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Report No: PAD4030

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF SDR10.7 MILLION
(US$15.0 MILLION EQUIVALENT)

TO

THE REPUBLIC OF UGANDA

FOR

AN ADDITIONAL FINANCING FOR UGANDA REPRODUCTIVE, MATERNAL AND CHILD HEALTH SERVICES IMPROVEMENT PROJECT

November 9, 2020

Health, Nutrition and Population Global Practice
Eastern and Southern Africa Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective September 30, 2020)

Currency Unit =	Ugandan Shilling (UGX)
3715UGX =	US$ 1
US$ 1 =	SDR 0.71044424

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Hafez M. H. Ghanem
Country Director:	Keith Hansen
Regional Director:	Amit Dar
Practice Manager:	Francisca Ayodeji Akala
Task Team Leaders:	Collins Chansa, Julia Mensah

ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
BDR	Births and Deaths Registration
CERC	Contingency Emergency Response Component
CERIP	Contingency Emergency Response Implementation Plan
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
CRI	Corporate Results Indicator
CRVS	Civil Registration and Vital Statistics
DPO	Development Policy Operation
EA	Environmental Assessment
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FTCF	Fast Track COVID-19 Facility
GDP	Gross Domestic Product
GFF	Global Financing Facility
GRS	Grievance Redress Service
HC IV	Health Center IV
HCI	Human Capital Index
HIV	Human Immunodeficiency Virus
HNP	Health, Nutrition, and Population
HUMC	Health Unit Management Committee
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IFC	International Finance Corporation
IFR	Interim Unaudited Financial Report
IRI	Intermediate Results Indicator
ISR	Implementation Status and Results
MoH	Ministry of Health
MS	Moderately Satisfactory
MTR	Mid Term Review
MU	Moderately Unsatisfactory
MVRS	Mobile Vital Records System
NCD	Non-Communicable Disease
NEMA	National Environnent Management Authority
NIRA	National Identification Registration Authority
PBC	Performance-Based Conditions
PCR	Polymerase chain reaction
PDO	Project Development Objective
PPSD	Project Procurement Strategy for Development
QA	Quality Assurance

RBF	Results-Based Financing
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RVP	Regional Vice President
SDR	Special Drawing Rights
Sida	Swedish International Development Corporation Authority
SORT	Systematic Operations Risk Rating Tool
STEP	Systematic Tracking of Exchanges in Procurement
UGIFT	Uganda Intergovernmental Fiscal Transfer
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
URMCHIP	Uganda Reproductive, Maternal and Child Health Services Improvement Project
USAID	United States Agency for International Development

TABLE OF CONTENTS

BASIC INFORMATION – PARENT (Uganda Reproductive, Maternal and Child Health Services Improvement Project - P155186)

Country	Product Line	Team Leader(s)		
Uganda	IBRD/IDA	Collins Chansa		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P155186	Investment Project Financing	HAEH2 (10210)	AECE2 (6542)	Health, Nutrition & Population

Implementing Agency: Ministry of Health

Is this a regionally tagged project?
No

Bank/IFC Collaboration

No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Original Environmental Assessment Category	Current EA Category
04-Aug-2016	30-Jun-2021		Partial Assessment (B)	Partial Assessment (B)

Financing & Implementation Modalities

[ ] Multiphase Programmatic Approach [MPA]	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on, Enhanced Implementation Support (HEIS)

Development Objective(s)

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

Ratings (from Parent ISR)

	Implementation					Latest ISR
	20-Dec-2017	19-Jun-2018	28-Dec-2018	23-Jun-2019	19-Dec-2019	06-Jul-2020
Progress towards achievement of PDO	S	S	MS	MS	MS	MS
Overall Implementation Progress (IP)	MS	MS	MU	MS	MS	MS
Overall Safeguards Rating	MS	MS	MS	MS	MS	MS
Overall Risk	S	S	S	S	S	S
Financial Management	S	S	S	MS	MS	MS
Project Management	MS	MS	MS	MS	MS	MS
Procurement	S	MS	MS	MS	MS	MS
Monitoring and Evaluation	S	S	S	S	S	MS

BASIC INFORMATION – ADDITIONAL FINANCING (Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project - P174163)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints

P174163	Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project	Cost Overrun/Financing Gap	No
Financing instrument Investment Project Financing	Product line IBRD/IDA	Approval Date 02-Dec-2020	
Projected Date of Full Disbursement 31-Dec-2022	Bank/IFC Collaboration No		
Is this a regionally tagged project? No			

Financing & Implementation Modalities

[ ] Series of Projects (SOP)	[ ] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a Non-fragile Country
[ ] Project-Based Guarantee	[ ] Conflict
[ ] Deferred Drawdown	[ ] Responding to Natural or Man-made disaster
[ ] Alternate Procurement Arrangements (APA)	[ ] Hands-on, Enhanced Implementation Support (HEIS)
[✓] Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	110.00	66.20	43.46	60 %
Grants	49.54	31.43	18.11	63 %

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project - P174163)

FINANCING DATA (US$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	159.54	15.00	174.54
Total Financing	159.54	15.00	174.54
of which IBRD/IDA	110.00	15.00	125.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Development Association (IDA)	15.00
IDA Credit	15.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Uganda	15.00	0.00	0.00	15.00
Crisis Response Window (CRW)	15.00	0.00	0.00	15.00
Total	**15.00**	**0.00**	**0.00**	**15.00**

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any other Policy waiver(s)?

[ ] Yes [✓] No

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

PROJECT TEAM

Bank Staff

Name	Role	Specialization	Unit
Collins Chansa	Team Leader (ADM Responsible)	Health Economics	HAEH1
Julia Mensah	Team Leader	Public Policy/Operations	HAEH2
Annet Tamale Katuramu	Procurement Specialist (ADM Responsible)	Procurement	EAERU
Grace Nakuya Musoke Munanura	Procurement Specialist	Procurement	EAERU
Joel Buku Munyori	Procurement Specialist	Procurement	EAERU
Michael Eriu Okuny	Financial Management Specialist (ADM Responsible)	Financial Management	EAEG1
Paul Kato Kamuchwezi	Financial Management Specialist	Financial Management	EAEG1
Herbert Oule	Environmental Specialist (ADM Responsible)	Environmental Safeguards	SAEE2
Maliam Acio Aalangdong	Social Specialist (ADM Responsible)	Social Safeguard	SAES2
Anne Margreth Bakilana	Team Member	Program Leader	HAEDR
Barbara Katusabe	Team Member	Team Assistant	AEMUG
Boyenge Isasi Dieng	Social Specialist	Social Safeguards	SAES2
Brenda Joanne Basalwa	Team Member	Consultant	SAEE2
Brendan Michael Hayes	Team Member	Health Specialist	HHNGF

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Ndiga Akech Odindo	Team Member	Legal	LEGAM
Ni Fu	Team Member	WFACS	WFACS
Peter Okwero	Team Member	Health Specialist	HAEH1
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Rogers Parmen Enyaku	Team Member	Consultant	HAEH1
Sandra M Kuwaza	Team Member	Finance	WFACS
Sheila Kulubya	Team Member	External Affairs	ECRAE
Sujani Eli	Team Member	Program Assistant	HAEH2

Extended Team

Name	Title	Organization	Location

I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING AND RESTRUCTURING

A. Introduction

1. **This Project Paper seeks the approval of the Executive Directors to provide an additional credit of SDR10.7 million (US$15 million equivalent)** to be financed through the Crisis Response Window (Fast Track COVID-19[1] Facility [FTCF]) and implemented by the Ministry of Health (MoH), Government of the Republic of Uganda, in support of the Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP, P174163). The original Project (P155186) is valued at US$165 million and is financed by: (i) an IDA credit of SDR78.5 million (US$110 million equivalent); (ii) a grant of US$30 million from the Global Financing Facility (GFF) in Support of Every Woman Every Child; and (iii) a grant of US$25 million from the Swedish International Development Cooperation Agency (Sida). The proposed additional credit will replenish the US$15 million, which was re-allocated from Components 1 and 2 of the Project for the COVID-19 response under the Contingent Emergency Response Component (CERC), activated on March 30, 2020. This is the second additional financing (AF) for the parent Project; a previous AF (P163691) of US$25 million was approved on September 12, 2018. As the proposed AF aims to fill the financing gap created by the activation of the COVID-19 CERC, the same implementation arrangements for the parent Project will apply, without any additional or new activities to those originally planned. In addition to the AF, the Project will also be restructured to: (i) accommodate changes to the project as a result of two CERC activations – one for the COVID-19 response as discussed above and the other one for the Ebola response that was activated on December 19, 2019; (ii) increase operational efficiency and address recommendations from the mid-term review (MTR) of the Project that was undertaken in September/October 2019; and (iii) extend the Project's closing date from June 2021 to December 2022.

B. Sectoral Context and Challenges Posed by Ebola and COVID-19

2. **Uganda has made a commitment to achieving Universal Health Coverage (UHC) as articulated in successive Health Sector Development Plans.** Over the past two decades, there has been progress towards the attainment of UHC as demonstrated through increased provision and utilization of key maternal and child health services. This has contributed to a reduction in the maternal mortality ratio from 524 deaths per 100,000 live births in 2001 to 336 deaths per 100,000 live births in 2016. In addition, the under-five mortality rate declined from 151 deaths per 1,000 live births in 2001 to 64 deaths per 1,000 live births in 2016. Despite this progress, much more needs to be done to achieve UHC and the Sustainable Development Goals on health. According to the MTR report for the Health Sector Development Plan 2015/16−2019/20, out of the 41 indicators in the plan only 13 were on track, 16 showed minimal progress, and ten were off-track. Reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and nutritional diseases have over the years been the highest causes of morbidity and mortality in Uganda. However, over the past decade, there has been an increase in the incidence of non-communicable diseases (NCDs). Poor RMNCAH and nutrition outcomes in Uganda are mainly associated with early sexual debut, high rates of teenage pregnancy (25 percent), early marriages, unmet need for family planning (28 percent), and gender-based violence. About 22 percent of women in Uganda experienced sexual violence in 2016 compared to 8 percent for men.

[1] Coronavirus Disease 2019

3. **A number of factors have constrained Uganda's ability to accelerate gains in health service delivery and outcomes.** These include: (i) critical shortages in human resources for health, especially in specialized fields and in intensive care; (ii) erratic supply of drugs and medical supplies which leads to persistent stockouts; (iii) limited availability and inequitable distribution of health infrastructure; and (iv) insufficient funding to sustain and expand access to quality healthcare. Delivery of RMNCAH services is also inequitable leading to suboptimal coverage of priority RMNCAH interventions. For example, low coverage of basic emergency obstetric care is one of the major drivers of the high maternal mortality in Uganda. In 2013, only 47 percent of health facilities in the country were able to provide comprehensive emergency obstetric care. The underlying reasons for the low coverage of RMNCAH services are: (i) capacity constraints at the service provider level which hinders them from delivering the full package of health services; (ii) poor compliance with the standard operating practices and clinical guidelines; and (iii) household poverty, women disempowerment, and harmful traditional practices. Health service delivery In Uganda is also constrained by inadequate and unpredictable financial resources. The health sector is financially dependent on funding from external development partners who contribute 42 percent of the total health expenditure, followed by households at 41 percent, and the Government of Uganda at 15 percent.

