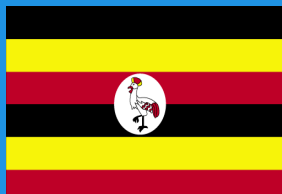


# 2016 IHP+ Monitoring Round

Monitoring of Commitments  
on Effective Development  
Cooperation in Health

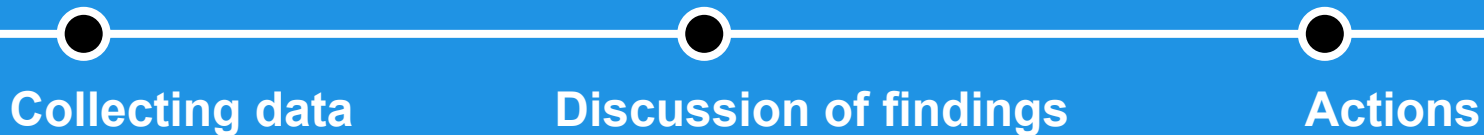
**Presentation of the  
findings for Uganda**



# INTRODUCTION

- 30 countries participated in the 5<sup>th</sup> IHP+ Monitoring Round
- It measures 8 Effective Development Cooperation (EDC) practices with contributions from the Government, Development Partners (DPs), Civil Society Organisations (CSOs) and the private sector (PS).
- In Uganda, data was collected for 2014-2015, 61% of DPs participated (including: Belgium, DFID, JICA, Gavi, GFATM, Sweden, UNFPA, UNICEF, USA, WHO and World Bank), representing 93% of total external support (source: OECD, CRS database);
- CSOs participated through an online survey and focus group discussion (FGD); while PS participated through FGD
- 20 CSOs participated in the online survey and 9 CSO representatives in the FGD; 8 PS representatives participated in FGD
- Monitoring was led by the IHP+ Focal Person at MOH, but process was facilitated by a Consultant. Input received from MOH, MOFPED, Health DPs,
- WHO and UNFPA facilitated engagement with Health DPs

# IHP+ 2016 Monitoring Process



# OBJECTIVE OF DISCUSSION









“To stimulate country-level dialogue between all partners, under the leadership of the Ministry of Health, on EDC in health and to strengthen mutual accountability for EDC performance at country level”

The presentation and discussion of the findings provide an opportunity for all partners to jointly:

- **Review performance** against the eight EDC practices
- **Identify barriers** to progress
- **Agree on actions** to improve accountability and performance of EDC in health.



# Eight EDC practices, four commitments

EDC PRACTICE		COMMITMENT
 EDC 1	Partners support a single national health strategy	1 COMMITMENT TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY
 EDC 5	Mutual accountability is strengthened	
 EDC 2	Health development cooperation is more predictable and health aid is on budget	2 COMMITMENT TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL MANAGEMENT OF THE HEALTH SECTOR
 EDC 3	Public financial management (PFM) systems are strengthened and used	3 COMMITMENT TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS
 EDC 4	Procurement and supply systems are strengthened and used	
 EDC 6	Technical support is coordinated and south-south cooperation supports learning	
 EDC 7	Civil Society Organisations are engaged	4 COMMITMENT TO CREATE AN ENABLING ENVIRONMENT FOR CSO AND PS PARTICIPATION IN THE HEALTH SECTOR
 EDC 8	Private sector is engaged	

# FINDINGS OF DATA COLLECTION



# 1. COMMITMENT

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED AND STRENGTHEN ACCOUNTABILITY





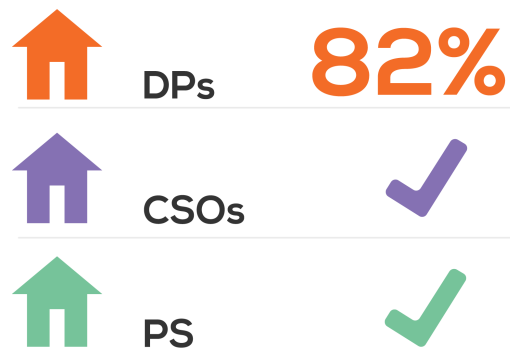
## PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

### Alignment of support against the Health Sector Strategy



- All DPs confirm support is aligned
- All stakeholders are involved in developing the strategy
- There is need for DPs to jointly identify funding gaps and priorities
- There is need to improve information sharing

