MINISTRY OF HEALTH – UGANDA

Institutional Capacity Building project in Planning, Leadership and Management in the Uganda Health sector

MOH-ICB/2014/September/Identification proposal ICB Phase II

Project Identification Proposal – ICB Phase II

1. Introduction:

The implementation period of the current ICB project (UGA 0901711) will come to an end on June 30, 2015 with the Specific Agreement ending on December 11, 2015.

The ICB project was confronted with a difficult start-up phase, due to a complex organizational change process within leadership of the Ministry of Health (MoH) that needed to be completed first. This difficult start urged the partners early on (in April 2011) to conduct already a project review only after which the implementation period could finally start. A Mid-Term Review was then conducted in May 2013 which necessitated another reformulation of the project. Finally, a backstopping mission in January 2014 showed that the MTR recommendations were successfully implemented. Currently the project is fully on track.

So far approximately 52 percent of the project budget has been executed, but based on the work plan that was approved by the project Steering Committee in June 2014, it is expected that the target of 95 to 100 percent will be reached before de deadline of June 30, 2015. The final evaluation is scheduled for Q3 2015.

The main goal of the ICB project was (and is) Institutional Capacity Building - targeting the health staff on the central and the regional level in two regions, Rwenzori and West Nile. Under the original ICB project a number of achievements were realised, including :

- A number of capacity strengthening activities were conducted at the regional level (which was preferred over the district level). These activities included strengthening of the Health Management Information System (HMIS), gender mainstreaming, training needs assessments and support to planning processes.

- At the central level support was given to the national health planning process and to the regular performance reviews. Necessary policy documents and strategic notes were edited including a National Nursing Policy, a Health Infrastructure Plan and a Supervision, Monitoring and Inspection Strategic Plan.

- To counter the 'centralistic' approach of the MoH, a process of regionalization was also developed through organizing regular fora for regional coordination and interaction.

- A regional ambulance and referral system was developed and made operational.

- Execution Agreements (EAs) were forged and signed with all 15 districts after in-depth organizational capacity assessments. These agreements contribute effectively to the institutional strengthening of the district and facility levels while avoiding short-term support to merely routine operational costs. As funding through the EAs is based on good performance, this system could be interpreted as a pay for performance- mechanism targeting the district institution and not the individuals.

- Also a process of transformation of the Health Manpower Development Centre (HMDC) in Mbale was initiated. The MoH has expressed its growing interest to transform this institution in a well-functioning centre for so-called *Continuous Professional Development* (CPD).

- Last but not least, CPD-programmes were initiated at the regional level and a system of eLearning has been introduced for health workers in more remote areas.

Despite all these results, huge challenges remain regarding the technical capacity of the health staff both at the central MoH HQ and in the facilities at the regional and district level[1]. Human Resources Management and Development (HRM&D) at the MoH HQ remains for example problematic and is urgently awaiting the completion of the ongoing reorganisation process. In addition, health planning by the public sector remains rather weak in Uganda, despite efforts from various initiatives to strengthen it. For the planning cycle used by government institutions in Uganda seems to be based more on budget discipline, rather than on overall strategic planning and the setting of the right priorities. Therefore, the planning process needs to be reformed in order to adapt to a more complex reality following the increase of the number of districts, the creation of regional referral hospitals, the growing role of the private sector and the rapid urbanisation. There is also need for stronger leadership – including at district level – and for continued reinforcement of the technical capacity of local staff with regards to basic health services, management and finance. Procurement processes remain problematic too at the MoH, forcing health partners to continue to work with their own systems while considerably slowing down the execution of projects.

A second phase of the ICB project – that builds further on these experiences - could address the weaknesses and gaps of the current project and further support capacity building in leadership, planning, management and procurement. To be successful though, it should focus on strengthening as well as reforming – supporting the development of a regional operational structure of the Ministry of Health.

In this context it is important to emphasize that the Private Not For Profit-project (PNFP) – which was started in June 2014 – provides a unique opportunity to create synergy and cooperation between the public sector (through ICB II) and the Private Not For Profit-sub-

[1] See Ministry of Health (Uganda), *Annual Health Sector Performance Report – Financial Year 2013-2014*, 2014 ; E. Green, *Patronage, districts creation and reform in Uganda*, in *Studies in Comparative International Development* 45 (1), 2010, pp. 83-103 ; L. Kapiriri, O.F. Norheim & K. Heggehougen, *Public participation in health planning and priority setting at the district level in Uganda*, in *Health and Policy Planning* 18 (2), 2003, pp. 205-213 ; World Bank, *The business of health in Africa : Partnering with the private sector to improve people's lives, International Finance Cooperation*, Washington DC, 2008 ; Community of Practice Health Service Delivery (CoP HSD), *Renewing health districts for advancing universal health coverage in Africa*, in *Report of the regional conference 'Health districts in Africa : Progress and prospective 25 after the Harare Declaration*, Senegal, 2013, pp. 21-33.

