

**PROJECT INFORMATION DOCUMENT (PID)  
APPRAISAL STAGE**

Report No.: PIDA62480

<b>Project Name</b>	Uganda Reproductive, Maternal and Child Health Services Improvement Project (P155186)
<b>Region</b>	AFRICA
<b>Country</b>	Uganda
<b>Sector(s)</b>	Health (100%)
<b>Theme(s)</b>	Population and reproductive health (60%), Health system performance (40%)
<b>Lending Instrument</b>	Investment Project Financing
<b>Project ID</b>	P155186
<b>Borrower(s)</b>	Ministry of Finance, Planning and Economic Development
<b>Implementing Agency</b>	Ministry Of Health
<b>Environmental Category</b>	B-Partial Assessment
<b>Date PID Prepared/Updated</b>	20-Jun-2016
<b>Date PID Approved/Disclosed</b>	22-Jun-2016
<b>Estimated Date of Appraisal Completion</b>	09-Jun-2016
<b>Estimated Date of Board Approval</b>	28-Jul-2016
<b>Appraisal Review Decision (from Decision Note)</b>	

**I. Project Context**

**Country Context**

Uganda has made significant progress in reducing poverty over the past two decades. Households living on under one USD per day declined from 56.4 percent in 1993 to 19.5 percent in 2013 and consumption growth of the bottom 40 percent increased over the same period, but at a slower pace than the consumption growth of the top 60 percent. Despite the growth, a large proportion of the population (75 percent) rely on low paying jobs in the agriculture sector for employment, and a large share of the non poor population (43.3 percent) is highly vulnerable to external shocks and to fall back into poverty. Poverty is more prevalent in rural (22.8 percent) than in urban (9.3 percent) areas. Uganda's population growth rate of 3.2 percent and dependency ratio of 1.12 are among the highest in the world. The population growth rate is driven by the high total fertility rate (six children per women) and puts pressure on the capacity of government and households to finance social services including health services. The decentralization arrangement in Uganda mandates districts to deliver services. The number of districts more than doubled since 2000 bring the total to 111 districts. With the proliferation, district capacity to deliver services has seriously eroded as there has been no commensurate increase in the required complementary resources.

## **Sectoral and institutional Context**

Uganda is poised to achieve three of the four health-related Millennium Development Goals (MDGs) - nutrition, child survival and communicable disease control. Whilst infant and child mortality rates have steadily dropped, neonatal mortality is unchanged, and close to 50 percent of infant deaths occur in the first 28 days primarily due to limited services for neonatal care. Despite improvements in communicable disease control, Uganda remains among the high burden countries in the world for HIV/AIDS, malaria and tuberculosis. Among the countries in East Africa, Uganda has the second-lowest life expectancy at birth (59), second-highest total fertility (6 births per woman), and highest prevalence of HIV (7.4 percent). Uganda on the other hand is unlikely to meet the MDG target of reducing maternal mortality, which has stagnated at 438 deaths per 100,000 live births despite the increase in the proportion of births assisted by trained health workers (from 42 percent to 58 percent), and postnatal care (from 27 percent to 33 percent) between 2001 and 2011. The high total fertility rate, high teenage pregnancy rate and high unmet need for family planning (34 percent) are considered as major factors increasing exposure to the risk of pregnancy and hence pregnancy related deaths for both women and newborns. In the past twenty years the pattern of the disease burden has shifted. Diarrheal diseases, malnutrition, and lower respiratory infections registering the largest disability adjusted life years declines between 1990 and 2010, while interpersonal violence, road injuries, and epilepsy registered the largest disability adjusted life years increases. The three risk factors that account for most of the disease burden in Uganda are alcohol use, household air pollution from solid fuels, and childhood underweight.