4. **In addition to RMNCAH conditions and an increasing burden of non-communicable diseases, Uganda has experienced repeated outbreaks of infectious diseases.** In the past few years, there have been outbreaks of Crimean Congo hemorrhagic fever, Marburg virus disease, Rift Valley fever, anthrax, meningitis, measles, cholera, Ebola (about seven outbreaks since 2000), and most recently COVID-19 which was first detected on March 21, 2020. Climate change might have contributed to some of such outbreaks. Uganda, like the rest of the world, is experiencing early impacts of climate change. As outlined in the World Bank's climate change portal, between 1900 and 2018, the country has encountered 40 epidemics some of which are related to climate change.[2] The global climate change models project an increase in average temperatures in Uganda by up to 1.5^{o}C in the next 20 years and by up to 4.3^{o}C by 2080. An increase in rainfall of between 10 and 20 percent across the country has also been predicted for the same period.

5. **Since 2019, Uganda has been implementing a number of activities aimed at preventing an outbreak of Ebola in the Country.** This was necessitated by an outbreak of Ebola in neighboring Democratic Republic of Congo (DRC) in August 2018 that was declared to be a Public Health Emergency of International Concern (PHIEC) by the World Health Organization (WHO) on July 17, 2019. Countries bordering the DRC—particularly Uganda, which shares a long porous border with the DRC—have been at high risk of cross-border transmission. Given the frequent movement of people across the DRC-Uganda border for trade and inter-cultural relations, the risk of Ebola outbreak in Uganda is high. On average, over 800,000 people cross the DRC-Uganda border each month, and 15 districts in Uganda share a border directly with the affected areas in the DRC. Consequently, on June 11, 2019, Uganda reported three confirmed Ebola cases in Kasese district in the western part of Uganda that borders the DRC. Uganda immediately implemented preparedness and response activities to control the outbreak but was financially constrained to scale up the interventions to all the high-risk districts. This made it difficult for the MoH to adequately implement the full spectrum of interventions necessary to effectively prevent, detect, and control Ebola transmission. It is within this context that the Government of Uganda requested for the activation of the CERC under the URMCHIP valued at US$5 million. The Ebola CERC was activated on December 19, 2019 to support the National Ebola Response Plan which is costed at US$17.2 million. With the contribution from the URMCHIP, the financing gap reduced from US$14.8 million to US$9.8 million and, to date, this gap has not been fully covered.

[2] *https://climateknowledgeportal.worldbank.org/country/uganda/vulnerability*

6. **Uganda has not been spared by the COVID-19 pandemic, but the country's response has been relatively successful so far.** On March 21, 2020, Uganda confirmed its first case of COVID-19 and as of November 4, 2020, approximately 13,568 COVID-19 cases had been confirmed in Uganda with 117 deaths.[3] Successful containment of the outbreak, to date, has been achieved through the activation of Public Health Emergency Task Force personnel at national and subnational levels, and implementation of a number of interventions including: (i) point of entry screening; (ii) active case finding/contact tracing; (iii) mass testing in high-risk areas; (iv) isolation/quarantine of infected people; (v) suspension of passenger travel across the internal borders; (vi) closure of all education institutions and places of worship; (vii) closure of restaurants and bars; (viii) suspension of mass gatherings; (ix) a two-month lockdown, and (ix) a night curfew. To date, these measures have been largely successful in mitigating widespread infections and deaths and in enabling the government to adequately prepare for an escalation in infections if the situation deteriorates. However, with the easing of lockdown restrictions and ongoing community transmission, the risk of widespread infection remains. Sustained implementation of existing and new measures is needed to respond to the evolving pandemic.

7. **Uganda's response to the COVID-19 in the health sector is articulated in the US$600.5 million COVID-19 Preparedness and Response Plan which covers the period March 2020 to June 2021.**[4] This plan provides a framework for prevention and control of COVID-19 to curtail importation of the disease; interrupt transmission through rapid detection and containment; and minimize morbidity, mortality, and social and economic hardships. The plan is financed by the Government and development partners including the World Bank. The World Bank has provided US$30.2 million for COVID-19 response in Uganda: (i) the US$15 million CERC under the URMCHIP; and (ii) the US$15.2 million Uganda COVID-19 Response and Emergency Preparedness Project (P174041). However, despite the financial support from the World Bank and other partners,[5] there is still a financing gap of about 65 percent of the required budget or needs to respond to COVID-19 in the health sector. Beyond the health sector support, the World Bank has approved an Emergency Fiscal and Growth Stabilization Development Policy Operation (DPO) (P173906) valued at US$300 million. Through this DPO, budget support was provided to the Government and the money is being used to maintain macro-fiscal stability and to support businesses and households, particularly the most vulnerable, in managing the impacts of the COVID-19 and locust invasion.

8. **Notwithstanding the successful national COVID-19 response so far, the pandemic still has potential to significantly disrupt health services delivery.** Since the onset of the disease, the attention of the health sector and the entire Government has focused on COVID-19 at the expense of other essential health services. Consequently, provision of essential health services, particularly RMNCAH services has been significantly disrupted. Information from the Uganda Health Management Information System (HMIS) shows that uptake of key RMNCAH services—fourth family planning visit, in-facility deliveries, and post-natal deliveries—declined by between one and 38 percent in April-June 2019/20 as compared to April-June 2018/19. Further, the number of institutional maternal deaths also increased by 43 percent in April-June 2019/20 as compared to April-June 2018/19. Under the Project, uptake of RMNCAH services under the Results-Based Financing (RBF) scheme have also been negatively affected by COVID-19. While the RBF-incentivized indicators are still significantly above baseline, performance has reduced since the COVID-19 outbreak. Reduction in service delivery could have been affected by supply- and demand-side factors such as the disruption in the provision of health services during the lockdown, and reduced demand due to fear by patients to contract the disease if they go to the health facilities.

[3] Accessed from *https://www.health.go.ug/covid/#* on November 4, 2020 at 6:00pm EAT.
[4] The plan was initially costed at US$126 million and covered the period March to September 2020.
[5] Global Fund, GAVI, IsDB, USF, UNICEF, Enabel, UNITAID, KOFIH, Alibaba, WHO, DFID, Irish Aid, DANIDA, Azerbaijan, USG, IOM, JICA, CHAI, UN Women, UNFPA, and Private Sector.

Relatedly, the procurement of firms to undertake civil works for 81 Maternity Units has also been delayed by the COVID-19 outbreak.

9. **To sustain the provision of RMNCAH and other essential health services during the COVID-19 outbreak, the MoH has established a national committee on continuity of essential services.** The objectives of this committee are to: (i) strengthen provision of essential health services at national and subnational levels; (ii) re-organize the manner in which health services are provided at the health facilities; (iii) enhance the capacity to provide services during and after COVID-19; and (iv) monitor the provision of essential health services. Since the establishment of this committee, the MoH has scaled-up efforts to protect the delivery of essential health services during the COVID-19 pandemic. For example, with support from the Global Financing Facility (GFF), financial resources have been mobilized to: (i) support the implementation of activities on risk communication and social mobilization for COVID-19, RMNCAH and other essential health services; (ii) adapt the RBF mechanism under the URMCHIP by streamlining the verification and quality assessment processes, and incentivizing Village Health Teams to help stimulate the demand for RMNCAH and other essential services, and; (iii) provide technical assistance and capacity building for private service providers on COVID-19, RMNCAH and other essential services. Further, to mitigate the risk of COVID-19 on the procurement and implementation of civil works under the Project, bidding documents for the proposed construction of 81 Maternity Units have been revised to comply with the new national guidelines on health and safety at the construction sites during the COVID-19 pandemic. These efforts notwithstanding, the Project will need to revise some of its targets downwards in order to reflect the unique constraints presented by COVID-19.

10. **The strategies and activities proposed in the Additional Financing are aligned with the World Bank Group Country Partnership Framework for Uganda (CPF) FY16-FY21 (Report No. 101173-UG).** The CPF has three focus areas, namely: (i) strengthening governance, accountability, and service delivery; (ii) raising incomes in rural areas; and (iii) boosting inclusive growth in urban areas. The strategies and activities in the Additional Financing are directly linked to CPF Focus Area (i) which seeks to facilitate inclusive long-term development by helping Ugandans to attain a basic level of health, knowledge, and skills in order for them to develop capacities to become self-reliant and productive participants in the society. To date, implementation of the CPF has been largely successful and it remains highly applicable to the COVID-19 environment in Uganda. Furthermore, the country program has been enhanced to effectively respond to the COVID-19 as presented in paragraph 7 above. This includes: (i) mobilizing money from the parent Project through the Contingency Emergency Response Component, (ii) preparing a new COVID-19 operation focusing on health - Uganda COVID-19 Response and Emergency Preparedness Project (P174041), and (iii) providing budget support through an Emergency Fiscal and Growth Stabilization DPO (P173906) which the Government is using to maintaining macro-fiscal stability and supporting businesses and households in managing the impacts of the COVID-19 and locust invasion.

C. Project Overview and Implementation Progress

11. **The URMCHIP (P155186) was approved by the Board of the World Bank on August 4, 2016, became effective on May 26, 2017, and is expected to close on June 30, 2021.** The 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. The Project has five components namely:

- Component 1: Result-based Financing (RBF) for Primary Health Care Services.
- Component 2: Strengthen Health Systems to Deliver RMNCAH Services.

- Component 3: Strengthen capacity to scale-up delivery of births and deaths registration (BDR) services.
- Component 4: Enhance Institutional Capacity to Manage Project Supported Activities.
- Component 5: Contingent Emergency Response.

12. **At the inception of the Project, there were some delays which affected its effectiveness.** This could be attributed to a delay in approving the project by parliament over which the MoH had no control. As a result, the project only became effective nine months after Board approval. However, the pace of project implementation remained slow even after the project became effective. The key issues were: (i) a change in the top management at the MoH which required time for the new leadership to take stock of the business environment and to transition to their new roles; (ii) delays in the recruitment of project staff; (iii) delayed processing of payments, and; (iv) stalled procurements. This negatively affected the execution of project activities and disbursement of funds and prompted the World Bank and the MoH to implement some measures to accelerate the pace of project implementation. These measures include: (i) intensifying stewardship by the top management of the MoH; (ii) enhancing World Bank support by undertaking frequent technical support missions; (iii) reconstituting the Delegated Contracts Committee to accelerate the procurement of goods and services under the project; and (iv) prioritizing the implementation of high-impact and labor-intensive interventions involving RBF.

13. **Following the MTR undertaken from September 23 to October 9, 2019, it was noted that the PDO and Project design were still relevant for Uganda, but a restructuring was necessary to achieve the intended results.** The MTR identified the main challenges affecting project implementation to be: delays in the procurement of goods and services, low levels of ownership and proactivity by the different line departments at the MoH, delayed roll-out of the RBF and commencement of civil works, and limited implementation capacity at the Project Implementation Unit given that a number of key staff—internal auditor, RBF regional officers, M&E specialist, procurement assistants, and environmental and social safeguard officers—had not yet been recruited at the time of the MTR. The MTR recommended a restructuring of the Project as detailed in Part II below. In addition, the following actions were agreed upon: (i) development and implementation of a 18-month workplan and budget; (ii) assigning the Director General as focal point person to monitor the overall implementation of the workplan and budget, and appointing subcomponent focal point persons; (iii) developing Gantt charts for all procurement activities and civil works; (iv) mainstreaming project activities into the regular work programs for MoH line departments and the National Identification Registration Authority (NIRA); and (v) holding monthly meetings between the World Bank, MoH, and NIRA chaired by the Permanent Secretary (MoH) with the participation of the World Bank.