sector (through PNFP) in the two regions targeted, Rwenzori and West Nile. Foreseeing that in the current planning only the PNFP project would be running in the two regions after June 2015, there is a risk for an increased imbalance between the public and the PNFP sub-sector. However, a complementary support through the PNFP and a new ICB II project (with the same end-date) would provide for a comprehensive support to the health sector in the Rwenzori and West Nile regions and align the services, policies, tools and skills of the public and private health facilities. Moreover, it would create the possibility for a continued and combined program after 2018 that would guarantee support to an even more extensive and integrated regional health program.

2. **Title of the project:**

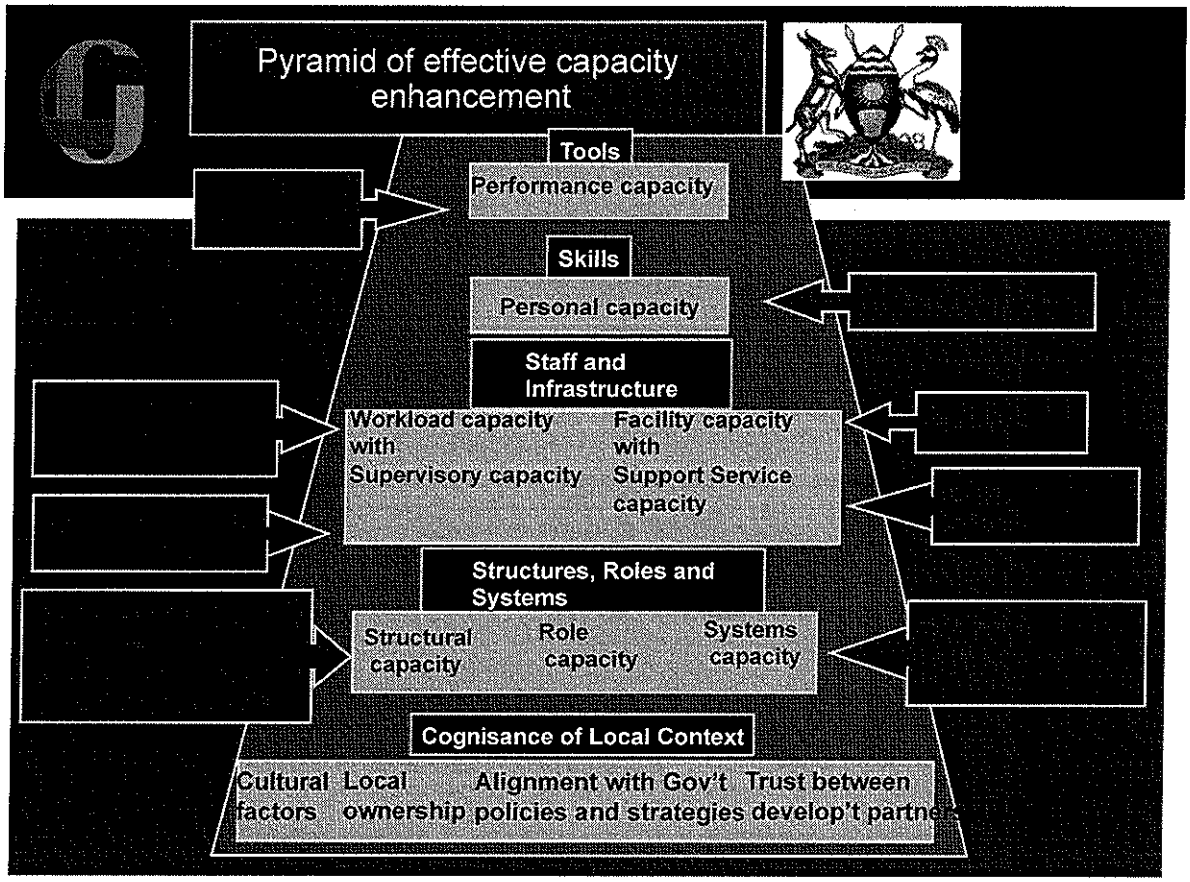
"Institutional Capacity Building in Planning, Leadership & Management in the health sector in Uganda – Phase II".