### Joint assessment of health sector plan



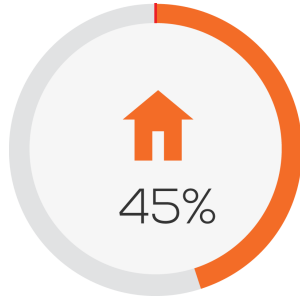
- Belgium, DFID, GFATM, Sweden, UNFPA, UNICEF, USAID, WHO and World Bank participated in joint assessment
- HSD Compact is good opportunity to strengthen joint reviews





## MUTUAL ACCOUNTABILITY IS STRENGTHENED

### Monitoring and Evaluation



- Belgium, GFATM, UNFPA, UNICEF, WHO and World Bank confirm they only use national health sector indicators to monitor their support.
- Need to strengthen national M&E systems and capacity; scope for making better use of mechanisms and platforms for mutual accountability.
- Other DP use own agency/programme frameworks - cite weaknesses in HMIS
- Need for stronger MOH coordination
- Need to strengthen national M&E framework

### Mutual accountability processes



- All DPs participated in mutual accountability processes
- Mechanisms include JAR, HPAC etc
- DPs need to be accountable regarding their own commitments

## 2. COMMITMENT

TO IMPROVE THE FINANCING, PREDICTABILITY AND FINANCIAL  
MANAGEMENT OF THE HEALTH SECTOR

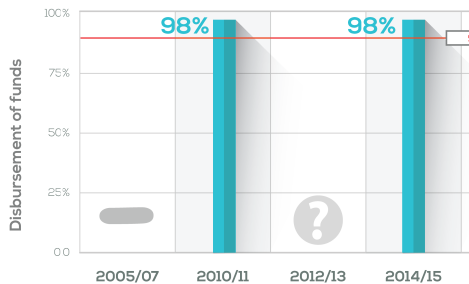




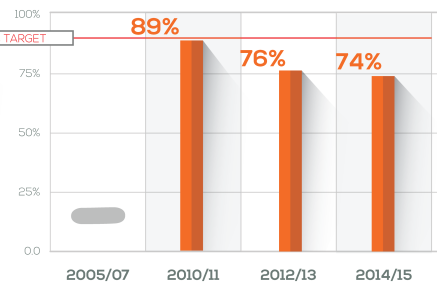
# HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (1)

## Disbursements of funds

Government funds disbursed according to agreed schedules

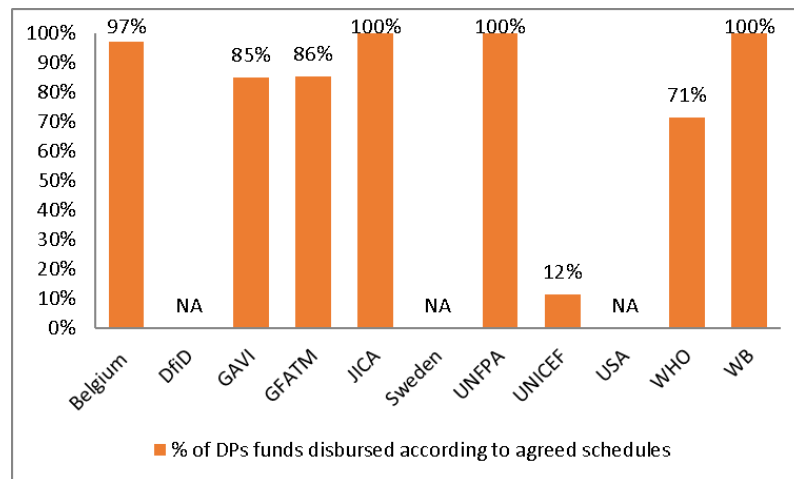


DP funds disbursed to the government according to agreed schedules



- Generally, funds are disbursed according to approved annual budgets
- Some additional funds for disease outbreaks
- 74% DP disbursement for 2014/2015
- Some DPs reported under disbursement; Reasons- transparency issues in procurement, low absorption, failure to meet targets

