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Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 24-Oct-2019 | Report No: PIDC201143

BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P172078		Low	Enhanced Productivity, Accountability & Knowledge Systems for Improved Public Investment Outcomes in Education and Health
Region	**Country**	**Date PID Prepared**	**Estimated Date of Approval**
AFRICA	Uganda	24-Oct-2019	
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Finance, Planning and Economic Development	Prime Minister's Delivery Unit, Office of the Prime Minister	

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PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	0.70
Total Financing	0.70
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing	
Trust Funds	0.70
UK-DFID Trust Fund to Support Uganda's NDP	0.70

B. Introduction and Context

Country Context

1. Over the last three decades, Uganda has experienced and continues to make positive, albeit fluctuating, economic growth. Growth of the services and industry sectors shows important progress towards structural transformation, shifting labor out of less productive agriculture and into productive sectors.

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Population growth, however, has remained high, averaging 3.0 percent between 2002 and 2014. This has lowered net growth rates (economic growth less population growth) and eroded potential improvements in living standards. Indeed, Uganda's population growth has meant that GDP per capita growth has been on the decline in recent years. In contrast, Kenya and Tanzania have had lower population growth averages since 2010. In Kenya it's been 2.7 percent and in Tanzania 3.1 percent. Both countries remain on positive and higher GDP per capita growth trajectories.

2. Uganda's medium-term development goal is to graduate into a lower middle income country with a per capita GDP of $ 1,039 as enshrined in the NDPII (2015/16 to 2019/20). Other related targets under the NDPII include an average annual GDP growth rate of 6.3 percent, a labour force employment rate of 79 percent, and a headcount poverty rate of 14.2 percent. Uganda's real per capita income in Financial Year 2017/18 was US$ 797 which is short of the NDP II target of US$ 931 for the same period. Uganda also registered a reversal in the trend of poverty in the early years of the NDP II period with the population share living below the national poverty line rising from 19.7 in 2012/13 to 21.4 in 2016/17. Life expectancy has risen by nearly 20 years since 1990s while adult literacy improved from 55 to 75 per cent over the same period. Maternal and neonatal mortality though declining, remain high and a priority for Government.

Sectoral and Institutional Context

1. Uganda's public investment in health has increased over the years. Despite having an annual population growth rate of 3.0 per percent, per capita public health expenditure has more than doubled in less than two decades, rising from US$ 4.0 in 2004/05 to US$ 10.0 in FY 2017/18. Whereas health outcomes in Uganda have significantly improved over this period, the pace of improvement is not commensurate to that of public investment. For example, Uganda was able to achieve only two of the six health-related Millennium Development Goals targets between 2000 and 2015. Out of the 41 indicators of the Health Sector Development Plan (2015/16 to 2019/20), 13 indicators are on track, 16 have made progress but too slow to meet the targets and 10 are off track (HSDP Mid-term Review Report, 2017/18). These outcomes are in part explained by the performance of the Primary Health Care (PHC) aspect of Uganda's healthcare system where geographical access to a health facility has reached 86 percent (2018). The share of public spending on Primary Health Care (PHC) between FY 20114/15 and FY 2017/18 averaged 21 percent of the national budget. PHC is delivered through the healthcare systems at Local Government level which consist of a District Health Office, Municipal Health Office, Health Sub-district, General Hospitals, HC IVs, HC IIIs and HC IIs. Public investment in PHC under the NDP era has significantly grown the stock of health infrastructure at LG level. Key among this infrastructure are the newly refurbished general district hospitals, upgrading of health center IVs and IIIS and, construction of Health Centre IIs inclusive of diagnostic equipment and those for maternal care. Service delivery gaps however persist affecting their functionality. Key amongst these gaps are stock-out of essential medicines and health supplies; limited access to utilities and low health worker: patient ratios which is compounded by high absenteeism rates.

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2. High absenteeism rates amongst the health work force negatively impact on the Health Facility's ability to provide quality services to its clients; results into low morale among staff; lost productivity both at individual and institutional level; poor quality services and ultimately contributes to poor health outcomes. Absenteeism has high costs on many levels: individual, organizational, and economic. At individual level, health workers are burdened with additional work and sometimes are forced to perform tasks for which they are unqualified in order to compensate for absent colleagues. As more workers are absent without consequences, those who tend to respect their work hours become increasingly demotivated and may also adopt negative practices. The financial costs of reduced productivity due to absenteeism can be high. Absence of health workers whether for part of the day or the whole day, prevents communities from accessing needed care. Patients pay increased transport costs and lose daily wages when they make multiple attempts to be seen. Additional costs may be incurred to manage a condition worsened by delays in accessing care. These factors ultimately limit improvements to health. The impact of absenteeism on a country's health system can be substantial. For example, an average absenteeism rate of 40%, translates to a national health workforce that is effectively 40% smaller than it appears on paper.

