

PROJECT INFORMATION DOCUMENT (PID) CONCEPT STAGE

Report No.: PIDC33835

Project Name	Uganda Reproductive, Maternal and Child Health Services Improvement Project (P155186)
Region	AFRICA
Country	Uganda
Sector(s)	Health (100%)
Theme(s)	Population and reproductive health (60%), Health system performance (40%)
Lending Instrument	Investment Project Financing
Project ID	P155186
Borrower(s)	Ministry of Finance, Planning and Economic Development
Implementing Agency	Ministry Of Health
Environmental Category	B-Partial Assessment
Date PID Prepared/ Updated	10-Sep-2015
Date PID Approved/ Disclosed	11-Feb-2016
Estimated Date of Appraisal Completion	15-Feb-2016
Estimated Date of Board Approval	15-Jun-2016
Concept Review Decision	Track I - The review did authorize the preparation to continue

I. Introduction and 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 population (43.3 percent) remains 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 DALYs declines between 1990 and 2010, while interpersonal violence, road injuries, and epilepsy registered the largest DALYs 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 is being revised to make it more evidence based and prioritized so that it becomes the RMNCAH Investment Case. Uganda is also 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 is finalizing the Health Financing Strategy and constituted Technical Working Group to spearhead the development of a common RBF design 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 CRVS component as part of the project.

Relationship to CAS

The Uganda CAS closed on June 30, 2015, and the Bank is finalizing development of the Systematic Country Diagnostics (SCD). The draft SCD (August 2015) recommends as a priority the scaling up and sustenance of maternal and child health interventions in light of the high morbidity and mortality. The project is consistent with the Bank's twin goals of ending absolute poverty and boosting shared prosperity and with the objectives of the World Bank's 2011 regional strategy for Africa.

II. Proposed Development Objective(s)

Proposed Development Objective(s) (From PCN)

The project development objective (PDO) is to improve delivery and utilization of quality essential health services with a focus on reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in selected districts.

Key Results (From PCN)

- a) Antenatal care (ANC) attendees receiving at least two doses of intermittent preventive treatment (IPT2) for malaria (Number and Percent);
- b) Contraceptive Prevalence Rate (Percent);
- c) Deliveries in health facilities (Number and Percent)
- d) Children under one year immunized with 3rd dose of Pentavalent vaccine (Number and Percent)
- e) Health Center Type IV (HCIV) facilities rated 3 stars and above as per “Star rating” quality assessment framework (Number and Percent)
- f) Availability of Comprehensive Emergency Obstetric Care (Number and Percent)
- g) Facilities conducting maternal and perinatal death audits (Number and Percent)
- h) Client Satisfaction (Percent)

III. Preliminary Description

Concept Description

The proposed project would comprise three components: a) support scale up of results based financing activities for the frontline health facilities; b) support towards institutional capacity strengthening for delivery of RMNCAH services; and c) strengthen capacity for civil registration and vital statistics (CRVS).

Component One: Support Scale up of Results Based Financing Activities for the Frontline Health Facilities (US\$70 million).

The objective of this component is to institutionalize and scale-up the implementation of facility based RBF activities with a view of improving the delivery of RMNCAH services. Under performance contractual frameworks, frontline health facilities from both the public and private sectors will be rewarded to increase the quantity and quality of RMNCAH services. Implementation will start with a few selected districts and service providers and gradually be scaled up in phases. Selection of RBF districts and providers will be made on the basis of a set of agreed criteria. In addition, the project under this component will support the Health Planning Department to establish an RBF Unit to coordinate execution of RBF activities in the health sector.

Component Two: Institutional Support For Delivery of RMNCAH Services (US\$70 million)

The objective of this component is to strengthen institutional capacity to deliver quality RMNCAH program activities and (ii) ensure RMNCAH service readiness of the frontline service providers. For institutional capacity, the project will support activities aimed at strengthening the capacity of the Ministry, districts and providers in planning, management, implementation, monitoring and evaluation of RMNCAH program activities. Interventions to improve quality of care (including quality assurance / continuous quality improvement) will be part of this component. For service readiness of the frontline service providers, the project will support selected lower level facilities to

achieve the minimum service delivery requirements in terms of infrastructure, equipment, staffing as well as other arrangements to deliver RMNCAH activities. In accordance with the results focus of the project, these complementary central level activities will be financed using the Disbursement Linked Indicator (DLI) approach which links payments/disbursements to the attainment of selected results/targets.

Component Three: Strengthen Capacity for Civil Registration and Vital Statistics (US\$10 million).

The objective of this component is to support the GoU to improve the civil registration and vital statistics system. The activities supported by this component will be aligned to the Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024. The areas of focus will include: (i) strengthening the CRVS institutions (such as the Uganda Bureau of Births and Deaths Registration and the National Identification and Registration Authority); (ii) institutionalization of CRVS at local councils and community level; (iii) Removing the barriers to birth registration; (iv) improving reporting and analysis of deaths and cause of death data; and (v) improving the dissemination and use of vital statistics.

IV. Safeguard Policies that might apply

Safeguard Policies Triggered by the Project	Yes	No	TBD
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	

V. Financing (in USD Million)

Total Project Cost:	150.00	Total Bank Financing:	110.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			110.00
Health Results-based Financing			40.00
Total			150.00

VI. Contact point

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