



Report of the Investments and Performance Analysis for Women, Children and Adolescent Health During Covid-19 Pandemic

A Case Study of Ntoroko district

Faith for Family Health Initiative
March, 2021

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Table of Contents

1.1	Background	9
1.2	Purpose and Objectives of the study	9
1.2	Study Site-Ntoroko District	9
2.1	Introduction	11
2.2	Study Design and Scope	11
2.3	Data Analysis	11
2.4	Limitations	12
2.5	Key policy frameworks in the health sector	12
2.6	International policy frameworks	12
2.7	National policy frameworks	13
2.8	District development plans	13
3.1	Introduction	14
3.2	GFF/RBF National Landscape	14
3.3	The State of RBF in Ntoroko District.	14
3.4	Challenges Affecting GFF/RBF Work in Ntoroko District	15
3.5	Observation and Policy Recommendations	16
4.1	Introduction	17
4.2	Uganda's Population	17
4.3	Specific health Indicators	17
4.4	Ministry of Health Budget Allocation 2020/21	18
4.5	Ntoroko District	19
4.5.1	Ntoroko district populations (2020 projections)	19
4.5.2	Health indicators	19
4.6	Health budget allocation: Trends	20
4.6.1	Trends in Budget Allocation across different sectors:	20
4.6.2	Trends in health-related financing, government.	21
4.6.3	Health Workplan Revenues	22
4.6.4	Health Workplan Expenditures	22
4.6.5	Expenditures for investments in women, child and Adolescent health	23
4.6.6	Analysis of the FY 2020/21 Workplan	25
4.7	Partners supporting women, child and adolescent interventions	26
5.1	Introduction	28
5.2	Service delivery data: Patterns and trends in 2020 relative to 2019.	28

5.3 Key Findings and Policy Suggestions	30
6.1 Key Findings	31
6.2 Key Recommendations	32

List of Tables and Figures

1.1 Background	9
1.2 Purpose and Objectives of the study	9
1.2 Study Site-Ntoroko District	9
2.1 Introduction	11
2.2 Study Design and Scope	11
2.3 Data Analysis	11
2.4 Limitations	12
2.5 Key policy frameworks in the health sector	12
2.6 International policy frameworks	12
2.7 National policy frameworks	13
2.8 District development plans	13
3.1 Introduction	14
3.2 GFF/RBF National Landscape	14
3.3 The State of RBF in Ntoroko District.	14
3.4 Challenges Affecting GFF/RBF Work in Ntoroko District	15
3.5 Observation and Policy Recommendations	16
4.1 Introduction	17
4.2 Uganda's Population	17
4.3 Specific health Indicators	17
4.4 Ministry of Health Budget Allocation 2020/21	18
4.5 Ntoroko District	19
4.5.1 Ntoroko district populations (2020 projections)	19
4.5.2 Health indicators	19
4.6 Health budget allocation: Trends	20
4.6.1 Trends in Budget Allocation across different sectors:	20
4.6.2 Trends in health-related financing, government.	21
4.6.3 Health Workplan Revenues	22
4.6.4 Health Workplan Expenditures	22

4.6.5 Expenditures for investments in women, child and Adolescent health	23
4.6.6 Analysis of the FY 2020/21 Workplan	25
4.7 Partners supporting women, child and adolescent interventions	26
5.1 Introduction	28
5.2 Service delivery data: Patterns and trends in 2020 relative to 2019.	28
5.3 Key Findings and Policy Suggestions	30
6.1 Key Findings	31
6.2 Key Recommendations	32

ACRONYMS & ABBREVIATIONS

ADP	Annual Development Plan
ANC	Ante-Natal Care
AU	African Union
AWP	Annual Work Plan
BCG	Bacillus Calmette–Guérin
CSO	Civil Society Organizations
DFID	Department for International Development
DHIS	District Health Information System
FP	Family Planning
FBO	Faith Based Organizations
FY	Financial Year
GAVI	Global Alliance for Vaccines and Immunizations
GFF	Global Financing Facility
JICA	Japan International Co-operation Agency
MCHN	Maternal Child Health and Nutrition
MCHAN	Maternal Child Health, Adolescent Nutrition
NTDs	Neglected Tropical Diseases
PCV	pneumococcal conjugate vaccine
PHC	Primary Health Care
RBF	Results Based Financing
RMNCAH	Reproductive Maternal, Neo-natal, Child, Adolescent Health
SDG	Sustainable Development Goals
SIDA	Swedish Government Agency for Development Co-operation
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights

UGX	Uganda shillings
UNICEF	United Nations Child Fund
USG	United States Government
WHO	World Health Organization

Executive Summary

Preamble

The analysis for Investments and Performance for women, child and adolescent health in Ntoroko was commissioned by 3FHi. As a non-profit inter-faith Based Organizations (FBO) promoting equity and quality of health services for all in Ntoroko and other districts, 3FHi seeks to influence policy formulation and practice, through generating evidence to support civic education and advocacy for Women, Children and Adolescent Health (WCAH). The Investment and Performance Analysis for WCAH was initiated to understand the status of Global Financing Facility/Result Based Financing (GFF/RBF), the investments and performance patterns and trend for WCAH and impact of Covid 19 pandemic on the delivery of Essential Health Services (EHS) in Ntoroko.

The study conducted Key Informant Interview with senior government officials, and with GFF National Secretariat to assess the situation of GFF/RBF in Ntoroko. In order to ascertain investments and performance patterns and trend for WCAH, a desk review of the 2018/19, 2019/20 and 2020/21 Ntoroko budgets was undertaken with a keen eye on health investments. It should be noted that all the figures presented in the report are in nominal terms from the approved budget documents. Furthermore, a detailed analysis of the 2020/21 work-plan was undertaken to provide a clearer picture on budgets allocated to various health outputs. However, the lack of detailed work-plan for 2018/19 and 2019/20 limited our analysis that could have provided us with a glimpse of the funding trends across the outputs over the past three years. In assessing the impact of Covid 19 pandemic on the delivery of Essential Health Services (EHS), the study analyzed the service delivery data as contained in the District Health Information System (DHIS) Version 2.

Key Findings and Policy Recommendations

GFF/RBF in Ntoroko

Table 1: Policy issue, observation and suggestions- GFF/RBF analysis

Policy Issue	Policy Observation	Policy Suggestions
Responsiveness to health needs	Health budgets and plans are missing critical components e.g., Family planning, breast cancer screening, immunization and maternity aimed at improving women, children and adolescent's health.	Improve engagements and inclusion of CSO and citizens on budget making process to ensure needs are well captured.
CSO coordination	Few CSO's are involved in GFF/RBF intervention	Establish a CSO network that fast tracks implementation of GFF/RBF

	implementation and tracking of progress of outcomes.	initiatives as well as accountability of the funds.
Accountability	There is poor implementation of accountability mechanisms for the GFF/RBF deliverables and financing.	Develop an accountability framework that includes participation of CSOs, Citizens and Government. CSOs to develop social accountability tools to monitor implementation and implication on quality of health services.
Allocation of GFF/RBF funds	There is still low allocation of resources to GFF/RBF initiatives	Collaborative engagements with CSOs, development partners and the Government aimed at increasing funding of GFF/RBF initiatives.

Table 2: Policy Issues and Recommendation- Investments and Performance analysis

Policy Issue	Policy Observation	Policy Suggestions
Adequacy of health Budget	There is a low budget allocation to the health sector proportionate to other sectors.	Improve budget allocation to the health sector to meet its obligations.
Adherence to commitments made globally on health financing	Current allocation stands at 5% to health sector in relation to the whole national budget.	Uganda should strive to allocate not less than 15% percent of the total budget to the Ministry of Health.
Personnel capacity on health budgeting	The health budget and plans are missing key health components that relate to women, children and adolescent.	Ensure capacity building of staff on health budgeting
Investments in Women, child and adolescent health outcomes	There is inadequate resources.	Increase budgets for community mobilization, outreaches and capacity building of community volunteers
Family planning funding	No dedicated budget line item for family planning	Introduce a Family planning budget line in the workplan.