3. On the other hand, Implementation challenges, poor accountability and lack of transparency still remain bottlenecks to service delivery in Uganda. Government business is complex with multiple active and passive players pursuing different priorities and agendas in order to meet public demands and needs. There is pressure for results to delivery of services despite an infinite resource envelop and constrained physical and human resources. Because of the complexity of government and the need to address the strategic national objectives as identified in the NDP II, the catalytic role of PMDU and the unique methodical approach to service delivery cannot be ignored. Enhancement of Productivity, Accountability and Knowledge Systems by this Project will no doubt improve the quality of health care and, accelerate movement towards universal health coverage (UHC). Health is both human capital itself and an input to producing other forms of human capital. Being unhealthy reduces productivity and the incentives to invest in human capital. Taken together, these mechanisms imply that poor health leads to lower income and vice versa. The health component of Demographic Dividend therefore aims at having a healthy and productive labour force that can effectively help in accelerating Uganda's social and economic transformation. The impact of health on development is not only through the income path. Sector inefficiencies, poor regulation and lack of equipment, infrastructure and medicine impede both productivity and disease control. A country with a huge disease burden spends a significant amount of resources that would otherwise be freed for development, on disease control and treatment.

4. Under the education sector, Uganda's progress in human development, as measured by the Human Development Index (HDI) has lagged within both the East African Community and Sub-Saharan Africa in many of the human development dimensions. Although public spending on education increased significantly between 2002/03 and 2012/13 (to 11.8 percent of the national budget in 2012/2013), public investment in education as a share of GDP declined from 4.0 percent in 2002/03 to 2.4 percent in 2013/14. While Uganda's HDI has increased by 66 percent since 1990, its growth has registered marginal gains during the NDP era, averaging an annual increase of 2.9 percent compared to 12 percent during the era of the Poverty Eradication Action Plan. This means that Uganda has been making slow progress in human development in

recent years. Indeed while by 2002, the gross enrolment ratio (GER) had risen to 126 percent, gender parity to 51/49 and primary school completion rate to 49 percent and further to 67 percent in 2012, the slow progress in human development in recent years (UDHS, 2016) provide compelling reasons to strengthen implementation mechanisms for fast-tracking efforts to return previous performance levels and exceed the same. One such strategic intervention that forms the thrust for this project proposal is the decisive defeat of teacher absenteeism that ought to translate into improved learning outcomes from public investment in education.

5. High teacher absenteeism rates translate into low syllabus coverage which in turn affects content coverage. Learners who do not complete the syllabus as spelt out for the respective classes suffer a cumulative loss of content hence building a cohort of learners without necessary competencies compared to what they are supposed to have at the end of a given cycle. Thus literacy and numeracy skills that are core learning competencies are lost out leading to low quality education outcomes. Ultimately colossal sums of money are lost on payments to absentee teachers in form of salaries that can be saved if the vice of staff absenteeism in primary schools is decisively defeated.

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6. The call for improved quality and relevance of education to the current job market trends cannot be over emphasized if the National Vision 2040 is to be achieved. The NDP II recognizes a skilled workforce as a key driver to development. Improved literacy and numeracy are enablers of all-important skills development that assist transform the informal sector. High rates of literacy form a basis for skilled labour so much needed to fill the ever widening manpower gaps as the country strives to industrialize. With the youngest population of about 60% below the age of 25 years, unemployment is a monster to economic development and overall government planning. For instance, the number of Ugandan employees in the formal sector grew at an average annual growth rate of 6 per cent between 2010 and 2013 and the national unemployment rate declined from 11 per cent in 2013 to 9 percent in 2017 arguably due to heavy investment in vocational skills training to support labour needs for the job market. In the same way a literate population builds a base for entrepreneurial knowledge and skills and faster technological adoption necessary for improved production in both industry and agriculture. A well supported economic sector with an appropriate skilled labour force ideally translates into economic growth. The education sector comprises of seven sub-sectors namely: (i) Pre-Primary and Primary Education (ii) Secondary Education (iii) Business, Technical, Vocational Education and Training (BTVET) (iv) Teacher Instructor Education and Training (v) Higher Education (vi) Science, Technology and Innovation and (vii) Physical Education and Sports. The key stakeholders include Government, Private Sector, CSOs and Development Partners.

