



**The Global Financing
Facility in Uganda**
A brief summary
2020 update

This factsheet focuses on the Global Financing Facility (GFF)¹ in Uganda. Wemos and CEHURD published their [first joint factsheet](#) in September 2019, which readers can refer to for an overview of the GFF set-up, financing status, and governance in Uganda. This is the second factsheet of the series, with updated information, including the GFF's response to the COVID-19 pandemic.

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

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

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 Investment Case is anchored on the Health Sector Development Plan 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.

Contributors to the Investment Case as per the Project Appraisal Document (PAD):

The GFF, World Bank (through IDA) and Sida contribute to the government's *“Uganda Reproductive, Maternal and Child Health Services Improvement Project” (URMCHIP)* (July 2016).

Project period: August 2016 – June 2021

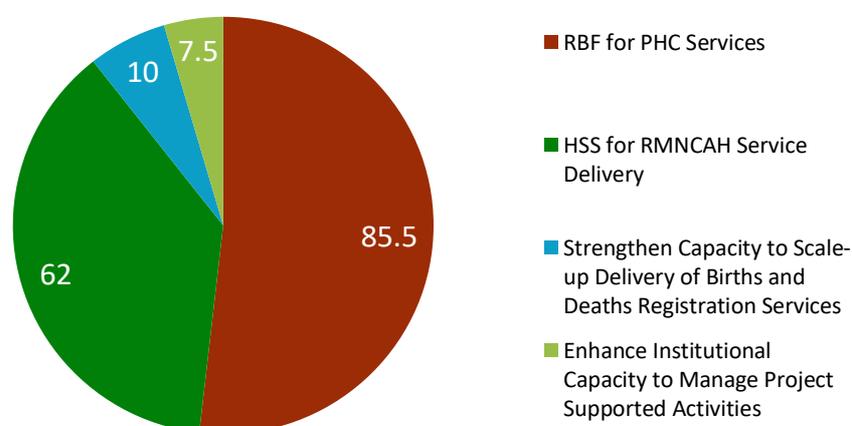
Total project cost: USD 165 million, out of which:

- 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**.

¹ Wemos' factsheet on the GFF explains the general functioning of this health financing model supporting countries RMNCAH+N. Available [here](#)

The URMCHIP components and the cost per component in USD million



DISBURSEMENT

In our previous country brief, the World Bank report at the time presented a disbursement of 23% (by June 2019). According to the latest World Bank Implementation Status & Results Report on the URMCHIP, the disbursement was at 51% for the IDA loan and at 43% of the GFF Trust Fund grant, by July 2020.² Sida had increased its contribution from USD 9.44 million to USD 14.44 million, out of which 94% was disbursed. Taking into account the IDA, the GFF Trust Fund and Sida contributions, the disbursement of funds by July 2020 was at 49.5% out of the total of USD 165 million.

According to the World Bank, the disbursement by November 2020 was 60% for IDA and 63% for the grants. Sida has so far disbursed USD 19.5 million out of the committed USD 25 million.³ Given that the project had an original closing date of June 30th 2021, the disbursement remains rather low.

EXTENSION

The programme will be extended beyond June 2021, most probably for another five years. Therefore, the Investment Case is currently being revised and new funding from the GFF and IDA is expected to come. However, the revised Investment Case is yet to be costed and we do not yet know the details of the timeline of the process. In the meantime, what we know is that the Project's closing date will likely be extended from June 2021 to December 2022 (see GFF and COVID-19 section).

² Implementation Status & Results Report on the URMCHIP No 8. Available [here](#)

³ World Bank Project Paper PAD4030, November 2020. Available [here](#)

CIVIL SOCIETY ENGAGEMENT

There was limited civil society engagement during the conceptualisation of the Investment Case in Uganda, as related research findings indicated limited involvement at both national and sub-national level. There is currently an operational CSO engagement platform where various CSOs are invited to participate in monitoring the implementation of GFF in Uganda. Nevertheless, leadership in this platform has been predominantly held by international CSOs fostering questions about country ownership of the platform. Furthermore, various CSOs do not understand the mechanics of the GFF, and their awareness is limited to results-based financing. In the extreme, most are not aware of the GFF and its implications, especially on debt financing. This limited knowledge of the GFF by most CSOs has continuously affected the growth and effective operation of the CSO engagement platform as membership numbers are still low, and multiple CSOs do not regularly attend the platform meetings.

In August 2019, the Small Grants Mechanism to support civil society engagement, alignment, and coordinated action for improved women's, children's, and adolescents' health, particularly in relation to the GFF, announced the recipients of the first round of funding, which amounted to a total of USD 600,000. In Uganda, the Northern Uganda Human Rights Partnership (NUHRP) received the grant, led by the Gulu Women's Economic Development and Globalisation. The aim of the NUHRP project was to hold local governments accountable for delivery of quality health services and increase citizens' awareness to demand high quality health care.

Together with its new Strategy 2021-2025, the GFF also revised its overall GFF-CSO and youth engagement framework, which was presented and approved by the Investors Group and Trust Fund Committee at their meetings in October 2020. Specifically, the Trust Fund Committee approved an initial budget of USD 6 million for the operationalisation of the framework for the first two years. An evaluation will follow, to assess the allocation of more resources after the two years.⁴

Regarding the process of the revision of the Investment Case, both civil society and the private sector alike were given the opportunity to provide feedback and input in the new Investment Case. However, due to the ongoing COVID-19 pandemic, the consultations and discussions on the progress towards meeting the Investment Case commitments were done online. The country platform was briefed on the outcomes and areas of focus from a meeting previously held and attended by a selected number of CSOs. And after this, each CSO (representative) was sent a form to fill highlighting areas of focus. Despite this, the process was short notice, and the discussions were hampered by poor connectivity and limited time, as the CSOs had to submit the form within two days of receiving it to meet the deadline set for the platform to have the feedback submitted to the government. In addition, before the CSO-only virtual meeting, only a handful of CSOs were invited for a physical meeting to input into the Investment Case.