Table 3: Policy issues and recommendation-Impact of COVID-19 on the delivery of EHS

Health Indicator	Policy Issues	Policy Recommendations
Antenatal Visit (ANC)	The total antenatal care (1st visit) and antenatal care (4th visit) in 2020 during the covid-19 period is lower relative to the recorded visits in 2019 during the same study period.	Scale up community initiatives aimed at identifying pregnant adolescents and women, and provide referrals to health facilities
Immunization -BCG	BCG vaccines administered in 2020 during the covid-19 period was lower relative to those recorded in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Immunization -PCV 1&3	The total children vaccinated with PCV 1 &, PCV 3 in 2020 (during the covid-19 period) is lower compared to those in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Measles	The total children vaccinated against measles in 2020(during the covid-19 period) lower compared to the administered measles in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Deliveries	The number of deliveries recorded in 2020 (during the pandemic period) is lower compared to the recorded deliveries in 2019.	Scale up outreach to pregnant women and adolescents on safe deliveries focusing at the three delays framework and equipping health facilities and capacity building of health personnel i.e Obstetric emergency and nursing management
Family Planning	The number of recorded family planning users in 2020 (during the pandemic period) are higher compared to the recorded number of family planning users in 2019.	Continue to scale up Family planning services and products at the community level as well as in partnership with private clinics.

CHAPTER I: INTRODUCTION

1.1 Background

The Faith for Family Health Initiative (3FHi) is a faith-based organization that strengthens inter-faith collaboration for better family health and well-being. It advances evidence and faith sensitive approaches for improving health outcomes for families and communities in Uganda by influencing policy, budgeting and practice, through research, monitoring, awareness creation, capacity development, advocacy and civic education.

Since it was established, 3FHi has been advocating for increased allocation to the health sector notably, Sexual Reproductive Health and Rights (SRHR) in line with country, regional and international obligations such as the African Union (Abuja Declaration), Africa Agenda 2063, the UN Sustainable Development Goals (SDGs) and the national overarching policies such as the Uganda Vision 2040, and the national policy guidelines and service standards for reproductive health services. 3FHi underscores the importance of national and district budgets as critical tools for achieving equitable access to quality health care for Ugandans.

1.2 Purpose and Objectives of the study

The overall aim of the study was to determine the investments and performance for WCAH in Ntoroko district. The analysis provided evidence for continued advocacy for increased budgetary investments and better performance in support women, child and adolescent health.

The specific objectives of the rapid survey were to:

1. Assess the situation of GFF/RBF funding in Ntoroko district.
2. Determine the investments and performance for WCAH in Ntoroko district
3. Determine the impact of COVID-19 on delivery essential health services.
4. Make policy recommendations to promote efficiency in resource allocation for women, child and adolescent health.

1.2 Study Site-Ntoroko District

Ntoroko District is one of the two Ugandan districts west of the Rwenzori Mountains. The district borders the Democratic Republic of the Congo to the west and north. According to the 2014 Census, the district has 67,000 people. The district headquarter is Ntoroko town. As newly created district, the district lacks full developed administrative structures, has weak health care system and host thousands of refugees escaping the volatility in the neighboring Democratic Republic of Congo. The district has active Ebola cases. The district is well endowed with water bodies includes Lake Albert, multiple fishing beaches and landing sites. It is hilly, mountainous and occasionally flooded.

Ntoroko is a district with unique needs for women, children and adolescent, and especially young girls. In Ntoroko district, Violence against Girls and Young Women (VaGYW) including rape, gender-based discrimination and exploitation is particularly high among the fishing communities around Lake Albert and surrounding beaches. Within the fishing communities, sex-

for-fish system, a harmful cultural practice, in which female traders engage in sexual relationships with fishermen to secure their supply of fish, represents a unique form of VaGYW. This practice, exposes girls and young women to various forms of abuse, including emotional abuse and sexual and gender-based violence (SGBV). There are clear indications that this type of “survival sex”, which is transactional in nature, often coexists with other risky sexual behaviors like an early sexual debut, multiple concurrent sexual partnerships and inconsistent condom use. Sex-for-Fish violates human rights and affects women’s sexual and reproductive health and rights (SRHR). Further, it is an extreme expression of unequal gender relations in a society, a severe violation of human rights and a main hindrance to the achievement of gender equality.

In Ntoroko, girls and young women from low-income backgrounds seeking out a living from the lake and fishing beaches face horrendous options of giving their bodies in exchange for stock. Those who refuse these arrangements, suffer discrimination, ridicule, intimidation, business losses and are often unable to feed themselves and their children. Those who get involved in transactional sex, child marriages, early sexual debut, cross-generational sexual exploitation and violence are often also unable to insist on safe sexual practices like condom use. This additionally increases their destitution and risk of STDs, unintended pregnancies and unsafe abortions

CHAPTER II-STUDY METHODOLOGY

2.1 Introduction

This chapter describes the study design used, analysis methods and limitations of the study.

2.2 Study Design and Scope

The study was hugely designed as a desk review of government budget and strategy documents. It included approved budget estimates, Annual budget work plans, annual development plans and DHIS-2 data for Ntoroko district. Particular attention was placed on reviewing resources allocated towards the health sector with a particular emphasis on Maternal, child, adolescent and nutrition interventions.

The study also involved face to face interviews with selected government officials that are directly working in the health sector. The consultations were arranged mainly to get views regarding the budget estimate preparations as there was a dearth of information on specific budget allocations for women, child and adolescent health.

In order to determine the budget allocations and expenditures, this assessment involved collecting quantitative data from district approved development and budget documents. It included;

1. A desk review of district budget documents for the past three years. The following documents were reviewed;
 - a) Approved budget estimates FY 2018/19, FY 2019/20 and FY 2020/21.
 - b) FY 2020/21 Annual work plans
 - c) National and district policies in support of investments for maternal, child, adolescent and nutrition health.
2. In addition to the desk review, we estimated the total investments going to women, child and adolescent health by reviewing workload statistics from the DHIS-2 and apportioning the workload proportionately to determine the allocations to women, child and adolescents.
3. To assess the impact of COVID-19 pandemic on the delivery of essential health services, the study reviewed the data on client access to key health services like immunizations, reproductive and maternal services using the DHIS-2 System comparing the Pre-Covid period (March-September 2019) and the pandemic period (March-September 2020).

2.3 Data Analysis

The analysis adopted a broad but output based budget data analysis to attain its objectives. The data that was collected from various budget documents mentioned above, processing done in Microsoft Excel and the results presented using tables, pie charts, and graphs.

2.4 Limitations

One of the key limitations of this assignment was that the review involved documents that were publicly not available. It was not possible to obtain all the relevant documents like the output-based work-plans for FY 2018/19 and FY 2019/20 which could help us identify trends in health and in particular Maternal, Children and Adolescent Health and Nutrition (MCAHN) investments. Secondly, the estimation of investments for women, child and adolescent health relied heavily on quality of DHIS data, available population statistics as well as health coverage indicators. Thirdly, DHIS-2 data depends on the level of reporting done by the facilities and there has been instances of poor reporting by facilities.

2.5 Key policy frameworks in the health sector

The formulation and implementation of the budget in the health sector is guided by a number of policy frameworks, which outlines Government plans and policies in addressing some of the challenges. At international level, the key policy frameworks include the Sustainable development goals, international conference of population and development 1994, among others. At national level, the key policy frameworks include the Uganda vision 2040, Adolescent health policy guidelines and services standards, Uganda national health policy, The national development plan (2009/10-2014/15), Health Sector Strategic Plan (2018-2022), the gender policy, National policy guidelines and service standards on sexual reproductive health and rights (2012), the adolescent health policy among others. At the district level, some key policy framework's guide the budget allocation and implementation are Ntoroko district local government annual development plan (2019-2020).