14. **As a result of the above measures, progress towards the achievement of the PDO has been ranked as Moderately Satisfactory over the past 12 months**. Two of the six PDO indicators have met their annual targets and are on track to meet or surpass end line targets, namely: (i) births attended by skilled health personnel; and (ii) children under one year immunized with the third dose of pneumococcal conjugate vaccine. Annual targets for two other PDO indicators have been partially achieved and are likely to meet end line targets with the planned scale-up of investments in the supply of essential RMNCAH commodities, and scale-up of the RBF scheme. These indicators are: (i) pregnant women who received the second dose of Intermittent preventive treatment of malaria in pregnancy (IPT2); and (ii) couple years of protection. The remaining two PDOs related to birth and death registration have been lagging behind mainly due to measurement problems. These two PDO indicators will be revised as part of the AF and restructuring.

15. **Steady progress towards the achievement of the PDO could be attributed to improved implementation progress over the past 18 months.** Consequently, there has been a significant increase in the disbursement ratio from 10 percent in January 2019 to 59 percent by October 5, 2020.[6] This increase is mainly due to the rollout of the RBF scheme and of civil registration, training of health workers in scarce skills in RMNCAH, and procurement of goods and services—particularly medicines, essential RMNCAH commodities, and supplies for Ebola and COVID-19 response. As a result, the Project has been rated as moderately satisfactory on overall implementation progress over the past 17 months. The ratings for monitoring and evaluation, project management, financial management, and procurement are also moderately satisfactory. The Project is compliant with key loan covenants, including audit and financial management reporting requirements. The latest independent audit report on the project for the financial year ending June 30, 2019 was unqualified (clean). On climate change, the Project has been screened for climate and disaster risk using the World Bank's climate risk screening tools. Based on the assessment, the climate risks are high, owing to the current and future trends. However, the impact on the climate and disaster risks on service delivery and on the Project's development objectives is low. The Project interventions provide adequate measures to address the climate and disaster risks, particularly the impact on emerging and re-emerging infectious diseases. On gender, the Project meets the corporate requirements on gender given its focus on reproductive and maternal health, and implementation of specific interventions that address the concerns of women. For instance, the Project provides counseling services for victims of gender-based violence through the RMNCAH service delivery mechanism.

16. **On citizen engagement, the Project has contributed to improved functionality of Health Unit Management Committees (HUMCs), which comprise representatives from the health facilities, civil society, and the community.** Their primary role is to support the implementation and delivery of health services at health facility and community levels. They also help to provide accountability in the management of existing resources and delivery of health services by providing a feedback loop between the communities and the health facilities. Further, with support from the Project, HUMCs are now fully active at all health facilities in the 131 districts where RBF is operational. The HUMCs have been instrumental in providing a community-level governance mechanism for receiving and addressing community concerns. Furthermore, the RMNCAH Assembly, which has been reinvigorated through the GFF country platform that is supported under the Project, has led to the formation of the coalition of civil society organizations. The GFF country platform has also facilitated consistent engagement between the Ministry of Health and all the key stakeholders towards the implementation of the national RMNCAH Investment Case and Project activities. To gauge the performance of the Project on citizenship engagement, the Project's Results Framework has three indicators. These are: (i) *RBF health facilities with functional HUMCs with citizen representation*; (ii) *health facilities attaining at least 3-star rating under the RBF Program*; and (iii) *clients expressing satisfaction with health services*. In addition, a Grievance Redress Mechanism has been developed and will be fully rolled out when civil works commence in January 2021.

D. Rationale for Additional Financing and Restructuring

17. **The primary reason for the AF is to partially fill a financing gap due to the activation of two CERCs.** The first CERC of US$5 million was activated on December 19, 2019 to prevent an outbreak of Ebola in the country while the second CERC of US$15 million was activated on March 30, 2020 in response to the COVID-19 pandemic. Activation of these two CERCs has created a financing gap of US$20 million which could jeopardize the attainment of the project's development objectives. Specifically, the financing gap would undermine efforts to implement

[6] This disbursement ratio is calculated as a proportion of the total Project cost of US$165 million. If reflected as a proportion of the total amount of money currently available, the disbursement ratio would be 63 percent.

the planned RMNCAH interventions through the RBF scheme, the clinical mentorship programs, and the construction of 81 maternity units countrywide. Therefore, the proposed AF will replenish the US$15 million obtained from Components 1 and 2 of the Project to activate the COVID-19 CERC. This money will be provided through the FTCF. The US$5 million financing gap due to the Ebola CERC will not be replenished.

18. **In addition to the AF, the Project will be restructured to accommodate changes resulting from the two CERC activations, and to address key recommendations from the MTR.** The restructuring is intended to: (i) revise the PDOs to reflect the two CERC activations; (ii) reallocate funds to accommodate the CERC activations and to supplement funding for essential drugs and medical supplies, and infrastructure development; (iii) revise disbursement categories and arrangements; (iv) improve implementation efficiency and value for money by prioritizing implementation of some of the interventions which have recorded successes (i.e. RBF); (v) extend the Project closing date to make up for the lost time due to the initial implementation delays and disruptions in the execution of project activities as a result of the COVID-19 outbreak; and (vi) to improve monitoring and evaluation of the Project's performance by updating the indicators and targets in the Results Framework.

19. **Processing of the AF is under the Environmental and Social Safeguards Policies and not the Environmental and Social Framework.** The parent Project (URMCHIP P155186) had its CERC activated twice, firstly for Ebola in December 2019 and in March 2020 for COVID-19. In both cases, the Environmental and Social Management Framework (ESMF) prepared under the Environmental and Social Safeguards Policies was updated to cater for the CERC activities and disclosed. This AF request is meant to cover the financing gap of US$15 million that was occasioned by activation of the COVID-19 CERC and will not introduce or change any project activities. This AF will also not necessitate a change in the risk classification nor trigger any new Safeguards Policy. Replenishment of the US$15 million is eligible under the FTCF. Therefore, this AF will continue using the most recent ESMF that was prepared in March 2020 and disclosed through the Ministry of Health website on March 30, 2020 and the World Bank website on September 4, 2020. Though the RBF scheme under Component 1 of the Project will be scaled up to additional districts and health facilities, there will be no new environmental and social risks associated with this expansion. In a typical RBF scheme, minor repairs of civil structures, such as repair of broken doors, windows, and small-scale painting of walls are undertaken; and these will be guided in the existing parent Project ESMF. Further, the AF will use the same implementation arrangements as in the parent Project. Accordingly, the Environmental Assessment (EA) category of the AF will not change.

II. DESCRIPTION OF ADDITIONAL FINANCING AND RESTRUCTURING

20. **The proposed AF will be used to replenish the US$15 million mobilized for the COVID-19 CERC.** The AF will be allocated to Components 1 and 2 of the Project. In addition, a Level II restructuring will be undertaken. This will consist of: (i) modification of the PDOs to incorporate CERC-related objectives on epidemic preparedness and response; (ii) revision of selected indicators and target values in the Results Framework; (iii) extension of the project's closing date; (iv) expansion of the RBF scheme, and addition of CERC-funded activities on Ebola and COVID-19 responses; and (v) reallocation of cost across the components and disbursement categories to accommodate the CERC activations, and to supplement funding for essential drugs and medical supplies, and infrastructure development. The third tranche of funding from the Sida Trust Fund will also be processed. A detailed description of the proposed changes is presented below.

21. **Modification of the PDOs.** The revised PDOs are: (a) to improve utilization of essential health services with a focus on RMNCAH services in target districts; (b) to scale up birth and death registration services; and (c) to provide immediate and effective response to an eligible crisis or emergency.

22. **Modification of the Project's Results Framework.** The Results Framework will be updated to align investments under the project to realistic and achievable performance indicators and targets as outlined in existing national policy documents and strategic plans.

- **New Indicators**: A total of two PDO indicators and six intermediate results indicators (IRI) are proposed to be added to the Results Framework. Firstly, to monitor implementation of Ebola and COVID-19 activities, two PDO indicators and two IRIs will be added. These are: (i) PDO – Proportion of suspected COVID-19 cases that have undergone laboratory diagnosis and results provided within 72 hours of reporting, (ii) PDO – Proportion of suspected Ebola virus disease (EVD) cases that have undergone laboratory diagnosis and results provided within 48 hours of reporting, (iii) IRI – Percentage of designated Points of Entry (PoE) that are actively screening travelers for COVID-19 and viral hemorrhagic fevers, and (iv) IRI – Cumulative total number of tests done for investigating COVID-19 with GeneXpert and polymerase chain reaction (PCR) tests. Secondly, in line with the recommendations from the MTR, four new IRIs will be added. These are: (i) Proportion of Health Centre IVs using the Mobile Vital Records System (MVRS) for birth and death notifications, (ii) Proportion of pregnant women receiving their first antenatal care within the first trimester; (iii) Proportion of health facilities that have 95 percent of the basket of essential RMNCAH commodities in the previous three months; and (iv) Reported perinatal deaths that are reviewed.
- **Revise Indicators and Targets**: The definition and description of the PDO indicators on birth and death registration are being revised. Additionally, end targets for selected indicators are also being revised to address potential reductions in service delivery and outputs due to the COVID-19 outbreak and the unmet financing gap of US$5 million due to the activation of the Ebola CERC. A detailed description of the changes that have been made in the Results Framework is provided in Annex C.

23. **Extension of the Project's closing date.** The closing date for the IDA credit, and GFF and Sida grants will be extended by 18 months from June 30, 2021 to December 31, 2022.

24. **Expansion of the RBF scheme, and addition of CERC-funded activities on Ebola and COVID-19 responses.**

- Component 1: The RBF scheme will be scaled-up to additional districts, health centers IIIs and IVs, and hospitals. Further, the RBF performance package will be expanded to include birth and death registration indicators. The specific number of districts, health centers IIIs and IVs, and hospitals; indicators and unit fees will be stipulated in the revised project implementation manual.
- Component 5: CERC activities, as outlined in the CERC Implementation Plans (CERIPs) for Ebola and COVID-19, will be implemented under Component 5. Summaries of the CERIPs for Ebola and COVID-19 are provided as Annexes A and B, respectively.

25. **Reallocation of Costs Across Components and Allocation of the AF.** First, to accommodate the SDR14.2 million (US$20 million equivalent) CERC activation for the Ebola and COVID-19, SDR8.2 million (US$11.5 million equivalent) and SDR6.0 million (US$8.5 million equivalent) will be reallocated from Components 1 and 2, respectively, to Component 5 (CERC). Second, SDR8.9 million (US$12.5 million equivalent) will be reallocated

from Component 1 to 2 in order to supplement funding for: (i) improving availability of essential drugs and medical supplies (Subcomponent 2.1), and (ii) improving health infrastructure at primary health facilities (Sub-component 2.4). Third, the proposed AF of SDR10.7 million (US$15 million equivalent) will be allocated to Components 1 and 2 in equal amounts. Table 1 summarizes the proposed revisions.

