Bank/GFF funds directed to the *Uganda Reproductive, Maternal and Child Health services Improvement Project (URMCHIP)* at BoU, into which disbursements from the MoH are made. Disbursement is based on performance indicators.

When the Investment Case (IC) was developed, the Ugandan *Health Financing Strategy 2015/16-2024/25* had already been approved. This is the country's long-term strategy for financing the health sector and therefore the IC is linked to it, for example by finding ways to bridge funding gaps in the Health Financing Strategy.

DONOR INVOLVEMENT

Three development partners participated in the conceptualization and development of the IC: WHO, UNFPA and UNICEF. They provided support with costing tools and bottleneck analyses. Financially, only SIDA has committed resources to the URMCHIP, co-funded by the World Bank and the GFF. SIDA's contribution is mainly directed towards the results-based financing (RBF) scale-up. This allowed RBF to roll out to 72, instead of the initially planned 60 districts. SIDA committed USD 25 million to the URMCHIP.

DISBURSEMENT

The project's disbursement after almost three years of implementation remains low, with an overall disbursement of 23% by June 2019 (including the first disbursement by SIDA, which is USD 9.44 million).

This rather low disbursement may result from a rushed submission of the Ugandan IC. Up to date, the implementation teams are not yet fully functional as recruitment of personnel for technical groups and positions is progressing slowly.

WHAT DO THE FUNDS COVER?

According to the PAD, funds will cover costs of the MoH and health centres at the county and sub-county level, which directly relate to project implementation. The health centres receive funds based on the RBF scheme, which will be scaled-up. The project's operating costs include expenditures for maintenance of equipment, facilities, and vehicles used for project implementation, fuel, short-term medical and non-medical staff, consumables, travel per diems, accommodation expenses, workshop venues, and materials. Not included in the costs are salary top-ups (including health workers'), sitting/meeting allowances, and honoraria to

civil or public servants and contracted consultants. Moreover, a contract for the supply of contraceptive implants worth USD 2.1 million has been approved and additional commodity procurements are expected to be completed. The project is also funding scholarships for 536 students in various professions, selected in January 2019.

GOVERNANCE

Sub-recipient under the MoH and responsible for the component on birth and death registration is NIRA. For the other three components, the main responsible recipient is the MoH. The District Health Officer (DHO) is responsible for oversight of project implementation at the district level. The Health Policy Advisory Committee (HPAC) at the MoH functions as the GFF Country Platform, managing and coordinating the URMCHIP and the IC. It convenes all relevant actors (the government, development partners, civil society organisations (CSOs), and other stakeholders) and its function is to provide oversight and guide implementation.

CIVIL SOCIETY ENGAGEMENT

There was limited civil society engagement during the conceptualization of the IC in Uganda. In particular CSOs working on family planning had to overcome many obstacles to manage the inclusion of family planning activities and reproductive health in the IC. In March 2017, members of the RMNCAH civil society coalition elected World Vision Uganda to lead the CSOs' engagement with the RMNCAH IC. The coalition set up a task force including White Ribbon Alliance, Uganda Family Planning Consortium, Partners in Population and Development, Naguru Teenage Centre, Reproductive Health Uganda, Uganda Civil Society Coalition for Scaling up Nutrition, Uganda Network of AIDS Service Organizations, and the National Union of Disabled Persons of Uganda. These CSOs built the steering committee and developed a CSO engagement strategy that was endorsed by 150 CSOs to improve engagement with the MoH and the GFF processes.

KEY CONCERNS

Collaboration among CSOs themselves and their engagement with the MoFPED, the MoH and the GFF needs to improve. National, regional, and local CSOs need to be better informed and empowered in order to fulfil their role of representing civil society. Their capacity needs to be built and strengthened, specifically regarding GFF processes and governance, budget tracking, economic literacy and monitoring and evaluation. Regarding RBF, it should not be investigated in a silo; CSOs need to fully grasp its link with the GFF.

The engagement of the private sector in the GFF implementation in Uganda is still undefined. As the GFF involves public resources, the involvement of the private sector needs to be explicitly outlined, distinguishing the differences between for-profit and not-for-profit engagement and defining an adequate monitoring and regulatory framework. Otherwise, the implementation of the GFF programme may be derailed, hindering the intended achievement of set objectives.

Finally, the flow of information from the MoH to the district health officers and the health facilities regarding GFF related matters remains problematic.

ABOUT THE ORGANISATIONS

WEMOS

Wemos is a Netherlands-based independent civil society organisation seeking to improve public health worldwide. Wemos analyses Dutch, European and global policies that affect health and proposes relevant changes. We hold the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

CEHURD

CEHURD is a non-profit, research and advocacy organization which is pioneering the justiciability of the right to health. CEHURD has moved from the margins to the centre stage of advancing social justice and health rights in health systems in Uganda, East African Region, Pan-African and Globally. CEHURD contributes to deconstructing health and human rights and uses the law, policy engagements, evidence-based advocacy and mobilizing communities as the major entry points that informs its interventions.

This work was co-funded by the Dutch Ministry of Foreign Affairs through the Health Systems Advocacy Partnership and the Open Society Foundations.



*This document is part
of Wemos' contribution
to the Health Systems
Advocacy Partnership*