Relationship to CPF

Alignment to CPF

The proposed project to enhance effectiveness and efficiency in operations of 20 selected local governments in education and health sectors in order to realize the expected returns on public investments **is consistent with the Uganda Country Partnership Framework (CPF) of FY16-20.** Specifically, it aligns to CPF objective 2: Improve social service delivery under Strategic focus area 3 – Strengthening governance, accountability and service delivery. The project is at contributing to improved economic outcomes from public investments by addressing performance among primary school teachers and primary health care health workers in selected local governments in Uganda.

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C. Project Development Objective(s)

Proposed Development Objective(s)

The main objective of this project is to promote effective attendance of health workers and teachers in health centers and primary schools in 20 selected districts in order enhance performance and ultimately realize expected returns on public investments in the health and education sectors.

Key Results

The main result of the project is : Improved efficiency in operations in health facilities and schools in selected districts.

This will be measured through the following indicators:

i. Percentage of districts that have up to date annual staff performance management contracts.

ii. Percentage of health and education facilities with 100% attendance to duty in targeted districts

iii. Percentage of district local governments with functional rewards and sanctions committees

iv. Percentage of district local governments reprimanding absentee staff

D. Preliminary Description

Activities/Components

Prime Minister's Delivery Unit (PMDU) will work with stakeholders to generate, using the Lab Methodology, an implementation plan for instituting a rigorous system for biometric tracking for staff attendance duty in an additional 20 districts in Teso, Busoga and Bugisu using the good practices and lessons learned from the pilot. PMDU seeks to roll out biometric technology tracking of teachers in 500 administrative units (Parishes) and 400 Health Units to mitigate staff absenteeism, compel districts to take action on absentee staff within

the Sanctions and Rewards framework.The project will implement the following key activities to attain its objectives:

Summary of key activities

PMDU shall establish and Implement a rigorous system for tracking routines and appraising progress on agreed results and targets through the following platforms;

i. Conduct Delivery Labs as a means of stakeholder engagement for planning and execution of the Project

i. Procurement of equipment, development and testing of software and, and deployment of biometric equipment in the 900 targets units
ii. Strengthening the Inter-ministerial task forces, which are a mechanism for coordinating implementation efforts across government and enabling better inter-ministerial coordination while ensuring clear delineation of responsibilities and accountability throughout implementation stages
iii. Biannual stakeholder engagements with Political and technical leaders of Local governments (LGs) to appraise progress and implementation bottlenecks
iv. Conduct PM's Quarterly stock takes with sector leadership to drive accountability and provide Monthly briefing notes to sectors on project progress
v. Carry out Data analyses and dissemination through monthly data packs on performance to district local governments to stimulate competition and well as compelling them to sanction poor attendance and reward goof performance
vi. Establishment of relationships with other stakeholders that facilitate delivery including CSO, Development and implementing partners to facilitate sustainability and continuous improvement in service delivery
vii. Capacity building initiatives to ensure biometric system efficiency and effectiveness. PMDU and partners will organize and conduct trainings for biometric equipment users targeting health facility managers, head teachers, records focal persons, district biostaticians, and IT persons
viii. Setting up a program for routing monitoring, supervision and problem solving for user units
ix. Develop a communication strategy to promote the final service delivery index report in the PMDU Health and Education thematic areas.
x. Routine spot checks by PMDU and partners to validate system data and problem solve

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Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Not Currently Relevant
ESS 4	Community Health and Safety	Not Currently Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

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Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

Project activities are anticipated to have low social risks and impacts as they will essentially consist of the installation of small bio-metric reading machines in selected schools/health centers and of IT equipment in District Offices to collect and analyse the data. Risks that might be posed by workers carrying out the installations will be addressed through a Labor Management Plan. While land acquisition or impacts on livelihoods are not expected, the project will require the engagement of stakeholders, that include the civil servants being monitored (particularly those with disabilities), those handling the data, but also the communities being served by the schools and health centers to address risks of misinformation about the project's objectives. The likely environmental, health and safety risks and impacts include waste generated from packaging materials, noise during drilling for installation of biometric devices at entrances and perhaps occupational safety during cabling and installation. These are very localized, minimal impacts for a short duration and can be mitigated with ease. These likely risks and impacts can be considered negligible. Since this is a low impact project for which likely E&S risks and impacts can be managed at respective Local government level, it's recommended that the Borrower's Environment and Social Screening forms which are based on national legislations and are used at Local government level guides this project implementation.

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