Table 1: Proposed Reallocation of Funds Among Components and Allocation of the AF[7]

Component Name	Original Cost (US$ M)	Post CERC activation (US$ M)	Reallocation from Comp 1 to 2 (US$ M)	Proposed Cost with AF (US$ M)	Proposed Cost with AF (SDR M)	Proposed Cost by Funding Source (US$ M)		
						IDA	GFF	Sida
		(a)	(b)	(c)				
1a. RBF for primary health care services[8]	77.5	68.7	56.2	63.7	45.2	21.2	25	17.5
1b. RBF for primary health care services	8	5.3	5.3	5.3	3.8	5.3	-	-
2. Strengthen health systems to deliver RMNCAH services	62	53.5	66	73.5	52.2	66	-	7.5
3. Strengthen capacity to scale-up delivery of BDR services	10	10	10	10	7.1	5	5	-
4. Enhance institutional capacity to manage project supported activities	7.5	7.5	7.5	7.5	5.3	7.5	-	-
5. Contingent Emergency Response	0	20	20	20	14.2	20	-	-
Total	**165**	**165**	**165**	**180**	**127.8**	**125**	**30**	**25**

26. **Changes in Disbursement Categories.** Currently, funding from the three sources of financing is not harmonized across the categories of eligible expenditures leading to discrepancies in the percentage allocations. Furthermore, there are two different descriptions for Category 2. Therefore, one of them will be removed while a new category will be added to facilitate payment of goods, works, non-consulting services, consultants' services, training and operating costs under Part 4 of the Project. As a result of the proposed reallocation of funds across the components, and changes in the descriptions and number of categories, the amounts and percentage allocations across the categories and funding sources will change. Tables 2 summarizes the revised project costs by categories. The percentage allocations by category and financing sources shall be determined quarterly as per interim unaudited financial reports (IFRs). This will be aligned with the weighted distribution of funds as agreed to among the financiers. While the amounts reflected in Table 2 show funding commitment from all the financiers, Sida has so far disbursed US$19.5 million out of the committed US$25 million to the World Bank[9].

[7] The AF and all reallocations are from IDA funds. GFF and Sida funds will not be affected.
[8] 1(a) includes RBF grants while 1(b) includes goods, works, consulting and non-consulting services, training and operating costs.
[9] As part of this restructuring, the World Bank will process the third tranche of US$5.1 million from the Sida.

Table 2: Original and Revised Disbursement Categories – IDA, GFF, and Sida

Category	Original Amount (expressed in US$ M)	Revised Allocation (expressed in US$ M)			Total Revised Funding (US$ M)	Total Revised Funding (SDR M)	Percentage of Expenditure to be Financed (inclusive of taxes)			Comments
		IDA	GFF	Sida[10]			IDA	GFF	Sida	
1. RBF grants under Part 1(a) of the Project.	69.4	21.2	25.0	17.5	63.7	45.2	Such percentage[11]			
2. Goods, works, non-consulting services, consultants' services, training and operating costs for Parts 1(b), 2 and 4 of the Project.	70.0	0.0	0.0	0.0	-	-	-	-	-	Remove Category
2. Goods, works, non-consulting services, consultants' services, training and operating costs for Parts 1(b) and 2 of the Project.	5.0	71.3	0.0	7.5	78.8	56.0	Such percentage			
3. Goods, works, non-consulting services, consultants' services, training and operating costs for Part 3 of the Project.	10.0	5.0	5.0	0.0	10.0	7.1	Such percentage			
4. Emergency expenditures under Part 5 of the Project.	0.0	20.0	0.0	0.0	20.0	14.2	100%	0%	0%	
5. Goods, works, non-consulting services, consultants' services, training and operating costs for Part 4 of the Project.	0.0	7.5	0.0	0.0	7.5	5.3	100%	0%	0%	New Category
Total	**154.4**	**125**	**30**	**25**	**180.0**	**127.8**				

III. KEY RISKS

27. **The overall risk rating of the Project remains substantial.** This is based on the residual risks related to a number of factors, mostly impacted by COVID-19 and the forthcoming presidential and parliamentary elections. The substantial risks are: (i) *political and governance* to highlight the potential risks due to the 2021 presidential and parliamentary elections; (ii) *adverse effects on the macroeconomic and fiscal situation* due to the COVID-19 pandemic; (iii) *health sector institutional capacity*, as a result of the COVID-19 pandemic; (iv) *stakeholder engagement* to highlight the need to better manage the divergent views of stakeholders operating in the health sector with interest in Project-financed interventions; (v) *fiduciary* risks related to financial management and procurement given the implementation challenges posed by the COVID-19 pandemic; and (vi) *environmental and social safeguards* to highlight health and safety risks associated with handling of Ebola and COVID-19. The risk on *Other* is also rated Substantial to reflect the uncertainties posed by the evolving country and global context of COVID-19. Table 3 below outlines the main risks and proposed mitigation measures. Additional risks are indicated

[10] As of September 30, 2020, Sida had disbursed US$19.5 million out of the committed US$25 million to the World Bank. The remaining balance of US$5.5 million will be disbursed to the World Bank by the end of the Project in line with the provisions of the Administrative Agreement.

[11] Such percentage as agreed to among the financiers and communicated quarterly as per IFRs.

in the Systematic Operations Risk-Rating Tool (SORT).

Table 3: Risk Assessment and Mitigation Measures

Risk Category	Mitigation Measures	Rating
Political and Governance Uganda will hold presidential and parliamentary elections in early 2021. This poses some risks for the Project, notably the ability to secure Cabinet and Parliamentary approval of the Project before and immediately after the elections. If civil unrest were to happen during the electioneering/campaigning process and/or immediately after the elections, this would disrupt project implementation. Delayed approval by Cabinet and/or Parliament will delay effectiveness and implementation, which will hinder achievement of intended results.	To mitigate these risks, the Project is pursuing an accelerated Project preparation process in order to avoid delays in Cabinet and Parliamentary approvals. Security-related risks are beyond the control of the Project, and the task team will follow Bank guidance if problems emerge.	The inherent and residual risks are *Substantial*.
Macroeconomic As in other countries, the COVID-19 pandemic is expected to negatively impact economic growth in Uganda. This will mainly be due to COVID-19 preventive measures—social distancing, lockdown, and curfew. These measures could result in a reduction in revenue generation through domestic and external avenues. Consequently, this could lead to a reduction in the overall national budget and reduction in funding to health and other social sectors. Furthermore, there is a potential risk that funds and other resources in the health sector could be focused on the COVID-19 response at the expense of other priority needs in the health sector.	The Project will mitigate this risk by benefitting from the Bank's ongoing efforts to support government in stabilizing the economy. Specifically, the Bank-financed Uganda COVID-19 Economic Crisis and Recovery Development Policy Operation (P173906) is providing support for economic recovery and resilience. The health operation, on its part, is strengthening support to service delivery at the facility level, and also drawing on Trust Funds through the Global Financing Facility to provide just-in-time technical assistance relating to continuity of essential health services. The combination of efforts at the macro and health sector levels will contribute towards ensuring sustained support for service delivery. These efforts notwithstanding, the Project will need to revise some of its targets downwards in order to reflect the unique constraints presented by COVID-19.	The inherent risk is *High* while the residual risk is *Substantial.*
Health sector institutional capacity for implementation and sustainability The severity and unpredictability of the COVID-19 pandemic poses potential high risks to Uganda, both in terms of its ability to respond swiftly to a rapid rise in the number of reported cases as well as to sustain other critical health services. The	The government has put in place measures to recruit additional health workers to support the national response to COVID-19. This additional workforce will help ease the pressures on the existing capacity, ensuring that services for other essential health services can be continued amidst the outbreak.	The inherent risk is *High* while the residual risk is *Substantial.*

Project involves considerable coordination at the national and subnational levels, as well as across different levels of healthcare. Measures to prevent COVID-19 (social distancing, lockdown, curfew) will limit the ability to provide effective coordination, implementation, and monitoring and evaluation.	In terms of coordination, the MoH will leverage information communication and technology to enable remote communication between the center and the subnational levels. In addition, key personnel will be assigned to provide technical and implementation support, and to monitor and evaluate project implementation.	
Stakeholders The Project involves many institutions and stakeholders at the national, district and facility levels. Good coordination across these different groups is essential to maintain broad-based support for the Project. In view of the COVID-19 outbreak, some stakeholders are increasingly concerned about the impact of the national COVID-19 response on the delivery of essential health services. These actors could increase pressure on the health sector and pose reputational risk for the Bank, if their concerns are not appropriately addressed.	The Project will continue to support the RMNCAH Assembly, which is comprised of various stakeholders from the public and private sectors. The Assembly will provide an opportunity for stakeholders to provide feedback on project implementation as well as any emerging concerns. Further, through implementation support missions, emerging issues will also be identified and addressed.	The inherent risk is *High* while the residual risk is *Substantial.*
Fiduciary ***Financial management.*** Key risks include weakening of internal controls, non-confirmation of delivery of the right quality and quantity of goods and services, possibility of payments being made for sub-standard products, outputs or unintended beneficiaries, payments for items, goods or services not delivered, difficulty in ensuring confirmation of project outputs and deliverables. In addition, the risk of funds flow delays could impact delivery of key project outputs. There could also be risks of delayed project supervision as well as delayed financial and audit reporting. ***Procurement.*** The main risks include: (i) late preparation of specifications/terms of reference by user departments; (ii) lengthy evaluation processes, (iii) lengthy internal approval requirements; (iv) absence of a defined response time to complaints; and (v) contract management challenges and	***Financial management.*** To address these risks, the project will rely on the country's internal control systems that are currently applied to IDA-financed projects within the MoH. This includes proper documentation on delivery, confirmation of delivery/receipt of the right quantity and quality of medical supplies and equipment, and certification of services rendered before payment and verification of deliveries by the hospital/district internal auditor. For works, certification of work done, verification by district internal auditors, and certificates of completion will be required as proof of work done and evidence to support payments. Payments will be made to beneficiaries' bank accounts to mitigate the risk of loss or diversion of funds. Direct payments from IDA to suppliers and contractors will also be made. ***Procurement.*** To address the risks, the Project will continually review own time indicators for procurement cycle activities, track performance and devise ways to improve delay areas. The Project will ensure that payments to vendors are completed within contractual periods and information uploaded in Bank systems in timely fashion.	The inherent risk is *High* while the residual risk is *Substantial.*

late payments for completed deliverables. The COVID-19 supply chain disruptions could delay completion of deliverables and negatively impact operations.	The Bank will continue sharing with the project the offers from the International market under the Bank-Facilitated Procurement (BFP) initiative whose purpose is to mitigate challenges of volatility in supply markets. The project will maintain close supervision of all contracts to ensure timely resolving of implementation challenges and minimize delays and cost over runs.	
Environmental and Social Safeguards These are: (i) health and safety risks associated with handling of Ebola and COVID-19; (ii) health and safety risks associated with construction of 81 Maternity Units at Health Centers; and (iii) Weak Safeguards capacity at the MoH.	Uganda has substantial experience in managing highly contagious diseases. It is anticipated that the MoH will ensure that appropriate Occupational Health and Safety measures are implemented promptly. For this AF, the March 2020 version of the parent Project's ESMF will be used during implementation. This version includes guidance on the management of health and safety aspects of Ebola and COVID-19. Environmental and Social Project Briefs and Environmental and Social Management Plans (ESMPs) for the 81 Maternity Units under Component 2 of the Project were prepared and approved by the Bank and submitted to the National Environment Management Authority (NEMA) in March 2020 for statutory approval. MoH will ensure that approval from NEMA is obtained prior to commencement of construction activities. The MoH has also employed Environmental and Social Safeguards Specialists as part of the Project Implementation Unit to oversee implementation of all environmental and social safeguards aspects of the Project.	The inherent and residual risks are *Substantial.*
Other Risks: The COVID-19 pandemic, being caused by a novel pathogen, presents very unique challenges for disease prevention and control and has wide reaching impacts on national economies. While some of the impacts are known, it still remains unclear the full effects of the pandemic on countries. This level of uncertainty poses tremendous risks, as countries like Uganda, will have to navigate this new landscape.	To mitigate this risk, the task team and the client will need to draw on emerging lessons learned, and incorporate 'what works' in implementation of the Project. A high premium will need to be placed on ensuring that both the Bank and government counterparts remain abreast of emerging knowledge and evidence on the disease and its impact, in order to best adapt implementation. To this end the Bank is providing catalytic resources through trust funds, to enable just-in-time research and analysis to inform implementation.	The inherent risk is High. The residual risk is Substantial.