These policy frameworks are summarized below;

2.6 International policy frameworks

There are a number of international conventions that Uganda is a signatory to. The most important is the Sustainable Development Goals that has 17 goals that are integrated but has one of the goals on health. Uganda is also a signatory to the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium in which African Countries reaffirmed their commitment to Primary Health Care (PHC) as a strategy for delivering health services and an approach to accelerate the achievement of the SDGs. In addition to these two, other important international declarations to which Uganda is a signatory are the Abuja Declaration which called African Governments to increase their budgetary allocation to health to at least 15%. The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action which call for harmonization and alignment of aid in the sector and the Africa Health Strategy 2007-2015. The 1986 Ottawa Charter on Health Promotion, the Libreville Declaration on Environment and Health, the African Union Maputo Plan of Action on Sexual and Reproductive Health and Rights are also important policy frameworks, which the country is a signatory. Uganda is committed to these declarations and strategies but there are still challenges to attain the targets stipulated by these international frameworks.

2.7 National policy frameworks

At national level, there are several policies, plans and strategies that guide investments in women, child and adolescent health. The Uganda vision 2040 outlines the importance of Health and nutrition in facilitating socio- economic transformation. It also indicates a major shift of delivery of health from facility-based to household-based health delivery system, anchoring on preventive approaches over curative health service delivery. In addition, it identifies improvements in nutrition status for women and children as key pillar in reducing child and maternal mortality leading to socio-economic development. The second health policy 2010, focus on health promotion and disease prevention, early diagnosis and treatment of diseases. The policy renews its commitment to public health care, health systems strengthening and reducing health inequities. Its goal is to ensure citizens attain a good standard of health in order to promote healthy and productive lives. The national policy guidelines and service standards on SRHR 2012, spell out general rules and regulations governing reproductive health provision, targets and priority groups of service. The policy goal is to improve SRH for everyone.

2.8 District development plans

Ntoroko local government district development plan (2019-2020) spells out plans for improvement of health outcomes for its citizens. It identifies various activities like training of health care providers, screening of children in schools, promotion of community health volunteers' programs, community awareness campaigns, HIV prevention initiatives, and equipping of health key to improve health outcomes for women, child, and adolescent

CHAPTER III: GFF/RBF SITUATION ANALYSIS

3.1 Introduction

This chapter focuses on analyzing the investments from Global funding facility (GFF) and Results based Funding (RBF) committed in ensuring all women, children and adolescents can survive and thrive.

3.2 GFF/RBF National Landscape

The GFF is supporting the implementation of the investment case which is a 4-year plan, 2016-2020. The World Bank and SIDA are the main funders for the investment case. Other funders contributing towards the investment case includes JICA, USG, and DFID etc. With GFF grant, Government of Uganda is implementing a roadmap, particularly through results-based financing to improve efficiency in resource utilization and quality of health service delivery. Owing to this approach, there has been a reduction in fee-barriers and improved access to high-priority maternal and child health care interventions especially for the poor in some districts. However, hard to reach and isolated districts still face challenges to implement all performance indicators. For instance, in Ntoroko, the initial work for GFF was supported by ENABEL but the project ended. However, with the extension of GFF for another two years until December 2022, and with support from UMRCHIP and U-Gift, all of the country's 140 districts (140) will be covered. With support from GFF, Uganda is currently revising its Sharpened Plan.

Analysis of the first phase of GFF has just revealed that there is gap on the lack of indicator on Adolescent Health.

3.3 The State of RBF in Ntoroko District.

Result Based Financing (RBF) was initiated in Ntoroko district in 2017 through Enabel. Only Stella Maris health facility was targeted. Stella Maris is a Private Not for Profit Health center. Due to accountability issues at the district level, the GFF/RBF grants was withdrawn in 2018. In March 2020, the RBF was reinstated. In this renewal phase, the targeted facilities include Rwebisengo Health center IV, Ntoroko Health Centre III and Karugutu Health Center IV. RBF funds were disbursed to these facilities in May 2020. A review of the district work-plan for FY2020/2021, shows that the district had appropriated Uganda Shillings 165.5 Million.

Table 1: External Financing Sources FY 2020/21

Local Government		Approved Performance Contract	
Vote :595 Ntoroko District		FY 2020/21	
District Commercial Services Support (DICOSS) Project	100,000	175,638	0
Results Based Financing (RBF)	0	0	165,584
Parish Community Associations (PCAs)	0	0	150,000
3. External Financing	324,000	615,842	408,578
Baylor International (Uganda)	30,000	0	80,000
United Nations Children Fund (UNICEF)	100,000	107,284	176,000
Global Fund for HIV, TB & Malaria	0	0	2,720
United Nations High Commission for Refugees (UNHCR)	0	0	70,000
World Health Organisation (WHO)	100,000	0	0
Global Alliance for Vaccines and Immunization (GAVI)	94,000	508,558	79,858
Total Revenues shares	14,370,757	11,067,484	15,492,206

GFF/RBF Health Partners in Ntoroko District

The table below, shows health partners in Ntoroko district

Table 4: Health Partners in Ntoroko District

Partner Name	Location(s) of Operation (subcounty)	Type(s) of Support Provided
BAYLOR UGANDA	Entire District	Comprehensive HIV/AIDS services
SAVE THE CHILDREN	Entire District	MNCH services
UNICEF	Entire District	Water and sanitation campaigns, capacity building, malaria control etc
Path finder international	Entire District	Family planning activity
KAANA	Entire District	HIV/AIDS services
Malaria Consortium	Entire District	Malaria
METS	Entire District	Monitoring and evaluation
MAK sph (P2S)	Entire District	HSS

3.4 Challenges Affecting GFF/RBF Work in Ntoroko District

In Ntoroko district, RBF continue to face myriad of challenges. In this district, community members are less engaged in GFF process. There are clear indications that community health needs including high incidences of HIV infection, water-borne diseases, home deliveries, low immunization coverage and increasing teenage pregnancies are not prioritized in health budgets and plans. In this district, women, youths and people with disability are excluded in all stages of health planning and budgeting process.

On the other hand, Civil Society Organizations (CSO) are not mobilized nor coordinated to provide active leadership in GFF process. There are clear indications that there are no civil society actors engaged in accountability efforts for GFF/RBF. This aspect could explain why RBF funds were withdrawn in 2018 due to accountability issues.

3.5 Observation and Policy Recommendations

Table 5: Policy issue, observation and suggestions- GFF/RBF analysis

Policy Issue	Policy Observation	Policy Recommendations
Responsiveness to health needs	Health budgets and plans are missing critical components aimed at improving women, children and adolescent's health.	Improve engagements and inclusion of CSO and citizens on budget making process to ensure needs are well captured.
CSO coordination	Few CSO's are involved in GFF/RBF intervention implementation and tracking of progress of outcomes.	Establish a CSO network that fast tracks implementation of GFF/RBF initiatives as well as accountability of the funds.
Accountability	There is poor implementation of accountability mechanisms for the GFF/RBF deliverables and financing.	Develop an accountability framework that includes participation of CSOs, Citizens and Government.
Allocation of GFF/RBF funds	There is still low allocation of resources to GFF/RBF initiatives	Collaborative engagements with CSOs, development partners and the Government aimed at increasing funding of GFF/RBF initiatives.