⁴ <https://www.globalfinancingfacility.org/global-financing-facility-partners-commit-doubling-down-efforts-protect-and-accelerate-progress>

GFF AND COVID-19

COVID-19 has spread to Uganda, with direct impact on the health system but also indirectly affecting the whole socioeconomic environment of the country. As most global health initiatives, the GFF has responded to the pandemic, which was the main agenda item at the 10th Investors Group and Trust Fund Committee meetings in April 2020. The GFF committed to protect and maintain essential health services for women, children and adolescents in its 36 partner countries by supporting governments to plan and prioritise, by strengthening frontline service delivery and by addressing demand-side constraints.⁵

In Uganda, the GFF estimated that because of disruptions in all essential services, child mortality could increase by 22% and maternal mortality by 21% in the course of 2020 and 2021.⁶ In April 2020, the World Bank re-allocated USD 15 million⁷ from the URMCHIP (Components 1 and 2) for the COVID-19 response under the Contingent Emergency Response Component. This decision was made without notable stakeholder engagement with civil society. Despite these resources being needed for the COVID-19 response, they were not “new” money. This was a distortion in the existing health priorities, funding mechanisms, and processes, which could disrupt ongoing projects in the health sector. In November 2020, a project proposal was submitted to the Executive Directors seeking approval for an additional credit of USD 15 million from the IDA, to be financed through the Crisis Response Window (Fast Track COVID-19 Facility). The proposed additional credit will replenish the re-allocated USD 15 million. The same implementation arrangements for the parent Project will apply, without any additional or new activities to those originally planned, but with some adjustments on the results framework. For example, a 5th Component on Contingent Emergency Response is suggested. In addition to the additional financing, the Project will also be extended until December 2022, which will be the closing date for the IDA credit, and GFF and Sida grants.⁸

COVID-19 has reinforced the need to focus on public health systems. In Uganda, management of COVID-19 patients has been taking place in public health facilities, which has disrupted access and quality of other services offered in these facilities adversely affecting the most vulnerable peoples who cannot afford private health care, especially the youth and expectant mothers. The long-term success of the country’s response to the pandemic depends on the resilience of these facilities - which are often the first and only option for the poor - and the public health system overall.

ALIGNMENT WITH OTHER GLOBAL HEALTH INITIATIVES

Approaches like the one described above can hinder harmonisation of operations, financial strategies, policies, and structures in realising better health outcomes and contravene alignment commitments of the GFF, such as the Global Action Plan for Healthy Lives and Well-

⁵ <https://www.globalfinancingfacility.org/CoVid19>

⁶ GFF COVID-19 brief for Uganda. Available [here](#)

⁷ <https://ugandaradionetwork.net/story/world-bank-donates-shs-57bn-to-fight-covid-19%209>

⁸ World Bank Project Paper PAD4030, November 2020. Available [here](#)

being (GAP).⁹ The GFF collaborates with the Global Fund, Gavi, the World Bank and the WHO under the Sustainable Financing for Health Accelerator of the GAP, with a joint action plan that is being piloted in selected countries; Uganda is not one of them and does not feature in the GAP's first progress report, released in September 2020. From exchange with the Ugandan Ministry of Health, it seems that the fact that GFF funds are directed towards the URMCHIP is a step towards better coordination of external funds.

RESULTS-BASED FINANCING SCALE-UP

Results-based financing (RBF) is the URMCHIP's component to which most resources are allocated, and many consider it the "expression of GFF" in Uganda. To date, 131 districts are implementing RBF, out of which four were fully funded by USAID and two by the Belgian development agency Enabel, but the government's URMCHIP have been incorporating them.

In October 2019, the Rwenzori Center for Research and Advocacy (RCRA) did research using a CSO scorecard to assess the RBF implementation in the district of Kasese.¹⁰ Overall, they found that RBF had a positive impact on RMNCAH service delivery. Notably, the total amount of RBF funds received by the fourteen beneficiary facilities in one year far outstrips the combined total of PHC Non-wage grant and PHC Development grant received by both the district and municipal council. Nevertheless, they found operational challenges of the RBF projects, mainly regarding delayed disbursement of funds for the verified results. RBF in Kasese was funded by Enabel, but URMCHIP beneficiary districts had similar challenges.

For example, the GFF Annual Report 2018-2019 says for Uganda that *"initial results suggest that priority interventions in the Sharpened Plan, such as health worker mentorship, vouchers, and the results-based financing approach, are all creating conditions for improved coverage of services where they are being delivered—notably in the Northern Region—a positive sign as these approaches are expanded to places like the Central Region"* (p. 50).

PRIVATE SECTOR ENGAGEMENT

With the support of the GFF, the World Bank, and USAID, in 2016 the Ugandan Ministry of Health commissioned an assessment of the private sector in health, with multiple recommendations that would help the Ministry of Health to harness the private sector to improve access to basic health services and essential medicines as well as strengthen critical health system constraints to the private sector.¹¹

⁹ Watch the GAP! A critical civil society perspective on the development, potential impact and implementation of the 'Global Action Plan for Healthy Lives and Well-Being for All' (2020). Watch the GAP Task Group, Kampala Initiative. Available [here](#)

¹⁰ Financing for women children and adolescent health in Kasese district, CSO Scorecard (2019). RCRA. Available [here](#)

¹¹ 2016 Uganda Private Sector Assessment in Health. Available [here](#)

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 organisation 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 mobilising 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*