IV. APPRAISAL SUMMARY

A. Economic and Technical Analysis

28. **The Appraisal Summary developed for the parent Project remains largely relevant.** The Project supports the implementation of high-impact essential services to improve health outcomes for women, children, and adolescents with a focus on improving health service quality and addressing inequity. These interventions and priority geographic areas of focus have been informed by the RMNCAH Investment Case for Uganda (2016/17−2019/20) but will have continued relevance in the next RMNCAH Investment Case, which is currently under development, and in light of the COVID-19 crisis. Furthermore, the RBF supported under the Project is emerging as an important strategic purchasing instrument in Uganda and is linked to broader efforts to reform fiscal transfers to subnational levels for the health sector. The RBF is now aligned with the Uganda Intergovernmental Fiscal Transfer (UGIFT) project (P160250), which is supporting Government's efforts to improve service delivery in the health and education sectors. This presents a pathway to sustainability for the RBF beyond the life of the URMCHIP.

29. **This AF will support Government's commitment to maintaining access to essential health services by sustaining the implementation of originally planned activities under the Project.** Furthermore, through the Ebola and COVID-19 CERIPs, the restructured project will support the Government's national response plans for Ebola and COVID-19. These CERIPs are subsets of the national response plans which have been developed in line with World Health Organization's guidelines on Ebola and COVID-19 preparedness and response. Ultimately, the AF will restore financing to priority areas that predate these crises, and the Project will also be restructured to: (i) improve implementation efficiency and value for money; and (ii) accommodate the Ebola and COVID-19 response. The project design will remain unchanged and strengthening the Civil Registration and Viral Statistics (CRVS) system to improve the availability and use of data to improve the health and well-being of women, children, and adolescents will remain a priority. This is because data generated from a well-functioning CRVS system are the preferred source of routine statistics on fertility and mortality. An improved CRVS system will also support recovery efforts from COVID-19 by establishing identity and family relationships and providing a foundation for implementing viable social protection programs.

30. **An economic analysis of interventions in the parent Project that was undertaken at appraisal showed a very high return on investment.** The present value of project benefits was estimated at US$2,515 million while the present value of project costs was estimated at US$128.2 million. This resulted in a net present benefit of US$2,386.8 million and a benefit-cost ratio of 19.6:1, which implies that for every US$1 invested in the project there would be a return of US$19.6. With the AF/restructuring, the returns on the investments are expected to increase further. It is assumed that the additional investments and restructuring will: (i) sustain the provision of originally planned RMNCAH interventions; (ii) reduce the number of Ebola and COVID-19 infections through prevention measures in the health sector such as increased testing, contact tracing, and isolation of suspect cases; and (iii) reduce the number of deaths through intensified case management and psychosocial support. It is anticipated that these measures will improve health outcomes and facilitate economic growth through increased labor productivity, investments and trade, and capital formation.

B. Financial Management

31. **The AF to the URMCHIP will leverage and use the same financial management (FM) arrangements of URMCHIP.** No major changes to the FM arrangements are envisaged except for the disbursement arrangements. Designated Accounts (DAs) will be set up by funding source (IDA, GFF and Sida) as opposed to the current set up where some DAs are pooled among funding sources (IDA and GFF) and some are segregated by funding source (one segregated for IDA and another segregated for Sida). This change is meant to match the banking arrangements—designated bank accounts at the Bank of Uganda—that have been set up and operated by the current parent Project. The current Project has had satisfactory financial management arrangements acceptable to the World Bank. Financial reports have been submitted on time and in an acceptable format. Audits have been submitted on time, been reviewed and found to be acceptable to the World Bank. No audits are outstanding in the current Project as well as the health sector. Fund flow arrangements have been satisfactory, with withdrawal applications submitted in a timely manner to facilitate availability in time for project implementation. Report-based disbursements will be used for the AF. Specifically, IFRs will be used for replenishment of the Designated Accounts based at the Bank of Uganda. IFRs will be submitted on a quarterly basis following calendar quarters. Just as with URMCHIP, the AF IFRs will be due no later than forty-five days after the end of the calendar quarter. Audit reports together with audited financial statements will continue to be submitted to the World Bank no later than six months after the end of the financial year. Internal controls have proved effective and are working well to ensure that funds are used for intended purposes. Overall, the FM arrangements are satisfactory and adequate to support the AF.

32. **The Project includes several potential FM risks.** Key potential risks include weakening of internal controls, non-confirmation of delivery of the right quantity and quality of goods and services, possibility of payments being made for substandard products or outputs or unintended beneficiaries, and payments for items, goods or services not delivered. Furthermore, given that the project activities will be implemented in diverse locations across the country, there is a risk of difficulty in ensuring confirmation of project outputs and deliverables. This could be exacerbated by the current COVID-19 challenges restricting movement for both World Bank and Government staff. In addition, the risk of funds flow delays could impact delivery of key project outputs. There could also be risks of delayed project supervision as well as delayed financial and audit reports due to government-implemented measures to contain the spread of COVID-19. To address these risks, the Project will rely on the country's internal control systems that are currently applied to IDA-financed projects within the MoH. This includes proper documentation on delivery, confirmation of delivery/receipt of the right quantity and quality of medical supplies and equipment, and certification of services rendered before payment and verification of deliveries by the hospital/district internal auditor. For works, certification of work done, verification by district internal auditors and certificates of completion will be required as proof of work done as evidence to support payments. Payments will be made to beneficiaries' bank accounts to mitigate the risk of loss or diversion of funds. The fund flow arrangements will also include direct payments to suppliers and contractors. The World Bank will closely monitor the project and provide appropriate FM support. In particular, the World Bank will enhance virtual engagement with the government's project team to obtain relevant information regarding the effectiveness of FM arrangements under the Project.

33. **The FM residual risk is the same as the parent Project: Substantial.** The assessment is based on the risks and their respective mitigation measures as discussed above. Implementation of the mitigation measures will be reviewed, and the FM risk will be reassessed as part of continuous implementation support to the Project.

C. Procurement

34. **The procurement assessment conducted under the original Project identified mitigation measures which have largely been implemented.** The AF will use the existing Project procurement arrangements. Constitution of a Delegated Contracts Committee and recruitment of a Procurement Specialist and two Procurement Officers for the Project has led to improvement in procurement timelines and higher performance rating, as noted by previous missions. Persistent procurement delays are due mainly to lengthy evaluation and approval processes. Instances of inadequate market assessment prior to tendering causes retendering for some procurements, and late submission of statement of requirements from user departments. Efforts are in place to continually improve on these aspects. The workload is expected to increase with effectiveness of the emergency COVID-19 project and delays between processes may be occasioned due to the need to prioritize the fast track activities. The Procurement risk rating is Substantial.

35. **Procurement funded under the AF will be carried out in accordance with the World Bank's 'Procurement Regulations for Investment Project Financing Borrowers' (Procurement Regulations),** dated July 2016 (revised November 2017 and August 2018); 'Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants' dated October 15, 2006, revised in January 2011 and July 1, 2016; and the provisions stipulated in the Legal Agreements. Processing of all procurement activities will be done using the Systematic Tracking of Exchanges in Procurement (STEP). No new procurements are envisaged at this point. The MoH will continue implementing the approved procurement plan; any amendments will require World Bank review and approval.

D. Environmental and Social (including Safeguards)

36. **The Project (URMCHIP, P174163) had its CERC activated twice, first for Ebola in December 2019 and in March 2020 for COVID-19.** In both cases, the ESMF prepared under Environmental and Social Safeguards Policies was updated to cater for the CERC activities and disclosed. This AF request is meant to cover the financing gap of US$15 million that was occasioned by the recent COVID-19 CERC reallocation, and this will not introduce or change any project activities, and thus neither change risk classification nor trigger any new Safeguards Policy. Replenishment of funds caused by CERC activation is eligible under the FTCF and will be considered as AF to the URMCHIP. Therefore, this AF operation will continue using the most recent ESMF version prepared and disclosed in March 2020.

37. **The MoH prepared site-specific Environmental and Social Impact Assessments (ESIAs) and ESMPs for the 81 sites where maternity units will be constructed.** These were reviewed and cleared by the World Bank. Mitigation measures contained in the ESMPs were incorporated in the bidding documents. The ESIAs were submitted to NEMA in March 2020 for statutory clearance and approval is expected by December 2020 before construction starts in January 2021.

38. **URMCHIP's safeguards performance has been moderately satisfactory over the past two years.** Institutional implementation arrangements shall remain the same, and the recently hired Environmental and Social Safeguards Specialists will continue supporting project implementation. Overall, the environmental and social safeguards arrangements are noted to be adequate to support the AF operation. However, to continually maintain compliance to environmental and social safeguards standards, the MoH needs to ensure that all agreed actions during implementation support missions are followed up and implemented. This includes carrying out an

environmental and social audit for completed rehabilitation works under Component 1 (RBF), completing the verification of land ownership at all the 81 sites, and operationalizing the grievance redress mechanism.

V. WORLD BANK GRIEVANCE REDRESS

39. **Communities and individuals who believe that they are adversely affected by a World Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's Grievance Redress Service (GRS).** The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project-affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel, which determines whether harm occurred or could occur as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org.*

VI. SUMMARY TABLE OF CHANGES

	Changed	Not Changed
Project's Development Objectives	✓	
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
Cancellations Proposed		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓

VII. DETAILED CHANGE(S)

PROJECT DEVELOPMENT OBJECTIVE

Current PDO

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

Proposed New PDO

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; (b) scale up birth and death registration services; and (c) strengthen disease outbreak preparedness and response.