## % of funding disbursed according to agreed schedules by DP





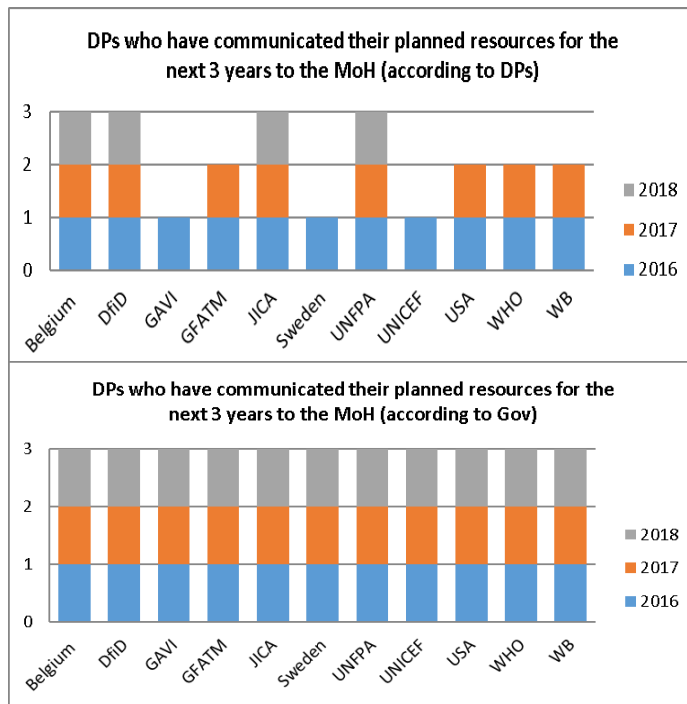
## HEALTH DEVELOPMENT COOPERATION IS MORE PREDICTABLE (2)

### Future funding



- Discrepancy in data provided by DP and GOU
- According to GOU, 100% of DPs communicated their planned resources for the next 3 years to MOH, but only 36% of DPs report that they do this.
- Information exists but not in one place and not communicated through one channel
- Need MOH leadership and coordination with AID Liaison Office

### Communication of planned resources for next 3 years by DP





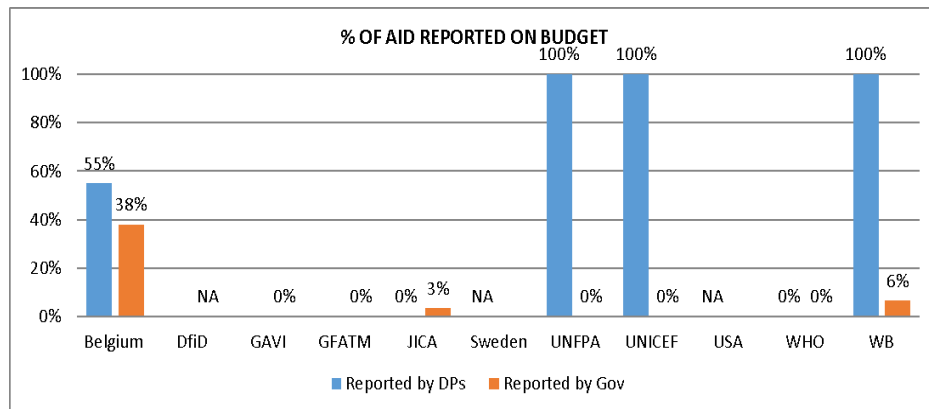
## HEALTH AID IS ON BUDGET

% of DP aid reported on budget



- Discrepancy in data provided by DPs and GOU.
- 88% of funds reported on budget according to selected DPs, only 6% according to GOU
- DPs have concerns/constraints of PFM systems, transparency and accountability
- GOU concerns about underfunding of ARVs, ACTs, Lab reagents, PHC non-wage
- Need to use common information sharing platform
- Need more transparency in Budget Working Group

% of aid reported on budget by DP



# 3. COMMITMENT

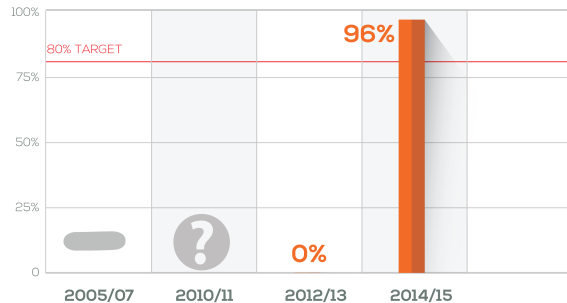
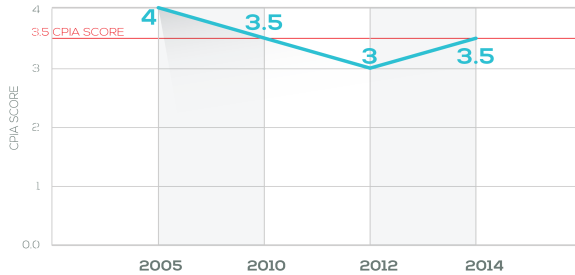
TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS



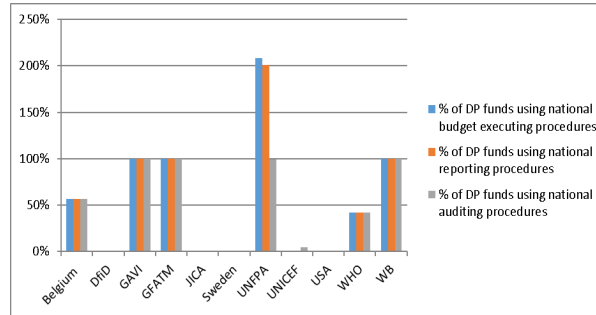


# PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED

## Strength and use of PFM system



## % of DP funding using national procedures



## Capacity building

- Need capacity to implement PPDA Act and Public Finance Management Act
- Need to finalise National Health Insurance and Results-Based Framework

## Comments and key findings

- Use of PFM data for last round are not known. The high % for this round is explained by the high level of resources from GF and WB, using the PFM system.
- **Reasons for not using GOU system: transparency, own systems, not doing budget support**
- **Planned PFM assessment is opportunity to identify gaps**
- **MOH and AID Liaison Office need to coordinate PFM capacity building and support**



# PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED

## Existence and use of national procurement and supply systems



A national procurement and supply strategy is in place



27% of DPs use national procurement and supply systems

## Reinforcement of capacities



73% of DPs confirm that sufficient capacity strengthening support is available

## Use of national supply and procurement systems

### DPs who use national supply and procurement system:

- Gavi
- UNFPA
- World Bank

### DPs who don't use the national supply and procurement system

- Belgium
- DFID
- JICA
- Sweden
- UNICEF
- USAID
- WHO

## Comments and key findings

- Most DPs use their own procurement systems due to their own country/organisational requirements or weaknesses with national systems and some to **achieve economies of scale**
- **Focus on effective coordination and collaboration to avoid duplication**





# TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING

## Technical support is coordinated



National plan for technical assistance is NOT in place



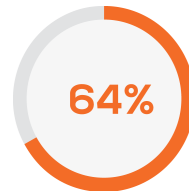
DPs cannot provide TA in line with the national plan, as no national plan exists

- MOH needs to provide stronger leadership and coordination; DPs need to strengthen coordination and transparency around TA
- No TA plan, reports and mechanism to monitor TA performance
- Limited involvement in TA selection

## South-south cooperation



The MOH benefits from south south cooperation



% of participating DPs support south south cooperation

- Belgium, Gavi, GFATM, Japan, UNFPA, UNICEF and WHO support SSC
- Identify countries with best TA practices and share
- Support countries to develop and implement national TA plans

# 4. COMMITMENT

TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR



# CIVIL SOCIETY ENGAGEMENT

CSOs who participated in focus group discussion:

- Positive Men's Union (POMU)
- Uganda Young Positives (UYP)
- HEPS Uganda
- UGANET
- KADFOX
- MeTA Uganda
- UHSPA



## CIVIL SOCIETY ENGAGEMENT (1)

What space is provided by the Government to effectively participate in health sector policy, planning and monitoring?

### Key findings from GOU survey and CSO online survey



Government consults CSOs in the design, implementation or monitoring of national health policies



57% of CSOs confirm they are consulted



Government provides financial resources



7% of CSOs receive financial resources



Government provides training support



0% of CSOs receive training support

### Key findings from CSO focus group discussion

- CSO are consulted and represented at policy level – HPAC, TWG
- CSO receive information through participation in policy structures and from HMIS
- GOU aware of CSO role but limited finance and TA support
- CSO still limited capacity to generate and use own evidence
- CSOs are diverse and coordination still a challenge



## CIVIL SOCIETY ENGAGEMENT (2)

How effectively is the participation of CSOs in national health policy processes supported by international development partners?