CHAPTER IV: INVESTMENTS AND PERFORMANCE ANALYSIS

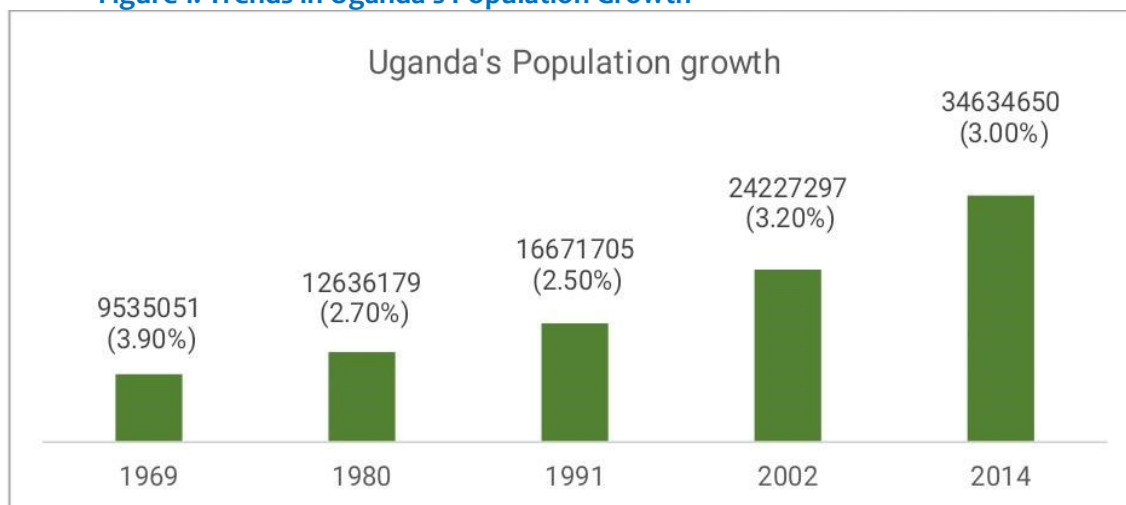
4.1 Introduction

This chapter starts with a brief background of health outlook in Uganda, then looks at the health budget allocation at National level and Ntoroko district level. It goes further to analyze the budget documents to ascertain health investments for women, child and adolescents.

4.2 Uganda's Population

Uganda's annual population growth is 3%, meaning 1,200,000 Ugandans are born every year. Generally, Uganda has a youth population with over 34.8% being adolescents with a similar sex distribution.

Figure 1: Trends in Uganda's Population Growth



Source: Uganda National population and housing census 2014, Uganda bureau of statistics, 2016

4.3 Specific health Indicators

This section highlights status of main health indicators for Uganda according to Uganda demographic health survey 2016. The indicators are inclined towards showing the main health outcomes for women, children and adolescents as proxy indicators for showing investments and priorities for the particular group.

Maternal health: maternal mortality stands at 336 deaths per 100,000 meaning one in every 300 mothers die due to pregnancy related complications. 74% of the deliveries are attended by a skilled health personnel. Neonatal and under five mortality stand at 27 and 64 death per 1,000 live births respectively.

Teenage Pregnancy: One in four teenage girls in Uganda age 15-19 have had a child or are pregnant. In addition, 42% of all pregnancies among adolescents in Uganda are unintended.

Family planning: The proportion of women of reproductive age who have their need for family planning satisfied by modern methods stand at 54%.

Immunization: Fifty-five percent of children age 12-23 months had received all basic vaccinations by the time of the survey, and 49% received the vaccinations by the appropriate age of 12 months.

Nutrition status for children: Twenty-nine percent of Ugandan children age 6-59 months are stunted (short for their age), 4% are wasted (thin for their height), 11% are underweight (thin for their age), and 4% are overweight (heavy for their height).

HIV/AIDS: Just under half of women (48%) and men (49%) have “comprehensive knowledge” about the modes of HIV transmission and prevention. About 9 in 10 women (88%) and 8 in 10 men (79%) know that HIV can be transmitted through breastfeeding. More than 8 in 10 women (84%) and 7 in 10 men (72%) know that the risk of mother-to-child transmission is reduced by the mother taking special drugs during pregnancy.

Malaria: Three in 10 children age 6-59 months tested positive for malaria according to rapid diagnostic test (RDT) results. Seventy-eight percent of households own at least one insecticide treated net (ITN).

4.4 Ministry of Health Budget Allocation 2020/21

Uganda’s vision 2040 and health policy 2010 outlines the importance of Health and nutrition in facilitating socio- economic transformation by producing a healthy and productive population.

Some of the sector policy priorities include;

- Providing inclusive and quality health care services through policy formulation and providing strategic direction, planning and coordination of health care provision in Uganda.
- Increasing financial risk protection of households against impoverishment due to health expenditures.
- Addressing the key determinants of health through strengthening of inter-sectoral collaborations and partnerships.
- Enhancing the health sector competitiveness in the region and globally.
- Improving health systems governance
- Improving resource tracking of both on and off budget funds to ensure alignment and harmonization.
- Maximizing efficiency by garnering cost savings within the existing domestic resources through programme-based budgeting (PBB) and moving from funding inputs to purchasing services through results-based financing (RBF).
- Enhancing synergies and partnerships with the private sector through public private partnerships arrangements.

a) *Health sector budget allocation*

An analysis of the FY 2020/21 shows that the health sector budget share stands at 5% down for 7.9% in FY 2019/20. Nominal allocation is projected to decrease by 40% from UGX 2.569 billion in FY 2019/20 to UGX 1.550 Billion in FY 2021. This indicates that Uganda is yet to meet the Abuja declaration where African Union (AU) member states committed to allocating 15% of their government budgets to health.

4.5 Ntoroko District

Ntoroko district was established out of the enhanced decentralization process in Uganda in 2010 carved out of Bundibugyo district. It has 6 sub-counties and 4 town councils, with 48 parishes and 196 villages.

4.5.1 Ntoroko district populations (2020 projections)

The District has a total population of 76,000 of which 39,400 are female and 36,600 males. 35% of the population reside in urban areas. Women of reproductive age constitute 20.2% of the population while 46% are children aged below 15 years. The annual population growth rate between 2002 and 2014 was 2.5%.

4.5.2 Health indicators

Some of the Ntoroko district health sector policy priorities include;

- Scale up critical interventions for health and health related services with emphasis on vulnerable populations
- Improve the levels and equity in access and demand to defined service needed for health
- Accelerate quality and safety improvements for health and health services through implementation of identified interventions
- Improve on the efficiency and effectiveness of resource management for service delivery in the sector
- Deepen Stewardship of the health agenda by Ministry of Health

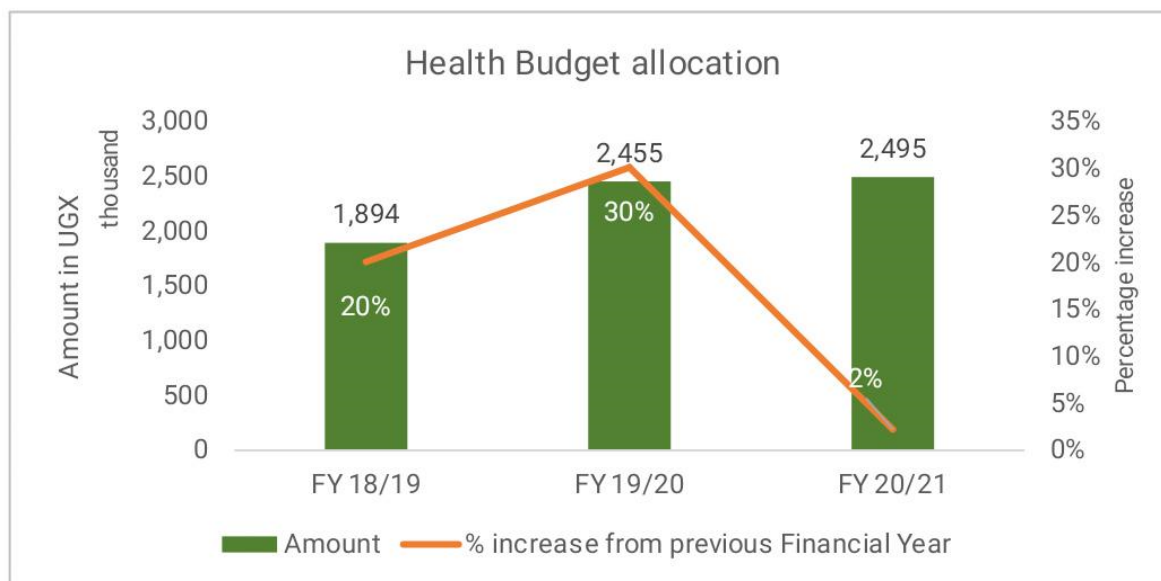
Ntoroko district has a total of 11 health facilities, whereby 6 are run by the government, 1 PNFP (Private Not for Profit), and 4PFP (Private for Profit). There are several development partners supporting health interventions including; UNICEF, Save the Children, METS, Malaria consortium, RWEPTA, BTC/ICB and Baylor Uganda. From the district health records (FY 2019/20), 49% of pregnant women are completing the 4 ANC visits, and 64% of pregnant women are delivering in a health facility, IPT 2 coverage stands at 69% well TB treatment success rate has improved to 85%. PCV3 Vaccinations is the best performing indicator with 100% coverage. Latrine coverage has also improved to 70 % through more efforts are needed to increase it to 100%.