COMPONENTS

Current Component Name	Current Cost (US$, millions)	Action	Proposed Component Name	Proposed Cost (US$, millions)
Component 1: Results-Based Financing for Primary Health Care Services	85.50	Revised	Component 1: Results-Based Financing for Primary Health Care Services	69.00
Component 2: Strengthen Health Systems to Deliver RMNCAH Services	62.00	Revised	Component 2: Strengthen Health Systems to Deliver RMNCAH Services	73.50
Component Three: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services	10.00	Revised	Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services	10.00
Component Four: Enhance Institutional Capacity to Manage Project Supported Activities	7.50	Revised	Component 4: Enhance Institutional Capacity to Manage Project Supported Activities	7.50
Contingent Emergency Response Component	0.00	Revised	Component 5: Contingent Emergency Response Component	20.00
TOTAL	**165.00**			**180.00**

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Current Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-58970	Effective	30-Jun-2021	30-Jun-2021	31-Dec-2022	30-Apr-2023
TF-A2977	Effective	30-Jun-2021	30-Jun-2021	31-Dec-2022	30-Apr-2023
TF-A6713	Effective	30-Jun-2021	30-Jun-2021	31-Dec-2022	30-Apr-2023

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-58970-001 | Currency: XDR				
iLap Category Sequence No: 1		Current Expenditure Category: RBF Grants under Pt 1(a) of the Project		
25,000,000.00	0.00	9,780,000.00	58.00	0.00
iLap Category Sequence No: 2		Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Parts 1(b), 2 of the Proj		
49,900,000.00	17,781,082.20	45,530,000.00	100.00	0.00
iLap Category Sequence No: 3		Current Expenditure Category: Goods, works, non-consulting services, consultants' services,Training and Operating Costs for Part 3 of the Project		
3,600,000.00	0.00	3,570,000.00	50.00	0.00
iLap Category Sequence No: 4		Current Expenditure Category: Emergency Expenditures under Part 5 of the Project		
0.00	0.00	14,270,000.00	100.00	100.00
iLap Category Sequence No:		Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Part 4 of the Project		
0.00	0.00	5,350,000.00		100.00
Total **78,500,000.00**	**17,781,082.20**	**78,500,000.00**		
TF-A2977-001 | Currency: USD				
iLap Category Sequence No: 1		Current Expenditure Category: RBF Grants under Pt 1(a) of the Project		
25,000,000.00	6,271,063.55	25,000,000.00	42.00	0.00
iLap Category Sequence No: 2		Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Parts 1(b), 2 of the Proj		

0.00	0.00	0.00	100.00	0.00
iLap Category Sequence No: 3	Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Part 3 of the Project			
5,000,000.00	353,109.22	5,000,000.00	50.00	0.00
iLap Category Sequence No:	Current Expenditure Category: Emergency Expenditures under Part 5 of the Project			
0.00	0.00	0.00		0.00
iLap Category Sequence No:	Current Expenditure Category: Goods, works, non-consulting services, consultants' services,Training and Operating Costs for Part 4 of the Project			
0.00	0.00	0.00		0.00
Total **30,000,000.00**	**6,624,172.77**	**30,000,000.00**		
TF-A6713-001 | Currency: USD				
iLap Category Sequence No: 1	Current Expenditure Category: RBF Grants under Part 1(a) of the Project			
9,435,576.00	3,389,111.11	9,435,576.00	100.00	0.00
iLap Category Sequence No: 2	Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Parts 1(b), 2 of the Proj			
5,000,000.00	2,668,827.36	5,000,000.00	100.00	100.00
iLap Category Sequence No:	Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Part 3 of the Project			
0.00	0.00	0.00		0.00
iLap Category Sequence No:	Current Expenditure Category: Emergency Expenditures under Part 5 of the Project			
0.00	0.00	0.00		0.00
iLap Category Sequence No:	Current Expenditure Category: Goods, works, non-consulting services, consultants' services, Training and Operating Costs for Part 4 of the Project			

	0.00	0.00	0.00		0.00
Total	**14,435,576.00**	**6,057,938.47**	**14,435,576.00**		

DISBURSEMENT ARRANGEMENTS

Change in Disbursement Arrangements

Yes

Expected Disbursements (in US$)

Fiscal Year	Annual	Cumulative
2017	0.00	0.00
2018	15,327,000.00	15,327,000.00
2019	19,760,000.00	35,087,000.00
2020	46,543,000.00	81,630,000.00
2021	40,000,000.00	121,630,000.00
2022	50,000,000.00	171,630,000.00
2023	8,370,000.00	180,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	Substantial	Substantial
Macroeconomic	Moderate	Substantial
Sector Strategies and Policies	Moderate	Moderate
Technical Design of Project or Program	Substantial	Moderate
Institutional Capacity for Implementation and Sustainability	High	Substantial
Fiduciary	Substantial	Substantial
Environment and Social	Substantial	Substantial
Stakeholders	Substantial	Substantial
Other	Substantial	Substantial

Overall	Substantial	Substantial

LEGAL COVENANTS – Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project (P174163)

Sections and Description
No information available

Conditions

Type	Description
Effectiveness	The Additional Conditions of Effectiveness consist of the following mainly that the Recipient has updated and adopted the Operational Manual in accordance with the provisions of Section I.C.1 of Schedule 2 to this Agreement.

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Uganda

Additional Financing for Uganda Reproductive, Maternal and Child Health Services Improvement Project

Project Development Objective(s)

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; (b) scale up birth and death registration services; and (c) strengthen disease outbreak preparedness and response.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Improve utilization of essential health services with a focus on reproductive, maternal, newborn, ch					
Birth (deliveries) attended by skilled health personnel (Percentage)		50.00	64.00	70.00	75.00
Action: This indicator is New	***Rationale:*** ***For this restructuring, the wording of the indicator was slightly modified. Intermediate targets have also been included, for June 2021, June 2022. The end line target has been revised.*** ***The indicator measures deliveries in health facility used as proxy for skilled birth attendance. The targets have also been revised.***				
Pregnant women who received IPT2 (Percentage)		53.00	78.00	82.00	85.00
Action: This indicator has been Revised	***Rationale:*** ***The indicator is maintained. However, intermediate targets have been included, for June 2021, June 2022. The end line target has been revised.***				

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Couple Years of Protection (Number)		2,196,713.00	3,700,000.00	3,900,000.00	4,200,000.00
Action: This indicator has been Revised	***Rationale:*** ***Intermediate targets have been included for June 2021, June 2022. The end line target has been revised.*** ***The targets are based on estimates of the volumes of contraceptives dispensed rather than consumed.***				
Children under one year immunized with 3rd dose of pneumococcal conjugate vaccine (Percentage)		79.00	86.00	90.00	90.00
Action: This indicator has been Revised	***Rationale:*** ***Intermediate targets have been included, for June 2021, June 2022. The end line target has been revised.***				
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00			3,200,000.00
Action: This indicator has been Marked for Deletion					
Number of children immunized (CRI, Number)		1,027,305.00			1,522,902.00
Action: This indicator has been Marked for Deletion	***Rationale:*** ***For this Project, this indicator measures "the number of under-five children immunized (Polio 0).***				
Number of deliveries attended by skilled health personnel (CRI, Number)		921,511.00			1,518,292.00
Action: This indicator has been Marked for Deletion					
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		5,176,639.00	8,876,004.00	8,912,321.00	9,329,451.00

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Action: This indicator is New	***Rationale:*** ***Maintained corporate indicator but used the updated version of the CRI which includes targets for nutrition. Intermediate targets have been included, for June 2021, June 2022. The end line target has been revised.***				
Number of children immunized (CRI, Number)		1,027,305.00	1,355,377.00	1,436,700.00	1,522,902.00
Action: This indicator is New					
Number of women and children who have received basic nutrition services (CRI, Number)		1,668,207.00	4,520,400.00	4,285,216.00	4,456,624.00
Action: This indicator is New					
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		1,559,616.00	1,661,345.00	1,744,412.00	1,831,633.00
Action: This indicator is New					
Number of deliveries attended by skilled health personnel (CRI, Number)		921,511.00	1,338,882.00	1,445,993.00	1,518,292.00
Action: This indicator is New					
Scale up birth and death registration services					
Percentage of all deaths registered (Percentage)		1.00	5.00	7.00	10.00
Action: This indicator has been Revised	***Rationale:*** ***Maintained the original indicator and clarified indicator definition. Included intermediate targets and updated the endline target.***				

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Percentage of births registered among children under 1 year (Percentage)		13.00	30.00	40.00	50.00
Action: This indicator has been Revised	***Rationale:*** ***Replaced the original indicator that sought to measure birth registration among children under five. Also included intermediate targets and revised the baseline and end line indicators.***				
Strengthen disease outbreak preparedness and response *(Action: This Objective is New)*					
Proportion of suspected COVID-19 cases that have undergone laboratory diagnosis and results provided within 72 hours of reporting. (Percentage)		25.00	50.00	60.00	65.00
Action: This indicator is New	***Rationale:*** ***New indicator for the COVID CERC*** ***The Baseline was 25% as at 1st April 2020.*** ***Indicator is measuring efficiency of diagnostics; measuring time-series.***				
Proportion of suspected EVD cases that have undergone laboratory diagnosis and results provided within 48 hours of reporting. (Percentage)		55.00	65.00	70.00	75.00
Action: This indicator is New	***Rationale:*** • ***New indicator for the EVD CERC*** • ***Baseline is at 55%, since most cases that spilled into Uganda had been confirmed in the Democratic Republic of Congo.***				

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Component 1: Results-Based Financing for Primary Health Care Services					
Pregnant women receiving the first antenatal care within the 1st trimester (Percentage)		19.10	28.00	30.00	32.00
Action: This indicator has been Revised	***Rationale:*** ***The indicator was revised and the methodology for measuring was changed to focus on proportion of women who received ANC within the 1st trimester as this usually ensure access to all interventions by the end of the pregnancy.***				
RBF health facilities with functional HUMCs with citizen representation (Percentage)		45.00	100.00	100.00	100.00
Action: This indicator has been Revised	***Rationale:*** ***Maintained the original indicator. Intermediate targets were included and the endline target revised.***				
Health Center IVs offering caesarian section (Percentage)		50.00	70.00	75.00	80.00
Action: This indicator has been Revised	***Rationale:*** ***Maintained the original indicator. Intermediate targets have been added and the end line target revised.***				
Health facilities attaining at least 3 star rating under the RBF program (Percentage)		0.00	70.00	75.00	80.00
Action: This indicator has been Revised	***Rationale:*** ***Revised indicator definition and rating to align with those in the Results Based Financing assessment tool.***				

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Clients expressing satisfaction with health services (Percentage)		25.00	28.00	32.00	35.00
Action: This indicator has been Revised	***Rationale:*** ***HFQAP survey results of FY 2018/19 is used for FY 2019/20 as the survey scheduled for this FY had to be pushed into FY 21 due to the COVID-19 disruptions***				
Proportion of Health Facilities that have 95% of the basket of essential commodities (RMNCAH) in the previous three months (Percentage)		52.00	50.00	52.00	55.00
Action: This indicator has been Revised	***Rationale:*** ***Revised the indicator as well as changed the methodology for assessing medicine stock out by tracking 10 essential RMNCAH commodities rather than the original six tracer medicines.***				
Component 2: Strengthen Health Systems to Deliver RMNCAH Services					
Health facilities with placed orders that are fully filled by National Medical Stores (Percentage)		72.00	80.00	85.00	85.00
Action: This indicator has been Revised	***Rationale:*** ***Maintained the indicator, but added intermediate targets and also revised the endline target.***				
Health facilities constructed/renovated (Number)		0.00	0.00	81.00	81.00
Action: This indicator has been Revised	***Rationale:*** ***Maintained this indicated but separated facilities constructed from those equipped, creating two indicators instead of one. The targets have also been revised.***				

