Document up-dated in May 2009

Country: Uganda

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	R'd	Time Period		Total Budget App. by Board USD	Approval Track	Total Amt Disb-ed up to last date USD	Last Disburse-ment Date
		HSS Prop.	Nat. Health Plan				
UGA	4	2008 mid 2010	2005/ 2006-2009/ 2010	19,242,000	**First Submitted**: 03/2007 **App. W conditions**: **Not approved**: 05/2007 **Resubmitted**: 05/10/2007 **First Approval**: 28/11/2007	Not yet	Not yet

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

- Attain a good standard of health for all people in Uganda in order to promote a healthy and productive lives;
- Contribute to the attainment of MDGs and Uganda's PEAP health targets;
- Accelerate the functioning of the decentralized health care delivery system making the Village Health Teams (VHT) fully functional and strengthen capacity at all levels;
- Development of long-term and short-term expenditure frameworks; annual budget framework for the health sector and investment in health by the HDPs;
- Development and implementation of strategic and operational plans for the central level, district and HSDs and communities.

Proposal Goals

Contribute to the strengthening of the Ugandan health system for the purpose of delivering the Uganda National Minimum Health Care Package, including immunization, in an efficient, equitable and sustainable manner for the reduction of morbidity and mortality in the population.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Improve the delivery of UNMHCP, including immunisation by providing the necessary infrastructure, logistics and management training; • Strengthen the capacity of the private sector to deliver immunisation and other child health services by providing cold chain and training.	• Support the participation of communities in health care delivery and decision making through scaling up of the establishment and training of village health teams; • Strengthen the capacity of health workers at all levels of health care delivery at district level to manage and utilise their data.

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SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS**

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Lack of community participation; • Lack of private sector involvement.	• Carry out pilot mapping of private health clinics in Kampala and Wakiso and 13 municipalities.	100,000	0
Human Resource Development/Performance Management. • Lack of management training	• Training 30 health workers per district in MLM; • Support supervision and conduct of outreach clinics; • Develop capacity among VHTs in promotion of health activities; • Carry out comprehensive assessment of VHTs; • Train 45 ToTs at district, sub-district, sub-county levels and HC IIs in data management including utilisation ; • Train 200 health workers from private sector.	5,388,000	28
Drugs, Equipment, Supplies, Facilities • Lack of equipment, vehicles and logistical supplies	• Procure: 6 boats for Kalangala, Mukono, Kisoro, Nakasongola, Mayuge and Bugiri; 1 motorised boat for Wakiso, 2 for Kalangala, 2 for Mukono and 2 for Bugiri; 7 trucks for regional hubs based at RRH; 70 motor vehicles for districts; 2 field vehicles for UNEPI; 584 motorcycles for districts and sub counties; 10,000 bicycles for 2500 primary health units; • Procure 50000 VHT kits; 24 computers for newly created districts; • Purchase refrigerators and fridges for the private sector; • Install email connectivity in 24 districts; • Complete construction of UNEPI stores; • Construct 24 district stores in new districts; 7 cold rooms for regional hubs and 26 houses in hard to reach areas; • Install solar power in 26 newly constructed houses	13,578,700	71
Monitoring and Evaluation • Insufficient data management	• Support Resource Centre at headquarters to conduct data validation exercises; • Evaluate participation of private sector in immunisation and other maternal and child health activities.	175,000	1
Overheads	Management of HSS	Not stated	
TOTALS		**19,241,700**	**100.00**

** These figures are based on the budgets provided by the country

Health financing Gap: According to the HSSPI is inadequate which estimates a total funding of half the health requirements. To provide health access to the poor the Government of Uganda has defined a minimum package of health care, (UNMHCP).

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

	Baseline Values 2006	Final Targets 2009/10	Expected Source of Data/Information
Outcomes/Outputs:			
• National DTP3 coverage %	80%	90%	HMIS
• #/% of districts achieving ≥80% DTP3 coverage	50%	90%	Annual Sector
• Under 5 mortality rate (per 1000)	137/1000	90%	UDHS
• National Measles Coverage	89%	96%	HMIS
• # of total new OPD attendance	0.9	1.0	Population report
• % of deliveries in health facility	29%	50%	
• % of village health teams trained	20%	80%	
• % of children vaccinated in private facilities as a % of all children vaccinated	15%	50%	Private Sector Assessment
• % of districts sending electronic comprehensive EPI data to National EPI office	0%	100%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: The MOH Permanent Secretary with support from the Director of Planning will be responsible for managing the implementation of the GAVI HSS support.
Channelling/Management of funds: GAVI HSS funds have been captured in the National Budget and will be availed to Government through the Consolidated Fund. The Ministry of Finance, Planning and Economic Development (MOFPED) will disburse funds to the implementers. Funds meant for districts will be transferred directly to districts by Ministry of Finance
Strategies proposed for sustainability of activities: Sustainability strategies such as the 5% of district budget for maintenance, fuel, etc, are insufficient for sustaining the health system as the proposal states.
Collaboration with/ Involvement of other organisations in *i)* *Proposal Design & Planning*: The health planning department at the MOH together with the EPI spearheaded the proposal development process in close collaboration with key health development partners. ii) *Proposal Management*: UNEPI, WHO, UNICEF, CSOs, the Private Not For Profit and Private For Profit health providers with WHO's technical assistance. iii) *Proposal Implementation* :MOH
Other Financial Support for HSS: Information not available.