4.6 Health budget allocation: Trends

These strategies guide the development and allocation of health budget. An analysis of the district budget for FY 2018/19, FY 2019/20 and 2020/21 indicates a marginal increase in allocation for health. The health budget allocation increased by 20% between the FY 2017/18 and FY 2018/19. The increase was accelerated to 30% between FY 2018/19 and FY 2019/20. Unfortunately, there was a negligible increase of 2% between 2019/20 and 2020/21.

The table below shows the allocation of the health budget.

Figure 2: Ntoroko district health budget allocation trends



Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021:

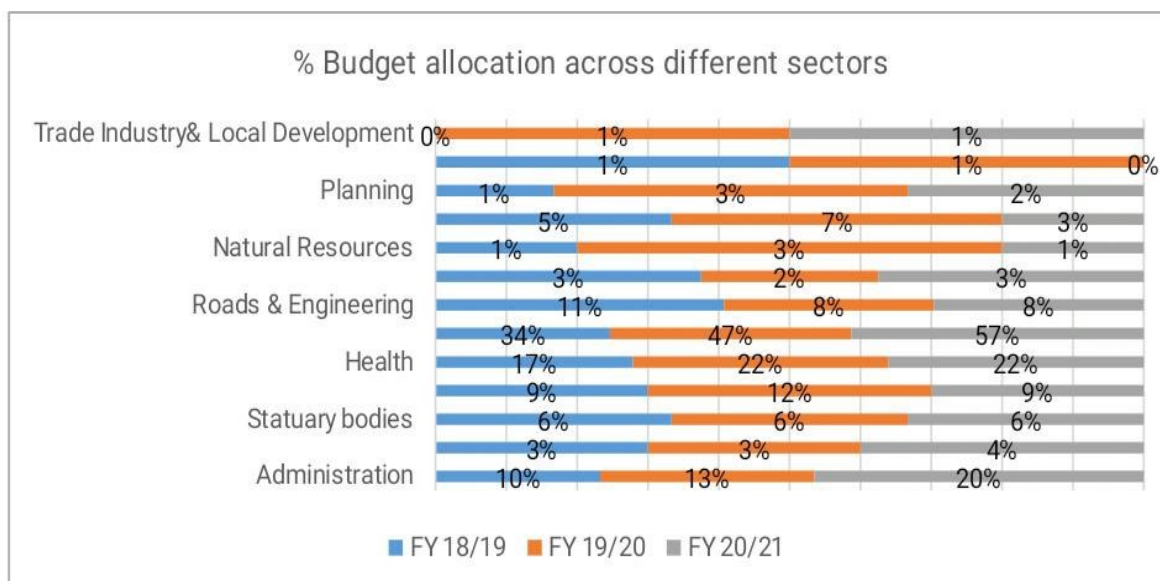
4.6.1 Trends in Budget Allocation across different sectors:

A further analysis of the health budget allocation against total budget for the last three financial years at 17%, 22% and 22% for the FY 18/19, FY19/20 and FY 2021 respectively.

The analysis noted an incredible increase in the education budget allocation over the overall budget for the last three year averaging 10% annually from 34% in FY 2018/19 to 57% in FY 2020/21.

In order for Uganda to achieve its Vision 2040, considerable investments should be made to the health sector.

Figure 3: Budget allocation across different sectors by year



Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021:

4.6.2 Trends in health-related financing, government.

It's also noted that external financing received from WHO, UNICEF, GAVI and Global fund is UGX 952.7 Million across the three financial years. Since most of these funds are for Immunization, HIV/AIDS, TB and Nutrition interventions it can be earmarked to be supporting women, children and adolescent.

Table 6: Trends in External financing

		Uganda Shillings thousands		
Entity		FY 18/19	FY 19/20	FY 20/21
Govt		120,000	120,000	120,000
Govt		20,000	-	-
UNICEF		20,000	100,000	176,000
Global fund		-		2,720
WHO		-	100,000	-
GAVI		-	94,000	79,858
Total		160,000	414,000	378,578

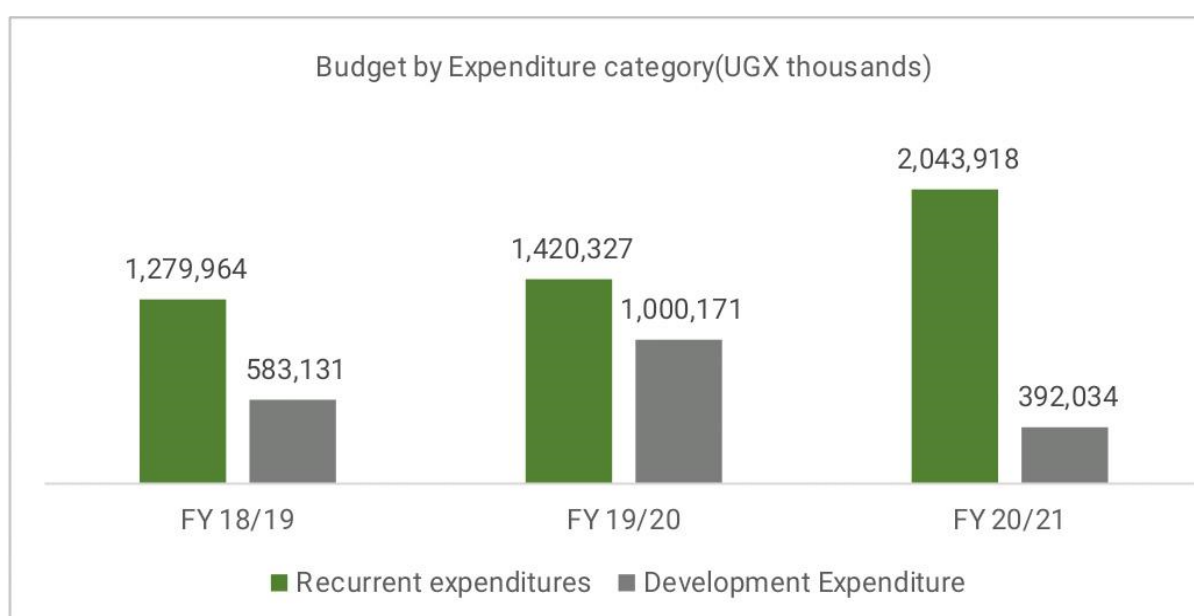
Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021

4.6.3 Health Workplan Revenues

Cumulative revenue receipts for FY 18/19 and FY 19/20 against the approved budget stands at 86% and 98% respectively. This indicates the district received almost all the approved budget amounts. It's also noted that external financing received from WHO, UNICEF, GAVI and Global fund is 615.8 Million against the budgeted amount of 294 Million for FY 19/20. Though the district didn't receive any external financing revenues from the mentioned entities for FY 18/19. This revenue can be earmarked to be supporting women, children and adolescent interventions.

The figure below shows the breakdown of the health budget in terms of recurrent and development.

Figure 4: Budget expenditure by category -recurrent and development



Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021.

The district allocated UGX, 2billion and UGX 392 million for recurrent and development expenditure for FY 2020/21. This represents a 43% increase in recurrent expenditure compared to FY 2019/20 and a 45% decrease in development expenditure compared to FY 2019/20.