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Health facilities equipped (Number)		0.00	646.00	646.00	646.00
Action: This indicator is New	***Rationale:*** ***New: Split from the previous one that included both health facilities constructed with those equipped.***				
Health personnel receiving training (Number)		0.00	1,000.00	1,040.00	1,040.00
Action: This indicator has been Revised	***Rationale:*** ***Indicator maintained, but targets revised.***				
Approved posts in public facilities filled by qualified health workers (Percentage)		65.00	76.00	78.00	82.00
Action: This indicator has been Revised	***Rationale:*** ***Indicator maintained, but targets revised and intermediate targets included.***				
Districts providing ambulance and referral services (Number)		0.00	131.00	131.00	131.00
Action: This indicator has been Revised	***Rationale:*** ***Indicator maintained, but targets revised and intermediate targets included.***				
Component 3: Strengthen Capacity to Scale-up Delivery of Births and Deaths Registration Services *(Action: This Component has been Revised)*					
Reported maternal deaths that are audited (Percentage)		33.00	57.00	63.00	69.00
Action: This indicator has been Revised	***Rationale:*** ***Indicator maintained, but targets revised.***				

Indicator Name	PBC	Baseline	Intermediate Targets		End Target
			1	2	
Reported Perinatal deaths that are reviewed (Percentage)		3.80	10.00	15.00	20.00
Action: This indicator is New					
Proportion of HC IVs using MVRS for Births and Deaths Notification (Percentage)		0.00	75.00	75.00	75.00
Action: This indicator is New	***Rationale:*** ***New indicator added to incentive and reflect the roll out of the MVRS system.***				
Component 5: Contingent Emergency Response Component *(Action: This Component is New)*					
Percentage of designated Points of Entry (PoE) that are actively screening travelers for COVID-19 and viral hemorrhagic fevers (Percentage)		0.00	53.00	80.00	90.00
Action: This indicator is New					
Cumulative total number of tests done for investigating COVID-19 with GeneXpert and PCR tests (Number)		0.00	500,000.00	700,000.00	750,000.00
Action: This indicator is New					

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Birth (deliveries) attended by skilled health personnel	Measures the proportion of pregnant women who delivered with the assistance of a skilled health personnel Numerator: Total number of deliveries occurring in target areas that are conducted by skilled personnel in a year Denominator: Expected deliveries in target areas in a year	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health
Pregnant women who received IPT2	Measures the proportion of pregnant women who received IPT2 during an antenatal care (ANC) clinic Numerator: Number of pregnant women receiving IPT2 during ANC in a year Denominator: Number of pregnant women attending	Annual	Annual Health Sector	Performance Report /HMIS	Ministry of Health

	1st ANC in a year				
Couple Years of Protection	Couple Years of Protection (CYP) measures the estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives provided to clients during that period Calculation: The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYPs for each method are then summed over all methods to obtain a total CYP figure	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health
Children under one year immunized with 3rd dose of pneumococcal conjugate vaccine	Measures the proportion of children under one year of age immunized with third dose of pneumococcal conjugate	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health

	vaccine (PCV3) in a year Numerator: Number of children under 1 year who received PCV3 in a year Denominator: Total number of children under 1 year of age in a year				
People who have received essential health, nutrition, and population (HNP) services					
Number of children immunized					
Number of deliveries attended by skilled health personnel		The measurement for this indicator--as indicated is 'number'; however it is measured in percentages in the annual health sector report. For			

		consistency, this will need to be corrected during restructuring.			
People who have received essential health, nutrition, and population (HNP) services		Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health
Number of children immunized					
Number of women and children who have received basic nutrition services					
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement)					
Number of deliveries attended by skilled health personnel					
Percentage of all deaths registered	Measures the proportion of deaths registered in the civil registration system in a year Numerator: Total number of deaths registered in the civil registration system in a year Denominator: Total	Annual	Death register	Population Projections	National Identification Registration Authority UBOS

	number of expected deaths in a year				
Percentage of births registered among children under 1 year	Measures the proportion of children under 1 year registered in the civil registration system in a year Numerator: Total number of children under 1 year registered in the civil registration system in a year Denominator: Total number of expected births in a year	Annual	Birth register	Population Projections	National Identification Registration Authority UBOS
Proportion of suspected COVID-19 cases that have undergone laboratory diagnosis and results provided within 72 hours of reporting.	Proportion of COVID-19 samples that have undergone laboratory diagnosis and results returned within 72 hours of sample collection. Numerator: Total number of results for samples collected for investigating COVID-19 that are returned within 72 hours of sample	Quarterly/ Annual	Weekly IDSR reports, Periodic Surveillance Reports	Desk review for retrospective data, periodic data collection.	Ministry of Health Integrated Epidemiology, Epidemic preparedness & Response

	collection. Denominator: Total number of suspected COVID-19 samples collected				
Proportion of suspected EVD cases that have undergone laboratory diagnosis and results provided within 48 hours of reporting.	Proportion of EVD samples that have undergone laboratory diagnosis and results returned within 48 hours of sample collection. Numerator: Total number of results for samples collected for investigating EVD that are returned within 48 hours of sample collection. Denominator: Total number of suspected EVD samples collected	Quarterly/ Annual	Weekly IDSR reports, Periodic Surveillance Reports	Desk review for retrospective data, periodic data collection	Ministry of Health Integrated Epidemiology, Epidemic Preparedness & Response.

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Pregnant women receiving the first antenatal care within the 1st trimester	Measures the proportion	Annual	Annual Health Sector	Performance report/HMIS	Ministry of Health

	of pregnant women receiving antenatal care during the first trimester. Numerator: Total number of pregnant women having their first antenatal care within the first trimester in a year. Denominator: Total number of pregnant women attending the first antenatal care visit				
RBF health facilities with functional HUMCs with citizen representation	Measures functionality of HUMCs and involvement of communities in the management of the health facilities. Numerator: Total number of HUMCs regularly meeting and communities involved in management of the health facilities Denominator: Total number of health facilities on the RBF program	Annual	Project records	Project records	Ministry of Health

Health Center IVs offering caesarian section	Measures the proportion of HC IVs that perform caesarean sections in a year. Numerator: Total number of Health Center IVs performing caesarean sections in a year Denominator: Total number of Health Center IVs under the project	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health
Health facilities attaining at least 3 star rating under the RBF program	Measures the proportion of facilities that attained at least a 3-star rating against the total number of health facilities enrolled on the RBF program. Numerator: Total number of RBF health facilities attaining 3-star rating Denominator: Total number of health facilities on the RBF program	Annual	RBF Quality Assessment Reports	RBF Quality Assessment Reports	Ministry of Health
Clients expressing satisfaction with health services	Measures the percentage of clients participating in	Annual	Health Facility Quality	Client Satisfaction Assessment Reports	Ministry of Health

	client exit interviews indicating satisfaction with services received Numerator: Number of clients indicating that they were happy with the services received Denominator: Total number of clients participating in the client exit interviews		Assessment		
Proportion of Health Facilities that have 95% of the basket of essential commodities (RMNCAH) in the previous three months	Measures the proportion of health facilities that have at least 95% of the commodities in the basket of essential RMNCAH commodities quarterly Numerator: Total number of health facilities with at least 95% of the commodities in the basket of essential RMNCAH commodities quarterly Denominator: Total number of health facilities under the project	Annual	HMIS/Pharmacy bimonthly report	HMIS/Pharmacy bimonthly report	Ministry of Health

Health facilities with placed orders that are fully filled by National Medical Stores	Measures the proportion of health facilities whose orders are fully filled by National Medical Stores (NMS) Numerator: Total number of health facilities whose orders are fulfilled by NMS Denominator: Total number of health facilities	Annual	National Medical Stores Records	National Medical Stores	Ministry of Health
Health facilities constructed/renovated	Measures the cumulative number of health facilities constructed/renovated through the Project.	Annual	Project records	Project records	Project Coordination Team
Health facilities equipped	Measures the cumulative number of health facilities equipped through the Project	Annual	Project records	Project records	Project Coordination Team
Health personnel receiving training	Measures the cumulative number of health personnel receiving formal academic training of more than 6 months through the project	Annual	Project records	Project record	Project Coordination Team
Approved posts in public facilities filled by qualified health workers	Measures the proportion of approved positions in public facilities filled by qualified health workers	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health

	Numerator: Total number of approved positions filled by qualified health workers Denominator: Total number of approved positions				
Districts providing ambulance and referral services	Measures the cumulative number of districts providing ambulance and referral services	Annual	Annual Health Sector	Performance Report/HMIS	Ministry of Health
Reported maternal deaths that are audited	Measures the proportion of reported maternal deaths for which maternal death audits were conducted. Numerator: Total number of audited maternal deaths Denominator: Total number of maternal deaths reported in the HMIS	Annual	Annual MPDSR report	Annual MPDSR report	Ministry of Health
Reported Perinatal deaths that are reviewed	Measures the proportion of reported perinatal deaths for which perinatal death audits were conducted.	Annual	Annual MPDSR report	Annual MPDSR report	Ministry of Health

	Numerator: Total number of audited perinatal deaths Denominator: Total number of perinatal deaths reported in the HMIS				
Proportion of HC IVs using MVRS for Births and Deaths Notification	Proportion of all Health Centre IVs using MVRS to capture birth and death notifications Numerator: Total number of Health Centre IVs using MVRS to capture birth and death notifications Denominator: Total number of Health Centre IVs	Annual	MVRS register	MRVS register	National identification registration authority
Percentage of designated Points of Entry (PoE) that are actively screening travelers for COVID-19 and viral hemorrhagic fevers	Numerator: Total number of designated PoE that are actively screening travelers for COVID-19 and other viral hemorrhagic fevers. Denominator: 58 designated PoE	Quarterly Annually	Traveler's registration logs at designated PoE	Periodic reporting and/or data collection	Ministry of Health Integrated Epidemiology, Epidemic Preparedness & Response

Cumulative total number of tests done for investigating COVID-19 with GeneXpert and PCR tests	Number of tests done for investigating COVID-19 using GeneXpert and regular PCR testing.	Quarterly, Annually	Travelers' registration logs at designated PoE	Periodic reporting and/or data collection	Ministry of Health Integrated Epidemiology, Epidemic Preparedness & Response.