### Key findings from DP survey and CSO online survey



100% of DPs consult CSOs when developing their cooperation programme



69% of CSOs confirm they are consulted



91% of DPs provide financial resources



62% of CSOs receive financial resources



55% of DPs provide technical assistance



45% of CSOs receive technical assistance

### Key findings from CSO focus group discussion

- DPs consult CSO when developing health programmes
- DPs support CSO – finance and TA
- CSOs agree that DP consult them though not all the time
- CSOs agree they receive funding and TA from DPs though not enough
- International CSOs with national chapters dominate consultative processes



## CIVIL SOCIETY ENGAGEMENT (3)

**How effective are the mechanisms that assure that CSOs working in health are accountable for their contributions to effective, efficient and equitable health policies?**

- CSOs working on health matters are accountable to MOH but there is room for improvement
- Coalitions and networks are loose in nature and not binding enough to ensure accountability
- **A CSO fund that pools health resources could improve accountability**

**How conducive is the national legal and regulatory environment to the maximisation of CSO contribution to national health policy?**

- CSOs point out that the Constitution allows them to pursue a broad range of mandates
- The NGO Act 2016 has articles that restrict their activities, e.g. requirement to seek permission to assemble
- Human rights CSOs have been targeted by robbers and police has not done enough
- The Penal Code criminalises homosexuality, hence LGBT CSOs are operating in a hostile environment
- Public Order Management ACT 2013 requires police permission to convene a gathering, which can be denied if considered anti-government

# PRIVATE SECTOR ENGAGEMENT

Private sector that participated in focus group discussion:

- Uganda Health Care Federation
- Uganda National Association of Private Hospitals
- UNAPH
- Makerere School of Public Health
- Uganda Private Midwives Association
- PlanWise Ug Ltd



## PRIVATE SECTOR ENGAGEMENT (1)

What space does the government provide for the private sector to effectively participate in health sector policy, planning and monitoring?

- PPPH policy and PPPH framework are in place
- **PS is represented on** HPAC, CCM and TWGs
- Public Private Partnership Unit (PPPU) exists in MOH but is not well established
- There are gaps in reporting: only 20% of private sector service delivery data is captured by GOU
- A recognised structure for private sector representation is not in place

How effectively is the participation of the private sector in national health policy processes supported by international development partners?

- PS report that there is minimum participation of the PS
- PS report that they have limited information about DPs and how they operate
- That DPs and GOU prefer to work with certain PS organisations and leave out others





## PRIVATE SECTOR ENGAGEMENT (2)

How effective are the mechanisms that assure that professional and industrial associations in the health sector are accountable for the delivery of quality products and effective services?











- PS report that structures for PS to be accountable are in place but they are not supported/facilitated to be effective
- PS say coordination and information sharing with MOH is limited
- PS reporting is limited because PS facilities do not have codes; 82% of PS facilities in Kampala do not report to the system
- PS cannot account for the number of health workers and their quality; a single health worker works in several facilities
- PS has a high level of staff turnover
- Documentation is poor in PS facilities

How conducive is the national legal and regulatory environment to the maximisation of private sector contribution to national health policy?

- PS report that they have an enabling environment for operation
- A PS accreditation system is in place
- PPPH policy is in place but its implementation is still problematic
- PS awareness of the PPPH programme is limited
- There is a degree of mistrust between PS and GOU, e.g. on issues of profit motivation
- MOH should engage a broader range of PS organisations

# OVERVIEW OF DP PERFORMANCE







EDC PRACTICE	INDICATOR	Belgium Embassy	DFID	Gavi	GFATM	JICA	Swedish Embassy	UNFPA	UNICEF	USAID	WHO	MOH – World Bank
 EDC 1	DP participated in joint sector or sub-sector assessments	✓	✓	✗	✓	✗	✓	✓	✓	✓	✓	✓
 EDC 2a	% of funds disbursed according to agreed schedules	97%	NA	85%	86%	100%	NA	100%	12%	NA	71%	100%
 EDC 2b	Planned resources communicated for 3 years	✓	✓	✗	✗	✓	✗	✓	✗	✗	✗	✗
 EDC 2c	% of funds registered on budget	55%	NA	?	?	?	NA	100%	100%	NA	0%	100%
 EDC 3	% of funds using national budget execution procedures	57%	NA	100%	100%	?	NA	208%	?	NA	42%	100%
	% of funds using national reporting procedures	57%	NA	100%	100%	?	NA	201%	?	NA	42%	100%
	% of funds using national auditing procedures	57%	NA	100%	100%	?	NA	99%	5%	NA	42%	100%
 EDC 4	DP uses the national procurement system	✗	✗	✓	?	✗	✗	✓	✗	✗	✗	✓
 EDC 5	DP only uses national health sector indicators to monitor their support	✓	✗	✗	✓	✗	✗	✓	✓	✗	✓	✗
	DP participates in joint mutual accountability processes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
 EDC 6	DP supplies TA in line with agreed national plan	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	DP supports south south collaboration	✓	✗	✓	✓	✓	?	✓	✓	?	✓	?
 EDC 7	DP supports CSOs with financial resources	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓
	DP supports CSOs with training	✗	✗	✓	✗	✗	✗	✓	✓	✓	✓	✗
	DP supports technical assistance	✓	✗	✗	✓	✗	✗	✓	✓	✓	✓	✗
 EDC 8	DP provides financial or technical support to strengthen the private sector in health	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✓