4.6.4 Health Workplan Expenditures

Despite the district receiving external financing from WHO, UNICEF, GAVI and Global fund and approximately 615.8 Million against the budgeted amount of 294 Million for FY 19/20, by end of march the records indicated zero expenditure for the amounts, bearing in mind that the amounts could be earmarked to be supporting women, children and adolescent interventions. We assume that this is an issue of capacity strengthening of health officers on financial reporting since the expenditure details by programme and output indicates some consumption of the same.

The table below shows the total expenditures for FY2018/19 and FY 2019/20.

Table 7: Recurrent and Development Expenditures FY 2018/19 & FY 2019/20

	Uganda Shillings thousands	
	FY 18/19	FY 19/20
Recurrent Expenditure		
1a. Wage	797,665	895,270
1b. Non-Wage	277,305	175,307
Development Expenditure		
2a. Domestic development	47,033	697,831
2b. External Financing	-	-
Total	1,122,003	1,768,408

Source: Approved Health budget estimates FY18/19, FY 19/20.

The expenditures for FY 2018/19 exceeded the budgeted amount by 43% while the district spent 100% of the budgeted amount for FY 2019/20 indicating good absorption rates by the district.

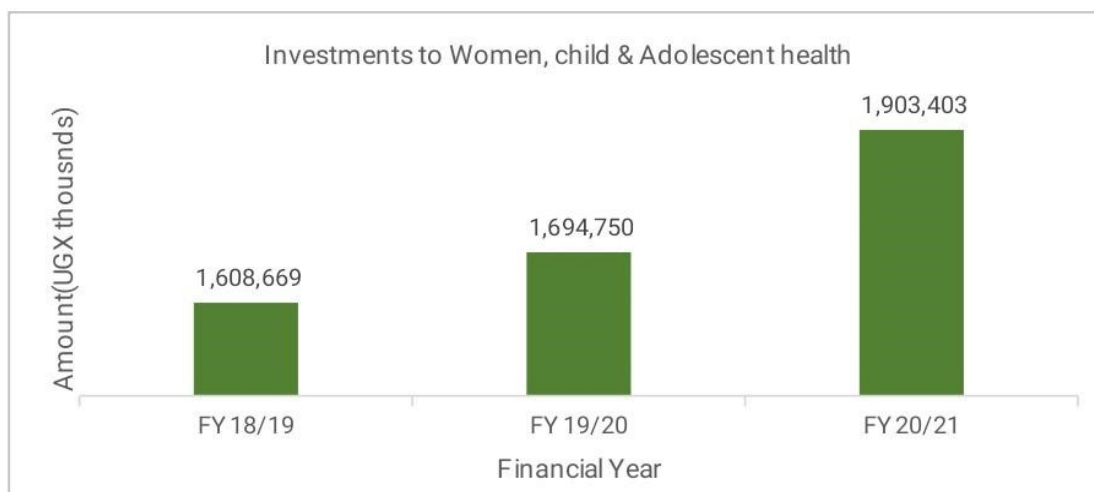
4.6.5 Expenditures for investments in women, child and Adolescent health

Since we don't have breakdown of budget with respect to women, children and adolescent's health investments, we have approximated the amounts depending on the overall expenditures by program and outputs. The following are the assumptions used and their justifications:

- a. Since most immunization services target women and child, the expenditure has been allocated 100% to indicate that its supporting women, children and adolescent health interventions
- b. Most public health promotion interventions as well as health hygiene interventions target children, adolescent and women we have allocated 70% of the expenditures in these lines. This takes care for other interventions that also target youth, men and the elderly.
- c. We have apportioned 50% of the expenditure on capital purchases, since most the costs are for construction of health facilities and equipment's. it's difficult to ascertain that they will benefit the targeted beneficiaries.
- d. Lower local services include expenditures for dispensaries, health centers. This expenditure is aiming at improving level one and two services which mainly target women, children and adolescents. Also, this is informed by the service workload from the DHIS that shows that 70% of clients are women, children and adolescents.
- e. In terms of health management and supervision expenditures the allocation is commensurate the proportion of clients receiving health services as indicated by the workload statistics from the DHIS where 70% are women, children and Adolescents.

The figure below shows total approximation for investments made to women, child and adolescents health for the three financial years.

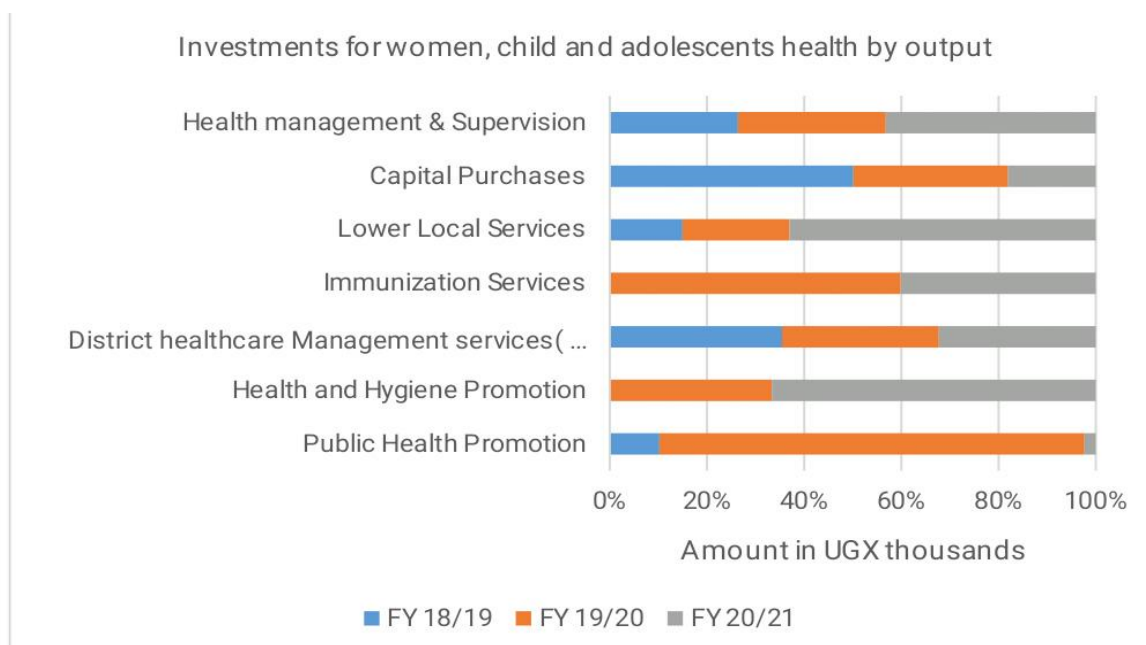
Figure 5: Approximate Investments to women, child and Adolescent health



Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021.

A total of UGX 1.61 billion 1.69 billion and 1.9 billion, was approximately allocated for improvement of women, child and adolescent health for FY 2018/19, FY 2019/20 and FY 2020/21 respectively. There is an increase by 12% for FY 2020/21 compared to FY 2019/20.

Figure 6: Approximate investments for women, child and adolescent health by output



Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021.

4.6.6 Analysis of the FY 2020/21 Workplan

To have a better view of the investments made for women, child and adolescents we analyze the FY 2020/21 workplan by program outputs. The financing of the workplan for FY 2021 is critical for improved health outcomes. It's noted that 12% of the total budget is not yet funded, only salaries seem to have an identified source. A keen analysis of the activities it's noted that outreaches and capacity building initiatives are the components that don't have an identified source of funding, putting into doubt the improvement of health outcomes if the activities are not funded within the period.

Table 8: Sources of Funding-Annual Work plan FY 2021/21

Sources of Funding		
Source	Amount	%
Capital devt grant	77,741,543	3%
DDEG	44,714,063	2%
GAVI	76,691,000	3%
Govt transfers	141,585,266	6%
Not funded	296,040,000	12%
PHC-non wage	1,738,433,249	73%
RBF	10,400,000	0%
Grand Total	2,385,605,121	100%

Source: Approved Health budget estimates FY18/19, FY 19/20, FY 2021.