Annex A: Summary of the Ebola CERC Implementation Plan

PILLAR/ACTIVITY	TOTAL (US$)
1.0 COORDINATION AND LEADERSHIP	**224,400**
1.1 Facilitation for coordination meetings for District Task Forces (DTFs).	7,040
1.2 Facilitation for coordination meetings for DTF subcommittees.	42,240
1.3 Facilitate cross border meetings between districts and with DRC to promote information sharing and shared response mechanisms.	4,107
1.4 Facilitate DTF members to supervise and monitor implementation of emergency and response activities district level in high risk districts.	1,760
1.5 Facilitate MoH top leadership and National Task Force (NTF) members to supervise and monitor implementation of activities.	5,600
1.6 Facilitate District Rapid Response Teams (DRRT) to conduct data management.	10,400
1.7 Fund deployment of the National Rapid Response Team (NRRT) to districts during the preparedness and response phase.	39,200
1.8 Ensure timely disbursement of funds to the National Task Force (NTF) and DTF deployed staff.	3,920
1.9 Facility accountability, monitoring and evaluation activities at national and district level (i.e. use of dashboard, 4W matrix, financial matrix, after action reviews, and accountability forum).	89,600
1.10 Facilitate reviews meetings of EVD standard operating procedures.	20,533
2.0 SURVEILLANCE	**1,751,757**
2.1 Orientation of Village Health Teams (VHTs) and Community-Owned-Resource Persons (CORPs) on Community Based Disease Surveillance (CBDS).	170,667
2.2 Facilitation for central teams to train on CBDS.	57,493
2.3 Facilitate the VHTs and CORP with CBDS tools.	44,000
2.4 Provide communication airtime for the VHTs and CORP coordinators.	4,480
2.5 Facilitate VHTs and CORPs coordinators with transport to monitor and supervise CBDS interventions.	22,400
2.6 Facilitate VHTs and CORPs to conduct CBDS activities.	784,000
2.7 Facilitate monthly surveillance meetings for VHTs, their coordinators and their respective Health Centers at sub-county level.	307,200
2.8 Facilitate development and distribution of Point of Entry (PoE) tools (tally forms, counter books and referral forms).	8,000
2.9 Train VHTs and health workers attached to priority PoE on EVD screening, referral and management of suspected EVD cases.	78,037
2.10 Procurement of assorted screening equipment and supplies.	80,000
2.11 Facilitate PoE stakeholders' meetings to enhance coordination and surveillance at PoE.	13,067
2.12 Facility training of immigration, customs and internal security officers at PoE on EVD responses and procedures for entry and exit screening.	38,867
2.13 Procurement of phones and airtime for alert desk to ensure functionality of alert reporting and verification systems at district level.	3,627
2.14 Facilitate DRRT to conduct verification of alert in communities and health facilities.	35,200
2.15 Facilitate DRRT and NRRT to conduct active case finding in health facilities.	12,600
2.16 Facilitate VHTs to conduct contact tracing and follow-up in the affected districts.	33,600
2.17 Facilitate deployment of NRRT to investigate alerts and response in affected areas.	19,600

2.18 Facilitate DRRT to conduct EBS activities including screening and mass gatherings, burials and mortality screening and verification.	25,200
2.19 Train and mentor health workers including (private health facilities and practitioners) on the detection and reporting of suspect EVD cases.	13,720
3.0 LABORATORY	**241,280**
3.1 Timely collection and referral of specimens from the field to the national reference laboratory.	10,080
3.2 Timely transportation of specimens from districts to the national reference laboratory.	43,200
3.3 Procurement and distribution of laboratory reagents, consumables, packaging materials and equipment for EVD diagnosis and differential diagnosis.	42,667
3.4 Facilitate the operationalization of mobile/field laboratories as needed.	33,600
3.5 Scale up capacity of laboratory personnel to utilize mobile/field laboratory technology to manage high consequence Pathogens include EVD.	26,400
3.6 Procure and deploy relevant PoE diagnostic technologies for patient monitoring and management.	85,333
4.0 RISK COMMUNICATION, COMMUNITY ENGAGEMENT, AND SOCIAL MOBILIZATION	**273,727**
4.1 Facilitate sensitization meetings with district, subcounty and community leaders, and private health practitioners on EVD management.	28,500
4.2 Facilitate community social structures to conduct community dialogue meetings on EVD management.	62,720
4.3 Facility orientation and sensitization of change agents/champions, municipal leaders, leaders of traders, hoteliers, transporters and key public-sector groups on EVD.	83,627
4.4 Facilitate cross-border community social structures and association (refugees, traders, travelers and transporters) through regular meetings on EVD.	71,680
4.5 Facilitate VHTs and other volunteers to conduct house to house sensitization on EVD management.	27,200
5.0 CASE MANAGEMENT	**1,146,454**
5.1 Procure and distribute infection prevention and control consumables and supplies to prevent EVD amplification and spread.	250,923
5.2 Procure assorted consumables, supplies, and equipment.	97,680
5.3 Facilitate training, simulation/drill exercises.	38,652
5.4 Provide adequate staffing and risk allowances for deployed staff.	239,200
5.5 Facilitate the setting up and decommissioning of Ebola treatment units and waste disposal systems.	500,000
5.6 Procure discharge package for discharged patients for re-integration/ compensation of destroyed items including psychosocial support and health education for EVD survivors.	20,000
6.0 INFECTION PREVENTION AND CONTROL (IPC) AND SAFE DIGNIFIED BURIALS (SDB)	**505,725**
6.1 Facilitate IPC training and information provision for health care workers & support staff.	4,400
6.2 Facilitate mentorship, drills and exercises to enhance skills and competencies in IPC.	19,326
6.3 Provide cleaning and disinfection protocols.	146,667
6.4 Disseminate job aids on IPC and SDB.	146,667
6.5 Conduct IPC and SDB training, simulation exercise and supervision of human resource.	57,978
6.6 Facilitate transportation of bodies and burial teams to enable safe and dignified burial of suspected EVD cases in the community.	46,080
6.7 Provide appropriate logistics for decontaminating the homes of affected families.	20,672
6.8 Facilitate security personnel to accompany SDB teams during burials.	63,936

7.0 WATER, SANITATION, AND HYGIENE (WASH) ACTIVITIES AT EBOLA AND NON-EBOLA TREATMENT UNITS AND CONGREGATIONAL INSTITUTIONS	**329,853**
7.1 Procure WASH infrastructures supplies and commodities to strengthen hygiene practices in health facilities.	320,320
7.2 Facilitate operationalization of IPC and WASH committees	4,533
7.3 Facilitate engagements with authorities on improvement of WASH in congregation institutions using the standardized checklist.	5,000
8.0 LOGISTICS	**526,803**
8.1 Facilitate eLMIS in all district stores to manage distribution and monitoring of supplies received.	16,269
8.2 Orientation on emergency logistics management.	6,534
8.3 Repair and maintain mobility infrastructure to support preparedness and response activities.	32,000
8.4 Facilitate supply chain management system in high risk districts to ensure effective requisition, distribution, monitoring and accountability of EVD supplies and logistical prepositions.	112,000
8.5 Procure cars for the surveillance team, incident management, and hub system to support movement of the surveillance teams.	360,000
GRAND TOTAL BUDGET	**5,000,000**

Annex B: Summary of the COVID-19 CERC Implementation Plan

PILLAR/ACTIVITY	BUDGET (US$)
1.0 COORDINATION	**728,701**
1.1 Activation of COVID-19 Task Forces and Sub-committees at national and district levels.	122,514
1.2 Hold multi-stakeholder advocacy meetings.	6,486
1.3 Improve accountability for COVID-19.	21,730
1.4 Monitor and supervise implementation of the National COVID-19 Plan.	26,653
1.5 Monitoring and supervision at district level.	57,178
1.6 Develop and issue information products and situational reports on COVID-19.	3,114
1.7 Orientation of surge staff.	16,757
1.8 Deployment of surge staff.	113,514
1.9 Deploy the NRRT.	262,722
1.10 Remuneration and compensation of responders.	88,953
1.11 Orientation of multi-disciplinary teams at national and subnational level.	9,081
2.0 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT	**271,872**
2.1 Campaigns through branding of public means vehicles.	5,405
2.2 Strengthen coordination, build capacity and leverage on existing communication resources, allies and implementing partners.	4,216
2.3 Advocacy and orientation of mass media practitioners at national and district levels.	91,979
2.4 Facilitation of communication.	170,270
3.0 ICT AND INNOVATION	**267,405**
3.1 Digitalize mechanisms for self-declaration of travelers at PoE.	7,838
3.2 Digitalize mechanisms for self-follow-up for those under home isolation.	193,527
3.3 Widen scope of implementation of e-Meeting.	10,095
3.4 Implement telemedicine.	55,946
4.0 CASE MANAGEMENT	**451,087**
4.1 Orientation of Health care workers in Regional Referral Hospitals, Severe Acute Respiratory Illness (SARI) sentinel sites on management of suspect and confirmed cases.	45,375
4.2 Orientation of high-volume private facilities on detection and linking of suspect and confirmed cases to the designated isolation facilities.	6,486
4.3 Assess public and private health facilities for COVID-19 readiness.	30,417
4.4 Food assistance and/or specialized nutrition foods for suspects and health workers in isolation.	219,932
4.5 Have surge capacity to support case management and PC	9,016
4.6 Deployment of surge capacity staff.	86,486
4.7 Activate ambulance services to aid referral of suspected cases from communities to COVID-19 isolation facilities.	40,293
4.8 Facilitate the setting up and decommissioning of waste disposal systems.	13,081
5.0 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT	**234,568**
5.1 Deploy counsellors to communities and affected families to mitigate psychosocial effects of COVID-19.	113,378
5.2 Supervise and monitor psychosocial services in the affected communities by the central team.	31,311
5.3 Train health workers and community resource persons to equip them with the necessary skills for psychosocial support service provision.	89,878
6.0 SURVEILLANCE AND LAB	**928,432**
6.1 Conduct district level risk and capacity assessments at critical points of entry and congregation.	8,108

6.2 Build national, regional and district level capacity on COVID-19 surveillance.	319,270
6.3 Develop and implement a Point of Entry - Public Health Emergency Plan.	6,811
6.4 Intensify screening and monitoring of alerts at designated Points of Entry.	243,243
6.5 Develop surge capacity plans for surveillance and laboratories.	51,892
6.6 Training on specimen collection and packaging - National Influenza staff, district staff, laboratory staff, clinical staff and surveillance officers.	83,108
6.7 Facilitation of Point of Entry supervisors.	216,000
7.0 LOGISTICS	**12,117,935**
7.1 Administrative Costs	13,986
7.2 Lab, Testing Supplies and Transportation.	197,592
7.2.1 Procurement of triple packaging materials for transportation of COVID-19 samples	100,000
7.2.2 Procurement of sample collection materials (Swabs) for COVID-19 laboratory testing	93,750
7.2.3 Bio-hazard bags for waste disposal	30,000
7.2.4 Vehicles for sample transportation	81,081
7.3 Procure sample testing equipment for the Uganda Virus Research Institute (UVRI – ABI).	72,730
7.4 Procure Lab sample testing equipment for Central Public Health Laboratories (CPHL) – testing.	347,765
7.4.1 (Roche 8800 – 2700 tests per day)	63,243
7.5 Procure Reliability Demonstration Testing (RDT) sample testing equipment for CPHL – testing.	65,878
7.5.1 Abbot RDTs	184,459
7.5.2 RDT Standard Q COVID-19	395,270
7.5.3 Procure Gene Xpert Point of Care (POC) diagnosis	463,784
7.6 Enhance surge testing space in the UVRI Biosafety Level 3 (BSL3).	304,038
7.7 Facilitate scale-up of the electronic Emergency Logistics Management Information System (eELMIS) in all district and health facilities.	228,108
7.8 Strengthen supervision (Supervision Performance Assessment Recognition System - SPARS) for public health emergencies to promote monitoring, traceability and accountability of public health emergency commodities.	212,559
7.9 Procurement of Ambulances.	929,730
7.10 Quantify and disseminate the National Medical Countermeasure Plan for public health emergencies.	5,459
7.11 Procure additional motorcycles and other equipment & supplies for surveillance in affected districts.	
7.11.1 Procure 100 motorcycles for the health regions	350,000
7.11.2 Procurement of surgical mask	45,541
7.11.3 Procurement of N95 masks	3,478,378
7.11.4 Procure of beds and mattresses for isolation of patients	54,804
7.11.5 Procurement of Health Facilities Infrastructure and Equipment to support management of COVID-19	299,738
7.11.6 Procurement of sample cool boxes for transportation of samples for COVID 19	45,541
7.11.7 Procure three (3) thermo scanners	160,000
7.11.8 Procure Personal Protective Equipment - full kit.	3,774,000
7.12 Procure ICT supplies	120,500
GRAND TOTAL	**15,000,000**