Reducing the disease burden of the conditions affecting women and children is a priority and plans to scale up reproductive and child health services have been developed. The plans are consistent with the national vision and development goals for Uganda and are aimed at accelerating the reduction of preventable mortality and morbidity for mothers, newborns, children, and adolescents in Uganda. The plans include the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Sharpened Plan for Uganda (2013-2017) which was revised and prioritized as the RMNCAH Investment Case (2016-20120). Uganda is among the second wave countries selected to access grant funding from the Global Financing Facility (GFF) in Support of Every Woman Every Child. The GFF grant will complement the IDA credit for the proposed project. In order to prepare for the project, the government has developed the Health Financing Strategy (2016 - 2025) and the National Results Based Financing (RBF) framework for Uganda. Taking opportunity of the GFF the government is keen to strengthen civil registration and vital statistics (CRVS) and has proposed incorporating a component on civil registration and vital statistics as part of the project.

## **II. Proposed Development Objectives**

The Project Development Objectives (PDOs) are to: (a) improve utilization of essential health services with a focus on reproductive, maternal, newborn, child and adolescent health services in target districts; and (b) scale up birth and death registration services

## **III. Project Description**

### **Component Name**

Component One: Results-Based Financing (RBF) for Primary Health Care Services

### **Comments (optional)**

The objective of this component is to institutionalize and scale-up RBF with a focus on RMNCAH services. The design of the project draws on the National Results Based Financing Framework, and

aims at incentivizing health providers to expand provision of quality and cost-effective RMNCAH services. In addition, health providers will support the village health teams in their catchment areas to promote community based RMNCAH services, including nutrition. To further strengthen the referral system, strategically located general hospitals with capacity to provide ambulance and RMNCAH referral services will be selected based on a criteria outlined in the Project Implementation Manual. The project will support RBF activities in a phased manner to ultimately cover 60 districts.

**Component Name**

Component Two: Strengthen Health Systems to Deliver RMNCAH Services

**Comments (optional)**

The objective of this component is to strengthen institutional capacity to deliver RMNCAH services. The project will support the MoH to implement priority health systems strengthening actions to enhance capacity to deliver RMNCAH services. The selected priority actions from the RMNCAH sharpened plan address the most critical health systems bottlenecks to RMNCAH service delivery, and include improving: (i) availability of essential drugs and supplies; (ii) availability and management of the health workforce; (iii) availability and functionality of medical equipment in health facilities; (iv) health infrastructure for primary health care services; (v) quality of care and supervision.

**Component Name**

Component Three: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services

**Comments (optional)**

The objective of the component is to strengthen institutional capacity for civil registration and vital statistics and scale up births and deaths registration services. The project will support government efforts to strengthen capacity of the principle civil registration and vital statistics institutions at central and subnational levels to carry out their mandate with respect to births and deaths registration services and to scale births and deaths registration services countrywide.

**Component Name**

Component Four: Enhance Institutional Capacity to Manage Project Supported Activities

**Comments (optional)**

This objective of the component is to enhance institutional capacity for management of project supported activities. This component will support costs related to overall project management, training, and project operations (safeguards, M&E, citizen engagement) in order to ensure the intended objectives are achieved in a sustainable manner. The project will address the skills gaps in project management and build institutional capacity of the relevant units for efficient and effective project implementation.

**IV. Financing (in USD Million)**

Total Project Cost:	140.00	Total Bank Financing:	110.00
Financing Gap:	0.00		
<b>For Loans/Credits/Others</b>			<b>Amount</b>
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			110.00
Global Financing Facility			30.00

Total	140.00
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## V. Implementation

The project will be implemented by the Ministry of Health and the National Identification and Registration Authority. The Ministry of Health will be the main recipient, and the National Identification and Registration Authority, a sub-recipient under the Ministry of Health. Each Agency will execute specified activities in line with their respective mandates. The Ministry of Health will be responsible for activities under components one and two, while the National Identification and Registration Authority will be responsible for activities under component three.

## VI. Safeguard Policies (including public consultation)

Safeguard Policies Triggered by the Project	Yes	No
Environmental Assessment OP/BP 4.01	x	
Natural Habitats OP/BP 4.04		x
Forests OP/BP 4.36		x
Pest Management OP 4.09		x
Physical Cultural Resources OP/BP 4.11	x	
Indigenous Peoples OP/BP 4.10	x	
Involuntary Resettlement OP/BP 4.12	x	
Safety of Dams OP/BP 4.37		x
Projects on International Waterways OP/BP 7.50		x
Projects in Disputed Areas OP/BP 7.60		x

Comments (optional)

## VII. Contact point

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