# DISCUSSION OF FINDINGS

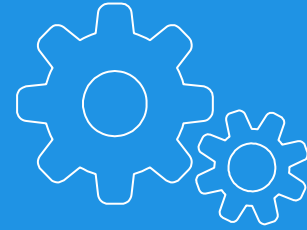


# MAIN POINTS FOR DISCUSSION (1)

EDC PRACTICE	ISSUES IDENTIFIED
 <p><b>EDC 1</b> (Health sector plan)</p>	<p>Stick to the compact. Operationalize the HSD compact. Improve HMIS Data</p> <p>All DP should Support what is in the Strategic plan ( Single National Health Strategy). MOH should take leadership and demand for adherence to this</p>
 <p><b>EDC 2</b> (Predictability of funding)</p>	<p>To improve predictability strengthen the AID Liaison Office at Min of Finance with staff and equipment to capture and maintain funding Data but details of disbursement be communicated to line Ministry/MOH as well. Have a focal person at MOH in the Planning department. Current staff have other commitments. USG and CDC funding most problematic</p>
 <p><b>EDC 3</b> (PFM systems)</p>	<p>GOU and MOH address transparency and accountability concerns expressed by donors. Support and Implement gaps identified through the PFM assessment. Special attention to gaps in PPDA and Public Finance management Act, fast track proposed Health Insurance Bill and results based framework. All capacity building be coordinated by AID Liason Office Min. of Finance</p>
 <p><b>EDC 4</b> (Procurement and supply systems)</p>	<p>Most DPs don't use national procurement system. Sight weaknesses in GOU systems and need for economies of scale. Action; Short term MOH focus on effective coordination to avoid duplication. But Need a unified Procurement plan for Uganda – Gou to take leadership. Rather than weaken the system by not using it – DPs need to use and strengthen national system.</p>

# MAIN POINTS FOR DISCUSSION (2)









EDC PRACTICE	ISSUES IDENTIFIED
 <p><b>EDC 5</b> (Mutual accountability)</p>	Stick to the WHO principle of 3 ones; 1 plan, 1 implementation, 1 M&E. All should be guided by the NDP, sector strategic plan. DPs need to be accountable for commitments made.
 <p><b>EDC 6</b> (Technical support and SSC)</p>	No TA plan for Ug. DDs need to be transparent in selection of TA. Need national plan and learn best practices from other Countries. MOH should take leadership
  <p><b>EDC 7</b> (CSO engagement)</p>	CSO need more capacity building to generate own data and for self coordination; Locally founded CSOs need affirmative action in DPs and MoH consultative processes which tend to be dominated by international NGOs with local chapters; Need of pooled resources for CSOs, Address operating legal environment: Public management Act 2013, NGO Act 2016, and Penal code that limit rights of sexual minorities
<p><b>EDC 8</b> (Private sector engagement)</p>	Most Private sector not aware of PPPH policy, Feel left out. Need more MoH leadership, implement PPPH policy fairly, increase PPPH awareness



# PLAN OF ACTION



# AGREED ACTIONS

EDC PRACTICE	ISSUES IDENTIFIED	ACTION TO BE TAKEN	RESPONSIBLE FOR IMPLEMENTATION	DEADLINE	HOW WILL IT BE MONITORED?	COMMENTS
EDC 1						
 EDC 2						
 EDC 3						
 EDC 4						
 EDC 5						
 EDC 6						
 EDC 7						
 EDC 8						
 OTHER ACTIONS						





# Thanks!

## Any questions?

You can find me at @username &  
user@mail.me



# Colour coding



Slide Blue: #1d7fde



Development partners  
Graph Orange: #F36D26



Private sector  
Graph green: #77C29A



IHP Icons: #3A7CC0



Government  
Graph light blue: #32C1D2



Civil society  
Graph purple: #e6dae3