The following is a summary of the workplan breakdown;

The Annual workplan for 2021 analysis show that Health administration & management takes a bulk of the budget at 80% (UGX 1.96 billion). This is closely follow-up by capital expenditure (UGX 122million), maternal and child health (UGX 113,091) at 5% each respectively. Health promotion (UGX 106.2million) and Health management information system (76.5 million) takes 4% and 3% respectively. HIV/AIDS (UGX 29 million), NTDs (UGX 25million) and Malaria (UGX 8.7 million) each have an allocation of not more than 1%.

When we breakdown the budget further to different components we note an interesting trend across the categories. Poor health outcomes among community members can be attributed to lack of knowledge, poor access and stigma. For better health outcomes a considerable amount should be allocated to support outreaches at the community, for the FY 2020/21 outreaches only take up 6% (UGX 132million) of the budget. Capacity building of health care providers and community volunteers is important since it ensures improved quality health provision, for the FY 2020/21 only 4% (UGX 122million) of the budget has been considered for capacity building. A considerable amount of the total budget for FY 2020/21 workplan is catering for salaries 73% (UGX

1.73Billion), while procurement and health management take up 7% (UGX169million) and 5% (117million) respectively.

An analysis of the MCH output shows that outreaches take 42% (UGX 48million) of the budget, followed by health management and supervision and Capacity building by 24% (25million) and 22% (UGX27million), respectively.

Immunization despite being a crucial component in this area takes up only 2% (UGX 2.5million) of the MCH output budget. It's noted that several health interventions which are supposed to be catered for under this output are missed out, like Family planning, breast cancer screening, and maternity.

4.7 Partners supporting women, child and adolescent interventions

Ntoroko district has several partners supporting health initiatives, the below shows a summary of the partners:

Table 9: Partners supporting health initiatives in Ntoroko district.

Partner Name	Type(s) of Support Provided
BAYLOR UGANDA	Comprehensive HIV/AIDS services
SAVE THE CHILDREN	MNCH services
UNICEF	Water and sanitation campaigns, capacity building, malaria control
Path finder international	Family planning activity
KAANA	HIV/AIDS services
Malaria Consortium	Malaria
METS	Monitoring and evaluation
MAK sph (P2S)	Health system strengthening

Table 10: Policy Issues and Recommendation- Investment's analysis:

Policy Issue	Policy Observation	Policy Recommendations
Adequacy of health Budget	There is a low budget allocation to the health sector proportionate to other sectors	Improve budget allocation to the health sector to meet its obligations.

Adherence to commitments made globally on health financing	Current allocation stands at 5% to health sector in relation to the whole national budget.	Uganda should strive to allocating not less than 15% percent of the total budget to the Ministry of Health
Personnel capacity on health budgeting	The health budget and plans are missing key health components.	Ensure capacity building of staff on health budgeting
Investments in Women, child and adolescent health outcomes	There are inadequate resources.	Increase budgets for community mobilization (Village Health Teams), outreaches and capacity building of community volunteers
Family planning funding	No dedicated budget line item for family planning	Introduce a Family planning budget line in the workplan.

CHAPTER V: IMPACT OF COVID-19 ON ACCESS TO ESSENTIAL HEALTH SERVICES

5.1 Introduction

The survey to assess the impact of Covid 19 on the delivery of Essential Health Services (EHS) in Ntoroko district was based on the extracted data from DHIS-2. The comparative analysis examined the trends and patterns of health service delivery during Covid 19 period (January-August 2020) relative to 2019. The survey assessed delivery of key health services in all health facilities presented in the DHIS-2 like, child immunizations, Ante-natal clinic visits, hospital deliveries and family planning.

5.2 Service delivery data: Patterns and trends in 2020 relative to 2019.

The Covid-19 pandemic presented a myriad of challenges to our public health systems worldwide, leading to a significant effect on the global economy. In Uganda, the government put up several measures to curb its spread, including restrictions on social meetings, an international travel bans and working from home.

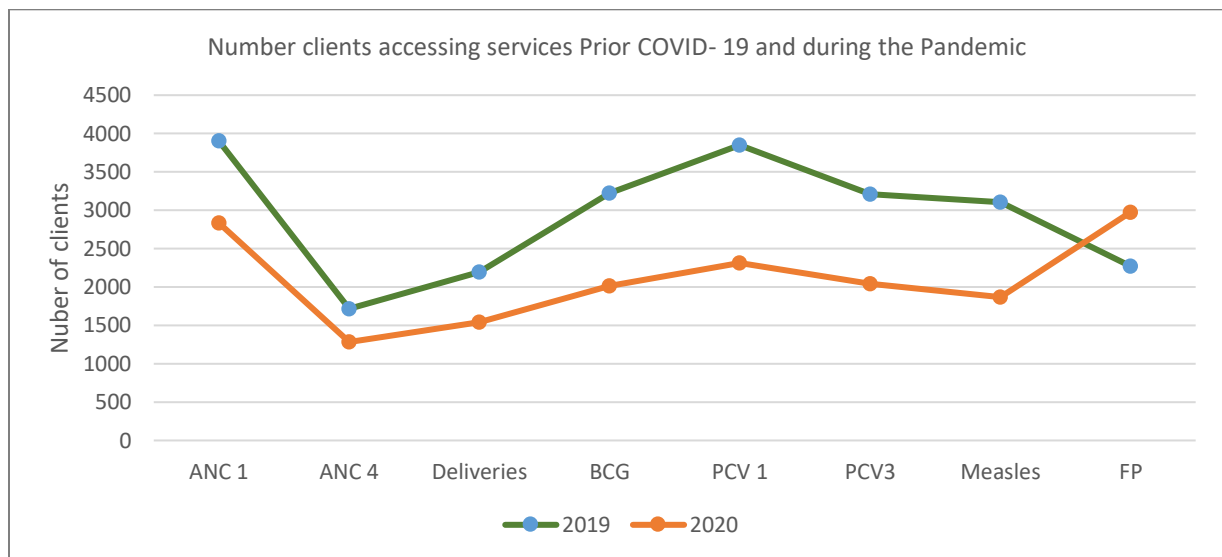
According to an official budget report by the ministry of health, a total of UGX 107 billion was disbursed by the USG, the EU, and the Embassies of Ireland, Denmark and the Netherlands to implement initiatives aimed specifically at preventing and containing the spread of COVID 19 in Uganda. There were also donations, both financial and in kind, amounting to UGX 7.5 billion, as well as contributions from USAID and the Islamic Development Fund. Additionally, the World Bank contributed to the response efforts reallocating UGX 56.4 billion from URMCHIP and it's anticipated that these funds will be replenished from the Fast-Track Facility (MoH 2020).

In addition, the report further identifies that another 23 projects financed by UNICEF, UNHCR, SIDA, KOICA, the embassy of Japan, JICA, and the USG all allocated resources towards supporting the containment of the Pandemic most of which were aimed at improving RMNCAH and refugee outcomes, Nutrition, health infrastructure and equipment and Governance initiatives.

Analysis of the DHIS-2 client access for various services provides us with information that can give us an idea the impact the pandemic had on the health outcomes in Ntoroko district. By comparing the number of clients who accessed services prior the COVID-19 period and those who did during the period we are able to determine the impact of the pandemic. The results show that in Ntoroko district, several health services were affected which includes; Immunization, deliveries, and Ante-natal care services. However, the number of clients receiving family planning services increased by 31 per cent.

The figure below shows the impact on access for various health services between the two period.

Figure 1: Impact of COVID-19 on access to essential health services



Source: DHIS data 2019 and 2020

In Ntoroko district, the Covid 19 pandemic has disrupted delivery of essential health services, especially in the public health facilities. The pandemic has further destabilized the already weak health system further putting the health of Women, Children and Adolescent (WCA) at risk. For instance, access to HIV services and medicine is difficult for the patients due to transport disruption. Supply of laboratory diagnostic commodities has been disrupted, while health outreaches have been affected greatly. Diarrhea and malaria cases are on the rise, while active Ebola cases compound the already worse situation. There is shortage of the blood at the health centers while patients in need of specialized services have to opt for private hospitals or travel over 50km to Fort Portal Regional Referral Hospital (RRH). Even with this option, there is a challenge owing to restricted movements and travel cessation as a result of the pandemic.