Within the current ICB project, priority was given to so-called institutional rather than individual capacity building. To ensure a comprehensive approach, a framework that was originally developed by Potter and Brough in 2006, is being used[2]. This framework reflects the different levels of activities that all contribute to building various degrees of capacity. However, only a comprehensive approach – including all the different levels - will eventually build sustainable institutional capacity.

The Potter and Brough-framework has been introduced with the first reformulation of the project in 2011[3] and has been discussed frequently during (regional) project meetings. It has become a reference for many ICB supported activities, both at sector, regional and district level.

The framework currently in use is as follows:

[2] C. Potter & R. Brough, Systemic capacity building: a hierarchy of needs in Health Policy & Planning, 2006
[3] Reformulation mission : Prof. Omaswa, Dr Eriki, Dr Bossyns; MOH / BTC April 2011.



11/09/2014

3. **Mention the Ministry that will be responsible for the preparation and implementation of the project.**

The Ministry of Health, Government of Uganda (GOU)

4. **Describe the general and specific objectives of the project (maintained from ICB I):**

General objective / Impact: "To further improve effective delivery of an integrated Uganda National Minimum Health Care Package"

Specific objective / Outcome: "The strengthening of the Planning, Leadership & Management capacities of (public) health staff – particularly at local government levels"

5. **Indicate the target group and where applicable the location of the project. Where applicable indicate the geographical and thematic framework of the**

project. The choice of the target group and the beneficiaries must be clearly described.

- The ICB Phase II project will target the MoH Headquarters and further reinforce institutional capacity by building on achievements from ICB Phase I. As mentioned the sectorial restructuring is still ongoing and the development of human resources continues to receive insufficient attention from the MoH. Also the development of a regional health level has only just started and needs further strengthening.
- The ICB Phase II project will at the same time target the Regional Referral Hospitals and District Health Systems (including all its health facilities) in the two project regions of Rwenzori and West Nile. By doing so, ICB II will be complementary to the PNFP project, targeting the same regions and using as much as possible the same tools and approaches.
- The direct beneficiaries of the ICB II support will include the health workers (being health managers and service delivery staff) and the general population which will have improved access to better services and better performing facilities.

As mentioned, the new ICB II project will build further on the lessons learnt of the current project and take into account the recommendations of the Mid-Term Review and the Final Evaluation Reports. However, when necessary, ICB II will also undertake new actions to reach its objectives, including:

The project will complete an assessment of all the targeted health facilities during the start-up phase of the project, in order to establish an overview of the needs and required support in terms of basic infrastructure and equipment.

Simultaneously, an analysis will be completed regarding the specific task and services that each health facility is expected to provide – similar to the assessment done by the PNFP project. The purpose of this exercise is to determine the package of basic health services that each facility has to provide and target the technical capacity needed to achieve this.

Leadership capacities will also be reinforced – not just at the central level (MoH) but also at district level. Parallel with this, the division of labour between Ministry (*Providing overall guidelines and developing health policy*) and districts (*Daily management of health facilities*) will be further developed.

With regards to human resources development and HR-management, the ICB Phase II project will focus on reinforcing the technical capacity of local health workers. Not by simply hiring outside staff but through the training and motivation of the existing local health staff, using short term courses and training. In this context the possibility of synergy with the Skilling Uganda-program (and other scholarship mechanisms) will also be explored.

In addition to planning, leadership and management strengthening, the project will also support reinforcing the procurement capacity at the central and district level in

terms of planning and execution. Another aspect for attention will be awareness creation of health staff towards (medical) waste management and disposal.

To align the ICB II project further with the PNFP project, Result Based Financing (RBF) will be introduced to all public health facilities targeted by the program. In addition, mechanisms will be built in to increase accountability and fight corruption.

The ICB II will have a specific focus on gender facilitating further the access for women to basic health services with regards to maternal health, sexual and reproductive rights, and family planning.

The ICB II project will finally assist in the transformation of the Health Manpower Development Centre (HMDC) into an efficient capacity building centre, provided that the positive changes with regards to the management of this centre are continued.

6. The link between the project and the country's NDP and relevant MDGs must be indicated.

As the ICB II project will be implemented by the MoH, it will be fully aligned to the content of the National Development Plan and the Second National Health Policy 2010–2020. The second phase of the ICB project will also have a link with the new, second National Development Plan (NPD II) that is currently being finalized. NPD II priorities will include the strengthening of the national health system in terms of governance, health education and health infrastructure development

Furthermore, with regards to the Millennium Development Goals, the project will be relevant to the health MDGs 4 (*Reduce Child Mortality*) and 5 (*Improve Maternal Health*) and contribute to MDG 3 (*Promote Gender Equality and Empower Women*) and 7 (*Ensure Environmental Sustainability*) by further building institutional capacity in these areas.