On supply of drugs, we have noted that most facilities do not receive adequate amounts of emergency drugs. In some instances, patients are asked to buy drugs from nearby pharmacies. Also, patients who need TB and ARV drugs are not accessing them in a timely manner. Further, citizens are reporting inadequate beds in maternity wards with patients being forced to share beds and beddings. There are reports of maternity wings lacking adequate beddings and mosquito nets. Maternity beds in most facilities are not disability friendly. In most of the level II and III facilities, there are no minor theatres occasioning patients in need of minor surgeries to be referred to Fort Portal RRH, which increases congestion. Though the Ntoroko district government has purchased ambulances, one ambulance is shared by several facilities. In this district, communities are demanding for free masks and other personal protective equipment. Financing of the Covid 19 responses remains a challenge as the district has to manage Ebola endemic as well.

As the effects of the Covid 19 pandemic continue to bite, the continuity of the essential health services is at risk, further heightening the possibility for increased mortality and morbidity among

Women, Children and Adolescent (WCA). Sadly, the district lacks data to inform decisions and actions to better plan and execute strategies for accelerating continuity of Essential Health Services (EHS) especially that impact on WCAH. As it is now, the district has not prioritized WCAH in the district Covid 19 response plans. Regrettably, the district lacks a framework to guide coordinated and targeted response for a sustained delivery of EHS for WCA.

5.3 Key Findings and Policy Suggestions

Table 11: Policy issues and recommendation-Impact of COVID-19

Health Indicator	Policy Issues	Policy Recommendations
Antenatal Visit (ANC)	The total antenatal care (1st visit) and antenatal care (4th visit) in 2020 during the covid-19 period is lower relative to the recorded visits in 2019 during the same study period.	Scale up community initiatives aimed at identifying pregnant adolescents and women, and provide referrals to health facilities
Immunization -BCG	BCG vaccines administered in 2020 during the covid-19 period was lower relative to those recorded in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Immunization -PCV 1&3	The total children vaccinated with PCV 1 &, PCV 3 in 2020 (during the covid-19 period) is lower compared to those in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Measles	The total children vaccinated against measles in 2020(during the covid-19 period) lower compared to the administered measles in 2019.	Conduct rapid results initiatives on child immunization services by integrating outreach and static sites services.
Deliveries	The number of deliveries recorded in 2020 (during the pandemic period) is lower compared to the recorded deliveries in 2019.	Scale up outreach to pregnant women and adolescents on safe deliveries focusing at the three delays framework and equipping health facilities and capacity building of health personnel i.e. Obstetric emergency and nursing management
Family Planning	The number of recorded family planning users in 2020 (during the pandemic period) are higher compared to the recorded number of family planning users in 2019.	Continue to scale up Family planning services and products at the community level as well as in partnership with private clinics.

CHAPTER VI: SUMMARY FINDINGS AND RECOMMENDATIONS

6.1 Key Findings

- Few CSO's are involved in GFF/RBF intervention implementation and tracking of progress of outcomes.
- There is poor implementation of accountability mechanisms for the GFF/RBF deliverables and financing.
- There is still low allocation of resources to GFF/RBF initiatives
- Health budgets and plans are missing critical components aimed at improving women, children and adolescent's health.
- A total of UGX 165.5 Million RBF funds were appropriated in FY 2020/21 for Ntoroko district.
- The total Uganda government health sector budget share stands at 5% down for 7.9% in FY 2019/20. Nominal allocation is projected to decrease by 40% from UGX 2.569 billion in FY 2019/20 to UGX 1.550 Billion in FY 2021. Overall, it has been found that the Health sector has for the past three fiscal years been receiving less than the recommended 15% Abuja Declaration benchmark.
- The total health budget for Ntoroko district is Uganda shillings 2.49 billion for FY 2020/21 compared to 2.45 billion for FY 2019/20.
- The health budget allocation increased by 20% between the FY 2017/18 and FY 2018/19. The increase was accelerated to 30% between FY 2018/19 and FY 2019/20. Unfortunately, there was a negligible increase of 2% between 2019/20 and 2020/21.
- The district health budget allocation against total budget for the last three financial years stood at 17%, 22% and 22% for the FY 18/19, FY19/20 and FY 2021 respectively.
- The external financing received from WHO, UNICEF, GAVI and Global fund is UGX 952.7 Million across the three financial years.
- Cumulative revenue receipts for FY 18/19 and FY 19/20 against the approved budget stands at 86% and 98% respectively.
- The district allocated UGX 2.04 billion and UGX 350 million for recurrent and development expenditures for FY 2020/21. This represents a 43% increase in recurrent expenditure compared to FY 2019/20 and a 45% decrease in development expenditure compared to FY 2019/20.
- The expenditures for FY 2018/19 exceeded the budgeted amount by 43% while the district spent 100% of the budgeted amount for FY 2019/20 indicating good absorption rates by the district.
- A total of UGX 1.61 billion 1.69 billion and 1.9 billion, was approximately allocated for improvement of women, child and adolescent health for FY 2018/19, FY 2019/20 and FY 2020/21 respectively. There is an increase by 12% for FY 2020/21 compared to FY 2019/20.

- The Annual workplan for 2021 analysis show that Health administration & management takes a bulk of the budget at 80% (UGX 1.96 billion). This is closely follow-up by capital expenditure (UGX 122million), maternal and child health (UGX 113,091) at 5% each respectively. Health promotion (UGX 106.2million) and Health management information system (76.5 million) takes 4% and 3% respectively. HIV/AIDS (UGX 29 million), NTDs (UGX 25million) and Malaria (UGX 8.7 million) each have an allocation of not more than 1%.
- The FY 2020/21 workplan shows that 132 million was allocated to outreaches, 92 million allocated to capacity building, 168 million allocated for procurement and storage costs, 117 million for health management, data and supervision, capital expenditure took 122 million and salaries allocated 1.7 billion.
- Analysis of the DHIS data on access of health services during the COVID-19 period compared to one year before shows a considerable decrease in the number of clients accessing health services.

6.2 Key Recommendations

- Improve engagements and inclusion of CSO's and citizens on budget making process to ensure health needs are well captured through the budgets and plans.
- In order to meet the aspirations in the Vision 2040 of facilitating socio- economic transformation by producing a healthy and productive population, the government needs to increase its allocation to health sector. This will enable it to strengthen provision of basic health services like immunization.
- Uganda is a member to many international instruments including the Abuja Declaration but adherence to such instruments has been lacking in many instances and the allocation of 5% of the total nation budget to the Health sector is an example. In light of this, Uganda should strive to adhere to international conventions or protocols by, other things, allocating not less than 15% percent of the total budget to the Ministry of Health.
- Ntoroko district should ensure that there are smooth and balanced allocations of resources towards personnel emolument and other recurrent expenditures as well as development expenditures, if effective health care services are be realized otherwise well-paid staff may not achieve anything in the absence of the required equipment or working materials, and outreach activities.
- There is need to capacitate officers at district level on gender responsive budgeting so that the costing and allocation of resources continues to reflect the gender dimension in the budget. Furthermore, there is need to advocate for mandatory integration of gender all programs and projects so that strategies and activities that address gender inequalities and vulnerability of women and girls become a standard requirement in the sector.
- There is need for the district to ensure that realistic output targets that are commensurate with the planned expenditures are set and that all the set outputs have clear targets that are gender sensitive. Furthermore, the district needs to a find a balance between resource allocation to preventive health care services and curative health care services.

- The government's strategy is to scale preventive services for improved health outcomes, this should be mirrored within the work-plan where more resources should go to outreaches, immunization, and capacity building of health volunteers to provide the last mile services.
- The work-plan budgeting should be more detailed to include all the relevant services like family planning and youth friendly services thereby ensuring that all components are financed.
- The District should scale up provision of essential health services through supporting community outreaches as the COVID-19 cases continue to decline to fast-track the reach to those who missed opportunities during the lockdowns especially, immunization services.

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