Regarding the expected new Sustainable Development Goals (SDGs), there is a clear link to SDG 3 (*Ensure healthy lives and promote well-being for all ages*), particularly to the following targets:

3.1 *By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births*;
3.2 *By 2030 end preventable deaths of new-borns and under-five children*;
3.4 *By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing*;
3.7 *By 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.*

Also SDG 5 (*Achieve gender equality and empower all women and girls and possibly*) and 12 (*Ensure sustainable consumption and production patterns*) can be considered relevant.

7. **Describe the synergy with the interventions by other bilateral and multilateral development partners and that of the indicative programme of the EU in addition to the national objectives of harmonisation and alignment. Analyse the degree of coherency between the planned project and the other interventions in the same sector, same region and same beneficiaries.**

SIDA (Sweden) has co-funded the current ICB project and is an active member in the project's Steering Committee. SIDA is one of the bilateral Health Development Partners and has special interest in the areas of gender, sexual & reproductive health and institutional capacity building.

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) is anticipating to increase its support and programs in the West-Nile region with the new funding round. Seeing that also the Global Fund is evolving more into the direction of strengthening local health facilities and services, there might be opportunities for more cooperation and synergy in the future provided the new Global Fund program in the region materializes.

Also the World Bank has a program (*Uganda Health Systems Strengthening Programme (UHSSP)*) in both the Rwenzori and the West Nile regions to strengthen the Ugandan health system. However, due to the particularities of this donor in terms of planning and procurement, synergy might prove to be difficult.

The main alignment will have to be made with regards to the PNFP project that started in June 2014, specifically in relation to its objectives and planned activities. Actions towards coordination have already been taken under the current ICB project, but will have to be accelerated when the new ICB II project is approved.

8. **Indicate the maximum budget of Belgian cooperation and the indicated duration of the project.**

For the ICB Phase II project, an amount of EUR 5,000,000 (five million euro) can be made available within the current Indicative Cooperation Programme 2012 -2016[4].

The second phase of the project should commence after the closure of the current phase depending on the duration of the formulation period and the availability of the necessary funds. The end date of ICB I is June 30, 2015. For synergy and efficiency reasons, ICB II and PNFP should end at the same time (December 2018).

9. **Mention the measures that will be taken to guarantee the sustainability of the project after the closure (institutional nature, measures in relation to HR and the envisaged local financing).**

[4] Letter 14/00191 Belgium Embassy to PS MOH 25/08/2014

As the ICB II project will – like its predecessor - be implemented under co-management with the Ministry of Health, its activities will be aligned with the practices already used in the two regions. The support to the districts, specifically targets the building of institutional, long term capacity and is not intended to cover routine operational costs of health services.

Moreover, a complementary support through a PNFP and ICB II project with the same end date, provides an opportunity for a more comprehensive health sector approach and opens the possibility for continuation after 2018 with a more extensive regional health support program. A successful support to the ongoing reform process and the development of new financing mechanisms will therefore guarantee long term institutional sustainability.

Addendum – Reference Documents

The ICB phase II project will take into account the following documents :

- The new Belgian law on international cooperation of March 19, 2013
- The General Agreement on Direct Bilateral Cooperation between the Kingdom of Belgium and the Republic of Uganda, signed in Kampala on 1st February 2005;
- The Indicative Development Cooperation Program (IDCP) between the Kingdom of Belgium and the Republic of Uganda FY2012/2013 – FY2015/2016
- The National Development Plan (NDP) of Uganda (2010-2015), the NDP II (2016-2020)
- The Health Sector Strategic and Investment Plan (HSSIP 2010/11 – 2014/15) and the Health Sector Strategic Development Plan (HSSDP 2015/16 – 2019/20)
- The Second National Health Policy 2010 – 2020
- The National Policy on Public Private Partnership in Health
- The Annual Health Sector Performance Report – Financial Year 2013-2014
- The guidelines of the Paris Declaration on Aid Effectiveness, Harmonization and Alignment, 2005
- The Accra Agenda for Action on Aid Effectiveness, 2008;
- The Uganda Partnership Policy, 2010;
- The Busan Partnership for Effective Development Cooperation, 2011